

DAK Team



## Universal Health Coverage in Africa: Highlights

### Background

Universal Health Coverage (UHC) is the overarching objective within Sustainable Development Goal 3 (SDG3), signifying the commitment to providing all individuals with access to necessary health services throughout their lifespan. This access should be without financial burden, emphasizing that seeking healthcare should not lead to economic hardship and catastrophe. The scope of UHC extends across the spectrum of health services, encompassing health promotion, disease prevention, curative, rehabilitative, and palliative care. Moreover, UHC emphasizes a person-centred approach, acknowledging the importance of tailoring healthcare services to individual needs and preferences.

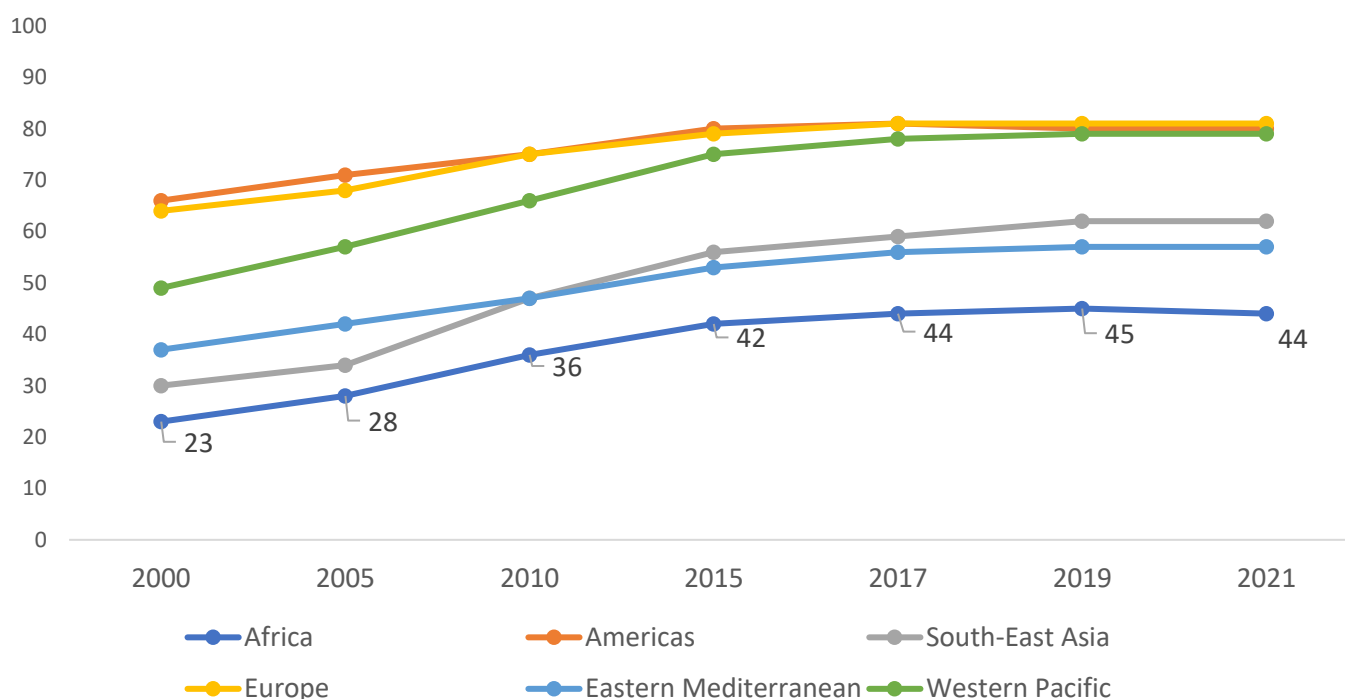
### Key messages

- There has been **substantive progress in the UHC service coverage** index from 2000 to 2019, with a slight slowdown in 2021.
- The UHC service coverage index in the WHO African region **declined from 2019 (45%) to 2021 (44%)**. This may be due to COVID-19-related effects, amongst others
- UHC SCI gains were mainly driven by the **gains observed in infectious diseases**.
- There has been limited progress in the other sub-indices over the last decade, contributing to the stagnation observed in recent years
- However, the **disruptions** to the provision of **essential services were mitigated successfully**, with only 22% of essential services reported as disrupted in November 2022 compared to 66% of services in the same period of 2020.
- There has been a **marked reduction in the absolute number of people pushed into poverty** due to health expenses over the past two decades (impoverishing out of pocket falling from 45.3 in 2000 to 16.2 in 2021).
- **Joint SDG 3.8.1 and 3.8.2** evaluation shows different income level countries attaining above regional average UHC SCI and lower financial hardships.

## 1. UHC Service Coverage Status in Africa

When narrowing down the figures, there has been a decline in the UHC service coverage index in the WHO African region from 2019 (45%) to 2021 (44%). The UHC SCI stagnating trend indicates the system's drive that has been heavily focused on programs, with limited investments in system-wide approaches anchored on the delivery of services for a person. Furthermore, the stagnation could be due to a combination of factors, such as gaps in primary health care approach implementation, especially in the implementation of a comprehensive essential health care packages, lack of resources allocated to health, and the negative impact of the COVID-19 pandemic on the provision and utilization of essential health services in Member States.

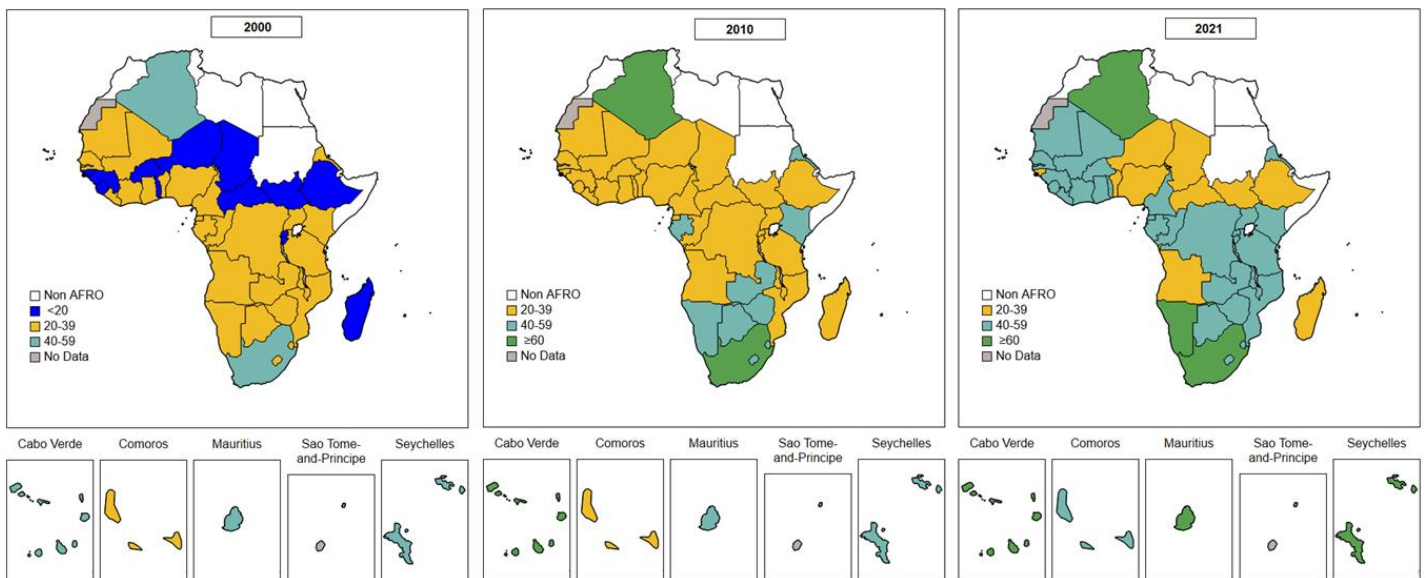
**Figure 1: UHC Service Coverage Index by regions (2000-2021)**



COVID-19-related impact on service coverage is multidimensional – with countries experiencing delays in access and disruptions in the provision of services due to physical, socio-economic, and financial barriers (including loss of income). However, the disruptions to the provision of essential services were mitigated successfully, with only 22% of essential services reported as disrupted in November 2022 compared to 66% of services in the same period of 2020. Since the pandemic started, countries in the region have initiated several recovery and catch-up interventions, such as immunization, to recover to pre-pandemic levels. At present, the coverage for HPV vaccination has surpassed pre-pandemic levels for the first time; measles 1<sup>st</sup> dose is back to pre-pandemic levels (69% vs 70%), with a similar pattern being seen for many essential interventions.

There has been substantive progress in the UHC service coverage index from 2000 to 2021. Countries have made strides in their progress towards UHC, with significant portions of the gains made arising from investments on infectious diseases. Lessons learnt and best practices should be retained and leveraged to expand coverage to wider health services needs and demand of the population.

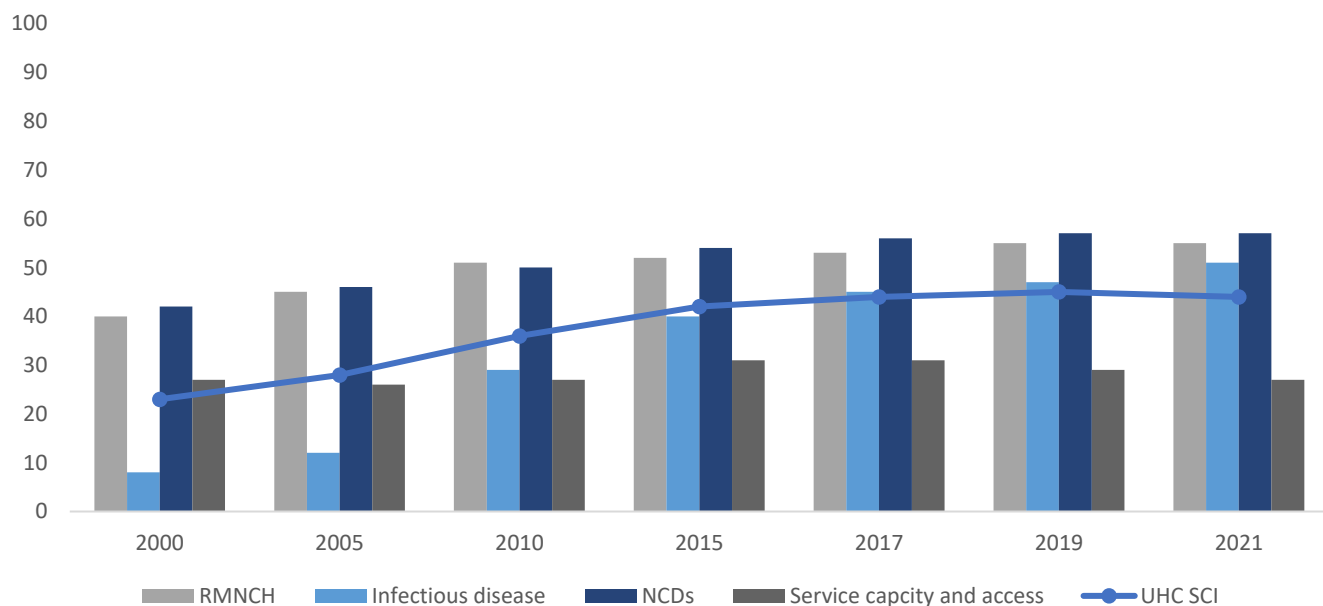
**Figure 2: UHC Service Coverage Index in the WHO African Region (2000-2021)**



## 2. UHC Service Coverage sub-index

UHC SCI improvement was noted in AFRO, but this was mainly driven by the gains observed in infectious diseases. There has been limited progress in the other sub-indices over the last decade, contributing to the stagnation observed in recent years. It can be inferred from the sub-indices that RMNCH and NCD components have not made significant strides in progress, whereas service capacity and access have declined.

**Figure 3: UHC Sub-index in AFRO Region (2000 – 2021)**

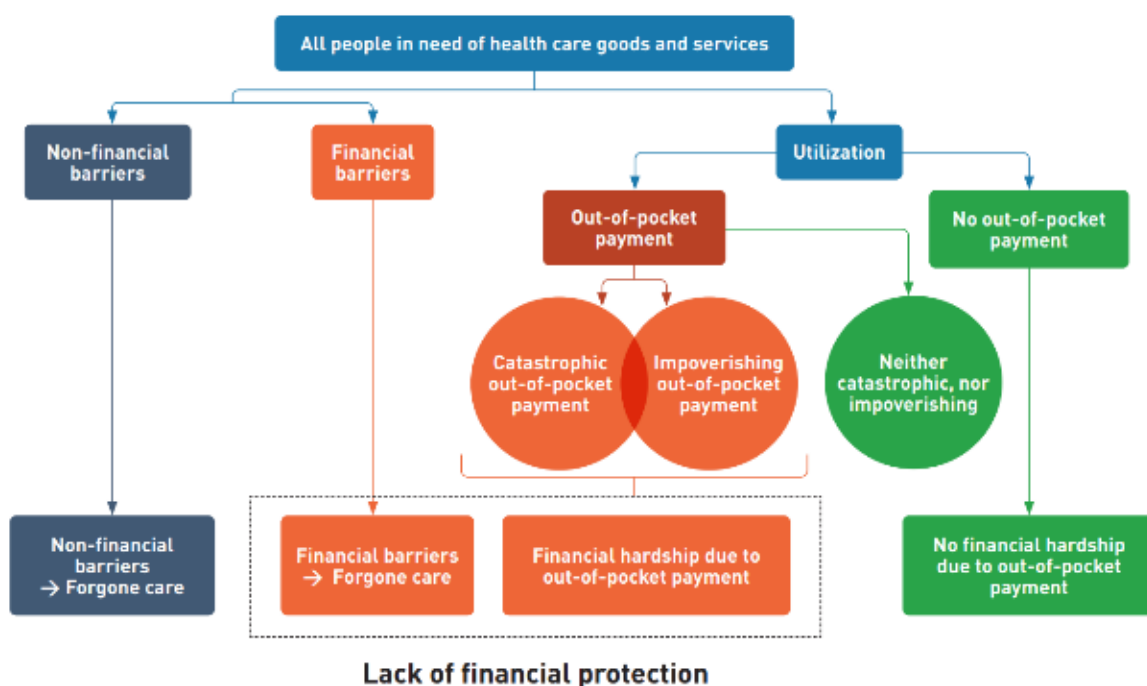


UHC SCI sub-index shows accelerated progress for infectious diseases (**29% in 2010 to 51% in 2021**). The other sub-indices have made some progress till 2017, but plateaued (RMNCH, NCDs) or decreased (service capacity) in recent years. The trend is noted across most countries in AFRO region.

### 3. Financial risk protection (SDG 3.8.2)

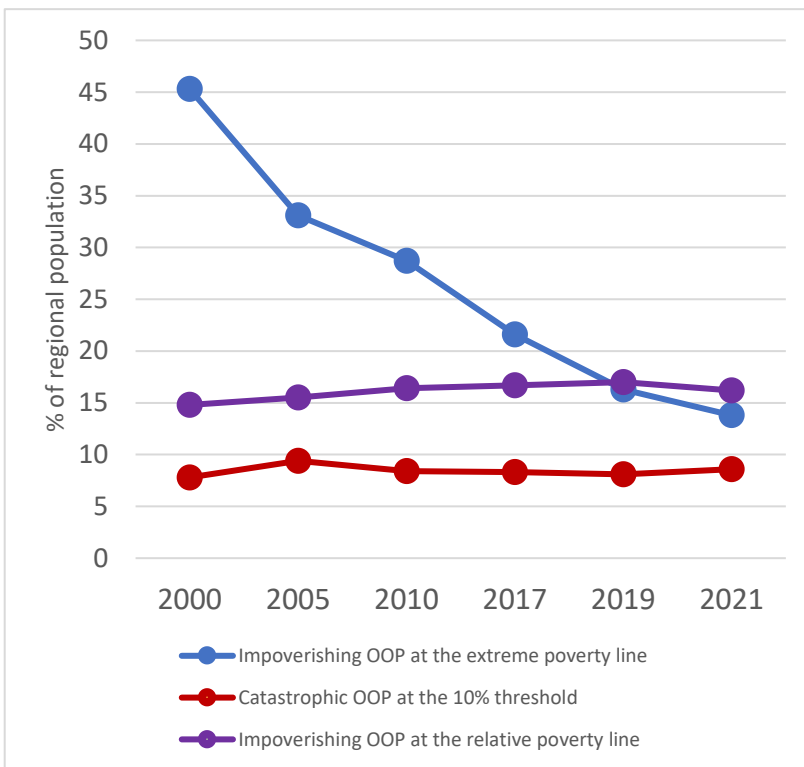
Financial risk protection (FRP), defined as “the ability to consume needed quality healthcare services without experiencing undue financial hardship”, is one of the critical arms for the attainment of universal health coverage (UHC), as part of the United Nations (UN) Sustainable Development Goal (SDG) 3 on health and well-being. The financial protection dimension of UHC is achieved when there are no financial barriers to accessing needed health services and goods, and out-of-pocket (OOP) health spending is not a source of financial hardship for an individual or family.

**Figure 4: Financial hardship and financial barriers to accessing health (Source: WHO UHC Global Report 2023)**



Financial risk protection is achieved when OOP health spending is not catastrophic (household expenditures on health greater than 10% of total household expenditure or income, SDG 3.8.2). OOP health spending is defined as any spending that is: 1) incurred by a household when any member uses a health good or service to receive any care (preventive, curative, rehabilitative, long-term care); 2) provided by any type of provider; 3) for any type of disease, illness or health condition; and 4) in any type of setting (outpatient, inpatient, at home). It includes formal and informal expenses directly related to seeking care.

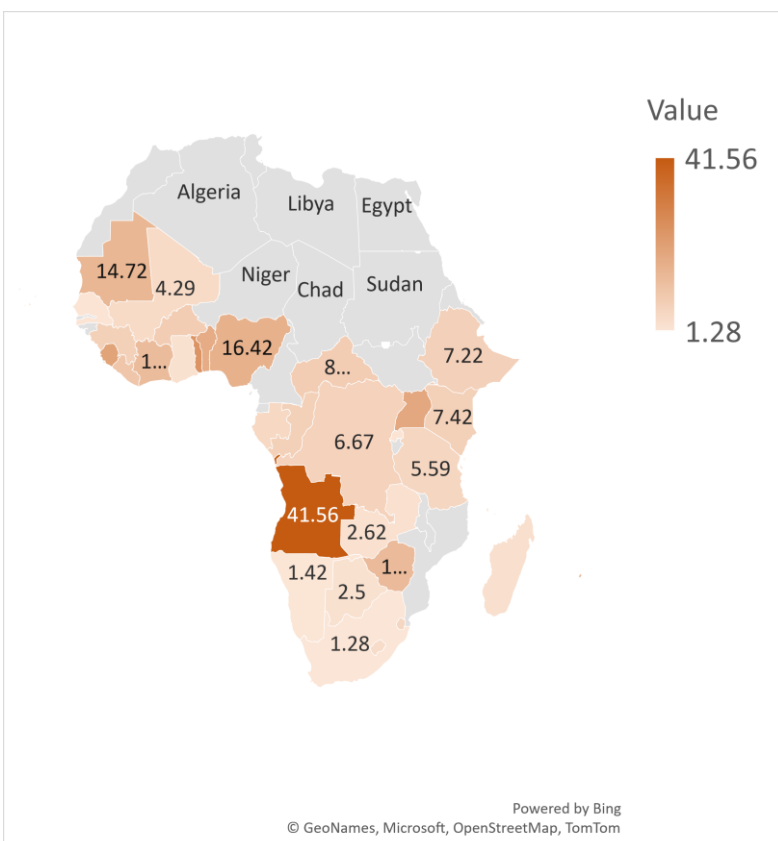
**Figure 5: Progress in the incidence of catastrophic and impoverishing OOP health spending in the WHO African region, 2000–2021**



There has been a marked reduction in the absolute number of people pushed into poverty due to health expenses over the past two decades. However, the relative poverty line analysis indicates only a small reduction from 2017 to 2021. Catastrophic spending at 10% has stagnated in the last two decades, calling for targeted policy changes.

COVID-19 has likely contributed to worsening financial protection due to various factors, including loss of income due to public health measures and reduced public sector fiscal space, which impacts health sector budgets.

**Figure 6: Population with household spending on health greater than 10% of total household budget (SDG 3.8.2, reported data) (%) (Latest year)**



The country-level analysis shows that the regional average value appears to be driven by a few countries.

According to the latest data, there is a wide range of values for a population with household spending on health greater than 10% of total household budget spending, from 1.28 (South Africa) to 41.5% in Angola.





## 5. Call to action

Moving forward, the AFRO region has prioritized reorganizing health services delivery to align resources with UHC expectations. The application of Primary Health Care and its implications on strategic and operational levels are being unpacked to provide succinct guidance to member states on how service delivery systems could be organized to address the population's needs. This will include guidance on how countries can better define their essential services, identify the right set of modalities for delivery, and ensure the system's readiness whilst applying a PHC approach.

As articulated in the recent high-level meeting of the United Nations General Assembly (UNGA), countries should make critical investments in and use the primary health care (PHC) approach to achieve UHC. The paradigm shift towards a holistic PHC approach for UHC requires a strong political will and investments in health systems. WHO will support in advocating for a strong political commitment and guide how best member states can navigate the changes required

Moreover, the inherent and targeted resilience of health systems, along with the other functionality dimensions, access, quality, and demand, is of heightened focus for national and district-level countries across AFRO. This aligns with the health systems framework, as outlined in the RC67.

## References

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## Sources

Data on UHC come from World Health Organization

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