



DIALOGUE

HEALTH FOR ALL

Universal health coverage in 2024 presents a stark balance sheet. Only a handful of countries worldwide have made progress toward the goal of making health services more accessible to their citizens; most continue to fall behind.

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On 6 December 2012, the United Nations General Assembly passed a historic resolution¹ recognizing the importance of universal health coverage (UHC) to guarantee access to health services for all, especially the poorest segments of the population, and instituting a requirement for member states to implement health financing systems to prevent direct payment for services by patients (“out-of-pocket payments”), introducing prepayment and risk-sharing mechanisms to avoid catastrophic healthcare expenditures and the consequent impoverishment of households.

“Worldwide,” a 2013 Lancet editorial read, “**about 150 million people a year face catastrophic healthcare costs because of direct payments such as user fees, while 100 million are driven below the poverty line.** To the extent that people are covered by a risk-pooling mechanism, their out-of-pocket expenditure will not cause financial hardship. (...) A system-level approach working towards UHC could have a transformative effect in the battle against poverty, hunger, and disease”².

Yet despite the commitments made – in 2015 UHC became one of the UN’s 17 Sustainable Development Goals (SDGs) – the situation has only gotten worse over time: **it has been estimated that in 2019 about two billion people incurred catastrophic health spending** (i.e., out-of-pocket health spending exceeding 10% of the household budget). **A significant proportion (1.3 billion) incurred impoverishing health spending at the relative poverty line, and 344 million were dragged below the absolute poverty line**³.

Not surprisingly, the countries that bore the heaviest burden were the world’s poorest, including nearly all of those in sub-Saharan Africa, a region where international financial institutions such as the World Bank and the International Monetary Fund have **severely constrained public spending on health and education** since the 1980s. Consequently, the health services provided by both public and private facilities in these countries have to be paid for, triggering not only the aforementioned economic consequences, but also delays in seeking treatment (as those in need of it attempt to pull together the necessary monetary resources) or, often, the abandonment of treatment altogether.

At the WHO’s most recent annual World Health Assembly, held in Geneva in May 2024, an assessment was made of where the world stands in terms of achieving UHC. **The resulting balance sheet was unsparing: only a handful of countries have made progress toward the goal of making health services more accessible to their citizens, while most continue to lag behind.** Moreover, this dismal state of affairs also applies to medium- and high-income countries, including Italy and Great Britain (see *News*). Overall, the WHO paints an extremely bleak picture: “**The available evidence presents a potentially dire prospect for further progress toward UHC without urgent political action**”⁴.

But what is so critical – an urgent political response – is precisely what is lacking. A recent Lancet editorial⁵ laid out the four main reasons (“the four elephants in the room”) that have relegated health so low down in the list of priorities.

The first is a lack of political will both by local governments, and – above all – by the international institutions that have the clout to define broad objectives and allocate the resources necessary to achieve them. **This political failing is the consequence of the appalling mix of public and private at the highest levels of the WHO**, the fragmented objectives and interests, the multiplicity of actors, each busy defending their own priorities, and thus the **fragmentation of advocacy efforts** as well. Instead, what we need is a single voice, a unifying political call: “**Health for All!**”

NOTES

¹ United Nations General Assembly. Global health and foreign policy, A/67/L.36, 6 December 2012.

² Vega J, Universal health coverage: the post-2015 development agenda, Lancet 2013; 381: 179–80.

³ World Health Organization and World Bank, Tracking universal health

coverage: 2023 global monitoring report.

⁴ Horton R, Offline: Indifference, the biggest threat to global health, Lancet, 2024; Vol 403 May 18.

⁵ Bertram K et al, Confronting the elephants in the room: reigniting momentum for universal health coverage, February 29, 2024; [https://doi.org/10.1016/S0140-6736\(24\)00365-9](https://doi.org/10.1016/S0140-6736(24)00365-9)