A Winnable Battle: Parliamentarians and universal health coverage

Universal health coverage: the issue

A world in which health is a basic human right is the kind of world we are striving to build. Universal health coverage (UHC) is the guarantor of that right. UHC means that everyone, regardless of their personal circumstances, should have access to affordable high-quality health services.

UHC is not only about health – it is more than that: it creates jobs, reduces poverty, and is a powerful social equalizer.

At least half the world’s population does not have the health care they need. About 100 million people are plunged into extreme poverty each year because of health care costs. Already, more than 930 million people spend over 10 per cent of their household budget on health care.

The most to suffer are vulnerable groups and marginalized populations as they are often the least able to afford health care. This exposes them to a higher risk of poverty and ongoing ill health.

Yet, under the Sustainable Development Goals, all United Nations Member States committed to achieve UHC by 2030. Parliaments too reiterated their commitment in IPU’s 2019 landmark resolution Achieving universal health coverage by 2030: The role of parliaments in ensuring the right to health.

As parliamentarians, you can be key drivers in having UHC introduced and maintained in your countries and so also strengthen other relevant laws and institutions.

By doing so, you will improve the health of your citizens and reduce poverty and discrimination.

Key messages on UHC

- UHC is a political choice. All countries can achieve UHC.
- UHC is an investment in people and helps address poverty and inequalities.
- Everyone should have access to a minimum package of affordable health services of good quality.

The following recommendations and key messages are designed to support your efforts as parliamentarians and those of your parliaments to achieve UHC.

How can laws support UHC?

UHC is a political commitment and to be implemented it needs a legal foundation. Laws can make a major difference in access to high-quality health care. Laws can protect our right to health, provide the legal basis for access to health services, regulate the quality of health...
services, eliminate excessive out of pocket expenses to prevent financial hardship, or protect women and girls from harmful or violent practices.

Laws can ensure that health services are available to everyone, especially to vulnerable or marginalized groups who are often “left behind”.

A robust legislative framework is a cornerstone of high-quality health care and a requirement for UHC.

**How can you help?**

- You can review the effectiveness of existing laws on UHC and help amend them where needed, including by removing discriminatory provisions.
- Where there is no legislation on UHC, you can help design UHC laws and advocate for UHC legislation to target and protect marginalized and vulnerable populations.
- In your work with civil society and communities, you can identify your country’s priority health interventions and support legislation that expands access to them.
- You can engage vulnerable and marginalized groups in legislative processes through consultations and other mechanisms for public participation.
- Once legislation is adopted, you can advocate for its robust implementation.

**Key messages on UHC legislation**

- Political commitment to UHC is not enough: it must be backed by legislation to make UHC a legal right and provide the legal basis for implementing a country’s UHC policies.
- Strong laws guarantee access to health care for everyone, not just those who can afford it. They remove access barriers so that “no one is left behind”.
- Robust regulation protects people from overspending on health, ensures the quality of health care, establishes standards, and oversees the role of health providers.

**How can UHC be financed?**

Another cornerstone of UHC is adequate funding through public financing.

Technological advances allow people to live longer and healthier lives. As countries become wealthier, demand for health services increases, as does the percentage of a country’s GDP spent on health.

At present, more than **US$ 3 billion** will have to be spent by 2030 in low- and middle-income countries to make progress towards UHC. More than 80 per cent of the world’s population lives in low- and middle-income countries but **accounts only for 20 per cent of global health expenditure**.

**Where will this funding come from?**

Without UHC many individuals are being pushed deep into debt by having to spend a significant part of their income on health. Governments therefore need to introduce new ways of paying for health services, for example through prepayment or pooling of resources. For example, measures that eliminate direct payment for health services must be put in place for women and children in particular as they face higher risks of financial hardship.

Governments can increase funding domestically (through taxation or compulsory insurance) or externally (through development cooperation). Whatever the mix, these resources will have to be used efficiently – an estimated **20 to 40 per cent of health funding is wasted worldwide** due to inefficiencies and corruption.

**How can you help?**

- You can ensure the government is clear on its UHC funding strategy and is meeting its commitments.
- You can ensure that parliamentary committees address health and health financing issues and that the annual budget prioritises primary health care.
- You can advocate for an increase in your country’s health funding to at least the minimum target identified by the World Health Organization (WHO) of five per cent of GDP.
- You can advocate for an end to voluntary funding of services essential to UHC and support compulsory revenue collection instead.
- You can push for an end to out-of-pocket payments by requesting data about these expenditures and using the information to promote financial protection legislation.
- You can encourage donors to align financial support to help fund UHC implementation and to increase their development assistance to 0.7 per cent of GDI.
- You can ensure resources are spent on high-priority health services and used efficiently by helping set standards for regulation and governance of healthcare and for quality and use of medicines and diagnostics.

**Key messages on financing UHC**

- The government needs to prioritize the health sector and ensure sustainable financing if it is to achieve UHC.
- Out-of-pocket spending is the worst option for financing health systems. Instead, governments should pay for health services through such tools as prepayment and pooling of resources.
- Governments should use taxes, various types of charges, and compulsory insurance to fund and implement UHC.
- Domestic public financing, approved by parliament through the budget bill, is central to improving health systems’ efficiency and equity in access to services.
- Public financial management is critical: the way budgets are designed, allocated and used in health services is at the core of the UHC agenda.
- Payment for health services should be linked to the service performance.
Holding governments to account

Parliamentarians have a number of tools at their disposal to hold governments to account on behalf of citizens. These include permanent parliamentary committees, hearings, motions, debates, and written or oral parliamentary questions, all of which can contribute to ensuring that governments are doing their utmost to achieve UHC.

One essential area is financial accountability: the misuse and abuse of public resources or authority have a disproportionate impact on vulnerable and marginalized populations. The most common abuses occur in contracting, pharmaceuticals and user fees.

Performance accountability is also important as it measures performance against agreed targets. It focuses on the services, outputs, and results of public and private agencies and programmes. Criteria for measuring performance include responsiveness to citizens and the achievement of targets that meet their needs and demands.

Finally, health care often plays a part in election campaigns that raise citizens’ expectations around health-related policies and services. Political/democratic accountability ensures the government delivers on those promises and fulfils its citizens’ needs.

How can you help?

- You can oversee public spending across all phases of the budget cycle and conduct enquiries to understand fully how budgets affect people’s lives.
- You can identify or put in place mechanisms for oversight, ranging from independent audits to the establishment of whistleblower policies.
- You can acknowledge that corruption occurs and build mechanisms to prevent and mitigate it.
- You can assess the performance of the health sector against set targets.
- You can work with communities and civil society to improve health services and build trust.
- You can help identify healthcare provider responsibilities and assist in sanctioning those who do not meet them.
- You can help bring voter concerns to the forefront, especially in poorer communities.
- You can ensure the government delivers on its electoral promises, fulfils public trust, represents the interests of citizens, and is responsive to evolving needs in the delivery of UHC.

A vision for the future

The SDGs are looming and, as recent crises have demonstrated, a strong health system is not a luxury – it is essential to our very survival. History will judge favourably those whose efforts have contributed to making it a reality.

As a parliamentarian, you can help enact the necessary legislation, open paths to sufficient funding, ensure your government is accountable and, perhaps most importantly, ensure all women, men and children, especially those who need it most, enjoy the rights to which they are entitled.

Your role is crucial because without UHC, the hope for healthy, thriving populations will remain just that – a hope.

Additional information on UHC related issues

On UHC law see: WHO’s infographic providing a quick overview of UHC Law.


On global health spending see: WHO’s Global Health Expenditure Database.

On health financing policies see: WHO’s set of guiding principles.


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