IFMSA Policy Document
Universal Health Coverage

Proposed by Team of Officials
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Policy Commission

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Policy Statement

Introduction:

Universal Health Coverage (UHC) describes the state where all people have access to the health services they need, when and where they need them, without financial hardship. There are distinct components of UHC: population, services and health costs covered by health systems, which correlate with factors, such as health financing, governance of health systems, and the health workforce. These components, if addressed properly, can lead to stronger health systems and better health outcomes for all, ensuring the achievement of the UHC 2030 strategy and the vision of leaving no one behind.

IFMSA position:

The IFMSA, as the largest organisation for medical students and future health professionals worldwide, reaffirms its commitment to Universal Health Coverage and demands all relevant stakeholders to take concrete measures to ensure access to health services for all, in line with the 2030 Agenda. We strongly believe that an intersectional approach to Universal Health Coverage, with gender-sensitive, human-rights-respecting and participatory mechanisms in place, should be established from the global to the local level. To build strong and resilient health systems with greater health outcomes, all components of Universal Health Coverage should be worked on vigorously, with an emphasis on populations often excluded or at risk of being left behind.

Call to Action:

Therefore, IFMSA calls for:

Governments, Health Ministries & other relevant Ministries to:

- Commit to achieving UHC for healthy lives and well-being for all at all stages, as a social contract;
- Expand and strengthen UHC legislation and regulations, setting clear targets responsive to people's needs;
- Ensure out-of-pocket expenditure for healthcare is kept at a minimum for the emergency and essential services by increasing government spending as a fraction of total health expenditure and facilitating transparent and efficient public financial management systems;
- Invest in public health and primary health care as a joint effort of health and finance ministers, and local governments;
- Promote strong and resilient health systems for enhancing health emergency preparedness and response;
- Establish partnerships and create explicit policies and guidelines for collaborating with other sectors -civil society, private sector, academia and patient groups- in the design and implementation of Universal Health Coverage, while asserting its primacy as the major and leading actor in this endeavour;
- Emphasize gender equity, redress gender power dynamics and ensure women's and girls' rights as foundational principles for UHC;
- Take into consideration all vulnerable groups and minorities in the design and implementation of universal healthcare and ensure their health needs are covered.

Youth, Youth Organisations and Civil Society Organisations to:

- Hold national and local governments accountable to ensure action towards UHC is taken;

- Participate in, and organize grassroot-level activities to raise awareness about the importance of Universal Health Coverage and empower their population through capacity building initiatives;
- Advocate for health systems, by forming partnerships and making efforts to connect policymakers and healthcare providers to their communities, while promoting participatory decision-making and fostering local ownership;
- Ensure continuous advocacy strategies to increase meaningful youth engagement and engagement of social minorities in high-level political dialogues and decision-making.

The Private Sector to:

- Organize their business models based on the key principles of Universal Health Coverage;
- Align their services with the public health system in order to reduce parallel works and increase demand-driven interventions instead of personalized objectives;
- Invest more resources in research to produce evidence-based data on UHC and make health services more accessible to all;
- Specify resources and contribute to efforts that financially support the health system;
- Collaborate with educational facilities to train and empower the health workforce to achieve UHC.

The WHO, the UN and other relevant international institutions to:

- Provide technical support to governments in the form of national UHC implementation frameworks;
- Coordinate international cooperation and dissemination of best practices in UHC implementation;
- Support research that aims to strengthen the health systems of Low-to-middle income countries
- Develop and share resources with medical schools to establish UHC as part of the academic curricula;
- Meaningfully engage and support youth-led initiatives and organisations in their UHC actions, including them in high-level meetings and decision-making procedures.

Universities, Medical Schools and Academia to:

- Integrate global health, universal health coverage and health systems education as part of academic curricula of healthcare professionals;
- Train professors, trainers and educators in their facilities on Universal Health Coverage;
- Augment health policy and systems research and ensure that this would benefit the health systems of Low-to-middle income countries;
- Provide opportunities for postgraduate or life-long education in the field of global health and UHC;
- Provide more open education and pedagogy platforms and spaces for knowledge sharing on UHC.

Healthcare practitioners & Hospitals to:

- Evaluate the services provided in their facilities, tracking their relevance to UHC principles and social accountability;
- Use the most cost-effective technologies to promote equitable, affordable and universal access to health for all, including the special needs of groups that are vulnerable in the context of digital health, SRHR and public health.

IFMSA National Member Organizations (NMOs) & Healthcare students to:

- Promote UHC in their field of action, through advocacy efforts, research, campaigns, activities and capacity building initiatives, taking advantage of existing mechanisms;

- Engage with global, regional, national and local stakeholders on UHC as representatives of youth and healthcare students;
- Examine UHC with an intersectional lens, with an emphasis on those more vulnerable to social exclusion from UHC.

Position Paper

Background information:

The World Health Organization (WHO) states that "Universal Health Coverage (UHC) means that all people have access to the health services they need, when and where they need them, without financial hardship" (1). The 2030 Agenda for Sustainable Development states that "to promote physical and mental health and well-being, and to extend life expectancy for all, we must achieve universal health coverage... No one must be left behind (2)." Even though governments and relevant stakeholders have been taking positive steps to achieve UHC and ensure healthy lives and well-being for all by 2030, substantial work remains to be done to ensure adequate support to front line health workers, to meaningfully engage all stakeholders in decision-making and to ensure gender-equitable responses. Moreover, many countries have not adopted measurable national targets, and public awareness of governments' commitments remains limited (3).

Since health is a human right (4), there is a moral and legal obligation of states and governments to provide their populations with quality health systems to achieve the best health outcomes. Therefore, nations need to strengthen efforts in this area and accelerate action towards committing to achieve UHC for healthy lives and well-being for all at all stages, as a social contract (5). Consequently, national UHC policies and legislation plans must compete with governmental priorities, decision-making processes and financial constraints whilst pursuing equity in healthcare delivery and leaving no one behind.

Discussion:

UHC & the Sustainable Development Goals
UHC is explicitly mentioned in the Sustainable Development Goals (SDGs), under SDG 3: Good Health and Well-Being. Specifically, the following target and indicators focus on UHC:

Target 3.8: Achieve universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all.
Indicator 3.8.1: Coverage of essential health services (defined as the average coverage of essential services based on tracer interventions that include reproductive, maternal, newborn and child health, infectious diseases, non-communicable diseases and service capacity and access, among the general and the most disadvantaged population).
Indicator 3.8.2: Proportion of population with large household expenditures on health as a share of total household expenditure or income. (6)

Interlinkages between UHC and other SDGs: Progress towards UHC will be essential to five specific SDG goals and the pledge to leave no one behind.
SDG 1: End poverty in all its forms everywhere - Investments to improve health for the entire population can result in a fall in unemployment, and thus fall in the percentage of the population living below the poverty line. Social protection systems to address out-of-pocket health expenditure will also reduce the incidence of impoverishing household health spending.
SDG 4: Ensure inclusive and equitable education and promote lifelong learning opportunities for all - A better health status usually leads to better academic results and educational outcomes, meaning UHC has a crucial role to play in advancing SDG 4.
SDG 5: Achieve gender equality and empower all women and girls - Globally, women represent more than 75% of the healthcare workforce. This means gender-sensitive measures towards UHC can have a positive effect on this SDG.

SDG 8: Promote sustained, inclusive and sustainable economic growth, full and productive employment and decent work for all - Investments in the health sector to support UHC will boost economic growth in line with this goal.
SDG 16: Promote inclusive societies for sustainable development, provide access to justice for all and build effective, accountable and inclusive institutions for all - Through the development of health systems that create fair, trustworthy, and responsive social institutions, health system strengthening directly contributes to this goal. (7)

The UN General Assembly adopted a political declaration of the high-level meeting on UHC, the first meeting of its kind focusing on UHC. In its preamble, the declaration states:

"... with a dedicated focus for the first time on universal health coverage, (we) reaffirm that health is a precondition for and an outcome and indicator of the social, economic and environmental dimensions of sustainable development and the implementation of the 2030 Agenda for Sustainable Development, and strongly recommit to achieve universal health coverage by 2030, with a view to scaling up the global effort to build a healthier world for all..." (8).

Health Systems Financing
Health financing refers to the "function of a health system concerned with the mobilization, accumulation, and allocation of money to cover the health needs of the people, individually and collectively, in the health system." Its purpose is to benefit healthcare providers and receivers—the former with incentives to provide care and the latter with access to effective healthcare. (9)

Healthcare finance and expenditure varies greatly among the countries with countries like Congo Republic spending 2.14%, Djibouti 2.32%, and Benin 2.49%, while countries like the US spending 16.89% Switzerland 11.88%, and Germany 11.43% of their GDPs on healthcare (10). Also, the mechanisms through which money is directed into the health system differ, with countries relying on government-supported healthcare systems, the Bismarck system of social insurance, or the Beveridge system with one tax-handled finance structure (11).

Healthcare has transformed from being a public service into a multi-trillion-dollar industry worth $8.4 trillion in 2018 and expected to rise to almost $10 trillion by 2022 (12). It also has a direct effect on the GDP of countries, particularly on adult productivity.

The combination of health system reformations (i.e. efficiency and equity in resource distribution) and financing policy changes (i.e. increasing domestic funding - efficient, equitable, and pooled - including action on tax avoidance and reframing healthcare expenditure as an investment rather than purely as consumption expenditure) is a prerequisite for progressing towards UHC (13).

Low to middle-income countries (LMICs) and the Global South

Since 1995, there has been a steady increase in health expenditure in LMICs, with LMICs' share of the global total health expenditure rising from 26.1% in 1995 to 39.7% in 2013. LMICs are expected to become more important contributors to the global health economy in the foreseeable future (14), and many LMICs are setting UHC as a national goal (15).

However, despite LMICs spending an average of 6% of their GDP on health, there have been minimal impacts compared to high-income countries (14), which means there is a dire need for improvement in the efficiency and effectiveness of their healthcare systems, accessibility to the public, and the regulatory process.

Also, LMICs face hardships in securing sufficient financial support for health-coverage for the poorest populations, putting more strain on the citizens' budget and forcing them to spend more through out-of-pocket and direct payment. There are also obstacles regarding accessibility and equity in the distribution of the available resources, technical, political and bureaucratic processes.

Health Systems Governance
According to the WHO, Health Systems governance is defined as *"a wide range of steering and rule-making related functions carried out by governments/decisions makers as they seek to achieve national health policy objectives that are conducive to universal health coverage."* (16).

Health governance is a delicate process that requires balancing multiple factors including economic, health and political. It should always be aimed to achieve the best outcomes for the health of the population with regards to the influencing factors, but must always favor health as the main priority and driving factor.

Currently, there are 4 main healthcare systems globally (17):

1. The Beveridge Model, in which the government uses tax payments to financially support the healthcare system. (e.g the U.K's NHS)The Bismarck Model, an insurance system, in which employers and employees jointly pay for healthcare through payroll deduction. (e.g Germany)
2. The National Health Insurance Model, in which a government-run insurance program, that is paid by every citizen, pays for healthcare. (e.g Canada)
3. The Out-of-pocket Model, in which the country has no financial power or organized system to provide a unified healthcare system for the population, so the patients pay directly for their services and patients with no funds are denied medical services.

Most countries with any of the previously mentioned models usually have a level of out-of-pocket spending by the patients for medical services. It is one of the main goals of UHC to decrease this spending by broadening the service provided and increasing access as this spending can cause huge financial burden even if the patient has some sort of insurance. In 2018, around 18.12% of global health expenditure was out-of-pocket, with the population of least developed countries spending 49.19% (18), a number that shows a dire need to increase the government's spending and health coverage programs to avoid such catastrophic financial burden on their poorest citizens.

To achieve better UHC and meet the ambitious SDG, governments need to increase healthcare spending in order to broaden the population covered by health insurance, to ensure equitable access to health services for all without regulatory or financial obstacles to the poorest populations, to enhance the services provided, and to increase the efficiency and quality of and make comprehensive programs to minimize out-of-pocket spending as much as possible.

Health Systems Service Delivery & Health Workforce
The lack of an adequate number of skilled health workers is a challenge for achieving UHC (19), and countries at all levels of socioeconomic development face difficulties in the education and training, deployment, retention, and performance of their health workforce (20).

The demand for health workers is growing globally, with around 40 million new health worker jobs created by 2030, particularly in high- and middle-income countries; but on the other hand, the gap between the demand and number of health workers will increase unequally in countries with different levels of economic development in the future years; (21)(22). The United Nations High-Level Commission on Health Employment and Economic Growth held in September 2016, projected a global shortage of 18 million health workers in LMICs by 2030. (23) In OECD countries in 2013, 43.5 million health workers were directly engaged in the provision of health services with over 200 million workers

estimated to be contributing to the health and social sectors globally (including unpaid personal care workers, private sector providers, cleaners and caterers). (24)(25)

A sufficient economic investment towards Universal Health Coverage to close the gaps and mismatches could lead to more sustainable health systems and reduce the financial burden of preventable diseases. (26)

UHC & Primary Healthcare

Primary health care (PHC) provides the programmatic engine for UHC in most contexts, if not all. It reflects the right priorities and is a critical milestone along the road to achieving UHC targets. Emphasizing community empowerment and social accountability, it is multi-sectoral with links to education, nutrition, and water and sanitation. It provides a platform for integrating previously separated services for communicable diseases with those for women and children's health and non-communicable diseases, for addressing both the demographic and epidemiological challenges facing most countries, and for innovations such as digital health. UHC is deemed ambitious, but it is the most cost-effective way to address people's health needs and is ultimately achievable. Progress must be urgently accelerated, and PHC provides the means to do so. (27)

Progress on PHC since the 1978 Declaration of Alma-Ata has not been deemed successful. After four decades, half of the world's population does not receive essential health services. Resources have been allocated for single disease interventions rather than strong health systems. In 2018, the Declaration of Astana was founded as another investment to the global movement behind PHC, which people now see as integral to achieving UHC.. The world has made substantial progress on global health outcomes since the Astana declaration, even if the work is far from finished. (28)

Currently, PHC calls for the need to re-prioritize its delivery system because it is a necessary tool for tackling these challenges. UHC and the health-related SDGs can only be sustainably achieved with a stronger PHC system. (29)

UHC & other focus areas

- **Sexual & Reproductive Health & Rights**

At the International Conference on Population and Development (ICPD) in 2019, 179 governments agreed on a program that called for all people to have access to comprehensive reproductive health care, which includes contraception, safe pregnancy, and childbirth services. The topic of improving sexual and reproductive health through its key services has been integrated into the UHC reforms of many countries. (30)

In the 2019 UN political declaration of the high-level meeting on UHC, explicit statement of SRHR and its components is made, highlighting the need to include SRHR in the work towards achieving UHC:

> *"68. Ensure, by 2030, universal access to sexual and reproductive health-care services, including for family planning, information and education, and the integration of reproductive health into national strategies and programmes, and ensure universal access to sexual and reproductive health and reproductive rights as agreed in accordance with the Programme of Action of the International Conference on Population and Development (31) and the Beijing Platform for Action (32) and the outcome documents of their review conferences;*
> *69. Mainstream a gender perspective on a systems-wide basis when designing, implementing and monitoring health policies, taking into account the specific needs of all women and girls, with a view to achieving gender equality and the empowerment of women in health policies and health systems delivery;"* (33)

- **Human Rights**

The WHO constitution (1946) evisions "…the highest attainable standard of health" as "a fundamental right of every human being" (34)(35). The UN Declaration of Human Rights (UDHR) in Article 25 affirms that: "Everyone has the right to a standard of living adequate for the health and well-being of himself and of his family" (36). In concurrence with these, target 3.8 of SDG 3 (Ensure healthy lives and promote well-being for all at all ages) aims to "achieve universal health coverage" for all ages (37).

Based on the above citations, it is clear that human rights, health and UHC are all intermingled. They are based on and work for each other. UHC aims for health to be delivered to all populations of all committees, regardless of their financial status, background, or any other social determinant that would otherwise prevent some populations from receiving essential healthcare, thus tackling the right to equality and non-discrimination. Another aspect of UHC is protection from the financial consequences of excessive out-of-pocket spending which would drastically change the financial status of populations and push them to poverty—jeopardizing their basic human rights, as according to OHCHR "*Poverty erodes or nullifies economic and social rights such as the right to health.*" (38)

- **Vulnerable Populations**

Vulnerable populations can be key indicators of the success of UHC policies. One of the biggest challenges to achieving UHC is to find ways to reach vulnerable populations—those that are at risk of poor health and that have limited health resources. Vulnerable groups have adverse health outcomes compared to others, as they sometimes live in hard-to-reach places; are excluded from services because of gender, age, ethnicity, or other characteristics; and may not participate in health programs because they lack awareness of their entitlements, or because of their own beliefs, financial constraints, or the legality of their status. In many cases, they are excluded from the formal and informal processes that influence the performance of the health system and its direction of development. (39)
According to the IFMSA Policy Document on Health Equity in 2020, relevant vulnerable groups and the challenges they face are as follows:

- *People Living in Poverty* can have a difficult time accessing the bureaucratic system associated with health resource navigation.
- *Minority groups*: Racial and language barrier can hinder communications between healthcare providers and patients.
- *LGBTQIA+ community*: Discrimination in healthcare settings of this group is the main barrier of receiving adequate healthcare.
- *Women*: Females experience greater comorbidities that often come with gender inequality, such as, the negligence of providing maternal protection policy or sufficient education in patriarchal society around the globe.
- *Migrants, Asylum Seekers and Refugees*: Many countries fail to provide migrants with accessible and affordable health care services. This is exacerbated by the poor hygienic working and living conditions they are in.
- *People living in zones affected by emergencies:* In emergencies, hygiene and infrastructure are compromised, making people liable to more physical and mental trauma.

The health sector of each country needs to realize that progressive UHC efforts can protect the health of vulnerable populations. Policy responses must be multisectoral. Instead of just aimlessly adding resources, there have to be major reforms on the processes of which public health is being conducted. (40)

- **Public Health**

Despite having many successful efforts towards reaching UHC, the role of Public Health in achieving UHC has not settled completely. Various financial, social, and resource-related reasons cause this tendency towards clinical services instead of services at the population level; therefore, clinical health services are most likely to dominate the improvements of health systems in the future (41). It is

demonstrated that investment in prevention can lead to better health outcomes, but these improved outcomes are not only related to the field of health. A variety of financial and educational benefits would become the result of public health interventions (42)(43).
Therefore, this tendency for clinical-based services should be altered, and public health interventions must be highlighted. Through this, we can fulfill more aspects of UHC in different societies.

- **Health Research**

One important method of health research is implementation research (IR) which is "*the scientific study of the processes used in the implementation of initiatives as well as the contextual factors that affect these processes*". Implementation research is important because without it, resources cannot be optimized to create effective interventions. Because achieving UHC is bound to many aspects, one of which is politics or health systems governance (i.e. policymakers and practitioners and such), to efficiently deliver UHC, it is vital to address "*the questions that decision-makers and practitioners are asking, or should be asking*" (44), through concrete data and facts done through IR. It is also important for the 'universality' of UHC since it tackles different contextual factors that determine outcomes of similarly designed interventions with other benefits such as supporting and informing scaled-up of successful interventions, supporting quality improvement, health systems strengthening, and performance assessment.

Other health research trends have also come to light at the transitory stage between the MDGs and the SDGs to provide the knowledge and tools essential to achieve UHC:

- New products for achievement of public priorities in treatment and prevention
- Improved dissemination and use of results: through open access and evidence involved policies and decisions
- More systematic research assessment and use
- Greater accountability/transparency (45)

- **Health Emergencies**

Health Emergencies are acute, high impact events which threaten the health of populations and therefore demand a coordinated approach, involving local, national and international actors. Health systems preparedness and response strategies to health emergencies determine the social and economic impact of the crisis. Major challenges in health emergencies arise primarily because of weak UHC building blocks and a lack of an appropriate health system prior to the emergence of the crisis. A robust health system is necessary to ensure a proper response to health emergencies, especially during pandemics. (46)

In practice, policy debates and subsequent implementation have largely focused on treatment, with less or no attention to promotion and prevention even though UHC, by definition, includes access to the full spectrum of services including health promotion, prevention and treatment. This makes it urgent to reappraise how to develop more equitable and resilient health systems, which ensure access to needed services with financial protection in both normal times and emergencies. (47)

- **Digital Health**

In May 2018, the World Health Assembly (WHA)'s resolution on Digital Health revealed a collective recognition of the fact that digital health technologies can help improve UHC and the other health aims of the SDGs. (48). This resolution urged ministries of health "to assess their use of digital technologies for health… and to prioritize, as appropriate, the development, evaluation, implementation, scale-up and greater use of digital technologies, as a means of promoting equitable, affordable and universal access to health for all, including the special needs of groups that are vulnerable in the context of digital health."

Digital technologies introduce novel opportunities to address health system challenges, and thereby offer the potential to enhance the coverage and quality of health practices and services (49)(50). One such example is targeted communications, which can help expand access to health information. This can be made available through digital health interventions, such as reminders and health promotion messaging. (51)

Social participation for UHC

Member States at the UN High-Level Meeting on UHC made a commitment to engage relevant stakeholders, including civil society, through establishing participatory and transparent multi-stakeholder processes for influencing policies and reviews of progress on UHC.

"Paragraph 43: Engage all relevant stakeholders, including the civil society, private sector, philanthropic foundations, academic institutions and community, as appropriate, through the establishment of participatory governance platforms and multi-stakeholder partnerships, in the development and implementation of health- and social-related policies and progress monitoring to the achievement of national objectives for UHC, while giving due regard to managing conflicts of interest." (33)

The WHO along with many key stakeholders on UHC, following this resolution, worked on a handbook to provide key guidance on how to engage the public, civil society organisations and communities in national policy processes for UHC. (52) This comes at a time when social exclusion's impact on health equity and UHC remains largely unexplored, with little studies focusing so far on this phenomenon, such as in the case of indigenous populations in South America. (53)

References:

1. Who.int. 2021. *Universal Health Coverage*. [online] Available at: <https://www.who.int/health-topics/universal-health-coverage#tab=tab_1>.
2. Un.org. 2021. *United Nations Official Document*. [online] Available at: <https://www.un.org/ga/search/view_doc.asp?symbol=A/RES/70/1&Lang=E>.
3. Uhc2030.org. 2021. [online] Available at: <https://www.uhc2030.org/fileadmin/uploads/uhc2030/Documents/Key_Issues/State_of_UHC/SoUHCC_synthesis_2020_final_web.pdf>.
4. Who.int. 2021. [online] Available at: <https://www.who.int/governance/eb/who_constitution_en.pdf>.
5. Blog, N. and News, U., 2021. *Health: A Political Choice*. [online] UHC2030. Available at: <https://www.uhc2030.org/blog-news-events/uhc2030-news/health-a-political-choice-555270/>.
6. Sdgs.un.org. 2021. *Goal 3 | Department Of Economic And Social Affairs*. [online] Available at: <https://sdgs.un.org/goals/goal3>.
7. Kieny, M., Bekedam, H., Dovlo, D., Fitzgerald, J., Habicht, J., Harrison, G., Kluge, H., Lin, V., Menabde, N., Mirza, Z., Siddiqi, S. and Travis, P., 2017. *Strengthening Health Systems For Universal Health Coverage And Sustainable Development*. [online] World Health Organization. Available at: <https://www.who.int/bulletin/volumes/95/7/16-187476/en/#R14>.
8. General Assembly of the United Nations. 2021. *Universal Health Coverage - General Assembly Of The United Nations*. [online] Available at: <https://www.un.org/pga/73/event/universal-health-coverage/>.
9. 2008. *Health Systems Financing: Toolkit On Monitoring Health Systems Strengthening*. [ebook] WHO. Available at: <https://www.who.int/healthinfo/statistics/toolkit_hss/EN_PDF_Toolkit_HSS_Financing.pdf>.
10. Data.worldbank.org. 2021. *Current Health Expenditure (% Of GDP) | Data*. [online] Available at: <https://data.worldbank.org/indicator/SH.XPD.CHEX.GD.ZS?most_recent_value_desc=true>.
11. Liaropoulos, L. and Goranitis, I., 2015. Health care financing and the sustainability of health systems. *International Journal for Equity in Health*, [online] 14(1). Available at: <https://www.researchgate.net/publication/281774694_Health_care_financing_and_the_sustainability_of_health_systems>.
12. PolicyAdvice. 2020. *Healthcare Statistics For 2020 | Policy Advice*. [online] Available at: <https://policyadvice.net/insurance/insights/healthcare-statistics/#:~:text=The%20global%20health%20industry%20was,over%20%2410%20trillion%20by%202022>.
13. Kutzin, J., 2013. *Health Financing For Universal Coverage And Health System Performance: Concepts And Implications For Policy*. [online] World Health Organization. Available at: <https://www.who.int/bulletin/volumes/91/8/12-113985/en/>.
14. O. Otieno, P. and Asiki, G., 2020. Making Universal Health Coverage Effective in Low- and Middle-Income Countries: A Blueprint for Health Sector Reforms. *Healthcare Access - Regional Overviews [Working Title]*, [online] Available at: <https://www.intechopen.com/books/healthcare-access-regional-overviews/making-universal-health-coverage-effective-in-low-and-middle-income-countries-a-blueprint-for-health>.
15. 2010. *HEALTH SYSTEMS FINANCING The Path To Universal Coverage*. [ebook] World Health Organization. Available at: <https://apps.who.int/iris/bitstream/handle/10665/70496/WHO_IER_WHR_10.1_eng.pdf>.
16. WHO | Governance. 2021. WHO | Governance. [online] Available at: <https://www.who.int/healthsystems/topics/stewardship/en/#:~:text=Governance%20in%20the%20health%20sector,conducive%20to%20universal%20health%20coverage.>.
17. Wallace, L.S. (2013). A View Of Health Care Around The World. The Annals of Family Medicine, [online] 11(1), pp.84–84. Available at: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3596027/#__ffn_sectitle.>

18. data.worldbank.org. (n.d.). Out-of-pocket expenditure (% of current health expenditure) | Data. [online] Available at: <https://data.worldbank.org/indicator/SH.XPD.OOPC.CH.ZS?name_desc=false>.
19. Sripathy, A., Marti, J., Patel, H., Sheikh, J.I. and Darzi, A.W. (2017). Health Professional Education And Universal Health Coverage: A Summary Of Challenges And Selected Case Studies. Health Affairs, [online] 36(11), pp.1928–1936. Available at: <https://pubmed.ncbi.nlm.nih.gov/29137508/>
20. HEALTH WORKFORCE REQUIREMENTS FOR UNIVERSAL HEALTH COVERAGE AND THE SUSTAINABLE DEVELOPMENT GOALS. (2016). [online] World Health Organization. Available at: <https://apps.who.int/iris/bitstream/handle/10665/250330/9789241511407-eng.pdf;jsessionid=44E810375295C2D4BBBADBA4332FB3EB?sequence=1>
21. Liu J, Goryakin Y, Maeda A, Bruckner T, Scheffler R. Global health workforce labor market projections for 2030. [Policy Research Working Paper 7790]. Washington (DC): World Bank; 2016. https://documents.worldbank.org/en/publication/documents-reports/documentdetail/546161470834083341/global-healthworkforce-labor-market-projections-for-2030
22. Evans, T., Araujo, E., Herbst, C. and Pannenborg, O. (2017). Transforming Health Workers' Education for Universal Health Coverage: Global Challenges and Recommendations. World Health & Population, [online] 17(3), pp.70–80. Available at: <https://www.researchgate.net/publication/322899138_Transforming_Health_Workers%27_Education_for_Universal_Health_Coverage_Global_Challenges_and_Recommendations>
23. WHO. (n.d.). WHO | Working for health and growth: investing in the health workforce. [online] Available at: <https://www.who.int/hrh/com-heeg/reports/en/.>
24. Cometto, G., Scheffler, R., Liu, J., Maeda, A., Tomblin-Murphy, G., Hunter, D. and Campbell, J. (2016). Health workforce needs, demand and shortages to 2030: an overview of forecasted trends in the global health labour market. [online] Geneva: World Health Organization. Available at: <https://www.who.int/hrh/com-heeg/Needs_demands_shortages.pdf.>
25. Scheil-Adlung, X. and Nove, A. (2016). Global estimates of the size of the health workforce contributing to the health economy: the potential for creating decent work in achieving universal health coverage. [online] Geneva: World Health Organization. Available at: <https://www.who.int/hrh/com-heeg/Health_economy_workforce_online.pdf?ua=1.>
26. Summers, L.H. (2015). Economists' declaration on universal health coverage. The Lancet, [online] 386(10008), pp.2112–2113. Available at: <https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(15)00242-1/fulltext>
27. Primary Health Care on the Road to Universal Health Coverage 2019 GLOBAL MONITORING REPORT EXECUTIVE SUMMARY. (n.d.). [online] Available at: <https://www.who.int/docs/default-source/documents/2019-uhc-report-executive-summary>.
28. Unicef.org. (2018). New global commitment to primary health care for all at Astana conference. [online] Available at: <https://www.unicef.org/press-releases/new-global-commitment-primary-health-care-all-astana-conference>.
29. IHP. (2019). Why Primary Health Care is key to make progress towards Universal Health Coverage – perspectives from Asia and Africa. [online] Available at: <https://www.internationalhealthpolicies.org/blogs/why-primary-health-care-is-key-to-make-progress-towards-universal-health-coverage-perspectives-from-asia-and-africa/>.
30. www.unfpa.org. (2019). Sexual and Reproductive Health and Rights: An Essential Element of Universal Health Coverage. [online] Available at: <https://www.unfpa.org/featured-publication/sexual-and-reproductive-health-and-rights-essential-element-universal-health>.
31. United Nations (1995). Report of the International Conference on Population and Development : Cairo, 5-13 September 1994. New York: United Nations. [online] Available at: <https://www.un.org/development/desa/pd/sites/www.un.org.development.desa.pd/files/icpd_en.pdf>.
32. Report of the Fourth World Conference on Women : Beijing, 4-15 September 1995. (1996). New York: United Nations. [online] Available at: <https://www.un.org/womenwatch/daw/beijing/pdf/Beijing%20full%20report%20E.pdf>.

33. United Nations (2019). Political declaration of the high-level meeting on universal health coverage: New York: United Nations. [online] Available at: <https://undocs.org/en/A/RES/74/2>.
34. World Health Organization (2017). Human rights and health. [online] Who.int. Available at: <https://www.who.int/news-room/fact-sheets/detail/human-rights-and-health.>
35. Basic documents: forty-ninth edition (including amendments adopted up to 31 May 2019). Geneva: World Health Organization; 2020. Licence: CC BY-NC-SA 3.0 IGO [online] Available at: <https://apps.who.int/gb/bd/pdf_files/BD_49th-en.pdf>.
36. Universal Declaration of Human Rights. (1948). [online] Available at: <https://www.ohchr.org/EN/UDHR/Documents/UDHR_Translations/eng.pdf>.
37. Positioning Health in the Post-2015 Development Agenda WHO discussion paper BACKGROUND. (2012). [online] Available at: <https://www.who.int/topics/millennium_development_goals/post2015/WHOdiscussionpaper_October2012.pdf >.
38. www.ohchr.org. (n.d.). OHCHR | Human rights dimension of poverty. [online] Available at: <https://www.ohchr.org/en/issues/poverty/dimensionofpoverty/pages/index.aspx#:~:text=Poverty%20erodes%20or%20nullifies%20economic>.
39. Rao, K., Makimoto, S., Peters, M., Leung, G., Bloom, G. and Katsuma, Y. (n.d.). Vulnerable Populations and Universal Health Coverage. [online] Available at: <https://www.brookings.edu/wp-content/uploads/2019/09/LNOB_Chapter7.pdf>.
40. Inclusion Matters: The Foundation for Shared Prosperity. (2013). The World Bank [online] Available at: <https://openknowledge.worldbank.org/bitstream/handle/10986/16195/9781464800108.pdf?sequence=1>.
41. Schmidt, H., Gostin, L.O. and Emanuel, E.J. (2015). Public health, universal health coverage, and Sustainable Development Goals: can they coexist? The Lancet, [online] 386(9996), pp.928–930. Available at: <https://www.thelancet.com/pdfs/journals/lancet/PIIS0140-6736(15)60244-6.pdf>.
42. Jamison, D.T., Summers, L.H., Alleyne, G., Arrow, K.J., Berkley, S., Binagwaho, A., Bustreo, F., Evans, D., Feachem, R.G.A., Frenk, J., Ghosh, G., Goldie, S.J., Guo, Y., Gupta, S., Horton, R., Kruk, M.E., Mahmoud, A., Mohohlo, L.K., Ncube, M., Pablos-Mendez, A., Reddy, K.S., Saxenian, H., Soucat, A., Ulltveit-Moe, K.H. and Yamey, G. (2013). Global health 2035: a world converging within a generation. The Lancet, [online] 382(9908), pp.1898–1955. Available at: <https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(13)62105-4/fulltext>.
43. Ottersen, T. and Schmidt, H. (2017). Universal Health Coverage and Public Health: Ensuring Parity and Complementarity. American Journal of Public Health, [online] 107(2), pp.248–250. Available at: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5227956/#bib4>.
44. Peters, D., Tran, N. and Adam, T. (n.d.). A PRACTICAL GUIDE IMPLEMENTATION RESEARCH IN HEALTH ©WHO. [online] Available at: <https://apps.who.int/iris/bitstream/handle/10665/91758/9789241506212_eng.pdf>.
45. RESEARCH FOR UHC. (n.d.). [online] Available at: <https://www.who.int/gho/publications/mdgs-sdgs/MDGs-SDGs2015_chapter3_snapshot_research_uhc.pdf?ua=1>.
46. blogs.worldbank.org. (2020). COVID-19 (coronavirus): Universal health coverage in times of crisis. [online] Available at: <https://blogs.worldbank.org/health/covid-19-coronavirus-universal-health-coverage-times-crisis>
47. Living with COVID-19: Time to get our act together on health emergencies and UHC. (2020). [online] Available at: <https://extranet.who.int/sph/sites/default/files/document-library/document/UHC2030%20Discussion%20paper%20on%20health%20emergencies%20and%20UHC%20-%20May%202020.pdf>.
48. SEVENTY-FIRST WORLD HEALTH ASSEMBLY WHA71.7 Agenda item 12.4 26 Digital health. (2018). [online] Available at: <http://apps.who.int/gb/ebwha/pdf_files/WHA71/A71_R7-en.pdf>.

49. Mehl, G. and Labrique, A. (2014). Prioritizing integrated mHealth strategies for universal health coverage. Science, [online] 345(6202), pp.1284–1287. Available at: <https://pubmed.ncbi.nlm.nih.gov/25214614/>.
50. Labrique, A.B., Vasudevan, L., Kochi, E., Fabricant, R. and Mehl, G. (2013). mHealth innovations as health system strengthening tools: 12 common applications and a visual framework. Global Health: Science and Practice, [online] 1(2), pp.160–171. Available at: <http://www.ghspjournal.org/content/1/2/160>.
51. WHO guideline recommendations on digital interventions for health system strengthening. (2019). [online] Available at: <https://apps.who.int/iris/bitstream/handle/10665/311941/9789241550505-eng.pdf?ua=1>.
52. www.who.int. (2020). Social participation and people's voice: the missing piece in the UHC puzzle. [online] Available at: <https://www.who.int/news-room/events/detail/2020/12/15/default-calendar/social-participation-and-people-s-voice-the-missing-piece-in-the-uhc-puzzle>.
53. Samuel, J., Flores, W. and Frisancho, A. (2020). Social exclusion and universal health coverage: health care rights and citizen-led accountability in Guatemala and Peru. International Journal for Equity in Health, [online] 19(1). Available at: <https://equityhealthj.biomedcentral.com/articles/10.1186/s12939-020-01308-y>.