# 1. Overview of universal health coverage and the health-related Sustainable Development Goals

*Naomi Massyn, Candy Day, Noluthando Ndlovu, Annibale Cois*

This chapter serves to locate the policy objective of universal health coverage (UHC) in the context of global commitments, in particular, the health-related Sustainable Development Goals (SDGs). In South Africa, National Health Insurance (NHI) is fundamentally directed at achieving UHC and at meeting the health-related SDGs.

The World Health Organization (WHO) defines UHC as "ensuring that all people have access to needed health services (including prevention, promotion, treatment, rehabilitation and palliation) of sufficient quality to be effective while also ensuring that the use of these services does not expose the user to financial hardship".[a]

This definition of UHC embodies three related objectives:[b]

- There should be equity in access to health services, with everyone who needs services receiving them regardless of ability to pay.
- The quality and effectiveness of health services should be such that they meet the expected goals of improving the health of those receiving such services.
- The cost of accessing quality, effective healthcare services should not put people at risk of financial harm.

Universal health coverage is firmly based on the WHO constitution of 1948, which declared health a fundamental human right, and on the Health for All agenda set by the Alma Ata Declaration in 1978 and confirmed in Astana in 2018.[c] Universal health coverage is a fundamental component of the health-related SDGs and holds out hope of better health and protection for the world's most disadvantaged populations.

The SDGs are a universal call to action to end poverty, protect the planet, and ensure that all people enjoy peace and prosperity.[d] Although a number of SDGs are relevant to health, SDG Goal 3 specifically focuses on ensuring healthy lives and promotes well-being for all at all ages. The relevant health-related goals, targets and indicators are listed in Table 1.

### Table 1: SDG 3 goals, targets and indicators

| Goals and targets | | Indicators |
|---|---|---|
| 3.1 | By 2030, reduce the global maternal mortality ratio to less than 70 per 100 000 live births | 3.1.1 Maternal mortality ratio<br>3.1.2 Proportion of births attended by skilled health personnel |
| 3.2 | By 2030, end preventable deaths of newborns and children under 5 years of age, with all countries aiming to reduce neonatal mortality to at least as low as 12 per 1 000 live births and under-5 mortality to at least as low as 25 per 1 000 live births | 3.2.1 Under-5 mortality rate<br>3.2.2 Neonatal mortality rate |
| 3.3 | By 2030, end the epidemics of Acquired Immune Deficiency Syndrome (AIDS), tuberculosis, malaria and neglected tropical diseases and combat hepatitis, water-borne diseases and other communicable diseases | 3.3.1 Number of new HIV infections per 1 000 uninfected population, by sex, age and key populations<br>3.3.2 Tuberculosis incidence per 100 000 population<br>3.3.3 Malaria incidence per 1 000 population<br>3.3.4 Hepatitis B incidence per 100 000 population<br>3.3.5 Number of people requiring interventions against neglected tropical diseases |
| 3.4 | By 2030, reduce by one-third premature mortality from non-communicable diseases through prevention and treatment and promote mental health and well-being | 3.4.1 Mortality rate attributed to cardiovascular disease, cancer, diabetes or chronic respiratory disease<br>3.4.2 Suicide mortality rate |
| 3.5 | Strengthen the prevention and treatment of substance abuse, including narcotic drug abuse and harmful use of alcohol | 3.5.1 Coverage of treatment interventions<br>3.5.2 Harmful use of alcohol, defined according to the national context as alcohol per capita consumption (aged 15 years and older) within a calendar year in litres of pure alcohol |
| 3.6 | By 2020, halve the number of global deaths and injuries from road traffic accidents | 3.6.1 Death rate due to road traffic injuries |

a World Health Organization. Available from: https://www.who.int/healthsystems/universal_health_coverage/en/.

b World Health Organization. Available from: https://www.who.int/health_financing/universal_coverage_definition/en/.

c World Health Organization. Preamble to the constitution of the World Health Organization as adopted by the International Health Conference. New York, 19-22 June 1946; signed on 22 July 1946 by the representatives of 61 States (Official Records of the World Health Organization, no. 2, p. 100) and entered into force on 7 April 1948.

d Work of the Statistical Commission pertaining to the 2030 Agenda for Sustainable Development. Available from: https://unstats.un.org/sdgs/indicators/Global%20Indicator%20Framework_A.RES.71.313%20Annex.pdf.

| Target | | Indicator |
|---|---|---|
| 3.7 | By 2030, ensure universal access to sexual and reproductive healthcare services, including for family planning, information and education, and the integration of reproductive health into national strategies and programmes | 3.7.1 Proportion of women of reproductive age (aged 15 - 49 years) who have their need for family planning satisfied with modern methods<br>3.7.2 Adolescent birth rate (aged 10 - 14 years and 15 - 19 years) per 1 000 women in that age group |
| 3.8 | Achieve universal health coverage, including financial risk protection, access to quality essential healthcare services and access to safe, effective, quality and affordable essential medicines and vaccines for all | 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)<br>3.8.2 Proportion of population with large household expenditures on health as a share of total household expenditure or income |
| 3.9 | By 2030, substantially reduce the number of deaths and illnesses from hazardous chemicals and air, water and soil pollution and contamination | 3.9.1 Mortality rate attributed to household and ambient air pollution<br>3.9.2 Mortality rate attributed to unsafe water, unsafe sanitation and lack of hygiene (exposure to unsafe Water, Sanitation and Hygiene for All (WASH) services)<br>3.9.3 Mortality rate attributed to unintentional poisoning |
| 3.a | Strengthen the implementation of the WHO Framework Convention on Tobacco Control in all countries, as appropriate | 3.a.1 Age-standardized prevalence of current tobacco use among persons aged 15 years and older |
| 3.b | Support the research and development of vaccines and medicines for the communicable and non-communicable diseases that primarily affect developing countries, provide access to affordable essential medicines and vaccines, in accordance with the Doha Declaration on the TRIPS Agreement and Public Health, which affirms the right of developing countries to use to the full the provisions in the Agreement on Trade-Related Aspects of Intellectual Property Rights regarding flexibilities to protect public health, and, in particular, provide access to medicines for all | 3.b.1 Proportion of the target population covered by all vaccines included in their national programme<br>3.b.2 Total net official development assistance to medical research and basic health sectors<br>3.b.3 Proportion of health facilities that have a core set of relevant essential medicines available and affordable on a sustainable basis |
| 3.c | Substantially increase health financing and the recruitment, development, training and retention of the health workforce in developing countries, especially in least developed countries and small island developing States | 3.c.1 Health worker density and distribution |
| 3.d | Strengthen the capacity of all countries, in particular developing countries, for early warning, risk reduction and management of national and global health risks | 3.d.1 International Health Regulations (IHR) capacity and health emergency preparedness |

Source: Work of the Statistical Commission pertaining to the 2030 Agenda for Sustainable Development. A/RES/71/313.

A key objective of UHC is to avoid catastrophic health spending.[e] Universal health coverage is both an end in itself, as expressed in SDG target 3.8, as well as the most logical way to ensure progress towards meeting other health-related SDG targets. Two indicators were adopted by the United Nations (UN) Statistical Commission in March 2017 to monitor progress towards SDG target 3.8: average coverage of essential services based on tracer interventions that include reproductive, maternal, newborn and child health, infectious diseases, non-communicable diseases (NCDs) and service capacity and access, among the general and the most disadvantaged populations (SDG indicator 3.8.1); and the proportion of households with large expenditures on health as a share of total household consumption or income (SDG indicator 3.8.2).

A composite UHC service coverage index has been developed, based on four basic principles.[f] The first principle concerns the preference for effective service coverage indicators as the most relevant and direct result of country efforts to meet people's needs for quality health services. Secondly, the index should include indicators for different types of services, namely prevention (comprising health promotion and illness prevention), and indicators for treatment (comprising curative services, rehabilitation, and palliation). Thirdly, the index should cover the main health areas of reproductive, maternal, newborn, and child health, infectious diseases, NCDs, and injuries. Finally, the index should be disaggregated by key inequality dimensions. The index is based on 16 tracer indicators, four from each of the following categories: reproductive, maternal, newborn, and child health; infectious diseases; NCDs; and service capacity and access. The index is explained more comprehensively in the chapter on UHC – the service coverage index at district level.

Alignment of the National Indicator Data Set (NIDS),[g] together with maximal use of periodic survey data will be needed in order to establish clear baseline data for the UHC service coverage index for South Africa, and to track progress over time. In addition, South Africa needs to contribute to the ongoing debates on the design and implementation of the UHC service coverage index. The current National Health Act (No. 61 of 2003)[h] allocates responsibility for facilitating and coordinating

e Wagstaff A, Flores G, Hsu J, et al. Progress on catastrophic health spending in 133 countries: a retrospective observational study. Lancet Glob Health. 2017 (published online 13 December 2017.) Available from: http://dx.doi.org/10.1016/S2214-109X(17)30429-1.

f Hogan DR, Stevens GA, Hosseinpoor AR, Boerma T. Monitoring universal health coverage within the Sustainable Development Goals: development and baseline data for an index of essential health services. December 2017. Available from: https://www.thelancet.com/journals/langlo/article/PIIS2214-109X(17)30472-2/.

g National Department of Health. 2017 National Indicator Data Set. Pretoria: NDoH; April 2017.

h Republic of South Africa. National Health Act (No. 61 of 2003). Available from: https://www.up.ac.za/media/shared/12/ZP_Files/health-act.zp122778.pdf.

the establishment, implementation and maintenance of a health information system at all levels to the National Department of Health (NDoH). This effort is supported by the Health Data Advisory and Coordinating Committee (HDACC). The 2011 District Health Management Information System (DHMIS) Policy[i] defines the requirements and expectations to provide comprehensive, timely, reliable and good-quality routine evidence for tracking and improving health service delivery.

In order to align the health information system, engagement will also be needed with the authorities responsible for periodic surveys, such as the South African National Health and Nutrition Examination Survey (SANHANES), the National Income Dynamics Study (NiDS) and the South Africa Demographic and Health Survey (SADHS). Engagement with Statistics South Africa (Stats SA), the Human Sciences Research Council (HSRC), the South African Medical Research Council (SAMRC) and the Council for Medical Schemes (CMS) will also be critical. Importantly, the National Health Insurance Bill,[j] allocates the design and maintenance of a health information system to the NHI Fund, amending the National Health Act.

The 2018 Presidential Health Summit highlighted the fact that the current health information system is fragmented, and poses a major challenge to effective stewardship of the health system.[k] In particular, the report of the Summit noted that no integrated electronic health record is currently in use in South Africa.

Notwithstanding all of these limitations, Chapter 6 presents results for the UHC service coverage index at district level for the period 2016/17. In several instances alternative indicators were used in place of the globally recommended tracers, and in some cases data were only accessible for some sectors of the population. The methods and adaptations are described in that chapter, to create a platform for further refinement of the best approach to monitor realisation of UHC across all districts in South Africa.

i National Department of Health. District Health Management Information System Policy. Pretoria: NDoH; 2011.

j Minister of Health. National Health Insurance Bill (No. 11 of 2019).

k Presidential Health Summit 2018. Strengthening the South African health system towards an integrated and unified health system. Birchwood Conference Centre, Johannesburg; 19 - 20 October 2018. Available from: http://www.thepresidency.gov.za/download/file/fid/1493