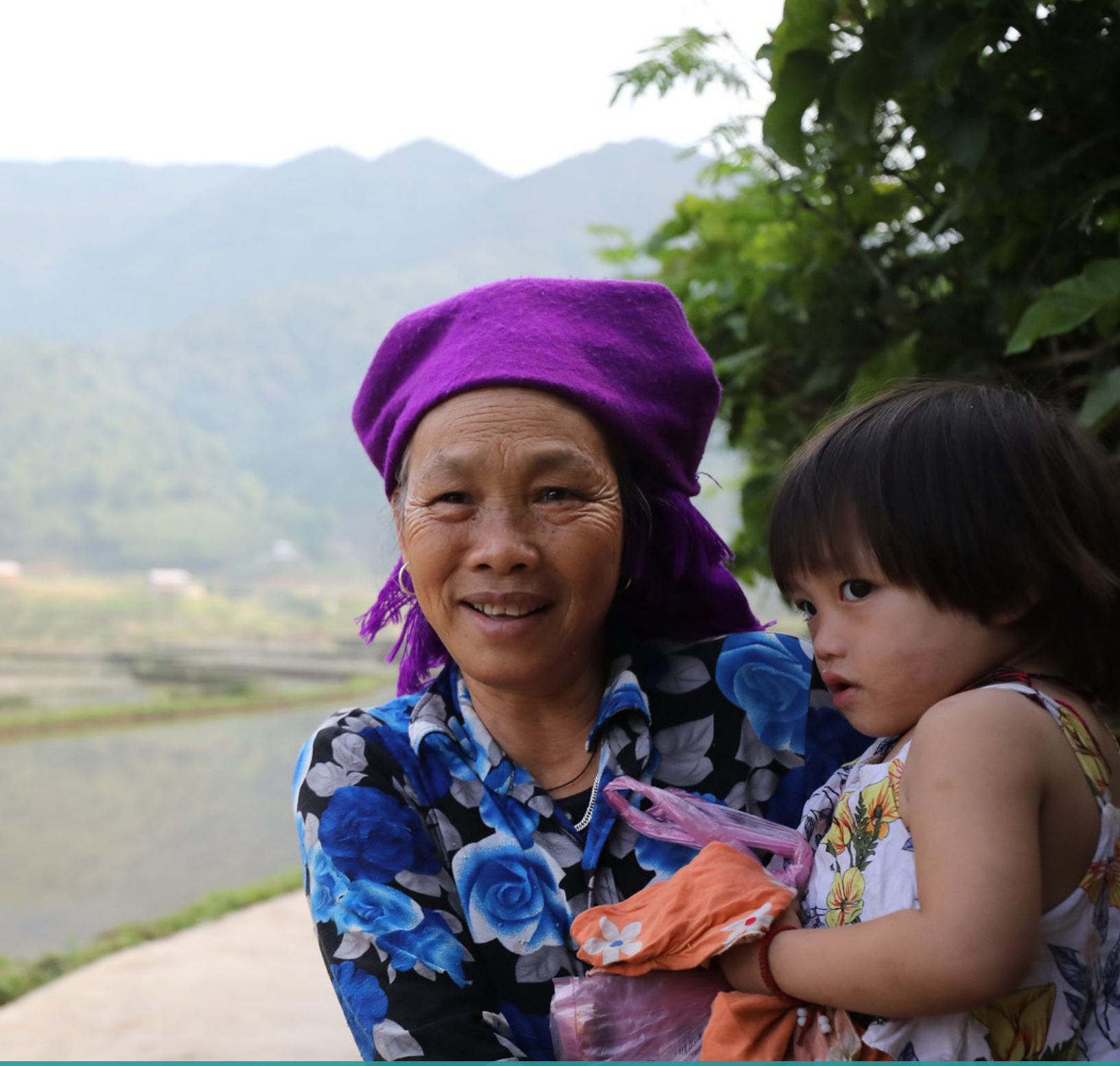

The Road to UHC
The GFF's Catalytic Role in Supporting PHC Toward the Achievement of UHC

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The Road to UHC: The GFF's Catalytic Role in Supporting PHC Toward the Achievement of UHC

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Overview

Purpose and Background

In this report, we examine how the work of the Global Financing Facility for Women, Children, and Adolescents (GFF) supports partner countries' efforts to improve primary health care (PHC), "the most inclusive, equitable, and cost-effective way to achieve universal health coverage (UHC)."[1] Established in 2015, the GFF is a multistakeholder global partnership with the goal of mobilizing resources to help close gaps in funding to improve reproductive, maternal, newborn, child, and adolescent health and nutrition (RMNACH-N) in low- and middle-income countries (LMICs).[2] The GFF does not engage in service delivery but instead works closely with governments to improve partner countries' overall health systems, build capacities, and help align resources from donors with their own national health priorities.

Through a set of country case studies, this paper aims to shed some light on how the GFF's work, including the synergistic value it provides through its co-financing with the World Bank and other donors, supports partner countries' efforts to achieve one of the most ambitious aspects of the Sustainable Development Goal for health (SDG3)—UHC through strengthening PHC.

Overview of PHC

PHC was first recognized as an essential global health concept at the watershed 1978 International Conference on PHC held in Alma Ata, through the historic Alma Ata Declaration. Since then, the idea of PHC has continued to evolve. PHC is currently defined as a "whole-of-society approach to health that aims at ensuring the highest possible level of health and well-being and their equitable distribution by focusing on people's needs and as early as possible along the continuum from health promotion and disease prevention to treatment, rehabilitation, and palliative care, and as close as feasible to people's everyday environment." According to the World Health Organization (WHO), the PHC approach to health is comprised of three interlocking components: (1) multisectoral policy and action to address social determinants of health, (2) the integrated service delivery of primary care and essentialpublic health functions, and (3) the empowerment of people, families, and communities to enhance self-care and health self-reliance. Through these components, the PHC approach enables health systems to support individuals' and communities' health needs and strengthens those systems to respond to public health emergencies.[1]

During the 2018 Global Conference on PHC, which marked the 40th anniversary of Alma Ata, delegates reaffirmed the vital role PHC plays in improving Health for All through the Declaration of Astana. That declaration stresses that strengthening PHC would result in more inclusive, effective, and efficient improvements in

health. It also affirms that PHC is a cornerstone of a sustainable health system that is critical in achieving the SDG3 targets, including UHC.[3]

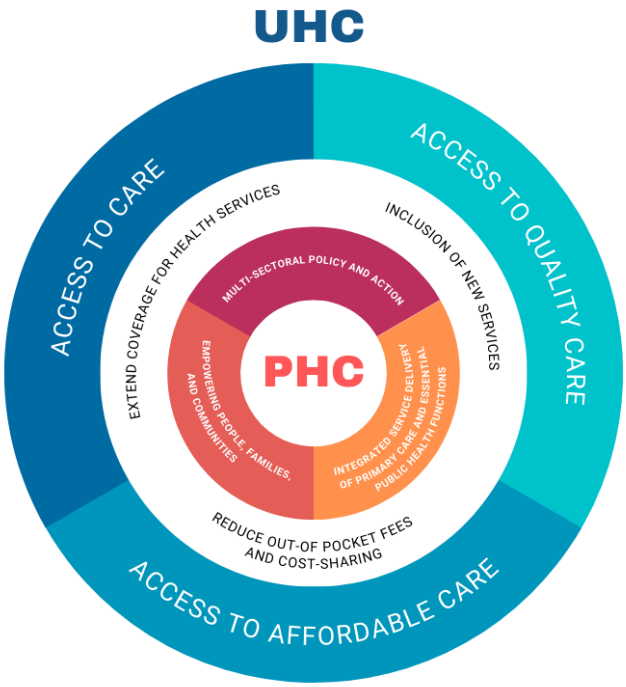
This same call to action was echoed in a 2019 World Bank and WHO report, which helped inform the UHC Political Declaration at the 2019 United Nations High-Level Meeting on UHC. The new declaration reaffirmed the goals of providing and strengthening essential PHC services toward achieving UHC.[4] Indeed, the whole-of-society approach of PHC is integral to the overarching goals of UHC and Health for All by promoting lifelong, whole-person care, and moving away from more disease-centered care.

The necessity to shift to the PHC approach was most evident during the COVID-19 pandemic when many essential health services were disrupted due to various challenges posed by the ongoing crisis. In many countries where the existing health systems were already weak, these disruptions significantly affected the availability of and access to quality and life-saving essential health services, especially for those most vulnerable, costing countries both human and financial capital in the process.[5] By promoting PHC, countries can help ensure more equitable and effective access to essential health services, improve community resilience and human security to future crises, and improve the health outcomes of every person.[6]

The Pathway from PHC to UHC

The PHC approach focuses on strengthening health systems and bringing health services to communities. This approach is critical in reaching UHC, which aims to ensure everyone has access to quality health care without financial hardship. The path to achieving UHC is long, but many global health initiatives have outlined strategies to reach the finish line through the PHC approach. Some of these strategies focus on improving and expanding health system structures and services to offer more quality care to more people and reduce out-of-pocket expenses to make care more affordable. The following figure illustrates the conceptual linkage between PHC and UHC through these strategies (fig. 1).

Figure 1. Connecting PHC to UHC



Source: Primary health care fact sheet, WHO 2021; World Health Report, WHO 2010; Declaration of Astana, WHO 2018.

In 2019, the WHO led the development of the Global Action Plan for Healthy Lives and Wellbeing for All (SDG3 GAP), which aims to accelerate

the progress toward the SDG3 targets, including achieving UHC. In this plan, PHC is prioritized as one of the effective ways to reach UHC. Furthermore, the plan outlines why improving RMNCAH-N is essential to the PHC strategy.[7]

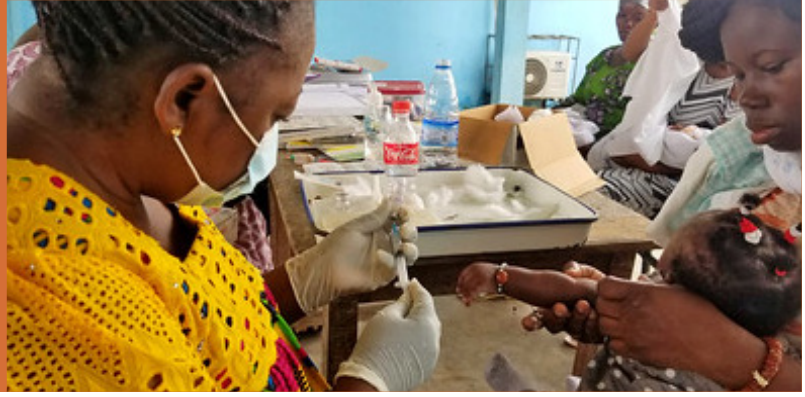
Since its inception, the GFF's primary objectives have been to strengthen health systems and support health financing reforms to ensure more resources are allocated to improving RMNCAH-N outcomes in the countries where the GFF operates. In addition, many of the GFF-funded projects focus on ensuring access and accountability for health services at the primary level. The GFF's unique catalytic model helps the partner governments identify existing funding and health coverage gaps and then mobilizes the needed financing to build the capacity to address the health priorities in their investment cases.[8] Through the GFF model, partner countries are empowered to be in the driver's seat to identify challenges and gaps in health funding and coverage with the goal of increasing domestic resources and aligning external funding for their health priorities.

The GFF also works to align global and country-level efforts with partners under the Sustainable Financing Accelerator of SDG3 GAP.[9] For example, the GFF is working alongside the Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund), the Partnership for Maternal, Newborn & Child Health, Gavi the Vaccine Alliance, and UHC 2030 to develop and implement the Joint Learning Agenda on Health Financing and Universal Health Coverage. This two-year capacity building program incorporates multiple global health agendas including, SDG3 GAP and the UHC agenda, and aims to improve capacity building for civil society on advocacy and accountability toward improving health financing for UHC in 20 participating countries.[10]

According to the GFF Annual Report 2021–2022, through the GFF's model of catalytic financing, GFF partner countries saw more than a 15% increase in allocated World Bank resources toward RMNCAH-N, resulting in improvements in access to essential PHC services and improved health outcomes for women, children, and adolescents.[11] During the COVID-19 pandemic, the GFF worked to assist partner country governments in ensuring support to counter the impacts of the pandemic. Countries with long-term commitments to improving RMNCAH-N through partnering with the GFF have made considerable progress in reaching health goals and improving health outcomes despite the pandemic.[12]

In the following country case studies, we will examine and highlight how the GFF's catalytic role supports the PHC approach and contributes to countries' efforts toward achieving UHC. Examples of this support include enabling more World Bank financing to be channeled to PHC systems and infrastructures; providing technical assistance to improve various aspects of health systems; and aligning in-country stakeholders and global partners to national health priorities.

Côte d'Ivoire



Over the last decade, Côte d'Ivoire has seen significant reductions in maternal mortality, with the ratio per 100,000 live births dropping by almost half. In addition, there have been improvements in the mortality rates of neonates and children under five, and adolescent birth rates have also been declining. Despite such remarkable progress, the country faces a significant uphill climb to reach the 2030 SDG targets (table 1).

Table 1. RMNCAH-N Progrss in Côte d'Ivoire

Core RMNCAH-N Impact Indicators	Previous (year)	Recent (2021)
Maternal Mortality Ratio (per 100,000 live births)	614 (2011)	385[1]
Under 5 Mortality Rate (per 1,000 live births)	96 (2016)	74[1]
Neonatal Mortality Rate (per 1,000 live birts)	33 (2016)	30[1]
Adolescent Birth Rate - 15-19 (per 1,000 women)	124 (2016)	96[1]
Percent of births <24 months after the preceding birth (%)	14.9 (2011)	-
Stunting among children under 5 years of age (%)	21.6 (2016)	23.4
Moderate and severe wasting among children under 5 years of age (%)	6 (2016)	8.4
Stillbirths (per 1,000 total births)	Not recorded	-

1 = improvement in RMNCAH-N impact indicator; 2 = met 2030 SDG target indicator
Source: GFF Data Portal: Côte d'Ivoire, GFF 2023; Targets of sustainable development goal 3, WHO 2023.

Additional challenges of high adolescent birth rates and high prevalence of infectious diseases such as HIV, malaria, and tuberculosis, as well as rising rates of noncommunicable diseases (NCDs), have all contributed to the country having one of the lowest life expectancies in the world.[13]

During the COVID-19 pandemic, the country continued to see some progress in many health areas, including an increase in antenatal care for pregnant women between 2019 and 2022.[10] However, the pandemic had long-term impacts on poor and vulnerable populations, including income losses, interruptions to public service delivery, and continued low enrollment in the country's health care insurance system.

THE GFF AND CÔTE D'IVOIRE

Côte d'Ivoire's partnership with the GFF began in 2017. The Ministry of Health and Public Hygiene, with support from the GFF, developed the country's investment case to improve health service coverage and reduce maternal and infant mortality rates.[14] Through this partnership, Côte d'Ivoire has expanded and initiated several health programs to try and reach these goals.[15]

The GFF investment case, implemented in 2020, focuses on increasing public spending for health—and ensuring that these resources are indeed spent on health—with the goal of reducing maternal, neonatal, infant, and child mortality. Specific strategies in the investment case include strengthening collaborations between the private and public sectors, scaling up

health insurance plans for universal health insurance schemes with evidence-based progress tracking.[1,2,16]

Expanding access to quality services

One critical link between PHC and UHC is expanding access to quality care. In the poorer and rural areas in Côte d'Ivoire, there have been shortages of medical supplies, trained medical personnel, and medical facilities that can provide access to quality health care services (see appendix).[17] Many facilities have also faced challenges in receiving reimbursements for provided care, resulting in shortages of on-hand funds to acquire supplies needed to provide quality services. With support from the GFF, the government of Côte d'Ivoire is working to improve the availability and quality of health services at the community level. The country received support from the World Bank through a Performance-based financing (PBF) pilot project that sought to increase the accessibility and quality of health services by providing incentives to health care facilities to improve the quality of care and health outcomes. The GFF's support allowed for the expansion of the PBF health systems approach on a more national scale, allowing for more resources to be channeled to community-level PHC facilities.[18] In addition, during the pandemic, Côte d'Ivoire worked to integrate investments in essential health services, including those for women and children, into its pandemic response.[1,19]

Furthermore, to address service delivery interruptions to vulnerable populations during the COVID-19 pandemic, the GFF and the World Bank provided technical assistance for a service delivery redesign (SDR). SDR is the reorganization of a health system to improve the equity and quality of care provided.[20] The technical assistance helps improve the health care system by creating a network of regional poles.[21] These poles connect community facilities in a proximity care network to offer people-centered integrative care at all levels and optimize the delivery of health services.[5] Through this, the GFF and World Bank support helped strengthen the role of civil society and community-based organizations in reducing the negative impact of COVID-19 on RMNCAH-N services. The approach centered on strengthening the role of communities in the 33 health regions of Côte d'Ivoire and creating a strong community monitoring system.

Increasing health insurance enrollment

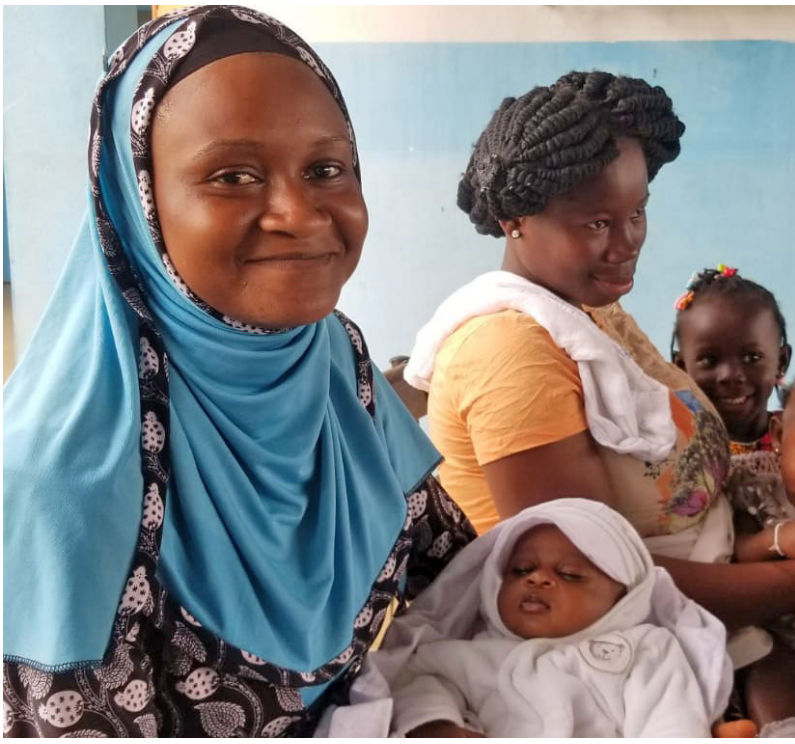
Another vital contribution of the GFF is its support for the continued rollout of Côte d'Ivoire's UHC program called Couverture Maladie Universelle (CMU). Since launching in 2014, enrollment of low-income individuals into the CMU health insurance program has been hampered by demand-side barriers such as transportation to enrollment centers and low awareness about the program or services. Under-enrollment in health insurance plans in sub-Saharan African countries has been correlated with factors such as the ability to pay, level of education, gender, exposure to media, and others.[22] To address this, the GFF is providing catalytic funding to

sustainably support the implementation of the World Bank's four-year International Development Association (IDA) social safety net project, which aims to increase the enrollment of poor and vulnerable populations and provide greater access to equitable health care.

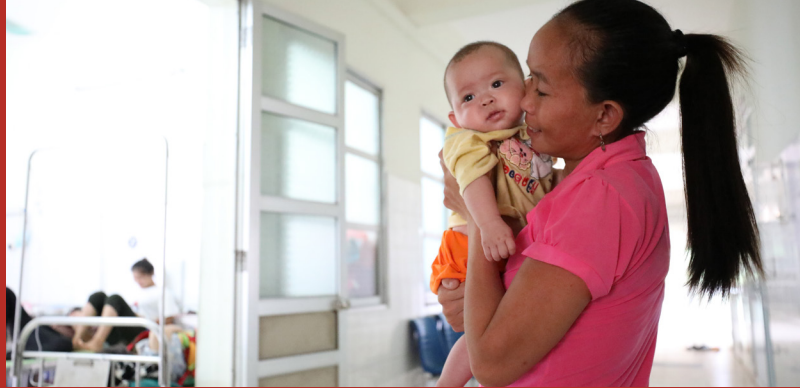
In addition, the GFF is also offering technical assistance for an in-depth gender equity assessment to identify gender-associated bottlenecks in the under-enrollment and under-utilization of CMU. The synergistic effects of supporting the supply side through SDR and the demand side through the social safety net project have resulted in a significant improvement in health insurance coverage in recent years. Between 2019 and 2021, there was an 89% increase in CMU enrollment among the country's most vulnerable populations.[4]

LOOKING AHEAD

According to the WHO, Côte d'Ivoire has seen a significant improvement in its UHC Service Coverage Index (SCI) score over the past two decades, from very low coverage (a score of 19) in 2000 to medium coverage (a score of 45) in 2019 (see appendix). Persistent improvements in access to more quality services at the community, primary, secondary, and tertiary levels to reach more patients (including those most vulnerable) where they are, will lead the country toward the goal of achieving UHC. The continued support from the GFF and other development partners is expected to play an integral role in the country's progress toward reaching its health goals. However, a recent SDG3 GAP report that examined the health coordination environment in Côte d'Ivoire found that redundancies and inefficiencies of multiple development partners' financial, technical, and administrative procedures may slow the speed of program implementation. These issues, including financing disbursement procedures, could be better streamlined for more efficient health spending.[23] The GFF is expected to continue its catalytic role to support Côte d'Ivoire to lead the alignment of its development partners to reach the health goals for all people.



Viet Nam



Viet Nam has seen remarkable progress in the three major health indicators, with maternal, infant, and child mortality rates reaching SDG targets years ahead of 2030 (table 2).[24] Viet Nam has also been developing and implementing a social health insurance program toward achieving UHC.

Table 2. RMNCAH-N Progrss in Viet Nam

Core RMNCAH-N Impact Indicators	Previous (year)	Recent (year)
Maternal Mortality Ratio (per 100,000 live births)	69 (2009)	46[1,2] (2019)
Under 5 Mortality Rate (per 1,000 live births)	21 (2019)	22.3[2] (2020)
Neonatal Mortality Rate (per 1,000 live births)	11.9 (2013)	6[1,2] (2020)
Adolescent Birth Rate - 15-19 (per 1,000 women)	45 (2013)	42[1] (2020)
Percent of births <24 months after the preceding birth (%)	Not recorded (2013)	Not recorded (2020)
Stunting among children under 5 years of age (%)	29.3 (2010)	19.6[1] (2020)
Moderate and severe wasting among children under 5 years of age (%)	6.4 (2016)	5.4[1] (2017)
Stillbirths (per 1,000 total births)	Not recorded (2011)	Not recorded (2014)

1 = improvement in RMNCAH-N impact indicator; 2 = met 2030 SDG target indicator
Source: GFF Data Portal: Viet Nam, GFF 2023; Targets of sustainable development goal 3, WHO 2023.

Despite significant improvements in health outcomes, in recent years, Viet Nam has seen the rise of NCDs, such as diabetes and cardiovascular disease, as an increasingly complex health challenge. Inequity within the country also remains an issue. While much progress was made in urban areas, populations in more rural areas of the country continue to have worse health outcomes and limited access to health services.[25]

THE GFF AND VIET NAM

Since Viet Nam joined the GFF in 2015, it has received GFF support for the country's agenda to improve RMNCAH-N and efforts to strengthen PHC systems. In particular, the GFF is focusing on assisting the Vietnamese government in reforming and increasing investments in health.[1,26]

Empowering grassroots health service delivery

One of the GFF's catalytic roles is mobilizing IDA and International Bank for Reconstruction and Development (IBRD) funds and mobilizing domestic resources for health by buying down interest rates of loans for health projects. In Vietnam Nam, the GFF is providing this support for the Investing and Innovating for Grassroots Health Service Delivery Reform (GSD) project, a World Bank project initiated in 2019. The project aims to improve PHC at the grassroots level by increasing and improving health service utilization at the commune health stations or centers (CHSs).[10] CHSs are critical public health care facilities that provide many essential public health services in rural areas, where much of the population resides. The buy-down support from the GFF enabled the government to properly secure the World Bank funding for GSD and to improve the government's financing of the country's PHC

infrastructure. The project currently supports CHSs and district hospitals in 13 provinces, 9 of which are the poorest, prioritizing rural and remote communities. Through the GSD project, CHSs are empowered to provide critical PHC services, including quality essential maternal, infant, and child health services, detection, and management of communicable and non-communicable diseases, as well as improved standards for cause of death diagnosis and reporting.[1,2,4]

Although health service utilization was adversely impacted by the COVID-19 pandemic, as of 2023, the GSD project has supported constructing and renovating over 100 health facilities and provided training to nearly 3,000 staff. During the pandemic, in the 13 provinces currently supported by the GSD project, staff training was able to continue online, and construction and improvement of CHSs continued in areas where the number of COVID-19 cases was low. In addition, the project allowed PHC facilities to resume services soon after the stay-at-home order was lifted, enabling the country to recover gains made before the pandemic. Since the program began, the county has seen an increased number of deliveries of newborns attended by skilled health workers, more women being screened for cervical cancer, and a greater percentage of NCD cases managed through CHSs.[1,4]

Technical Support for PHC

To further strengthen PHC in Viet Nam, the GFF is providing technical support for strengthening civil registration and vital statistics (CRVS) initiatives.[1] The improvements made to the CRVS systems have allowed for increased accessibility to health data in health management information systems at the grassroots, subnational, and national levels. In addition, through these improvements, there is greater availability of cause-of-death reporting, which can be used to better understand better the country's health outcomes on a more granular level.[1] The GFF also supports the reformation of Viet Nam's social health insurance and other health financing mechanisms by improving the alignment of donor financing, providing technical assistance for legislation, and supporting the reduction of hospital costs.[1,4]

LOOKING AHEAD

According to the WHO's UHC SCI, in 2019, Viet Nam had a UHC score of 70, indicating a high level of coverage (see appendix). Indeed, health insurance coverage has been gradually increasing in Viet Nam over the years to reach around 90% of the population in 2022.[3,27,28] In addition, the GSD project expanded access to additional essential services at CHSs, especially by the most vulnerable people in remote areas.[2]

Viet Nam has seen improvements in many PHC areas, but challenges remain. In recent years, progress in reducing stunting in children under five has stalled, with little to no change in stunting rates.[2] In addition, the overall progress around NCDs is offset by widening gaps in inequalities, such as gender and socioeconomic status (see appendix).[29] Further, hospitalization rates and out-of-pocket spending in government and private hospitals remain high.[30]

The GFF is expected to support the Viet Nam government in analyzing the causes of stalled progress in stunting and NCDs, as well as catalyze partner support to address these issues through the PHC approach.[31,32]

Tajikistan

For over a decade, Tajikistan has seen progress in improving several health outcomes, including reductions in maternal mortality and stunting in children five and younger (table 3). The country has also been successful in its fight against malaria, having been certified malaria-free by the WHO in 2023.[33,34,35] In 2018, the government of Tajikistan announced a new National Health Strategy for 2021 to 2030, intending to achieve health-related SDGs by 2030. A year later, Tajikistan became a pilot country for implementing the SDG3 GAP, focusing on sustainable health financing and PHC. This builds on the country's ongoing effort to develop an integrated model of PHC based on a family medicine approach.

However, equitable access to PHC in the country remains challenging. High out-of-pocket payments (accounting for 60% of total health expenditure) continue to be barriers to access to care. In addition, due to the low reputation of primary care services, more patients seek care in hospitals over primary care facilities, such as community clinics, resulting in hospital overcapacity. Further, despite wide health coverage, disparities remain between different regions and income groups.[36]

THE GFF AND TAJIKISTAN

Working with the GFF and other partners like the WHO, Tajikistan is currently developing its investment case in alignment with the National Health Strategy.[37] Since Tajikistan joined the GFF in 2019, it has received the GFF's support for the country's efforts to strengthen PHC in several ways.

Table 3. RMNCAH-N Progress in Tajikistan

Core RMNCAH-N Impact Indicators	Previous (year)	Recent (2021)
Maternal Mortality Ratio (per 100,000 live births)	35 (2010)	32[1,2] (2015)
Under 5 Mortality Rate (per 1,000 live births)	43 (2012)	33[1] (2017)
Neonatal Mortality Rate (per 1,000 live births)	19 (2012)	13[1] (2017)
Adolescent Birth Rate - 15-19 (per 1,000 women)	54 (2012)	54 (2017)
Percent of births <24 months after the preceding birth (%)	33.1 (2012)	35.9 (2017)
Stunting among children under 5 years of age (%)	26 (2012)	17.5[1] (2017)
Moderate and severe wasting among children under 5 years of age (%)	10 (2012)	5.6[1] (2017)
Stillbirths (per 1,000 total births)	8.5 (2012)	7.1[1] (2017)

1 = improvement in RMNCAH-N impact indicator; 2 = met 2030 SDG target indicator
Source: GFF Data Portal: Tajikistan, GFF 2023; Targets of sustainable development goal 3, WHO 2023.

Creation of a country stakeholder platform

In 2020, with the support of the GFF, the government of Tajikistan established a country stakeholder platform. The GFF empowers countries to create country-led stakeholder platforms which encourage collaboration amongst stakeholders from multiple sectors to set and implement health priorities in the country. The country created a prioritized investment plan to improve its health care system based on the adopted

National Health Strategy. Through this plan, the government will be able to identify and prioritize areas affecting the health of women, children, and adolescents. In addition, they will be able to align and distribute domestic and external financing for health more efficiently.[10,38]

Investing in the future

One of the remaining health challenges in Tajikistan is the high rate of neonatal mortality. To address this and other issues affecting children, the GFF is co-financing the Early Childhood Development to Build Tajikistan's Human Capital Project, an IDA operation established in 2020. The project aims to increase the utilization of essential health and education services for children ages 0 to 6 and to reform and implement the national Child Growth and Development Monitoring (CGDM) program.[39] The GFF directly supports financing reforms to make more funding available for PHC workers in implementing the CGDM program. This IDA project also provides incentives to introduce and implement nationwide budgeting for PHC.[5]

The GFF also co-finances an IDA social protection project to improve access to and quality of basic PHC services amongst the most vulnerable women, children, and adolescents by leveraging the capacity and strengths of the existing national social assistance program to more efficiently coordinate health financing and maximize outcomes.[8,40]

Support for pandemic response

While there is no reliable data to accurately quantify the impact on PHC systems during the COVID-19 pandemic, some disruptions in childhood and routine vaccinations were reported. To counter these disruptions, the GFF has been working to support Tajikistan's COVID-19 national response plan, focusing on preserving and restoring essential health services, including immunization.

Tajikistan's COVID-19 response demonstrated the collaborative effort of development partners such as the World Bank, the GFF, and the Global Fund with the national government to provide necessary assistance during the pandemic. For example, financial and technical support from the GFF and World Bank enabled the government to launch a Vaccine Readiness Assessment Framework, carried out in collaboration with Gavi, UNICEF, and the WHO, to identify the needs and gaps in strengthening the national routine immunization program and securing essential services for family planning.

LOOKING AHEAD

According to the WHO's UHC SCI metrics, Tajikistan's UHC score has improved steadily over the years (see appendix).[42] Even during the COVID-19 pandemic, the country saw improvements in this index between 2019 and 2021, indicating progress.[14] However, on the road to achieving UHC, some gaps remain, including high out-of-pocket payments, negative perceptions of primary care compared to hospitals, and low quality and coverage of HIV and NCD treatments, especially in rural areas (see appendix).[32] In 2022, to further support Tajikistan's efforts toward achieving UHC through strengthening PHC, the GFF approved a US$10 million PHC operational plan that will help finance the restructuring and delivery of PHC services.[43]

Appendix

UHC Service Coverage Index by Country, 2000-2019

Country	2000	2005	2010	2015	2017	2019
Côte d'Ivoire	19	27	35	43	45	45
Viet Nam	40	44	59	66	68	70
Tajikistan	41	44	55	62	65	66

>20 = very low coverage; 20-39 = low coverage; 40-59 = medium coverage; 60-79 = high coverage; >80 = very high coverage
Source: Monitoring universal health coverage, WHO 2023; Progress Indicators for UHC, Gates Foundation 2022.

Breakdown of UHC Service Coverage Index by Country, 2019

	RMNCH				Infectious Diseases				Noncommunicable Diseases			Service Capacity and Access			SCI Components				
	Family planning demand satisfied with modern methods	Antenatal care, 4+ visits	Child immunization	Care-seeking behavior for child pneumonia	TB Treatment	HIV ART	Insecticide-treated nets use	Access to at least basic sanitation	Non-elevated blood pressure	Mean fasting plasma glucose	Tobacco non-use	Hospital bed density	Health worker density	IHR core capacity index	RMNCH	Infectious Diseases	NCDs	Service capacity and access	UHC Service Coverage Index
Côte d'Ivoire	40	51	≥80	44	60	70	52	34	38	≥80	≥80	22	12	44	52	52	69	23	45
Viet Nam	79	74	≥80	≥80	60	65	-	≥80	51	≥80	64	≥80	34	66	≥80	70	69	61	70
Tajikistan	53	64	≥80	69	74	51	-	≥80	22	77	57	≥80	≥80	62	69	72	46	≥80	66

RMNCH = reproductive, maternal, newborn and child health; TB = Tuberculosis; HIV = Human immunodeficiency virus; ART= Anti-retroviral therapy; SCI = Service Coverage Index; IHR = International Health Regulations; NCDs= Noncommunicable diseases
Values in italics are imputed values. >20 = very low coverage; 20-39 = low coverage; 40-59 = medium coverage; 60-79 = high coverage; >80 = very high coverage
Source: Monitoring universal health coverage, WHO 2023.

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About JCIE

The Japan Center for International Exchange (JCIE) has been focusing on the topic of human security through its policy dialogues and research since 1998, and since 2007 has made global health—a specific human security concern—one of the core themes of its work. Recently, it has conducted various studies, international conferences, and other programs looking particularly at universal health coverage (UHC), offering support to Japanese government initiatives and enabling it to lead the international debate by drawing on Japan's own experience in working to achieve UHC. And JCIE has also offered a space for cross-sectoral and interdisciplinary dialogues among experts and practitioners, not only through its global health programs but through various other programs as well.