World Bank Group releases 22-country study of universal health coverage

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Studies point to convergence on solutions to difficult challenges in health policy implementation

WASHINGTON, February 14, 2013 - As a growing number of countries tackle the fiscal challenge of providing universal health coverage (UHC) for their citizens, today the World Bank released a set of 22 case studies of countries that have significantly expanded access to health care in the last decade, with the aim of helping countries make more informed health policy and program choices.

Researchers looked systematically at countries' experiences with a set of parameters related to achieving UHC, including designing and managing benefits packages, expanding coverage to the poorest and excluded populations, providing quality care, and health financing. The 22 countries studied included Argentina, Brazil, Chile, China, Colombia, Costa Rica, Ethiopia, Georgia, Guatemala, India, Indonesia, Jamaica, Kenya, Kyrgyz Republic, Mexico, Nigeria, Peru, Philippines, Thailand, Tunisia, Turkey and Vietnam. The Bank also released an analysis of the impact of UHC efforts in the developing world.

The studies show that although approaches to UHC vary, four-fifths or more of the countries share common implementation instruments. These include: an explicitly defined benefits package, expansion of coverage financed by general taxation, enrollment requirements, and reform of public provision of health services, all backed by strong political support. Also notable was that less than half of the countries studied had systems in place to monitor improvements in people's health.

Lessons across the studies point to the need to ensure that the implementation of UHC is equitable, efficient, and sustainable—which requires the use of many instruments that strengthen the accountability of all parties in the health sector. The case studies find that countries seek to strengthen accountability by:

- Empowering users to demand the benefits promised to them;
- Strengthening the capacity of ministries of finance to ensure that promises of benefits are realistic;
- Strengthening the capacity of ministries of health to oversee the improvement of quality;
- Introducing systems that incentivize higher productivity and control costs;
- Ensuring that public subsidies prioritize the poor and vulnerable; and
- Requiring periodic reporting of the achievement of health coverage and health outcome milestones.

"These case studies are an invaluable resource for countries that aspire to achieve universal health coverage in ways that are fiscally sustainable and that enhance both equity and efficiency—toward the goals of ending poverty and boosting shared prosperity," said Nicole Klingen, Acting Director for Health, Nutrition, and Population at the World Bank. "Whatever path countries choose, universal health coverage is key to prevent people from falling into poverty due to illness, and to give everyone the opportunity to live healthier, more productive lives—regardless of ability to pay."

Based on findings from the studies, the Bank is testing a new universal coverage assessment tool (UNICAT) that will help countries assess their strengths and weaknesses in implementing UHC. The tool will be rolled out later this year.
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