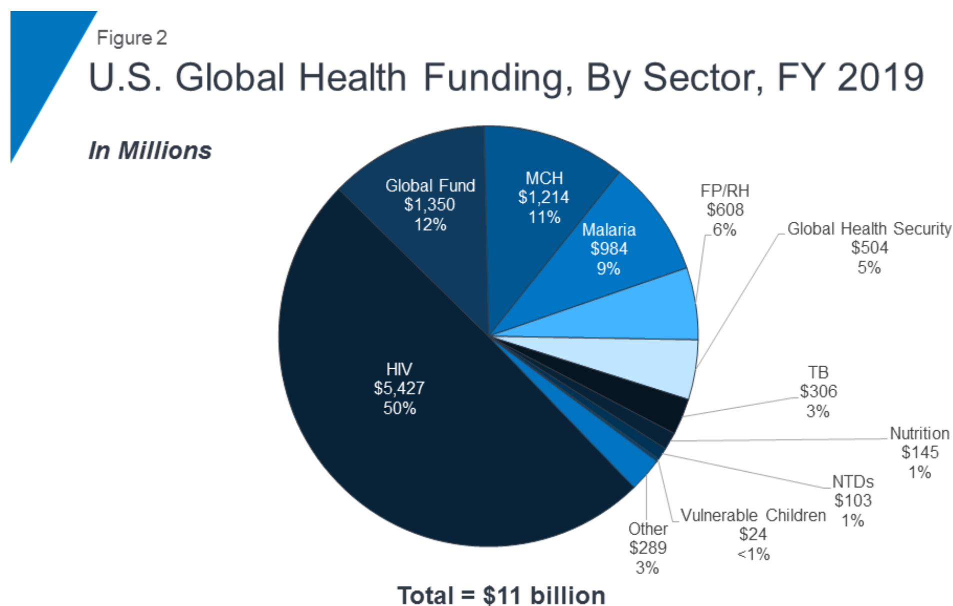
Partners In Health
ENGAGE

Universal Health Coverage (UHC): A Major Gap in U.S. Global Health Funding



NOTES: Represents total known funding (base and supplemental) provided through the State Department, USAID, CDC, NIH, and DoD. HIV includes funding through State/OGAC, USAID, CDC, NIH, and DoD. Malaria includes funding through USAID, CDC, NIH, and DoD. TB, Nutrition, NTDs, and Vulnerable Children include funding through USAID. MCH includes funding through USAID and CDC as well as contributions to UNICEF. FP/RH includes funding through USAID as well as contributions to UNFPA. Global Health Security includes funding through USAID, CDC, and DoD, as well as emergency Ebola and Zika funding. "Other" includes funding through USAID, CDC, and NIH, as well as contributions to WHO and PAHO; global parasitic diseases at CDC; the Fogarty International Center at NIH; as well as the Emergency Reserve Fund, which was created in the FY17 Omnibus bill to respond to contagious infectious disease outbreaks, and would be made available if there is an "emerging health threat that poses severe threats to human health." Some FY19 global health funding provided through CDC and the Economic Support Fund (ESF) and Development Assistance (DA) accounts at USAID is not yet known; for comparison purposes, these FY19 amounts are estimated using prior year levels.
SOURCE: Kaiser Family Foundation analysis of data from the Office of Management and Budget, Agency Congressional Budget Justifications, Congressional Appropriations Bills, and U.S. Foreign Assistance Dashboard [website], available at: www.foreignassistance.gov.

The U.S. Global Health budget in Fiscal Year 2019 (see above) allocated $11 billion in total funding to global health programs, including 50% to HIV, 9% to malaria, and 3% to tuberculosis, as well as 12% to the Global Fund to Fight AIDS, Tuberculosis, and Malaria. The presence of funding in the US budget for these diseases is a hard-won victory realized on the shoulders of activists around the world and the delivery programs developed by many teams, including Partners In Health (PIH).

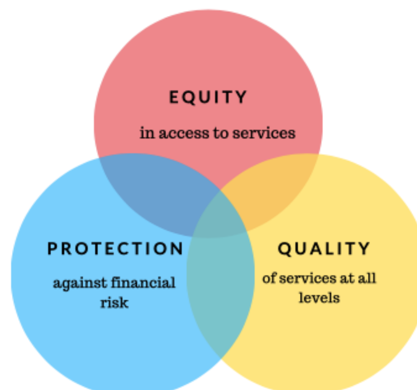
However, there is a long way to go: in addition to large funding gaps for HIV, malaria, and TB globally, there is a pressing need to fund programs to combat the growing burden of non-communicable diseases (NCDs), and pandemics such as Ebola. All health delivery programs—for NCDs, pandemics, or infectious diseases—are supported by the presence of robust primary health care systems. According to WHO estimates, an *additional $3.9 trillion* in total additional funds allocated to investments in essential health services and strengthening health systems available by 2030 could *prevent 97 million premature deaths* and add between 3.1 to 8.4 years of life expectancy in low- and middle-income countries.

Partners In Health
ENGAGE

Current global actions to achieve UHC by 2030 are inadequate and the level of progress and investments to-date are insufficient to meet the targets set for Sustainable Development Goal (SDG) 3 (focused on health). Currently at least half of the world's population lack access to essential health services, more than 800 million people bear the burden of catastrophic spending of at least 10% of their household income on health care, and out-of-pocket expenses drive almost 100 million people into poverty each year. At the current pace, up to ⅓ of the world's population will remain underserved by 2030 if urgent investments are not made to reach the health-related targets of the SDGs by 2030.

So, what is Universal Health Coverage?

Universal Health Coverage (UHC), as defined by the World Health Organization (WHO), has three related objectives:



Note: The WHO defines 'quality' as 'services good enough to improve the health of those receiving services.' However, PIH believes quality should be defined as seen above.

While the global UHC discourse is largely focused on demand-side protection against financial risk, PIH understands—from its supply-side work in multiple countries as a partner in improving health care delivery systems—that the dominant problems in UHC in some countries are the significant gaps in access to and quality of available services. **The global community should therefore invest in the delivery of the required staff, stuff, space, systems, and social supports that are essential for provision of high-quality care.**

The recent shift from some leading donor organizations to encourage "self-reliance" among recipient countries over the upcoming years fails to account for the lack of available domestic funding in many low-income countries—even with increased taxation and other mechanisms for generating new public revenue, there will remain gaps. PIH understands from experience that increased domestic investment is both necessary and laudable but can only partially address funding shortfalls. An existing

overemphasis by wealthy countries and institutions on 'domestic resource mobilization' within impoverished countries as the primary solution is a distraction from what is truly needed from the achievement of UHC (i.e. the disruption or mitigation of the flow of extractive global capital from the Global South to the Global North).

PIH and PIH Engage: Our Push for UHC

PIH supports truly equitable, high-quality UHC.

PIH leads with a service delivery strategy that addresses both the under-resourced provision of services and barriers that limit access to care.

PIH's Five-Pronged Approach to UHC:

1. Patient-centered approach, considering socio-ecological determinants of health
2. Strengthening decentralized health management through equally decentralized funding, decision-making, and capacity-building.
3. Professionalizing community health worker cadres who are properly trained and compensated
4. Addressing every level of a health system
5. Scaling up access through the development of strong national health plans

PIH has experience in working alongside governments to build comprehensive health systems, efforts that have greatly improved clinical care outcomes, on the path towards UHC. These efforts beginning in Haiti and reaching Lesotho and Rwanda are recognized globally. Through the work of PIH and partners, high-quality health care systems are a reality in rural areas in low-income countries. Progressive progress requires significant investment: it is time to advocate for increased global funding for health-systems strengthening.

Making UHC a Reality: The role of the U.S. government

The U.S. government (USG) has a significant opportunity to contribute to the provision of services that ensure robust and resilient health systems-- that are well-positioned to respond to global health threats, such as Ebola, Cholera or Zika. By increasing investments in the staff, stuff, space, systems, and social supports needed at all levels of the health system-community, primary, secondary, and tertiary levels— we're more likely to see existing investments in vertical health programs (such as TB, HIV, malaria) achieving better outcomes while ensuring less fragmentation of health systems.

The progressive realization of UHC must be based on practical, country-led programs that address the burden of disease and leverage innovation as well as domestic and international resources to:

- increase the number and skill mix of human resources for health
- sustain the supply chain of medicines and commodities
- develop and scale systems of data for patient care and epidemiologic surveillance
- improve infrastructure including dignified spaces for care and medical equipment
- provide social support that decreases barriers to care and ameliorates risks for ill health.

The challenge in front of us as PIH Engage is two-fold:

a) Encourage the U.S. government to increase funding for health systems strengthening (on the path towards Universal Health Coverage)
b) In official global declarations and goal-setting meetings, increase commitments to improving the access and quality of care from primary to tertiary levels, in addition to working on ensuring improvements of mechanisms of financial protection.

Increase Funding

Assuring the right to health requires both investment and innovation—investment to expand and improve services, and innovation to address gaps in knowledge and care delivery.

As stated above, much of the current focus of the UHC movement is on countries increasing their domestic resources toward health. While this is a critical step and a strong signal of political will, in many countries domestic resources alone will not achieve UHC. Renewed and expanded international financial collaboration and targeted innovation are critical to develop and strengthen these foundational elements of care.

Strengthen All Levels of Care

Major UHC declarations, including the Political Declaration for Universal Health Coverage, call for the improvement of primary health care (PHC) systems. These PHC systems are crucial to UHC as they 1) allow for the provision of comprehensive healthcare; 2) encourage continuity of care; and 3) serve as primary points of patient contact within larger health systems. However, high-quality primary health care alone is not UHC. Access to quality services requires that secondary (e.g. district hospital) and tertiary (e.g. cardiac surgery) levels of care are available in addition to PHC. One significant positive step that the US Congress has taken to acknowledge the need to invest in human resources for health systems is the recent introduction of House Resolution 467, "Recognizing the essential contributions of frontline health workers to strengthening the United States national security and economic prosperity, sustaining and expanding progress on global health, and saving the lives of millions of women, men, and children around the world," by Reps. Nita Lowey (D-NY) and Mario Diaz-Balart (R-Fla).

Strategic Goals for 2019-2020

For the 2019-2020 campaign year, PIH Engage will pursue three actions to build power and knowledge in order to expand UHC (specifically through USG engagement).

1) Make investment in global UHC an official component of the foreign policy agenda of 2020 presidential candidates.

The executive branch of USG can make major changes to foreign policy relatively quickly; many leading candidates have championed health as a **human** right (not just as a right of U.S. citizens) in their rhetoric, policy platforms, and official votes. Candidates are often eager for bold new policies that will differentiate them from the rest of the crowd on the presidential campaign trail.

Birddogging is a historically-proven method to elicit public commitments from political figures running for office.

- **Next steps:** With a team of ≥10 people, sign up for a bird-dogging training for your team, then look out for campaign events to attend and more information from the PIH Engage Leadership Team!
- **Example ask:** 'Thank you for fighting for access to quality health care. Hundreds of millions of people outside of the U.S. are equally human but don't have access to basic health care, even as we in the U.S. depend on them in a global economic system—I want to know if you'll fight for health as a human right for all people, regardless of their nationality.'

When you become President, will you push for new funding to help all countries achieve the globally recognized goal of universal health coverage?

2) Confirm interest of champions in Congress to push forward USG efforts on UHC

Congress ultimately controls the US federal government budget. The U.S. falls behind other wealthy nations in development aid as a proportion of gross national income. By investing significant new resources in health system strengthening through new legislation, Congress can position the US to play a key role in the global fight for UHC.

- **Next step:** We need to identify champions in Congress to push forward legislation and appropriations for UHC; this will occur through legislative meetings, discussions with partner organizations, and research.
    - Meetings with Members of Congress
        - Educate on global UHC via investments in health systems strengthening

- Questions posed to legislative aides:
    - What public positions has the Member of Congress taken on the issue of UHC? (e.g. press releases, votes, and other actions)
    - What else have you heard from the Member of Congress related to the issues of global health and human rights?
- Expected Responses along Ladder of Engagement
    - Oppositional: Public positions against UHC (domestic or global)
    - Not-engaged: No public positions or previous engagement over multiple sessions
    - No position: no position taken yet (e.g. new members)
    - Engaged: (see example aide responses below)
        - "I think they'd be excited to take an issue like this on"
        - "Check out these related votes on X, Y, Z"
        - "MoC is outspoken on humanitarian aid, refugee issues" (Values-aligned)

- Letters-to-the-Editor calling on the US government to support global UHC will be crucial actions throughout the campaign year, and especially around the September 23, 2019 United Nations (UN) High Level Meeting on UHC.

3) Broaden support in the 116th Congress for the Medicare for All Act of 2019

- U.S. domestic funding for health, total health expenditure, and per-capita health expenditure, are the highest in the world; however, there are large inequities in access to quality services at each level, especially by socioeconomic status and race.
- The proposed changes in Rep. Jayapal's *Medicare for All Act of 2019* would make significant progress towards domestic UHC across the domains of equity, quality, and financial protection
    - *Stay tuned for a webinar on the topic in addition to researching the issues yourself!*
- Providing UHC at home is a crucial political step for USG engagement in the movement for global UHC