Universal Health Coverage

Facts and Figures

Why UHC? UHC Improves health

The new challenge: Rapid Ageing

Why now? UHC is affordable

Achieving UHC: Focus on quality & sustainability

UHC Improves health

A positive association exists between life expectancy and core UHC components (population coverage, financial coverage and service coverage).

Life expectancy

Across 153 countries between 1995-2008, a 10% increase in govt. spending on health was associated with a reduction in under-five mortality by 7.9 deaths per 1000.

In OECD countries, increased health spending contributed to about 1 year of observed life expectancy gains between 1990 and 2013.

UHC is affordable for middle-income countries

Small increases in GDP/capita can make UHC much more attainable: a 1% increase in GDP/capita leads to an almost 6% increase in the probability of UHC. Japan, Korea, Chile, Colombia and Portugal all achieved UHC when GDP/capita was only around or below USD 10 000.

Channelling out-of-pocket (OOP) spending into mandatory pre-payment pools protects households from catastrophic health expenditure.

Private OOP spending accounts for over 60% of total health expenditure in many emerging countries.

Rapid ageing

The speed of ageing is accelerating and it will raise demands for health care.

In 1950, 12 working-age people supported one elderly person. By 2060, 2 working-age people will support one elderly person in OECD.

OECD countries took 65 years to double share of population aged over 65, BRIICS will only take about 20 years.

% of current population aged 65 & over

1.8 billion Number of people over 65 years old by 2060

Why now? UHC is affordable

Focus on quality & sustainability

Critical assessment of which health services to cover

• Health coverage should be truly universal – giving the whole population access to affordable, high quality services.

Build in financial sustainability from the start

• Spending on health has typically outpaced economic growth.

14% Public health spending for OECD will increase to 14% of GDP in 2060 from 6% in 2010.

10% Public health spending in BRIICS will increase to 10% in 2060 from 2.5% of GDP in 2010

Be innovative with service delivery

• Invest early in health promotion and disease prevention
• Shift services from hospitals and into primary and community care
• Modernise traditional health care provider roles
• Make best use of health data and information systems

For more information: www.oecd.org/health/universal-health-coverage.htm

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*Moreno-Serra & Smith, 2012

UN population projections (Revision 2015)

• Spending on health has typically outpaced economic growth.
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Public health spending for OECD will increase to 14% of GDP in 2060 from 6% in 2010.

Public health spending in BRIICS will increase to 10% in 2060 from 2.5% of GDP in 2010

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