

Universal Health Coverage

December 2019

Facts and Figures



Why UHC?

UHC Improves health

Why now?

UHC is affordable

The new challenge:
Rapid Ageing

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.



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

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

Rapid ageing

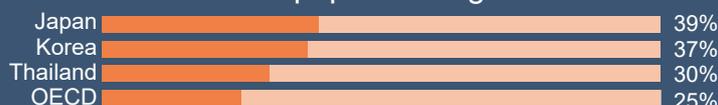


The speed of ageing is accelerating and it will raise demands for health care.

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

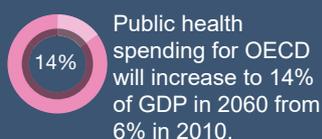
Focus on quality & sustainability

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.



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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