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Universal Health Coverage to Achieve Sustainable Development Goals: A Supply Chain Lens

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Abstract

The main purpose of this study was to examine the constraints to universal health care access in Uganda's context. An in-depth literature review was undertaken, with 76 articles being reviewed. The literature mirrored a global, African, and

Ugandan contextualised context. Universal health coverage is key to achieving the UN Global Agenda of a sustainable world. However, challenges facing UHC have been researched in part. In this paper, an extended number of challenges have been identified using a supply chain lens. This article contributes to healthcare theory and practice by providing detailed challenges facing UHC while providing recommendations for escalating UHC for the achievement of the UN goal of achieving UHC by 2030. The recommendations benefit both strands of policymaking and practice.

Keywords: *SDGs, Universal healthcare, Supply chain*

Introduction

Many governments across the world have adopted the United Nations Global Agenda 2030. The 2030 Global Agenda for Sustainable Development prepares governments and international development agencies to work on their commitment towards improving health outcomes as pivotal to development (Kieny *et al.,* 2017). The Global Goals, commonly known as the 17 Sustainable Development Goals (17 SDG), were adopted by United Nations Member States on September 13, 2015, in New York to be reached by 2030 (General Assembly, 2015). This is a global call to end extreme poverty and protect the planet, thus ensuring prosperity for all and peace (United Nations Development Programme, 20202). Health is explicitly addressed under SDG 3: Good Health and Wellbeing, which aims to ensure healthy lives and promote good well-being for the world's population and all ages (United Nations, Uganda, 2022).

Attaining universal health coverage (UHC) is one of the key targets of the 2030 global agenda for sustainable development (Odoch, Senkubuge & Hongoro, 2021). UHC is based on the value that everyone is entitled to and has access to affordable and quality care and healthcare services at any time as needed (Shankar, 2014). Strong health systems should have a base in the communities they serve, and they not only engage in preventing and treating illnesses and diseases (World Health Organisation, 2022a) but also extend support to improve the quality of life and well-being of people.

The World Bank and the World Health Organisation (WHO) note that half of the world's population lacks access to essential healthcare services, and more than 100 million remain in extreme poverty due to health expenditures (World Health Organisation, 2017). As such, the United Nations General Assembly adopted the UHC to ensure that everyone has

access to quality and affordable health services (Evans, Marten, & Etienne, 2012). UHC protects the population from impoverishment due to illness and from public health risks, regardless of the loss of income or sources of out-of-payment for health services at the time a family member falls sick.

Box 1

Objectives of national health policies, plans, and strategies

Quality: The quality of health care refers to the extent to which health services delivered to the patients ultimately improve desired clinical outcomes and are in line with professional ethics and knowledge (Agency for Healthcare Research and Quality, 2020).

Equity: Health equity is the extent to which health policies, plans, and strategies can fairly allocate wellbeing among the patient population. It is the absence of disparities in access to health care (World Health Organization, 2017b).

Efficiency: Health efficiency is defined as the ability to produce a maximum outcome for a given input (Agency for Healthcare Research and Quality, 2020).

Accountability: This is the actual output of processes in the health system, which ensures that health sector stakeholders are responsible for what they are mandated to do and are accountable for their actions (Agency for Healthcare Research and Quality, 2020; World Health Organization, 2017b).

Resilience: Health systems resilience is the ability of the health sector players and stakeholders to prepare for and adequately respond to public concerns, maintain key roles during a crisis, and are informed by knowledge acquired during the crisis, and identify it if needed (Kruk, Myers, Varpilah & Dahn, 2015).

Sustainability: Health sustainability means the potential for producing and maintaining the best outcomes for an agreed time frame at an acceptable degree of committing and providing adequate resources (Kieny *et al.,* 2017).

Patient-centeredness: This means meeting patients' preferences and needs and offering support and health education needs (Kieny *et al.,* 2017).

Safety: Safety refers to actual or potential human harm (Agency for Healthcare Research and Quality, 2020).

Timeliness: Refers to accessing and getting needed care, while minimizing delays (Agency for Healthcare Research and Quality, 2020; Kieny *et al.,* 2017).

Literature Review

Ensuring access to quality and affordable healthcare services plays an important role in the fight against extreme poverty and boosts shared prosperity, especially in low- and middle-income nations where the majority of the world's population is poor (World Bank, 2022). Some countries, including Brazil, France, Japan, Spain, Thailand, and Turkey, have demonstrated that UHC plays a key role in improving the well-being and general health of their population and establishing a basis for strong economic growth rooted in the principles of sustainability and equity (Reich, 2016; Ikegami, 2014).

The UHC aims to achieve the twin goals of the World Bank Group, namely ending extreme poverty and increasing shared prosperity and equity, and therefore it remains the driving force behind all the Group's investments in the areas of health and nutrition. UHC enables governments to make use of their available resources, including human capital. Supporting the health sector demonstrates a tremendous investment in both human capital and economic growth because compromising quality and access to health services impedes children's right to go to school and makes it difficult for an adult to work. As such, health is one of the largest sectors of the global economy and offers an estimated 50 million employment opportunities, with the majority occupied by women (The World Bank Group, 2022). UHC ensures that health services are in place for everyone and protects the lives of all people by promoting their health rights (Pandey, 2018). Based on the principles of inclusion and equity, UHC exemplifies the 2030 United Nations Agenda, guided by the promise of leaving no one behind.

The World Health Organisation defines UHC as a means by which all communities and people can access and utilise the curative, preventive, curative, promotion, palliative, and rehabilitative healthcare services they need and with adequate quality to be effective, and still ensure that the use of these health services protects the consumer from suffering financial hardship (United Nations Development Programme, 2022; World Health Organisation, 2022a). UHC will require addressing all barriers blocking access to health and improving the accessibility, quality, and affordability of health care and health systems. Equity and rights-based approaches play a crucial role in improving the conditions in which people are born, grow, live, study, work, and age and are key drivers in reducing health inequalities and burdens on health systems (United Nations Development Programme, 2019). Therefore, it requires targeted approaches within the health sector to address inequalities and financial hardships.

Attaining UHC depends largely on robust political will and responsive health systems. This requires governments and health ministries with developing partners to expand primary care at the household and community levels, as the majority of the world's population still lacks access to health services. Previous studies indicate that PHC, primary health care (Binagwaho & Ghebreyesus, 2019; General Assembly, 2019; Van Weel & Kidd, 2018; Stigler *et al.,* 2016; The World Bank Group, 2022a; UHC partnership, 2021; World Health Organisation, 2015), community-based interventions (George, Mehra, Scott & Sriram, 2015; Sacks *et al.,* 2019; Sacks *et al.,* 2020; Taylor, Taylor & Taylor, 2011), health financing systems for UHC (Fiksel, 2003; Odoch, Senkubuge & Hongoro, 2021), human resources for UHC (Campbell *et al.,* 2013; Maeda *et al.,* 2014; World Health Organisation, 2016).

Approach and Methodology

This study used a systematic review design of the literature. This involved reviewing and analysing previous publications, such as journal articles and documents on universal health coverage. The Internet and Google Scholar were deployed to conduct relevant searches. Based on Google searches using keywords including Sustainable Development Goal 3, universal health coverage, health financing, primary health care, quality and affordable healthcare services, and active community participation, in both journal articles and online documents, the study reviewed abstracts, executive summaries, introductions, literature, results, and conclusions and recommendations. This study then searched websites, such as the World Health Organisation website, for content related to Uncover. 150 articles appeared in the search. Ultimately, 76 documents were reviewed. The review establishes global progress and the government's commitment towards UHC. SDG target 3.8 is to achieve UHC, such as protection from financial hardship, access to essential health products and services, and access to effective, safe, quality, and affordable essential vaccines and medicines for all, while establishing the challenge.

Results and Discussion

To analyse SDG 3.8, this document focused on the achievement of universal health coverage among governments through the health supply chain, human resources for UHC, health financing, primary care, quality

and affordable healthcare services, active community participation, and global progress and commitment towards UHC.

Health Supply Chain

UHC aims to ensure healthy lives and well-being for everyone by 2030 by providing access to quality, safe, effective, and affordable essential health products or services, including medicine and vaccines (General Assembly, 2015). Having these in place has a positive impact on maternal health and life expectancy in the population (Ranabhat, Atkinson, Park, Kim, & Jakovljevic, 2018). As such, UHC requires a robust and efficient health system. To achieve UHC in any country, motivated and well-trained health workers are required to provide care and health services to patients and meet community needs. An essential health worker that is necessary for the provision and expansion of health services is the health supply chain worker, such as supply chain managers, logisticians, pharmacists, data managers, transport personnel, and warehouse personnel, all of whom are tasked with ensuring that there is proper product selection, procurement process, product estimation, storage, allocation and distribution, and use of health products and services by the population (People That Deliver, 2019).

Vaccine logistics management, for example, remains problematic because programme managers lack access to real-time visibility of stock supply and temperature in the inventory system. In circumstances where there are sufficient medical supplies, there is often overstocking or stock-outs in most health facilities. To address such challenges, GAVI, in collaboration with UNDP, has introduced and implemented the electronic vaccine intelligence network (eVIN) in countries such as Afghanistan, India, Indonesia, Malawi, and Sudan to improve the efficiency of medical supplies and vaccination systems using smartphone applications and web-based management systems (UNDP, 2023). High-tech analytics enable real-time access through online dashboards.

Within the health sector, the supply chain linked to pharmaceutical products and the logistics management system are essential areas for achieving UHC and standards of care and offering sufficient and quality medical supplies. In terms of cost, supply is projected to account for about 20-30% of the operational costs for health facilities (Mathew, John, & Kumar, 2013). The governments and the nations' supply chain companies will need to understand the subnational and national capacities in financial management, budgeting, strategic procurement, and market systems. They will also need to adapt to career pathways, allowing professionals across

sectors the ability to bring in skills and knowledge from data (People That Deliver, 2019).

Health Financing Systems for UHC

The WHO established a health financing system, which emphasised that financing plans must be integrated within a national health policy and should have a health services provision strategy (Ifeagwu *et al.,* 2021). Although there is an ongoing global commitment to strengthen the national health financing systems to establish holistic and sustainable policies, health financing in some developing countries and individual access to health services are largely dependent on out-of-pocket spending. Such limitations in accessing essential health services cause a huge health burden, including preventable deaths (Beattie, Yates, & Noble, 2016).

The WHO asserts that health financing is one of the key functions of health systems that can greatly contribute to the achievement of UHC by improving effective and efficient service provision and protection against financial hardship (Kieny *et al.,* 2017; McIntyre *et al.,* 2008; United Nations Development Programme, 2022; World Health Organisation, 2022a; World Health Organisation, 2021). Today, the WHO and World Bank indicate that (World Health Organisation & World Bank, 2017), millions of people lack access to essential health services due to high costs. Additionally, a large number of people receive low-quality health products and services, even if they pay out of pocket.

The WHO adds that meaningfully designed and adopted health financing policies can address some of these concerns. For example, partnership, contracting, and payment agreements can motivate and promote healthcare coordination, thus increasing quality care, and the adequate and timely distribution of funds to service providers helps secure sufficient medical supplies and staffing to treat the patient population (World Health Organisation, 2022e).

Box 2

WHO's core functions and approach to health financing systems.

- Raising revenue (sources of funds, such as government or national budgets, out-of-pocket payments by patients, external aid or donations, and voluntary or compulsory prepaid insurance schemes).
- Pooling funds (lobbying and securing prepaid funds on behalf of the population or a section of some people).
- Purchasing of health services (the allocation of resources and payment to health service providers).

Attaining a global UHC requires strategic health financing reforms in all 193 member states that adopted the 2030 agenda for 17 SDGs (Kumar, Sastry, Moonesar & Rao, 2022; Odoch, Senkubuge & Hongoro, 2021) to protect people from the financial crisis while accessing health services (n). Although many countries have attempted to reform the way health services are financed to ensure continuous progress towards UHC (Abuya, Maina, & Chuma, 2015; Achoki & Lesego, 2016; Bayarsaikhan & Musango, 2016; Odoch, Senkubuge & Hongoro, 2021). However, all attempts led by governments through their ministries of health have been moving at a slow pace and intermittently, as reflected in the forward and backward signs of progress in the reform agenda (Abuya, Maina & Chuma, 2015; Barasa, Nguhiu & McIntyre, 2018; Surender *et al.,* 2015; Thomas & Gilson, 2004).
Given the global importance of UHC as a global agenda for sustainable development, the declaration of the SDG has greatly influenced health financing reforms. As such, many countries, including Brazil, France, Japan, Spain, Thailand, and Turkey, have implemented UHC (World Bank, 2022) and inspired some health reforms (Horton & Das, 2015). Irrespective of their financial capacity to pay, people struggle to obtain the health care and services they need without suffering unnecessary financial hardship (Boerma *et al.,* 2014; Kieny *et al.,* 2017; World Health Organisation, 2021). Investing in more comprehensive UHC and PHC can greatly strengthen health and lessen health disparities (Kumar, Sastry, Moonesar & Rao, 2022). Effective, efficient, and equitable health financing

systems are key to achieving UHC (Kieny et al., 2017; Odoch, Senkubuge, & Hongoro, 2021).

The effort is aimed at achieving UHC. For example, the Global Fund supports important components of sustainable health systems, creating a basis for UHC. The health systems, which are different from the health systems, not only serve health centres but also carry out community services and can cover everyone who lacks access to a health facility or clinic, especially the most marginalised and vulnerable groups. As such, the healthcare system focuses on the community and people, not diseases or health conditions (Fiksel, 2003; The Global Fund, 2019). The Fund is the largest multilateral stockholder and investor, with more than $1 billion annually in sustainable systems for strengthening the health sector, such as improving data systems and uses, strengthening procurement and supply chains, building robust community systems and responses, investing in human resources capacity and training healthcare workers, and establishing people-centred health services to provide comprehensive care (The Global Fund, 2019).

The structure of the Global Fund supports different programmes through the creation and provision of ongoing health services points both in PHC facilities and at the community level invests $4 billion annually to deliver a broad range of products and services, including malaria, HIV, and TB, and ensure safer, healthier, and more equitable service for all (The Global Fund, 2019; 2022). The objective of providing integrated, people-centred services is to minimise inefficiencies and improve overall health outcomes. The Fund implements key interventions to ensure early diagnosis of HIV in infants, prevention of mother-to-child HIV transmission, protection of pregnant mothers and infants from malaria, screening of children and pregnant mothers for TB, and preventive treatment in pregnancy designed and adopted as drivers of a joint strategy to improve overall postnatal and antenatal care (The Global Fund, 2019).

Most of the member states that adopted SDG-3 seek to improve the quality of care, promote healthcare equity in the utilisation of health services, and protect the population from financial hardship. As such, the quest for UHC is necessary and important for every health organisation and country. Health financing system are an essential part of the commitment to attaining UHC; however, for health financing to be successfully aligned with the search for complete UHC, the goal of health system reforms should be implemented to improve coverage and associated objectives, such as effectiveness, efficiency, quality, safety, sustainability, resilience, patient-centredness, timeliness in health resource allocations, transparency, and accountability.

Primary care on the path to UHC

Ensuring access to affordable and quality care is key to achieving UHC, but the largest population in the world still struggles to meet their basic health needs. For example, mental health illness, which is often ignored, is an equally important component as other UHC illnesses, as it is crucial to the ability of people to lead a productive life. As such, offering quality and affordable health services to people, especially those affected by mental health-related challenges, adolescents, children, and women, represents a long-term investment in human capital (General Assembly, 2019).

Box 3

Main Points: PHC

- PHC enhances the performance and clinical outcomes of health systems by reducing overall expenses while increasing access and population health.
- PHC addresses gaps in health, including answering the health needs of the patients at all levels, combing prevention, promotion, and health education.
- The goals of PHC link with those of UHC, whose objectives are to ensure improved access to essential healthcare services, and effective, high-quality, safe, and affordable medicines and vaccines for all.
- To successfully attain UHC, policy reforms must focus on enhancing PHC to ensure cost-effectiveness and equity.
- Healthcare system reforms must be evaluated with key performance indicators that reflect the major features of PHC, which are: person- and population-centredness, continuity of care, patient autonomy, prevention coordination, and health promotion.

Strengthening PHC and achieving UHC are both core current global health policy agendas (Clark & Wu, 2016; Van Lerberghe, 2008; World Health

Organisation, 2017a). PHC is essential and affordable, is available and accessible to people in the community, and covers health promotion, disease prevention, health maintenance, rehabilitation, and education (Kidd *et al.,* 2020). The UHC approach, as stated in the 2015 SDGs, is a goal to provide people and the community with easy access to essential quality healthcare services, which ensures protection from financial risk by offering care regardless of the individual's ability to pay for it (Jha, Godlee & Abbasi, 2016; World Health Organisation, 2017a). Promoting both PHC and UHC, it is evident that there is a connection between the goals of PHC and UHC, and many studies have indicated that PHC is a key driver to achieve universal coverage (Van Weel & Kidd, 2018; Stigler *et al.,* 2016; World Health Organisation, 2015).

Since its inception, the UHC partnership has established the capacities of governments and ministries of health to lead a participatory, holistic, and evidence-informed policy dialogue. The effort of the UHC collaboration is grounded in a mutual relationship and commitment to advance the partnership of stakeholders, while data and evidence offer a common understanding of policy alternatives and the need to improve health system governance (UHC-Partnership, 2021). To achieve UHC, healthy systems and health organisations must embrace the primary health care (PHC) approach (Binagwaho & Ghebreyesus, 2019; The World Bank Group, 2022a), which includes three core elements, such as primary care and key public health functions, empowered people and communities, and multisectoral action and policy at the centre of intergrade health services. This collaboration is part and partial of the World Health Organisation Special Programme on PHC (World Health Organisation, 2022c), which built a practical framework for PHC in 2020 to introduce 14 leaders to communicate global effort into operational outcomes (UHC Partnership, 2021).

Establishing PHC to achieve robust health systems and maintain core healthcare services is a crucial component of the UHC partnership. The UHC partnership not only commits efforts and resources to disease management but also ensures healthy lives and promotes the well-being of all people of all ages. Since factors that impair health and well-being manifest beyond the knowledge of an individual, the UHC collaboration affirms efforts to support governments and health organisations to successfully address health drivers, advance multisectoral actions and policies to minimise risk factors, and prioritise in all health settings (UHC-Partnership, 2021a).

Although improving the quality of facility-based care is vital and can ensure an increase in utilisation of health services (Kruk *et al.,* 2018), the

actual case is that the cost (money, effort, and time) of accessing distant health centres infers that, for the anticipated future, UHC may not be achieved through health facilities alone, but other factors, including community-based services, play a vital role in enhancing UHC, utilisation of health services, and health outcomes, particularly maternal health, newborn, and child health when integrated with other factors, especially facility-based services (Rosato *et al.,* 2008). Furthermore, PHC must be comprehensive, people-centred, high-quality, accessible, and truly affordable to all (Langlois *et al.,* 2019).

Community-Based Approach

The Alma-Ata Declaration of 1978 is considered an important milestone of the 21st century in the public health sector, and the PHC is recognised as an important approach to the achievement of the global health agenda for all (World Health Organization, 2022d). The Declaration states that PHC can meet most health needs through preventive, curative, health promotion, and rehabilitative healthcare provided by community health workers, also known as village health workers (World Health Organisation, 1978). The WHO notes that since they are close to people's homes and their work is outside of health facilities, community health workers can serve the community better. In a well-structured and coordinated PHC system that operates effectively at all levels of care, patients with severe conditions that require a professional doctor can be easily referred to referral hospitals as early as necessary. In addition, the Alma-Ata Declaration promotes community participation and self-reliance to plan, operationalise, and take control of health care services and handle most of the social determinants of health (World Health Organisation, 1978). In 2018, in the absence of universal PHC, the Alma-Ata values and principles were reaffirmed at a global conference on primary health care in Astana, Kazakhstan (World Health Organisation, 2019).

Having trust in community-based organisations can be an important component aligned with behavioural change and can help adapt to environmental factors, epidemiological issues, and demographic characteristics (Sacks *et al.,* 2017). Stakeholders in the health sector, including people and communities, should demand a robust health system that is responsive to their immediate concerns and needs and work in partnership to improve their lives and well-being (Taylor, Taylor, & Taylor, 2011). As such, actions and health policies to advance PHC must consider community members, not merely passive beneficiaries of healthcare services. By their nature, community members should act as leaders, with a

key role to play in planning, decision-making, implementation, monitoring, evaluation, and the evidence-based learning process (Sacks *et al.,* 2020). This involves identifying disparities and barriers that limit the capacity of the community to involve and manage which community groups or members can engage, which addresses differences in power and civil participation (George, Mehra, Scott, & Sriram, 2015).

A community-based approach is a key driver for local community development and an integrated and equitable PHC (Sacks *et al.,* 2019). Components of PHC include multi-sectoral policy and action, empowered people and communities, and a keen eye on equity (Langlois, Barkley, Kelley, & Ghaffar, 2019; World Health Organisation, 1978). An evidence-based approach is a core component of achieving a successful PHC at the community level through trained community members and outreach teams combined with deliberate efforts to provide care to underserved people through health facilities. Local community organisations and members should play an active role in providing health services, connecting people to healthcare, and promoting healthy lives and lifestyles.

Community partnerships are key to meeting the provision of health service targets and strengthening the health sector in terms of an iterative and dynamic agenda that transforms in responses to the current health discussion and frequently reflects progress and target goals (Marcil, Afsana, & Perry, 2016). Therefore, involving the community is critical to providing PHC for attaining UHC and healthy lives because, in practice, PHC begins at the home and community levels. This shows the values and benefits of a community-based approach that requires meaningful leadership and full participation at the community level in the process of improving access to care and health services (Sacks *et al.,* 2019). UHC may not be achieved without the contributions of people and communities at the local level.

Human Resources for UHC

The shortage of health workers is not a national but a global issue, which is even acute for some countries in the early stages of adopting and attaining UHC (Maeda *et al.,* 2014). Consequently, attaining UHC requires distributing sufficient resources and health professionals that fit everyone's and the health community's needs. Health workers play a key role in extending health service coverage and the package of benefits and success that can be gained through collaborations that involve health professionals and non-health professionals. Research shows that health workers are key

drivers in providing health services and attaining UHC at all levels (World Health Organisation, 2016).

The health workforce plays an important role in the health challenges of the country. It helps to reach a large geographic scope and population, deliver services and extend the benefits package, and improve the quality of health care. This requires adequate focus and effort by the government to manage the health workforce, which covers skill mix, quality, productivity, supplies, and distribution (Campbell *et al.,* 2013). Matching the population's needs through the adequate deployment of motivated and competent health workers that are both fit-for-purpose and fit-to-deliver services in the country's geographical context is thus the foundation for attaining UHC.

A 2006 WHO report shows a minimum of 2.3 skilled health workers per 1,000 people, and ultimately, this threshold is essential to helping governments achieve a high UHC (80%) of killed nurses and midwives. More than 16 years ago, the 2.3 health workers per 1,000 people increased tremendous support and influenced policymakers and stakeholders to push for UHC goals and governments to measure their progress. However, this threshold exists with limitations in the 2030 SDG agenda. For example, 2.3 health workers are based on a single health service (assisted services) that is offered episodically, and its main focus is on maternal and pregnant mothers and newborn health (World Health Organisation, 2016), while the global agenda defines a broader scope of health services, including noncommunicable illnesses (World Health Organisation & World Bank, 2017).

Global Progress and Commitment towards UHC

In September 2019, the UHC made significant global progress with the first-ever United Nations High-Level General Meeting on the UHC. The General Assembly of the United Nations unanimously adopted a Political Declaration (General Assembly, 2019), which affirmed its political commitment to achieve the UHC and outlined some important actions, including financing its health systems. Twelve cosignatories, such as the World Bank Group, launched a Global Action Plan for Healthy Living and Well-being for All (World Health Organisation, 2022) to collaboratively support nations in delivering on the targets of SDG-3. A second UHC meeting was held in Bangkok in January 2020 to advance political commitment and progress on UHC in an international forum (The World Bank Group, 2022a).

As such, some countries, such as Brazil, France, Japan, Spain, Thailand, and Turkey, have taken remarkable steps to achieve UHC (World Bank, 2022; World Health Organisation & World Bank, 2017), and significant health gaps and disparities in accessing services persist within and between countries. However, almost half of the world's population still does not have access to the most essential healthcare services and products (World Health Organisation & World Bank, 2017), more than 15 million people still lack access to life-saving HIV treatment (UNAIDS, 2018), and more than 5 million children still die before 5 years of age per year as a result of diseases for which there are cost-effective approaches (World Health Organisation, 2020). There are evolving barriers to strengthening health systems, such as epidemiological transitions, antimicrobial resistance, and climate crises, that threaten people in large part but are projected to disproportionately burden vulnerable populations and communities.

This slow pace towards reaching UHC causes significant social and economic crises. For example, a lack of strong and quality health systems can cost trillions of dollars to most developing nations (Alkire, Peters, Shrime, & Meara, 2018). Over 100 million people live in extreme poverty, making it difficult for them to pay for health products and services (United Nations Development Programme, 2019). The majority are detained in the health facility for not paying their medical bills, and this violates human rights, for example, for poor pregnant mothers who undergo emergency childbirth (Yates, Brookes, & Whitaker, 2017). As such, UHC is by nature an affordable dream (Sen, 2015), towards which both developed and developing nations can align resources.

In line with HIV, the Health and Development Strategy 2016/21, and UNDP's Strategic Plan 2018/21, connecting the two (13), UNDP significantly contributes to the UHC by supporting nations to promote effective and inclusive health governance, reduce social exclusion and inequalities driving HIV and poor health, and finally build sustainable and resilient health systems. In executing most of these areas, UNDP collaborates with a wide range of partners across development sectors, such as the government, United Nations agencies, civil society, the private sector, academia, bilateral and multilateral donors, and philanthropists (United Nations Development Programme, 2019).

In 2018, UNDP and WHO entered into a 5-year Memorandum of Understanding, committing resources and efforts to strengthen collaboration in some key areas, one of which was to advance UHC. UNDP is one of the global health organisations that has implemented and continues to implement important collaborations for improved health, for example, the global action plan for healthy people at all times and ages.

This plan encourages and commits health organisations to advance their collaboration, particularly at the country level (United Nations Development Programme, 2014), to strengthen UHC, achieve the 2030 health-related SDGs, and leave no one behind.

Recommendations

To achieve UHC, which aims to ensure healthy lives and promote well-being for all, this article recommends the following:

- This paper discovered that health logistics management remains problematic in terms of accessing medicine and health professionals. This paper recommends that governments should establish robust health supply chain systems with necessary components such as supply chain managers, logisticians, pharmacists, data managers, transport personnel, and warehouses, which are aimed at ensuring proper product selection, procurement process, product estimation, storage, allocation and distribution, and proper use of health products and services by patients.
- This study reveals that individuals accessing health care services largely depend on out-of-pocket expenses. The paper also recommends that governments should establish a health financing system that must be integrated within a national health policy and should have a health services delivery strategy.
- Finally, because people and communities are key stakeholders in the health sector, governments must prepare and promote community participation to help in the planning, operationalisation, and management of the health systems and handle most of the social determinants of health. Training community members and conducting outreaches prepare the population to play an active role in the provision of healthcare services while promoting healthy lives.

Conclusion

This paper presents the supply chain for achieving UHC while highlighting the role of health financing, primary health care, active community participation, and human resources in achieving HC in terms of access to quality and affordable healthcare services. While some countries have achieved UHC, such as Brazil, France, Japan, Spain, Thailand, and Turkey, most are still working on it. The SDGs require governments to commit their resources to achieving UHC, which is one of the key components of the universal health goal to ensure healthy lives and well-being for all

people and all ages. WHO shows that at least half of the world's population misses out on the health services they need, and over 100 million people end up in extreme poverty each year because of health expenses from their pockets.

Achieving UHC depends on health financing systems, people-centred PHC, community involvement, and responsive human resources. Health financing is an important component of achieving UHC. This paper shows that the majority of the population accesses health services through out-of-pocket payments, which pushes them into extreme poverty, and yet health financing systems must be integrated within the national health budget framework with a responsive service provision plan. Therefore, there is a need to have data- and evidence-driven policies and multisectoral and coordinated financing strategies tailored to specific country contexts to offer resilience systems and lasting solutions for health financing concerns. For example, in the event of an outbreak, adequate health financing frameworks to support UHC and resilient health systems are important.

In addition, PHC creates a path to UHC with a wider scope. It is a changing framework based on the relationship between health workers and the community. The UHC goal is necessary for a population of PHC and a community-based approach to offering a wide range of cost-effective, safe, quality, and efficient health services to achieve equitable health outcomes. PHC covers the most important package of essential health products and services that are required to promote health, prevent disease, and manage illness, which is generally an individual's health needs. It is a patient-centred, data-driven approach that allows everyone the opportunity to remain healthy.

This chapter indicates that community participation in the delivery of health services plays an important role in attaining UHC. The Alma-Ata Declaration can meet most health needs, from promotional to rehabilitative care offered by community health workers. The WHO shows that because community health workers work closely with people's homes, they can serve the community better. In a well-coordinated PHC system, patients with severe conditions can be referred to referral hospitals as soon as possible.

Finally, health systems can only be strengthened and function well with the deployment of highly skilled healthcare workers, and quality care and improved UHC depend on the fit for purpose and fit for the practice of healthcare professionals. Adequate skills and the size of the health workforce are essential to the achievement of a given population's health needs and thus contribute to the global agenda of attaining UHC. This calls for urgent efforts to strengthen human resources for health, aimed at

recruiting, training, developing, and retaining skilled and committed health workers to align their productivity with population health needs. Therefore, both national and global leaders need to show political commitment to establish a global health workforce that is responsive and can contribute to the global agenda to ensure healthy lives and well-being for all by 2030.

References

Abuya, T., Maina, T., & Chuma, J. (2015). Historical account of the national health insurance formulation in Kenya: experiences from the past decade. *BMC health services research*, *15*(1), 1-11.

Achoki, T., &Lesego, A. (2016). Implementing health financing reforms in Africa: perspectives of health system stewards. *Annals of Global Health*, *82*(5), 903-911.

Agency for Healthcare Research and Quality, Rockville, MD. (2020, June). Understanding Quality Measurement. [Online] Retrieved from www.ahrq.gov/: https://www.ahrq.gov/patient-safety/quality-resources/tools/chtoolbx/understand/index.html [Accessed on December 9, 2022]

Alkire, B. C., Peters, A. W., Shrime, M. G., & Meara, J. G. (2018). The economic consequences of mortality amenable to high-quality health care in low-and middle-income countries. *Health Affairs*, *37*(6), 988-996.

Barasa, E., Nguhiu, P., & McIntyre, D. (2018). Measuring progress towards sustainable development goal 3.8 on universal health coverage in Kenya. *BMJ global health*, *3*(3), e000904.

Bayarsaikhan, D., &Musango, L. (2016). Health financing issues and reforms in Africa. *International Journal of Healthcare*, *2*(2), 37-44.

Beattie, A., Yates, R., & Noble, D. J. (2016). Accelerating progress towards universal health coverage in Asia and Pacific: improving the future for women and children. *BMJ global health*, *1*(Suppl 2).

Binagwaho, A., & Ghebreyesus, T. A. (2019). Primary healthcare is cornerstone of universal health coverage. *BMJ: British Medical Journal (Online)*, *365*.

Boerma, T., Eozenou, P., Evans, D., Evans, T., Kieny, M. P., & Wagstaff, A. (2014). Monitoring progress towards universal health coverage at country and global levels. *PLoS medicine*, *11*(9), e1001731.

Campbell, J., Buchan, J., Cometto, G., David, B., Dussault, G., Fogstad, H., ... &Tangcharoensathien, V. (2013). Human resources for health

and universal health coverage: fostering equity and effective coverage. *Bulletin of the World Health Organization*, *91*, 853-863.

Clark, H., & Wu, H. (2016). The sustainable development goals: 17 goals to transform our world. *Furthering the Work of the United Nations; UN: New York, NY, USA*, 36-54.

Evans, D. B., Marten, R., & Etienne, C. (2012). Universal health coverage is a development issue. *The Lancet*, *380*(9845), 864-865.

Fiksel, J. (2003). Designing resilient, sustainable systems. *Environmental science & technology*, *37*(23), 5330-5339.

General Assembly. (2015). *Resolution adopted by the general assembly on 11 September 2015*. A/RES/69/315 15 September 2015. New York: United Nations.

General Assembly. (2019, October 2). Political declaration of the high-level meeting on universal. [Online] Retrieved from documents-dds-ny.un.org/: https://documents-dds-ny.un.org/doc/UNDOC/LTD/N19/300/72/PDF/N1930072.pdf?OpenElement [Accessed on December 8, 2022]

George, A. S., Mehra, V., Scott, K., & Sriram, V. (2015). Community participation in health systems research: a systematic review assessing the state of research, the nature of interventions involved and the features of engagement with communities. *PLoS One*, *10*(10), e0141091.

Horton, R., & Das, P. (2015). Universal health coverage: not why, what, or when—but how?. *The Lancet*, *385*(9974), 1156-1157.

Ifeagwu, S. C., Yang, J. C., Parkes-Ratanshi, R., & Brayne, C. (2021). Health financing for universal health coverage in Sub-Saharan Africa: a systematic review. *Global health research and policy*, *6*(1), 1-9.

Ikegami, N. (Ed.). (2014). *Universal health coverage for inclusive and sustainable development: lessons from Japan*. World Bank Publications.

Jha, A., Godlee, F., & Abbasi, K. (2016). Delivering on the promise of universal health coverage. *BMJ*, *353*.

Kidd, M., Haq, C., De Maeseneer, J., Markuns, J., Montenegro, H., Qidwai, W., ... & Chan, M. (2020). *The contribution of family medicine to improving health systems: a guidebook from the World Organization of Family Doctors*. CRC Press.

Kieny, M. P., Bekedam, H., Dovlo, D., Fitzgerald, J., Habicht, J., Harrison, G., ... & Travis, P. (2017). Strengthening health systems for universal health coverage and sustainable development. *Bulletin of the World Health Organization*, *95*(7), 537.

Kruk, M. E., Gage, A. D., Arsenault, C., Jordan, K., Leslie, H. H., Roder-DeWan, S., ... & Pate, M. (2018). High-quality health systems in the

Sustainable Development Goals era: time for a revolution. *The Lancet global health*, *6*(11), e1196-e1252.

Kruk, M. E., Myers, M., Varpilah, S. T., & Dahn, B. T. (2015). What is a resilient health system? Lessons from Ebola. *The Lancet*, *385*(9980), 1910-1912.

Kumar, M., Sastry, N. K. B., Moonesar, I. A., & Rao, A. (2022). Predicting Universal Healthcare Through Health Financial Management for Sustainable Development in BRICS, GCC, and AUKUS Economic Blocks. *Frontiers in artificial intelligence*, *5*.

Langlois, E. V., Barkley, S., Kelley, E., & Ghaffar, A. (2019). Advancing the science and practice of primary health care as a foundation for universal health coverage: a call for papers. *Bulletin of the World Health Organization*, *97*(8), 515.

Maeda, A., Araujo, E., Cashin, C., Harris, J., Ikegami, N., & Reich, M. R. (2014). UHC lessons in human resources for health.

Marcil, L., Afsana, K., & Perry, H. B. (2016). First steps in initiating an effective maternal, neonatal, and child health program in urban slums: the BRAC Manoshi project's experience with community engagement, social mapping, and census taking in Bangladesh. *Journal of Urban Health*, *93*(1), 6-18.

McIntyre, D., Garshong, B., Mtei, G., Meheus, F., Thiede, M., Akazili, J., ... & Goudge, J. (2008). Beyond fragmentation and towards universal coverage: insights from Ghana, South Africa and the United Republic of Tanzania. *Bulletin of the World health Organization*, *86*, 871-876.

Odoch, W. D., Senkubuge, F., &Hongoro, C. (2021). How has sustainable development goals declaration influenced health financing reforms for universal health coverage at the country level? A scoping review of literature. *Globalization and health*, *17*(1), 1-13.

Pandey, K. R. (2018). From health for all to universal health coverage: Alma Ata is still relevant. *Globalization and health*, *14*(1), 1-5.

Reich, M. R., Harris, J., Ikegami, N., Maeda, A., Cashin, C., Araujo, E. C., ... & Evans, T. G. (2016). Moving towards universal health coverage: lessons from 11 country studies. *The Lancet*, *387*(10020), 811-816.

Rosato, M., Laverack, G., Grabman, L. H., Tripathy, P., Nair, N., Mwansambo, C., ... & Costello, A. (2008). Community participation: lessons for maternal, newborn, and child health. *The Lancet*, *372*(9642), 962-971.

Sacks, E., Morrow, M., Story, W. T., Shelley, K. D., Shanklin, D., Rahimtoola, M., ... &Sarriot, E. (2019). Beyond the building blocks: integrating community roles into health systems frameworks to achieve health for all. *BMJ global health*, *3*(Suppl 3), e001384.

Sacks, E., Schleiff, M., Were, M., Chowdhury, A. M., & Perry, H. B. (2020). Communities, universal health coverage and primary health care. *Bulletin of the World Health Organization*, *98*(11), 773.

Sacks, E., Swanson, R. C., Schensul, J. J., Gleave, A., Shelley, K. D., Were, M. K., ... & Perry, H. B. (2017). Community involvement in health systems strengthening to improve global health outcomes: a review of guidelines and potential roles. *International quarterly of community health education*, *37*(3-4), 139-149.

Sen, A. (2015). Universal Health Care. *Harvard Public Health Review*, *5*, 1-8. [Online] Retrieved from https://dowbor.org/wp-content/uploads/2015/01/15Universal-healthcare-th...-Society-The-Guardian.pdf [Accessed on December 7, 2022]

Shankar, R. (2014). The World Health Report 2013: research for universal health coverage. *Australasian Medical Journal (Online)*, *7*(3), 168.

Stigler, F. L., Macinko, J., Pettigrew, L. M., Kumar, R., & Van Weel, C. (2016). No universal health coverage without primary health care. *The Lancet*, *387*(10030), 1811.

Surender, R., Van Niekerk, R., Hannah, B., Allan, L., & Shung-King, M. (2015). The drive for universal healthcare in South Africa: views from private general practitioners. *Health Policy and planning*, *30*(6), 759-767.

Taylor, D. C., Taylor, C. E., & Taylor, J. O. (2011). *Empowerment on an unstable planet: From seeds of human energy to a scale of global change*. Oxford University Press.

The Global Fund. (2019, May). Building Resilient And Sustainable Systems for Health. [Online] Retrieved from www.theglobalfund.org/: https://www.theglobalfund.org/media/5913/publication_universalhealthcoverage_focuson_en.pdf [Accessed on December 8, 2022]

The Global Fund. (2022). The Global Fund to Fight AIDS, Tuberculosis and Malaria. [Online] Retrieved from www.theglobalfund.org/: https://www.theglobalfund.org/en/ [Accessed on December 9, 2022]

The World Bank Group. (2022, September 28). Universal Health Coverage Enables People to Achieve their Potential. [Online] Retrieved from www.worldbank.org/: https://www.worldbank.org/en/news/video/2022/09/28/universal-health-coverage-enables-people-to-achieve-their-potential [Accessed on December 7, 2022]

The World Bank Group. (2022a). Universal Health Coverage. [Online] Retrieved from www.worldbank.org/: https://www.worldbank.org/en/topic/universalhealthcoverage [Accessed on December 8, 2022]

Thomas, S., & Gilson, L. (2004). Actor management in the development of health financing reform: health insurance in South Africa, 1994–1999. *Health Policy and Planning*, *19*(5), 279-291.

UHC-Partnership. (2021). Primary health care. [Online] Retrieved from extranet.who.int/: https://extranet.who.int/uhcpartnership/featured/primary-health-care [Accessed on December 8, 2022]

UHC-Partnership. (2021a). Deep Dive on Primary Health Care (PHC) in the UHC Partnership. PHC is the Foundation and a Key Driver for Achieving UHC. [Online] Retrieved from uhcplaunch.com/: https://uhcplaunch.com/sites/default/files/media_documents/Deep%20Dive%20on%20PHC_UHC%20P%20annual%20report%202019.pdf [Accessed on December 8, 2022]

UNAIDS. (2018). Miles to Go. Closing gaps, breaking barriers, righting injustices. Global AIDS Update 2018. [Online] Retrieved from https://www.unaids.org/sites/default/files/media_asset/miles-to-go_en.pdf [Accessed on December 7, 2022]

UNDP. (2023). United Nations Development Programme . IMPROVING VACCINATION SYSTEMS - EVIN. [Online] Retrieved from www.undp.org/: https://www.undp.org/india/projects/improving-vaccination-systems-evin [Accessed on April 30, 2023]

United Nations Development Programme. (2014, May 4). UNDP. UN's Health and Development Agencies Join Forces for Good Health for All. [Online] Retrieved from www.undp.org/: https://www.undp.org/press-releases/uns-health-and-development-agencies-join-forces-good-health-all [Accessed on December 7, 2022]

United Nations Development Programme. (2019, September 20). UNDP. Universal Health Coverage For Sustainable Development. [Online] Retrieved from www.undp.org/: https://www.undp.org/publications/universal-health-coverage-sustainable-development-issue-brief [Accessed on December 7, 2022]

United Nations Development Programme. (2022). UNDP. The SDGS In Action: What are the Sustainable Development Goals? Retrieved from www.undp.org/: https://www.undp.org/sustainable-development-goals [Accessed on December 7, 2022]

United Nations Uganda. (2022). Sustainable Development Goal 3. [Online] Retrieved from uganda.un.org/: https://uganda.un.org/en/sdgs/3 [accessed September, 2022]

Van Lerberghe, W. (2008). *The world health report 2008: primary health care: now more than ever*. World Health Organization.

Van Weel, C., & Kidd, M. R. (2018). Why strengthening primary health care is essential to achieving universal health coverage. *CMAJ*, *190*(15), E463-E466.

World Bank. (2022). Universal Health Coverage for Inclusive and Sustainable Development. [Online] Retrieved from https://www.worldbank.org/: https://www.worldbank.org/en/topic/health/publication/universal-health-coverage-for-inclusive

sustainable-development. [accessed on December 7, 2022]

World Health Organization & World Bank. (2017). Tracking universal health coverage: 2017 Global Monitoring Report. [Online] Retrieved from https://apps.who.int/iris/bitstream/handle/10665/259817/9789241513555-eng.pdf [Accessed on December 7, 2022].

World Health Organization. (1978). Declaration of Alma-Ata: International Conference on Primary Health Care, Alma Ata, USSR, 6–12 September 1978. Geneva: World Health Organization.

World Health Organization. (2015). *Technical Discussions: Consideration of the recommendations on strengthening community-based health-care services-SEA/RC68/17* (No. SEA/RC68/17). WHO Regional Office for South-East Asia.

World Health Organization. (2016). Health workforce requirements for universal health coverage and the Sustainable Development Goals. (Human Resources for Health Observer, 17). World Health Organization. [Online] retrieved from https://apps.who.int/iris/handle/10665/250330 [Accessed on December 9, 2022]

World Health Organization. (2017, December 13). World Bank and WHO: Half the world lacks access to essential health services, 100 million still pushed into extreme poverty because of health expenses. Retrieved from www.who.int/: https://www.who.int/news/item/13-12-2017-world-bank-and-who-half-the-world-lacks-access-to-essential-health-services-100-million-still-pushed-into-extreme-poverty-because-of-health-expenses

World Health Organization. (2017a). *Global diffusion of eHealth: making universal health coverage achievable: report of the third global survey on eHealth*. World Health Organization.

World Health Organization. (2017b). Health system strengthening glossary. Geneva. [Online] Retrieved from http://www.who.int/healthsystems/hss_glossary/en/index4.html [Accessed on December 9, 2022]

World Health Organization. (2019). Declaration of Astana. Geneva: World Health Organization. [Online] retrieved from https://www.who.int/docs/default-source/primary-health/declaration/gcphc-declaration.pdf [Accessed on December 8, 2022]

World Health Organization. (2020, September 8). WHO. Children: improving survival and well-being. [Online] Retrieved from www.who.int/: https://www.who.int/news-room/fact-sheets/detail/children-reducing-mortality [Accessed on December 7, 2022]

World Health Organization. (2021). WHO. *Tracking universal health coverage: 2021 global monitoring report*. World Health Organization.

World Health Organization. (2022). WHO. Stronger Collaboration, Better Health Global Action Plan for Healthy Lives and Well-being for All. [Online] Retrieved from www.who.int/: https://www.who.int/initiatives/sdg3-global-action-plan [Accessed on December 8, 2022]

World Health Organization. (2022a). WHO. Universal Health Coverage. [Onlne] Retrieved from www.who.int/: https://www.who.int/health-topics/universal-health-coverage#tab=tab_1 [Accessed on December 7, 2022]

World Health Organization. (2022b). WHO. The Global Health Observatory. [Online] Retrieved from www.who.int/: https://www.who.int/data/gho/data/themes/topics/indicator-groups/indicator-group-details/GHO/sdg-target-3.8-achieve-universal-health-coverage-(uhc)-including-financial-risk-protection#:~:text=Indicator%20Groups-,SDG%20Target%203.8%20%7C%20Achieve%20univer [Accessed on December 8, 2022]

World Health Organization. (2022c). WHO. Primary health care. [Online] Retrieved from www.who.int/: https://www.who.int/teams/primary-health-care [Accessed on December 8, 2022]

World Health Organization. (2022d). WHO called to return to the Declaration of Alma-Ata. International conference on primary health care. [Online] Retrieved from https://www.who.int/: https://www.who.int/teams/social-determinants-of-health/declaration-of-alma-ata#:~:text=International%20conference%20on%20primary%20health,goal%20of%20Health%20for%20All. [Accessed on December 8, 2022]

World Health Organization. (2022e). WHO. Health financing. [Online] Retrieved from www.who.int/: https://www.who.int/health-topics/health-financing#tab=tab_1 [Accessed on December 9, 2022]

Yates, R., Brookes, T., & Whitaker, E. (2017). Hospital detentions for non-payment of fees: a denial of rights and dignity.