# UNIVERSAL HEALTH COVERAGE FOR SUSTAINABLE DEVELOPMENT

"Leaders must see health and well-being as an investment in sustainable development with very high rates of return. All UN members must live up to their promise to achieve universal health coverage by 2030, as part of the Sustainable Development Goals"[1]

*UNDP Administrator Achim Steiner*

## Introduction

Health is an outcome, indicator and driver of sustainable development. Universal health coverage (UHC), central to better health and well-being for all, delivers gains across the 2030 Agenda for Sustainable Development. UHC contributes to reducing poverty and inequalities, improves education and develops human capital.[2] It strengthens economic inclusion as well as health and human security. Underpinned by principles of equity and inclusion, UHC embodies the 2030 Agenda pledge to leave no one behind.



Photo credit: UNDP

The World Health Organization defines UHC as "all people and communities can use the promotive, preventive, curative, rehabilitative and palliative health services they need, of sufficient quality to be effective, while also ensuring that the use of these services does not expose the user to financial hardship."[3] UHC requires removing barriers to health and improving the affordability, accessibility and quality of health care and systems. Rights- and equity-based approaches to improve the conditions in which people are born, grow, live, work, and age, reduce health inequities and burdens on health systems. Social, economic, commercial and environmental factors largely determine how health and health services are distributed between and within populations. UHC requires targeted action outside the health sector to address the determinants of health.

Remarkable gains in health have been made. More than 100 low- and middle-income countries (LMICs) have taken concrete steps toward UHC.[4] Yet significant health inequities and gaps in service access persist between and within countries. Half of the world's population still lacks access to essential health services,[5] more than 15 million people still cannot access life-saving HIV treatment,[6] and over five million children still die before their fifth birthday each year, many from diseases for which there are cost-effective solutions.[7] Emerging challenges to health systems, such as the climate crisis, antimicrobial resistance and epidemiological transitions threaten everyone but are projected to disproportionately burden vulnerable communities.

The insufficient pace of progress towards UHC imposes significant social and economic costs. Lack of high-quality health care is projected to cost LMICs US$11.2 trillion from 2015 to 2030.[8] Almost 100 million people are pushed into extreme poverty annually because of out-of-pocket health spending, and 800 million people spend more than ten percent of their household budget on health care.[9] An unknown number of people are detained in hospitals for non-payment of health care bills, a rights violation particularly common, for example, among poor women who undergo emergency childbirth.[10] Meanwhile, UHC is an "affordable dream"[11] which countries of any income level can progress towards.

In line with UNDP's 'Strategic Plan 2018–2021'[12] and 'HIV, Health and Development Strategy 2016–2021: Connecting the Dots'[13], UNDP contributes to UHC by supporting countries to: (1) reduce inequalities and social exclusion that drive HIV and poor health, (2) promote effective and inclusive governance for health, and (3) build resilient and sustainable systems for health. In these areas UNDP works with a wide range of partners across development sectors, including governments, civil society, UN agencies, academia, the private sector, philanthropists, and multilateral and bilateral donors.

In 2018, UNDP and the World Health Organization (WHO) signed a five-year Memorandum of Understanding committing to strengthen collaboration in several priority areas—one of which is to advance UHC.[14] UNDP is one of 12 global health organizations that will implement 'Stronger Collaboration, Better Health: The Global Action Plan for Healthy Lives and Well-being for All'. This plan commits the organizations to strengthen their collaboration, especially at the country level, for advancing UHC and achieving the health-related Sustainable Development Goals.

This Issue Brief outlines UNDP's contribution towards supporting countries to achieve UHC. It provides examples of UNDP's work, partnerships and approaches to strengthen governance and institutions to deliver universal access to basic services, including through the protection and promotion of human rights and by addressing the social, economic, commercial, and environmental determinants of health.
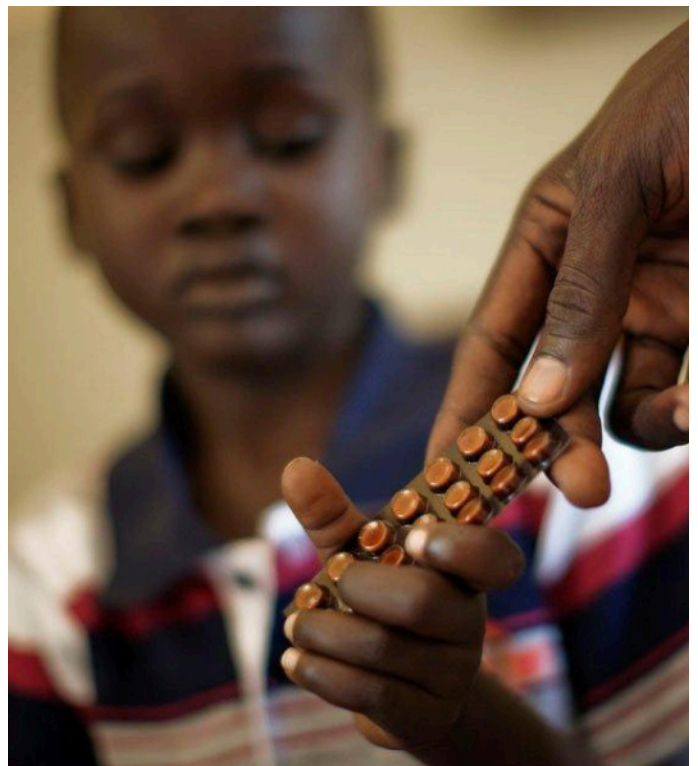


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# 1.  Reducing inequalities and exclusion

Social exclusion, marginalization and discrimination due to factors such as age, gender, ethnicity, race, income, religion, disability, sexual orientation, gender identity and vulnerability to violence increase health risks and impede access to basic services, including for UHC. For example, gender inequality increases women's and girls' risk of HIV and impacts their ability to cope. Sexual and gender-based violence against women and girls is associated with physical and mental health challenges for women and their children. Laws, policies and social norms can create barriers for realizing people's sexual and reproductive health and rights, which is integral to UHC.[15] In many countries, lesbian, gay, bisexual, transgender and intersex (LGBTI) people and key populations most at risk of HIV—men who have sex with men, sex workers, transgender people, people who inject drugs, and prisoners and other incarcerated people—face stigma and discrimination, and may face criminalization, violence and other human rights abuses, that constrain their access to health care and basic services. In addition to out-of-pocket health care expenditures often pushing people into poverty and exacerbating inequalities, those affected by poor health can face difficulties in securing or maintaining adequate employment, education, housing and/or nutrition. This can undermine UHC and hold back broader development aims.

As the HIV response has shown, UHC requires specific action and investment to remove social, legal and cultural barriers to accessing health services. Strategies are needed to address harmful gender norms, eliminate sexual and gender-based violence, promote women's autonomy, agency, and choice as well as economic and legal empowerment, and ensure access to sexual and reproductive health services and rights. Civic engagement is needed in the design, implementation and monitoring of health services. Data is also critical to ensuring quality of services and reaching those left behind.

Inclusive social protection can protect populations from health risks, increase demand for and access to health services, including adherence, and reduce health-related social and economic hardship.

Investment in UHC is an investment in women. Women represent an estimated 70 percent of the health workforce, including most frontline health workers, community health workers, community nurses, and service delivery providers.[16] An analysis of 32 countries and 52 percent of the world's population found that nearly half of women's contribution to the health system in 2010 was unpaid work.[17]

Drawing on the Global Policy Network, **key UNDP service offerings** include policy and programme support on:

- Scaling rights-based solutions to improve access to HIV and health services for women and girls, key populations at risk of HIV and other excluded groups, and to eliminate sexual and gender-based violence;

- Integrating programming for gender, human rights, key populations and other excluded groups in Global Fund policies and programmes;

- Supporting gender equality in national HIV and other health programmes, including by engaging men and boys for gender equality;

- Strengthening the evidence base and capacities on inclusion of LGBTI and other excluded groups;

- Advancing inclusive social protection, including by linking sectors and engaging affected individuals, patient groups, networks and communities.

## Box 1. Addressing inequalities based on gender and sexual orientation

Through *Every Woman, Every Child,* UNDP has committed to improving health and development outcomes for women and girls by supporting multisectoral action to address and prevent gender-based violence, strengthen enabling legal and policy environments and promote equal access to sexual and reproductive health and rights for women and girls in at least 80 LMICs by 2020.[18]

In Angola, UNDP partnered with UNFPA and local organizations under the Global Fund HIV grant to reach adolescent girls and young women aged 10–24, including those out-of-school, with comprehensive HIV prevention information. Enabling them to make informed choices about their sexual and reproductive health was achieved through 'bancadas femininas'-welcoming spaces for young women and girls where they can discuss experiences. In 2018 this programme reached 33,672 adolescent girls and young women, resulting in 7,885 voluntary testing and counselling interventions.

UNDP is leading the implementation of the LGBTI Inclusion Index to measure development outcomes for LGBTI people and inform policies, programmes and investments for strengthening LGBTI inclusion and rights. The set of 51 indicators which comprise the Index span the areas of health, education, civil and political participation, economic empowerment, security and violence. UNDP, in partnership with the World Bank and civil society partners, undertook comprehensive consultations to develop and validate the indicators, which are line with the SDG global indicator framework.

In 53 countries across Africa, Asia-Pacific, the Caribbean, and Eastern Europe and Central Asia, UNDP is working with governments, academia, the private sector and LGBTI communities to improve inclusion and other development outcomes for LGBTI people. Regional 'Being LGBTI' programmes are building understanding of the issues LGBTI people face, advancing their inclusion in national development efforts and promoting their access to HIV and health services.



*Photo credit: UNDP*

## 2. Strengthening effective and inclusive governance

Enabling legal, policy and regulatory environments built upon evidence and rights are vital for accessing basic services, including for UHC. Such environments protect populations from exposure to risks, facilitate healthy behaviours, and improve efficiency of investments. In many countries, institutions and governance structures needed for UHC are under-resourced. They often lack capacity and coherence to plan and deliver essential health and related basic services, and they provide inadequate civic space. Commercial and political factors can also lead to policy incoherence and restricted regulatory space for UHC.

Laws, policies and practices can advance or impede UHC. In the case of HIV, vulnerability is increased by; overly broad criminalization of HIV transmission; laws that criminalize sex work, drug use and same-sex relations and; laws and policies that limit access to affordable medicines or fail to ensure equality for women and protect children. As noted by the Global Commission on HIV and the Law, convened by UNDP on behalf of the Joint UN Programme on HIV/AIDS, such laws and policies reinforce stigma and discrimination that increase inequalities and exclusion and impede effective HIV responses.

The high cost of some medicines, vaccines, and diagnostics render them inaccessible to large segments of society in rich and poor countries alike, exacerbating inequalities. The report of the UN Secretary-General's High-Level Panel on Access to Medicines highlighted the urgent need for policy coherence between the right to health, trade rules and public health goals.[19] Market-based models of innovation are not adequately responding to some of the world's most pressing health challenges.[20] For example, antimicrobial resistance, if not confronted, could kill 10 million people annually by 2050 and cost the world US$100 trillion.[21]

Protecting populations from health-harming products and processes is also critical for UHC. In 2017, tobacco use, alcohol and diets high in sodium, sugar-sweetened beverages and trans fats together caused over 13 million deaths and 380 million disability adjusted life years.[22-23] Essential health services, including for diabetes, cancers, cardiovascular disease and other noncommunicable diseases (NCDs), are not as accessible or affordable as the health-harming products which give rise to their need.[24] Meanwhile, pollution accounts for nine million premature deaths each year.[25] Effective responses can reduce burdens on health systems, avoid productivity losses, and, in the case of innovative fiscal policies, generate substantial revenue for UHC and the SDGs broadly.

Drawing on the Global Policy Network, **key UNDP service offerings** include policy and programme support on:

- Implementing the findings and recommendations of the Global Commission on HIV and the Law, including through Global Fund grants and on issues of innovation and access to health technologies. This is done in partnership with governments, civil society, academia and UN partners;

- Scaling up access to justice programmes for HIV and health, focused on the inclusion of civil society and sensitization of the judiciary, parliamentarians and law enforcement;

- Strengthening multisectoral governance of NCD and tobacco control responses, including the development of investment cases and the integration of NCDs and tobacco control in national and local development plans and strategies.

| Box 2. | UHC, law and policy |
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In partnership with civil society and UN partners, UNDP has supported 89 countries to amend laws, policies and practices in line with the recommendations of the Global Commission on HIV and the Law.[26] UNDP-supported legal environment assessments (LEAs) enable countries to strengthen national legal frameworks for HIV and TB through participatory, multi-stakeholder processes. UNDP has adapted the 'Legal Environment Assessment for HIV' methodology[27] for tobacco control and piloted the approach for strengthening the legal, regulatory and public policy framework for full implementation of the WHO Framework Convention on Tobacco Control (WHO FCTC).[28] Building on this network of 89 countries, UNDP is collaborating with Georgetown University, WHO, UNAIDS and IPU to launch a network on legal solutions for UHC.

Through the Access and Delivery Partnership (ADP),[29] UNDP supports LMICs to strengthen laws, policies and capacities needed for access to and delivery of health technologies (including medicines, vaccines and diagnostic tools). The ADP is a collaboration between UNDP, WHO, the Special Programme for Research and Training in Tropical Diseases (TDR) and the non-profit organization PATH. Building on work in Ghana, Indonesia and Tanzania, the ADP is scaling up in India, Malawi, Senegal and Thailand, supporting countries to strengthen policies, regulatory frameworks, institutions and capacities for delivering new health technologies for neglected diseases.

The UNDP/WHO Global Joint Programme on NCD Governance supports LMICs to develop national NCD investment cases, strengthen national coordination, and integrate NCDs into domestic SDG frameworks. The investment cases quantify the social and economic costs of NCDs and returns on investment that scaling up effective interventions would realize. Investment cases and institutional and context analyses identify economic inefficiencies, policy incoherence and weaknesses in institutional arrangements. Actions taken following national NCD investment cases include fiscal and regulatory measures on health-harming products, strengthened policies and coordination mechanisms for NCDs, and raised public and parliamentary awareness. To date UNDP and WHO have delivered 11 NCD investment cases and initiated 12 others, with over 50 countries having requested cases. UNDP and the Secretariat of the WHO FCTC are supporting similar investment cases in 15 LMICs to strengthen tobacco control.

## Sustainable financing and greater efficiencies

Transforming health systems to achieve SDG 3 is estimated to require an additional US$371 billion per year by 2030 across 67 LMICs. Many of these countries, particularly upper middle-income countries, have capacity to self-finance the required investment. However, even with projected increases in domestic health spending, a US$20–54 billion annual funding gap would remain.[30] This underscores the importance of international financial and technical assistance, increased domestic resource mobilization, as well as approaches which increase efficiencies, reduce waste and unlock private and innovative sources of capital.[31]

The 'Addis Ababa Action Agenda' on financing for development specifies the potential of tobacco taxes for health and development financing.[32] Health taxes can raise reliable domestic resources for UHC.[33] Worldwide, increased taxation of tobacco, alcohol, and sugary beverages could avert 50 million premature deaths and raise US$20.5 trillion in revenue over the next 20 years.[34] Several countries are already leading the way. For example, the Philippines taxes tobacco and alcohol to finance UHC and to support tobacco growers to engage in alternative economic activities.[35] The Egyptian parliament in 2018 approved a law to extend health care to all citizens including the estimated 30 percent of Egyptians who cannot presently afford it, over the period 2018 to 2032, with funding sources to include taxes on tobacco and polluting

industries.[36] Uganda uses alcohol taxes to help finance its HIV response, to reduce reliance on external donors.[37] Such taxes generate revenue and disincentivize unhealthy behaviours, reducing the burden of NCDs as well as the end cost of achieving UHC.

Non-health sector financing can be leveraged for health-related objectives. Well-targeted, synergistic investments in education and social welfare have especially large returns for health.[38-39] A randomized control trial in Malawi showed cash transfers can reduce HIV risk among girls and young women by 64 percent.[40] The cash transfers also reduced teen pregnancy and increased school attendance—suggesting that multiple health and development outcomes can be achieved through high-impact initiatives financed across sectors.[41] A World Bank evaluation of Tanzania's Social Action Fund (TASAF) found that beneficiaries were five times more likely than the control group to finance medical care with health insurance.[42]

An estimated 20–40 percent of government health spending worldwide is misallocated or wasted.[43] Tackling the increasing burden of co-morbidities through an integrated approach could improve allocative efficiencies of resources and maximize health impacts. For example, 15 percent of all TB cases may be linked to diabetes,[44] and, in high TB burden countries, 15 percent of TB deaths are attributable to smoking[45] while 11 percent of TB deaths are due to alcohol consumption.[46] Integration of diabetes services, tobacco cessation, and addressing the harmful use of alcohol into tuberculosis prevention and treatment through a co-morbidities approach could reach more patients while saving money.

An estimated US$455 billion in health investments are lost to corruption each year.[47] Anti-corruption, transparency, and accountability (ACTA) measures in the health sector are critical to achieving UHC. Without them, resources for health are wasted, trust

in the health system is eroded and lives are lost. Approximately 140,000 child deaths per year could be indirectly attributed to corruption.[48]

Drawing on the Global Policy Network, **key UNDP service offerings** include policy and programme support on:

- Expanding innovative financing for HIV and health, including supporting the development of investment strategies, intersectoral co-financing approaches, and national investment cases, and leveraging environmental impact assessments to increase domestic financing for health;

- Strengthening the evidence base on the role of sugar, alcohol and tobacco taxes (STAX),[49] and other innovative financing mechanisms for health and development, including to address commercial determinants of health;

- Exploring opportunities for partnerships on micro health insurance as part of countries' efforts to reach those furthest behind in terms of access to health services.



*Photo credit: UNDP*

## Box 3.    Efficiency gains in financing UHC

UNDP and the Millennium Institute supported Malawi on intersectoral co-financing through determining the optimum budgetary contribution from each of its sectors to advance health and the SDGs. UNDP further supported seven countries in sub-Saharan Africa to develop, define and model costed co-financing plans. As a result, South Africa integrated co-financing as an innovative financing mechanism within its 'National Strategic Plan on HIV, TB and STIs 2017-2022' and plans to expand cash plus care programming using the approach.

Due to high TB-diabetes co-morbidity in the Pacific region, bi-directional screening is prescribed in the 'Pacific Islands Standards for Management of Tuberculosis and Diabetes'. Through the Global Fund 'Multi-Country Western Pacific Integrated HIV/TB Programme', UNDP supports this screening in the Federated States of Micronesia, Kiribati, and the Republic of the Marshall Islands. TB clinic staff were trained to manage diabetes while diabetes specialists were trained to screen for TB.[50]

Despite progress, anti-corruption, transparency, and accountability (ACTA) in health has been largely fragmented and disparate, undermining its potential for UHC. In 2019, UNDP, WHO, and the Global Fund convened stakeholders from 27 countries to establish the ACTA for health alliance. The alliance agreed the following priorities: 1) rationalizing internal control and assurance models in health systems using fraud and corruption risk assessment methodologies; 2) monitoring and evaluation of ACTA measures for health; 3) capacity development on ACTA in the health sector for multiple stakeholders; and 4) integration of ACTA into health systems strengthening normative guidance. Another priority was the use of digital technology to reduce corruption in the health sector.



*Photo credit: UNDP*

## 3. Building resilient and sustainable systems for health

Many countries have significant health systems capacity constraints, particularly countries that face complex development challenges, emergencies or other challenging operating environments. Chronically weak and fragile systems for health in many countries are highly susceptible to, and poorly equipped for, shocks that result from political, economic and health crises as well as humanitarian and natural disasters. Such events can impede access to health services and reverse health and development gains. For example, during the 2014-2015 West African Ebola outbreak, health systems in Guinea, Liberia, and Sierra Leone were overwhelmed. The Centers for Disease Control and Prevention (CDC) estimated that, in these countries, a 50 percent reduction in access to health care services led to increased mortality from malaria, HIV/AIDS, and tuberculosis.[51]

Health systems strengthening advances UHC,[52] including by protecting populations from health risks and enabling the continuation of UHC in crises, post-crisis recovery, and health emergencies. UHC requires targeted support for implementation of large-scale health programmes, including the strengthening of national health-related policy and programmes, financial and risk management, sustainable procurement of medicines and other health products (e.g. diagnostics and laboratory and hospital equipment), monitoring and evaluation, civil society engagement, and capacity building.

UHC also requires strengthening 'last mile' service delivery to make coverage and access truly universal. Innovation and technologies help bring UHC to scale, for example by fostering partnerships with technology start-ups and linking these with government systems, and by encouraging entrepreneurs to develop models of low-cost and high-quality health services to cover rural and peri-urban areas.

Drawing on the Global Policy Network, **key UNDP service offerings** include policy and programme support on:

- Providing health implementation support, complemented by longer-term capacity building that includes strengthening financial and risk management, procurement systems for health commodities, monitoring and evaluation, and policy support;

- Developing capacities of national entities in fragile settings to sustainably manage domestic and international health financing and to deliver health programmes;

- Building the capacity of countries to implement risk-informed systems for health and integrate health into recovery efforts;

- Deploying innovation and digital technologies for health systems strengthening and reducing health inequities.



*Photo credit: UNDP*

| Box 4. | **Strengthening systems for health** |

In 2018, UNDP managed 31 HIV, TB and malaria Global Fund grants as Principal Recipient (covering 18 countries) and three regional programmes (covering 27 countries), contributing directly to UHC. This includes support to find people that may be 'missed' by health systems. In Djibouti, which hosts more than 27,000 refugees, densely populated refugee camps create a high risk of TB transmission. UNDP is working with the government, UNHCR and the Global Fund to bring TB diagnosis and treatment facilities into these camps, increase awareness, reduce stigma and stop the spread of TB. The UNDP-supported health centre and laboratory in the Ali Addeh refugee camp has seen a 50 percent reduction in confirmed TB cases over the last five years.

India has the world's largest immunization programme, with 156 million beneficiaries per year. The government procures and distributes 650 million vaccine doses across 27,000 health centres per annum. Vaccine logistics management in India is challenged because programme managers do not have real-time visibility of stock supplies and storage temperature of the vaccine across the system. Despite adequate vaccine supply in the pipeline from the national to state level, there are often vaccine stock-outs or overstocking in health centres. The Electronic Vaccine Intelligence Network (eVIN) in India, implemented by UNDP with GAVI, digitizes the entire vaccine stock inventory through a smartphone application that remotely tracks vaccine stocks along with storage temperatures via SIM-enabled digital loggers at all of the health centres. High-end analytics enable real-time viewing through online dashboards. The platform is supported by a well-trained network of staff in every district that ensures timely data entry, data quality, and facilitates last-mile decision making. The system has logged over two million transactions and 80 million temperature samples every month. This initiative has 'saved' 90 million vaccine doses, reduced stock-outs by 80 percent and produced an estimated future return on investment of nearly 300 percent.

## Environment and the climate crisis

Improving environmental sustainability is mainstreamed into UNDP's work on strengthening systems for health. The climate crisis is changing the frequency, severity and types of challenges faced by health systems, and will increasingly burden vulnerable communities. WHO estimates that climate change causes over 150,000 deaths per year, projected to reach over 250,000 by 2030 without scaled up action.[53] Climate change impacts the availability of clean air, water, food, and shelter while increasing risks from extreme weather events and the spread of vector-borne diseases such as dengue and malaria, and water borne diseases such as cholera. These severe health consequences are compounded by disasters, forced migration, and conflict. There are also indirect health consequences, for example accidents and injuries, suicides, and homicides attributable to hurricane aftermath.[54] Sustained power and telecommunications outages can impede service delivery and mortality surveillance in addition to acute health concerns caused by food and water shortages, particularly among the elderly.[55] UHC must include support to health systems and communities to adapt to, manage and mitigate climate-related health risks.[56]

UHC is challenged in many low-income countries by lack of access to reliable energy, which is needed to operate life-saving medical devices, refrigerate vaccines and blood, maintain communications, power lights and pump and heat water to sanitize surfaces. One in four health facilities in sub-Saharan Africa, for example, has no access to electricity, while only 28 percent of health facilities and 34 percent of hospitals have 'reliable' access to electricity (without prolonged interruptions in the past week). At the same time, globally, the health sector is responsible for 4.4 percent of global carbon emissions,[57]

more than the aviation industry; and 71% of these emissions come from the supply chain.[58] Greening the health sector by using renewable energy sources can lower disease burden from air pollution while achieving more reliable and better-quality health care. Optimizing the packaging of health products reduces waste and $CO_2$ emissions and saves money, which can be reinvested in health including the strengthening of national supply chains.

Drawing on the Global Policy Network, **key UNDP service offerings** include policy and programme support on:

- Supporting multisectoral responses for health and ensuring delivery of essential health services in fragile, vulnerable and conflict-affected settings, under the leadership of WHO;

- Integrated development solutions to address the nexus of health, environmental degradation and climate change, for example scaling up health-sensitive nationally determined contributions (NDCs) and 'Solar for Health';

- Working with the health sector to strengthen social, ethical and environmental standards in supply chain optimization, for example by leveraging the 'UN Guiding Principles on Business and Human Rights'.

| Box 5. | Advancing health and environment co-benefits |

UNDP and WHO are strengthening the resilience of health systems to climate change in least developed countries. With the Global Environment Facility, a multi-country project covers Bangladesh, Cambodia, Lao PDR, Myanmar, Nepal and Timor-Leste. The project strengthens institutional capacity to integrate climate risks and adaptation into health sector planning, improve surveillance and/or early warning systems, enhance health sector service delivery, and support regional cooperation and knowledge sharing to promote scale-up of best practices.

UNDP's 'Solar for Health' initiative supports governments for the installation of solar energy photovoltaic systems (PV) to power primary health care facilities as well as hospitals and other large health structures, ensuring constant and cost-effective access to electricity. As of October 2018, solar systems are operational for 652 facilities across eight countries (Angola, Libya, Namibia, Nepal, South Sudan, Sudan, Zambia and Zimbabwe), improving coverage of quality health services. Additional benefits include reduction in greenhouse gas emissions, increased resilience to extreme weather events and droughts, increased connectivity, lower power bills and a rapid return on investment (over 2–3 years). UNDP, WHO and the World Bank are partnering in the 'Health and Energy Platform of Action', launched in 2019, to accelerate country-level public-private partnerships for greener energy and reduced environmental harms to health.

UNDP procures a large volume of medicines and has worked with antiretroviral (ARV) manufacturers and national regulatory authorities on packaging optimization to reduce product waste and increase cost-effectiveness. During 2016–2017, the reduced packaging initiative was piloted in Zimbabwe, South Sudan, and Equatorial Guinea. The new packaging resulted in a 55 percent increase in shipping capacity per container of medicines, a 29 percent reduction in packaging waste, and a 57 percent reduction of $CO_2$ per unit for the Zimbabwe trade lane. The initiative has generated US$8.15 million in savings since 2016. Work is expanding this approach to other countries and a wider range of ARVs procured through UNDP.

UNDP and WHO are members of an informal inter-agency task team on sustainable procurement in the health sector (SPHS).[59] The secretariat, managed by UNDP, convenes 7 UN agencies and 3 global health financing institutions for sustainable procurement in the global health sector and beyond. By leveraging its normative and market power, the SPHS task team is committed to lowering the environmental and social impact of its procurement as a contribution to UHC.

**Box 6.**  **Leveraging the HIV response for UHC and vice versa**

The global HIV response has been at the forefront of scaling up health services around the world and confronting barriers to access. While there have been setbacks in reducing the rates of new HIV infections in line with the 2020 Fast-Track targets and shortcomings regarding the removal of punitive laws, policies and practices, there has been an overall 35 percent reduction in new HIV infections since 2000. In 2018, 23.3 million [20.5 million–24.3 million] people living with HIV were accessing antiretroviral therapy, and annual AIDS-related deaths had declined by 55 percent since 2004.[60]

Recognizing the HIV response has been "establishing the implementation model for universal health coverage"[61], UHC can leverage its approaches to service delivery, innovative financing, political mobilization, accountability, and human rights. Service delivery has focused on building effective platforms, particularly for marginalized groups, and engaging communities, especially people living with HIV. In financing, prepayment, risk-pooling, and scaling up services have been key. Political and social mobilization has included campaigns to combat social injustice. Targets, monitoring, and addressing the social and structural determinants of health can be integrated into UHC responses to enable an equity and a rights-based approach.

The HIV response can capitalize on momentum for UHC in turn. The 2019 report of the Secretary General, 'Galvanizing global ambition to end the AIDS epidemic after a decade of progress', states, "An important opportunity is the growing movement to achieve UHC. Within the context of HIV, leaving no one behind requires a health benefit package that includes a comprehensive set of health facility-based HIV services, additional public health and social protection services provided through dedicated government funding streams and structural changes to ensure that vulnerable and marginalized people can access the services they need." [62]



Photo credit: UNDP

## Conclusion

UHC is a driver of sustainable development with a high rate of return. UNDP's focus is on removing barriers to health and improving the affordability, accessibility and quality of health care and systems. UNDP's experience in HIV and health, global reach, broad development portfolio, and partnerships to support national governments and other stakeholders are critical in pursuing UHC for sustainable development. Through leveraging political momentum toward UHC, including the 2019 High-level Meeting of the UN General Assembly on UHC, and the impetus for greater collaboration among global health organizations through 'Stronger Collaboration, Better Health: The Global Action Plan for Healthy Lives and Well-being for All', UNDP will contribute further to UHC. If UHC is truly a 'political choice'[63], its realization will depend on building the capacities, resources and requisite commitment across sectors to fully enable populations to flourish.

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## Contact information:

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