



Four countries' experiences of universal health coverage implementation: lessons for the future

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Abstract

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Background The WHO defines universal health coverage (UHC) as access for all people to the health services they need (prevention, promotion, treatment, and rehabilitation) without financial hardship. But UHC implementation is a daunting undertaking for many countries. To commit to UHC, countries and their leaders must address questions such as: can the country afford it? What services should be provided and who should have access to them? Who should be responsible for managing insurance? And how can providers project demand and ensure adequate supply of services? Health ministers, who often serve only short terms, must address these questions about UHC, while also managing policy and services for many other health issues. We undertook case studies of four countries' experiences in implementing UHC—Thailand, Ghana, Vietnam, and Rwanda to help inform health ministers from countries still working towards the goal of UHC.

Methods We used published information and conducted interviews with leaders from Thailand, Ghana, Vietnam, and Rwanda. We asked questions about how UHC was funded (including the package of services and population covered, with attention to the values informing these choices); the political process accompanying implementation; the sustainability of the programme; and the outcomes achieved so far in terms of measurable health benefits. We compiled each country's experience in case studies and exhibits.

Findings Teaching cases were used for a Ministerial Leadership in Health forum held at the Harvard School of Public Health and will be published as part of an open-access case collection in global health delivery. Although each country offers a unique experience and approach, there were some responses common to all countries, the most important of which was the generation of political will and accountability. Other key tactics in the successful implementation of UHC were provision of incentives for expansion of care for the most vulnerable, and adaptation and monitoring of the programme over time.

Interpretation Teaching cases that document country experiences of UHC implementation and approaches to other complex health issues will contribute to an understanding of how we can improve health care for populations around the world.

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Declaration of interests
We declare no competing interests.