What is UHC?

Universal health coverage (UHC) looks to ensure all people, everywhere, can access quality essential health services affordably. It is firmly rooted in the human right to health and requires strong political leadership.

Why is it important?

Over 3.65 billion people, at least half of the world's population, do not have full coverage of essential services. Across the world, the most marginalised and underserved are being left behind. Each year, over 800 million people spend at least ten percent of their household budgets on health-related costs, and about 100 million people are pushed into extreme poverty due to their health expenditures.

What’s included in the WHO strategy?

WHO uses 16 essential health services in four categories as indicators of the progress countries are making towards UHC.

1. Reproductive, maternal, newborn and child health:
   - family planning
   - antenatal and delivery care
   - full child immunization
   - health-seeking behaviour for pneumonia.

2. Infectious diseases:
   - tuberculosis treatment
   - HIV antiretroviral treatment
   - hepatitis treatment
   - use of insecticide-treated bed nets for malaria prevention
   - adequate sanitation.

3. Non-communicable diseases:
   - prevention and treatment of raised blood pressure
   - prevention and treatment of raised blood glucose
   - cervical cancer screening
   - tobacco (non-)smoking.

4. Service capacity and access:
   - basic hospital access
   - health worker density
   - access to essential medicines
   - health security: compliance with the International Health Regulations.

The infectious diseases category will be most relevant for viral hepatitis advocates as it directly mentions hepatitis. There are also areas where hepatitis services can be integrated into other categories. Child immunization, for example, must include the hepatitis B birth dose and childhood vaccinations. A case can also be made to show the impact viral hepatitis elimination will have on the non-communicable diseases category, such as significantly reducing incidences of liver cancer. Countries should be encouraged to explore opportunities for integration such as testing for viral hepatitis along with blood pressure and diabetes, which is common practice in Egypt.
Health Systems Strengthening (HSS)

One of the key concepts of UHC is “health systems strengthening” (HSS). This is defined as initiatives and strategies that improve one or more of the functions of a health system, leading to better health provision through improvements in access, coverage, quality, or efficiency. HSS is one of the main drivers to achieving UHC.

UHC is committed to not leaving anyone behind, a promise to ensure that health is accessible to the most marginalised and underserved communities. Patients play an essential role in ensuring governments meet that commitment, especially viral hepatitis patients who all too often come from underserved populations.

How are member states being engaged?

The United Nations has called a High Level Meeting (HLM) on UHC at the General Assembly meeting in September 2019. The meeting will bring together heads of state, political and health leaders, policy-makers, and universal health coverage champions to advocate for health for all.

A political declaration will be signed by member states at the HLM with a commitment to reach UHC by 2030. The political declaration will form the basis for global efforts to provide universal access to affordable and quality health care services.

In July 2019 the World Hepatitis Alliance, together with its members and stakeholders, successfully advocated for the inclusion of viral hepatitis within the declaration.

“32. Strengthen efforts to address communicable diseases, including HIV/AIDS, tuberculosis, malaria and hepatitis as part of universal health coverage and to ensure that the fragile gains are sustained and expanded by advancing comprehensive approaches and integrated service delivery and ensuring that no one is left behind;”

The inclusion of hepatitis within the political declaration, as well as Sustainable Development Goal 3.3, commits countries to including hepatitis elimination within their UHC programmes.

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What does this mean to us nationally?

National governments are being called upon to make commitments towards achieving UHC, so it will be on the agenda of many health ministries in the coming months and years.

Moving towards UHC requires strengthening health systems in all countries, including implementing robust financing structures and investing in quality primary health care. Good governance, robust systems of procurement and supply of medicines and health technologies and well-functioning health information systems are other critical elements.

How can civil society make a difference?

We must convince decision-makers, their constituents and stakeholders working across health and development that investing in viral hepatitis elimination as part of UHC is essential. Patients must be involved at all levels to ensure that the needs of everyone are met and no one is left behind. Several countries have already held, or will hold, consultation events on UHC which will include civil society. Find out if there is an event in your country and apply to attend.

The cost of hepatitis and UHC

Investing in hepatitis is a smart decision for broader health outcomes. Investments in hepatitis elimination would lead to a 1.5% increase in the global health price tag, but such investments would bring greater returns on better general health outcomes. Funding hepatitis testing and treatment services as part of UHC efforts can cut global deaths by 5% and increase healthy life years by about 10% by 2030.
### Key Advocacy Messages

1. **Viral hepatitis elimination is a vital element of UHC programmes.**

   Evidence proves that viral hepatitis elimination strengthens health systems, reduces mortality, prevents liver cancer (thus reduces NCDs), engages underserved populations and is cost effective. Read more at www.hepatitisfinance.org.

2. **Integrate viral hepatitis elimination into existing services.**

   Integrating viral hepatitis elimination efforts with existing services, such as primary care, HIV/AIDS, tuberculosis, malaria and STI services, will achieve stronger, cost effective health services. Read more at www.ncbi.nlm.nih.gov/pmc/articles/PMC1831804.

3. **Include hepatitis B into vaccination programmes.**

   Including the hepatitis B birth dose and childhood vaccination into vaccination programmes are key to decrease prevalence and stop onward transmission. Read more at www.gavi.org/library/publications/gavi-fact-sheets.

4. **Find the Missing Millions.**

   Nine in ten people with viral hepatitis live with the disease unaware. By finding the missing millions and linking them to care, countries will drastically reduce future treatment costs and deaths from liver cancer, cirrhosis and other hepatitis related illnesses. Read more at www.worldhepatitisalliance.org/missing-millions.

5. **Implement pre-natal screening for viral hepatitis.**

   Pre-natal screening enables the mother to access treatment/ cure if she needs it and can prevent mother-to-child transmission Read more at www.who.int.

6. **Viral hepatitis elimination prevents liver cancer so reduces the burden of NCDs.**

   Liver cancer is the fourth leading cause of cancer deaths. More than 800,000 people die from liver cancer each year, 80% of those as a result of viral hepatitis. Incorporating hepatitis elimination strategies into UHC will prevent deaths and the future costs of treating liver cancer.

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**Further reading.**

- Civil Society Engagement Mechanism 2030 - [www.uhc2030.org](http://www.uhc2030.org)
- World Health Organization - [www.who.int/hepatitis](http://www.who.int/hepatitis)