

# What Is Universal Health Coverage and Why Is It Important for Spain?

**ISGlobal** Barcelona  
Institute for  
Global Health

**Authors:** Virginia Rodríguez, Clara Marín and Amaya Bernal\*

[ This document is one of a series of discussion notes addressing fundamental questions about global health. Its purpose is to transfer scientific knowledge to the public conversation and decision-making process. The papers are based on the best information available and may be updated as new information comes to light. ]

15 February, 2024

*Photo: Banc d'Imatges Infermeres / Hospital sociosanitari Mutuam Güell*

There is one reality that unites us all, wherever we live: at some point in our lives, we will face an illness or injury requiring care and medical assistance. The clearest example of **inequity in health** is that access to essential health services is determined by a person's geographic location and socioeconomic status. Depending on these factors, experiences with health care will **vary widely**. Some people will have immediate access to the care and treatments they need at a leading health care facility, while others will encounter administrative difficulties that limit them to only the most basic care. Alternatively, they might be unable to afford the care they need or incur health expenses that have catastrophic effects on their financial stability. Even in this modern era, not everyone has access to the care they need.

Being able to enjoy the best possible health is a fundamental **human right**, achievable only through a global commitment to health equity. While countries across the world can safeguard and realise this right by providing universal health coverage, as illustrated above, numerous challenges remain.

In this policy brief, we **reflect** on what is meant by universal health coverage and examine how it is measured, how it has evolved over time, and how it currently stands in Spain. We also explore the latest initiatives aimed at advancing towards universal health coverage and propose a series of steps that Spain can take as part of its **commitment** to accelerate progress towards this central international development goal ●

\* **Virginia Rodríguez** is Advocacy Project Manager at ISGlobal. **Clara Marín** is coordinator of ISGlobal's Analysis Unit. **Amaya Bernal** is a resident physician in preventive medicine and public health at the National School of Public Health at the Carlos III Institute of Health.

# 1. What is Universal Health Coverage?

**“Universal health coverage means that all people have access to the full range of quality services they need, when and where they need them, without suffering financial hardship” (World Health Organization).”**

According to the **World Health Organization** (WHO), universal health coverage means that all people have access to the full range of quality services they need (ranging from health promotion and prevention, to treatment, rehabilitation and palliative care), when and where they need them, without suffering financial hardship.<sup>1</sup>

The United Nations (UN) **Sustainable Development Goals** (SDGs), established in 2015, made universal health coverage a centrepiece of the international health agenda. SDG target 3.8 aims to “achieve universal health coverage, including financial protection, access to quality essential health care services, and access to safe, effective, quality and affordable medicines and vaccines for all.”<sup>2</sup>

To effectively pursue this goal, it is important to distinguish between three dimensions: **service coverage, population coverage and financial protection**.<sup>3</sup> In other words, health care systems around the world should provide a comprehensive package of quality services that meet essential health needs, are accessible to everybody, and do not place an excessive financial strain on households. Considering the ambitious and universal scope of the 2030 Agenda, there is substantial room for improvement across the globe.

National health care systems, however, vary significantly from country to country. SDG 3.8 comprises two indicators for tracking the status of universal health coverage in different regions and countries.<sup>4</sup> The first indicator is **coverage of essential health services**, a complex index that measures the average provision of essential health services to the general population and more disadvantaged groups in each country. It is calculated

using 14 tracer indicators covering areas such as reproductive, maternal, newborn and child health; infectious and noncommunicable diseases; and service capacity and access.<sup>5</sup>

The second indicator evaluates **financial protection** by measuring exposure to catastrophic out-of-pocket health spending. A common metric used to analyze global trends in this area is the percentage of people whose health spending exceeds 10% of their total household budget. There are, however, alternative methods for interpreting and measuring catastrophic spending that may more accurately reflect conditions in specific regions. One such method uses a threshold of 25% rather than 10% to identify catastrophic spending, while another assesses the percentage of the population whose out-of-pocket health care spending pushes their household below the poverty line.

None of the above indicators, however, fully captures all aspects of financial protection within the context of universal health coverage. Take, for example, the case of a person facing a health issue that requires an out-of-pocket payment. They might choose to do nothing, to avoid potentially impoverishing expenses. In such cases, they would not incur health-related financial hardship according to the catastrophic out-of-pocket health spending indicator. Consequently, most analyses call for use of another indicator: **unmet health care needs**. This indicator is directly linked to indicators 3.8.1 (essential health services) and 3.8.2. (financial protection). Nonetheless, purportedly non-essential services that are not included in basic health packages can lead to unmet needs, but because they do not result in out-of-pocket expenses, they remain undetected by analyses focused solely on

<sup>1</sup> See fact sheet on universal health care on the website of the World Health Organization: [https://www.who.int/es/news-room/fact-sheets/detail/universal-health-coverage-\(uhc\)](https://www.who.int/es/news-room/fact-sheets/detail/universal-health-coverage-(uhc)).

<sup>2</sup> See section of Sustainable Development Goal 3 on the website of the United Nations: <https://www.un.org/sustainabledevelopment/es/health/>

<sup>3</sup> Universal health coverage: report of the United Nations Secretary-General (2023): <https://digitallibrary.un.org/record/4012358?ln=es>

<sup>4</sup> General Assembly of the United Nations (2017), Resolution A/RES/71/313: Work of the Statistical Commission pertaining to the 2030 Agenda for Sustainable Development. Annex: Global indicator framework: [https://unstats.un.org/sdgs/indicators/Global%20Indicator%20Framework\\_A.RES.71.313%20Annex.Spanish.pdf](https://unstats.un.org/sdgs/indicators/Global%20Indicator%20Framework_A.RES.71.313%20Annex.Spanish.pdf)

<sup>5</sup> See section on data pertaining to Sustainable Development Goal 3.8 indicators in the World Health Organization’s Global Health Observatory of the World: <https://www.who.int/data/gho/data/major-themes/universal-health-coverage-major>

essential service coverage and catastrophic or impoverishing health expenses.

Finally, it is important to remember that achievement of universal health coverage is closely linked to achievement of

the other SDGs on the **2030 Agenda**, as health is directly impacted by numerous factors related to poverty, the climate crisis, and ecosystem degradation <sup>6</sup>

## 2. How Has Universal Health Coverage Evolved?

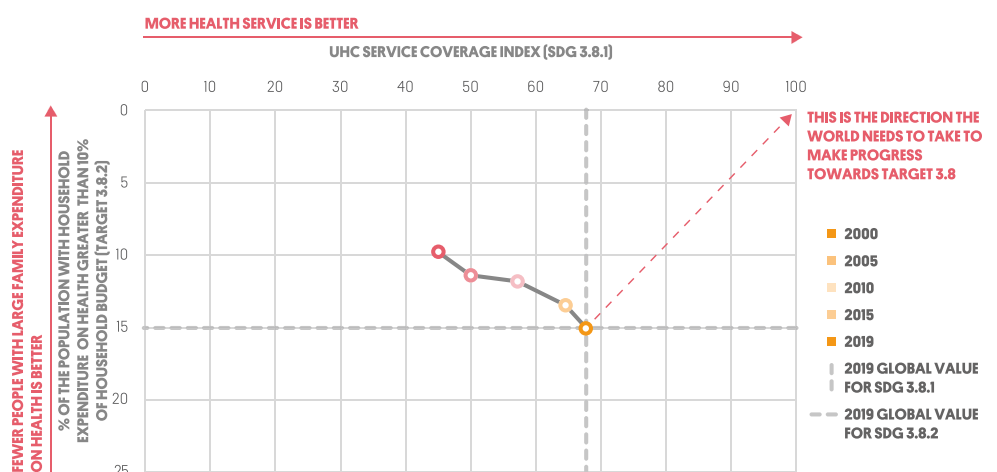
**“The first concern is a global trend that is moving us further away from the goal of achieving universal health coverage by 2030.”**

Despite the aforementioned limitations, universal health coverage indicators remain valuable tools for **tracking recent progress** towards universal health coverage and identifying **issues or concerns requiring immediate attention**.<sup>7</sup>

The first concern is a **global trend that is moving us further away from the goal** of achieving universal health coverage by 2030. In recent decades, health coverage has gradually improved across the planet. The universal health care service coverage index (SDG 3.8.1) rose from 45 in 2000 to 68 in 2019,<sup>8</sup> with the

most rapid changes occurring in Africa. There has, however, been a no slowdown in progress since 2015. More worrying, however, is the correlation between the two universal health coverage indicators. Despite the increase in service coverage, the percentage of households facing catastrophic health expenditure has increased (*Figure 1*). In other words, while more people are managing to pay for essential health care, this has an impoverishing effect on their household’s finances. This trend is moving us further away from the goal of universal health coverage.

**Figure 1. Progress in service coverage (SDG indicator 3.8.1) and catastrophic health spending (SDG indicator 3.8.2, 10% threshold), 2000-2019.**



**Source:** Global Health Observatory (WHO). <https://www.who.int/data/gho/data/major-themes/universal-health-coverage-major>

<sup>6</sup> Fanjul, G. and Beltrán, A. Instituto de Salud Global de Barcelona (2023): An Ailing Agenda: Why Spain and the Rest of the World Should Root for the Success of the Sustainable Development Goals. <https://www.isglobal.org/-/la-agenda-gripada>

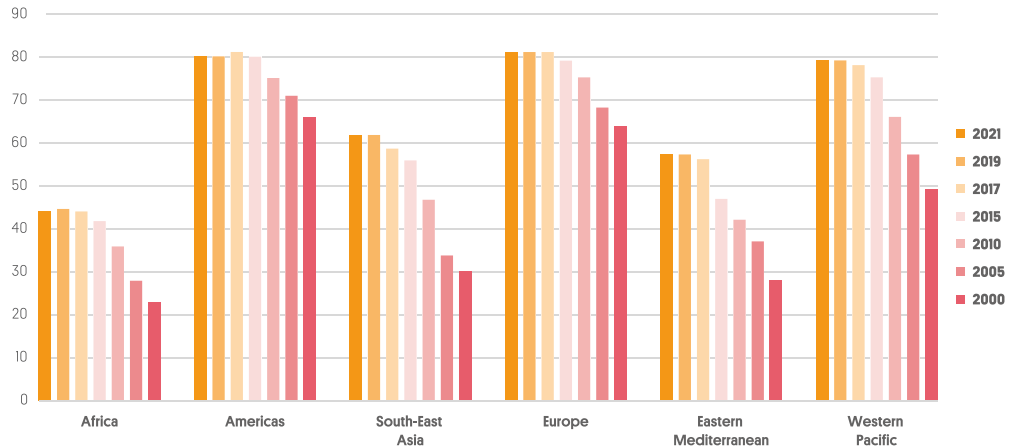
<sup>7</sup> The reference documents for this analysis are the Universal Health Coverage Monitoring Reports updated by the World Bank and the World Health Organization every 2 years: <https://www.who.int/data/monitoring-universal-health-coverage>

<sup>8</sup> Measured on a scale of 0 to 100 calculated using the 14 key essential service coverage indicators.

The second pressing issue is the inequality shown by the breakdown of indicators, especially in service coverage. **Regional data** confirm a similar, consistent trend: significant progress up to 2015, a slow-

down up to 2019, and subsequent stagnation. The catastrophic out-of-pocket spending index in Europe, the Americas and the Western Pacific is almost twice as high as that in **Africa** (≈80 vs ≈44).

**Figure 2. Service coverage index (SDG 3.8.1).**



**Source:** WHO. <https://www.who.int/data/gho/data/indicators/indicator-details/GHO/uhc-index-of-service-coverage>

The most recent global monitoring report on universal health coverage, published in 2023, also highlights persistent **inequality within countries**, where the poorest households, often located in rural areas and characterised by lower levels of education, face more barriers to accessing essential health services.

A third concern is the detrimental **impact of the COVID-19 pandemic** on the pursuit of universal health coverage. According to the WHO, essential health service coverage was significantly disrupted in 2021, with 92% of countries reporting difficulties, incidents or interruptions. Notably, in that year, 25 million children under 5 years of age did not receive their recommended vaccines. In 2022, 84% of countries continued to report difficulties. While recent trends point to a significant reduction in incidents and interruptions, this apparent improvement remains to be confirmed by the latest data.

Recent data on financial protection against catastrophic spending are also lacking. Nonetheless, the limited information available suggests that an increasing number of impoverished people face economic hardship from health spending.

Consequently, two distinct challenges have emerged. On the one hand, there is a need for **improved metrics**, indicators and data collection systems to gain a clearer, more in-depth understanding of the challenges that lie ahead. On the other hand, action is needed to **reverse the trends** detected. Although the situation was exacerbated by the COVID-19, there were already worrying signs that the world was not on track to meet the goal of universal health coverage by 2030 ●

# 3. Universal Health Coverage in Spain

“The Spanish health system is considered among the best in the world. It provides universal health coverage to all citizens and legal residents through a comprehensive package of services within its National Health Care System.”

The Spanish health system is considered among the best in the world. It provides **universal health coverage** to all citizens and residents through a comprehensive package of services within its National Health Care System. The Spanish state used to provide health coverage to undocumented migrants, but this provision was rescinded following

a legal reform in 2012. Although efforts were initiated to reverse the situation in 2018, universal health coverage for this group has still not been restored. Reports by Médicos del Mundo highlight that in addition to administrative barriers, many migrants encounter significant language, and in particular, social barriers in accessing essential health care services.<sup>9</sup>

## Box 1. Key highlights of Spain's health profile in 2023<sup>10</sup>

- The Spanish National Health Care System offers a comprehensive package of services, with notable exceptions being dental and ophthalmological care. There are also significant shortcomings in mental health care provision. These three areas thus represent the most unmet health needs in Spain and highlight disparities among different socioeconomic groups [Box 2].
- The Spanish health care system ranks among the most protective in Europe, with fewer than 2.9% of households facing catastrophic expenses due to out-of-pocket health payments. The strength of the system lies in several factors: co-payment exemptions for a series of population groups, a well-designed health care coverage system, and the highly redistributive effect of public expenditure in health care.
- The **COVID-19 pandemic** had three notable impacts on the Spanish health care system.
  1. First, limited access to health care services overwhelmed by the pandemic directly resulted in increased reports of medical needs not being met. In 2021, 23% of Spaniards reported **unmet medical needs**. This rate was eight points above the European Union (EU) average. In 2022, however, it fell to 14%, four points below the EU average.
  2. Second, Spain's response to the pandemic resulted in a 9% increase in **public health care expenditure** in 2019/2020 (compared with a 4.3% increase the previous year and despite a reduction in gross domestic product). In 2020/2021, growth in public expenditure in health slowed to 3.4%.
  3. Third, Spain's COVID-19 **vaccination campaign** set an international precedent. The country was the first to vaccinate 100% of citizens aged over 80 and had one of the highest vaccination coverage rates in the world.
- In the wake of the pandemic, Spain has had to **deal with structural problems**, such as health staff shortages in the National Health Care System. The country has also had to mobilize investments driven by funding from the EU Recovery and Resilience Facility to modernise equipment, improve preparedness and response strategies for future emergencies, strengthen health promotion, and accelerate the digital transformation of health care. Additionally, in 2022, Spain implemented a Public Health Strategy to promote public health and health equity across all public policies.

<sup>9</sup> Médicos del Mundo (2023), II Informe de barreras al Sistema Nacional de Salud en poblaciones vulnerabilizadas: [https://www.medicosdelmundo.org/sites/default/files/informe\\_barreras\\_2023.pdf](https://www.medicosdelmundo.org/sites/default/files/informe_barreras_2023.pdf)

<sup>10</sup> OECD/European Observatory on Health Systems and Policies (2023), Spain: Country Health Profile 2023: <https://doi.org/10.1787/f12f0172-es>.

## Box 2. European Health Interview Survey in Spain



According to the 2020 European Health Interview Survey in Spain,<sup>11</sup> nearly 3% of individuals from the most disadvantaged social class (class VI) reported very poor **dental health**. This contrasts with a rate of 0.55% for the most privileged class (class I). In addition, 2.5% of individuals from social class VI stated that they had never visited a dentist, as opposed to 0.33% of individuals from social class I.

Differences were also observed for the use of **glasses and contact lenses**, with nearly 68% of individuals from social class I claiming to use glasses or contact lenses, compared with 55% of individuals from social class VI.

In the area of **mental health**, 8% of people from the most disadvantaged social class had some form of depression compared with <4% of those from the most privileged class.

Spain also contributes to advancing universal health coverage through its **development cooperation** programmes. Strengthening partner countries' capacities to achieve universal health coverage has been a priority line of work since before the pandemic. In line with this commitment, Spain undertook an unprecedented mobilisation of multilateral resources and initiated a Solidarity Vaccination Programme, which involved donating vaccines to third countries. The Spanish Agency for Development Cooperation (AEICD) also launched the **SALUD COVID** programme, specifically designed to strengthen partner country

responses to the pandemic. Spain has also made significant contributions through the consolidation of its Specialised Medical Training Programme and active participation in key EU health care initiatives and projects ●

<sup>11</sup> See European Health Interview Survey results for Spain 2020: [https://www.ine.es/dyngs/INEbase/operacion.htm?c=Estadistica\\_C&cid=1254736176784&menu=resultados&tidp=1254735573175](https://www.ine.es/dyngs/INEbase/operacion.htm?c=Estadistica_C&cid=1254736176784&menu=resultados&tidp=1254735573175)

# 4. How to Move Towards Universal Health Coverage

**“Steps required to advance towards universal health coverage: review indicators for tracking progress towards universal health coverage, incorporate a gender perspective into health policies and systems, and pursue adequate sustainable, effective and efficient health financing and investments in universal health coverage and strengthen health systems.”**

At the 2019 UN General Assembly, a high-level meeting on universal health coverage addressed the concerns outlined in section 2 of this policy brief, namely, the slowdown in progress towards the 2023 universal health coverage goal and the worrying trends observed. Member states issued a political declaration entitled “Universal health coverage: moving forward together to build a healthier world” in which they reaffirmed their commitment to achieving universal health coverage and agreed to review progress at another high-level meeting during the 2023 General Assembly.

Several months later, however, the **COVID-19 pandemic** struck, presenting an unprecedented challenge to national health care systems around the world, and it did so in a global context in which universal health coverage had a priority focus. The main impact of the pandemic, as noted in section 2, was an **exacerbation of inequality and inequity in health**. At the 2023 high-level meeting, member states reaffirmed their commitment to pursue universal health coverage in a new political declaration called “Universal health coverage: Expanding our ambition for health and well-being in a post-COVID world.”<sup>12</sup>

The declaration explicitly reaffirmed the need for **member states to join forces through multilateral initiatives**, such as the Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund); GAVI, the Vaccine Alliance (GAVI); the Global Financing Facility for Women, Children and Adolescents; the Global Action Plan for Healthy Lives and Well-being for All; and the UHC2030 Global Compact for progress towards universal health coverage.

The mission of the UHC2030 Compact is to monitor the global commitment to

realising the right to health through universal health coverage. One of the key conclusions of the 2023 UHC2030 annual report was that while most countries have incorporated universal health coverage into their national laws and plans, **concrete operational steps and financing** are lacking. The report also highlighted a lack of commitment to **increasing women’s representation** in overall political leadership, even though women make up most of the health and care workforce.<sup>13</sup>

The international UHC2030 Compact framework highlighted several areas in which concrete progress must be made in the years ahead. Specifically, they underlined the need to:



**Review indicators** for tracking progress towards universal health coverage within the comprehensive review of the global SDG indicator framework scheduled to be completed by 2025.<sup>14</sup>



**Incorporate a gender perspective** into health policies and systems that takes into account the specific circumstances and needs of all women and girls.



Pursue adequate sustainable, effective and efficient health **financing** and investments in universal health coverage and strengthen health systems,

both nationally and within the framework of international development cooperation for lower-income countries. This pursuit should include country-led alliances with the private sector and the aforementioned multilateral initiatives. Of particular note is the call to promote incentives and innovative financing mechanisms for research

<sup>12</sup> Adopted through General Assembly resolution A/RES/78/4, which convened another high-level meeting to review progress towards universal health coverage at the 2027 General Assembly.

<sup>13</sup> UHC2030 (2023), State of UHC Commitment Review: A summary of key findings: [https://www.uhc2030.org/fileadmin/uploads/uhc2030/2\\_What\\_we\\_do/2.1\\_Elevating\\_voices/2.1.4\\_State\\_of\\_UHC\\_Commitment/2022/SoUHCc\\_key\\_findings\\_summary\\_EN.pdf](https://www.uhc2030.org/fileadmin/uploads/uhc2030/2_What_we_do/2.1_Elevating_voices/2.1.4_State_of_UHC_Commitment/2022/SoUHCc_key_findings_summary_EN.pdf)

<sup>14</sup> United Nations Secretary-General Report on Universal Health Coverage (see footnote 3).

and development in the health sector and to extend alliances with the private sector to academic institutions and the scientific community.



**Strengthen health systems**, placing primary care as a cornerstone; improve preparedness and response strategies for health emergencies; address the global shortage of trained health care staff around the world ●

## 5. What can Spain Do to Contribute to the Achievement of Universal Health Coverage by 2030?

**“The Spanish government can strengthen its health care system to accelerate progress towards achieving universal health coverage, contribute to advancing universal health coverage in the international and development cooperation arena, and serve as a catalyst for innovation and partnerships across different spheres of public action and sectors involving diverse stakeholders to achieve universal health coverage.”**

Spain’s commitment to universal health coverage is a crucial part of the **global health agenda**. The central position that Spanish foreign policy accords to multilateralism, gender equality, health equity and the achievement of SDGs on a global scale provides a framework for making contributions offering added value.<sup>15</sup> Despite the deficiencies outlined in this document, Spain has one of the most comprehensive and effective universal health coverage systems in the world.

To reinforce Spain’s commitment to universal health coverage, the **government** can take action in several areas. Specifically, it can:



**Strengthen its health care system** to accelerate progress towards achieving universal health coverage

- Review legislation to fully reinstate universal health care coverage within the country’s National Health Care System
- Implement policies to address unmet health needs in the areas of dental, ophthalmological and mental health
- Strengthen capacities in the areas of staffing, equipment, and digital health
- Maintain and revise copayment exemptions to support more disadvantaged segments of the population

- Promote collaborative and integrated public policies such as One Health and Health in All Policies to align efforts to implement effective public interventions in various health care areas



Contribute to advancing universal health coverage in the **international** and development cooperation arena

- Actively participate in leading international forums and initiatives driving progress towards universal health coverage:
  - UN: attainment of SDGs and discussions about indicators
  - World Health Assembly and the WHO: The Pandemic Treaty
  - International financial institutions (eg, The World Bank)
  - Multilateral initiatives such as the Global Fund, Gavi, Unitaids, and the Drugs for Neglected Diseases initiative
- Advocate for a comprehensive approach to gender equality that takes into account the specific circumstances and needs of women
- Strategically, coherently and systematically contribute to efforts aimed at securing sufficient, sustainable, effective and efficient financing of health systems around the world
- Continue to prioritise universal health coverage within Spanish cooperation

<sup>15</sup> ISGlobal report 2023, An Ailing Agenda (see footnote 6).



strategies in the health sector, highlight this priority in the VI Master Plan for Spanish Cooperation and sectoral strategies, and clearly define necessary steps in plans, directives and communications to guide action (including participation in EU projects)



In essence, Spain must **act as a catalyst** for innovation and alliances across public domains, sectors and stakeholders to help achieve universal

health coverage ●

## TO LEARN MORE


- OECD/European Observatory on Health Systems and Policies (2023), España: Perfil Sanitario del País 2023: <https://doi.org/10.1787/f12f0172-es>.
- Fanjul G and Beltrán A. An Ailing Agenda. Why Spain and the Rest of the World Should Root for the Success of the Sustainable Development Goals. Barcelona Institute for Global Health (ISGlobal). September 2023.: <https://www.isglobal.org/-/la-agenda-gripada>

## How to cite this document

Rodríguez V, Marín C and Bernal A. **What Is Universal Health Coverage and Why Is It Important for Spain?** Barcelona Institute for Global Health. Policy Brief No. 56. <https://www.isglobal.org/>

**ISGlobal** Barcelona  
Institute for  
Global Health

A partnership of:

 **"la Caixa" Foundation**

