

# From Crisis to Coverage: Global Lessons for Achieving Universal Health Coverage

The Chatham House Commission for Universal Health  
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## BACKGROUND

In response to the escalating crises and challenges of our time, the Chatham House Commission for Universal Health was launched in 2022. Chaired by Rt Hon Helen Clark and H.E. Jakaya Kikwete, former leaders of New Zealand and the United Republic of Tanzania, respectively, the commission comprises 47 commissioners and is backed by a technical secretariat at Chatham House. To understand the impact of crises on Universal Health Coverage (UHC), the Commission examined the intricate relationships between crises, UHC reforms, and their outcomes with the aim of identifying opportunities for health reforms, proposing policy solutions to close coverage gaps, strengthening health systems, and advancing global progress towards UHC and economic growth to create a fairer and more equitable world,

UHC's pivotal role in advancing global health governance and geopolitics is underscored by its ability to address access disparities, improve health outcomes, and promote equitable resource distribution and health security. Implementing UHC reforms results in economic growth, enhanced social stability, and increased political legitimacy for countries, positioning them as influential participants in global discussions.

## OBJECTIVES



Explore how crises can be leveraged for accelerated progress toward universal health coverage (UHC) while acknowledging the existing threats to UHC that demand attention.



Generate and share evidence supporting countries in fulfilling their commitments to achieve UHC by 2030, as outlined in the Sustainable Development Goals and agreed upon at the 2019 United Nations General Assembly.



## APPROACH



**1. Identifying Focus and Core Questions.** What is the relationship between UHC and crises?



**2. Analytical Model:** Utilized Kingdon's multiple-streams analysis, focusing on the relationship between context, shocks, and their impacts.



**3. Literature Review:** rapid scoping of literature on UHC reforms post-crisis, focusing on factors that favor or block reforms and drawing lessons on effective strategies.



**4. Country Case Studies:** The Commission created country case studies to provide historical context on crises and UHC reforms in six countries (China, Cyprus, Rwanda, Thailand, Ukraine, Uruguay)



**5. Consultative Meetings with Commissioners:** Commissioners met regularly, contributing insights and shaping the study's messages through four working groups

## FINDINGS

### Contextual Factors impacting UHC:

- Economic growth and political leadership are key,
- Economic development supports UHC but isn't essential.
- Political factors, including leadership and ideology, significantly influence UHC reform paths.
- Societal context, like divisions in society, can hinder UHC, though division doesn't universally prevent success.
- Health systems' initial state, including infrastructure and vested interests, impact the response to shocks.

### Shock Characteristics impacting UHC:

- The nature, magnitude, and type of shocks shape UHC reform responses.
- Various shocks, like financial crises, conflicts, health emergencies, and political upheaval historically create opportunities for UHC implementation.
- Responses to shocks vary widely, influencing UHC's trajectory and stability.
- Shocks can threaten UHC but also act as a buffer against future crises.

## CONCLUSION

- Events, context, and individual actions play crucial roles in shaping health policy.
- Political changes and crises can significantly drive UHC reforms.
- Crises often lead to significant policy shifts, including health reforms and changes in stakeholder alignments.
- These findings provide valuable insights for future movements towards UHC.