

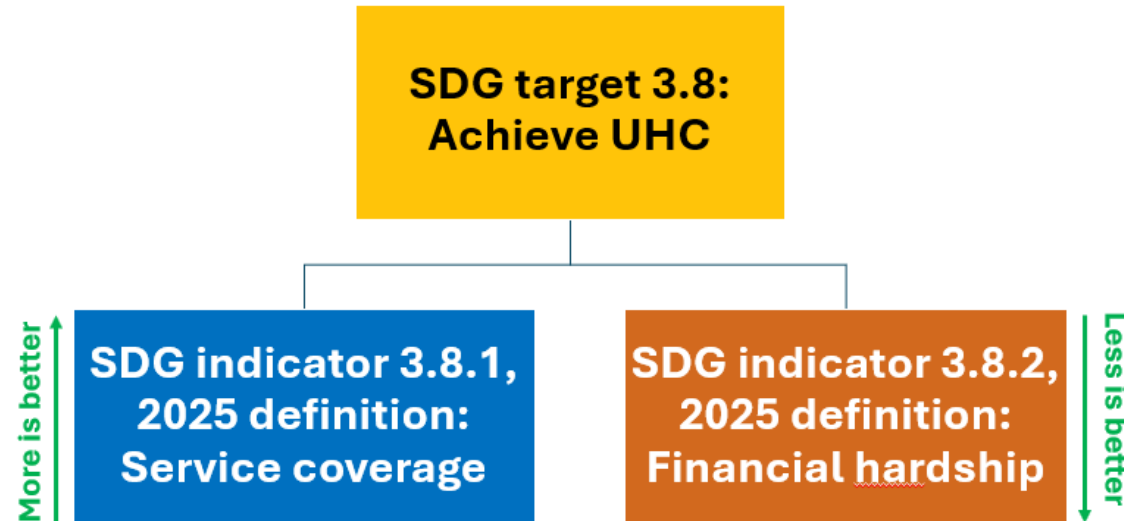
Summary of key findings from the 2025 UHC Global Monitoring Report

Tracking universal health coverage
2025 global monitoring report



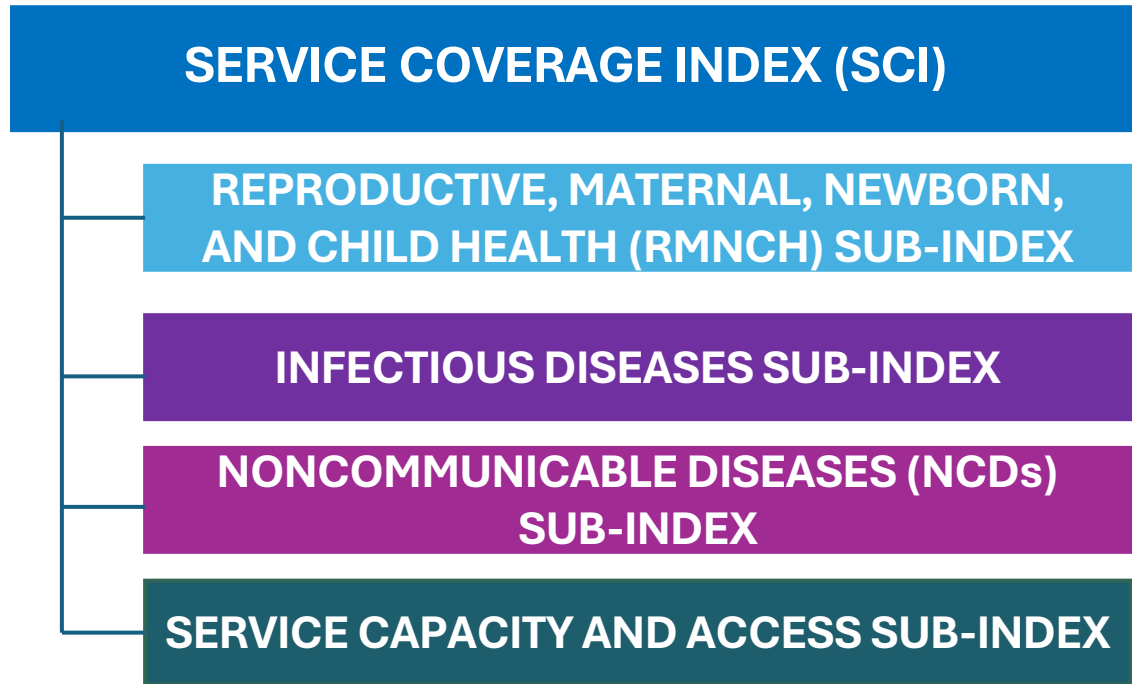
Universal health coverage

Universal health coverage (UHC) means that everyone, everywhere can receive the quality health services they need across the life course without facing financial hardship.



Service Coverage

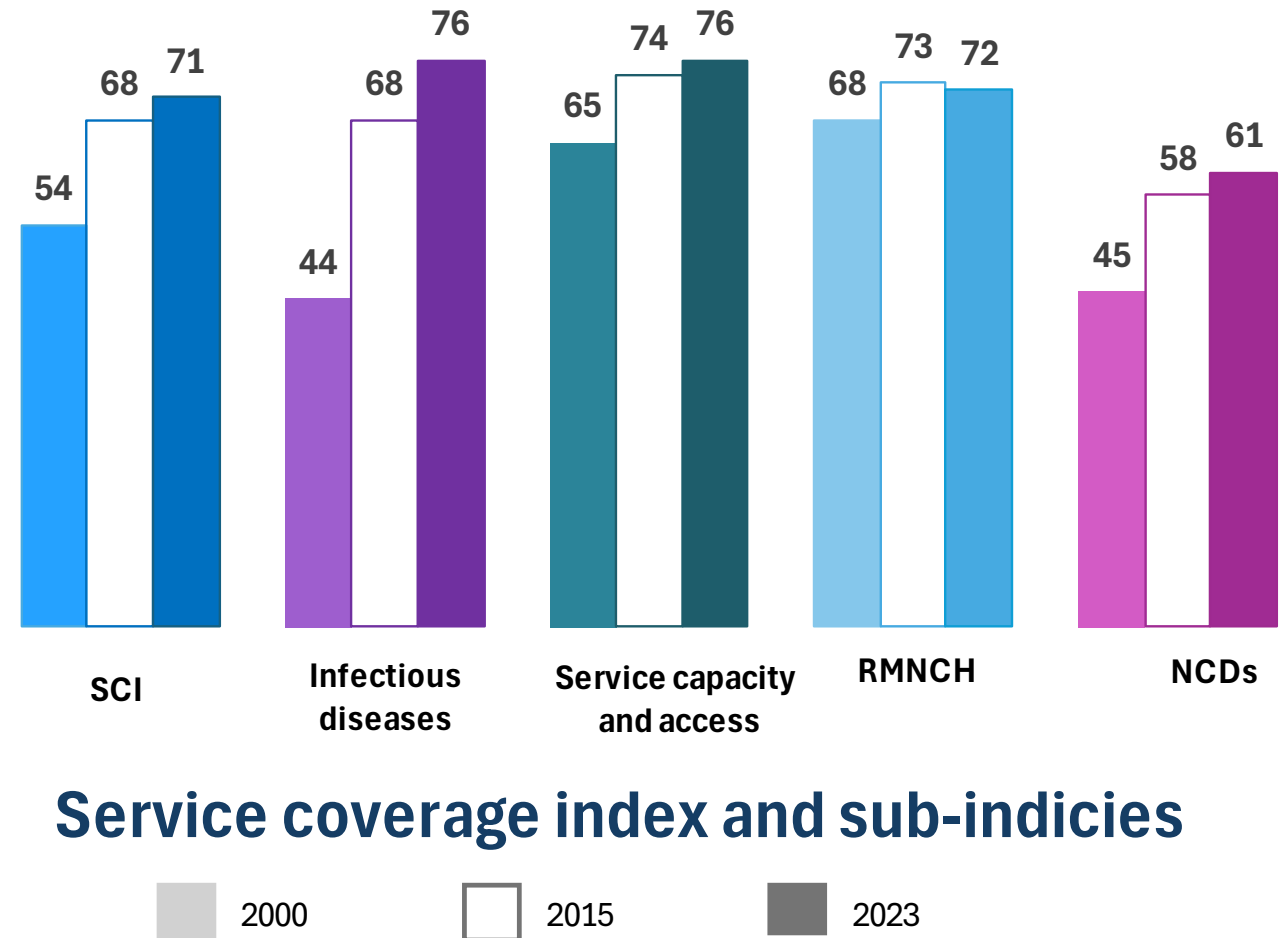
Service Coverage Index (SDG indicator 3.8.1)



- A composite index representing coverage of essential health services
- Based on 14 indicators across four health areas
- A score ranging from 0 to 100
- Revision modified to improve:
 - Alignment with other SDGs
 - Replaced proxy for coverage
 - Weighting reflective of service burden

Improvements in infectious disease control drove trends

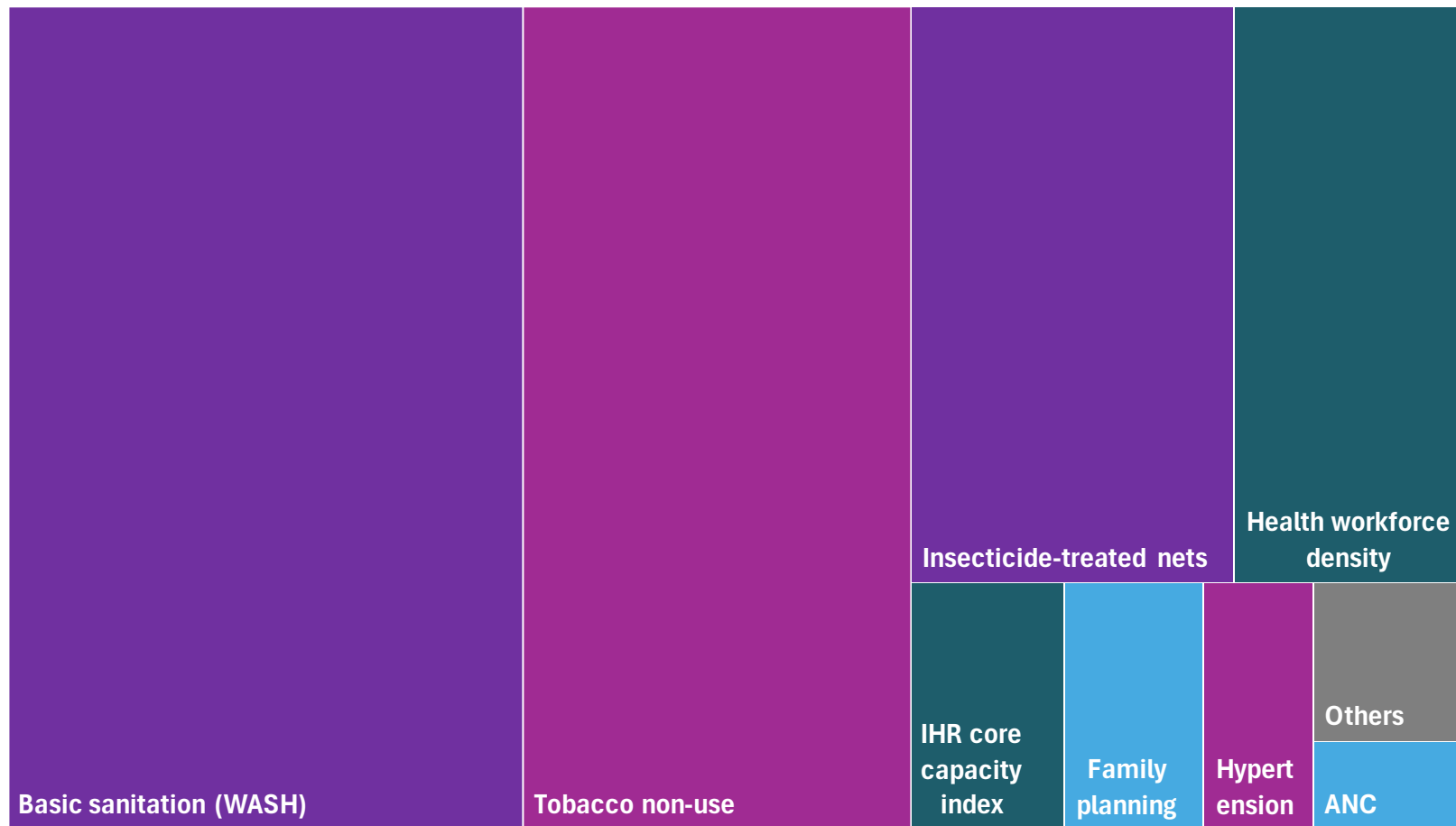
- Notable gains in SCI from 54 to 71
 - Gains in the infectious disease sub-index account for 52% of the overall SCI trend
- The NCD sub-index contributed its share (27%) but remains with the lowest score
- Limited change in RMNCH and service capacity sub-indexes, with recent stagnation or deterioration



Source: WHO global service coverage database, 2025 update

Key indicators driving progress

Cumulative indicator contribution to change in UHC SCI (2000-2023)



- 78% of the global SCI increase driven by improvements in basic sanitation, ITN coverage (in malaria-endemic areas), and reductions in tobacco use
- Each WHO region had one of the three indicators drive at least 40% of the change.

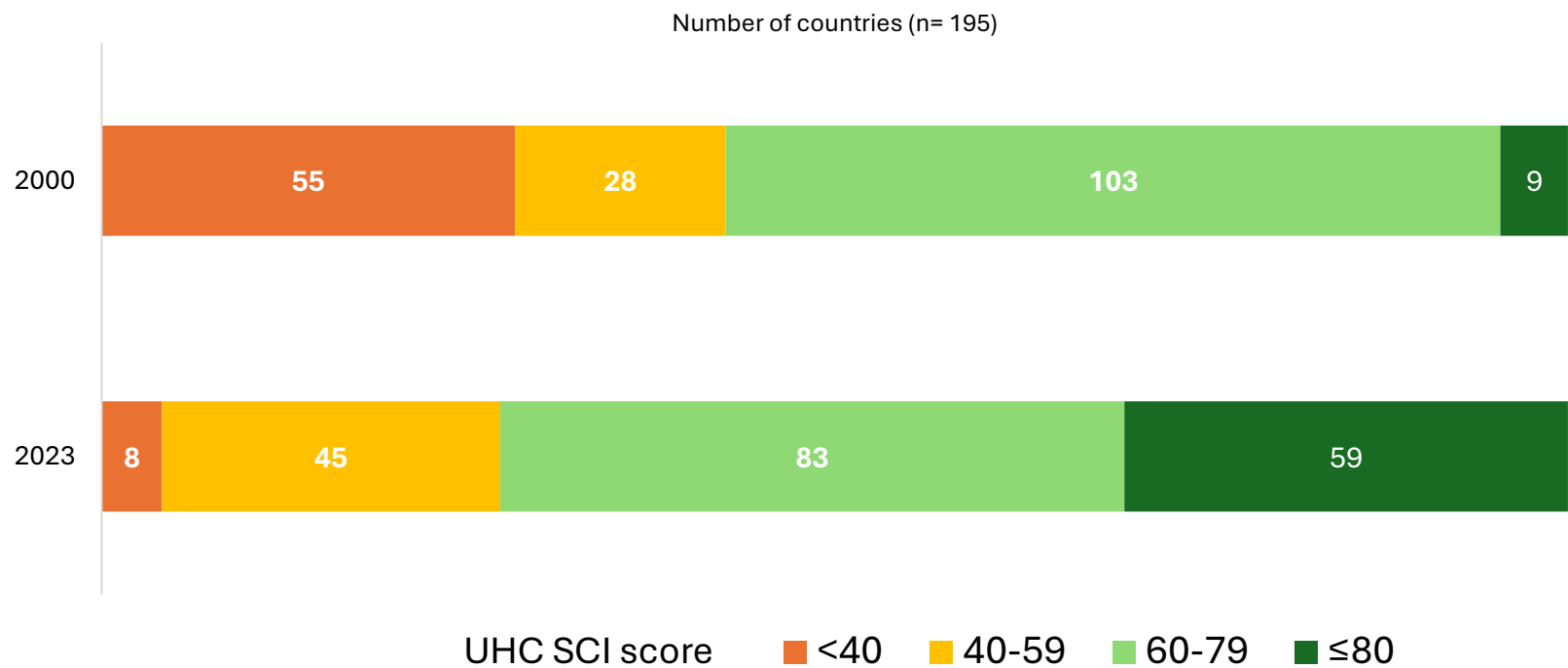
■ RMNCH ■ Infectious diseases ■ NCDs ■ Service capacity and access ■ Indicators with ≤1% contribution

ANC: Antenatal care coverage

Source: WHO global service coverage database, 2025 update

Inequalities in service coverage between countries have narrowed

- Declining inequality overall, however post-2015 slowdown
- Number of countries with SCI (<40) fell from 55 in 2000 to just 8 in 2023

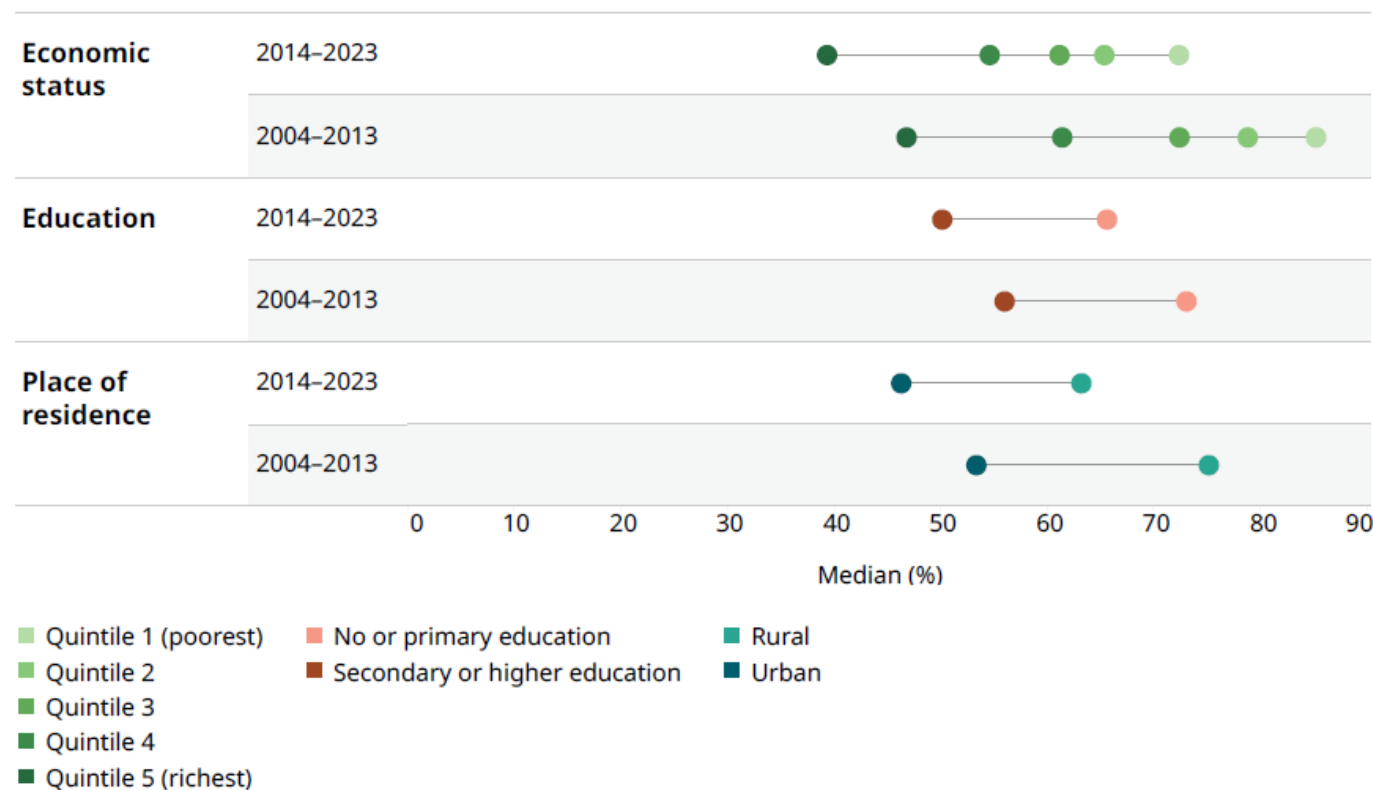


Source: WHO global service coverage database, 2025 update

Inequalities in barriers to access over time remain

- Levels remained higher in low-income countries than middle-income
- Inequalities by economic status, education and place of residence persisted –
 - Remaining stable or narrowing slightly over time
 - Richest–poorest gap decreased from 38 to 33 percentage points

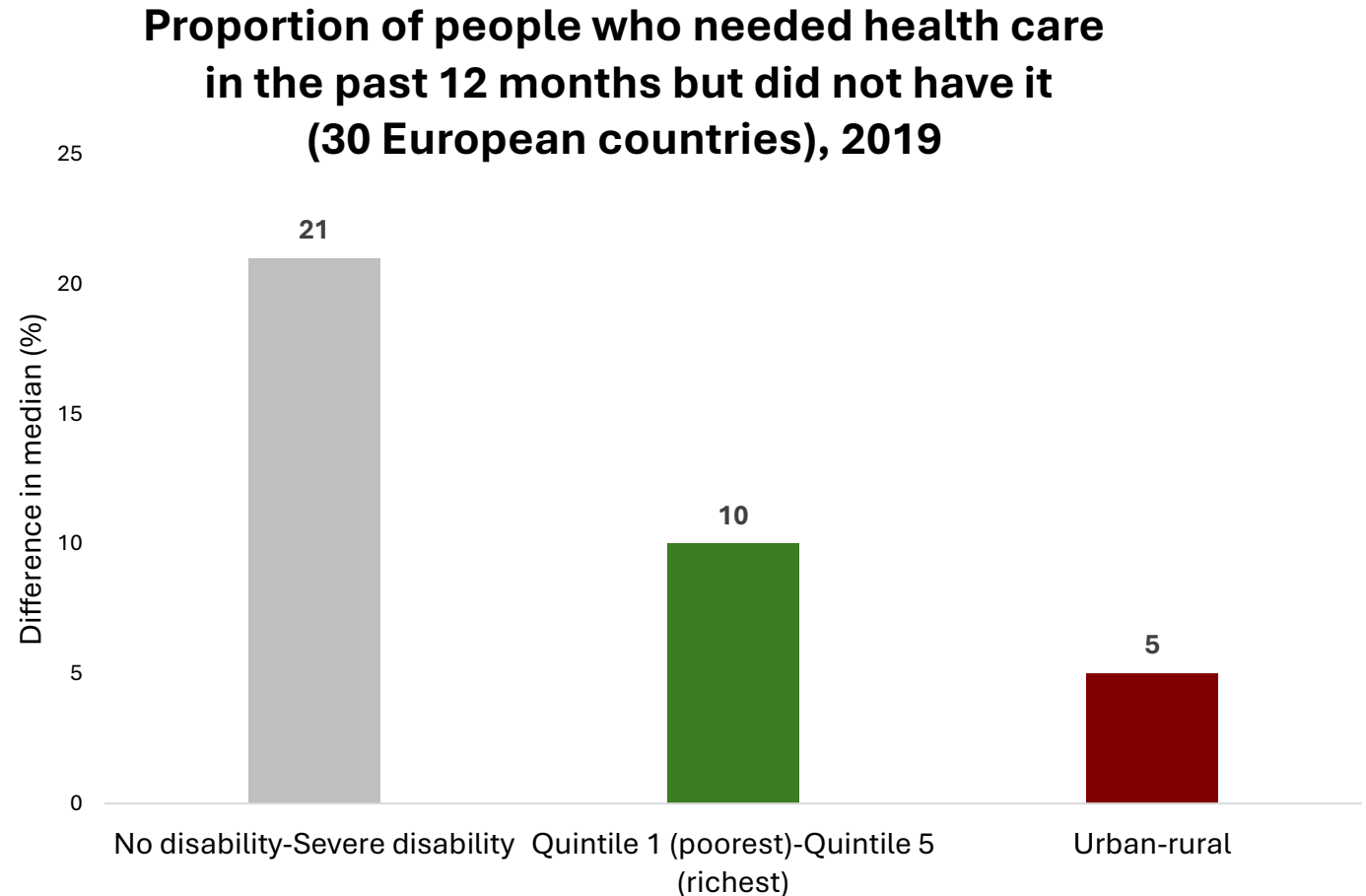
Women experiencing problems in accessing health care across 38 low- and middle-income countries



Source: Demographic and Health Surveys (DHS)

Within-country inequalities in unmet need persist

- Gaps persist in unmet need for health care due to financial barriers, long waiting lists, or distance and transportation problems
 - Especially by income, disability status, and place of residence
 - Little inequality by education level



Source: European Health Interview Survey (EHIS) /Eurostat

Financial Hardship in Health

FINANCIAL HARDSHIP IN HEALTH

Out-of-pocket (OOP) health spending reduces ability to meet basic needs or substantially reduces ability to afford other goods and services



IMPOVERISHING OOP

OOP health spending that reduces ability to meet basic needs

LARGE OOP

Non-impoverishing, but disproportionately large OOP health spending



PUSHED INTO POVERTY
by OOP health spending

**FURTHER
IMPOVERISHED**
by OOP health spending

LARGE OOP

The financial hardship indicator (SDG 3.8.2)

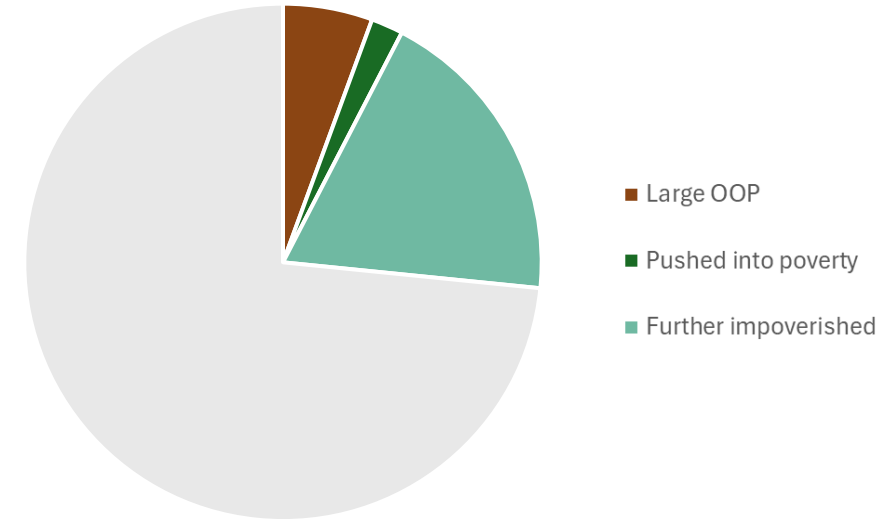
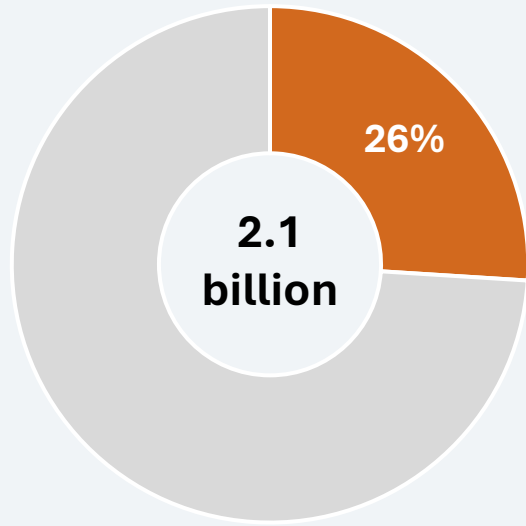
Proportion of the population with positive OOP household expenditure on health exceeding **40%** of household **discretionary budget**.

- **Discretionary budget** defined as the total household budget minus the cost of basic needs
- **Basic needs** are measured by the societal poverty line

A major advantage of the revised financial hardship indicator is in its decomposability into mutually exclusive categories of **IMPOVERISHING OOP** and **LARGE OOP** health spending

Financial hardship in health is mostly made up of OOP health spending by the poor

26% of the global population, representing **2.1 billion** people, experienced financial hardship due to OOP in 2022

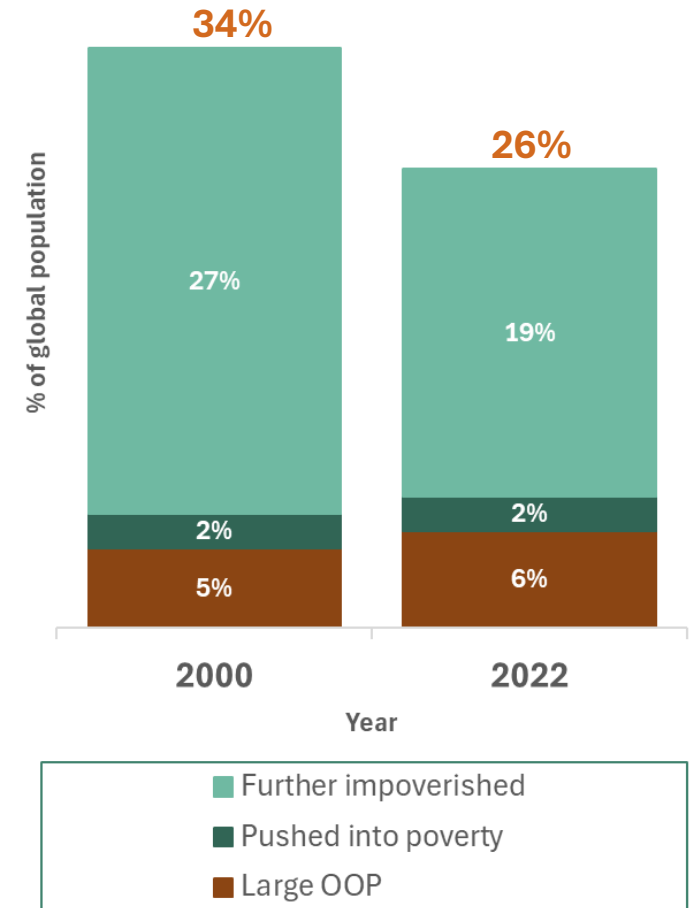


out of which **450 million** experienced large OOP and **1.6 billion** experienced impoverishing OOP, mainly in the form of being further impoverished

Source: Financial hardship databases assembled by WHO and the World Bank, 2025 update.

Decrease in impoverishing OOP drove the downward trend in financial hardship

- Between 2000 and 2022, the proportion of population facing impoverishing OOP reduced from 29% to 20%
- This trend drove an overall reduction in incidence of financial hardship from 34% in 2000 to 26% in 2022
- The reduction in incidence of financial hardship is slower than the pace of global population growth – despite the decrease in the *share* of population experiencing financial hardship, there is an increase in the *number* of those affected.

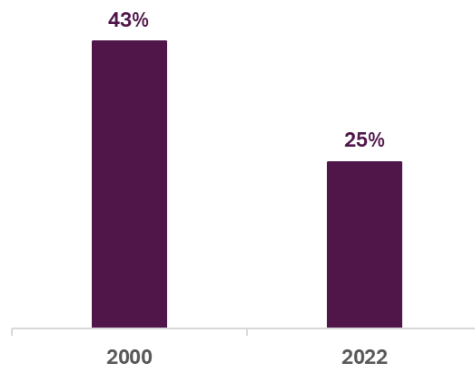


Source: Financial hardship databases assembled by WHO and the World Bank, 2025 update.

Fewer people live in poverty, but a larger *share* of the poor spend OOP on health

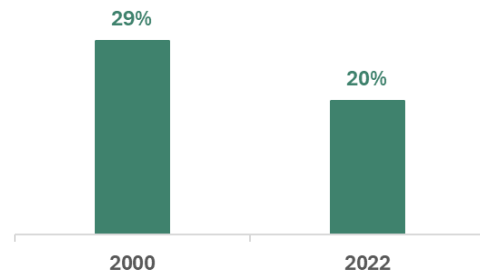
Reduction in global societal poverty rates between 2000 and 2022 reduced the share of the population at risk of facing impoverishing OOP

Societal poverty rate



Source: <https://pip.worldbank.org/>

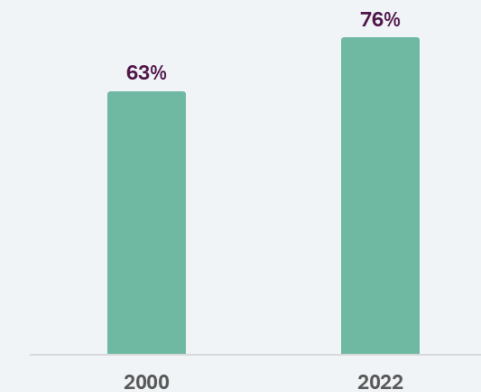
Impoverishing OOP



Source: Financial hardship databases assembled by WHO and the World Bank, 2025 update.

A higher share of the poor is further impoverished by OOP health spending

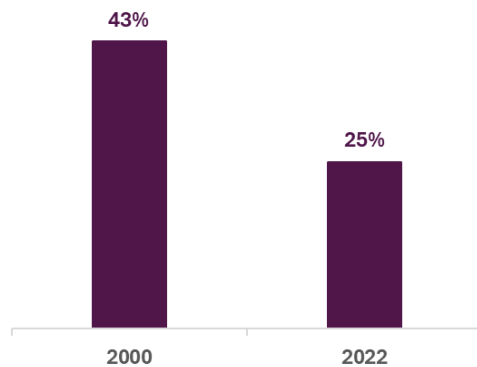
Further impoverishment among the poor



Fewer people live in poverty, but a larger *share* of the poor spend OOP on health

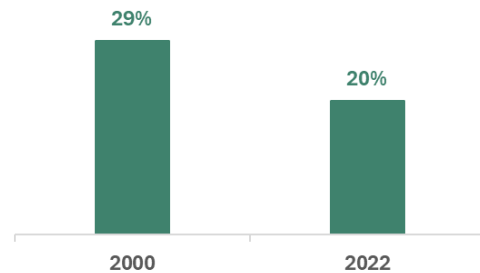
- The financial hardship trend is driven by poverty reduction rather than by improved financial protection
- OOP health spending plays a bigger relative role in deepening poverty

Societal poverty rate



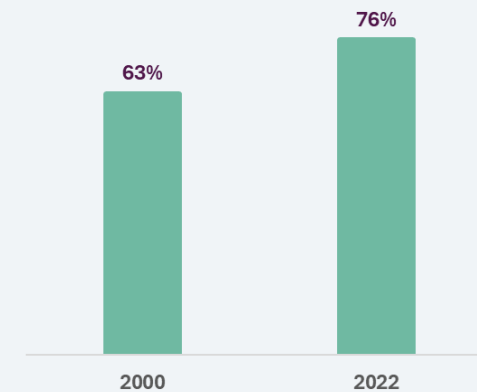
Source: <https://pip.worldbank.org/>

Impoverishing OOP



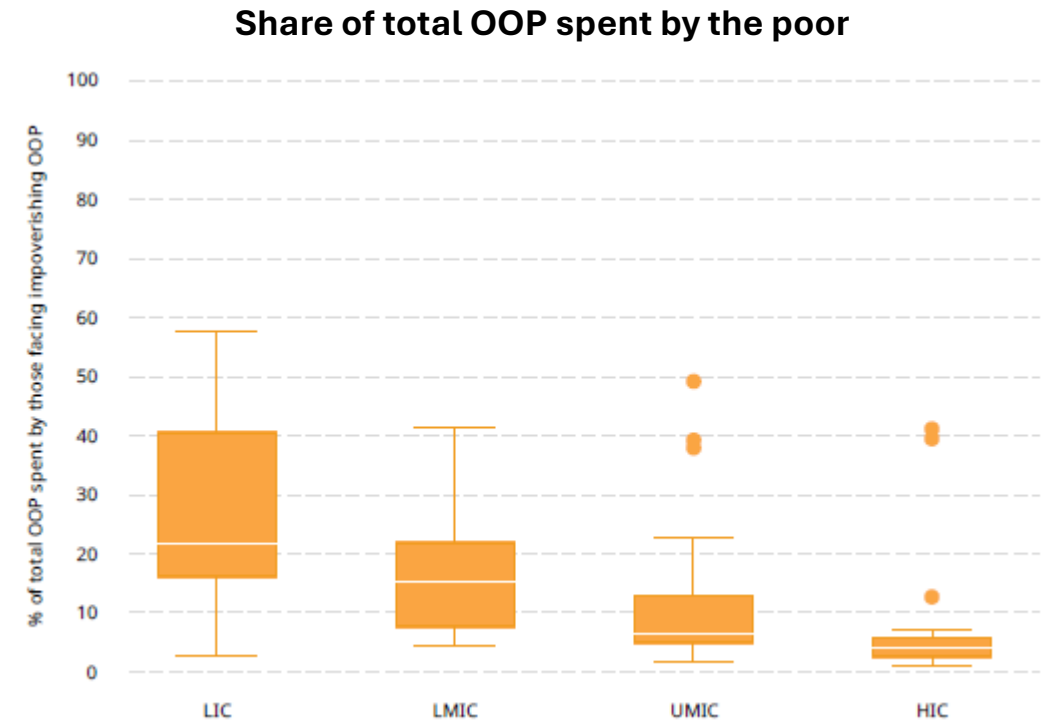
Source: Financial hardship databases assembled by WHO and the World Bank, 2025 update.

Further impoverishment among the poor



Financial hardship affects also the non-poor

- Out of total OOP, the median share spent by the poor ranges from 4% in high-income countries (HIC) to 22% in low-income countries (LIC)
- While the spending is non-negligible for the poor, it might be attainable to cover with public funding

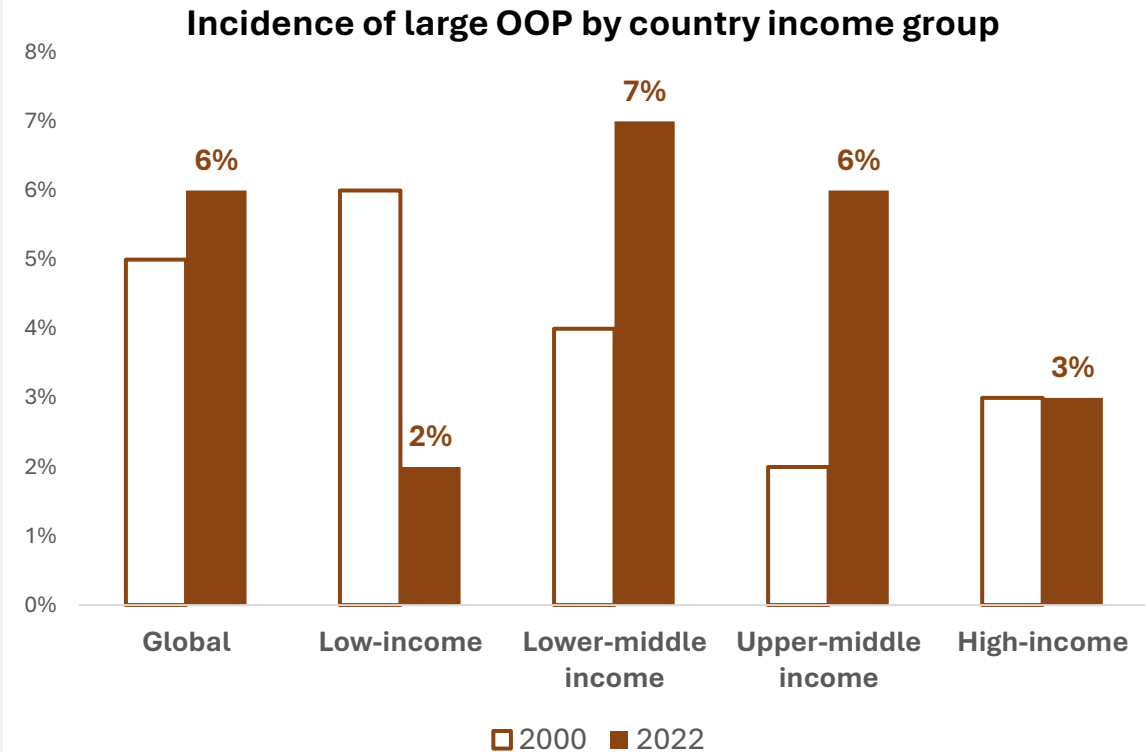


Note: Data from 137 countries, latest survey available

Source: Background data prepared for the 2025 update of the financial hardship databases assembled by WHO and the World Bank, 2025 update.

Financial hardship doesn't affect only the poor

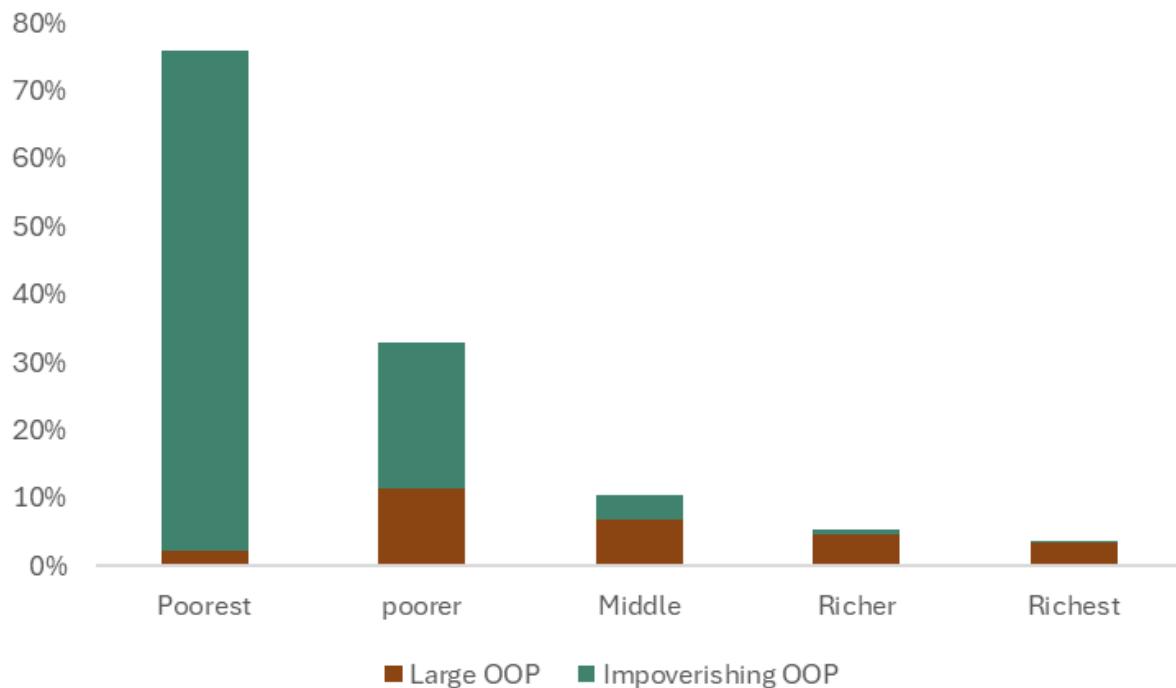
- Global proportion of population facing large OOP increased from 5% to 6% between 2000 and 2022
- While not reducing ability to afford basic needs, large OOP substantially reduces affordability of other goods and services
- This trend is concentrated in middle-income countries
 - Higher service coverage relative to LICs
 - Weaker financial protection than in HICs



Source: Financial hardship databases assembled by WHO and the World Bank, 2025 update.

Financial hardship doesn't affect only the poor

Financial hardship by consumption/income quintiles, 2022



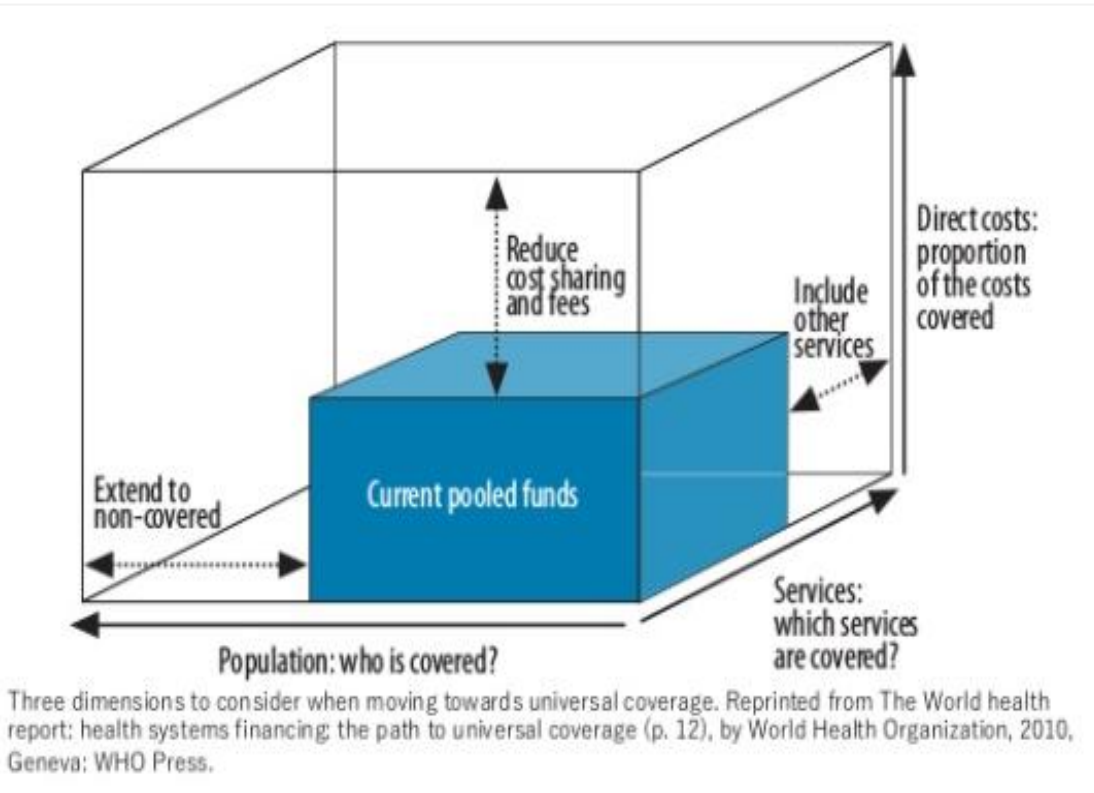
- Among the poorest consumption/income quintile in each country, 3 out of 4 face financial hardship
- About 1 in 25 face financial hardship in the richest quintile

Source: Financial hardship databases assembled by WHO and the World Bank, 2025 update.

Joint Progress

Joint progress is critical but challenging

“UHC cube”



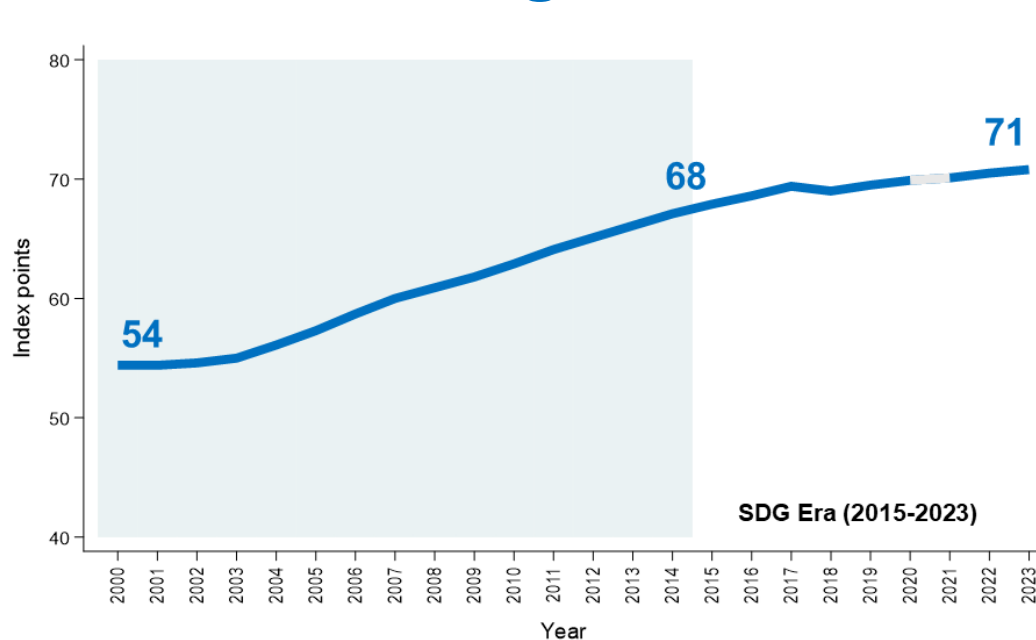
Source: WHO World Health Report (2010)

It is important to simultaneously expand service coverage and reduce financial hardship

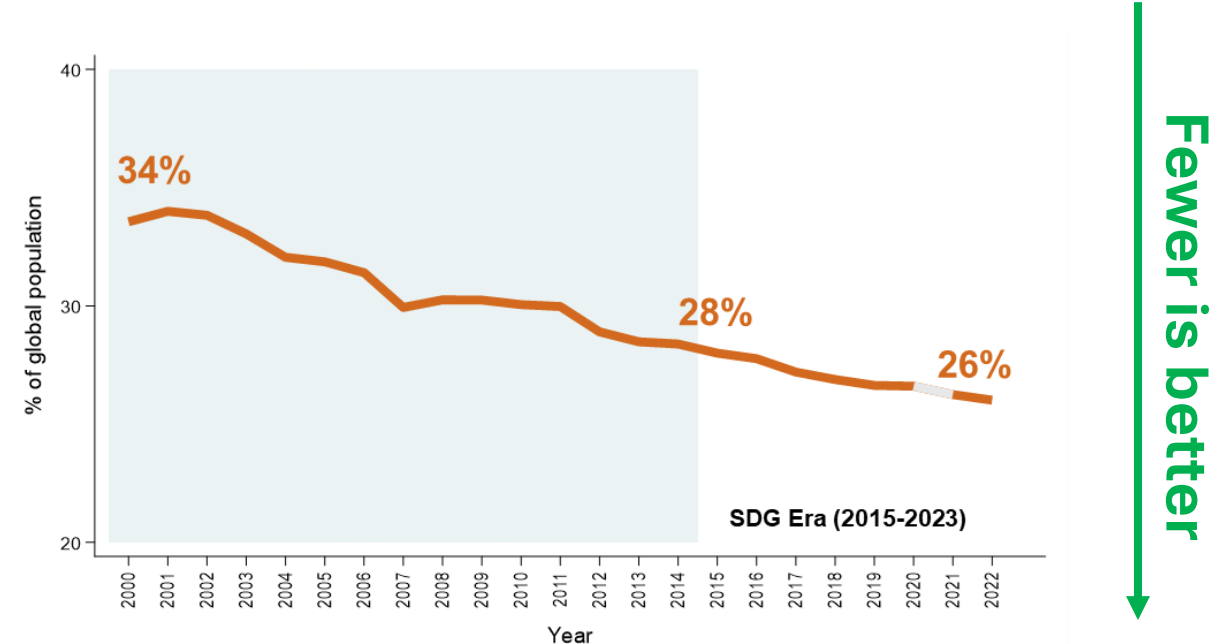
- Policymakers need to consider tradeoffs between spending resources to advance on the different dimensions of UHC:
 - Cover more people
 - Cover more services
 - Increase the proportion of cost covered

The world is advancing towards UHC but not fast enough

Global trend in service coverage index



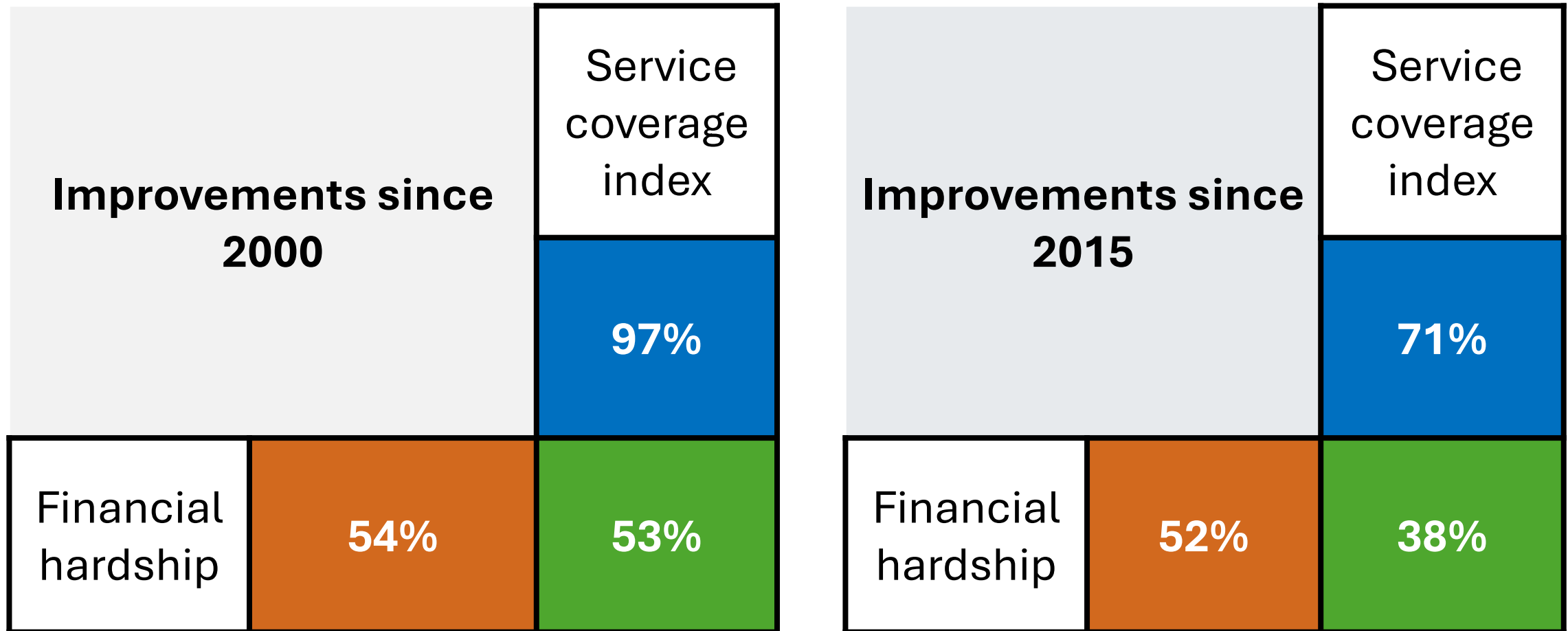
Global trend in financial hardship



Since 2015, service coverage improvements have slowed by 67%, and financial hardship reductions have slowed by 23%.

Source: WHO global service coverage database, 2025 update; Financial hardship databases assembled by WHO and the World Bank, 2025 update.

Progress at country level is also slowing

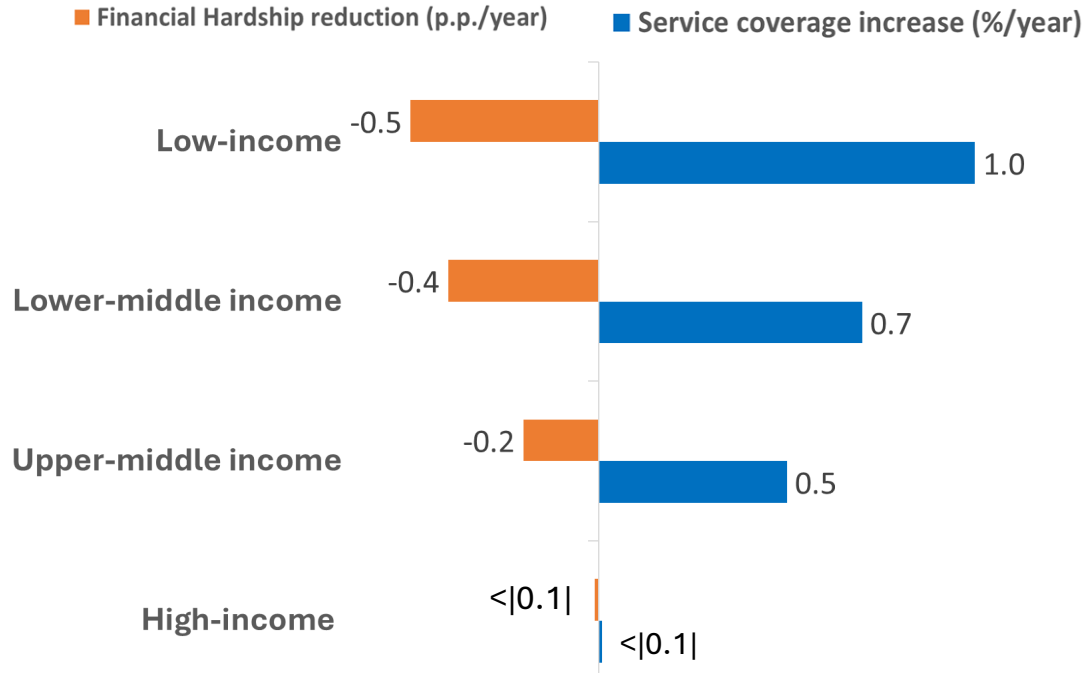


Note: % of countries improving on each dimension and jointly. N=138 countries with 2 data points since 2000 and 93 countries since 2015

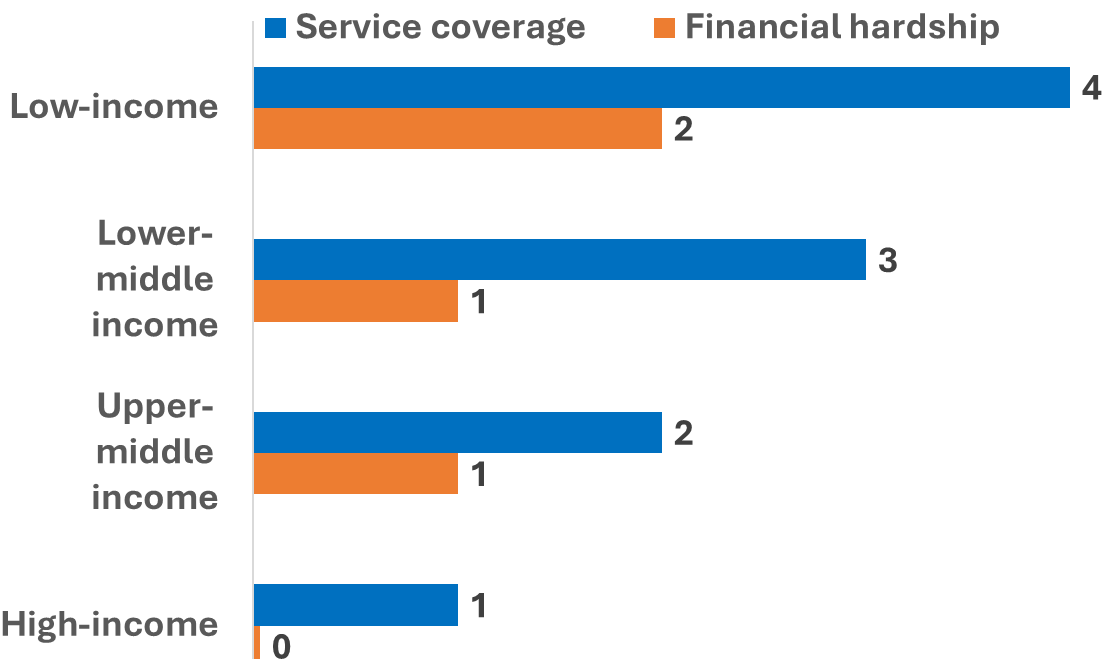
Source: WHO global service coverage database, 2025 update; Financial hardship databases assembled by WHO and the World Bank, 2025 update.

Biggest gains in low-income countries since 2015...

Annualized Gains



Number of components improving

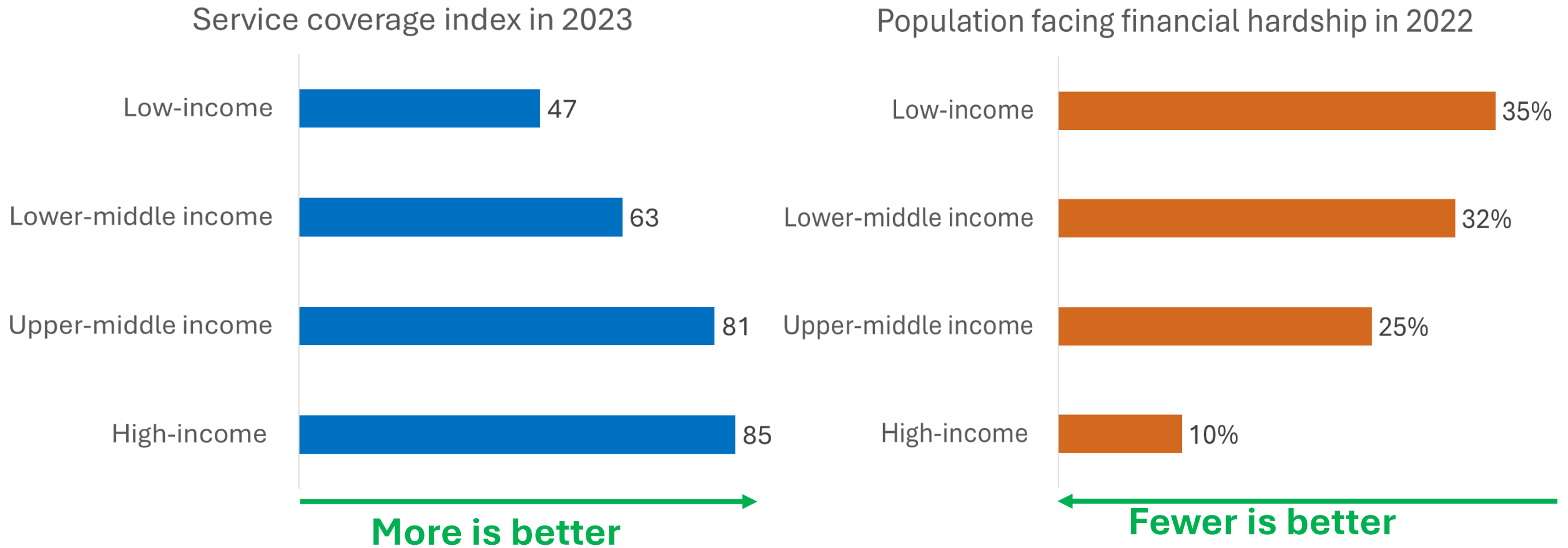


Income group with the fastest improvements since 2015 by domain

Low-income			Lower-middle income		Upper-middle income	High-income
Infectious diseases +2.9%	RMNCH +0.1%	large OOP -0.1p.p	NCDs +1.3%	Impoverishing -0.6p.p.	Service capacity and access +0.4%	none

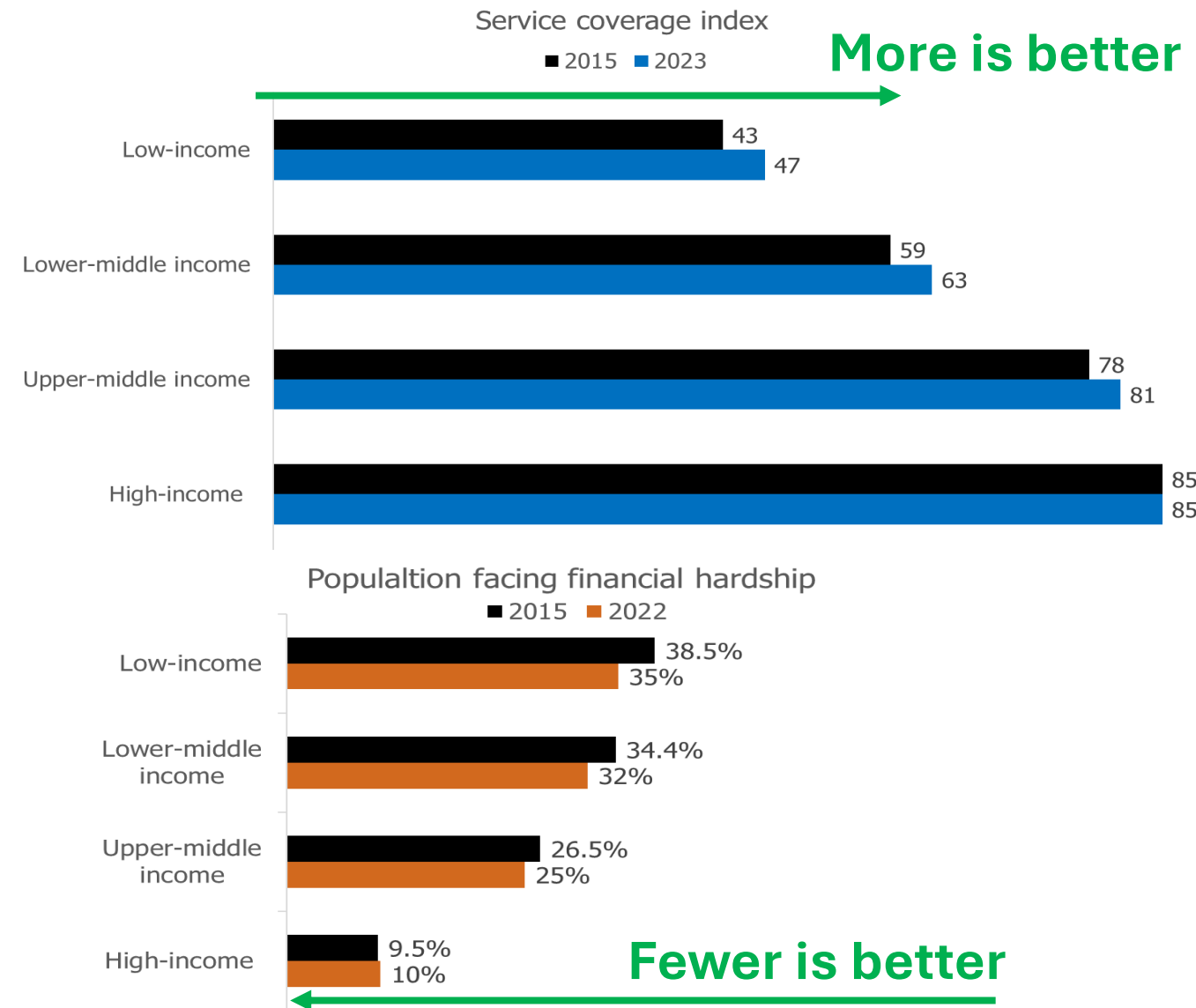
Source: WHO global service coverage database, 2025 update; Financial hardship databases assembled by WHO and the World Bank, 2025 update.
Source: financial hardship databases assembled by WHO and the World Bank, 2025 update.

but low-income countries still face the biggest gaps

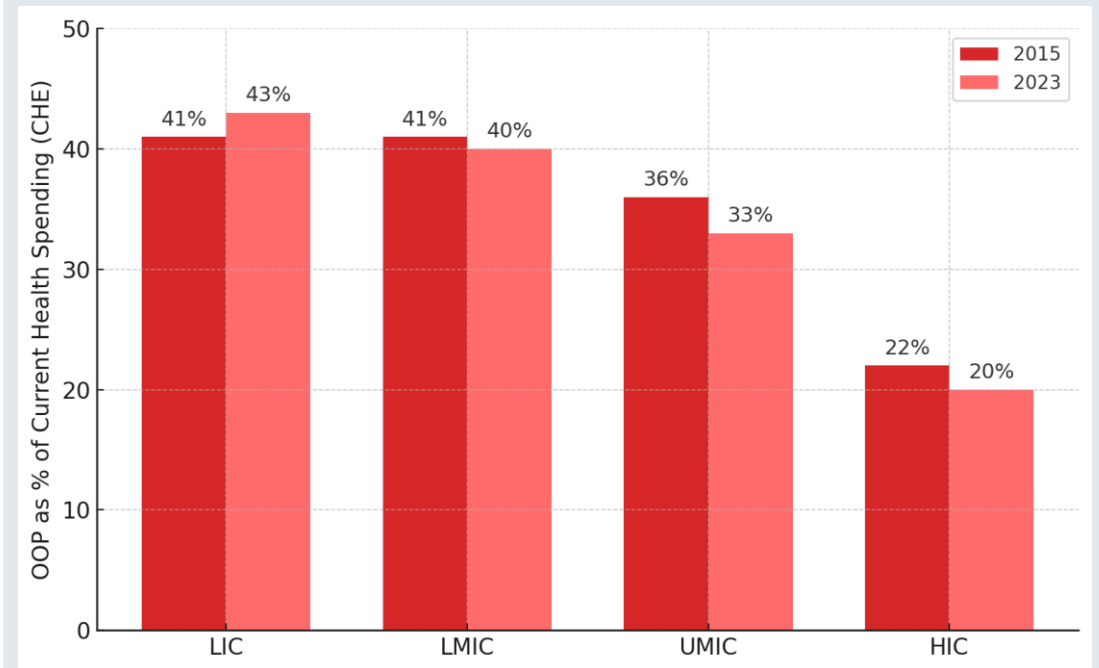


Source: WHO global service coverage database, 2025 update; Financial hardship databases assembled by WHO and the World Bank, 2025 update.

due to worst baselines and highest reliance on OOP



Out-of-pocket health spending as share of current health spending



Data source: WHO Global Health Expenditure Database, 2025

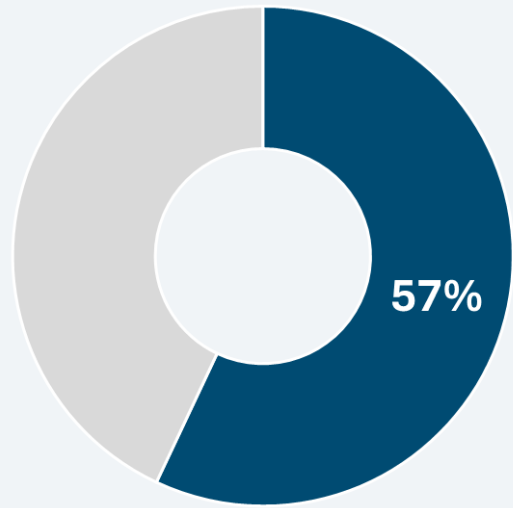
but only half of the regions also reduced financial hardship

WHO region	Service coverage index			Financial hardship		
	Annualized rate of change (%)	Number of components improving	Level, 2023	Annual percentage point change	Number of components improving	Level, 2022
African Region	+1.1	4 / 4	<div><div></div></div> 51	-0.4	1 / 2	<div><div></div></div> 35.0%
Region of the Americas	+0.1	2 / 4	<div><div></div></div> 83	< 0.1	0 / 2	<div><div></div></div> 15.6%
South-East Asia Region	+1.4	3 / 4	<div><div></div></div> 68	-0.5	1 / 2	<div><div></div></div> 30.9%
Eastern Mediterranean Region	+0.4	3 / 4	<div><div></div></div> 63	< 0.1	1 / 2	<div><div></div></div> 28.1%
European Region	+0.3	3 / 4	<div><div></div></div> 82	< 0.1	0 / 2	<div><div></div></div> 13.0%
Western Pacific Region	+0.7	4 / 4	<div><div></div></div> 81	-0.5	1 / 2	<div><div></div></div> 27.0%

Source: WHO global service coverage database, 2025 update; Financial hardship databases assembled by WHO and the World Bank, 2025 update.

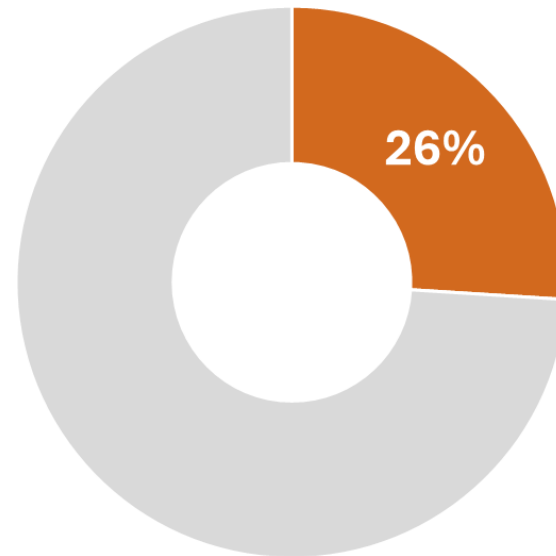
Billions are and will be left behind without acceleration

Lack of access to essential health services in 2023



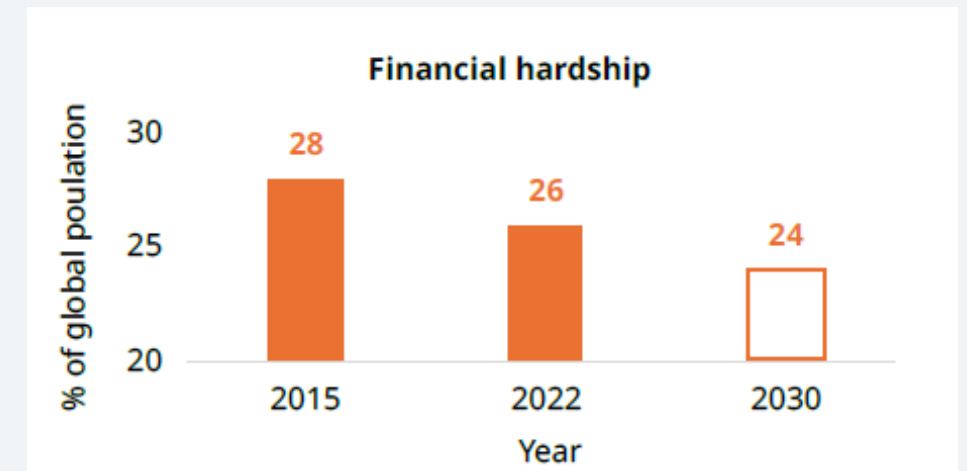
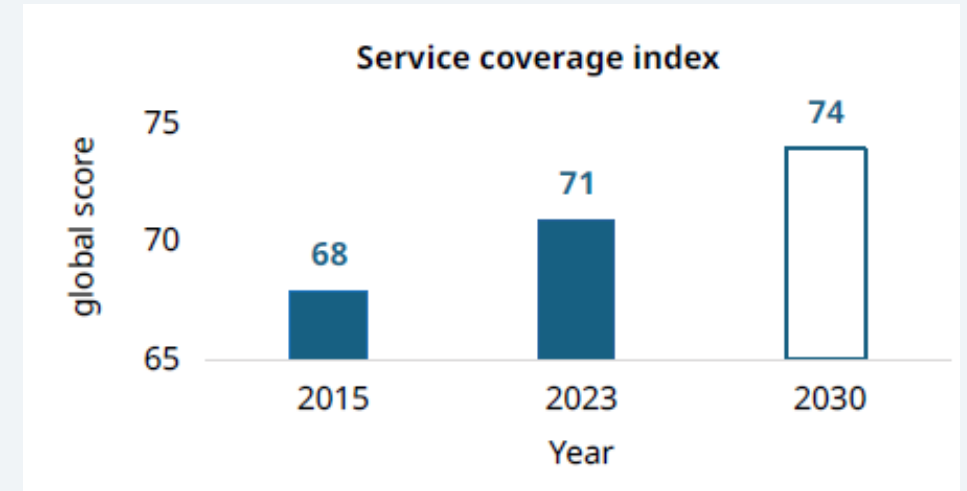
4.6 billion people

Financial hardship in health in 2022



2.1 billion people

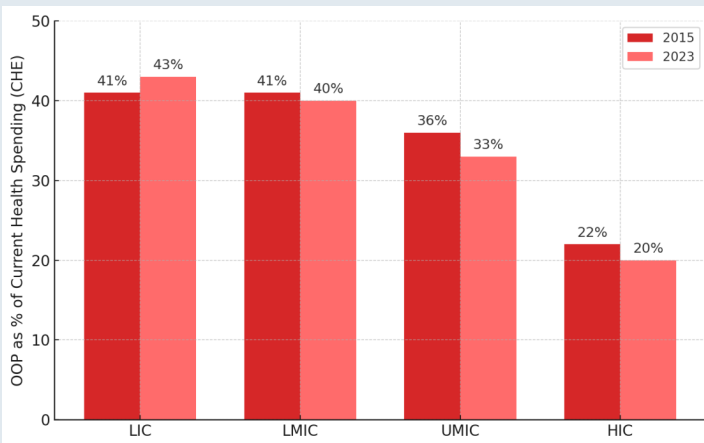
At current speed



Source: WHO global service coverage database, 2025 update; Financial hardship databases assembled by WHO and the World Bank, 2025 update.

Countries need to reduce reliance on OOP health spending

Out-of-pocket health spending as share of current health spending

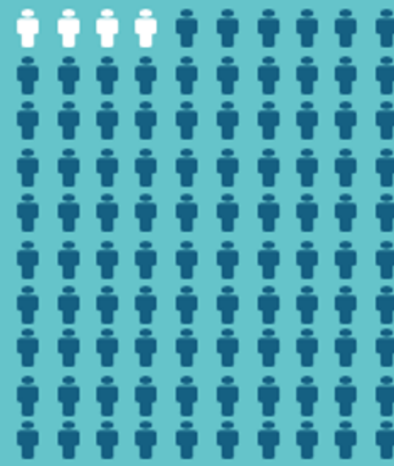


Data source: WHO Global Health Expenditure Database, 2025

3 IN 4
POOREST

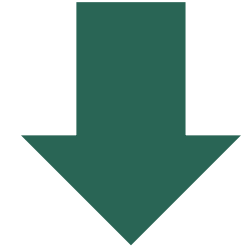


1 IN 25
WEALTHIEST



**Face financial hardship
due to healthcare
costs in 2022**

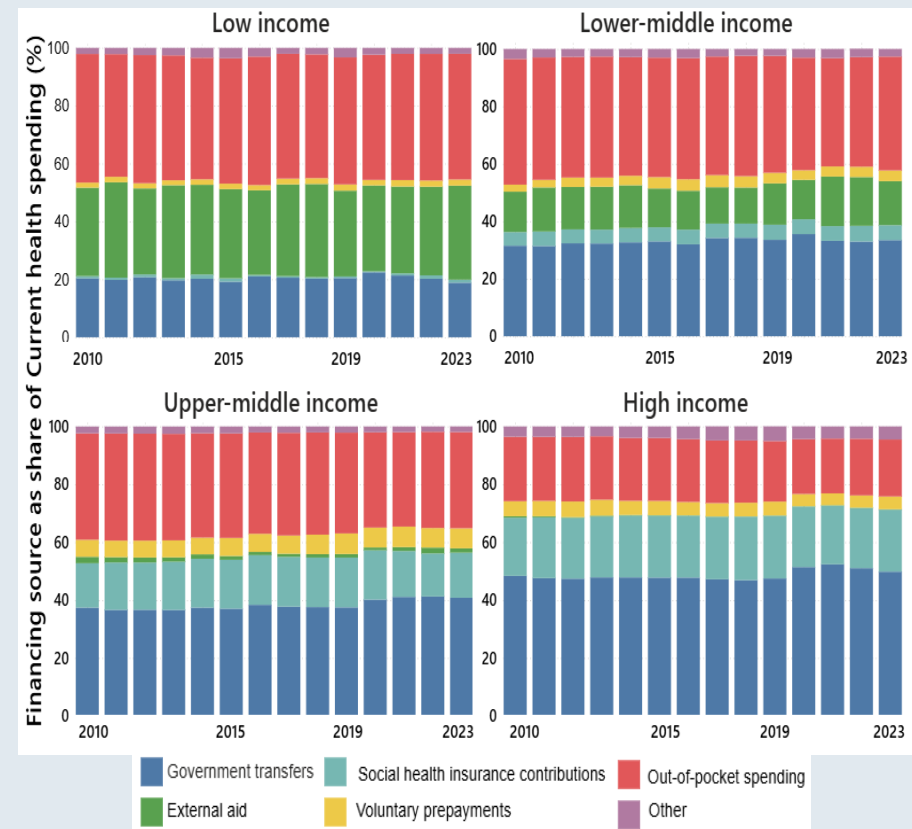
**The share of OOP paid by the poor is below
15% in 60% of countries analyzed.**



**Use public funds to
provide the poor with
essential care free at
the point of care**

Source: Financial hardship databases assembled by WHO and the World Bank, 2025 update.

Financing source as a share of current health spending (%)



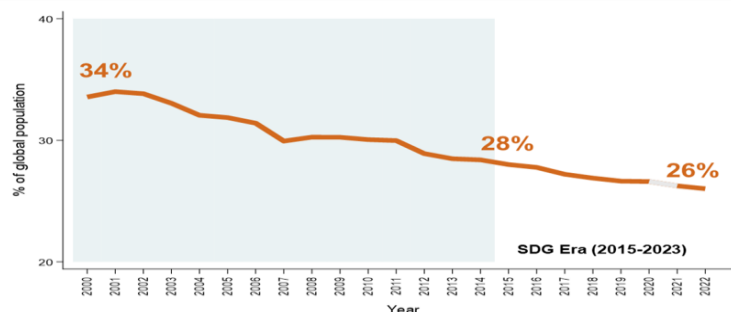
Data source: WHO Global Health Expenditure Database, 2025

Countries need to strengthen publicly funded compulsory prepaid coverage

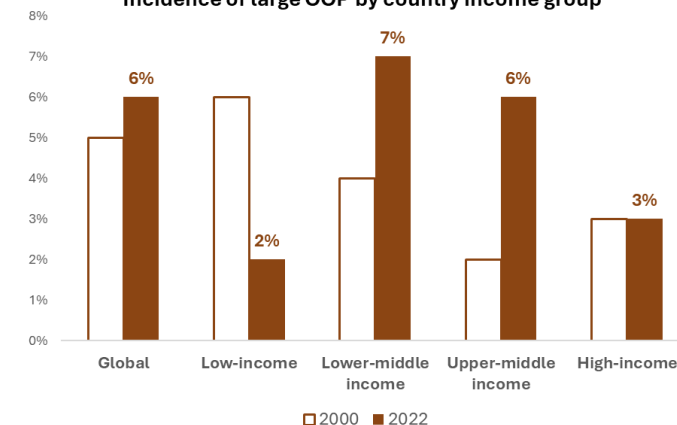
Accelerate the reduction in financial hardship among the *whole population*

Reverse the trend of increasing incidence of large OOP.

Global trend in financial hardship



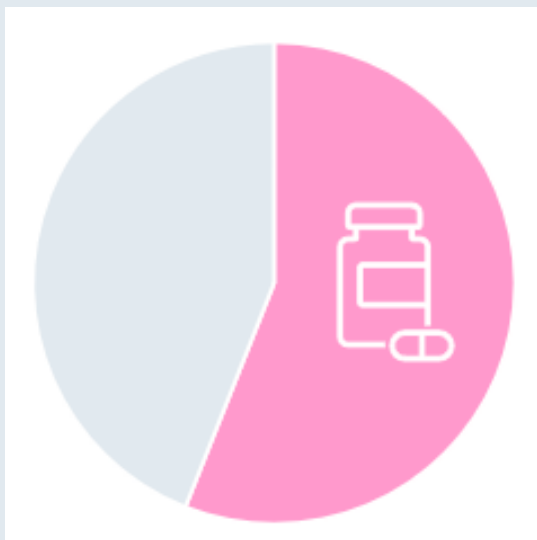
Incidence of large OOP by country income group



Source: Financial hardship databases assembled by WHO and the World Bank, 2025 update.

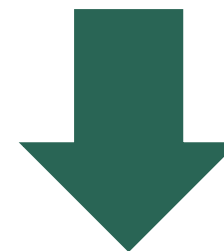
**Median rate of the share of
OOP spent on medicines
among 83 countries with
available data**

56%



**Median increases to 60% among
the poorest 20%**

Countries need to address high OOP health spending on medicines



Multiple drivers

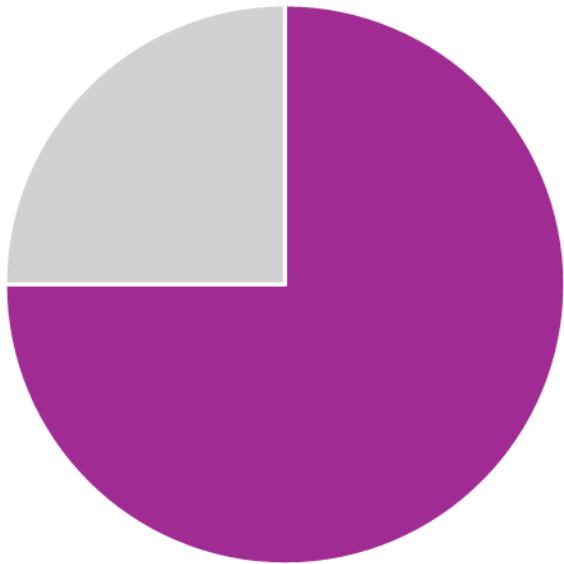
- Coverage gaps
- Under-use of cheaper generic biosimilar drugs
- Procurement arrangements
- Availability / accessibility of private pharmacies versus health facilities
- ...

**To be tackled to substantially reduce financial
hardship**

Countries need to address gaps in service coverage

75%

non-pandemic deaths
attributed to NCDs



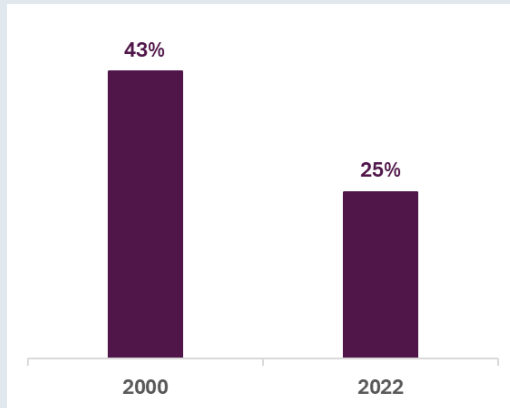
Source: WHO global health estimates 2021

- **Accelerate the expansion of essential NCD services**
 - Although the NCD sub-index made gains, it is more than 10 points below the other sub-indices
 - Rising burden of NCDs place additional strain on health systems and financial strain for OOP for chronic care
- **Strengthening PHC to reduce barriers that hinder access to or disrupt the continuity of health services**

Countries need to adopt comprehensive approaches

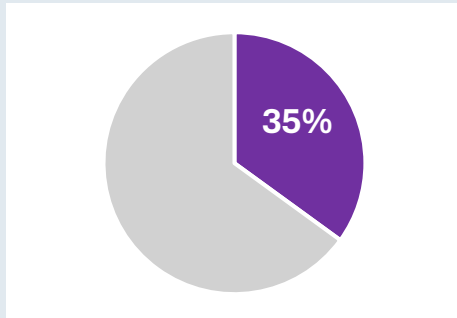
Global poverty reduction

Societal poverty rate



Data source: <https://pip.worldbank.org/>

Global SCI increase driven by improvements in basic sanitation



Source: WHO global service coverage database, 2025 update

To address the broader health system drivers of high OOP spending

People spend OOP on health even when nominally covered
Issues such as quality of care and access can lead to use of non-covered care

And the multi-sectoral factors that influence progress towards UHC

Key determinants of health and drivers of UHC lie beyond the health sector

Tracking universal health coverage

2025 global monitoring report

Scan to read



Download the data:

<https://www.who.int/data/gho/data/major-themes/universal-health-coverage-major>

<https://www.worldbank.org/en/topic/universalhealthcoverage/publication/2025-global-monitoring-report-gmr>