Save the Children

PRIMARY HEALTH CARE FIRST

Strengthening the foundation for universal health coverage

EXECUTIVE SUMMARY

Primary health care first

Universal health coverage (UHC) promises a world in which all people have access to the health services, vaccinations and medicines they need, without risk of financial hardship. A world where the right to health is realised for the 400 million people who currently lack access to basic, primary health care.

The global community has committed to work together to deliver UHC by 2030 under the Sustainable Development Goals (SDGs). The challenge now is to translate aspirations to UHC into achievements.

The SDGs have given fresh momentum to the UHC movement. Recent progress, and modelling published by Save the Children in 2015 show that with the right reforms, even low- and middle-income countries can afford UHC.[2] While the SDGs establish clear targets, they do not provide guidance for countries plotting their journey toward UHC. There is no one-size-fits-all approach: countries need to choose the pathway that best meets the needs of their people – a pathway that they can finance and follow to deliver good-quality, affordable health care to all. Nevertheless, there are common strategies that can help all countries expand and improve access to health services.[3]

WHY PRIMARY HEALTH CARE?

Primary health care is the first point of contact between a community and its country's health system. The World Bank estimates that 90% of all health needs can be met at the primary health care level.[4] Investment in primary health care is a cost-effective investment for UHC – it helps reduce the need for more costly, complex care by preventing illness and promoting general health.[5] Investing to build quality, accessible and equitable primary health care services is the most practical, efficient and effective first step for countries working to deliver UHC.

PRIMARY HEALTH CARE EXPENDITURE

Understanding how much is being spent on PHC is not straightforward – variations in national budget design, service packages and delivery mean that country level research is essential.

National Health Accounts bear little practical resemblance to budget allocations, and primary health care allocations may not be easy to locate in budgets. In practice, budget expenditure is much lower than allocations. Lack of transparency remains a real challenge for citizens, civil society and practitioners seeking to improve the health system and hold governments to account.

Despite limited and patchy data, research to date has identified some key trends.

Primary health care is underfunded and has not been prioritised by donors or governments. Current health funding typically focuses on vertical health issues and higher-level secondary and tertiary health care. This leaves limited funds for strengthening primary health care. Recent WHO modelling on the cost of achieving the SDG health targets found that the majority (57%) of funds should go to primary health care.[6] However, data from 31 countries shows that just one-third (33%) of government health expenditure goes to primary health care.[7]

Patients are picking up the bill. Preliminary findings based on analysis by the PHCPI found that the median contribution of governments to PHC expenditure was 17%. Donors contributed the same amount and households a massive 59%.[8] WHO has found that catastrophic health expenditure and impoverishment is higher where out-of-pocket spending exceeds 15% of total health expenditure.[9]

How funds are spent matters as much as how much is spent. WHO has identified significant differences in health outcomes between countries spending similar amounts and evidence of impressive gains with health spending as low as $40 per capita.[10]

Health spending targets have been framed in a range of ways. 2017 modelling by WHO set a price tag on achieving the SDG health targets at $271 per person in low- and middle-income countries, each year.[11] Based on WHO calculations, Chatham House now recommends that countries spend 5% of GDP or at least $86 per person on essential health services each year, most of which are provided at the primary health care level.[12] Per person spending targets are regularly revised but based on averages that do not take into account differences in the cost of goods and services between and within countries. While there is no substitute for accurate national costings, calls for around 5% of GDP to be spent on health have been relatively consistent since the 1980s.

KEY FINDINGS AND RECOMMENDATIONS

1. **No country will achieve UHC without first delivering primary health care for all. Investing in strong primary health care systems that deliver high-quality, accessible services free at the point of use should be the first priority for the global community as we work toward UHC by 2030.**
2. **The global UHC movement must match momentum with leadership.** World health leaders should work to develop a roadmap to help guide national governments, civil society, donors and the private sector as we work together to achieve UHC.
3. **There is no one path to UHC.** Countries should clearly define and cost their own essential health service packages and detailed pathways to UHC.
4. **UHC is an ambitious but affordable dream.** Governments should mobilise domestic resources to increase investment in primary health care.
5. **There is no substitute for public investment.** Governments should create fiscal space to increase health budgets and to raise their investment for primary health care systems to 5% of GDP.
6. **How money is spent may be as important as how much is spent.** All countries can make progress towards UHC by improving the way they spend money. Countries should work to increase efficiencies in the way they spend health funds.
7. **The international community still has a role to play. External support should seek to strengthen primary health services.** The 5% of GDP/$86 per person target for primary health care expenditure provides valuable guidance to donors on where to prioritise spending and apply pressure to countries that can spend or raise more domestic revenue.
8. **Country context matters.** Governments and donors should invest in national and sub-national research and budget analysis.
9. **We cannot measure what we don't know.** Governments must improve budget transparency.
10. **Primary health care is about serving communities.** Governments and donors should support community and civil society to participate in planning and to advocate for increased investment in primary health care.

HOW MUCH SHOULD WE SPEND ON HEALTH?

Recommended spending benchmarks	VS	Median current spending[17]
Chatham House global benchmark for spending on *primary* health care in low- and lower-middle-income countries.[13] **$86** per person, per year		**Current total health expenditure** **$56.80** per person, per year
WHO recommended total health expenditure to achieve the SDG health targets in low- and middle-income countries.[14] **$271** per person, per year		
Chatham House global benchmark recommends that 5% of GDP should be spent on primary health care where that amounts to at least $86 per person. Where necessary donors should contribute to help countries reach that rate.[15] **5% of GDP**		**Government health expenditure** **1.5% of GDP** **Donor health expenditure** **0.7% of GDP**
Recommended maximum percentage of *total* health expenditure from out-of-pocket payments.[16] **15–20%**		**Primary health care expenditure from out-of-pocket payments.** **59%**

ENDNOTES

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[11] Stenberg K, Hanssen O, Tan-Torres Edejer T et al, 2017 – see endnote 6

[12] Mcintyre DM, 'Shared Responsibilities for Health: A Coherent Global Framework for Health Financing', Final Report of the Centre on Global Health Security Working Group on Health Financing. 2014

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[15] Centre on Global Health Security Working Group on Health Financing, 2014 – see endnote 13

[16] Centre on Global Health Security Working Group on Health Financing, 2014 – see endnote 13

[17] Wang, H and Maele, N, 2017 – see endnote 7

Cover photo: Veronica and her son Stephen wait to be seen by the doctor at a health centre in Kenya's Bungoma County. (Photo: Ilan Godfrey/ Save the Children)

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