

Sustainable Health: Progress Towards Universal Health Coverage as a Sustainable Development Goal (SDG 3.8) across the Globe

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Abstract

Universal health coverage (UHC) is one of the fundamental health goals within the scope of the Sustainable Development Goals (SDG) adopted in 2015, and is among the commitments, related to SDG 3.8 targets on *good health and well-being*, that countries have made with the 2030 Sustainable Development Agenda.

UHC approach aims to ensure that people, no matter who they are and where they live, can receive quality health services when and where they are needed without experiencing financial hardship. UHC is of critical importance in fulfilling this fundamental promise of the 2030 Agenda for Sustainable Development. UHC reflects the essence of the discourse of 'leaving no one behind' and accepts health as a fundamental human right.

Research on the progress toward UHC across countries have a practical importance that can contribute to the design and assessment processes of health policies that *leave no one behind*. The current status of countries in the way of achieving UHC and their progress over the years can be followed through the Global Monitoring Reports (WHO) published every two years since 2015. The 2023 Report provides a cautionary global outlook on the status of countries in achieving their UHC-related SDG targets. The report includes assessments that, on a global scale, healthcare coverage is not improving and financial protection is deteriorating.

Beyond global trends, each country's health system is trying to find its own way on the achievement of health-related SDG targets. This special session aims to shed lights on the progress towards *universal health coverage* as a Sustainable Development Goal (specifically SDG 3.8) across the globe.

INDIVIDUAL EXTENDED ABSTRACT (by İsrafil Boyacı)

Purpose: This article aims to clarify the progress towards universal health care coverage as a

Sustainable Development Goal (SDG 3.8.) in the health system of Türkiye, which was targeted to be achieved with the completion of health reforms under the Health Transformation Program (2003-2013).

Method: In the article, the course of progress in universal health coverage in Türkiye compared to global trends over the years is addressed with comparative descriptive analyses and evaluations that can be input into policy design processes. Data covering the years 2000-2021 published by the WHO on SDG 3.8.1 Service coverage index (UHC SCI) regarding the provision of health services and SDG 3.8.2 Catastrophic out-of-pocket health expenditure indicators regarding financial protection in access to health services are employed in order to comparatively assess the changes, current situations, and trends over the years in the achievement of universal health coverage in the world and Türkiye.

Findings: It is observed that rapid progress was made in universal health coverage during the Health Transformation Program (2003-2013), which redesigned the Turkish health system in all its dimensions, but this development stalled in the years following this reform program. In line with global trends, Türkiye's UHC SCI score increased from 57 out of 100 in 2000 to 76 points in 2015. The fact that no progress was made in the index score in the later years and even started to decline a little from 2019 to 2021 is a warning. Türkiye's index score, which can be interpreted as 'high' service coverage, is similar to the average of upper-middle-income countries from the country groups. Moreover, significant progress has been seen in all of the UHC SCI sub-indices of health service coverage (RMNCH, communicable diseases, noncommunicable diseases, and capacity to access health services), especially between 2000 and 2015. The greatest improvement among the UHC SCI sub-indices was in the communicable diseases (CDs) component, which was 37 points in 2000 and reached 79 points in 2015. When compared with the average sub-index scores of the country income groups, it was observed that the sub-index score representing Türkiye's capacity to access health services has reached 'very high' service coverage at the level of the high-income countries group beyond the uppermiddle-income group. Another development that diverges from the upper-middle-income group countries and converges with the high-income group countries is also present in the NCDs sub-index consisting of indicators representing non-communicable diseases and the CDs sub-index consisting of indicators representing communicable diseases; on the other hand, in the RMNCH sub-index calculated with indicators representing maternal and child health, Türkiye's score level has been below the global average index score and continued to remain at the level of the lower middle-income group countries. On the financial protection side, the share of out-of-pocket health expenditures, which was 28.6% in 2000, tended to decrease until 2013, when the reform program that completely transformed the country's health system was completed, to 15.9% and remained around 17% in the following years and was 16% in 2021. In Türkiye as an upper middle-income country, the percentage of the population in which outof-pocket health expenditures exceed 10% (25%) of the household budget was 6.0% (1.1%) in 2000, while it was 4.2% (0.7%) in 2019, which is below the average of all country groups. Based on these observations, it can be seen that the out-of-pocket health expenditures in Türkiye over the years have been quite different from the upper-middle-income country group pattern, and have even been lower than the high-income group average in the last decade.

Originality: The most current transformation of the Turkish health system has been examined in terms of 'universal health coverage' within the framework of the 2030 Sustainable Development Goals (SDGs), and thus the current status and development of the country's health system's health service coverage and financial protection dimensions over the years have been illuminated.

Keywords: SDG, Universal health coverage, Health system of Türkiye, Health transformation program

JEL Classification: 110, 113, Q01

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