**Paper 3: Where are different countries on the road to UHC and what contributes to differences in UHC status**

**Presenting author:** Jane Doherty, School of Public Health, University of the Witwatersrand

Assessments of a country’s health system status relative to UHC goals have recently been undertaken in several African countries including Ghana, South Africa, Tanzania, Uganda, Zambia, Kenya and Nigeria as part of Global Network on Health Equity (GNHE) activities. Each assessment includes key indicators of financial risk protection (such as catastrophic and impoverishing health expenditure) and of use of health services relative to need (such as comparing distributions across socio-economic quintiles and concentration indices), allowing for cross-country comparisons in relation to these core UHC goals.

A wide range of other indicators were included in these assessments, such as expenditure and financing indicators drawn from National Health Accounts datasets and financing incidence estimates (Kakwani indices). They also included a critical assessment of the structure of the health financing system, considering issues related to revenue collection, pooling and purchasing functions.

This paper will provide a brief overview of the key findings of these country assessments, and lessons from these cross-country comparisons in relation to pursuing UHC in the African context. It will also explore the following issues that arose from undertaking these assessments:

* Assessing a country’s health system relative to the goal of UHC is not a straightforward exercise, in that it does not simply involve looking at one or two indicators and being able to draw a conclusion. This highlights the critical importance of supplementing SDG UHC-related indicators with detailed country-level analyses.
* *Critical analysis* skills are needed to undertake an assessment that identifies health system and contextual factors contributing to or inhibiting progress to UHC. For example, each indicator needs to be interpreted by considering a range of other indicators; this requires an understanding of what combination of indicators will provide the needed insights. Comparison of indicators from one’s own country with other countries also assists in providing key insights, but again, this requires skills in identifying appropriate comparator countries.
* While developing capacity in critical analysis skills is not a simple task, it is important that UHC health system assessments are undertaken by local analysts, given their deep understanding of the specific country context and health system.
* It is important to critically analyse both the public and private health systems; there is often a lack of detailed knowledge about the size, nature and operations of the private health sector.