is that it is one of the most powerful ways of fighting poverty, yet can itself become an impoverishing factor for families when societies do not ensure effective coverage with financial protection for all. Universal health coverage therefore holds great promise: the focus on increased access to high-quality health services with financial protection integrates social and economic policy in a way that, if done well, can benefit societies the world over.

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JF declares that he has no conflicts of interest. DdF is president of the Results for Development Institute. We thank Gina Lagomarsino and Alice Garabrant for their contributions to this Comment.

1 World Bank. World Development Report 1993. Investing in health. Washington, DC: World Bank, 1993.
2 Commission on Macroeconomics and Health. Macroeconomics and health: investing in health for economic development. Report of the Commission on Macroeconomics and Health. Geneva: World Health Organization, 2001.
3 Patcharanarumol W, Tangcharoensathien V, Limwattananon S, et al. Why and how did Thailand achieve good health at low cost? In: Balabanova D, McKee M, Mills A, eds. "Good health at low cost" 25 years on. What makes a successful health system? London: London School of Hygiene & Tropical Medicine, 2011: 193–233.
4 The Lancet. Mexico: celebrating universal health coverage. *Lancet* 2012; **380:** 622.
5 Knaul FM, González-Pier E, Gómez-Dantés O, et al. The quest for universal health coverage: achieving social protection for all in Mexico. *Lancet* 2012; published online Aug 16. http://dx.doi.org/10.1016/S0140-6736(12)61068-X.
6 Frenk J, González-Pier E, Gómez-Dantés O, Lezana MA, Knaul FM. Comprehensive reform to improve health system performance in Mexico. *Lancet* 2006; **368:** 1524–34.
7 Knaul FM, Arreola-Ornelas H, Méndez-Carniado O, et al. Evidence is good for your health system: policy reform to remedy catastrophic and impoverishing health spending in Mexico. *Lancet* 2006; **368:** 1828–41.
8 González-Pier E, Gutiérrez-Delgado C, Stevens G, et al. Priority setting for health interventions in Mexico's System of Social Protection in Health. *Lancet* 2006; **368:** 1608–18.
9 Lagomarsino G, de Ferranti D, Pablos-Mendez A, Nachuk S, Nishtar S, Wibulpolprasert S. Public stewardship of mixed health systems. *Lancet* 2009; **374:** 1577–78.
10 Anand S. The cost of inaction: case studies from Rwanda and Angola. Boston: FXB Center for Health and Human Rights, 2012.
11 Murray CJL, Anderson B, Burstein R, et al. Development assistance for health: trends and prospects. *Lancet* 2011; **378:** 8–10.

Universal health coverage is a development issue

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See **Editorial** page 859
See **Series** pages 917, 924, and 933
See **Viewpoint** page 944
For **Rio+20** see http://www.uncsd2012.org

The recent Rio+20 United Nations Conference on Sustainable Development, in Rio de Janeiro, Brazil, took place 20 years after the first global conference on the environment and development and 10 years after the World Summit on Sustainable Development. Although much of the discussion focused on the environment, poverty reduction, and sustaining economic growth, the resultant resolution contained an important paragraph for the global health community:

> "We also recognize the importance of universal health coverage to enhancing health, social cohesion and sustainable human and economic development. We pledge to strengthen health systems towards the provision of equitable universal coverage. We call for the involvement of all relevant actors for coordinated multi-sectoral action to address urgently the health needs of the world's population."[1]

This statement recognises that, although social and environmental factors affect health, maintaining and improving health is both a component and determinant of sustainable development. People value good health, so health improvements contribute directly to human development—as is recognised in the Human Development Index.[2] Improved health also contributes to economic growth, something that the WHO Commission on Macroeconomics and Health documented more than 10 years ago.[3,4] People who are ill and unable to work can be pushed into, or deeper into, poverty. Conversely, the ability to work and earn lifts people out of poverty. Children who are healthy are better able to learn, and adults better able to earn and contribute positively to their societies.[5]

Good quality health delivery systems with universal access protect individuals from illness, stimulate economic growth, and fight poverty by keeping people healthy. They also contribute to social harmony by providing assurance to the population that services are available in the event of illness. Yet more than a billion people cannot use the health services they need because they are either unavailable or they cannot afford to use them.[6] Universal health coverage requires that everyone can use the health services that they need. Equally important is what happens when people use them. Direct out-of-pocket payments (eg, user fees) levied at the time when people need services not only inhibit the poor and disadvantaged from seeking health care, but are also a major cause of impoverishment for many who obtain it.[7]

Every year some 150 million people face severe financial hardship and 100 million are pushed below

the poverty line because they fall ill, use health services, and pay out of pocket. Many have to sell assets or go into debt to meet the payments.[6,8] The paradox is that the lack of access to health services impoverishes some people because they are unable to work, whereas using health services impoverishes others because they cannot afford the payments. This situation makes the links between health, sustainable development, and economic growth starkly clear.

A prerequisite, therefore, of sustainable development must be to help countries move closer to universal health coverage. Health financing reforms are crucial and countries as diverse as Gabon, Rwanda, Thailand, and Mexico offer useful lessons.[6,9] These reforms must be accompanied by measures to ensure that the health services people need are available and of good quality; that the health workers needed to deliver them are well trained, motivated, and close to people; and that the drugs and equipment they need are available and distributed appropriately.

More broadly, universal coverage requires multisectoral collaboration. Engagement with ministries and institutions dealing with fiscal and monetary policy and education, among others, is essential to ensure sufficient funding for health, raised in ways that minimise financial barriers, and to allow the appropriate types of health workers to be trained. Collaboration with ministries of labour and social security to ensure that social protection becomes universal and not limited to the formal sector is a requirement of the UN's Social Protection Floor Initiative. Strong political leadership and commitment is important to make such collaboration work.

The Rio+20 conference recognised that universal health coverage has the potential to increase economic growth, improve educational opportunities, reduce impoverishment and inequalities, and foster social cohesion. Debates about post-Millennium Development Goal targets are now beginning with country and thematic consultations, a UN Task Team, and a post-2015 high-level panel established by the UN Secretary General. Formal UN discussions will begin in 2013. Universal health coverage and its contribution to sustainable development must be recognised and incorporated into post-2015 development goals and targets, to support all countries to move rapidly towards it and to maintain the gains that many have already made.

For more on the **post-2015 debates** see http://post2015.org

For more on the **UN post-2015 targets** see http://www.un.org/millenniumgoals/beyond2015

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1 UN. The future we want. http://daccess-dds-ny.un.org/doc/UNDOC/LTD/N12/436/88/PDF/N1243688.pdf (accessed July 17, 2012).
2 UNDP. Human Development Index. http://hdr.undp.org/en/statistics/hdi (accessed July 17, 2012).
3 WHO. Investing in health: a summary of the findings of the Commission on Macroeconomics and Health. Geneva: World Health Organization, 2001. http://www.who.int/macrohealth/infocentre/advocacy/en/investinginhealth02052003.pdf (accessed July 17, 2012).
4 Bloom DE, Canning D, Sevilla J. The effect of health on economic growth: a production function approach. *World Development* 2004; **32:** 1–13.
5 Bundy D. Rethinking school health: a key component of education for all. Washington, DC: World Bank, 2011.
6 WHO. The world health report—health systems financing: the path to universal coverage. Geneva: World Health Organization, 2010.
7 Shahrawat R, Rao K. Insured yet vulnerable: out-of-pocket payments and India's poor. *Health Policy Plan* 2012; **27:** 213–21.
8 Xu K, Evans D, Carrin G, Aguilar-Rivera A, Musgrove P, Evans T. Protecting households from catastrophic health expenditures. *Health Affairs* 2007; **26:** 972–83.
9 Tangcharoensathien V, Patcharanarumol W, Ir P, et al. Health-financing reforms in southeast Asia: challenges in achieving universal coverage. *Lancet* 2011; **377:** 863–73.

For more on the **Social Protection Floor Initiative** see http://www.social-protection.org/gimi/gess/ShowTheme.do?tid=1321

STRETCHing delivery of HIV health services

Published **Online** August 15, 2012 http://dx.doi.org/10.1016/S0140-6736(12)60952-0

See **Articles** page 889

The effort to increase access of patients with HIV to universal care including antiretroviral therapy (ART) has achieved remarkable success. This achievement has been aided by a specific UN declaration; the establishment of powerful funding agencies;[1–3] WHO treatment guidelines recommending a public health ART approach;[4] and the availability of cheap, reliable generic antiretroviral drugs in fixed-dose combinations.

One key aspect of this effort is the transfer of tasks previously thought to be the domain of doctors to others. At least two published randomised controlled trials[5,6] have suggested that nurses can effectively continue prescription of ART after its initiation by doctors. In *The Lancet*, Lara Fairall and colleagues[7] present a cluster-randomised trial done in the Free State province of South Africa that tested task shifting