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COMMENTARY

Universal Health Coverage in East Africa: Bridging the Gap Between Political Commitment and Health System Implementation

Josiah Sandetwa[a*], Jenniffer Lyabangi[a], Patrick Mwijage[a], Costantine Josephat[b]

[a]Saint Francis University College of Health and Allied Sciences, Morogoro, Tanzania; [b]Catholic University Of Health And Allied Sciences, Mwanza, Tanzania.

Correspondence to Josiah Sandetwa (josiahissaya99@gmail.com)

ABSTRACT

Universal Health Coverage (UHC) is central to Sustainable Development Goal 3.8, aiming to ensure equitable access to quality health services without financial hardship. East African countries, including Tanzania, Kenya, Uganda, and Rwanda, have demonstrated strong political commitment through policies, strategic plans, and national health insurance reforms. Despite these efforts, a significant gap persists between political declarations and practical implementation. Systemic barriers, such as limited financing, workforce shortages, governance weaknesses, affordability constraints, service delivery inefficiencies, and political instability, continue to impede progress. This article examines the commitment–practice gap, highlights underlying structural and operational challenges, and proposes policy strategies to accelerate UHC in the region. Key recommendations include strengthening domestic resource mobilisation, reinforcing primary health care, enhancing governance and accountability, and leveraging digital health innovations such as electronic health records, mobile insurance platforms, and telemedicine. It also emphasises well-structured public–private partnerships in service delivery, diagnostics, and supply chains, alongside the promotion of regional learning and cooperation through the East African Community (EAC). By translating political commitments into effective health system interventions, East African countries can move closer to achieving health equity and ensuring that health becomes a right rather than a privilege for all citizens.

BACKGROUND

Universal Health Coverage (UHC) stands at the heart of Sustainable Development Goal 3.8, aiming to ensure that all people have access to quality essential health services without enduring financial hardship.[1] It embodies the principle that health is a fundamental human right and a cornerstone of social and economic development. Across East Africa, countries such as Tanzania, Kenya, Uganda, Burundi and Rwanda have expressed strong political commitment toward achieving UHC, framing it as a national priority within health sector reforms and development agendas.[2] These commitments are reflected in policy frameworks, strategic health plans, and national insurance initiatives such as Tanzania's Universal Health Insurance Bill (2023), Kenya's Social Health Insurance Fund (SHIF), Uganda's National Health Insurance Scheme proposal, and Rwanda's Mutuelle de Santé, which remains one of the region's most celebrated models of community-based health insurance.[3]

Despite progress, many East Africans still face limited access to essential healthcare, high out-of-pocket costs, and persistent health inequalities.[4] The region's UHC coverage remains below the global average, and many still suffer catastrophic health expenditures each year.[1] This disconnect highlights a critical question: why do strong political commitments often fail to translate into practical improvements in public health? The answer lies in UHC being hindered by inadequate funding, workforce shortages, weak governance, fragmented donor-driven programmes, and poor service delivery, making it largely unrealised for many vulnerable populations despite policy commitments.[5]

East Africa shows UHC needs more than policy, it requires strong investment in PHC, equity, and sustainable financing. There is a growing consensus that governments must bridge the implementation gap through evidence-based policy, transparent governance, and community participation.[6] This article explores the commitment-practice gap in East Africa and proposes policy actions to accelerate equitable, affordable, accessible UHC progress.

LITERATURE SEARCH

This commentary is based on a selective review of peer-reviewed literature and grey literature published over the past 10 years (2015–2025) on universal health coverage in East Africa. Sources were identified through targeted searches of relevant health financing, health systems, and policy frameworks in Tanzania, Kenya, Uganda, Rwanda, and the East African Community.

The analysis is further informed by the synthesis of regional reports and contextual understanding of health system implementation in the region.

The Commitment–Practice Gap

East African countries have made strong political commitments toward UHC, guided by frameworks such as the African Union's Agenda 2063, the *Abuja Declaration*, and the *East African Community Health Policy Framework*. National reforms include *Tanzania's Universal Health Insurance Act (2023*), Kenya's shift from NHIF to SHIF to improve equity, Rwanda's expansion of *Mutuelle de Santé* covering over 80% of the population, and Uganda's steps toward a national insurance scheme.[7,8]

Despite this progress, implementation remains weak. Health financing in most countries is still below the Abuja target of 15%, while out-of-pocket payments remain high at 30% to 40%, increasing financial hardship.[9] Key health system components, including primary health care, workforce capacity, and governance, remain underdeveloped, with persistent shortages of medicines, staff, and diagnostics, especially in rural areas.[10] The persistent gap reflects systemic issues, where political commitment is often shaped by external pressures or electoral cycles rather than sustained, evidence-based reform.[11] Without strong accountability and investment, UHC risks remaining symbolic rather than transformative, requiring real political will to prioritise implementation over promises.

Why the Gap Persists

Despite strong political declarations, the persistent gap between UHC commitments and implementation in East Africa reflects deeper structural and systemic constraints within health systems rather than isolated sectoral weaknesses.[12] These constraints collectively demonstrate the limited capacity of health systems to translate policy ambition into equitable and effective service delivery.

A major expression of this gap is the mismatch between financing commitments and financial protection. Although most countries have endorsed the Abuja target of 15% national budgets for health, public health spending remains below recommended levels, while insurance coverage is still limited, particularly for informal sector populations. As a result, out-of-pocket payments remain high, exposing households to catastrophic health expenditure and delaying care-seeking.[13] Continued reliance on external funding further undermines the long-term sustainability of UHC reforms. This financial constraint is closely linked to uneven access to services, where rural and marginalised populations continue to face shortages of medicines, weak infrastructure, and long distances to functional health facilities, reinforcing persistent inequities in access and outcomes.[14]

In addition, health system capacity constraints further widen the implementation gap. Shortages of skilled health workers, urban–rural maldistribution, weak referral systems, and inadequate diagnostic services limit the quality and reliability of care.[1] These operational weaknesses are compounded by governance and institutional continuity challenges, including procurement inefficiencies, weak accountability mechanisms, and policy disruptions linked to political transitions.[11] Together, these factors illustrate that the UHC gap in East Africa is driven less by absence of political commitment and more by fragmented financing, constrained system capacity, and inconsistent implementation structures.

Notable Progress in UHC Implementation

Despite persistent challenges, important progress toward universal health coverage was evident across East Africa. Countries such as Rwanda have achieved high levels of health insurance coverage through community-based schemes such as Mutuelle de Santé, significantly improving financial access to care.[7] Kenya has expanded maternal and child health services through initiatives like Linda Mama, while Tanzania has strengthened primary health care through the Primary Health Services Development Programme and ongoing health insurance reforms.[15] In addition, increased investment in digital health systems and supply chain improvements in several countries demonstrates growing capacity to modernise health service delivery. These developments indicate that while the implementation gap remains significant, foundational progress has been made, providing a basis for accelerated UHC reforms in the region.

Policy Reflections and the Way Forward

Closing the gap between political commitment and public health practice requires sustained action beyond policy declarations. East African governments should prioritise domestic resource mobilisation to reduce reliance on donor funding and strengthen financial protection for vulnerable populations.[16] To address persistent inequities in access, increased investment in primary health care is essential, particularly through strengthening community health worker programmes, ensuring consistent availability of essential medicines, and upgrading rural health infrastructure to improve equitable access to services. At the same time, stronger governance mechanisms, transparent procurement systems, and routine performance monitoring are essential to ensure accountability and efficient use of resources.[12] Digital health innovations and strategic public–private partnerships can further improve service delivery, expand insurance coverage, and enhance system efficiency, particularly in underserved areas.[17] East African Community should play a greater role in facilitating regional learning, pooled procurement, and knowledge sharing to accelerate progress toward Universal Health Coverage.

CONCLUSION

The pursuit of UHC in East Africa remains at a critical point where strong political commitments have not consistently translated into improved health outcomes. Persistent financial barriers, policy inconsistency, and weak service delivery continue to limit equitable access to care. Progress requires a shift toward sustainable financing, strengthened primary health care, and accountable governance. Expanding risk pooling, reducing out-of-pocket spending, and investing in community health workers are essential to improve access and trust in health systems. Digital health innovations, public–private partnerships, and regional collaboration through the EAC offer opportunities to enhance efficiency, expand coverage, and support coordinated progress toward

universal health coverage.

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