

Letter to the Editor

Donors, Noncommunicable Diseases, and Universal Health Coverage to High-quality Healthcare: An Opportunity for Action on Global Functions for Health

Hatefi and Allen [1] point the complex global health landscape confronting donors, consisting of multiple chronic diseases across a broad epidemiological cohort, in both low- and middle-income countries. The authors contemplate donor choices for investment from the bilateral perspective of universal health coverage (UHC) versus diseases caused by high-risk lifestyle choices.

Investment in both the cohorts will ultimately go some way in building the global health system capacity, and thereby making UHC more obtainable by virtue of increasing equity [2], improving health security [3], and reducing the threat of noncommunicable diseases [4].

However, for high-quality UHC to become a sustainable reality, donors need to be willing to invest in multilateral, as opposed to bilateral, partnerships and operate in collaborative public-private donor cross-disciplinary networks simultaneously, among much broader population cohorts with multiple conditions, including reconstruction of post-conflict health systems, humanitarian response, and primary healthcare facilities, which extend services to remote populations.

The recent ratification of Sustainable Development Goal's Target 3.8 has propelled UHC to the top of the global health agenda [5]. However, while UHC is not without risk, it also presents unique challenges and opportunities for global health diplomacy, particularly in terms of determining economic and political viability, which will sustain the inevitable incremental scale up of services along different country-specific pathways, as well as generating evidence-based data to inform policy and support future donor decision making.

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