This special issue of the World Hospitals and Health Services (WHHS) Journal of the International Hospital Federation, features a range of country examples of Universal Health Coverage (UHC). Spending on healthcare globally now approaches US$8 trillion. Yet, according to the 2017 UHC Global Monitoring Report:

- At least half of the world’s population still does not have access to quality essential services to protect and promote health.
- 800 million people are spending at least 10 percent of their household budget on out-of-pocket health care expenses, and nearly 100 million people are being pushed into extreme poverty each year due to health care costs.

How did this happen? The world committed to achieving “Free Health For All” back in the Seventies. What went wrong?

But before answering these difficult questions. Let us celebrate. This year, as we commemorate the 40th Anniversary of the Alma-Ata Declaration of “Health for All” in Almaty, Kazakhstan, 1978 and the 70th Anniversary of the UK National Health Service, 1948, we also celebrate the great achievement over the past decades in bringing access to affordable and quality health care for billions of people across the world since the 1950s. The world may have missed the global Health for All 2000 target, but the advances that have occurred are truly impressive.

Today a child in Sub-Saharan Africa has access to life saving drugs for Malaria. Mothers around the world have safer birthing environments. And even when there is a shortage of trained medical doctors, often community workers can provide the needed basic care for local populations. All of this because of the progress made over the past 50 years in both new discoveries in life science and better knowledge about how to manage health systems and health services in a more effective and efficient way.

To fully understand how to bring these benefits to all people not just those that already have access to affordable basic care, we need to understand more fully the challenges which low- and middle-income countries face, their achievements and failures, and how to slowly close the existing gap between them and the most successful of more advanced countries.

Coming back to the challenge of “Health for All”, after having tried for 40 years with some success and some failure, we now understand more fully both the importance of this agenda and how hard it is to achieve. At the recent Universal Health Coverage Forum 2017 in Tokyo Japan, the international development community – including both bi-laterals and multi-laterals – committed to the Partnership for UHC by 2030 (UHC2030) through a Joint Vision.

The Joint Vision proposed a three-pronged approach:

- Strengthening governance for UHC, particularly the voice of those left behind
- Mobilizing domestic financing and improving the efficiency of collective financing for health services
- Strengthen service delivery, including Innovation for UHC

The International Hospital Federation is very excited to share with its readers’ insights from round the globe on this important topic. In this issue of the Journal we have contributions from WHO, the World Bank, WHO, Results for Development and authors from around the world - both developing and western developed countries. As indicated during the Universal Health Coverage Forum 2017 in Tokyo, the Federation remains fully committed to the objectives of UHC2030 and looks forward to working with member organizations in contributing to this agenda with its international partners like WHO and the World Bank.