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UNIVERSAL HEALTH COVERAGE: TOWARDS BETTER HEALTHCARE

Healthcare

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ABSTRACT

Access to required healthcare services must be considered as a basic human right irrespective of gender, age and socioeconomic status. Universal Health Coverage (UHC) ensures that all individuals have equal access to the health care they require without the risk of financial impoverishment. Nearly half of the countries in the world irrespective of their socioeconomic status are actively involved in various health systems restructuring that focus on improving health services alongside financial protection. These modifications have in turn led to a rise in the demand for proficiency and substantiation to make UHC as one of the main goals in the agenda for development post 2015. The main foundation of a productive life is the access to quality and affordable health care. Every year, millions of people are prevented from receiving the health service due to Out-of-Pocket expenditure creating a financial barrier. To sustain an economy and improve the social development, access to health services is mandatory. UHC has also been made as an essential part of the Sustainable Development Goals (SDGs), wherein, in addition to achieving universal health coverage, financial risk protection is also a part of it.

KEYWORDS

Health Care, Expenditure, Health Finance

Introduction

Access to required healthcare services must be considered as a basic human right irrespective of gender, age and socioeconomic status. Universal Health Coverage (UHC) ensures that all individuals have equal access to the health care they require without the risk of financial impoverishment. The World Health Organization (WHO) defines UHC as, *"ensuring that all people have access to needed promotive, preventive, curative and rehabilitative health services, of sufficient quality to be effective, while also ensuring that people do not suffer financial hardship when paying for these services."*[1]

Nearly half of the countries in the world irrespective of their socioeconomic status are actively involved in various health systems restructuring that focus on improving health services alongside financial protection. These modifications have in turn led to a rise in the demand for proficiency and substantiation to make UHC as one of the main goals in the agenda for development post 2015.[2]

The main foundation of a productive life is the access to quality and affordable health care. Every year, millions of people are prevented from receiving the health service due to Out-of-Pocket expenditure creating a financial barrier. To sustain an economy and improve the social development, access to health services is mandatory. UHC has also been made as an essential part of the Sustainable Development Goals (SDGs), wherein, in addition to achieving universal health coverage, financial risk protection is also a part of it. Progress towards UHC in any country is a political process that focuses on finding the middle ground between different groups in the society on the distribution of health services and who is responsible for the paybacks.[2]

Need for UHC

1.Equity:

It is a known fact that social stratification negatively affects the health of the population. UHC has to be designed in such a way that it benefits the entire population. Availability of great services is not enough; they must be accessible to the most vulnerable population in order to achieve UHC.[3] To carry out an efficient health system that caters to an entire population, brings along with it a significant marginal cost. In order to bring in the 'equity' of health services, an evidence-based policy has to be put into place which will in turn help to equally distribute the cost. Decisions such as who will receive what treatment and when can be easily made under the said circumstances. This will not only benefit the vulnerable population but will also prevent financial risks to the undermined population.

2.Access to medicines:

Essential medicines are an important aspect contributing to UHC. Out of the 12% of budget for medicines in India, around 10% is used for its procurement.[4] Despite this amount, there is a dearth in the availability of medicines which leads to a disruption of the health service system. The problem does not only lie in the non-availability of the drugs but also in the affordability and accessibility of the drugs.[5] This issue can be solved by having a policy in place that helps in regulating the high cost of medicines as well its supply to healthcare centres.

3.Insurance and financing:

UHC is complete without being significantly concerned about the funding provided. One of the main deterrents in achieving UHC is the lack of finances allocated to the health system along with irregularities in resource allocation. This applies to countries like India, consisting of a public-private mix, where different levels of treatment services are involved (primary, secondary and tertiary), resulting in gaps in the delivery of health services. This again comes down to the fact of providing financial assistance and ultimately reducing the risks involved as a result of Out of Pocket expenditure to access health services.

Progress towards UHC

Measurement of UHC is upfront. It can be done by either using a tracking service coverage such as deliveries done by health workers and/or showcasing the impact by health indicators. The main indicator that can be used in such cases is the proportion of population in poverty due to out of pocket health expenditure and/or the proportion of population paying more than 40% of their income on health services.[6] In addition to this, the indicators that are being currently used for measuring MDGs could also be used to measure the progress of UHC with respect to income groups and demographic characteristics. In 2013, the World Health Report emphasized on the importance of UHC, stating that evidence-based decision making, monitoring and evaluation of policies and documenting the success and challenges are key factors for measuring the progress of UHC.[7] UHC can provide a platform for all the stakeholders from the policymakers to the drug manufacturers to come together to enhance the decision making

process. In low-middle income countries (LMICs), the health system is pluralistic. This serves as an important reason for having a national policy to ensure availability of quality health services while keeping the cost of the treatment affordable to all.[8] One of the key point in measuring the progress of UHC is the availability of previous literature and data in order to avoid duplication and to avoid burden of reporting to other countries. The main indicators of a successful UHC programme apart from the treatment and care provisions also includes the infrastructure, financial aid, manpower which contributes to the overall health service to a patient.[9] Additionally, these services must be available in a timely manner and cater to the needs of the entire population. In 2010 and 2012, the World Health Report and the WHO discussion paper respectively explained a three dimension to UHC. The first dimension defines the population that avails UHC. Although 'universal' indicates that the entire population is covered, the World Health Report notes that "none of the high-income countries that are commonly said to have achieved universal coverage actually cover 100% of the population for 100% of the services available and for 100% of the cost – and with no waiting lists."[10] The second dimension focuses on the financial aspect that is covered by either the government or any of their supported schemes which can include external funding, prepayments and/or international funding in order to avoid any payments done directly by the patients. This dimension also suggests that the socio-economic status of a country needs to be taken into consideration in order to achieve this goal. The third dimension discusses about the benefits that can be availed by the package. It suggests that before any health decision is made, the epidemiological, socio-cultural, economic and political context of the country needs to be taken into consideration.[11]

Civil societies and communities play a vital role in expanding health service coverage in developing and middle-income countries.[1] Throughout their lives, people always run the risk of contracting different types of disease conditions. Certain organizations focus on a particular intervention required for vulnerable populations while the others look at the broader picture to expand the coverage across a range of different health conditions while at the same time obtaining protection against any financial risk. The first step in achieving universal health coverage is to define the services, financial protection, the population in need and the cost. This can be done only with the understanding of the etiology, treatment options, population analysis and the financial risk that can be incurred through the process. These decisions should be made by the government in order to adapt to the policy keeping in mind the limited financial resources. Although, the determinants and the consequences of the service are comprehended, there are also the factors of ethics, moral and political implications that need to be addressed. To obtain consensus on this matter, the questions on eligibility of receiving the services, the concerning health conditions including the range of services need to be answered. These decisions which involve the ethical as well as political imperatives pose as an obstacle to analyze the possibility of increasing the value of health with respect to the money spent.

Conclusion:

Universal Health Coverage is an important step towards improving the healthcare and the health status of the country. If this is put into practice, people can avail the health services they need without having to worry about their financial risks and out of pocket expenditure while promoting cost-effectiveness.[12] Stakeholders must actively participate in order to make evidence-based decision making in terms of better availability of treatment and care services.

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