REVIEW ARTICLE

A Global Initiative of Universal Health Coverage: Are We Ready?

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ABSTRACT

In recent years, the global Universal Health Coverage movement has gained momentum, with the World Health Assembly and the United Nations General Assembly calling on countries to "urgently and significantly scale up efforts to accelerate the transition towards universal access to affordable and quality healthcare services." The theme for the World Health Day, 2018: Universal Coverage – everyone, everywhere. "Health for All" has therefore been our guiding vision for more than seven decades. It has also been the impetus behind the current-organisation wide drive to support countries in moving towards Universal Health Coverage. UHC aims to achieve better health and development outcomes, help prevent people from falling into poverty due to illness, and give people the opportunity to lead healthier, more productive lives.

Keywords: Health, Health for all, Universal health coverage (UHC)

How to cite this article: Reddy MN, Gogoi A, Gogoi A. A Global Initiative of Universal Health Coverage: Are We Ready?. Int J Med Oral Res 2018;3(1):34-37.

Conflicts of Interest: Nil.

Source of Support: None

Promoting and protecting health is essential to human welfare and sustained economic and social development. All people aspire to receive quality, affordable health care. There are many ways to promote and sustain health. Some lie outside the confines of the health sector. The "circumstances in which people grow, live, work, and age" strongly influence how people live and die.[1] Education, housing, food, and employment all impact on health. Redressing inequalities in these will reduce inequalities in health. However, timely access to health services - a mix of promotion, prevention, treatment, and rehabilitation - is also critical. This cannot be achieved, except for a small minority of the population, without a well-functioning health financing system. It determines whether people can afford to use health services when they need them. It determines if the services exist. Recognizing this, Member States of the World Health Organization (WHO) Committed in 2005 to develop their health financing systems so that all people have access to services and do not suffer financial hardship paying for them.[2] Universal health coverage (UHC) is about people having access to the health care; they need without suffering financial hardship. UHC aims to achieve better health and development outcomes, help prevent people from falling into poverty due to illness, and give people the opportunity to lead healthier, more productive lives. This goal was defined as universal coverage, sometimes called UHC.

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WHERE ARE WE NOW?

In recent years, the global UHC movement has gained momentum, with the World Health Assembly and the United Nations General Assembly calling on countries to "urgently and significantly scale-up efforts to accelerate the transition toward universal access to affordable and quality health-care services."

UHC aims to achieve better health and development outcomes in line with the sustainable development goals (SDGs), which will guide the post-2015 agenda. SDG 3 includes a target to "achieve UHC, including financial risk protection, access to quality essential healthcare services, and access to safe, effective, quality, and affordable essential medicines and vaccines for all."

A WHO and World Bank Group report shows that 400 million people do not have access to essential health services and 6% of people in low- and middle-income countries are tipped into or pushed further into extreme poverty because of health spending.

The role of social insurance that provides protection against various economic risks (e.g., loss of income due to sickness, old age, or unemployment) requires contribution at various levels of risk. In line with its global strategy for health, nutrition, and population, the World Bank Group supports developing countries' efforts to achieve UHC and provide quality, affordable health care to everyone - regardless of their ability to pay - reducing financial risks associated with ill health and

increasing equity. The path to UHC is specific to each country. Whatever the path, the Bank Group's aim is to help countries build healthier, more equitable societies, as well as to improve their fiscal performance and country competitiveness - toward the goals of ending poverty and boosting shared prosperity.[3]

BARRIERS

Three fundamental, interrelated problems restrict countries from moving closer to universal coverage. The first is the availability of resources. No country, no matter how rich, has been able to ensure that everyone has immediate access to every technology and intervention that may improve their health or prolong their lives.

At the other end of the scale, in the poorest countries, few services are available to all.

The second barrier to universal coverage is an over-reliance on direct payments at the time people need care. These include over-the-counter payments for medicines and fees for consultations and procedures. Even if people have some form of health insurance, they may need to contribute in the form of copayments, coinsurance, or deductibles. The obligation to pay directly for services at the moment of need - whether that payment is made on a formal or informal (under the table) basis - prevents millions of people receiving health care when they need it. For those who do seek treatment, it can result in severe financial hardship, even impoverishment.

The third impediment to a more rapid movement toward universal coverage is the inefficient and inequitable use of resources. At a conservative estimate, 20–40% of health resources are being wasted. Reducing this waste would greatly improve the ability of health systems to provide quality services and improve health. Improved efficiency often makes it easier for the ministry of health to make a case for obtaining additional funding from the ministry of finance. Countries must raise sufficient funds, reduce the reliance on direct payments to finance services, and improve efficiency and equity.

Raising Sufficient Resources for Health

Although domestic financial support for universal coverage will be crucial to its sustainability, it is unrealistic to expect most low-income countries to achieve universal coverage without help in the short term. The international community will need to financially support domestic efforts in the poorest countries to rapidly expand access to services.

The first step to universal coverage, therefore, is to ensure that the poorest countries have these funds and that funding increases consistently over the coming years to enable the necessary scale-up. However, even countries currently spending more than the estimated minimum required cannot relax. As the system improves, demands for more services, greater quality, and/or higher levels of financial risk protection will inevitably follow. High-income countries are continually seeking funds to satisfy growing demands and expectations from their populations and to pay for rapidly expanding technologies and options for improving health. All countries have scope to raise more money for health domestically, provided governments and the people commit to doing so. There are three broad ways to do this, plus a fourth option for increasing development aid and making it work better for health.

Increase the Efficiency of Revenue Collection

Improving the efficiency of revenue collection will increase the funds that can be used to provide services or buy them on behalf of the population. Indonesia has totally revamped its tax system with substantial benefits for overall government spending and spending on health in particular.

Reprioritize Government Budgets

Governments sometimes give health a relatively low priority when allocating their budgets.

Innovative Financing

Attention has until now focused largely on helping rich countries raise more funds for health in poor settings. The high-level Taskforce on Innovative International Financing for Health Systems included increasing taxes on air tickets, foreign exchange transactions, and tobacco in its list of ways to raise an additional US$ 10 billion annually for global health. High-, middle-, and low-income countries should all consider some of these mechanisms for domestic fundraising. Every tax has some type of distortionary effect on an economy and will be opposed by those with vested interests. Governments will need to implement those that best suit their economies and are likely to have political support.

Development Assistance for Health

Global solidarity is required. The funding shortfall faced by these low-income countries highlights the need for high-income countries to honor their commitments on official development assistance (ODA) and to back it up with greater effort to improve aid effectiveness. While innovative funding can supplement traditional ODA, if countries were to immediately keep their current international pledges, external funding for health in low-income countries would more than double overnight and

the estimated shortfall in funds to reach the millennium development goals (MDGs) would be virtually eliminated.

Removing Financial Risks and Barriers to Access

While having sufficient funding is important, it will be impossible to get close to universal coverage if people suffer financial hardship or are deterred from using services because they have to pay on the spot.

When this happens, the sick bear all of the financial risks associated with paying for care. They must decide if they can afford to receive care, and often this means choosing between paying for health services and paying for other essentials such as food or children's education. Where fees are charged, everyone pays the same price regardless of their economic status. There is no formal expression of solidarity between the sick and the healthy, or between the rich and the poor. Such systems make it impossible to spread costs over the life cycle: Paying contributions when one is young and healthy and drawing on them in the event of illness later in life. Consequently, the risk of financial catastrophe and impoverishment is high and achieving universal coverage impossible.

It is only when direct payments fall to 15–20% of total health expenditures that the incidence of financial catastrophe and impoverishment falls to negligible levels. It is a tough target, one that richer countries can aspire to, but other countries may wish to set more modest short-term goals. For example, the countries in the WHO South-East Asia and Western Pacific Regions recently set themselves a target of between 30% and 40%. The funds can come from a variety of sources - income- and wage-based taxes, broader-based value-added taxes or excise taxes on tobacco and alcohol, and/or insurance premiums. The source matters less than the policies developed to administer prepayment systems.

Even where funding is largely prepaid and pooled, there will need to be trade-offs between the proportions of the population to be covered, the range of services to be made available, and the proportion of the total costs to be met. To get closer to universal coverage, the country would need to extend coverage to more people, offer more services, and/or pay a greater part of the cost.

Other Barriers to Accessing Health Services

Removing the financial barriers implicit in direct payment systems will help poorer people obtain care, but it will not guarantee it. Recent studies on why people do not complete treatment for chronic diseases show that transport costs and lost income can be even more prohibitive than the charges imposed for the service. Moreover, if services are not available at all or not available close by, people cannot use them even if they are free of charge.

Promoting Efficiency and Eliminating Waste

Raising sufficient money for health is imperative, but just having the money will not ensure universal coverage; nor will removing financial barriers to access through prepayment and pooling. The final requirement is to ensure resources are used efficiently.

Inequalities in Coverage

Governments have a responsibility to ensure that all providers, public and private, operate appropriately and attend to patients' needs cost-effectively and efficiently. They also must ensure that a range of population-based services focusing on prevention and promotion is available, services such as mass communication programs designed to reduce tobacco consumption or to encourage mothers to take their children to be immunized.[4]

Facilitating and Supporting Change

The technical aspect is only one component of policy development and implementation; a variety of accompanying actions that facilitate reflection and change are necessary. It is intended as a guide rather than a blueprint, and it should be noted that while the processes we envisage are represented as conceptually discrete, they overlap and evolve on an ongoing basis. High-income countries that have achieved elevated levels of financial risk protection and coverage also need to continuously self-assess to ensure the financing system achieves its objectives in the face of ever-changing diagnostic and treatment practices and technologies, increasing demands, and fiscal constraints. Devising and implementing health finance strategy is a process of continuous adaptation, rather than linear progress toward some notional perfection. It must start with a clear statement of the principles and ideals driving the financing system - an understanding of what UHC means in the particular country.[3]

UHC and the Post-2015 Development Framework

Monitoring progress toward UHC is central to achieving the global goals of the World Bank Group and WHO, the MDG, and the emerging post-2015 global development framework.[5] The World Bank Group has set a global goal of ending extreme poverty by 2030. UHC is critical to achieving this goal, as it will prevent impoverishment of hundreds of millions of families due to out-of-pocket payments for health services. The WHO places the highest priority on securing the right to health and attaining the highest levels of health for all. UHC secures universal

entitlement to health services, which are important contributors to improving the health status of the population in all countries. Similarly, the World Bank Group's global goal to promote shared prosperity for the poorest 40% of the population in every developing country is closely aligned with the WHO's focus on equity and the high-level Panel's recommendation to "hardwire" equity into all post-2015 measures. There is emerging consensus that the post-2015 agenda should address the unfinished agenda of the health-related MDG as well as the emerging burden of non-communicable diseases including mental health and injuries. There is already a strong foundation of health indicators to build on, including the intervention coverage indicators[4] of the health-related MDG, such as vaccination and antiretroviral therapy coverage, the recommended priority interventions related to non-communicable diseases,[6,7] and indicators of financial protection.[8] Further, work should be done in consultation with countries and partners to identify and define specific prevention and treatment indicators. The importance of multisectoral influences on health should also be acknowledged, although it is not explicitly addressed in this paper. Further, work is needed to firmly link monitoring of progress toward UHC with monitoring of key social and environmental determinants of health and sustainable development.[9]

CONCLUSION

As the world grapples with economic slowdown, globalization of diseases and growing demand for chronic care that are linked partly to aging populations; the need for UHC and a strategy to finance it, has never been greater. Improving health is critical to human welfare and essential to sustained economic and social development. Reaching the "highest attainable standard of health," as stated in the WHO Constitution, requires a new or continued drive toward universal coverage in many countries, and strong actions to protect the gains that have been achieved in others. To achieve UHC, countries need financing systems that enable people to use all types of health services - promotion, prevention, treatment, and rehabilitation - without incurring financial hardship.

Today, millions of people cannot use health services because they have to pay for them at the time they receive them. Moreover, many of those who do use services suffer financial hardship or are even impoverished, because they have to pay. Moving away from direct payments at the time services are received to prepayment is an important step to averting the financial hardship associated with paying for health services. Pooling the resulting funds increases access to needed services and spreads the financial risks of ill health across the population. Pooled funds will never be able to cover 100% of the population for 100% of the costs and 100% of needed services. Globally, we are a long way from achieving UHC. However, countries at all income levels have recently made important progress toward that goal by raising more funds for health, pooling them more effectively to spread financial risks, and becoming more efficient.

REFERENCES

1. World Health Organization. Closing the Gap in a Generation – Health Equity through Action on the Social Determinants of Health. Geneva: World Health Organization; 2008. Available from: http://www.whqlibdoc.who.int/hq/2008/WHO_IER_CSDH_08.1_eng.pdf. [Last accessed on 2018 Mar 13].
2. World Health Organization. Resolution WHA58.33. Sustainable Health Financing, Universal Coverage and Social Health Insurance. In: Fifty-eighth. Geneva: World Health Assembly, World Health Organization, 2005. p. 16-25.
3. The World Health Report – Health Systems Financing: The Path to Universal Coverage. Geneva: World Health Organization; 2010 Available from: http://www.who.int/whr/2010/en/. [Last accessed on 2018 Mar 13].
4. World Health Organization. Monitoring Maternal, New-Born and Child Health; Understanding Key Progress Indicators. A Report Prepared by Countdown for Maternal, New-born and Child Health, Health Metrics Network and WHO. Geneva: World Health Organization; 2011.
5. A New Global Partnership: Eradicate Poverty and Transform Economies through Sustainable Development. New York, United Nations: Report of the High-level Panel of Eminent Persons on the Post-2015 Development Agenda; 2013 Available from: http://www.post2015hlp.org/wp-content/uploads/2013/05/UN-Report.pdf. [Last accessed on 2018 Mar 13].
6. Resolution A/RES/66/2. Political Declaration of the High-level Meeting of the General Assembly of the General Assembly on the Prevention and Control of Non-communicable Diseases. New York: United Nations General Assembly; 2012 Available from: http://www.un.org/en/ga/search/view_doc.asp?symbol=A/RES/66/2. [Last accessed on 2018 mar 13 Mar].
7. Resolution EB130.R7. Follow-up to the High-level Meeting of the United Nations General Assembly on the Prevention and Control of Non-communicable Diseases. In: Executive Board 130th Session. Resolutions and Decisions, Annexes. Geneva: World Health Organization; 2012. p. 16-23. (EB130/2012/REC/1). Available from: http://www.apps.who.int/gb/ebwha/pdf_files/EB130-REC1/B130_REC1-en.pdf. [Last accessed on 2018 Mar 13].
8. Xu K, Evans DB, Carrin G, Aguilar-Rivera AM, Musgrove P, Evans T. Protecting households from catastrophic health spending. Health Aff (Millwood) 2007;26:972-83.
9. World Health Organization. Monitoring Progress towards Universal Health Coverage at Country and Global Levels Framework, Measures and Targets. Geneva: World Health Organization; 2011.