



Universal health coverage

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Universal Health Coverage (UHC) is defined by the World Health Organisation (WHO) as a state where 'all people and communities can use the promotive, preventive, curative, rehabilitative and palliative services they need, of sufficient quality to be effective, while also ensuring that the use of these services does not expose the user to financial hardship.'¹

It has been suggested that key to achieving this goal is the provision of coverage on the basis of need, generating the greatest total improvement in health, and financial contributions based on the ability to pay and not need.²

UHC is at the frontline of the global health agenda, featuring in the United Nation's Sustainable Development Goals 2030, and also as a priority of the WHO. The WHO has led the global advocacy effort—for instance Universal Health Coverage Day is commemorated every 12th December.

Support has grown for UHC due to suggestions that it has the potential to improve global health security, for instance during an epidemic such as that experienced with the Zika virus. UHC may increase the ability of a country to prevent, detect or respond to an infectious disease outbreak.³

The economic benefits of UHC include a healthier, more productive population, resulting in increased economic productivity and reduced poverty—ultimately fostering economic development. Citizens with access to healthcare when needed are more likely to seek treatment earlier and get the treatment they require to continue to lead a healthy and productive life.³

Additionally, political benefits of UHC should not be ignored. It is recognised that social harmony and solidarity develop alongside UHC creation within populations and countries, building resilient nations.³

There is no one-size-fits-all solution for nations to achieve UHC. What is recognised is that crucial to achieving this goal is the use of appropriate health financing models and health system strengthening. Innovation, and smart, successful policy decisions are paramount.

Multiple methods of health financing exist, namely public payments e.g. taxation, private payments, social insurance and community insurance schemes. These methods can be used alone or in combination. The literature conveys consensus that public financing of a health system is the most reliable way of making progress towards UHC.⁴ An example is Georgia, which recently successfully switched to a publicly financed health system. In 2013, the Government of Georgia launched the Universal Health Care Programme to improve access to health care and strengthen financial protection. Over 90% of the population now benefits from publically financed health coverage. This significant progress towards UHC was attributed to public spending on health.^{4,5}

Governments ought to recognise the need to spend a greater percentage of GDP on healthcare, and proceed to act on it. They should take responsibility

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for revenue raising, pooling funds and the distribution of such through careful public expenditure management.⁶ The World Health Report 2010 has estimated that 20-40% of what is currently spent on healthcare could be recovered and redirected due to waste and corruption.⁷

Inefficiencies are rife, in combination with underuse of more economical options such as generic drugs. Efficiency is required for sustainability of UHC and is a key policy intermediate. Even at low levels of health spending, health systems can improve the way that funds are pooled and spent, in order to get the most out of limited resources and ensure UHC.⁷

Risk needs to be shared amongst populations, ensuring that individuals are not forced below the poverty line by out-of-pocket payments. The 2016 'Public Financing for Health in Africa' report showed that increased GDP in Africa over the past 15 years has rarely led to increased government spending on health.⁶ It states that 'For every US\$100 that goes into state coffers in Africa, on average US\$16 is allocated to health, only US\$10 is in effect spent, and less than US\$4 goes to the right health services'(p.34).⁸

Additionally, studies have shown that countries with most success in striving towards UHC tend to adopt a simple approach, limiting complexity and fragmentation. The Philippines introduced a 'sin tax', taxing alcohol and tobacco, which raised revenues that were earmarked for the provision of UHC and public health initiatives in primary care to prevent Noncommunicable diseases. Within the first year, more than USD\$1.2 billion was raised, which provided health care to an additional 45million Filipinos. In December 2016, 91% of Filipinos were covered by PhilHealth, the national health insurance programme.^{9,10,11}

Regarding health system strengthening, a holistic approach is required to tackle the interacting relationships of the building blocks of a health system. The WHO Health Systems Framework advises that these building blocks are: governance, information, financing, service delivery, human

resources and medicines and technology.¹² A systems thinking approach is key.

When analysing health systems, the debate between public and private healthcare provision continues, often with a negative opinion of private providers due to the associated increased out-of-pocket payments that make necessary healthcare unaffordable for many, resulting in poverty and poorer health outcomes. However, the literature has shifted its focus to potential benefits of private healthcare providers. The key is for governments to work towards widespread availability of financially accessible and competent providers, regardless of whether they are public or private. It has been suggested that policy makers need to take a systems perspective, managing the private sector to contribute to the performance of the system as a whole.¹³

Universal Health Coverage shows great promise. With prominence on the global health agenda and greater buy-in from governments worldwide, the potential for improved public health outcomes and economic development is an exciting prospect.

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