UNIVERSAL HEALTH COVERAGE

WHAT IS UHC?

The concept of Universal Health Coverage (UHC) is firmly rooted in Article 25 of the Universal Declaration of Human Rights, which identifies health as a fundamental human right. According to the World Health Organization, UHC means that all people can access quality promotive, preventive, curative, rehabilitative and palliative health services without being exposed to financial-risk.

This definition can be broken down into three main objectives:
1) Equity in access to health services - essential health services (including for HIV, tuberculosis, malaria, non-communicable diseases and mental health, sexual and reproductive health and child health) should be available to all who need them, not just those who can pay for them (WHO, 2019);
2) Quality - the quality of health services should be good enough to improve the health of those receiving services; and
3) Protection against financial-risk - using health services should not put people at risk of financial hardship.

QUICK FACTS

- At least half of the world's population still do not have full coverage of essential health services (WHO, 2019)
- About 100 million people are still being pushed into extreme poverty because they have to pay for health care (WHO, 2019)
- Over 800 million people (almost 12% of the world's population) spent at least 10% of their household budgets to pay for health care (WHO, 2019)
- All UN Member States have agreed to try to achieve universal health coverage (UHC) by 2030, as part of the Sustainable Development Goals (WHO, 2019)

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ADDRESSING COMMON QUESTIONS & MISCONCEPTIONS

1) UHC MEANS FREE COVERAGE FOR ALL POSSIBLE HEALTH INTERVENTIONS, REGARDLESS OF THE COST

Unfortunately, no country could sustainably finance all possible health interventions on an indefinite basis. Instead, universal health coverage systems strive to provide primary health care or essential health services for all. Primary health care addresses the health needs of an individual throughout their life, from health promotion, prevention, and treatment, to rehabilitation and palliative care (see Figure 1 for examples). According to the WHO, "primary health care is the most efficient and cost effective way to achieve universal health coverage around the world."

General Essential Services Evaluation Framework

Reproductive, maternal, newborn and child health:
- family planning
- antenatal and delivery care
- full child immunization
- health-seeking behaviour for pneumonia.

Infectious diseases:
- tuberculosis treatment
- HIV antiretroviral treatment
- Hepatitis treatment
- use of insecticide-treated bed nets for malaria prevention
- adequate sanitation.

Noncommunicable diseases:
- prevention and treatment of raised blood pressure
- prevention and treatment of raised blood glucose
- cervical cancer screening
- tobacco (non-)smoking.

Service capacity and access:
- basic hospital access
- health worker density
- access to essential medicines
- health security: compliance with the International Health Regulations.

Figure 1. The World Health Organization (WHO) and World Bank Group have developed a framework of 16 essential health services in 4 categories as a means of evaluating the level and equity of health coverage in countries.

2) IS THERE AN INTERNATIONAL OR GLOBAL SET OF UHC STANDARDS?

UHC systems are national systems designed to provide health care to all citizens of a nation, regardless of their ability to pay for it. Figure 1 (left) depicts the general framework the WHO and World Bank Group use to evaluate national UHC systems, however each country has its own unique set of circumstances and may chose to prioritize different areas. Ultimately, the goal is to increase the number of health services provided while reducing out-of pocket expenditure for patients.

3) HEALTH INSURANCE IS UHC

Health insurance is only ONE aspect or means of delivering UHC! There is more than one system through which governments ensure delivery and availability of affordable health services. The most common systems include Single Payer, Two-Tier, and Insurance Mandate Systems. See Figure 2 (next page) for details.

Additionally, UHC is more than a basic package of medical services! UHC encompasses all components of the health system including delivery systems, the health workforce, health facilities, infrastructure and transportation, communications networks, health technologies, quality assurance mechanisms, governance and legislation. It is also not just about individual-oriented treatment, but includes population-based services for example adding fluoride to water, controlling mosquito breeding grounds, nutrition, public health education, sanitation and vaccination, campaigns, and more.

UHC System Type Examples

Single Payer: In a single payer system, the government collects taxes to provide insurance for all citizens and pays all health care expenses except for co-pays and coinsurance. Providers may be public, private, or a combination of both. Some countries with single payer systems include Canada, Norway, Finland, Iceland, Taiwan, South Korea, etc.

Two-Tier: In a two-tier system, the government provides minimum insurance coverage for all residents while allowing individuals to purchase additional voluntary insurance or seek additional care for an extra fee when desired. For example, the government may supply a core health policy accounting for 2/3 to 75% of health spending which residents then supplement.
Some countries with two-tier systems include France, Australia, Ireland, Singapore, New Zealand, etc.

Insurance Mandate: In this type of system, the government requires all citizens purchase insurance, whether from private, public, or non-profit insurers. Insurers are not able to reject sick individuals as everyone is required to purchase insurance. In certain countries, insurance options are limited while in others numerous private insurance companies, standardized by the government, compete to provide insurance.
Examples of countries with an insurance mandate are Germany, Switzerland, Greece, etc.

Figure 2. Different methods of funding UHC Systems with examples of nations utilizing each system.

4) WHAT IF I LIKE HAVING MY OWN PRIVATE CARE PROVIDER AND DO NOT WANT TO GO TO A BIG GOVERNMENT OPERATED HOSPITAL / DO NOT WANT TO WAIT IN LONG LINES?

You still can! – The insurance system does not impact your choice of healthcare providers/private doctors, nor does your doctor provide the insurance system. The idea is that the government deicides which services are free and available and able to be provided by private doctors.

5) UHC DOES NOT WORK IN EVERY COUNTRY

To date, about 50 countries have adopted universal healthcare - these are a diverse group of countries distributed across all regions of the world and do not only include developed countries!

When we question whether it is working, the answer is yes. UHC systems have played a significant role in improving health outcomes and have also been linked to a reduction in poverty. Rwanda has made significant advancements since 2005 on HIV care and treatment, maternal health, neonatology, community-based programs in non-communicable diseases (NCDs) and mental health, training for quality care workers, including in rural settings, medical research and more, while Thailand's system has survived seven government changes to date, decreased the burden of HIV/AIDS, NCDs, and maternal and infant mortality, reduced hunger and poverty, and empowered its people - two of many examples.

Ultimately, many feel that UHC is ultimately a political choice and that while it may initially place stress on a nation's ministry of health, with consistent political will and investment UHC is possible.

UHC, WOMEN & GIRLS

UHC systems, when designed and implemented with women and girls in mind, have tremendous potential to improve health outcomes for women and girls. Unequal access to healthcare is responsible for a large proportion of shortcomings in women's health. According to H.E. Ambassador Supark Progthura, Deputy Permanent Representative of Thailand, many women and girls worldwide are unable to access health services even if they are nearby and available, often due to financial, social, and infrastructural barriers, among others. For more information on UHC and women and girls' health from the recent 63rd Session of the Commission on the Status of Women, see

https://ncdalliance.org/news-events/news/csw63-call-to-ensure-a-gender-lens-on-universal-health-coverage-packages