



Position Paper Universal Health Coverage



Bild: Olivier Brandenburg

Context

With the Millennium Development Goals coming to an end in 2015, the debate on the next generation of development goals has been offset in 2012 with a paradigm shift towards global sustainable development post 2015.

Global sustainable development goes beyond health issues and embraces social justice, economic growth and ecologic sustainability. To realize these goals, people need to be free and able to attain the highest possible standards of health. As a consequence, the health of future generations will be improved.

Health is a precondition, result and indicator for sustainable development. It needs to be addressed as a central element in the debate about the future world we want to live in.

Progress achieved

Aware of this logic, Governments over the last 10 years have tripled their investments into global health, and these commitments have paid-off: Impressive, but fragile health gains have been achieved. Child and maternal mortality have decreased, people receive life-saving antiretroviral treatment, and access to chronic care has improved.

Universal health coverage and commitment needed

Today, the know-how, skills and technology exist and allow everybody to access quality prevention, treatment and care. If the momentum is kept, the pace stepped-up and ways found to finance our efforts in a sustainable manner, a convergence in health between poor and rich seems possible.

In this context, Universal Health Coverage (UHC) has risen to the top of the global health discussion. At its core, it is about the right to health.

Its aim is to ensure that all people obtain the health services they need – prevention, promotion, treatment, rehabilitation and palliation – without risk of financial ruin or impoverishment, now and in the future. Dr Margaret Chan calls UHC the “single most powerful concept that public health has to offer”.

Conceptual reflection

We, the Swiss Red Cross and SolidarMed, have held a joint reflection to further conceptualize this framework of UHC, and to discuss its relevance for our programs.

We understand UHC as a comprehensive framework with three dimensions:

Population coverage for equitable access

Population coverage means to overcome barriers to access in terms of availability, affordability and cultural acceptance, so that all people can make equal use of services. It thus means to improve physical access, address economic and social barriers, abolish user fees, and empower people to value and accept health services. Access should not be increased indifferently, but with a special focus on the most vulnerable.

Service coverage for quality health services

Service coverage means that efficient health systems (workforce, medicine and products, information, governance, financing, service delivery) provide essential, safe quality services, which respond to people’s needs, irrespective of their age and type of health condition.

Financial coverage with sustainable financing

Financial coverage means that health systems raise sufficient resources for essential health packages in an equitable way and through fair distribution of financial risks, so that clients are neither impoverished nor hindered to use services. It also means that Governments have to fall back on diversified sources of funding, including taxation, in order to not exclude the informal sector and the most vulnerable from financial protection.



We further believe that the realization of UHC depends on the following enabling factors:

Community Empowerment

Empowering citizens through the provision of information in regards to their right to health, service entitlements and patient rights enables them to make informed decisions regarding their health and when seeking health care. Furthermore, they are more likely to actively engage in health promotion and health actions in their community. Empowered citizens play an important role in holding the health system accountable and contribute to narrowing the gap between service providers and recipients.

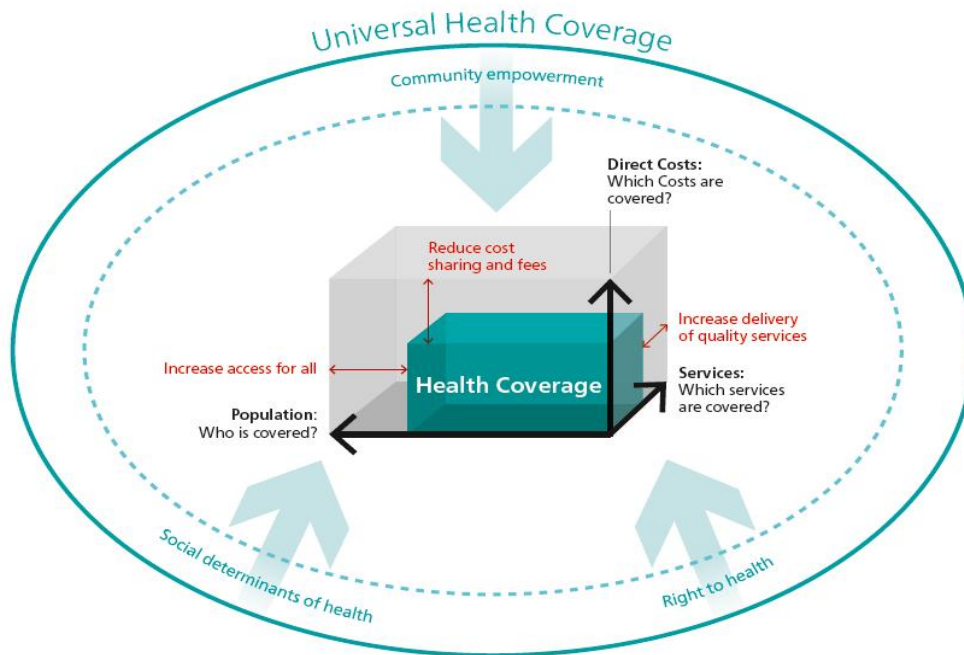
Social determinants of health

The social determinants of health are the conditions in which people are born, grow, live, work and age. These circumstances are shaped by the distribution of money, power and resources at global, national and local levels. The social determinants of health are mostly responsible for health inequities - the unfair and avoidable differences in health status seen within and between countries. The social determinants of health are important factors which shape the success of UHC.

Right to Health

Enshrined in treaties and constitutions all over the world, the right to the highest attainable standard of health extends further than health care. It is an inclusive right, covering the protection and maintenance of health as well as its re-establishment. It thus extends not only to timely and appropriate health care but also to the underlying determinants of health.

In this sense, we comprehend UHC along the following lines:



Open questions

Whereas Universal Health Coverage is a powerful framework which can produce useful and practical tools for planning, execution and evaluation, we list below some of the questions raised during the joint reflection of our organizations:

- Which are the „essential services“ to be covered?
- Which are the quantitative targets and milestones for each coverage dimension?
- What are the “good practices” for risk pooling and health sector reform?
- Which are “critical enablers” to facilitate the translation of risk pooling into improved health outcomes?
- How to define service quality? Which are the thresholds?
- How can very resource poor countries provide sufficient resources for health?
- How to measure “health system strengthening”? Are there tracer indicators?
- Shall the establishment of “non - essential services” (e.g. endoscopy) be financed in parallel to scaling up “essential services”? Or only after a minimal essential service coverage has been reached?

Our organizations will address these and further challenges within their programs and we are determined to use Universal Health Coverage as a framework to stop preventable mortality and morbidity.

Further reading:

A commitment to close the gap: Universal Health Coverage; WHO, UNICEF, Save the children, Rockefeller Foundation; published by Save the Children Fund 2013

Why health insurance schemes are leaving the poor behind; 176 Oxfam briefing paper; 9. October 2013

Universal Health Coverage; The Lancet themed issue series September 2012:
<http://www.thelancet.com/themed-universal-health-coverage>

The impact of Universal Coverage schemes in the developing world: a review of the existing evidence; Giedion U., Alfonso E., Diaz Y.; Universal Health Coverage Studies Series No. 25, World Bank 2013

Research for Universal Health Coverage, The World Health Report 2013

Global health 2035: A world converging within a generation; The Lancet Commission on Global Health; The Lancet; December 3, 2013; [http://dx.doi.org/10.1016/S0140-6736\(13\)62105-4](http://dx.doi.org/10.1016/S0140-6736(13)62105-4)

From sovereignty to solidarity: a renewed concept of global health for an era of complex interdependence; Julio Frenk, Octavio Gómez-Dantés, Suerie Moon; The Lancet 2014; 383: 94–97

Health Care Systems in Low- and Middle- Income Countries, Anne Mills, New England Journal of Medicine, 2014; 370:552-7. DOI: 10.1056

Thailand's health ambitions pay off; Suwit Wibulpolprasert; Bulletin of the World Health Organization; 2014;92:472–473; doi: <http://dx.doi.org/10.2471/BLT.14.030714>

A healthy perspective: the post-2015 development agenda; Seth Berkley , Margaret Chan, Mark Dybul, Keith Hansen, Anthony Lake, Babatunde Osotimehin, Michel Sidibé; The Lancet, Volume 381 March 30, 2013

Why governments should take health more seriously; Richard Horton; The Lancet; Volume 381 March 23, 2013

Closing the health equity gap: Policy options and opportunities for action; WHO, 2013

Universal health coverage: The post-2015 development agenda; The Rockefeller Foundation (Jeanette Vega), The Lancet, Volume 381 January 19, 2013

The emergence of global attention to health systems strengthening; Tamara Hafner and Jeremy Shiffman; Health Policy and Planning, 2013; 28:41–50, doi:10.1093

Global Trends 2030: Alternative Worlds; The US National Intelligence Council, 2013, www.dni.gov/nic/globaltrends

Achieving universal health coverage in low-income settings; Jeffrey Sachs; The Lancet; Volume 380
September 8, 2012

How foreign policy can influence health Ilona Kickbusch; British Medical Journal, 2011; 342:d3154;doi:
10.1136

Systems Thinking for Health Systems Strengthening; Don de Savigny; WHO, 2009

Health systems financing: The path to universal coverage; World health report 2010

Health financing for universal coverage: Concepts and implications for policy; Joseph Kutzin, Bulletin of
the World Health Organization; 2013;91:602–611; doi: <http://dx.doi.org/10.2471/BLT.12.113985>

Human resources for health and universal health coverage: Fostering equity and effective coverage;
Campbell, Buchan, Cometto, David, Dussault, Fogstad, Fronteira, Lozano, Nyong'o, Pablos-
Méndez, Quain, Ann Starrs, Tangcharoensathien; Bulletin of the World Health Organization;
2013;91:853–863; doi: <http://dx.doi.org/10.2471/BLT.13.118729853>

SolidarMed and Swiss Red Cross
August 2014