

Policy Note

Universal Health Coverage, a priority or just a slogan?

Nasir Dehghan^{1*}, Zeinab Ebrahimi Fard¹, Arezou Ashari¹

¹ Prevention Medicine and Public Health Research Center, Iran University of Medical Sciences, Tehran, Iran

Corresponding author and reprints: Nasir Dehghan. Prevention Medicine and Public Health Research Center, Iran University of Medical Sciences, Tehran, Iran.

Email: Nasir.dehghan@gmail.com

Accepted for publication: 17 Jun 2019

Cite this article as: Dehghan N, Ebrahimi fard Z, Ashari A. Universal health coverage, a priority or just a slogan?. SDH. 2019;5(3):216-218. DOI: <https://doi.org/10.22037/sdh.v5i3.30211>

Universal Health Coverage is defined as preventive, curative, rehabilitation, and rehabilitation services which are available to all people in the community and can be accessed if needed. In this case, it can be relatively guaranteed that the use of these services will not burden them with financial problems.

UHC can result in higher the level of health equity in populations. Nevertheless, UHC's definition in any country is associated with its economic, social, political, and cultural status. The UHC cube, introduced by the WHO, has three axes; direct costs (proportion of the cost covered), services (services covered), and population (covered). All three axes should be promoted parallel, otherwise, disproportionate growth across axes can lead to reverse results and reduction of equity (1,2).

Based on this approach, health insurance has been created in developing countries with the aim of strategic purchases of services and combining various types of insurance in recent years.

The fact is that the cost of healthcare has risen sharply in current years, not only because of inflation or expensive medical technology and aging, but also because of the large businesses and capitalism that are expanding around the world with a global village approach (3,4).

the word universal health means "for all without discrimination", so that everyone everywhere has the right to access and

cover healthcare services regardless of their financial circumstances.

The goals of this universal coverage include increasing quality, equality in service delivery, effectiveness, transparency and greater accountability.

The most important problems against achieving the UHC are inadequate budgets, lack of clear borders between public and private systems, multiplicity of insurance organizations and insurance funds, drastic changes in epidemiology of diseases and demographic characteristics, lack of accountability to demands of society due to the limitations of manpower employed in health sector and negligence of social variables in this sense (5).

At least half of the world's population does not yet have full healthcare coverage, and about 100 million people in the world are still living below the absolute poverty line and have to pay for healthcare services. More than 800 million people (about 12 percent of the world's current population) also spend at least a tenth of their household budgets on healthcare (6).

All United Nations member states have agreed to achieve UHC by 2030 as part of the Sustainable Development Goals (7).

Prospects of expanding access to quality essential health services are improving, as WHO seeks to expand health coverage to 1 billion people by 2023 and countries prepare to meet this target of the Sustainable Development Goals by 2030 (8).

In principle, countries cannot provide all health-related services for free and sustainably, but the organized effort of the government is to protect the public and reduce the financial consequences for health services to as little as possible and there is no one who is deprived of these services due to financial problems.

Responding to the growing health needs of the population and their ever-increasing costs is an important challenge that is pushing governments toward self-care goals and, of course, strengthening prevention systems. Having a strong leadership and a long-term commitment to achieving global health coverage is manifested in financial protection and equality in the provision of health services. Improving healthcare coverage is directly related to the access and integration of our staff to provide integrated care for the general public. Government investment in Primary healthcare will be the cornerstone of universal health coverage.

The right to health requires that essential services include those for populations with specialized needs, such as sexual and reproductive health services adapted to the needs of women, girls, persons with disabilities. Health services and access to underlying determinants must also be economically accessible. Even where there is widespread access to health services, including in good working condition and medically and scientifically appropriate (9). Experts agree that most successful systems employ both the public and private sectors, and often use a mix of incentives, structures, and cost containment mechanisms that can be leveraged to assure and improve the quality of care provided.

As countries are reforming their healthcare systems, they are giving special attention to incorporating UHC into their objectives (10).

Therefore, the implementation of this approach will be challenging, and many developing countries have so far failed to achieve universal coverage due to a lack of adequate management capacity in the

insurance sector, or differences in the method of calculating premiums in various organizations which have led to different effects. In addition, the existence of comprehensive and transparent information systems in particular and the identification of vulnerable and low-income groups can be of great help in the successful implementation of universal health coverage.

Leading this valuable path will require the synergy, interaction and inter-sectoral cooperation of the Ministry of Health as the main trustee of the health sector with other organizations, from education and municipalities to agricultural and non-governmental organizations.

References

1. Schmidt H, Gostin LO, Emanuel EJ. (2015). Public health, universal health coverage, and Sustainable Development Goals: can they coexist? *Lancet*, 386:928–30.
2. Gwatkin DR, Ergo A. (2011). Universal health coverage: friend or foe of health equity? *Lancet*, 377:2160–1.
3. Alemayehu B, Warner KE. The lifetime distribution of health care costs. *Health Serv Res*. 2004;39(3):627–42.
4. Norbeck TB. Drivers of health care costs. A Physicians Foundation white paper - second of a three-part series. *Mo Med*. 2013;110(2):113–8.
5. Abolhallaje M, Mousavi SM, Anjomshoa M, et al. (2014). Assessing health inequalities in Iran: a focus on the distribution of health care facilities. *Glob J Health Sci*, 6:285–91.
6. Marten R, McIntyre D, Travassos C, et al. (2014). An assessment of progress towards universal health coverage in Brazil, Russia, India, China, and South Africa (BRICS). *Lancet*, 384:2164–71.
7. United Nations General Assembly. Transforming our World: The 2030 Agenda for Sustainable Development: United Nations Population Fund; 2015 [updated September 2015. Available from: <https://www.unfpa.org/resources/transforming-our-world-2030-agenda-sustainable-development>.
8. Moses MW, Pedroza P, Baral R, Bloom S, Brown J, Chapin A, et al. Funding and services needed to achieve universal health coverage: applications of global, regional, and national estimates of utilisation of outpatient visits and inpatient admissions from 1990 to 2016, and unit costs from 1995 to 2016. *Lancet Public Health*. 2019;4(1):e49–e73.

9. Puras D. Universal Health Coverage: A Return to Alma-Ata and Ottawa. *Health Hum Rights*. 2016;18(2):7-10.
10. National Academies of Sciences, Engineering, and Medicine; Health and Medicine Division; Board on Health Care Services; Board on Global Health; Committee on Improving the Quality

of Health Care Globally. *Crossing the Global Quality Chasm: Improving Health Care Worldwide*. Washington (DC): National Academies Press (US); 2018 Aug 28. 7, Embedding Quality Within Universal Health Coverage. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK535659/>