The Road Towards Universal Health Coverage

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Universal Health Coverage Guiding Principles

Universal Health Coverage (UHC) means that all people have access to the full range of quality health services they need, when and where they need them, without financial hardship. It covers the full continuum of essential health services, from health promotion to prevention, treatment, rehabilitation and palliative care.

Three main principles guide UHC:
-Equity in financing for health financial protection for all
-Equity in utilization for access to health care to all
-Efficiency and sustainability in financing
In most countries, UHC is progressive, targeting first the most vulnerable and expanding to various population groups depending on availability of human, physical and financial resources. Most countries also define essential packages of care that can be progressively be expanded to more advanced care.

What Does UHC Require?

UHC necessitates a robust governance system, well thought of sustainable financing mechanisms, and significant coordination and multisectoral cooperation. Strategic national health planning will guide the main areas of work and further development such as human resources for health, service delivery and access to care, models of care, harmonization and alignment with population health needs, health accounts within national general accounts, health information system and flow of data, etc.

Effective coordination between government institutions, civil society, private sector, academic and research institutions is a critical aspect for reaching UHC.

Health Financing for UHC remains perhaps the most difficult component to decide on at national level, as countries will need to:
1-raise sufficient and sustainable financial resources for health
2- pool and manage collected financial resources
3- use financial resources to provide the right incentives for providers and users alike to guarantee equity in financing and utilization with adequate financial protection for all.
This entails three main functions for health financing, mainly: revenue raising; pooling; and purchasing. These functions determine benefit packages, and service delivery models and facilities. They are governed by an overall umbrella of government stewardship and oversight, ensuring transparency, equity and efficiency. These functions aim at protecting vulnerable groups from financial hardships, improving quality of care, and minimizing overuse and / or abuse of health care, Sustainable UHC will require a set of information that needs to be analyzed and triangulated between various sources. These include:

1- Population health status:
Updated data on population health, segregated by gender, age group and special categories of population groups (such as disabled, elderly, migrants.). This data is usually obtained through the following:
- Burden of diseases study, that provides data on mortality, morbidity, disability adjusted life years, quality adjusted life years, years of life lost to disease (DALys, QALYs, YLL, respectively); this will help prioritization of health service packages at the three levels of care
- A hospitals case mix analysis, describing most costly conditions, most frequent admissions, and tracer indicators
- Primary Health care (PHC) utilization, providing number and demographic profile of beneficiaries, and most common conditions observed; this will help prioritize packages of care to be offered at PHC level
-Actuarial studies, that assess risk in insurance, pension, finance, investment and other industries and professions and model matters of uncertainty and life expectancy.
- An updated life table, that provides population demographics and projections, based on reliable system of recording births and deaths

2- Financing situation
Updated data and information related to Financing in health is needed for reliable estimates, better identification of sources of funding, and better monitoring mechanisms of financial expenditures. This can be obtained through:
- National Health Accounts (NHA) analysis that details health expenditures, allowing to prioritizing and harmonizing health financing
- Household expenditures on health study, including Out Of Pockets Spending on health (OOPS); this is critical when discussing financial protection in health
- Fiscal space analysis, that determine the budgetary room allowing the government to provide resources for health without impacting fiscal sustainability; this exercise will necessitate whole of government budget analysis, including economic growth reprioritizing budgets, earmarking new revenue, improved efficiency and external resources, as well as public financial management efficiency

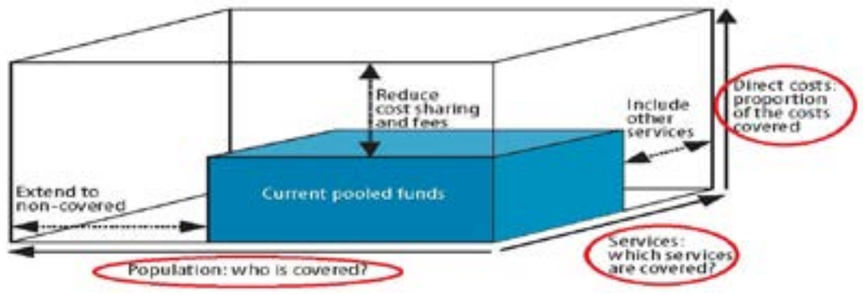
Advancing UHC: What is Needed?

Governments all over the world and health partners in particular have been advocating for health rights to all, as most have committed to the Alma Ata declaration in 1978, to the Qatar declaration in 2008, and to the Astana declaration in 2018. This commitment has translated differently in different countries, based on their health system context. Global guidance and experience have highlighted the importance of having additional information mostly from non-health stakeholders, in addition to specific health data, that can be grouped as follows:

-Macroeconomics
It is very important to understand the realities of the economic situation, including, current political context and country stability; this will allow longer term government commitment to advancing UHC; periodical availability of selected indicators such as Gross Domestic Product (GDP) and GDP per capita, general government expenditure and as percent of GDP, and per capita general government expenditure on health are a significant data that orients policy dialogue for sustainable financing. Poverty level, and percent of population under poverty line will help government identify the most in need for protection against financial hardship due to health. Data on foreign investment/ external sources, that could complement financial gaps, allows a progressive phasing out plan towards more autonomous national UHC plan

- Health financing architecture
In a country with multiple stakeholders for health, it is imperative to define roles and responsibilities and the mandates of the various partners. Who are the main government institutions contributing to health care and health policies, in addition to the Ministries of Public Health, such as ministries of Labor, Defense, Interior,

Fig. 1. **Three dimensions to consider when moving towards universal coverage**



Economy and Commerce, Industry and Trade, housing. Mapping the private financing agents such as private insurance companies, nongovernmental organizations (national and international) and households, can help assessing the extent and needs to strengthen the private public partnership. International organizations, especially in countries in crisis, as well as bilateral donors support need to be factored in.

- Revenue raising

For sustainable financing in health, it is critical to understand the possibilities of revenue raising, and to benchmark the actual situation, with information periodically updated regarding some critical financial indicators such as: per capita current health expenditure, and its % of GDP;per capita domestic private health expenditure; nongovernmental organizations and donor funding% of current health expenditure; selected taxations (tobacco and alcohol, vehicle registration fees, and road tolls, general taxation, taxation on wealth…); domestic general government health expenditure per capita and its % of general government expenditure; and most important, the capacity of government institutions to collect contributions

- Pooling of funds

The possibility of pooling government funds with potential cost-effective management and allocative efficiency needs to be assessed against the existing cost of management of the various funds. In most countries, pooling of funds allowed substantial saving on managerial costs, and purchasing capacity increase based on economy of scale

- Purchasing of services

Purchasing of health services should be revised to include preventive services, and palliative services in addition to the existing curative services, and for consideration of new health care technologies. A revised benchmarking of health services costs is also needed to allow better sustainable pricing. Contracting out private sector based on performance, not only on accreditation should be also contemplated, to improve quality of care and efficiency in health care management. Diverse reimbursement modalities could be assessed, with value for money consideration: fee-for-service system for non-interventional hospitalization; capitation for pregnant women; case-based payment for surgical procedures; budgetary transfers for public hospitals; flat rates for selected interventions, and in-kind payment for comprehensive primary health care services delivered by nongovernmental organization health centers

- Benefits design

Government currently supported packages of services need to be evaluated in terms of pertinence, and infrastructure, and revised based on the population needs and availability of infrastructure and resources. DCP3 has provided global guidance for packages selection, within a continuum of care approach, including the three levels of care: primary, secondary and tertiary care. Country could define tailored basic primary services, offered for free or for nominal fee for the vulnerable through PHC networks; countries could also opt for essential hospital packages, prioritizing life-saving and limb-saving hospitalization, catastrophic illnesses such as renal failure care (dialysis) and cancer treatment (medications, advanced testing and procedures) to most vulnerable groups, and progressively expand to reach all population groups. Most countries prioritize benefit packages based on prevalence, as well as on high impact in terms of mortality and morbidity, and on high risk for financial hardship

- Population coverage

Update on existing health insurances schemes coverage including Government (national social security plans, armed forces plan, government employees plans etc.), Caisses Mutuelles (Teachers, taxi drivers, fishermen,), private insurances provide information on expected gap to cover the uninsured. It is critical to triangulate this data with employment situation, to better estimate the informal sector. This is of particular importance to estimate the proportion of the population at risk for catastrophic spending

- Service coverage

Recent assessment of service coverage needs to be done, with focus on several factors. Most important in this context is the availability of data regarding private sector size of contribution in health, determining the market shares of public and private sectors in health care delivery. Regular updates on health facilities and services, availability, distribution and capacities is important in access improvement, and designing referral systems. Regular updates on health workforce availability, distribution and education, especially to accompany technology developments, is a critical aspect of access to health care, but also an important factor in Human resources for Health retention strategies. Computing the universal health coverage index is considered an significant indicator for monitoring essential health services

The Way Forward

As most countries across the world are committed towards ensuring UHC, each country at its own pace, health reforms aiming at leaving no one behind have become imperative to reach the DSG 3 goal. Countries need to be aware and take into consideration the interaction and influence of non-health factors, in line with the other SDGs that could have direct or indirect impact on SDG3, such as SDG6 (water and sanitation), SDG 1 (poverty), SDG 8 (employment) SDG 9 (infrastructure, industrialization and innovation), SDG 10 (equity). After the Covid pandemic, many countries have strained health systems, and health reforms are contemplated accordingly. The backbone of any health sector reform would be evidence-based consensus on health financing, that ensures equity, quality and sustainability of health care. The way forward for UHC and fair financing may seem complicated, however, with strong governments commitment, this could be a reasonable and an achievable goal

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