Demystifying Universal Health Coverage (UHC): Concepts, goals and impact outcomes

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The EL-CSID Research Project

- The "**European Leadership in Cultural, Science and Innovation Diplomacy" (EL-CSID**) research project aims to articulate *the relevance of culture, diplomacy and science for EU external relations as part of a systematic approach for understanding the direction of change and impact of interventions and locating developments in cultural and science diplomacy within the evolving global context*.
- The project involves eight partner institutions in Europe, including the **University of Warwick,** and is coordinated by the Vrije Universiteit Brussel.
- The University of Warwick is leading a work package on "*Cultural and Science Diplomacy: The Transnational and Collaborative Dimensions.*
- Within this work package, there is a work task *"Cultural and Science Diplomacy in Combating Pandemics - Lessons from the global HIV/AIDS and Ebola responses"* which I am responsible for. The aim is to explain cultural and science diplomacy with respect to global responses to epidemics and infectious diseases, including interactions with key state and non-state actors at international, national and local levels, while focusing on the EU, its member states and institutions including strategic partnership arrangements with developing countries, information campaigns, diplomatic missions and NGOs (like **AEMRN)** concerned with health promotion and disease prevention

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Universal Health Coverage: Origin, background, trend and status

- Origin of UHC can be traced to 1948 *WHO Constitution* which declared that health is a fundamental human right and committed the organisation to pursue the attainment of the highest attainable level of health for all
- WHO formally adopted UHC in 2010 and urged member states to move towards UHC - based on the notion of access to safe, effective, quality and affordable healthcare for all - as an attainable goal and a legitimate aspiration
- WHO and African Union adopted a joint Declaration on the attainment of UHC in Africa in March 2014 – Africa being the region with the highest share of the global burden of disease
- UHC was incorporated into the UN Sustainable Development Goals (SDGs) in 2015

Universal Health Coverage: Origin, background, trend and status

- WHO launched a new data portal on UHC around the latest data on access to health services for each of its nearly 200 member states
- Today, more than 1 billion people globally are not able to access quality healthcare at affordable cost, and an estimated 100 million people pushed below the poverty line due to out-of-pocket expenditure on health services.
- This is an untenable situation, both in terms of human suffering and for long-term sustainable development.
- Access to adequate healthcare should be universal, hence, ***UHC is now a pressing priority on the global development agenda***
- The **UN Sustainable Development Goal (SDG) 3** seeks to "ensure healthy lives and promote well-being for all and at all ages"; member states should aim to achieve UHC by 2030

UHC: Concept, Challenge, Definition and Objectives

- In an ideal model, the ***concept*** of UHC refers to a situation wherein everybody in the society receives the health services they need without suffering financial hardship. In the real world, this requires establishing a health system where healthier and wealthier members of society, directly and indirectly, cross –subsidize services for the sick and the poor – this is a ***challenge*** which has economic implication, is inherently *political,* and often resisted by powerful *interest groups*.

- **WHO *definition*** of UHC refers to all people and communities having *access* to and being able to use the promotive, preventive, curative, rehabilitative and palliative health services they need. This implies, in many countries, the need to extend healthcare delivery systems to increase coverage and people's contacts with health systems. The focus is not only on access in terms of affordable cost, but also on the *quality* of healthcare provided (especially in low- and middle-income countries)

- The WHO definition of UHC embodies 3 related ***objectives***: (1) equity in access to healthcare services; (2) quality good enough to improve health; and (3) protection against financial risk

Demystifying UHC: *Focus on concrete goals, targets and plans with accountable outcomes anchored in health impact*

- Put people first
- Engage at the community level
- Create Communities of practice to generate evidence-based data
- Secure financing
- Develop innovative and transformative international development partnerships

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Put people first

- Essentially the ***major goal*** of UHC is *healthy people*, not a system made up of buildings (bricks and mortar), equipment, cadres of workers, etc. (i.e. the health infrastructure and bureaucracy) which are the *means* for attaining this major goal
- The ***objectives*** of UHC should be linked to the ambition or aspiration of *better health for the entire population*, not to build systems,
- Objectives should influence the nature and magnitude of the systems (i. e. the targets associated with the objectives) to be built over time to achieve the major goal
- The major goal and the targets associated with the objectives will combine to form the fulcrum for policy and action plan to achieve specific health outcomes for the people, based on the systems needed to achieve those outcomes

Engage at the community level

- Planning for human-centred UHC must be rooted in actions and interventions at the local community level and incorporated into community-based systems for prevention, care and treatment, including faith-based and traditional structures and methods

- Well-organized and adequately funded community health workers, and community public health and sanitation workers focusing on disease prevention, constitute a vital link between UHC-oriented healthcare services and the health and well-being of the people they serve.

- Because of the value and reliability of its of its surveillance system, community healthcare service (CHS) can usefully be integrated with district and provincial health systems to actually help deliver better health coverage across the nation

- With its low costs and high potential payoffs, CHS models have caught the attention national (both developing and developed countries), regional and international healthcare systems and organisations and policy people

Create communities of practice for sharing data and evidence

- When health policy-makers and practitioners have access to data and evidence about outcomes and impacts (both successes and deficiencies), they are more likely to come up with innovative solutions that can improve outcomes and enhance scaling-up of services [Example of Ethiopia's networks of community health cadres]

- Build the *voice* of the people and promote a *participatory process* to increase public awareness of the need for data, information and own viewpoints to support effective UHC planning, and also for collective decisions.

Secure financing: Resources to finance the systems needed for sustainable UHC

- How to ensure that people get the healthcare they need without the risk of being pushed further into poverty: ***public purse*** (revenues and government bonds, taxes on products that impair health such as tobacco and alcohol; financing by regional and international development banks; donors) and ***private sector investors*** – health infrastructure, procurement and workers; ***health insurance*** ***(*** public and private) – comprehensive and sustainable

- By focusing on the health of people and join in solidarity to support and serve others at all levels, countries can achieve UHC even without high income levels (e.g. Japan in the 1950 and Rwanda)

- Investing in health is good for economic development through impact on human capital and its returns

- Health financing represents a fusion of the economic and human dimensions of development; requires cooperation between Health and Finance ministries

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UHC and the power of partnerships: Innovation, transformation and impact

- More inclusive and equitable global health system, which recognises that: disease and health are part of the bigger global development picture; health is a global public good; innovations in *global health security and governance;* partnership must be *bi-directional and mutually accountable*

- Multi-sector collaboration in context of and i*nnovative and transformative global partnerships* (e.g. financing, digital health technology, telemedicine, scaling-up and sustainability of effective progammes, active local participation, mutual responsibility of all stakeholders)

- Facilitate *access to essential medicines and vaccines* in good enough quality and at affordable cost

- Improve *implementation* by building essential connections between people/patients, health facilities, health providers and policy-makers

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Conclusions: Making UHC work for Africa –Practical Recommendations

- Human-centred strategies, evidence-based policies, and disease-specific prevention and treatment programmes
- Sensitization of population to health risks and security
- Develop a national health financing strategy, with emphasis on domestic resource mobilisation
- Use external aid resources sensibly and efficiently
- Political commitment of leadership to human and financial investment in health
- Process of dialogue Ministers of Health and Finance to champion priority actions towards UHC and health financing for development
- Innovative and transformative international development partnerships to support new and ground-breaking diagnosis, treatment and prevention strategies

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