WHY IS IT AN EMERGING ISSUE?
Universal Health Coverage (UHC) entails a functioning and affordable universal public healthcare system, with a focus on essential primary medical attention, in combination with financial risk protection. Its implementation should be feasible even in low-income countries, given sufficient political will combined with appropriate investment in health.

However, although important in itself, UHC alone or even in combination with its fellow targets, will not be enough to deliver on Sustainable Development Goal (SDG) 3: Ensuring healthy lives and promote well-being for all at all ages, nor to fulfill the human right to health. Success in many of the other SDG Goals is essential for progress towards the Health Goal, and ensuring attention to this interconnectedness between the Goals may be key to secure “The Future We Want”.

UHC IN POST-2015 AGENDA
Within the ideas emerging for the post-2015 global development agenda, “The Future We Want”, Universal Health Coverage (UHC) has been suggested as one of the targets under the proposed health goal: Goal 3: Ensure healthy lives and promote well-being for all at all ages. [1].

Within a total of nine proposed targets for the SDG 3: Health Goal, the eight targets accompanying UHC aim to reduce mortality and morbidity from a variety of priority causes and to control various diseases and afflictions. As such, the
targets comprised under the Health Goal largely pertain to the domain of healthcare systems, in which they emphasize the capacity of these systems to effectively treat and control health problems and risks, while omitting explicit references to the quality, acceptability, appropriateness or responsiveness of such healthcare.

UHC aims to ensure that all people obtain the health services they need, without suffering financial hardship due to the costs these services entail. Equity is inherently included within the concept, as well as financial risk protection, and access to services of adequate quality addressing health promotion, prevention, treatment, rehabilitation, and palliation for priority health problems.

In the Guardian of 6 January 2015, Amartya Sen stated that UHC is achievable even in poor countries, citing examples of important progress in population health through the implementation of low-cost but effective healthcare in countries or states such as Cuba, Thailand, Rwanda, Kerala, and Bangladesh [2].

Sen gives four explanations for this unexpected affordability of UHC in low-income countries:

1. Basic healthcare services are labour-intensive, and thus relatively cheap in low-wage economies;
2. Through the equitable provision of basic healthcare to all, larger health gains are more efficiently achieved than in inequitable systems where the poor are unable to afford basic services;
3. Healthcare has many characteristics of a ‘collective good’, which is more cost-efficiently allocated to all together than to people as individuals; and
4. Collective treatment of transmittable diseases is more effective for epidemiological reasons.

In addition, public provision or regulation of health insurance makes good economic sense, mainly due to the strong asymmetries in information regarding healthcare between provider and user, which impede the formation of efficient and competitive markets.
The cost-effectiveness of many basic healthcare interventions has been abundantly proven, with immunization and contraceptive services as the most obvious examples. Rather than worrying about the affordability of UHC in low-income countries, it may thus be more fitting to worry about the costs of *not* ensuring UHC everywhere.

**BASIC PACKAGE OF HEALTHCARE**

The World Health Organization (WHO) has summarized the components which must be in place for the achievement of UHC [3]:

1. An efficient health system directed at priority health needs;
2. A system to finance health services to provide affordability and financial risk protection.

Within the efficient health system, two aspects are emphasized:

A. Access to essential medicines and technologies to diagnose and treat medical problems;
B. An adequate quantity of well-trained and motivated health workers to provide the health services.

The recommended content of the basic package of healthcare depends on the context, and needs to encompass cost-effective interventions for the prevention, diagnosis, treatment and care for the locally most prevalent and serious health problems, such as infectious diseases, sexual and reproductive health conditions, non-communicable diseases, mental health problems, and trauma. Each country is expected to develop its own priority content to be included in its basic package.

In low-income countries, obvious candidates for interventions in the package are immunization, contraception, prevention and treatment for prevalent diseases such as diarrhoea, malaria,
pneumonia, and HIV, and care for pregnancy and childbirth. Rwanda is one of the countries, which has achieved remarkable progress with such a limited package of essential services [4].

High-income countries with different epidemiological profiles might consider the inclusion of more expensive or technologically advanced interventions, such as Spain, which is currently debating the provision of medical treatment for patients with Hepatitis C within the public healthcare system, at considerable expense [5].

Nevertheless, sexual and reproductive healthcare services are singled out in their own proposed targets (target 3.7 and also target 5.6, under SDG 5: Achieve gender equality and empower all women and girls), and are thus to be included in the basic package of all countries.

The chosen healthcare package, however basic, is likely to lead to improvements in population health, when delivered efficiently, equitably and with appropriate quality to the entire population, including vulnerable groups. The political decision to provide the basic package of healthcare to all while largely pooling the financial costs involved, is most important [6].

The experience with the Affordable Healthcare Act in the United States of America shows clearly how politically sensitive UHC actually is, and thus any reforms towards it must be championed at the highest level of government. The required funds may then be mobilised in various ways, including tax collection to pay for or subsidize healthcare – for all or for vulnerable groups –, or through mandatory participation in health insurance plans [7].

It is essential to finance UHC through publicly governed mandatory mechanisms, as voluntary contributions, whether through user fees or voluntary insurance, will not be able to provide universal protection to financial hardship [6]. In low-income countries, considerable external funding may be required, but also delivery on promises of increased
domestic investment in health [8,9]. As a country increases its income and more funds become available, the basic package may be expanded accordingly.

**STRENGTHENING HEALTH SYSTEMS**

To be able to deliver the essential healthcare package effectively, equitably, and with appropriate quality, a functional and sustainable health system with sufficient resilience to deal with shocks and emergencies is fundamental.

The recent ebola epidemic in West Africa is an example which illustrates that health systems in many countries continue to lack these qualities, with dire consequences for population health and economic performance. The main question is: how can health systems be developed and strengthened to be able to deliver healthcare effectively, equitably and with appropriate quality?

The building of health systems requires strong institutions and appropriately staffed, equipped and supplied health facilities [10]. But it also needs recognition of the complex reality of health systems, and the application of systems theories, such as complexity theory [11].

Collaboration between high-, middle- and low-income countries can generate the necessary knowledge and experience for successful implementation, and international institutions should provide policies and guidance for standards, while making sure that efforts are not thwarted by initiatives aimed towards improvements in other areas.

In particular, certain measures directed at improving macro-economic management are detrimental, if these obstruct adequate public investment in health, as has happened with the structural adjustment measures from the International Monetary Fund, and is happening again in several European
countries implementing austerity measures (for example in Greece, or in countries restricting access by irregular immigrants).

SOCIAL DETERMINANTS OF HEALTH
The inclusion of UHC in the proposal of the SDG goals makes sense, as it progressively makes essential healthcare available to all rather than keeping it limited to the privileged few. Yet, UHC and the other eight targets for Goal 3 are not enough to “Ensure healthy lives and promote well-being for all at all ages”.

Without denying their importance, it has to be recognized that health is not determined just by healthcare or disease control. For many years now it has been known that other factors, in addition to the health sector, influence the state of health of individuals and populations.

The “Rainbow Model”, developed over 20 years ago by Dahlgren and Whitehead, is often used to summarize and correlate these factors, commonly described as the social determinants of health.

When viewing Goal 3 through this lens, it becomes clear that progress towards it will be affected by the rate of progress towards practically all other Goals, while its own progress simultaneously will affect the successful achievement of several other Goals.

This interdependency may be clearly observed in a field which has come to the forefront in recent years, nutrition. While the health sector can and should certainly deliver preventive measures and treatment, undernutrition in children has been shown to be driven primarily by the lack of access to safe water and sanitation, limitations in women’s education and empowerment, and restrictions in the quantity and quality of food available in communities [12].
At the same time, children suffering from undernutrition in early childhood, may have impaired brain development, leading to negative consequences in the long run for cognitive ability, school performance and future earnings and productivity, and as such, negative consequences for the development potential of an entire country [13].

This example shows that, for the achievement of Goal 3 (health, in this example, healthy, well-nourished children), the realizations of Goal 1 (poverty reduction), Goal 2 (nutrition and agriculture), Goal 4 (education), Goal 5 (gender equality), Goal 6 (water and sanitation), and Goal 8 (economic growth) are equally important.

**THE RIGHT TO HEALTH**

Health, i.e. the **right to health**, is one of the basic human rights, underpinning “The Future We Want”. In a variation on the Lancet’s recent editorial ‘Don’t forget health when you talk about human rights’ [14], which draws on the 2015 Human Rights Watch’s World Report, one also should not forget human rights when talking about health. The fulfilment and protection of the right to health requires a comprehensive and multidimensional approach, of which the provision of UHC would be just one step.

A healthcare goal clearly phrased as such would give this step its due importance, without suggesting that healthcare and disease control are in themselves sufficient to achieve the state of health or fulfil the right to health. Reference should be made to standards for quality, acceptability, appropriateness and responsiveness of healthcare services, drawing attention to necessary mechanisms for participation and accountability [15].
Without these, citizens will not be able to participate in decision-making about their healthcare services, nor hold their governments accountable for the services provided (or the lack thereof) and the costs involved. Both aspects are required so that people may claim their right to health, rather than waiting and hoping for it to be given.

The proposal of the Sustainable Development Platform clearly states its respect for human rights and the principals of international law [1]:

> The importance of freedom, peace and security, respect for all human rights, including the right to development and the right to an adequate standard of living, including the right to food and water, the rule of law, good governance, gender equality, women’s empowerment and the overall commitment to just and democratic societies for development was reaffirmed. The importance of the Universal Declaration of Human Rights, as well as other international instruments relating to human rights and international law, was also reaffirmed.

The proposal also includes a specific Goal, SDG 16: *Promote peaceful and inclusive societies for sustainable development, provide access to justice for all and build effective, accountable and inclusive institutions at all levels* - with targets for participatory decision-making and accountable institutions (targets 16.6 and 16.7). However, healthcare services are not specifically mentioned here and may thus be overlooked by efforts to ensure participation and accountability. This shows how progress towards SDG 16 (inclusiveness and justice) is essential for the realization of Goal 3 (health).

The Sustainable Development Platform recognizes the interdependence between the various Goals in their proposal [1]:

> The [Goals] constitute an integrated, indivisible set of global priorities for sustainable development. [...] The goals and targets integrate economic, social and environmental aspects and recognize their interlinkages in achieving sustainable development in all its dimensions.

However, by choosing to propose a list of Goals, longer but in a similar format as the Millennium Development Goals,
instead of, for example, visualizing “The Future We Want” as a puzzle with interlinked pieces, the Platform may not be able to avoid one of the pitfalls of the previous framework, a lack of attention to the interconnectedness between the Goals [16]. At the same time, by formulating a Goal for health, but targets for healthcare and disease control, including UHC, and separate Goals for participation and accountability as well as for several social determinants of health, the risk for a continued lack of attention to this interconnectedness is further increased.

We are now in 2015, and the process for the finalization of the post-2015 agenda is in full swing, with the United Nations expected to finally adopt it during its Summit of 25-27 September. There should, however, be time enough to make sure that the agenda is formulated and formatted with sufficient care to adequately reflect and respect the underlying principals and existing scientific knowledge.

If the implementation of this agenda manages to achieve UHC in all countries, high- and low-income, for all, rich and poor, young and old, by 2030, it will certainly be a big step forward towards population health. But this step forward will likely become a much bigger leap forward towards the fulfilment and protection of the human right to health, if simultaneously similar progress is made in most, if not all other Sustainable Development Goals.

SUMMARY

• Universal Health Coverage has the potential to contribute to health and wellbeing in all countries, rich and poor.

• Political will to implement Universal Health Coverage is the most important factor, as it requires the mobilisation and allocation of adequate funding to healthcare and distribution of its benefits to all, not just to the privileged few.

• It is essential to finance Universal Health Coverage through publicly governed, mandatory mechanisms, as voluntary contributions, whether through user fees or voluntary insurance, will not be able to provide universal protection to financial hardship.

• Sustainable and resilient health systems are required to be able to provide healthcare effectively, equitably, and with appropriate quality, for a locally defined set of most prevalent health problems with cost-effective interventions.

• However, Universal Health Coverage can only lead to health and well-being for all, when it is accompanied by progress in the social determinants of health and through respect for and fulfillment of the human right to health.

Source: www.un.org
KEY REFERENCES


11. Taghreed Adam and Dond Savigny. Systems thinking for strengthening health systems in LMICs: need for a paradigm shift.


