POSTCARD

57. Universal health coverage as a powerful social equalizer

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Wide disparities in the health status of different population groups persist in all countries, whether low, middle or high-income. The poorest of the poor have the highest risk of bad health. Health inequalities arise from differences in social and economic conditions, and also intersect with and compound other inequalities, for example by affecting an individual's ability to study, work and earn.

Dr Margaret Chan, director-general of the World Health Organization, has said that 'Universal Health Coverage (UHC) is the single most powerful concept that public health has to offer to address persistent health inequalities'. It operationalizes the highest ethical principles of public health. It is a powerful social equalizer and an expression of fairness. And it is the best way to cement the health gains made during the previous decade.

But the aspiration of UHC will only be realized with consistent, immediate and comprehensive health system strengthening (HSS) efforts. Health systems must deliver on health outcomes and on the well-being of the populations they serve. But recent health emergencies such as the Ebola and Zika virus outbreaks, and natural disasters in Nepal or the Philippines, illustrate the point that health systems must also be prepared to guarantee the health security of the population. Moreover, bugs don't respect borders. The interconnectedness of this world means that health security becomes an ever bigger issue. Therefore, it is in every country's interest that all countries strive for universal health coverage and have health systems that can adapt to changing situations, speedily detect threats, and act.

UHC is defined as ensuring that all people and communities receive the quality health services they need without fear of financial hardship. This includes prevention, promotion, treatment, rehabilitation and palliation. With the adoption of the Sustainable Development Goals (SDGs), governments around the globe have embraced this concept.

In most countries, there are stark differences in the availability, accessibility, acceptability and quality of health services between population groups, often according to their socio-economic condition. Access for all to the health system calls for a UHC strategy to analyse, and when possible address, the societal conditions preventing access by specific population groups. Community engagement and consistent political will are needed to support the implementation of UHC in national policies.

To deliver, a health system needs workers, facilities, money, information, medicines and technologies, communications and transport, as well as overall leadership and direction. It also needs to put people at the centre, while providing services that are responsive and financially affordable. There is no predefined set of services, or one approach to financial protection mechanisms that is applicable to all countries. Policies and plans for UHC need to be sensitive to local and national contexts, as well as to epidemiological trends. But the design, implementation and monitoring of UHC in different country contexts tend to involve these elements:

- A specific set of health services (often known as a 'benefit package' including health promotion, prevention, treatment, rehabilitation and palliative services) aimed at ensuring integrated care and continuity across levels of care;
- Financial pre-payment mechanisms to prevent financial hardship of the population as a result of health expenditures;
- Criteria for system performance based on effective coverage rather than nominal service availability, highlighting the need to ensure equity in access for all and to monitor and address health inequities. This is important for ultimately attaining universal coverage.

Determinants outside the health sector can prevent, as well as enable, the success of a UHC strategy.

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Not understanding the key determinants of access by specific populations would significantly undermine the goals of UHC, as they all influence the acceptability of services and access to them. Issues here might include social, political, commercial, economic, environmental and cultural factors, poverty, gender, education, national and local governance, trade policies, cultural dynamics and so on. Other determinants from outside the health sector (such as water and sanitation, and agriculture) are also relevant to specific health conditions. Agriculture influences food supply and nutrition, and subsequently diet, obesity and malnutrition.

By constantly improving service provision to vulnerable groups, for example through patient-centred approaches or responsive opening hours, the health system can reduce inequities in access through its managerial functions.

Additionally, the health system can reduce these inequities through its stewardship function, by using instruments coming from the fields of health promotion, social epidemiology and policy analysis. Ministries of health are increasingly feeling the need to adapt their core agendas at national and local levels to implement UHC and deliver equitable health outcomes.

In short, UHC is 'actionable': actions can be taken both within and outside the health sector, by the health sector alone or by partnering with other sectors.

For more detail on the World Health Organization's work on UHC see *www.who.int/universal_health_coverage/en/*

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