

Universal Health Coverage: A New Initiative

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Universal Immunization Programme, alone per say, initiated the coverage of all children by protective immunizations all over the globe. This was a joint venture of UNICEF and WHO. The world seemed brighter by the single programme. It enlightened the universe with a glow, a hope and life ahead; particularly in the developing countries was the initiation of increasing the longevity and assurance of survival of human beings. We have come ahead to a stage when load of the communicable disease taking a backseat behind other newer diseases or non communicable illness, if not the suffering of old people. The illness today are more mental and spiritual than physical. It's high time we find a way towards Universal Health Coverage than treating the illnesses.

Models are many. Technology is also the way to health. Mobile phones could be one of the world's most important health tools, already in use in many countries. In India ASHAs are trying to track antenatal and postnatal cases, or immunization exercise. Even ensure genuineness of medicines and read blood glucose levels the mobile have been being used. In Gabon, they're being used to raise revenue for the national health system by including mobile in health care delivery¹. A 10% levy on the revenues of mobile phone companies and on mobile phone usage, was introduced by Gabon's government during 2008. This has helped to more than double the funds for a health insurance programme that now covers 99% of the equatorial nation's poor, giving them access to critical health services such as care during pregnancy. The levy is one of a set of measures that increased enrolment in health insurance plans in Gabon to 45% of the population in 2012 from less than 20% in 2007. Gabon is one of more than 100 countries that have approached WHO for advice on how to move towards universal health coverage to ensure that their populations can access quality health services without suffering financial hardship. Community-based interventions are probably the way to make greater use

of towards the universalisation of health.² But do they work?

Randomized controlled trials experiments provide the most persuasive evidence for action in public health. By 2010, 18 such trials in Africa, Asia and Europe had shown that the participation of outreach workers, lay health workers, community midwives, community and village health workers, and trained birth attendants collectively reduced neonatal deaths by an average of 24%, stillbirths by 16% and perinatal mortality by 20%. Maternal illness was also reduced by a quarter. The goal of universal health coverage is to ensure that all people obtain the health services they need – prevention, promotion, treatment, rehabilitation and palliation – without risk of financial ruin or impoverishment, now and in the future. Since 2005, when all WHO Member States made the commitment to universal health coverage, many advances have been made in the provision of health services and in financial risk protection. This is illustrated by progress towards the health-related Millennium Development Goals (MDGs), and in the widespread fall in cash payments made for using health services. Despite this progress, the coverage of health services and financial risk protection currently fall far short of universal coverage. Thus nearly half of all HIV-infected people eligible for antiretroviral therapy were still not receiving it in 2011; and an estimated 150 million people suffer financial catastrophe each year because they have to pay out-of-pocket for health services. The conditions causing ill-health, and the financial capacity to protect people from ill-health, vary among countries. Consequently, given limited resources, each nation must determine its own priorities for improving health, the services that are needed, and the appropriate mechanisms for financial risk protection. These observations lead to research questions of two kinds. First, and most important, are questions about improving health and well-being – questions that help us to define the interventions and services that are needed, including financial risk protection, discover how to expand the coverage of these services, including the reduction of inequities in coverage, and investigate the effects of improved coverage on health. The second set of questions is about measurement – of the indicators and data needed to monitor service coverage, financial risk protection, and health impact. One task for research is to help define a set of common indicators for comparing progress

towards universal coverage across all countries. Neither of these areas of questioning has permanent answers. Through the cycle of research – questions yield answers which provoke yet more questions – there will always be new opportunities to improve health. Today's targets for universal health coverage will inevitably be superseded in tomorrow's world of greater expectations.³

As per WHO, three mechanisms which stimulate and facilitate research for universal health include: Coverage and Monitoring, Coordination and Financing. Provided there is a commitment to share data. National and global observatories could also be established to monitor research activities. Observatories could serve a variety of functions, acting as repositories of data on the process of doing research and presenting and sharing the findings of the studies. Such data would help in tracking progress towards universal health, country by country. Monitoring supports the second function, coordination, on various sharing information, by jointly setting research priorities, or by facilitating on research projects. Regarding the third function, financing, health research is more a productive issue. Sustained financing research projects are not interrupted or otherwise would be compromised of resources. Various mechanisms for raising and disbursing research funds need to be discussed at the governmental level and be resolved. What mechanism is adopted for the international donors and national governments should progress against their own commitments. WHO, support that is needed if we are to reach universal health coverage. Although the debate about universal health coverage has added to the implementation aspect of public health in recent years, "to promote and conduct research for universal health" has always been central to WHO's goal of achieving "the highest possible standard of health".

The world health report 2010 represented the concept of universal health coverage in three dimensions: the health services that are needed, the number of people that need them, and the costs to whoever must pay – users and third-party funders.^{4,5} The health services include approaches to prevention, promotion, treatment, rehabilitation and palliative care, and these services must be sufficient to meet health needs, both in quantity and in quality. Services must also be prepared for the unexpected – environmental disasters, chemical or nuclear accidents, pandemics, and so on. The need for financial risk protection is determined by the proportion of costs that individuals must themselves cover by making direct and immediate cash payments. Under universal coverage, there would be no out-of-pocket payments that exceed a given threshold.⁶

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