

## Guest Editorial

### Understanding Universal Health Coverage: What is it, and How to Get there?

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Everyone, be the professional and politician or those involved, in any way, in health matters, is interested in universal health coverage (UHC). But, what is it, and how to get there? It is elaborated here. Firstly, its definition is brought from literature. Then, to understand concept, dimensions of UHC are presented using metaphors. Finally, way forward, as measures to achieve UHC are identified.

**What is it:** In World Health Report 2010, UHC is symbolised as a cube (fig-1).<sup>1</sup> The inner smaller cube represents the existing status, while the health systems aim at achieving the outer larger one. In this 3D object, the length denotes population that is covered, the width indicates health services, which the population receives, and the height is the cost of services that people pay out of pocket. The gap between the inner and outer objects signifies the need for strengthening health system that ultimately ‘all people get equitably the quality health care they need, without suffering financial hardship’.

**Fig 1:** Towards Universal Health Coverage

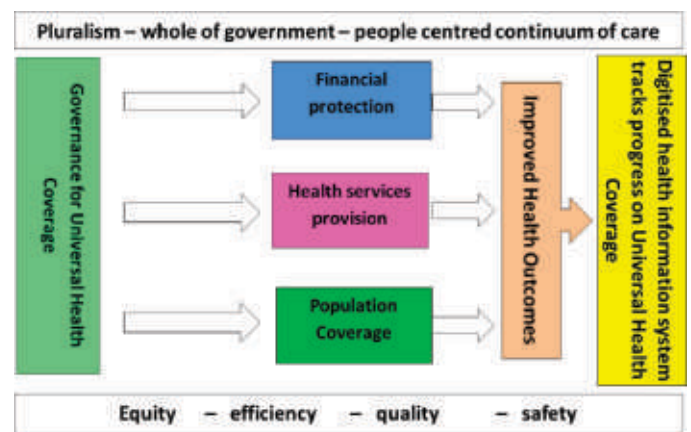
#### Towards universal coverage



**Dimensions of UHC:** A holistic health system wide thinking approach is required to conceptualise the path for achieving UHC. That is, as in fig-2, while the

health sector governance and stewardship is the driver, the road for UHC has three lanes: availability or service provision; accessibility or population coverage; and affordability or financial protection. Together, these lead to improved health outcomes. The two shoulders of the UHC road constitute the overarching ‘principles and purposes’. To complete the metaphoric presentation, the digitised health information system acts as a dashboard for the driver (health sector governance) for tracking the country’s progress towards UHC.

**Fig 2:** Understanding the Dimensions of Universal



#### Health Coverage

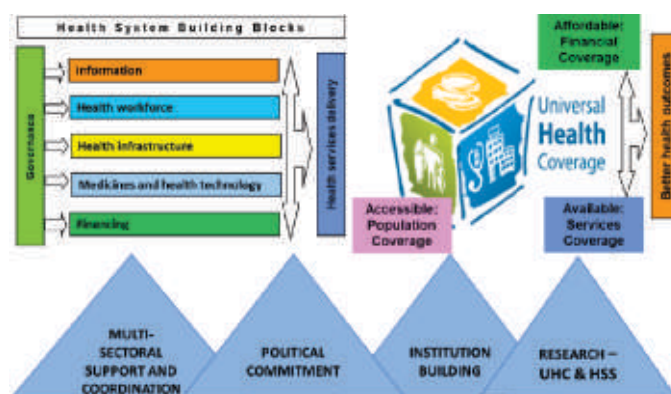
**How to get there:** A simple notion of achieving UHC, as in figure 1, could be, begin in one corner of the cube with zero population coverage, zero health service interventions, and zero financing. Then, as resources become available, work out the way across the cube to achieve 100% of population coverage with 100% of the services at 100% financial risk protection. But, given the complexity surrounding UHC (fig-2), a comprehensive approach to its implementation is required. In this regard, the key is, the

public sector changes its role as to how the health system is governed and driven. It should focus on regulating healthcare for quality and efficiency by establishing systems like accreditation of health care providers, teaching and training institutions and institutionalising continuous professional development, preferably linked with relicensing of health care workers. Other milestones on UHC road include the following:

- a. **health care availability** - relinquish provider function to the autonomous hospitals, municipal/district health services and invest in strengthening health system;
- b. **health care accessibility** - introduce and institutionalize gatekeeping or family practice approach to assure proactive and people centred healthcare provision through life course;
- c. **health care affordability** - surrender financier function to national and provincial health insurance funds; generate revenue for health; establish purchasing & provider payment mechanisms

**Measures for success:** Achieving UHC is a long haul, but it will become protracted and long-drawn-out if the journey on UHC road is not well coordinated and interventions are made in piecemeal. In this regard, it is important, as in figure 3, all building blocks of health system are strengthened, as a prelude to health services delivery, assuring: accessibility or population coverage; availability or service provision; and affordability or financial protection. Notwithstanding the aforementioned, however on road to UHC, there may be bumps, which need to be circumvented. For a smooth drive, measures, inter alia, include: (i) assuring multisectoral support and coordination, specifically for addressing social determinants of health and risk factors for non-

communicable diseases; (ii) continued political support and commitment, essentially for mobilising resource and introducing reforms, including the promulgation and enforcement of laws; (iii) building institutions, like the national and provincial health insurance funds and creating legal entities like autonomous hospitals and municipal or district health systems etc.; and (iv) research, particularly implementation research to learn, as to, in a particular context, what works and what does not in strengthening health system for achieving Universal Health Coverage.



**Fig 3:** *The Way Forward to Achieving UHC*

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