

Defining Universal Health Coverage

The Lancet Public Health journal this week addresses sustainable approaches to Universal Health Coverage (UHC). According to WHO's definition, UHC is achieved when, "all people and communities can use the promotive, preventive, curative, rehabilitative and palliative health services they need, of sufficient quality to be effective, while also ensuring that the use of these services does not expose the user to financial hardship." http://www.who.int/health_financing/universal_coverage_definition

Although promotive and preventive services are included in the definition of UHC, most efforts and resources to date have focused more on the provision of personal health services and less on public health. Concerns of adequate allocation of resources and individuals who are in high socioeconomic groups benefiting first under the UHC has worried those who think that promotive and preventive health services are more likely to bring about sustainable health. ([UHC and Public Health: a truly sustainable approach](#)). This approach is heading towards addressing the needs of those who are suffering from an illness only and missing the opportunity for reducing the disease burden through promotive and preventive measures.

Reducing disease burden is essential for meagre resources to stretch far enough for the whole population, i.e. universal coverage. Moreover prevention is cost efficient and effective. Strengthening Primary Health Care to achieve Universal Health Coverage is the starting point.

Most important components of PHC are safe water, sanitary living conditions and maternal and child health (MCH). MCH includes adequate nutrition to mother and child, immunisations and treatment of common childhood illnesses; under the umbrella of health education, empowering people with awareness and knowledge to take the responsibility of their own health.

Provision of safe water and improved sanitary conditions alone demonstrates improved quality of life and health in rural communities by significantly reducing a number of illnesses, such as diarrhoeal diseases and worm infestation. Governments committing to UHC must ensure that water and sanitation becomes a priority for everyone in the country. This must be followed by allocation of adequate resources for the implementation of PHC.

What is lacking in PHC today: Whenever health care is talked about we start with the doctor. Doctors only deal with illness care and often have little interest in promotive and preventive activities. Unfortunately, even in primary health centres, nurses are mimicking doctors in treating the patients, dishing out medications, often much more than the patient may actually need. As long as there is a proper referral system in place, PHC can be provided by public health nurses and community health workers effectively. Treatment of common illnesses is important aspect of PHC, but should not become the preoccupation of primary health care workers.

Service provision at PHC: Maternal and child health services like antenatal care, family planning and immunisations are made available to only those who visit the centres, leaving many without the services especially those who need the services most. Very few children are provided with growth monitoring assessments and advice to the mothers. Promotive and preventive measures are made to look like treatment rather than understanding the ailment and change in lifestyle.

Health education: Whilst health education is an essential component of PHC, it receives little importance. There may be a health education officer in the PHC but the PHC team is rarely coordinated to adopt a team approach. Health education officer, if enlightened, may have a session or two in the outpatient or put up a few posters, but other PHC staff do not find any kinship with this person, moreover the officer-in-charge may use this person as a useful handy man to do odd jobs.

Two fundamental changes must be brought in PHC if UHC is to be attained:

1. **Information required for UHC:** Health centre staff are required to collect health data for central use. Rarely the health information emerging from this data is shared with those who collect the information. Primary health centre catchment population and its systematic updating is essential to identify those who need services, may it be immunisations, antenatal care or family planning. Moreover, it is important to find out how many one year olds have had full schedule of immunisations or how many under-fives are being growth monitored. Only with the precise knowledge of base population (denominator) that a rate of coverage can be calculated.
2. **Outreach approach is essential for UHC:** Preventive services are only availed by a few enlightened people and often those who need most fail to benefit from these services. Unless PHC is delivered through outreach programmes to the whole community, UHC cannot be complete. Those countries who have reached UHC, e.g. UK where midwives take these services to each one of the mother and the child, and ensure that no one is left behind.

The outreach programme can be community orientated and village committees with the help of Village Health Workers (VHWs) take the responsibility of holding monthly clinics, where the mothers bring their children and receive services. Health education and administration of the monthly clinic can be left to the village health committee and the VHWs, whilst the technical help comes from the health team.

Other than MCH services, such as repeat medication for HIV or TB patients and other routine services can also be effectively covered under these monthly clinics.

Imagine the benefits of such a service. If all Under-fives are immunised, dewormed and growth monitored, the morbidity and mortality among these children will decline significantly, reducing the need for treatment at the health facilities, where the staff will have more time for each patient to serve better. Cost will come down and health indicators will show improved health status in a population. Similarly if all pregnant women are receiving antenatal, natal and post natal care, morbidity and mortality will decline. It is not an imagination but a reality (see under Blog > Collaboration with Government Health Services)