Universal Health Coverage and public health: a truly sustainable approach

Published Online
December 11, 2018
http://dx.doi.org/10.1016/S2468-2667(18)30264-0

For the **WHO website on health security** see http://www.who.int/health-security

For more on the **Tackling Deadly Diseases in Africa Programme** see https://devtracker.dfid.gov.uk/projects/GB-1-205242

Universal Health Coverage (UHC) is driving the global health agenda; it is embedded in the Sustainable Development Goals (SDGs) and is now designated by an official United Nations UHC day on December 12.

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."[1] UHC is built on the foundations of human rights and equity, with health services allocated according to people's needs and funded according to their ability to pay. With its commitment to decrease inequalities and provide "health for all",[1] UHC aims to help fulfil the 2030 SDG agenda's pledge to leave no-one behind.

Although synergies have been explored between UHC and global health security,[2] primary health care,[3] and health systems,[4] how UHC relates to public health has been under less consideration. 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. This situation is concerning because public health interventions often offer better value for money than curative services (especially specialist tertiary hospital care) and can result in increased equitable health benefits.

Increasing the coverage of public health services will also involve allocating resources beyond the remit of the traditional health sector. Good examples of the need for increased upstream investment in public health are diseases associated with smoking—eg, 80% of tobacco-attributable deaths will occur in low-income countries[5]—with similar inequities associated with air pollution in rapidly developing low-income and middle-income countries.[6] Without robust public health interventions (eg, taxation), health-care reform will not decrease health inequity.

Since the 2014–16 west Africa Ebola virus disease epidemic, substantial resources have been invested in global health security.[7] Many funding mechanisms are supporting the ability of African countries to comply with the International Health Regulations via increased preparedness and capacity to respond to future epidemics.[8] Although the global agenda of health security provides an opportunity to increase investment in public health systems, the focus on health protection will not necessarily lead to improvements in the other two public health domains: health improvement and health services.

As exemplified by the UK Department for International Development's forthcoming Tackling Deadly Diseases in Africa Programme, there is a risk that so-called securitisation of health could deflect resources from major public health challenges—ie, endemic infectious diseases that pose less acute international risk, and the growing burden of non-communicable diseases. Expanding the definition of global health security to include public health and UHC issues could offer a way forward.[7]

Another concern regarding the current implementation of UHC is the population captured by the term universal. When coverage expands via hospital-based curative services, often the individuals who are in high socioeconomic groups benefit first[9] and vulnerable groups such as migrants and refugees are not provided for. Even in high-income countries, access to health care can be restricted despite the public health and economic benefits that could be gained by providing early stage and preventive care.[10] UHC should be provided via a rights-based approach so that the people who are most vulnerable are not left without access.

Making the case for public health investment is always a challenge. Despite the cost-effectiveness of many public health interventions, they are often under-resourced and take the most drastic cuts in times of austerity. Barriers to investment in public health include that the effects of interventions can take a long time to arise and that such interventions do not benefit a so-called identifiable victim.[11] These barriers makes investment in public health less attractive to policy makers. Also, no clear consensus exists on what proportion of public expenditure on health care should be allocated to public health services. Moreover, applying such a proportion to low-income and middle-income countries comes with its own challenges.

UHC reforms are an inherently political process, and public health advocates will need to do more to promote not only the health benefits of public health interventions but also the economic and political benefits too. Crucially, as UHC continues to be championed and rolled out globally, all people working in global health need to reinforce the importance of including the full scope of public health in health system reforms; only then can the full potential of UHC be realised—a true reduction in health inequities.

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We declare no competing interests

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