

MSAI Policy Document  
**UNIVERSAL HEALTH COVERAGE**  
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## Policy Statement

**Introduction:** According to WHO, Universal health coverage means that "all people have access to the health services they need, when and where they need them, without financial hardship. It includes the full range of essential health services, from health promotion to prevention, treatment, rehabilitation, and palliative care." The concept covers 3 key elements - access, quality, and financial protection. UHC is a critical component of sustainable development and the cornerstone of efforts to reduce socio-economic inequity. Enhanced health outcomes and social wellbeing can be achieved through promotion of UHC by key stakeholders. In India, massive out of pocket expenditure serves as the major obstacle on the road towards UHC. While we may have come a long way on the road towards UHC, we must also be reminded of the journey that lies ahead.

**MSAI Stance:** As future healthcare workers, at Medical Students' Association of India, we call for concrete action towards ensuring essential, affordable and quality healthcare services accessible to all people, regardless of age, sex, religion, or other socio-economic barriers, in accordance with the UHC 2030 Agenda. We believe that a multisectoral and intersectional approach towards Universal Health Coverage is the way forward. Thus, we call on all relevant stakeholders to take action and promote development of all the dimensions of UHC with the ultimate goal of ensuring universal access to HS without financial hardship.

### Call to Action:

#### MSAI calls for

1. National and Local Government Organisations, Autonomous Medical Commissions, Health Ministries and other relevant Ministries to:
  - Promote and move towards achieving Universal Health Coverage as a national health goal envisioned in the National Health Policy;
  - Strengthen the health system(s) to limit Out of Pocket expenditures to a fraction of the total health expenditure and increase the amount of public funds spent on the health sector;
  - Expand relevant healthcare schemes to serve a larger population, with a wider cost coverage and a more comprehensive service package;
  - Strengthen Primary Health Care setups with better resource development and allocation
  - Promote ease of access to information about the existing welfare schemes and services offered under it along with ease of toll-free enrollment;
  - Emphasise equitable allocation of resources, with focus on gender, religious and other underrepresented groups, by promoting community participation
  - Promote greater multisectoral collaborations including the healthcare community, financial institutions, civil society organisations and international bodies to streamline efforts into achieving UHC.

2. The Private Sector to:
  - Incorporate Universal Healthcare goals in their service policies, with emphasis on vulnerable population, and ensure a standards-driven approach for quality healthcare services;
  - Collaborate and invest in public-private joint ventures to strengthen the national healthcare system;
  - Ensure that vulnerable populations are accounted for in their policies and services provided;
  - Develop and implement training programs for the healthcare workforce in collaboration with educational institutes and Institutes of National Importance
  - Provide research incentives for further establishment of the synergy between National Priorities and the UHC 2030 Agenda.
3. Youth, Youth Organisations, Non-Governmental Organisations, Civil Society Organisations to:
  - Hold the national and local governments accountable for its measures to achieve UHC or lack thereof through advocacy based campaigns to identify gaps and protect the interests of vulnerable populations;
  - Achieve meaningful youth engagement and provide educational and training programmes to sensitise the general population about health systems, UHC and their significance in promoting healthy society;
  - Promote UHC as a social goal in addition to being a healthcare goal and promote community participation for achieving it
4. The United Nations, World Health Organisation and other relevant international bodies to:
  - Provide technical assistance to the nation in establishing and sustaining resilient healthcare systems with UHC as a central goal in addition to its policy recommendations;
  - Provide critical analysis on the performance of respective national universal healthcare frameworks with a view on improvement;
  - Foster meaningful youth engagement, by promoting the Youth Delegate program and advocating for having greater youth representation at high level and external meetings;
  - Promote and collaborate in research programs and partner with youth organisations to conduct training programs for educating the future health workforce.
5. Universities, Medical Academia, Medical Students and Interns to:
  - Integrate Global Health, Health Systems and UHC in their educational curricula and help foster values which align with UHC as a goal for health professionals;
  - Emphasise and incentivise health policy and health systems research in their respective institutions;

- Collaborate with multisectorial stakeholders to conduct training programs for training the workforce about systems and approaches to UHC;
  - Provide more educational opportunities in the field of global health and UHC.
6. Healthcare Practitioners and Hospitals to:
- Re-evaluate their policies, range of services and treatment plans to ensure that they are aligned with the goals and values of UHC;
  - Ensure adequate attention is provided to underserved groups, in terms of policies providing facilities and support.

## Position Paper

### Background

Universal health coverage (UHC) means that all people have access to the full range of quality health services they need, when and where they need them, without financial hardship.<sup>(1)</sup>

This acknowledges health as a human right as well as the fact that UHC has a direct impact on both individual health and the overall health of the population. Along with contributing to Sustainable Development Goal (SDG) 3, UHC also plays a key role in the attainment/fulfilment of other SDGs including SDG 8 (economic growth and job creation), SDG 5 (gender equality), SDG 4 (quality education), SDG 2 (nutrition) and SDG 1 (poverty reduction), by way of reducing inequities.<sup>(2)</sup>

UHC also implicates a wide range of human rights<sup>(3)</sup>, including the rights to life; health; security; equality and nondiscrimination; freedom of movement, association, and assembly; information; expression; privacy; participation; an adequate standard of living; food; water; adequate housing; education; social security; and access to the benefits of scientific progress. These and other rights are enshrined in international and regional treaties and in national constitutions, and they also form part of customary international law. Overall, Universal Health Coverage can be traced back to the Universal Declaration of Human Rights, which established the normative foundation for the international human rights movement.<sup>(4)</sup>

Thus, as phrased in the Agenda 2030 document<sup>(5)</sup>, "UHC is a critical component of sustainable development and poverty reduction, a cornerstone of any effort to reduce social and gender inequities, and a hallmark of a government's commitment to improve the wellbeing of all its citizens and promote health security and social cohesion."

## The 3 dimensions of UHC

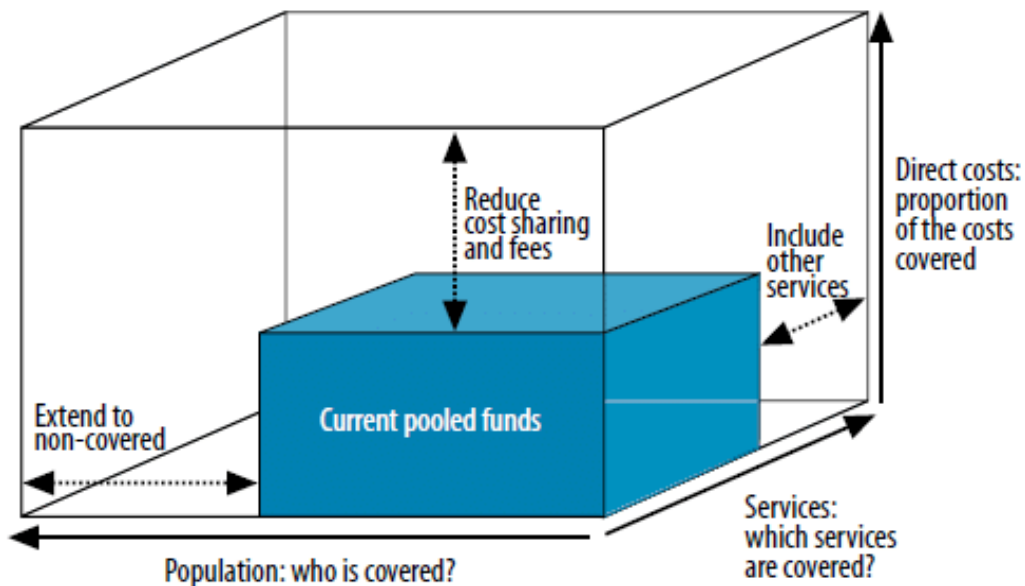


Fig - Three dimensions of UHC<sup>(6)</sup>

There are three main dimensions of UHC i.e. population, services and direct costs. These dimensions are allocated by the World Health Organisation. The above picture provides a visual representation of the 3 dimensions.

The dimensions also provide 3 key areas for intervention -

- **Extending services to non served population**
- **Expanding service coverage**
- **Decrease proportion of costs for the above services**

These dimensions are also important indicators for monitoring the progress of Universal Health Coverage, globally.

## UHC and the World

Most parts of the world have seen expansion in the access to health services and coverage of key interventions over the last two decades. There have also been notable improvements in financial protection.<sup>(7)</sup> Prior to the COVID-19 pandemic, there was worldwide significant progress towards UHC. The UHC service coverage index (SDG indicator 3.8.1) increased from 45 in 2000 to 67 in 2019, with the fastest gains in the WHO African Region.<sup>(8)</sup>

Yet, in many countries, large coverage gaps remain, in particular for the poor and marginalised segments of the population. Presently, 2 billion people are still facing catastrophic or impoverishing health spending (SDG indicator 3.8.2).<sup>(9)</sup>

Despite advances in reducing the burden of communicable disease, rates remain high in many parts of the world for malnutrition, unmet need for sexual and reproductive health services, and maternal mortality. At the same time, the burden of non-communicable diseases (NCDs), such as cancer, cardiovascular disease, diabetes, and mental health is growing. NCDs are now the cause of 71 percent of deaths globally, with 80 percent of these deaths occurring in low- and middle-income countries.<sup>(10)</sup> Households' out-of-pocket spending on health remains high in many countries and pushes 100 million people into poverty every year.<sup>(11)</sup>

## **UHC and India**

In India, there are a number of challenges to be overcome to achieve UHC by 2030 such as a high disease burden, reproductive and child health problems, malnutrition, issues of gender equality, poor availability of trained human resources in health, inadequate research to strengthen all commercialized, fragmented, and unregulated health-care delivery systems, inequalities in access to health-care, imbalance in resource allocation, high out of pocket health expenditures, rising ageing population, social determinants of health such as poverty, illiteracy, alcoholism etc., too frequent and too severe natural disasters, lack of inter-sectoral co-ordination and political pull and push of different forces and interests.<sup>(12)</sup>

These issues can be resolved by emphasising public health research, reorganising public health cadres, reorienting undergraduate medical education, changing health policies and programmes to prioritise vulnerable population groups, and launching major education campaigns.

Hope can, however, be found in the Government's commitment to provide adequate funding, social policy initiatives and cross cutting interventions, along with increased civil society involvement in all health-related issues, and significant efforts by the state to improve health, water, and sanitation services.

With the above in focus, MSAI developed a manual<sup>(13)</sup> consisting of public healthcare schemes that can be availed by the general population, along with their lucid explanations. The manual is also slated to be translated into local languages, to allow for better outreach at the grassroots level.

## **Discussion**

- **UHC and the Indian Health System**

Public and private health care service providers are both a part of India's mixed health care system. The majority of private healthcare organisations, which offer secondary and tertiary care services, are centred in urban areas of India. The rural areas are serviced by a 3-tiered public healthcare setup.<sup>(14)</sup> The Public Health setup, although plagued by multiple ills, like high patient load, deficient infrastructure, etc, provides coverage of essential services, at each level of healthcare, for the population.<sup>(15)</sup>

In order to achieve UHC and address financial hardship due to healthcare, the government launched the Ayushman Bharat-Pradhan Mantri Jan Arogya Yojana<sup>(16)</sup> in 2018. Under the

scheme, comprehensive insurance cover of 5 lakhs per family is provided to the financially vulnerable section of the population. It also establishes Health and Wellness Centres across the country to provide a wider range of services including screening and treatment for non communicable diseases.

These, amongst other, initiatives were in part a response to India's high Out-of-Pocket (OOP) spending, at almost 50 per cent, one of the highest in the world.<sup>(17)</sup> Majority of OOP spending is on account of out-patient consultations, medicines and diagnostic tests accompanying it. In-patient care (hospitalisation), which is the focus of PMJAY constitute less than a third of the total OOP.<sup>(18)</sup>

In 2020, more than 40 million people in India, 3.3% of the population<sup>(19)</sup>, bore the burden of catastrophic spending of 10 per cent or more of their household expenditure on healthcare which pushed people into poverty

Primary healthcare is the cornerstone of an effective and sustainable health system for achieving universal health coverage, as it is the principal means of accessing out-patient care.<sup>(20)</sup>

The current policy is a good attempt to bring universal health care to the country but it still has a lot of ground to cover, including expanding coverage in all 3 dimensions across the country, to create an ideal healthcare system.

- **UHC and SDGs**

Health is centrally placed in the SDGs, it is a precondition as well as an outcome of social, economic and environmental sustainable development. Therefore, it follows that Universal Health Coverage affects multiple Sustainable Development Goals (SDGs). The achievement of UHC is directly mentioned under SDG 3: Good health and Well Being.

Target 3.8 focuses on UHC and Indicators 3.8.1 measures service coverage, while 3.8.2 measures household expenditure on health as a component of overall household expenditure.<sup>(21)</sup>

Apart from a direct target, the interconnectedness of UHC with other SDGs is evident where healthy lives and well-being for all (Goal 3) is interlinked with ending poverty and hunger (Goals 1 & 2 respectively), reducing inequalities (Goal 10), providing clean water and sanitation facilities (Goal 6), protecting the environment (Goals 7, 13, 14, 15), providing decent work (Goal 8), ensuring gender equality (Goal 5) and having access to quality education (Goal 4).<sup>(22)</sup>

The underlying values of equity are meant to be actualised in universal health coverage (UHC) whose goal is to ensure that all people obtain the health services they need.<sup>(23)</sup> Achieving Universal Health Coverage is the significant SDG health goal that links equitable social and economic development, and combines financial risk protection with access to

essential services. UHC proves to be the critical yardstick for countries to measure and track their progress towards achieving the SDGs.<sup>(24)</sup>

Therefore, a multi stakeholder and intersectional approach to UHC will help us address not one but multiple sustainable developments goals at the same time.

- **UHC and PHC**

The urgency around work towards UHC and achieving the SDGs has created not only demands but also opportunities to strengthen Primary Health Care. Primary health care or PHC reflects on the right priorities for achieving the 2030 UHC targets. Emphasising community empowerment and social accountability, it is multi-sectoral with links to education, nutrition, and water and sanitation. It provides a platform for integrating previously separated services, for addressing both the demographic and epidemiological challenges faced by most countries, and for innovations such as digital health.

If progress towards UHC must be accelerated, Primary Health Care provides the means to do so.<sup>(25)</sup> The frontline services will be the key to reaching all those that are “left behind” while addressing the global goals. Thus, strengthening the PHC setup requires multiple interventions and goes beyond the health sector alone to call for collaborations backed by strong political commitment. UHC and the health-related SDGs can only be sustainably achieved with a stronger PHC system, which is universally accessible, affordable and involves community participation.

- **UHC - The Way Forward**

As is evident from the discussion, the way forward involves an intersectoral and multistakeholder approach to Universal Health Coverage with significant emphasis on expanding all 3 dimensions of UHC, globally and nationally through fostering public-private collaborations.

Increasing the capacity of the future healthcare workforce in terms of numbers as well as ability to act towards UHC is the goal that healthcare educational institutions must focus on.

Finally, to ensure our policies and action stay on the road towards UHC, community participation and advocacy based campaigns through non governmental as well as international organisations must become commonplace for us to realise this daunting goal!



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