Universal Health Coverage: A Step Towards Sustainable Development

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...strengthening of the primary health care infrastructure has to be the bedrock for achievement of UHC in India. Without an adequate investment in augmenting this capacity of the public system to deliver effective primary care, no amount of demand-side financing can succeed. This requires raising resources significantly for health.

The beginning of the 21st century embarked the global mobilisation towards achievement of the eight Millennium Developmental Goals (MDG)[1]. These MDGs with a projected 15 year plan were adopted by 191 countries at the millennium summit of United Nations in September 2000. The 8 basic, quantifiable and time bound goals with 21 targets and 60 indicators created a paradigm shift towards human development through emphasis on eradicating poverty and hunger, improving literacy rates; focusing on health care and gender equality along with environmental sustainability.[1]

With the culmination of the MDGs in 2015, a new era of Post-2015 development agenda is ushered with the enunciation of the Sustainable Development Goals (SDG)[2]. It comprises an even more ambitious set of 17 goals and 169 targets, of which the 3rd goal pertains to health. Goal 3 which specifically pertains to health – ensures healthy lives and promotes well-being for all infants and all ages – has 13 measurable targets. The process of developing indicators to measure these goals is currently underway and likely to be completed within a few months from now. Target 3.8 of the SDGs consists of achieving universal health coverage, including financial risk protection, access to quality essential health-care services, medicines and vaccines for all.

In the wake of all these global developments, India is poised at a very important junction with regard to the action on health sector. This paper reviews the position of universal health coverage (UHC) in recent policy discourse in India, recent developments for UHC in the context of SDGs and the way forward for India to achieve UHC.

Universal Health Coverage

Universal Health Coverage, as envisaged by the World Health Organization, implies provision of quality health care services to all those who need, without any financial hardship [3]. While the concept of UHC is not something which is new for health sector policies. The 'Health Survey and Development Committee' chaired by Sir Jospeh Bhore in 1946 also promulgated provision of health care services to all those who needed, equitably and free of cost [4]. Subsequently, various policies and plans have incorporated the spirit of UHC [5-6].

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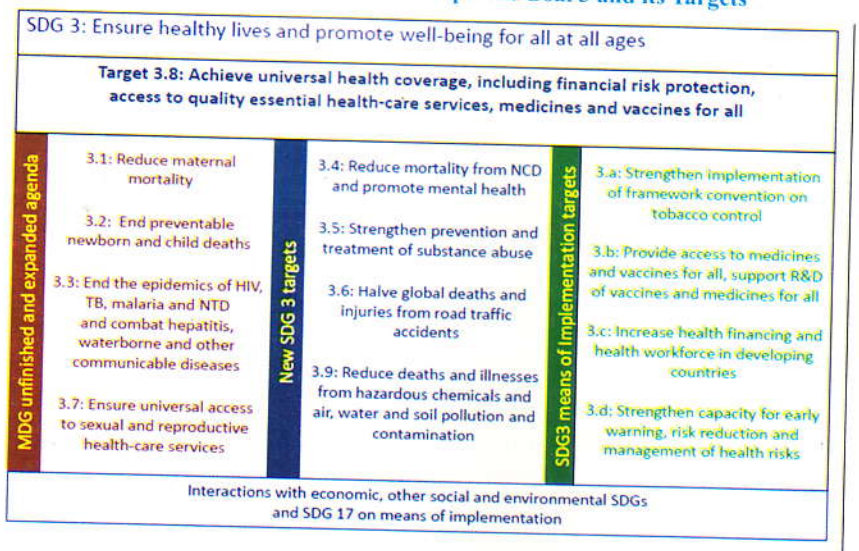
Figure 1: Sustainable Development Goal 3 and its Targets



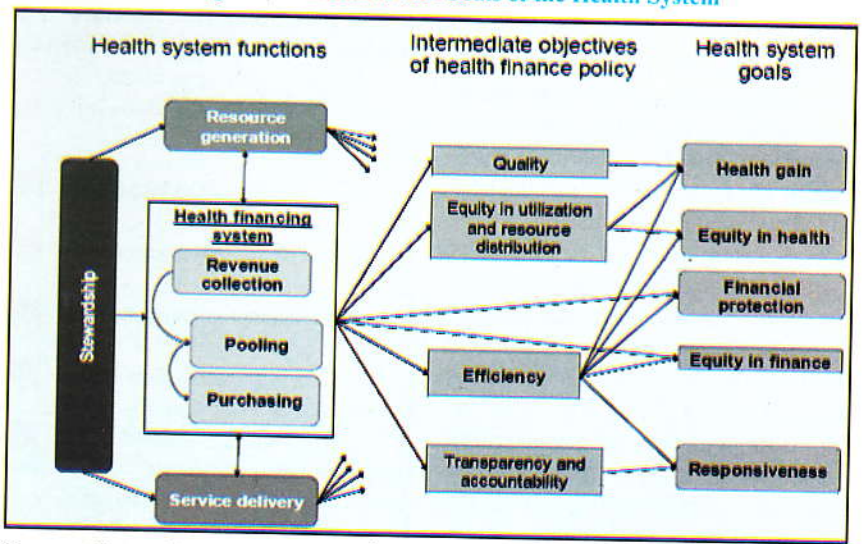
However, there are several novelties which the re-enunciation of the concept of UHC brings with itself. Besides providing a new thrust on its achievement, it has changed the way we conceive a health system's roles, and hence its performance. Firstly, in terms of its approach, the health system had been too much geared towards provision of reproductive, maternal and neonatal health services. A review of the past eleven development plans testifies to this statement. Health system's performance was always reviewed in terms of how much is the coverage of provision of antenatal care and immunization. On the contrary, what a clinical doctor does in the primary health centre or a district hospital was never evaluated rigorously. While the past focus was not entirely inappropriate, as it was the call of the day with high levels of mortality and morbidity which was primarily concentrated among those in the less than 5 years age group children and women giving birth to a child. However, the renewed thrust on UHC places an equal importance on the provision of general curative care, which is of high quality and does not impose financial hardship in its access; as well as a continuum of care. This is clearly reflected in the recent Twelfth Five Year Plan which urges the States to undertake pilot projects at district level to try various strategies to organize and deliver holistic health services encompassing the prevention, cure and rehabilitation[6].

Secondly, the performance of health system has always been traditionally monitored in terms of achieving desired coverage of services. For the first time in the Twelfth Five Year Plan, a clear indicator of reduction in out-of-pocket expenditures has featured in.

Thirdly, and quite importantly, the UHC discourse has brought to greater attention, the importance of financing as both an important function of the health system and determinant of its performance. The way resources for health are collected, pooled and finally care is purchased ultimately has a significant bearing on the overall extent of persons who utilize services and who get a greater share of public subsidy i.e. whether or not services are equitably utilized[7]. Further, extent and nature of health care financing determines the efficiency of health care system which is mainly shaped through the way we purchase health care services. For example, the way providers are paid determines their incentives to work.

As a result, while the concept of UHC is not new, it does bring significant novelty and benefit for its application in the health system. As a result, the SDGs place a great importance on the achievement of UHC. Several authors advocated for inclusion of universal health coverage as the overarching goal for monitoring Post 2015- Millennium Development Goal framework [8]. Finally, the Sustainable Development Goals call for "achieving universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all". While it does not include achieving the goal of universal health coverage as the single overarching monitorable health indicator, nevertheless, there is significant merit in focusing on its achievement. As a result, it is important to discuss how to do the same, which is the focus of the next section.

Figure 2: Functions and Goals of the Health System



Source: (Kutzin 2008)

Options for UHC: Opportunities and Challenges

Several policy discourse have happened to design plans for achieving UHC in India. Recently, the High Level Expert Group (HELG) was constituted in 2011, the report of which was considered while drafting of the 12th Five Year Plan. Even prior to the HLEG, the Government of India started expanding coverage for services in a targeted fashion through introduction of the publicly financed health insurance schemes[9]. The earliest of such schemes was the *Rajiv Aarogyashri Scheme* (RAS) in Andhra Pradesh which focussed initially on provision of the high-end tertiary care. This was soon followed up by the Government of India's *Rashtriya Swasthya Bima Yojana* (RSBY). Subsequently, several other State governments have either introduced their own schemes, or have added more benefits in terms of coverage to the existing RSBY scheme. The impetus for introduction of these demand-side financing mechanisms was the prevailing argument about the failure of the existing supply-side funded public health care delivery system in terms of providing quality health care services to all those in need. Together, these health insurance schemes increased the coverage of the health insurance among general population from about 3 per cent to nearly 15 per cent currently [9, 10].

Secondly, the Government of India also started a program of architectural corrections in the public health care delivery in the form of National Rural Health Mission (NRHM) in 2005, now called National Health Mission (NHM) after inclusion of an urban component to the erstwhile rural-focussed program[11]. The NHM systematically strengthened the capacity of public health infrastructure, human resources and supply through a number of important changes in organization of health services, its financing and governance, besides strengthening the management-information and supply-management systems.

At this juncture, when the country needs to plan for a way forward towards UHC in the context of SDGs, the debate on whether to go via the publicly financed health insurance schemes or the supply-side, strengthening public sector route is inevitable. As a result, it is important to understand the implications of each of these strategies. An indication to this effect can be obtained on reviewing evidence on what each of these two approaches have been able to achieve in the past.

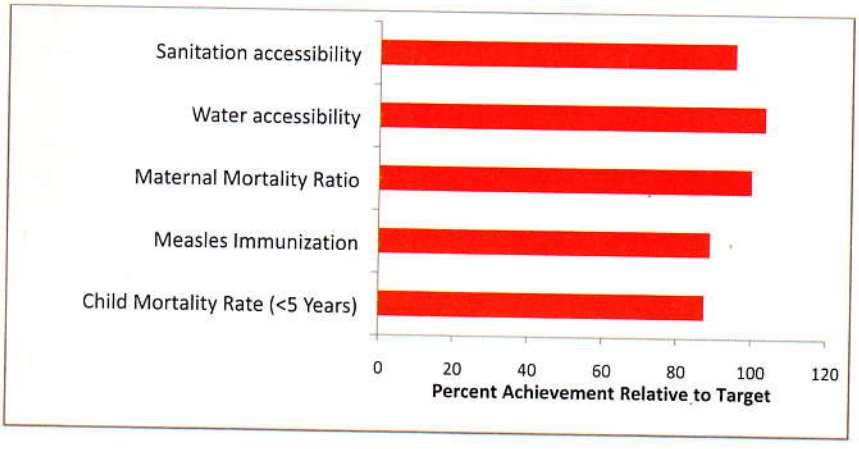
Recently, a systematic review of publicly financed health insurance schemes was undertaken to inform policies in Himachal Pradesh [12]. A total of 14 impact evaluation studies with a control group were found from India which evaluated the publicly financed insurance schemes at national and state level. The conclusion of the review is that utilization of health services improved with the introduction of these schemes. However, it is difficult to say whether the increase in utilization was genuinely as a result of removal of earlier financial barriers to access, or whether it was a result of unnecessary care prescribed by the doctors (supplier-induced demand) or as a result of excess utilization for frivolous reasons by those insured (moral hazard). But more importantly, the review found that more than three-fourth studies report no reduction of out-of-pocket expenditure or catastrophic health expenditures faced by those insured as compared to those not insured. Moreover, there is a strong evidence on failure of the schemes for effective targeting of the poor, as well as increasing inefficiencies. This points to serious introspection whether or not we should be investing heavily on these publicly financed health insurance schemes at the cost of strengthening the public health care delivery. The review cautions against going the route of investing in health insurance. This becomes even more important at a time when a new health protection fund has been announced in the recent budget [13].

The performance of the NHM can be gauged in terms of achievements of MDG, as it was primarily geared towards the same. At the national level, several noteworthy achievements can be noted[14] (Fig. 3). Moreover, the rate of improvements in India have been significantly higher than the global improvement. Secondly, the pace of improvement has been higher during post-NRHM than the pre-NRHM era, which is again an indicator of the success of Government's initiatives [15]. Several other improvements such as increase in institutional deliveries and other maternal and child health care services point to significant gains [16]. Nevertheless, there are shortcomings most noteworthy being the inequitable progress between states and within the states.

Way Forward

The analysis so far suggests that the strengthening of the primary health care

Figure 3: Achievement of Millennium Development Goals in India



infrastructure has to be the bedrock for achievement of UHC in India. Without an adequate investment in augmenting this capacity of the public system to deliver effective primary care, no amount of demand-side financing can succeed. This requires raising resources significantly for health. The Twelfth Plan recommends raising the tax-funding to health up to 2.5 per cent of the gross domestic product, which is currently pegged at about 1.2 per cent. This would amount to a reflection of the political commitment for health in terms of financial allocations.

Secondly, there is also a need to re-design the public health care delivery system and correcting the age-old norms and practices which have not been reviewed or revised since past several decades. The needs of the population are changing in the wake of a demographic, epidemiological and social transition. Health system also needs to align to these needs. Subcentres and primary health centres which have long been considered as centres for provision of immunization and maternity care need to be overhauled for providing holistic health care services encompassing prevention, cure and rehabilitation.

Thirdly, it is important to recognize the second biggest challenge (next to financing) in delivering care – inadequate human resources and lack or appropriate skill-mix. Lack of adequate number of doctors and nurses implies that the role of nurse practitioners needs to be enhanced. This cadre could be supported through provision of appropriate technology. This would imply re-alignment of the training curriculum, besides envisaging their roles and responsibilities. This requires regulatory as well as policy action.

Fourthly, the need for better monitoring and evaluation systems cannot be overemphasized. Much less emphasis is currently placed on generation of policy-relevant evidence and further its uptake in policy. This needs to be reversed. Adequate funding for evidence generation needs to be built at the time of program planning itself. The incorporation of UHC and SDG frameworks calls for an expansion of the measurement frameworks for performance assessment through an increased number of indicators.

Finally, the achievement of SDG and the UHC is contingent upon actions of several departments and ministries. As a result, it calls for better mechanisms for inter-sectoral coordination. This would have to be put in place to start off between health, social welfare, education, road transport and highways and environment to begin with. Ultimate aim has to be towards a scenario of "Health-in-All Policies".

Readings

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UIDAI Launches Special Enrolment Drive in 4 States/UTs

The Unique Identification Authority of India (UIDAI) launched a unique initiative to enroll left over population for Aadhaar, in four States and Union Territories, viz., Haryana, Goa, Chandigarh and Puducherry, where the Aadhaar saturation levels are more than 100 per cent (as per projected population figure of 2015). As on May 12, 2016, over 101.26 crore Aadhaar numbers have been generated across the country.

This pilot exercise in the four States/ Union Territories will be conducted between May 13 - June 15, 2016. Enrolment request of only persons over the age of 18 years will be accepted on the portal athttps://wenrol.uidai.gov.in. Providing a mobile number as well as other demographic details is also mandatory as a mobile OTP-based verification will be conducted once the person submits the enrolment request. Based on the experience of this pilot, the special drive will be extended to other states too. The portal https://wenrol.uidai.gov.in also has a facility to locate the nearest enrolment centre.