Universal Health Coverage and Sustainable Development Goals

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India has been at the forefront of policy discourse and has done some background work and seems to be ready to take a giant leap towards UHC and contribute to achieve SDG3 and other SDGs, both at national and global level

Universal Health Coverage (UHC) aims that 'all people have access to needed promotive, preventive, curative and rehabilitative health services, of sufficient quality to be effective, while also ensuring that people do not suffer financial hardship when paying for these services'. UHC received global attention as an idea and aspiration with the World Health Assembly 2005 resolution urging member states to develop their health financing systems for transitioning to UHC. Subsequently, 2008 World Health Report titled 'Primary Health Care: More Than Ever', and then 2010 World Health Report on 'Health Systems Financing: The Path to Universal Coverage' further delved into the UHC and sustained the focus. During this period, a number of countries (i.e. Brazil, Mexico, Kyrgyzstan, Thailand and China) made progress towards providing access to health services to additional populations, alongside health financing reforms.

UHC continued to receive attention at global fora and was well supplemented by additional resolution on UHC by WHA in 2011 and then United Nations General Assembly discussed about UHC and passed a resolution on UHC on 12 December, 2012. The UNGA resolution was a landmark step as it broadened the scope of UHC agenda from the ambit of health ministers to the heads of state and ministers of foreign affairs. To commemorate UNGA resolution on UHC, since 2014, 12 Dec. is used as a day to organize commemorative events on UHC and 12 Dec, 2014 was the first ever Universal Health Coverage Day or UHC Day. The advocacy and momentum on UHC in the last 10 years has been sustained, supported by advocacy, discourses and resolutions at various fora (WHA, UNGA, regional and country levels), which possibly reflects an emerging consensus regarding the need and importance of UHC. The World Health Organization Director General Dr Margaret Chan has said that "Universal Health Coverage is the single most powerful concept that public health has to offer."

UHC has three dimensions – population coverage, health services coverage and financial protection coverage– and is often represented by a cube, referred as 'UHC Cube' or 'UHC coverage box' (Figure-1). The 'inside cube' reflects the existing status in the countries, where only a proportion of the population has access to health services, only a few
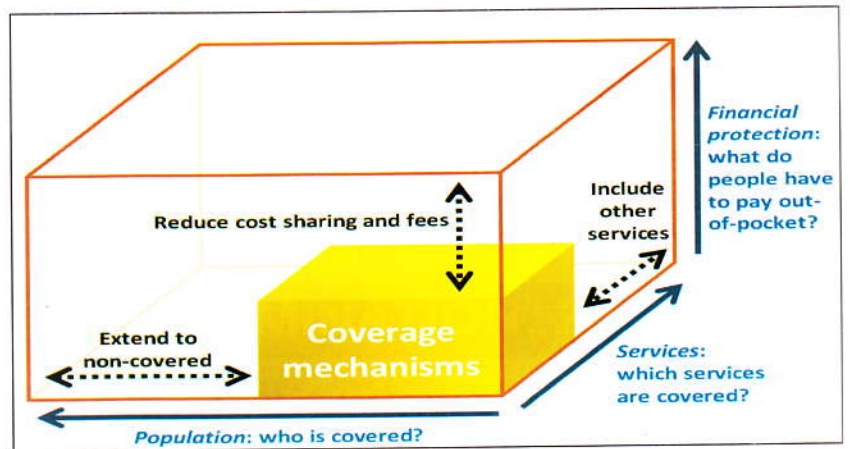
services are available and not all who receive services can afford the cost. The 'outer cube' is the aspirational goal for the countries, as defined by UHC, and proposes that all countries should strive to fill the box by extending coverage of quality services with affordable cost. Interestingly, as the services provided leads to improved health outcomes, which in turn leads to a change in disease pattern in the countries, and availability of newer technologies would affect service need and utilization. Thus, there would always be a need for addressing the changing epidemiological realities and there would always be some gap in inner and outer boxes. These are some of the reasons that UHC is considered a 'journey' rather than a 'destination'. UHC is a dynamic process and the idea is to make an attempt to fill the 'UHC coverage box' as much as possible. Experience from the countries has shown that it takes 10-15 years to make reasonable progress in this direction and UHC is not possible in a year or two. While UHC is the aim, the health system reforms and strengthening are foundation and tools, on which progress in the direction of UHC could be made.

UHC and India

India was part of the resolution on UHC at the 2005 World Health Assembly as a member state. Though, the UHC was not being discussed in the country at that time, India had launched the National Rural Health Mission (NRHM) in April 2005, to improve health systems in India and improve health status of the people. *Rashtriya Swasthya Bima Yojana* (RSBY), which intends to provide financial coverage to below poverty line population for the cost of secondary level hospitalization and a few other financial protection schemes were launched by Indian states starting 2007-08. Soon after the launch of the World Health Report of 2010, the erstwhile Planning Commission of India constituted the High Level Expert Group (HLEG) on Universal

Figure 1: Universal Health Coverage (UHC) Coverage Box

Health Coverage in India. The HLEG submitted its detailed recommendations and report in October 2011, which was used for drafting of 12th Five Year Plan(2012-17) of India. The 12th Five Year Plan had proposed UHC pilots in 2 districts of each state of India and work had also started for launch of these proposed pilots to derive learning from full scale UHC in the country. In May 2013, to provide health services in urban areas, the National Urban Health Mission (NUHM) was launched and two sub-missions (NRHM and NHM) were merged as the National Health Mission (NHM). The NHM vision of "Attainment of universal access to equitable, affordable and quality health care services, accountable and responsive to people's needs, with effective inter-sectoral convergent action to address the wider social determinant of health" is very much in alignment with the concept of UHC. Starting mid-2014, there has been a lot of ground work on providing universal health assurance (UHA, in short) with components and intentions matching to UHC. A blueprint was reportedly prepared to implement UHA through the launch of National Health Assurance Mission (NHAM) in India. The RSBY scheme has been shifted from the Ministry of Labour and Employment to the Ministry of Health and Family Welfare in April 2015; a new (draft) National Health Policy is at the last stage of finalization and has

all key aspects of UHC captured in the policy document. Broadly speaking, the initial ground work for advancing UHC in India has been done; however, it awaits approval and accelerated implementation.

Sustainable Development Goals (SDGs) and UHC

The Sustainable Development Goals (SDGs) were endorsed on 25 September, 2015 at the UN Sustainable Development Summit, attended by the heads of state and governments, to carry the work done under Millennium Development Goals (MDGs) forward and to guide global development over the next 15 years. The UNGA formally adopted the universal, integrated and transformative 2030 Agenda for Sustainable Development, along with a set of 17 Sustainable Development Goals and 169 associated targets. The 17 SDGs focuses upon poverty, hunger, health education, gender equality, water and sanitation, energy, work and economic growth, industry and infrastructure, inequalities, cities, responsible consumption, climate, life below water, life on land, peace and strong institutions, and the partnership.

The final text of the 2030 agenda for sustainable development in its preamble states: "To promote physical and mental health and well-being, and to extend life expectancy for all, we must achieve universal health

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coverage and access to quality health care. No one must be left behind" and that signifies the relevance of health in overall development agenda. One of the goals in SDGs, the goal 3 (or SDG-3) addresses health challenges and aims to "ensure healthy lives and promote well-being for all in all ages". The target 3.8 is to "achieve universal health coverage, including financial risk protection, access to quality essential health-care services, medicine and vaccines for all". UHC is at the core of health related SDG3 and three of the 13 targets under SDG3 (Target 3.8, 3.b and 3.c) are very specifically related to advancement of UHC.

In the global discourse, the target 3.8 on UHC is being considered

Table 1: Universal Health Coverage as Core of Health Related Targets in Sustainable Development Goals		
Sustainable Development Goal 3 (SDG3) and its targets	**SDG 3:** Ensure healthy lives and promote well-being for all at all ages	
Target 3.8: ACHIEVE UNIVERSAL HEALTH COVERAGE Achieve 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		
MDG unfinished and expanded agenda	**New SDG 3 Targets**	**SDG 3 Means of implementation targets**
3.1: Reduce maternal mortality: By 2030, reduce the global maternal mortality ratio to less than 70 per 100,000 live births.	**3.4: Reduce mortality from NCDs and promote mental Health:** By 2030, reduce by one-third premature mortality from non-communicable diseases through prevention and treatment and promote mental health and well-being.	**3.a: Strengthen implementation FCTC:** Strengthen the implementation of the World Health Organization Framework Convention on Tobacco Control in all countries, as appropriate. **3.b: Provide access to medicines and vaccines for all, support R&D:** Support the research and development of vaccines and medicines for the communicable and non-communicable diseases that primarily affect developing countries, provide access to affordable essential medicines and vaccines, in accordance with the Doha Declaration on the TRIPS Agreement and Public Health, which affirms the right of developing countries to use to the full the provisions in the Agreement on Trade-Related Aspects of Intellectual Property Rights regarding flexibilities to protect public health, and, in particular, provide access to medicines for all.
3.2: End preventable newborn and child deaths: By 2030, end preventable deaths of newborns and children under 5 years of age, with all countries aiming to reduce neonatal mortality to at least as low as 12 per 1,000 live births and under-5 mortality to at least as low as 25 per 1,000 live births.	**3.5: Strengthen prevention and treatment of substance abuse:** Strengthen the prevention and treatment of substance abuse, including narcotic drug abuse and harmful use of alcohol. **3.6: Halve deaths and injuries due to Road traffic accidents:** By 2020, halve the number of global deaths and injuries from road traffic accidents.	
3.3: End epidemics of HIV, TB, Malaria and others: By 2030, end the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases and combat hepatitis, water-borne diseases and other communicable diseases.	**3.9: Reduce deaths and illnesses from hazardous chemicals, pollution and contamination:** By 2030, substantially reduce the number of deaths and illnesses from hazardous chemicals and air, water and soil pollution and contamination.	**3.c: Increase health financing and health workforce in developing countries:** Substantially increase health financing and the recruitment, development, training and retention of the health workforce in developing countries, especially in least developed countries and small island developing States.
3.7: Ensure universal access to sexual and reproductive healthcare services: By 2030, ensure universal access to sexual and reproductive health-care services, including for family planning, information and education, and the integration of reproductive health into national strategies and programmes.		**3.d: Strengthen capacity for early warning, risk reduction and management of health risks:** Strengthen the capacity of all countries, in particular developing countries, for early warning, risk reduction and management of national and global health risks.

Interactions with economic, other social and environmental SDGs and SDG 17 means of implementation	
	Goal 1: End poverty Target 1.3: Implement social protection systems for all
	Goal 2: End hunger, achieve food security and improved nutrition Target 2.2: end malnutrition, achieve targets for reductions child stunting and wasting
	Goal 4: Ensure inclusive and equitable education Target 4.2: ensure access to early childhood development, care and pre-primary education
	Goal 5: Achieve gender equality and empower all women and girls Target 5.2: end all forms of violence against all women and girls
	Goal 6: Ensure availability and sustainable management of water and sanitation for all Target 6.1: achieve universal and equitable access to safe and affordable drinking water
	Goal 7: Affordable and clean energy Ensure access to affordable, reliable, sustainable and modern energy for all
	Goal 8: Decent work and economic growth Labour markets in health (and other social sectors) can stimulate economic growth, productive employment, youth employment and decent work
	Goal 10: Reduced inequities
	Goal 11:Sustainable cities and communities
	Gola 13: Climate actions
	Goal 16: Promote peaceful and inclusive societies for sustainable development, Target 16.1: Reduce all forms of violence and related death rates everywhere
	Goal 17: Partnership Use of institutional partnership for capacity building and link with the means of implementations

overarching and as a tool to achieve health goals in SDGs. The targets in SDG3 are being looked as three broad groups of: MDGs unfinished and expanded agenda; New SDG 3 targets, and SDG 3 means of implementation targets. The achievement of health goal and targets is also dependent upon (and would contribute to) the actions taken under other 16 goals and related targets (Table 1).

Conclusions

Health is at the center of development discourse and looked at as a cornerstone for economic growth of any nation. It can contribute to alleviate poverty and lead a nation to a more productive and financially secure status and SDGs and UHC well interwoven in the fabrics of social and economic development. UHC is a new unifying force for health sector, with linkage to overall development agenda. UHC builds upon learnings of the past and carries the healthcare agenda forward including concepts of primary healthcare and initiatives

during MDG period. As the global leaders and agencies should build upon the momentum for achieving SDGs, the national governments need to take concrete policy measures to address inequities in health sector by ensuring that more people have access to quality health services without financial hardship. There is a global discourse on this area and nearly 100 countries are taking a few or more steps to advance towards UHC. India has been at the forefront of policy discourse and has done some background work and seems to be ready to take a giant leap towards UHC and contribute to achieve SDG3 and other SDGs, both at national and global level.

The SDGs and UHC together provide, another and perhaps bigger than ever, opportunity to bring public discourse on health to a level of critical threshold to accelerated health system reforms and strengthening. It is possible that UHC becomes a shining star in SDG period when global leaders reconvene to take stock of SDGs

achievements in 2030.

Readings

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