



Universal Health Coverage

Definition

Universal health coverage (UHC) is defined as all people receiving quality health services that meet their needs without being exposed to financial hardship in paying for the services.

Goals of UHC

UHC should offer a comprehensive range of key services that ensures the health and well-being of individuals which in turn helps mature their capabilities to develop, learn, work and attain their life goals. UHC relieves anxiety and releases financial resources that are kept for unforeseen future healthcare expenses.

UHC is also beneficial to society at large as it improves the population health and well being and contributes to its development.

UHC ensures that both poor and rich have access to quality services as services within such a system are offered based on health needs not capacity to pay.

UHC is a way to meet rights to healthcare and the human right to attain both physical and mental health.

Scope of UHC

UHC calls for quality services of many kinds, for strengthening the whole health system, and for intersectional collaboration.

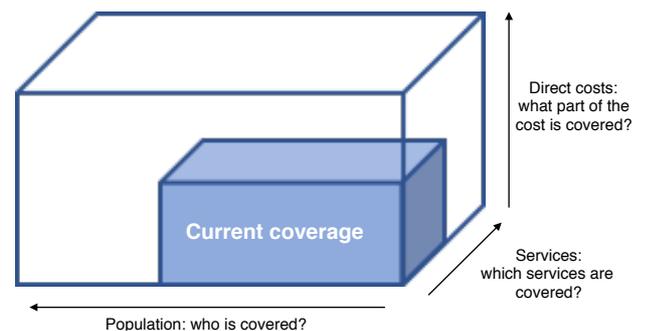
UHC goes beyond clinical and curative services to include public health measures and promotive, preventive, rehabilitation, and palliative services.

UHC should not be seen as merely a financing system (revenue collection, pooling of resources, purchase of services) but as a health system that requires development to function properly. This includes its governance, human and financial resources, technology (medicine and interventions), information and service delivery.

UHC calls for action that goes beyond the health system as many of its requirements are outside the direct domain of the health sector especially those related to determinants of health such as housing, working conditions, education, basic utilities, transportation, food, etc.

Dimensions of coverage and critical choices

No country starts from zero coverage and very few aim for total coverage. There is no single path to UHC that must be followed. However, progress must be achieved in at least the three dimensions shown in the UHC box (**Figure**). They are related to (a) the proportion of the population to be covered, (b) the range of services to be made available, and (c) the proportion of the total costs to be met.



Countries moving forward with UHC have to ensure fairness and equity when deciding how to expand each dimension. Benefits and burdens should be fairly distributed across high- and low-income groups, across the young and the elderly, and across the healthy and the sick. To this end, robust public accountability and public participation are essential.

Expanding priority services

The process of expanding services should be systematic, fair and based on explicit and well-founded criteria such as cost effectiveness, priority to the worse off, and financial risk protection.

Including more people

Ideally UHC should offer coverage for everyone. When this is not possible, efforts should be directed towards reducing barriers for disadvantaged groups such as low income groups and rural population.

Reducing out-of-pocket payments

This dimension requires a shift from out-of-pocket payments to prepayments with pooling of acquired funds. It is recommended to start with eliminating out-of-pocket payments for high-priority services, low-income groups and other disadvantaged groups.

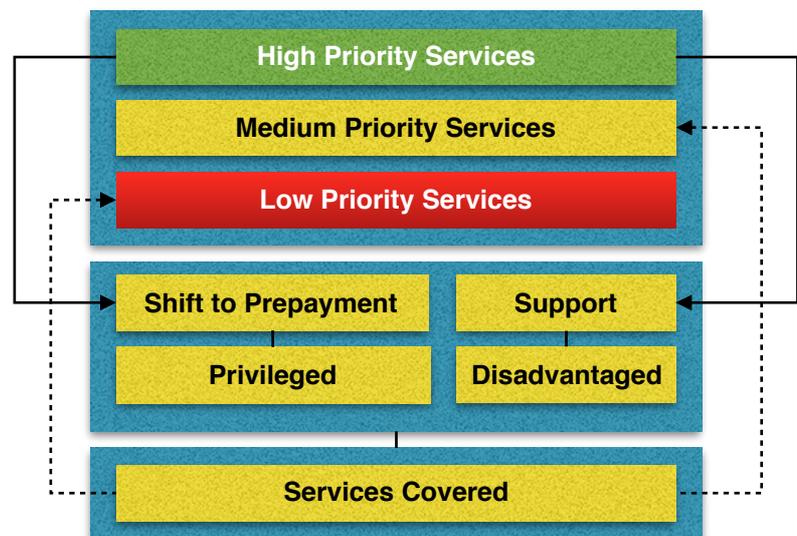
Reading Material

- World health report. WHO, 2000.
- Universal health coverage: Supporting country needs. WHO, 2013
- Making fair choices on the path to universal health coverage. WHO, 2014.
- Key issues in rationing and priority setting for health care services. WHO, 1998.
- Sustainable Development Goals. UNDP, 2015
- Egyptian Constitution, 2014.
- Egypt 2030. www.sdsegypt2030.com
- Egyptian Law No. 2, 2018 on Universal Social Health Insurance.

Strategy for UHC

UHC requires progressive expansion of a comprehensive set of key services. To do so, communities must wisely set priorities and choose which services to offer first and which to expand later down the path towards UHC. When prioritizing and choosing services, it can be useful to sort services into three different classes: high-priority, medium-priority, and low-priority services based on explicit, not implicit, criteria.

Fair progressive realization of UHC requires a strategy that is explicit and supported by consensus from the public and expert community. Strategies should also be revised periodically or whenever required to ensure that it serves all sectors of the community based on their health needs and that it offers equitable financial protection.



The World Health Organization Consultative Group on Equity and Universal Health Coverage recommends a three-part strategy for countries seeking fair progressive realization of UHC as follows:

1. Categorize services into priority classes. Relevant criteria include those related to cost-effectiveness, priority to the worse off, and financial risk protection;
2. First expand coverage for high-priority services to everyone. This includes eliminating out-of-pocket payments while increasing mandatory, progressive prepayment with pooling of funds;
3. While doing so, ensure that disadvantaged groups are not left behind. These will often include low-income groups and rural populations.

When high-priority services have been covered for everyone or all reasonable measures to that end have been taken, steps 2 and 3 can be repeated for medium-priority services and thereafter for low-priority services.

The strategy makes clear that priority setting and service selection are central in the pursuit of UHC. The more important a service, the more important it is that the service is universally covered as quickly as possible instead of trying to cover a very expansive set of services from the outset, especially if this would impede the inclusion of everybody. It is also vital to include disadvantaged groups from the start and make sure that they are not left behind.



ABC of Governance

aims at

creating an awareness of issues related to health governance;

providing a core of knowledge that is practice-based;

encouraging communication between advocates of governance.

Produced by
Health Governance Unit
Medical Research Institute
Alexandria University

www.healthgovernanceunit.com
admin@healthgovernanceunit.com

Contributions are welcomed and will be published