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Chapter

Introductory Chapter: Universal Health Coverage

Aida Isabel Tavares

1. Introduction

Universal health coverage (UHC) is a major ambition of every health system around the world. It stands for the aspiration that health services are to be accessed by all people, when needed with quality, without falling in financial debt or bankruptcy. This ambition has been clearly stated as a target for the Sustainable Development Goal defined by the United Nations in the UN Millennium Summit of 2000. The World Health Organisation (WHO), in 2013, published the 'World health report: research for universal health coverage' [1] where it becomes evident the importance of researching and discussing how to advance towards universal health coverage. The main purpose of this book is contributing to the ongoing discussion on this topic.

2. Universal health coverage

Universal health coverage conveys an ambitious idea of ensuring health care services of quality to all people who are in need, without suffering financial hardship. According to the latest UHC monitoring by WHO, in 2017 [2], this goal is still a bit far away from what was defined initially. About 100 million of people in the world fall into extreme poverty because of out-of-pocket expenditures. Almost 180 million of people spend 25% or more of the household budget on health expenditures, and this figure has been rising for about 5% each year globally.

These astonishing numbers slowdown the movement towards the Sustainable Development Goals (SDG) [3], both the SDG1—ending poverty and the SDG3—ensuring healthy lives and promoting well-being. This later SDG includes Target 3.8 which is concerned precisely with the achievement of UHC. The importance of UHC has been recognised by governments, who have in several occasions committed moving towards UHC. Regardless numbers, there are good news. The latest report on monitoring UHC worldwide concluded that there has been some progress towards UHC despite the unequal and slow speed of improvement.

The measurement of the movement towards UHC is based on three dimensions [1]: (i) who is covered, (ii) which services are covered and (iii) how much cost is covered. The first dimension measures the proportion of people who is covered and the aim is 100%. The second dimension measures the number and type of services to be supplied to people. The third dimension measures the cost-sharing of accessing to health services between people and the health system. The role of governments is then (i) to decide which are the health services to be included in the package of services and the quality of the services, and (ii) to ensure that people have access to these services in affordable way. This decision is different across

countries and across time. It depends on several variables such as economic development, available technology, climate and epidemiology features.

3. Investing in universal health coverage

Investing in UHC is to have a stake in each country health system. The meaning of investing is wide and the impacts can also be wide, either immediate or medium and long-run impacts on the health system and population health.

The inputs of UHC where governments may invest include financing, producing health workforce, investing in medicines and infrastructures, as well as in information, and also creating a well-adjusted governance structure.

The immediate impact of these inputs is felt on the provision of services. Health services are expected to account for access, readiness, quality and safety. Inputs also allow for creating a financial pool needed to support UHC. The non-immediate impacts of investing in UHC happen on the desired outcomes. These are, in fact, the three dimensions used to measure the progress of UHC meaning coverage, financial risk protection and risk dispersion. The final and long-lasting impact is felt by the population: the improved health status and financial well-being, and by the health system itself: the increased responsiveness and health security.

Along the different stages of this chain of inputs and impacts, the social determinants are a permanent influence to be considered to ensure equity of coverage. At the end, from an overall view, investing and providing UHC implies producing health services in quantity and quality and in equitable base.

With this framework in mind, one realises that the research and analysis on the improvement of UHC is diversified and addresses several topics and issues, from the inputs, to the outputs and outcomes, ending at the population health, and going through social determinants, quality and equity. The ground for studying UHC is vast.

This book contributes to the discussion on the universal health coverage and no single topic is privileged. The main aim here is to joint different perspectives and contributions on how to improve UHC. The variety of topics presented and discussed along the book confirms the importance that UHC has for academics and health professionals. But it also remarks the controversies and challenges of its implementation and improvement.

4. Invitation

The reader is invited to read about a variety of topics emerging in the context of universal health coverage around the world and be involved in some of the current discussions.

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