



Achieving Universal Health Care

This editorial is based on [“Moving forward with a newer concept of Universal Health Care”](#) which was published in the Hindu on 20/03/2023. It discusses the issues with Universal Health Care/Coverage and ways to achieve it.

For Prelims: Universal Health Coverage, Covid-19, International Universal Health Coverage Day, Sustainable Development Goals (SDGs), NFHS-5, Pradhan Mantri Jan Arogya Yojana

For Mains: Challenges in Achieving Universal Health Care/Coverage (UHC), Government Policies & Interventions

[Universal Health Coverage \(UHC\)](#) is widely discussed worldwide as an essential component of the development agenda. The **outbreak of Covid-19 has necessitated the need for universal health coverage** as the health systems failed miserably across the globe during those times. Considering the importance of UHC, the **United Nations declared 12th December as International Universal Health Coverage Day (UHC Day)** in 2017.

The United Nations defines UHC as “everyone, everywhere should have access to the health services they need without risk of financial hardship.” [Sustainable Development Goals target 3.8](#) (“Achieve universal health coverage, including financial risk protection, access to quality essential healthcare services and access to safe, effective, quality and affordable essential medicines and vaccines for all”) also focuses on achieving universal health coverage.

A big push in the health sector is the need of the hour, in the absence of which the health and wellness centres will end up in deplorable conditions similar to the current primary health centres and sub-centres.

What are the Challenges in Implementing UHC in India?

- **Inequitable Access to Health Insurance:**
 - The lowest coverage of health insurance is among households with the lowest wealth quintile and underprivileged sections, indicating a lack of equitable access to health insurance.
 - The [NFHS-5 results paint a different picture for India, where insurance coverage is lowest \(36.1%\)](#) among households with the lowest wealth quintile.
- **Lack of Financial Protection:**
 - Despite the existence of schemes like [Janani Shishu Suraksha Karyakram](#), the **average out-of-pocket expenditure per delivery in public health facilities is still high**, particularly in urban areas.
 - There are significant disparities in out-of-pocket expenditure and access to healthcare

services among different states in India. Many north eastern states and larger states have seen a rise in out-of-pocket expenditure between NFHS-4 and NFHS-5.

- The latest report of NFHS revealed that the average out-of-pocket expenditure per delivery in a public health facility is Rs. 2,916, which in the case of urban and rural stands at Rs. 3,385 and Rs. 2,770. simultaneously.

▪ **Inclusion and Exclusion Errors in Health Insurance Policies:**

- Recent studies have shown that like earlier health insurance policies, the [Pradhan Mantri Jan Arogya Yojana \(PMJAY\)](#) is also not free from inclusion and exclusion errors, which could lead to the inclusion of ineligible households and exclusion of eligible households.

▪ **Availability of Services:**

- **Although 56% of empanelled hospitals under the PMJAY are in the public sector,** 40% are in the private for-profit sector, indicating that the availability of services may be concentrated in areas with previous experience implementing publicly funded health insurance schemes.

▪ **Inadequate Infrastructure:**

- In many low- and middle-income countries, the lack of proper infrastructure is a significant challenge to achieving UHC. This includes inadequate health facilities, inadequate equipment, and inadequate medical supplies.
 - There is a **shortfall of 79.5% of specialists at the Community Health Centers (CHCs)** as compared to the requirement.

▪ **Poor Health Education:**

- Lack of education and awareness regarding healthy lifestyles and preventive health measures can lead to an increase in preventable illnesses and conditions.

What should be the Way Forward?

▪ **Enhancement of Health Expenditure:**

- The need of the hour is to **enhance health expenditure as a percentage of GDP**, which currently stands lower than most of the developing nations.
 - India currently spends about **3.2% of its GDP on health**. This is **much lower than the average health spending share of the GDP (at around 5.2%)** of the Lower and Middle Income Countries (LMIC).
- Strengthening the primary healthcare sector is another area of development that needs special attention.
 - In this direction, the establishment of the health and wellness centres under the [Ayushman Bharat scheme](#) was proposed in 2018, but the growth in this regard is questionable.

▪ **Increase Public Investment in Healthcare:**

- The government should increase its spending on healthcare and allocate more resources to build a strong healthcare infrastructure. This includes building more healthcare facilities, increasing the number of healthcare professionals, and ensuring adequate supplies of medicines and medical equipment.

▪ **Expand Health Insurance Coverage:**

- The government should work towards expanding health insurance coverage to all citizens. This would help reduce out-of-pocket expenses and make healthcare more affordable.

▪ **Prioritize Primary Healthcare:**

- Strengthening primary healthcare is crucial for achieving UHC. This includes increasing access to primary healthcare facilities, improving the quality of care, and strengthening the primary healthcare workforce.

▪ **Improve Healthcare Quality:**

- Quality of care is an important aspect of UHC. The government should invest in improving the quality of care by developing quality standards, ensuring adherence to these standards, and providing training to healthcare providers.

▪ **Invest in Health Information Systems:**

- Health information systems play a crucial role in UHC by providing data for planning and monitoring healthcare services. The government should invest in developing robust health information systems that can provide timely and accurate data.

▪ **Promote Preventive Healthcare:**

- Investing in preventive healthcare can help reduce the burden of disease and the cost of

healthcare. The government should promote preventive healthcare measures, such as vaccination programs, health education campaigns, and lifestyle interventions.

▪ **Foster Partnerships:**

- Achieving UHC requires a collaborative effort between the government, healthcare providers, and civil society. The government should foster partnerships with healthcare providers and civil society organizations to achieve UHC.

Drishti Mains Question

What are the key strategies and challenges involved in achieving universal health care/coverage, and how can they be effectively addressed to ensure equitable access to quality health services for all individuals?

UPSC Civil Services Examination, Previous Year Questions (PYQs)

Q. With reference to the National Rural Health Mission, which of the following are the jobs of 'ASHA', a trained community health worker? (2012)

1. Accompanying women to the health facility for antenatal care checkup
2. Using pregnancy test kits for early detection of pregnancy
3. Providing information on nutrition and immunisation.
4. Conducting the delivery of baby

Select the correct answer using the codes given below:

- (a) 1, 2 and 3 only
(b) 2 and 4 only
(c) 1 and 3 only
(d) 1, 2, 3 and 4

Ans: (a)

Expl:

- Accredited Social Health Activist (ASHA) is a trained female community health activist. Selected from the community itself and accountable to it, the ASHA will be trained to work as an interface between the community and the public health system.
- The government has made pregnancy test kits available free of cost to all women in rural areas through the ASHAs, thus reaching out to women, who would otherwise have to travel great distances to confirm a pregnancy. **Hence, 2 is correct.**
- "Conducting the delivery of baby" is not ASHA's job as they are not trained for this. **Hence, 4 is not correct.**
- ASHA's provide information to the community on determinants of health such as nutrition, basic sanitation and hygienic practices, healthy living and working conditions, information on existing health services and the need for timely utilisation of health and family welfare services. **Hence, 3 is correct.**
- ASHA's mobilise the community and facilitate them in accessing health and health related services available at the Anganwadi/sub-centre/primary health centres, such as immunisation, Ante Natal
- Check-up (ANC), Post Natal Check-up, supplementary nutrition, sanitation and other services being provided by the government. **Hence, 1 is correct.**
- **Therefore, option (a) is the correct answer.**

