Universal health produces equity

The 65th World Health Assembly meeting in Geneva has identified universal health coverage as a key imperative for all countries, if their goal is to consolidate the public health advances achieved so far. Several countries have been working to reform their health system over the past two or three decades. The Assembly, which is the decision making body of the World Health Organization, adopted the concept of Universal Health Coverage in 2005. China launched an ambitious UHC plan three years ago, and with some caveats, has made significant strides. A review of the Chinese programme reported in March this year in The Lancet shows that medical insurance coverage of the population rose from 29.7 per cent in 2003 to 95.7 per cent in 2011. At the same time, the review shows that coverage alone did not reduce financial risks for patients because of rising costs, including profit seeking in care provision. What this implies is that any reform must aim at improving the public hospital system, raising the quality of care, creating benchmarks, and introducing transparent regulatory processes. India’s nascent effort to achieve UHC will take shape during the Twelfth Plan and it will do well to learn from global examples. It is vital that the Planning Commission and the Centre draw the correct inferences from international best practice.

Among the many examples available to India on national universal health coverage schemes is that of neighbouring Thailand. Arguably, the most important outcome of the 10-year-old UHC programme in that country is a dramatic reduction in the number of non-poor households that fell below the national poverty line because of private health expenditure. Moreover, both outpatient visits and hospital admissions increased, as a result of universal access to care. The Thai reform programme stands out as a bold initiative because it was undertaken in the wake of the Asian financial crisis of 1997. It progressed on equity objectives by adopting a tax-funded model, strengthening primary care and disease prevention, and crucially, capping provider payments to regulate costs. India faces a challenge on these very issues with rising costs of private care and insurance payments that few can afford. Fortunately, it has its own remedial blueprint prepared by the High Level Expert Group on UHC instituted by the Planning Commission. The report of the panel is available on the Internet at http://uhc-india.org/. With a stronger economic base now, India can undertake what Thailand did a decade ago. But speedy progress will depend on all political parties convincing themselves that
universal health coverage is a citizen's right and an investment in future economic growth.

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