Strategy for Universal Access to Health and Universal Health Coverage

Universal Access to Health and Universal Health Coverage: Advanced Practice Nursing Summit
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Resolves to adopt the Strategy for Universal Access to Health and Universal Health Coverage.

Urges Member States to take action, taking into account their own context and national priorities.

Requests PAHO’s Director to develop actions and tools to support the implementation of the Strategy.
Objective of the Strategy

➢ It **defines** the conditions that will enable countries to focus and evaluate their policies and measure their progress toward universal access to health and universal health coverage.

➢ It **recognizes** that each country has the capacity to establish its own action plan, according to context and future health challenges.

➢ It **positions** the Region ahead in the SDG post 2015 global Agenda.
Universal Access to Health and Universal Health Coverage:

Imply that all people and communities have access, without any kind of discrimination, to comprehensive, appropriate and timely quality health services, without exposing users to financial difficulties.

Values:

- Right to Health
- Equity
- Solidarity
Universal **Access** to Health

- Capacity to **use** comprehensive, appropriate, timely, quality health services and safe, effective, and affordable quality medicines.
- According to **needs**.
- Addresses **SDH** under a **multisectoral** approach.
- Alma Ata of 21st Century (Health for All).

**Absence** of geographical, economic, sociocultural, organizational, or gender **barriers** that prevent **all** people from making **equitable** use of **comprehensive** health services.
Universal Health Coverage

Coverage

- **Capacity** of the health system to serve the needs of the population
- **Availability** of infrastructure, HHRR, health technologies & financing.

Universal Coverage

Sufficient organizational mechanisms and financing to **cover** the entire population.

**Universal coverage** in itself is not sufficient to ensure health, well-being, and equity in health.
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Values:

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- Equity
- Solidarity
Core value pins down the Strategy

Right to Health

The right of every person to the enjoyment of the highest attainable standard of health.

- A fundamental human right.
- It should be promoted and protected without distinction of age, ethnicity, sex, gender, language, national origin or any other condition.
- Links with other related rights.
Core Value: RIGHT TO HEALTH

**Equity**
Absence of unfair differences in health status, access to comprehensive and timely high quality health services, financial contributions, and access to healthy spaces.

**Solidarity**
To provide financial protection: all contribute according to their means and receive services according to their needs.

**Equality**
**Equity**
Universal access to health and universal health coverage are the foundation of an equitable health system.
Four simultaneous and Interdependent Strategic Lines

- Equitable Access to Health Services
- Strengthening Stewardship and Governance
- Increasing financing with equity and efficiency
- Strengthening intersectoral coordination to SDR
SL1: Expanding equitable access to comprehensive, quality, people and community centered health services

• New models of care, new models of organization and new ways and capacity for managing health delivery services;
• Move forward in providing universal access to comprehensive and progressively expanded health services;
• Improve and increase the response capacity of the first level of care in IHSDNs;
• Identify the unmet and differentiated health needs of the population, as well as the specific needs of groups in situation of vulnerability;
• Improve human resource capacity in the first level of care by increasing employment opportunities, particularly in underserved areas.
Universal access to comprehensive, quality and progressively expanded health services

• Defining the right mix of services that the healthcare service will commit to offer and progressively expand is a challenge.

• Prioritization, even if implicit, always exists.

• It must be strategically defined in order to optimize health outcomes.
SL2: Strengthening stewardship and governance

• Define and implement a set of actions to strengthen the stewardship of the NHA and the overall governance of the health sector (i.e. public health functions, legal and regulatory framework).

• Establish and/or strengthen formal mechanisms of social participation and accountability.

• Establish national targets and goals, and define plans of action and set priorities.
SL3: Increasing and improving financing, with equity and efficiency, advancing toward the elimination of direct payments

- Increase public financing of health (6% of GDP a useful benchmark).
- Allocate resources on a priority basis to the first level of care.
- Improve the efficiency of financing and health system organization:
  - Transparent and consolidated procurement mechanisms.
  - Changes in the model of care prioritizing promotion and prevention, quality of services.
- Advance toward eliminating direct payment that constitutes a barrier to access, replacing it by pooling-mechanisms based on solidarity.
SL4: Strengthening intersectoral coordination to address social determinants of health

- Exercise leadership to impact policies, plans, regulations and actions beyond the health sector that address the social determinants of health.
- Implement plans, programs and projects to facilitate the empowerment of people and communities.

Examples of multisectoral policies
- Social protection
- Vector control
- Food industry regulation
- Promotion of physical activity
- Workers health
- Environmental contamination
- Environmental protection
- Regulation of the pharmaceutical industry
- Regulation of alcohol consumption whilst driving
- Regulation of vehicles and road safety
Thank you!