BRIEF: MOVING TOWARDS UNIVERSAL HEALTH COVERAGE TO REALIZE THE RIGHT TO HEALTHCARE FOR EVERY CHILD

(Standalone Brief and Appendix 1 of UNICEF Approach to Health System Strengthening)

EXECUTIVE SUMMARY

UNICEF strongly supports the progressive realization of universal health coverage, with special attention to the needs of children. The vision of universal health coverage (UHC) is that all people obtain the health services that they need. These services include promotive, preventive, curative and rehabilitative interventions that are of good quality and available at an affordable cost that does not impose suffering financial hardship.

For UHC to be equitable, its progressive realization must start with a focus on the hardest to reach – the poorest and most disadvantaged. These groups, which often include indigenous peoples, ethnic and sexual minorities, migrants and people with disabilities, among others -- are among the mostly likely to be excluded from health systems. Unless the poorest and most marginalized are prioritized in UHC efforts, new funding and expansion of health services can inadvertently increase disparities.

Expanding coverage and access to essential healthcare is necessary but not sufficient to realize UHC: it is also important to enhance service quality and utilization. Poor quality or socially inappropriate health services are often bypassed by communities. Poor quality health services, including substandard medicines and other commodities, may not only fail to address people’s health needs; they may also cause harm and thereby deter future use of public services.

Actions to address the underlying determinants of health are just as important as healthcare services to give every child the chance to develop fully and have a healthy start to life – and must also be addressed in concert with moves towards UHC. These determinants include such diverse factors as poverty, nutrition, education and water and sanitation, climate vulnerability, discrimination, and political and social rights.

The progressive realization of UHC for children is a global imperative: the right to health care services for every child is enshrined in the United Nations Convention on the Rights of the Child. Many health systems currently fail to respond to the specific needs of the poorest and most marginalized children and families, in effect excluding them from essential interventions that can save or improve their lives.

In support of the progressive realization of UHC, UNICEF contributes to the expansion of health service coverage for women, newborns, children and adolescents – particularly for the poorest and most disadvantaged and in the countries in greatest need. UNICEF supports health system capacity development through staff training and deployment, resource mobilization, monitoring of health outcomes and health system performance, improving procurement systems and coordinating efforts across sectors. In some countries and settings, UNICEF also directly supports the provision of health-related services, including health promotion, particularly in humanitarian and fragile contexts. In addition, UNICEF
supports the expansion of social protection systems - including cash transfers and social support services - as a critical response to address the social and financial barriers to achieving UHC, particularly for poor and marginalized children. UNICEF will continue to expand this support to achieve UHC in the post-2015 era as a crucial contribution to ending preventable maternal, newborn and child deaths, promoting the health and development of all children, and achieving the broader Agenda 2030 for Sustainable Development.


Every child in every country has the right to healthcare

The right of children to health and healthcare is grounded in the ratification by countries of a number of international human rights treaties, in particular the United Nations Convention on the Rights of the Child and the International Covenant on Economic, Social and Cultural Rights. Article 24 of the CRC recognizes “the right of every child to enjoyment of the highest attainable standard of health” and commits countries to “pursue full implementation of this right”. These treaties also embody principles of progressive realization of the right to health in all countries. The right to health impels the provision of essential healthcare for all people as well as appropriate action on underlying determinants of health, such as nutrition, education, water and sanitation, political, and social rights, and protection from climate vulnerability and from discrimination.

Despite these commitments, millions of children and poor families are still missing out on essential quality healthcare that can save or improve their lives. This is the result of a combination of factors, including inadequate investment, financial barriers and discriminatory practices, and is reflected in still alarmingly high numbers of under-five, newborn and maternal deaths each year. In 2015, 5.9 million children died before the age of five worldwide, or more than 16,000 children every day. Of these deaths, 2.7 million occurred in the first 28 days of a child’s life – the neonatal period. Approximately 300,000 women also died in 2015 due to complications of pregnancy and delivery. Most of these deaths could have been prevented by the provision of good quality healthcare services, adequate nutrition, water and sanitation and quality education for children and women.

These maternal, newborn and child deaths are concentrated among the poorest and most marginalized groups both regionally and within countries. For example, in both East Asia and the Pacific and South Asia, the under-five mortality rate in the poorest households is more than twice that of the richest.

One key cause of such health gaps is the inequitable distribution of, and access to, essential health services. In South Asia, for example, a pregnant woman from the richest quintile is almost four times more likely to have a skilled health attendant (doctor, nurse or midwife) at delivery than a pregnant woman from the poorest quintile. In sub-Saharan Africa, a child under 5 suffering from diarrhea (from the richest quintile) is nearly twice as likely to receive oral rehydration treatment as a child from the poorest quintile.

In all countries, the lowest coverage of and access to essential reproductive, maternal, newborn and child health services occurs in the most marginalized groups – including the
poorest households and regions, geographically-isolated populations, people with disabilities, residents of informal urban settlements, and groups who face discrimination such as indigenous peoples, ethnic minorities, sexual minorities, refugees and undocumented migrants.

**Equity starts with a focus on the hardest to reach**

In their efforts to progressively realize universal health coverage (UHC), all countries must make choices about which health interventions they cover, for which parts of the population, and to what level governments cover the expense. How countries make these choices in pursuing UHC will determine how far and how quickly they improve health outcomes, reduce health inequities and realize the right of children to essential healthcare.

A key challenge for national UHC strategies therefore is to address and reduce inequities in access to and utilization of quality essential health services. More spending on health services does not necessarily improve health equity, particularly if attention is focused solely on improving national aggregates, without measuring progress for different groups within the country. For example, focusing most new health services investments on hospitals and health facilities in large urban centres is not an appropriate strategy if significant numbers of the most disadvantaged children live in rural areas.

The greatest health and equity gains are often to be found in community-based approaches managed at the district level. A 2010 study by UNICEF showed that such an equity-focused approach is also the most cost effective approach to achieve maternal and child health targets, such as MDG 4 and 5, and the more ambitious targets to end preventable child deaths recently adopted in the Sustainable Development Goals for the post-2015 era.

Accordingly, UNICEF advocates that actions towards UHC should first address the needs of those currently left behind. Using UHC to reduce disparities requires applying the concept of proportionate universalism, where policies and interventions are universal, but with scale and intensity proportionate to the level of disadvantage. This principle is widely accepted but can be challenging to put into practice because these populations often have the least political voice and face discrimination.

While there is an increasing need for comprehensive provision of health services, including for noncommunicable diseases, the first measure of success for any national UHC strategy should be the provision of essential reproductive, maternal, newborn, child and adolescent health services, for the poorest and most disadvantaged children and families.

**Universal health coverage is about more than service availability**

The existence of health services within a community does not necessarily imply that individuals and families obtain interventions and care that meet their health needs in a timely manner. Health services should be adapted to the particular needs of different populations. Systems must therefore go beyond access to address issues of acceptability, availability, quality, continuity and the ability of communities to utilize services when they are needed. UHC should balance promotive, preventive, curative and rehabilitative interventions.
For example, immunization is an essential healthcare intervention for children. But vaccines will only provide the expected benefits if they are of good quality and potency, stored appropriately, dispensed at the requisite time, and administered under sterile conditions. Immunization services need to be trusted by families, including those from marginalized groups, and available at a time and venue that is accessible. If health services are of poor quality or not trusted by communities, they will not be utilized when needed. Poor quality health services, including substandard medicines and other commodities, may not only fail to address people’s health needs, but also cause harm and deter future use of public services.

**All children and their families should be able to afford health services**

Removing the risk of people becoming impoverished through the cost of health care is an important contribution to eliminating poverty, given that 100 million people fall into poverty in this way each year. Poverty and disadvantage also prevent people from accessing and using health services, due to direct and indirect costs, as well as social barriers. Addressing these barriers is critical to ensuring UHC.

UNICEF supports the removal of user fees, especially for the poorest, to help ensure no family does not use health care services for their children or is driven into poverty because of the direct or indirect costs of quality health care. There is clear evidence that user fees reduce access to services and are an inefficient means of funding health services. However, removing user fees should be undertaken in the context of broad reform of the financing of health systems. Removing user fees without making alternative arrangements to pay health workers and purchase medical supplies, for example, can lead to adverse consequences such as mark-ups on commodities and demands for unofficial payments.

Prepayment schemes funded through public or private insurance can also provide an equitable and cost-effective path towards attaining UHC. Not all prepayment schemes are equally effective in reducing inequities however; voluntary health insurance schemes often exclude the poorest and most disadvantaged. Even where fees are low for participation in health insurance schemes – public or private - the poorest often still cannot afford these. Social protection programmes which subsidize or exempt populations from insurance contributions can help to ensure that the poorest benefit. Care also needs to be taken to ensure that taxation or social insurance schemes do not exclude those outside the formal sector, which often constitutes a majority of the population in low- and middle-income countries. Attention is also required to populations that are excluded to such an extent that they do not express demand for health services, and therefore can appear as not being affected by impoverishing health costs. Monitoring of UHC should explicitly include assessment of the coverage of the informal sector.

For many poor and disadvantaged children and families, overcoming financial barriers to healthcare is not only related to the direct costs of health services, although this is an important component. Other costs – including transportation to health services, medication, and the opportunity costs of parents’ time – also stand in the way of realizing the right to healthcare for everyone. Measures that help address these costs, including social protection, are important to the achievement of UHC.
UNICEF considers that an equitable approach to health financing as part of the progressive realization of UHC will target new pooled resources towards marginalized groups first; prioritize financing of reproductive, maternal, newborn, child and adolescent health services; and adopt measures to avoid capture of these resources by groups who are relatively advantaged and have greater political visibility and influence.

**Universal health coverage is necessary but not sufficient to achieve the right to health – action on underlying determinants is also vital**

Even if UHC is achieved, health inequities will persist, as is seen even in the high-income countries that come closest to achieving that aim. The major drivers of health inequities lie beyond the purview of the health sector, in disparities that shape people’s living conditions and their access to services, resources and power – the underlying determinants of health.

Allowing every child the chance to develop fully and have a healthy start to life requires just as much attention to education, nutrition, water and sanitation, climate vulnerability and adaptation, gender equality, preventing (and resolving) conflicts and disasters, eliminating poverty and discrimination, promoting early child development and improving the built environment as it does to providing quality, essential healthcare services. UHC is crucially important for health but it cannot be the sole focus of efforts to improve health outcomes or reduce health inequities.

Furthermore, achievement of UHC itself requires actions in other sectors, such as social protection, civil registration, water and sanitation, transport and energy. UHC should, at a minimum, include a consideration of factors governed by other sectors that influence the delivery and quality of health services and the ability of people to access and afford them. UHC efforts should also consider actions within the health sector that can address underlying determinants – for example, advocacy, education, improving the employment conditions of healthcare workers, and reducing the environmental impact of the health sector.

**Monitoring performance is key to building efficient and effective health systems**

Progressive realization of UHC requires that all people are counted through improving civil registration and monitoring the number of people that are reached through expanding services or improving the quality of existing services, including measuring population coverage to quantify those unreached by specific interventions. UHC also requires assessment of the health outcomes achieved, and whether the poorest and most disadvantaged groups are being included.

Guidance for global and national monitoring of UHC is under development. It is crucial that such frameworks include the essential child interventions, including treatment for pneumonia, diarrhea and malaria, and newborn care. Explicit targets for closing gaps within countries can highlight inequities and drive actions to reduce them.

Successful efforts towards UHC will also need better capacity in the governance of health systems. This includes the ability to know which data to collect, how to interpret it, and how to act appropriately to implement changes with the large number of partners that make
up health systems. Monitoring data should be fed back in a timely manner to managers at both national and district levels to make changes where required. Doing so will require significant investments to strengthen routine health information systems including greater support from the global community, especially for low-income countries and fragile states.

UHC is conceived at the national level, but health services are delivered in communities. Much greater attention is required to building the capacity for planning, monitoring and implementation at decentralized levels, including training of district and municipal managers, supporting community delivery systems.

**The role of UNICEF in supporting countries’ efforts to move towards universal health coverage**

UNICEF supports countries in their efforts to achieve UHC for children and their families. Progressive realization of this aim requires attention to all aspects of health systems, as well as to other sectors where actions are also necessary, such as energy and safe water supply for health care facilities and overall public financial capacity.

UNICEF has extensive experience and expertise in the delivery of health services, procurement of vaccines and other health commodities, training of health workers, advocacy for and mobilization of financial resources, surveying and monitoring health outcomes, innovative methods to measure health system performance, and coordinating efforts in other sectors essential to the aims of UHC. UNICEF is currently working in several countries to build the capacity for planning and prioritization of services and monitoring health outcomes at sub-national levels, with disaggregation of data to uncover the impact on inequities. The organization also provides increasing support for implementation research to overcome obstacles in delivering health services for children.

Furthermore, because not everyone can afford to pay for medical supplies and services, UNICEF works to influence the global production and pricing of health products, such as vaccines and other medicines. Tiered pricing allows them to be supplied to the most disadvantaged populations at an affordable cost.

UNICEF also supports over 100 countries to expand and strengthen social protection systems, which are critical to helping families and children to overcome financial and social barriers that can stand in the way of UHC. Particularly in low- and middle-income countries, UNICEF supports governments to expand the number of children covered by cash transfer programmes, which evidence shows consistently to have positive impacts on increasing health care access and utilization. UNICEF support to social protection systems also includes strengthening social support services, which can help ensure vulnerable families access health services. This work also strengthens links between social protection programmes in ways that address the multiple obstacles that disadvantaged children and families face, for example by automatically enrolling cash transfer programme participants into national social health insurance programmes.

Recently, UNICEF has intensified its efforts to ensure that health care systems and interventions in low- and middle- income countries prioritize the poorest and most
disadvantaged. UNICEF will continue to expand this support to achieve UHC in the post-2015 era as a crucial contribution to ending preventable maternal, newborn and child deaths, promoting the health and development of all children, and achieving the broader Agenda 2030 for Sustainable Development.

Sources


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