

BUILDING BLOCKS FOR UNIVERSAL HEALTH COVERAGE: STRONG PRIMARY HEALTH CARE SYSTEMS AND ESSENTIAL HEALTH SERVICES PACKAGES

At least half of the world's population still do not have access to quality essential health services (EHS)* and 100 million people in low- and middle-income countries are being pushed into poverty because of out-of-pocket spending on health.¹ To overcome these inequalities, United Nations (UN) Member States designated the achievement of universal health coverage (UHC) a priority commitment within the Sustainable Development Goals (SDGs) of the 2030 Agenda for Sustainable Development.

In order to achieve the SDGs, sufficient funding and coverage of services is required. While a majority of global efforts focus on advancing efficient and appropriate UHC financing, equal consideration must be paid to the design and delivery of the health programs being costed and financed in order for UHC to forge ahead successfully.

This brief highlights the importance of essential health services within UHC and the need for a primary health care systems approach to deliver on these services. Additionally, three important considerations are presented for the design and implementation of essential health services, addressing the need to integrate dialogue on financing with quality and delivery of a people-centered essential health services package.

ACCESS, QUALITY AND EQUITY

Underpinned by the promise of equity, quality and access, UHC means that all people and communities can use the essential promotive, preventive, diagnostic, treatment, rehabilitative and palliative health services they need, of sufficient quality, without risk of financial hardship. UHC embodies the Health for All agenda set by the Alma-Ata Declaration in 1978—making the SDG commitment of all UN member states to achieve UHC by 2030 the most ambitious global health target of our time.² However, in order to be successful, UHC efforts must reinforce one another and rest on a strong foundation of solidarity, social justice, the right to health for all, participation and accountability.³ This foundation depends on a health system that is integrated, able to provide comprehensive and appropriate care to the populations it serves,

and equipped to address social determinants of health.

UNIVERSAL HEALTH COVERAGE IS BUILT ON STRONG PRIMARY HEALTH CARE SYSTEMS

Primary health care systems look beyond biomedical and clinical interventions, viewing health as an outcome of social determinants.⁴ This system-wide approach is a strategy for the organization and operation of the health system so it is strengthened to deliver adequate quality health services, enhance intersectoral collaboration with non-health services such as education or sanitation, and provide responsive care at all levels of the health system—thus guaranteeing universal coverage.⁵

INTERCONNECTED OBJECTIVES IN UHC

Equitable access to quality essential health care services, so everyone who needs services is able to get them—not only those who can pay for services

Quality of health services should improve the health of those receiving care—these services must include safe, effective, affordable and essential medicines and vaccines

Availability of financial risk protection mechanisms to ensure that the cost of using services does not put people at risk of financial hardship

All countries moving toward UHC define their health program based on specific needs, health system capacity and context. In order to improve health system performance and health equity, countries need to invest in services, organizations and structures to support implementation at the sub-national and community levels. There is a need to bring health services close to where people live and work; ensure that those services recognize rural and urban differences; utilize high impact, evidence-based interventions; standardize protocols; and provide essential health services that are integrated within health and with other sectors. Prioritizing a high-functioning primary health system, including a costed, funded and implemented essential health care service package, is a cornerstone for UHC (Figure 1).

DELIVERING ESSENTIAL HEALTH SERVICES

The SDGs prioritize good quality essential health services to achieve UHC goals. Essential health services (EHS) are a limited list of guaranteed minimum public health and clinical interventions delivered at the community, first and second level of care that provide the best value for money.⁶ In most countries, the package of services includes sexual, reproductive and maternal health; newborn and child health; infectious diseases, including tuberculosis, malaria and HIV/AIDS; non-communicable diseases; and mental health.”

THE ROAD AHEAD FOR THE FULFILLMENT OF UHC: SDG TARGET 3.8.1

One of the measures of progress toward achievement of UHC is coverage of EHS articulated in SDG target 3.8.1. The global community must focus on how to select and deliver the most basic package of EHS that includes prevention and treatment, is cost effective, and addresses the needs of all segments of the population.

- **Investments in sub-national primary health care systems.** Most UHC agendas are being developed at national levels, but health services are delivered in the community, requiring a strategy shift to include community delivery with a primary health care systems paradigm. A strategic shift from narrow, curative approaches to a broader view of health includes promotion, prevention and comprehensive integrated care at the national, regional, district and community levels. This approach requires government allocation of appropriate funding to allow for shifts in strategy so that integrated and coordinated care is available across the health system, ensuring access for poor and marginalized groups.
- **Global guidance on essential health care services package needed beyond cost-effectiveness.** Shaping EHS packages are often viewed as a domestic, technical exercise. The 16 tracer indicators measuring UHC coverage and equity provide a benchmark for EHS. However, political and economic factors also influence classification of services and can affect access to services such as family planning methods or abortion.^{10,11,***} There is a need for greater, country-specific priority-setting criteria and processes, in addition to cost-effectiveness, for fair and equitable service selection.^{12,13}
- **Prioritizing the poor is the most effective mechanism for improving access and coverage.** Once priority services for the EHS have been classified, countries need to ensure coverage of their populations. Efforts toward the millennium development goal targets between 2000 and 2015 failed to reach disadvantaged, vulnerable and marginalized groups in many countries. Evidence from 21 countries with publicly financed systems found that 15 of them favored highest income groups.¹⁴ Universal entitlement, also known as pro-poor universalism, is a principle that refers to the gradual progression toward full coverage under UHC and has a high focus on disadvantaged groups, allowing for the poorest and most vulnerable to gain access first, in an equitable way.¹⁵

Global evidence shows that countries and health systems that prioritize comprehensive primary health care experience better health outcomes and lower health care costs compared to countries with more selective primary health approaches.^{7,8,9} The EHS package is often the basic set of services covered by all insurance policies or national governments as countries transition to UHC. Crafting an EHS package that meets people’s needs drives progress toward pro-poor, people-centered service delivery.

In order to achieve fairness and equity on the path to UHC, the World Health Organization recommends criteria to determine which services should be prioritized and included in the EHS. These include:

1. Cost-effectiveness; and
2. Prioritization of disadvantaged groups, including low-income and rural populations to ensure they are not left behind.

Equally important is the funding and delivery of the high-priority primary health care EHS package. The next section will highlight the areas within design and implementation of the EHS package that require more global attention.

RECOMMENDATIONS:

STRENGTHEN AND INVEST IN PRIMARY HEALTH CARE SYSTEMS

Strengthening the health system will enable reliable delivery of a robust EHS package in a way that addresses the needs of people and not diseases. Governments must invest in strong national and sub-national primary health care systems to be better equipped to deliver family and community oriented EHS packages.

CREATE RIGHTS-BASED PACKAGE OF QUALITY ESSENTIAL HEALTH SERVICES

As countries draw upon select, evidence-based, people-centered, integrated essential health services to design their EHS packages, they must ensure mechanisms for active participation and accountability. Countries must also uphold the fundamental right to equitable access for all, including the most vulnerable and disadvantaged populations. While considering cost-effectiveness with the potential health benefits of each service, it is important to recognize that a single, homogenous EHS package may not meet the needs of the entire population.

DEDICATE FUNDING FOR ESSENTIAL HEALTH SERVICES AND PRIMARY HEALTH SYSTEMS STRENGTHENING

The EHS package promotes good health in communities and countries. Identifying consistent and appropriate funding for the defined EHS packages and the primary health care system tasked to deliver those services further enables the pursuit of UHC.

SUPPORT PRO-POOR, PROGRESSIVE REALIZATION OF UHC

To increase utilization of UHC programs, governments must assign first priority for access to services to the most vulnerable and disadvantaged populations in the sequencing of implementation. This strategy will support the reduction of disparities and inequity of access to health services.

PAI convenes the Primary Health Care Strategy Group, a coalition of civil society health advocates from around the world dedicated to improving global and domestic financing and policy for strong primary health care systems and ensuring quality of care, health equity and access to essential health services.

¹ EHS is also called essential services, primary healthcare services, essential services package, essential health package, essential package of health services, primary health care package, core package of interventions or minimum packages. For the purpose of this brief, these are assumed to be the same.

² Some countries also have partial EHS packages for specific groups, such as those for HIV prevention and care; maternal, newborn and child health; and mental health.

³ A study by Marie Stopes International found that contraception is weakly defined in primary health packages, which can later affect how payments for UHC are set up, thus affecting reimbursements and cost.

ENDNOTES

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