

Capacity Building Programme for Government of Meghalaya Officers as part of the P A Sangma Fellowship for Legal and Policy Research

Capacity Building Programme for Analysing and Accelerating Universal Health Coverage in Meghalaya

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Objectives

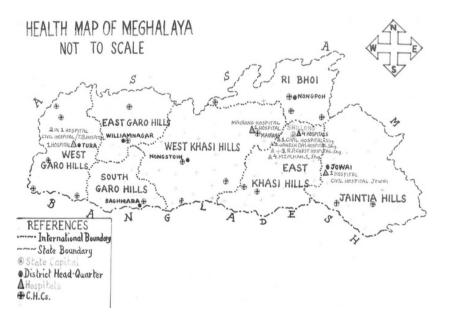
1

Develop a thorough understanding of key concepts of universal health coverage, especially in the context of Sustainable Development Goals.



2

Use this understanding to analyze the present status and challenges of universal health coverage in Meghalaya and develop solutions.



3

Discuss how a local leadership and stakeholder collaborative could be developed to accelerate universal health coverage in Meghalaya.





What is universal health coverage?

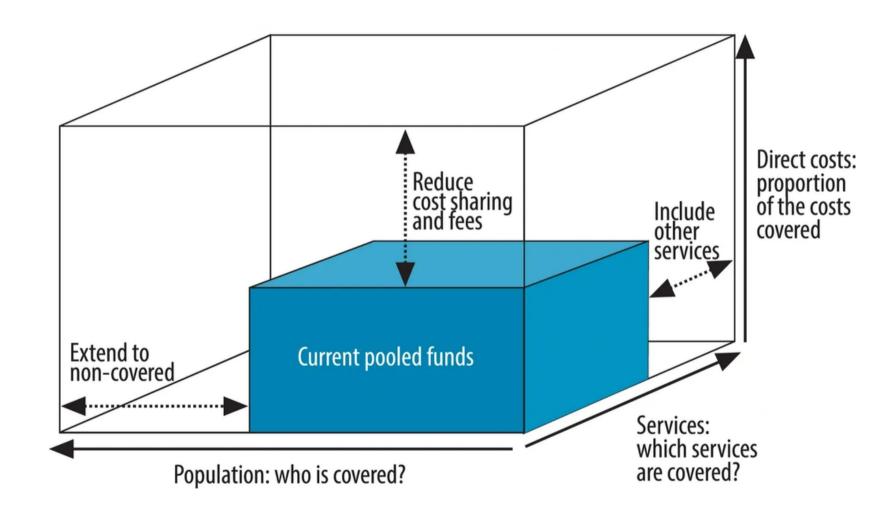
Universal health coverage (UHC) means that all people have access to the full range of quality health services they need, when and where they need them, without financial hardship.

It covers the full continuum of essential health services, from health promotion to prevention, treatment, rehabilitation, and palliative care across the life course.

Source: World Health Organization



Three dimensions to consider when moving towards universal coverage

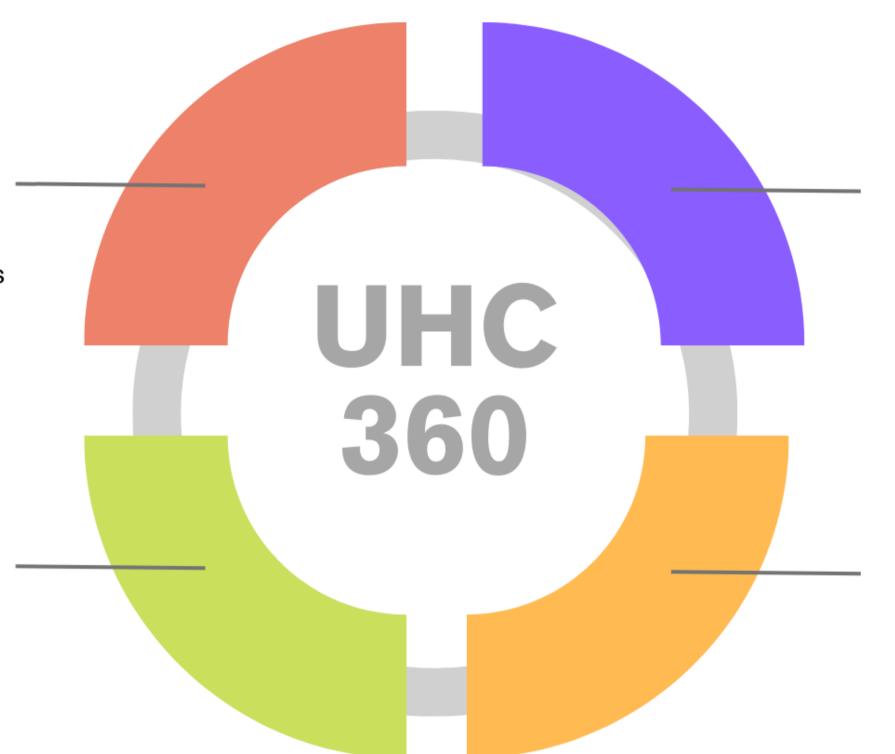


Universal

Everyone has health coverage across the life course as per their needs

Health

Various types of health (physical, mental, etc.) and continuum of health services (from promotive to palliative) are covered



Coverage

Population and health coverage is such that everyone can attain their highest attainable standard of health without financial hardship

Collaborative

Experts and stakeholders collaboratively identify challenges, develop and promote solutions to accelerate UHC

The UHC SDG

GoalTargetIndicatorIndicator33.8.13.8.2

Ensure healthy lives and promote well-being for all at all ages

Achieve universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all

Coverage of essential health services

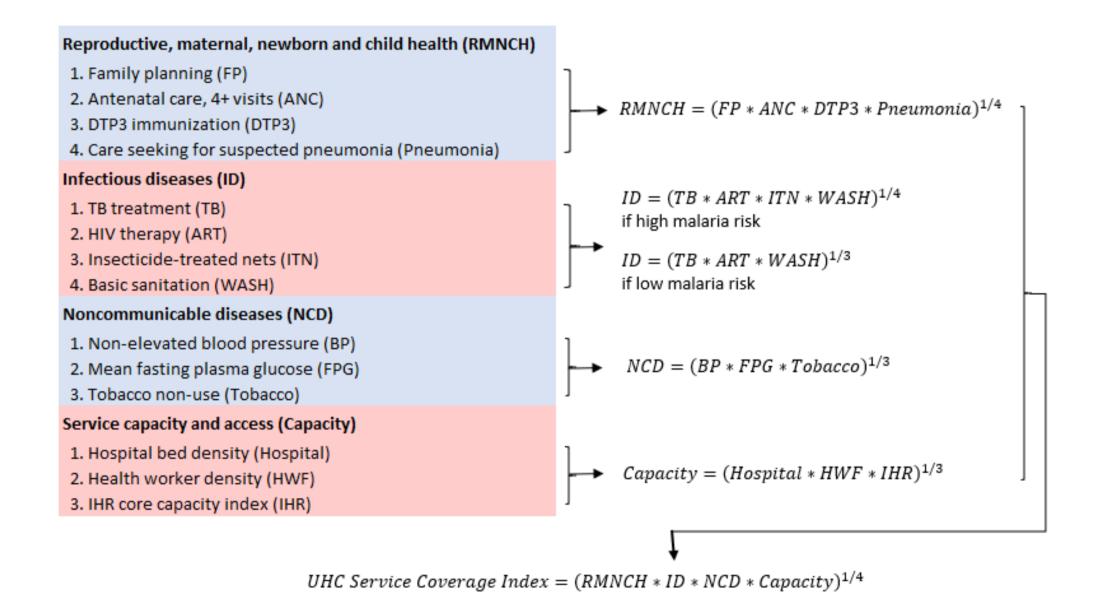
UHC Service Coverage Index based on 14 tracer indicators (next slide)

UN metadata

Proportion of population with large household expenditures on health (greater than 10% and 25%) as a share of total household expenditure or income

UN metadata

SDG 3.8.1 - UHC Service Coverage Index



- * 14 tracer indicators under 3.8.1 are indicative, not an exhaustive list of health services needed for universal health coverage. They were selected as they are well-established, with available data.
- * SDG 3.8.1 index computation by multilateral agencies is a summary measure of access to essential services at the national level. Countries need to develop their own computations to measure in-country inequalities.
- * Indicators 3.8.1 and 3.8.2 should always be monitored together.

UHC-SDG nexus

Universal health coverage is fundamental for achieving the Sustainable Development Goals related not only to health and well-being, but also to eradicate poverty in all its forms and dimensions, ensure quality education, achieve gender equality and women's empowerment, provide decent work and economic growth, reduce inequalities, ensure just, peaceful and inclusive societies and to build and foster partnerships, while reaching the goals and targets included throughout the 2030 Agenda for Sustainable Development is critical for the attainment of healthy lives and well-being for all, with a focus on health outcomes throughout the life course.

<u>Political Declaration of the UN High-level Meeting on Universal Health Coverage (2019)</u>

PHC-UHC-SDG nexus

WHO argues that PHCs can help

* Deliver most (90%) of the essential UHC interventions

* Achieve 75% of the projected health gains from the SDGs



Source: WHO and UNICEF. 2018. "A vision for primary health care in the 21st century: Towards universal health coverage and the Sustainable Development Goals".

Core of UHC

- * Health promotion (HP), disease prevention (DP) and quality of care (QoC) should be at the core of UHC.
- * HP and DP help -
- 1) promote health, well-being and quality of life
- 2) delay the onset and reduce the burden of risk factors, morbidity, mortality (especially premature)
- 3) reduce excessive burden on curative health systems and staff
- 4) reduce the spiralling costs of curative care, increase the financial viability and acceptability of UHC
- 5) enhance the health of the workforce and the economy at large
- * Even if we were to achieve UHC, it would not lead to desired health and other outcomes without QoC.

Prevent UHC from becoming a leaky bucket

* We need individual- and population-based promotive and preventive activities to stop UHC from becoming a leaky bucket for population health and public finances

* Areas of activity - social determinants of health; community / gender empowerment; water and sanitation; road safety; maternal and child health; vaccination; screening; healthy behaviour and diet; communication and counselling; etc.





Some online resources

- * The Meghalaya Health Policy, 2021
- * Presentation by Shri Sampath Kumar, Principal Secretary, Government of Meghalaya Universal Health Coverage: Experience from Meghalaya (25 September 2022)
- * Article by Shri Sampath Kumar and Ruma Bhargava, Lead Mental Health, World Economic Forum How Meghalaya state's integrated approach is leading the way to universal health coverage in India (6 March 2023)
- * <u>Megha Health Insurance Scheme (MHIS)</u>
- * An assessment of the enrolment and claims data of MHIS

