

Introduction

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 determined at the national level according to needs, as well as access to safe, effective, and affordable quality medicines, while ensuring that the use of such services does not expose users to financial difficulties, especially groups in conditions of vulnerability. Universal access to health and universal health coverage require determining and implementing policies and actions with a multisectoral approach to address the social determinants of health and promote a societywide commitment to fostering health and well-being.

Universal access to health and universal health coverage are the foundation of an equitable health system. Universal coverage is built on universal, timely, and effective access to services. Without universal, timely, and effective access, universal coverage is an unattainable goal: both are necessary conditions for achieving health and well-being.

Universal access to health and universal health coverage are necessary in order to improve health outcomes and other basic objectives of health systems, and they are based on the right of every person to the enjoyment of the highest attainable standard of health, equity, and solidarity, values adopted by the PAHO Member States.

The WHO Constitution states that “The enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race,

religion, political belief, economic or social condition” and this is the core value of universal access to health and universal health coverage. This right should be promoted and protected without distinction of age, ethnicity, sex, gender, sexual orientation, language, national origin, place of birth, or any other condition. Promoting and protecting this right requires linkages with other related rights. This and other health-related rights are included in many national constitutions and in international and regional treaties.

Efficient and participatory health systems require the commitment of society, with clear mechanisms for inclusion, transparency, and accountability, as well as multisectoral participation, dialogue, and consensus among the different social actors, and firm, long-term political commitment from authorities responsible for formulating policies, legislation, regulations, and strategies for access to comprehensive, timely, quality services.

The strategy presented here explains 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. However, each country has the capacity to establish its own action plan, taking into account its social, economic, political, legal, historical, and cultural context, as well as current and future health challenges.

* This document is an extract of the *Strategy for Universal Access to Health and Universal Health Coverage* (CD53/5, Rev. 2 and CD53.R14 PAHO/WHO, 2014).

Universal Health is a **GREAT IDEA**

and the key to addressing many of the
Region’s most serious health challenges



UNIVERSAL HEALTH **UNIVERSAL ACCESS TO HEALTH AND** **UNIVERSAL HEALTH COVERAGE***



Strategic line 1

Expanding equitable access to comprehensive, quality, people- and community- centered health services.

Strengthen or transform the organization and management of health services through the development of health care models that focus on the needs of people and communities, increasing the response capacity of the primary level of care through integrated health services networks (IHSNs), based on the primary health care strategy. It is essential to identify health inequities between population groups through detailed health situation analyses, surveys, and specific studies, and to delve further into their determinants. This requires solid information systems, as is indicated in strategic line 2.

Move toward designing comprehensive, quality, universal and progressively expanded health services, in accordance with health needs and priorities, system capacity, and national context. These comprehensive, quality health services are important with the aim of promoting the right to health where nationally recognized and the right to the enjoyment of the highest attainable standard of health. Consequently, these services should be available to all people, with no difference in quality without distinction of their economic or social condition. Furthermore, these services should be designed with due regard to the differentiated and unmet needs of all people and the specific needs of groups in conditions of vulnerability.



Strategic line 2

Strengthening stewardship and governance.



Strengthen the stewardship capacity of national authorities, ensuring essential public health functions and improving governance to achieve universal access to health and universal health coverage.

Strengthen the leadership capacity of health authorities by establishing new mechanisms or using existing ones, as appropriate, for social participation and dialogue with responsible health authorities and other relevant government sectors in order to promote the formulation and implementation of inclusive policies and to ensure accountability and transparency in the work undertaken to achieve universal access to health and universal health coverage. In order to promote equity and the common good, the policy-making process should include dialogue and social participation to ensure that all groups are represented and that special interests do not prevail at the expense of public health interests.

Formulate policies and plans that clearly and explicitly state the will of the State to strengthen or transform its health system, as appropriate, in order to advance toward universal access to health and universal health coverage. These plans should include defined targets, which should be monitored and evaluated. Establish mechanisms for social participation in monitoring and evaluation, thereby promoting transparency. Mechanisms should also be established to expand monitoring capacities.

Strategic line 3

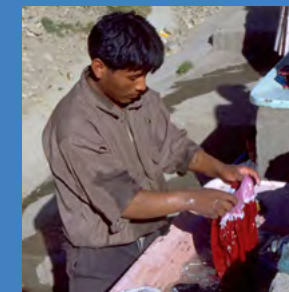
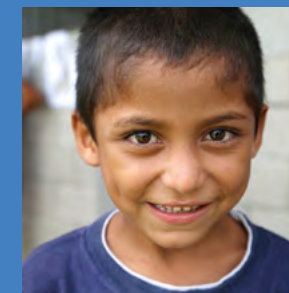
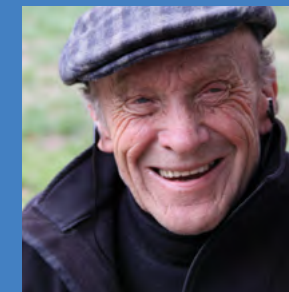
Increasing and improving financing, with equity and efficiency, and advancing toward the elimination of direct payment that constitutes a barrier to access at the point of service.

Improve and strengthen the efficiency of health system financing and organization. Efficiency in the organization of services implies, among other things, implementing people- and community-centered care models and delivering quality services; aligning payment mechanisms with the objectives of the system; rationalizing the introduction and use of medicines and other health technologies with an integrated, multidisciplinary, evidence-based approach; improving supply mechanisms for medical devices, medicines, and other health technologies; optimizing supply management; taking advantage of economies of scale; adopting transparent procurement processes; and fighting corruption.

Increase and optimize public financing for health in an appropriate, efficient, sustainable, and fiscally responsible manner in order to expand access, reduce health inequities, increase financial protection, and implement efficient interventions. Efficient allocation of public spending for health is a necessary condition for reducing inequities within the framework of universal access to health. Recognizing the special characteristics of countries, appropriate allocation of resources should be aimed at increasing equity by prioritizing the first level of

care, seeking to improve its response capacity and its capacity to organize service networks. Public expenditure on health equivalent to 6% of GDP is a useful benchmark in most cases and is a necessary—though not sufficient condition to reduce inequities and increase financial protection within the framework of universal access to health and universal health coverage.

Advance toward the elimination of direct payment, understood as the costs that individuals face for health service fees, that constitutes a barrier to access at the point of service, avoiding impoverishment and exposure to catastrophic expenditures. Increasing financial protection will reduce inequity in the access to health services. The replacement of direct payment as a financial mechanism should be planned and achieved progressively. Advancing toward pooling mechanisms based on solidarity, in accordance with the national context, that consider diverse sources of financing such as social security contributions, taxes and fiscal revenues, may be an effective strategy for replacing direct payment as a financing mechanism and increasing equity and efficiency in the health system.



Strategic line 4

Strengthening intersectoral coordination to address social determinants of health.

Establish or strengthen intersectoral coordination mechanisms and the capacity of the national health authority to successfully implement public policies and promote legislation, regulations, and actions beyond the health sector that address social determinants of health.

Evaluate national policies, plans, programs, and development projects, including those of other sectors, that have an impact on the health of people and communities, which will generate evidence supporting coordination of multisectoral action with civil society and social participation for universal access.

Strengthen the leadership of the national health authority in defining the health-related components of public social protection policies and social programs, including conditional cash transfers programs, as appropriate; share best health practices and experiences from programs implemented by governments and institutions of the Region to reduce poverty and increase equity.

Strengthen links between health and community by promoting the active participation of municipalities and social organizations in improving living conditions and developing healthy spaces to live, work, and play. Facilitate the empowerment of people and communities through training, active participation, and access to information for community members, in order for them to take an active role in policy-making, in actions to address social determinants of health, and in health promotion and protection.

