Achieving Universal Health Coverage (UHC) by Promoting Health Equity and Sustainable Development, Through Ayushman Bharat in India

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ABSTRACT

Universal health coverage (UHC) is pivotal in promoting health equity and sustainable development, mainly through initiatives like Ayushman Bharat in India. It aims to provide comprehensive, need-based and equitable healthcare services to the Indian population, aligning with the Sustainable Development Goals (SDGs). By transforming primary health care centers and offering financial risk protection, Ayushman Bharat seeks to reduce high out-of-pocket expenditure and improve accessibility for a vulnerable population. Despite challenges in implementation, Ayushman Bharat represents a significant step towards achieving UHC, contributing to health equity and sustainable development by ensuring that healthcare services are accessible without financial hardship.

Keywords: Universal, Health coverage, UHC, Ayushman Bharat, India

INTRODUCTION

Universal health coverage (UHC) is not just a concept but a crucial player in promoting sustainable development, valuing the health of every individual and necessitating, valuing the health of every individual and necessitating and reducing poverty. It represents a comprehensive approach to enhancing the performance of health systems and maintaining the progress made in healthcare. UHC is not just a vision, but a potential game-changer in the healthcare sector

Universal health coverage (UHC) and global health security are fundamental to the achievement of the SDGs. SDG target 3.8 is to "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." According to WHO Universal health coverage (UHC) means that all people and communities can use the promotive, preventive, curative, rehabilitative and palliative health services

they need, of sufficient quality to be effective, while also ensuring that the use of these services does not expose the user to financial hardship[1].

Universal health coverage (UHC) is defined as "*all people having access to quality health services without suffering the financial hardship associated with paying for care*"– is the overarching vision for health sector development (WHO, 2013)

Universal health coverage (UHC) is not just a concept, but a commitment to inclusivity and equity. It is rooted in the idea that everyone, regardless of their financial status, should be able to receive the health services they require. It is a crucial part of the Sustainable Development Goals (SDGs). UHC is founded on the principles and motivation of health for all, valuing the health of every individual and necessitating specific goals for the advancement of health systems[2].

VISION OF UNIVERSAL HEALTH COVERAGE

The vision of universal health coverage is not just a goal, but a call to action for better health outcomes. Strong health systems based on the values of primary health care and focused on a vision of providing universal coverage for quality health services can be an efficient and effective way to contribute to improved and equitable health outcomes. This vision is not just a dream, but a reality that we can collectively work towards.

ESSENTIAL ATTRIBUTES AND ACTIONS FOR UHC

There is no one-size-fits-all formula for achieving UHC, as health systems necessarily reflect their social, economic, and political contexts. Universal Health Coverage: Moving Towards Better Health provides a platform for the strategic advancement of UHC. Fifteen action domains are outlined across the five essential health system attributes. The action domains guide countries in developing country-specific road maps towards UHC, considering national needs and capacities [3].

ATTRIBUTES AND ACTION DOMAINS TO MOVE TOWARDS UHC

Health System Attributes	Action domains for UHC
QUALITY	• Regulations and regulatory environment • Effective, responsive individual and population-based services • Individual, family and community engagement
EFFICIENCY	• System design to meet population needs • Incentives for appropriate provision and use of services • Managerial efficiency and effectiveness.
EQUITY	• Financial protection • Service coverage and access • Non-discrimination
ACCOUNTABILITY	• Government leadership and the rule of law for health • Partnerships for public policy • Transparency, monitoring and evaluation (M&E)
SUSTAINABILITY AND RESILIENCE	• Public health preparedness • Community capacity • Health system adaptability and sustainability

STRATEGIC FRAMEWORK - UHC-2030

Progress towards achieving universal health coverage (UHC) is off track at the midpoint of the 2030 target for the Sustainable Development Goals (SDGs).

• According to the latest data, at least 4.5 billion people more than half of the world's population - are not fully covered by essential health services

• Financial protection is also deteriorating, with two billion people

experiencing financial hardship due to out-of-pocket health costs

- People in vulnerable and marginalised situations, particularly those living in low- and middle-income countries, are affected most severely [4]

2024–2027 Strategic Framework of UHC2030 outlines its current operations and contributions as it progresses towards the upcoming UN high-level meeting on UHC in 2027, and in the final phase leading up to the 2030 milestone for the SDGs [2,8].

UHC2030's vision: a world where all people have access to the full range of quality health services they need, when and where they need them, without financial hardship.

UHC2030's mission: To accelerate sustainable progress towards UHC, focusing on building equitable and resilient health systems that leave no one behind and provide the foundation for achieving health security.

UHC 2030 pathways for change

The Framework comprises three pathways for change to follow in 2024–2027:

1. **Advocacy** (influencing decisions by political, economic and social institutions to advance UHC),
2. **Accountability** (tracking the implementation of commitments to foster actions, decisions, policies and programmes for UHC),
3. **Alignment** (convening stakeholders to exchange information and to elevate the importance of alignment with one national plan and of working within national structures to strengthen health systems) [3]

UNIVERSAL HEALTH COVERAGE IN INDIA

India has seen a significant improvement in the overall health of its population in the last two decades. The infant mortality rate (IMR) dropped from more than 71 per 1000 live births in 1998 to 31 per 1000 live births in 2017. Moreover, maternal mortality saw an even more dramatic decline, reducing from 540 maternal deaths in 1998 to 170 maternal deaths per 100,000 live births in 2013, marking a decrease of close to 70%. These reductions in mortality were accompanied by a substantial shift in India's disease burden. Non-communicable diseases (NCDs) like heart disease, diabetes, and cancer, which accounted for 30% of the disease burden in 1990, represented over 55% of the disease burden in 2016, whereas communicable, maternal, and child diseases accounted for nearly one-third of the burden [3,7].

Adapting to these rapid changes The National Health Policy 2017 articulates "the attainment of the highest possible level of good health and well-being, and universal access to good quality health care services without anyone having to face financial hardship as a consequence" as its Goal. This is totally aligned to SDG 3 and UHC target

AYUSHMAN BHARAT (HEALTHY INDIA) AND UHC

The Indian government initiated the Ayushman Bharat Programme in 2018, which is a potentially crucial step in this direction, comprising of two major components. Firstly, improvements in primary healthcare through an investment in 150,000 Health and Wellness Centres (HWCs) and a new cadre of mid-level health providers accredited for primary care and public health competencies[4]. By April 2020, more than 38,000 HWCs were operational. Secondly, an insurance mechanism called the Pradhan Mantri Jan Arogya Yojana (PM-JAY) aims to cover hospital-level care in both public and private hospitals for over 100 million poor families. Since its launch in September 2018[5], PM-JAY has reimbursed over 9.5 million hospitalisation events. Both these components are mainly financed through general tax revenues. However, this recent reform for moving India towards UHC requires alignment between its components. The importance of such alignment is highlighted in the ongoing efforts[5,6].

BARRIERS TO ACHIEVING UNIVERSAL COVERAGE IN INDIA

1. **The lack of a systemic approach to health reforms:** The lack of a comprehensive health systems approach in health policies has been a major barrier to achieving UHC in India. The focus on physical access and infrastructure, without addressing quality, efficiency, and the roles of public and private sectors, has hindered India's progress on UHC.[6]

2. **Barriers related to health financing:** The challenges of Universal Health Coverage (UHC) in health financing include insufficient prepayment, pooling, and poorly structured provider payment mechanisms. Government health insurance programs cover 40% of the population, excluding middle-income households that are not included in current schemes [6,7].

3. **Barriers related to the organisation of healthcare delivery:** The public-private healthcare disparity results in unequal access to high-quality care, favouring those who can afford private healthcare.

a. The lack of coordination between the public and private sectors leads to conflicting incentives, inefficient resource allocation, and redundant efforts, resulting in ineffective care.

b. The current system primarily focuses on hospitals and physicians, prioritising curative, doctor-led care over comprehensive primary care.

c. The public sector primarily relies on large hospitals to deliver healthcare services, with limited emphasis on essential primary care for infectious diseases and maternal and child health. This poses significant barriers to achieving Universal Health Coverage (UHC).

d. Many public-sector primary care facilities are underutilised, causing individuals to bypass them and seek care at hospitals, even for minor ailments. This has exacerbated inefficiencies within the system, leading to delayed care, missed care opportunities, and unmet needs.

e. The unbalanced planning and allocation of health personnel, especially the emphasis on increasing the number of physicians without clearly defined roles, have impeded the achievement of Universal Health Coverage.

f. Furthermore, the unequal distribution of health personnel, inadequate training quality, weak support systems, and low motivation levels present significant challenges in this regard.[6,8]

4. **Barriers related to Regulation, stewardship, and decentralisation:** Barriers to UHC included regulation, stewardship, and decentralisation issues. Good governance practices are needed to increase accountability and efficiency in the public sector and regulate the private sector to address overcharging and unnecessary care. The government should act as a steward of healthcare rather than just a provider or minor financier[9,10].

CONCLUSION

Ayushma Bharath is India's powerful initiative to achieve Universal Health Coverage, delivering comprehensive healthcare services and financial protection to all citizens. The program has made remarkable strides in overcoming infrastructure challenges, but addressing ethical concerns and ensuring equitable access are essential for its continued success. With robust investments, strong regulatory measures, and effective collaboration among stakeholders, we are poised to fully realize the vision of UHC in India

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