EDITORIAL

Universal Health Coverage (UHC) in India: Challenges and Strategies

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The World Health Organization (WHO) has been actively advocating for Universal Health Coverage (UHC) for many years. UHC is a fundamental concept that envisions all individuals and communities have access to essential health services without facing financial hardship. The history of WHO's involvement in promoting UHC can be traced back to the Alma-Ata Declaration in 1978. During the International Conference on Primary Health Care held in Alma-Ata, Kazakhstan, WHO and UNICEF co-organized this landmark event. The declaration emphasized the importance of primary health care as the key to achieving Health for all by the year 2000. It recognized that access to essential health services is a fundamental human right and an integral part of economic and social development.

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However, despite the ambitious goal set by the Alma-Ata Declaration, Health for All by the year 2000 was not fully achieved. In response to the challenges faced, the global health community renewed its focus on UHC in the 21st century. In 2005, the World Health Assembly, the decision-making body of the WHO, adopted a resolution urging member states to work towards achieving UHC. This resolution marked an official commitment to the promotion of UHC as a central pillar of health system strengthening.

In 2010, the World Health Report "Health Systems Financing: The Path to Universal Coverage" was released, which provided further guidance on implementing UHC. The report outlined key principles and strategies for financing health systems in a way that would move countries closer to UHC. In 2012, the 65th World Health Assembly adopted another resolution on UHC, urging countries to take specific actions towards achieving it. The resolution highlighted the importance of

expanding access to quality health services, with a particular focus on vulnerable and marginalized populations.

The Sustainable Development Goals (SDGs), adopted by the United Nations in 2015, included UHC as one of the key targets (SDG 3.8). This further elevated the prominence of UHC on the global health agenda, as it became an integral part of the broader effort to improve health and well-being worldwide. Over the years, WHO has continued to provide technical support to countries in their efforts to design and implement UHC policies and programs. The organization works with governments, civil society organizations, and other stakeholders to advocate for equitable and accessible health systems.

National Status of UHC in India

Universal Health Coverage (UHC) has been a significant focus of the World Health Organization (WHO) in India. The concept of UHC aligns with India's commitment to providing accessible and affordable healthcare services to its population.

This can be better understood by the overview initiative taken by Govt. of India over the time in promoting UHC in India

National Health Policy of 1983

India's National Health Policy of 1983 recognized the goal of *"Health for All"* and emphasized the importance of primary healthcare and equitable distribution of healthcare resources. The WHO provided technical assistance in the development of this policy, supporting India's efforts to strengthen its healthcare system.

Alma-Ata Declaration and Primary Health Care

India was one of the signatories of the Alma-Ata Declaration in 1978, which underscored the significance of primary health care in achieving Health for All. The principles laid out in the declaration influenced India's approach to healthcare, with a focus on primary healthcare services and community-based health programs.

Health Sector Reforms

In the 1990s and early 2000s, India embarked on health sector reforms to improve healthcare delivery and access to services. The WHO provided technical support and expertise during this period to help the Indian government implement various health programs and initiatives.

National Rural Health Mission (NRHM)

Launched in 2005, the NRHM was a flagship program of the Indian government aimed at strengthening healthcare in rural areas. The program focused on maternal and child health, immunization, nutrition, and communicable diseases. The WHO collaborated with India in implementing NRHM and enhancing the quality of healthcare services.

Ayushman Bharat - Pradhan Mantri Jan Arogya Yojana (PM-JAY)

In 2018, India launched the Ayushman Bharat program, which comprises two components - the Health and Wellness Centers (HWCs) and PM-JAY. PM-JAY is the world's largest government-funded health insurance scheme, providing health coverage to over 500 million vulnerable individuals. WHO has been supporting the government in the implementation and scaling up of Ayushman Bharat.

COVID-19 Pandemic Response

During the COVID-19 pandemic, the WHO collaborated closely with the Indian government in managing and mitigating the impact of the pandemic. This included technical

assistance in areas like testing, treatment protocols, and vaccine distribution.

Throughout these initiatives and programs, the Govt. of India has played a significant role to achieving Universal Health Coverage. By providing technical expertise, policy guidance, and strategic support, the WHO has been instrumental in strengthening India's healthcare system and making healthcare services more accessible to its vast population.

The role of National Board of Examination in Medical Sciences (NBEMS)

The National Board of Examination (NBE) in India plays a crucial role in contributing to the achievement of Universal Health Coverage (UHC) goals in the country. As an autonomous body under the Ministry of Health and Family Welfare, Government of India, the NBE is responsible for conducting postgraduate medical examinations and accrediting medical institutions for various training programs. By taking following initiatives NBE contributes to India's UHC goals:

Ensuring Quality Healthcare Professionals

The NBE conducts postgraduate medical examinations, including Diplomate of National Board (DNB) and other specialty courses. By setting and maintaining high standards for medical education and training, the NBE ensures that qualified and skilled healthcare professionals are produced. Quality healthcare professionals are essential to delivering effective and safe healthcare services, which is a critical component of achieving UHC.

Expanding the Healthcare Workforce

The NBE's accreditation of medical institutions for postgraduate training programs helps in expanding the healthcare workforce in the country. More qualified specialists and super-specialists are trained through NBE-accredited institutions, leading to an increased pool of healthcare providers across various regions of India. This, in turn, helps in addressing the shortage of healthcare professionals and improving access to healthcare services, a key aspect of UHC.

Addressing Regional Disparities

The NBE's focus on accrediting medical institutions in different parts of the country helps in addressing regional disparities in healthcare access. By promoting the establishment of accredited institutions in underserved areas, the NBE contributes to the equitable distribution of healthcare resources, which is an essential component of UHC.

Promoting Specialized Care

NBE's role in conducting examinations and training programs for various medical specialties and super-specialties helps in promoting specialized healthcare services. As UHC aims to provide a comprehensive range of essential health services, including specialized care, the NBE's focus on postgraduate medical education and training aligns with this goal.

Strengthening Health Systems

Through its accreditation process and examination standards, the NBE contributes to the strengthening of India's health systems. By ensuring that medical institutions meet certain quality criteria and standards, the NBE supports the development of robust healthcare systems capable of delivering quality services to all citizens, regardless of their socio-economic status.
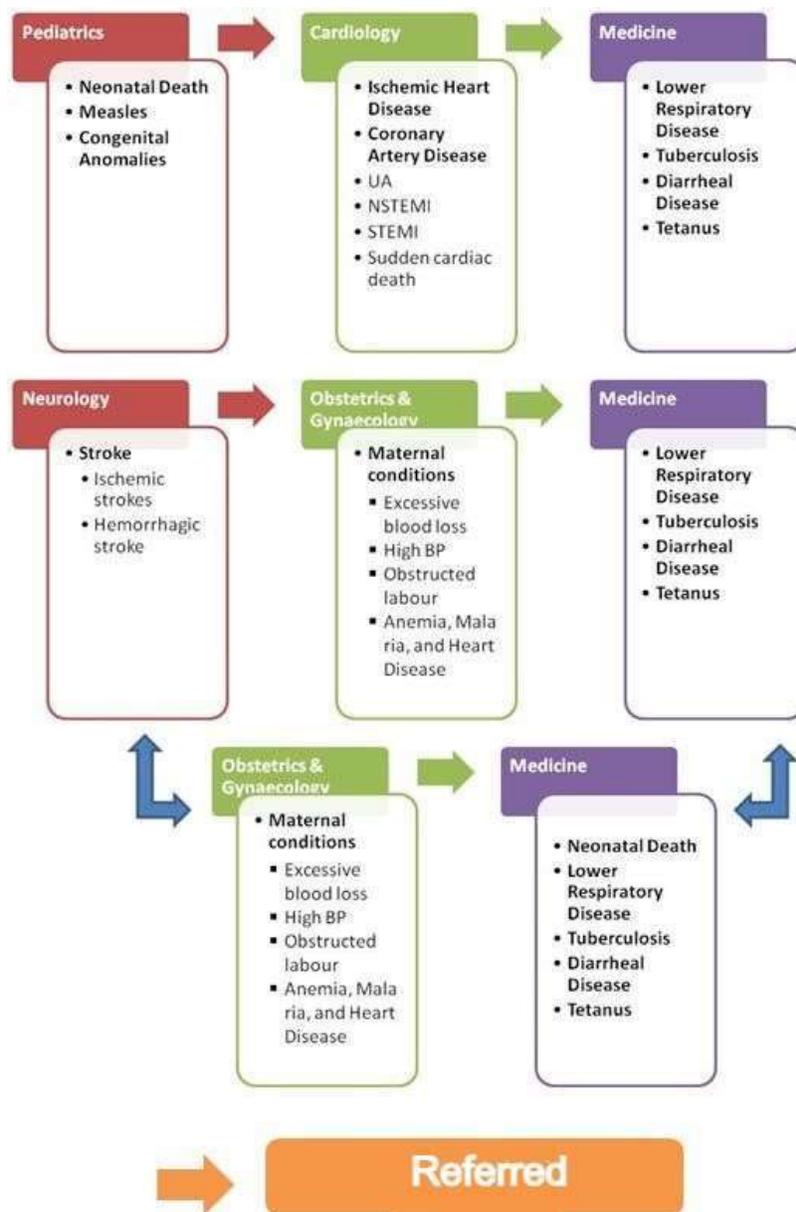
Supporting Skill Development

The NBE's focus on continuous medical education and training helps in the skill development of healthcare professionals. This is crucial for ensuring that the healthcare workforce remains up-to-date with the latest

medical advancements and can provide evidence-based and efficient healthcare services, which is essential for achieving UHC.

The National Board of Examination plays a vital role in enhancing the quality of healthcare education and training in India, expanding the healthcare workforce, addressing regional disparities, and strengthening health systems. These efforts contribute significantly to the country's progress towards achieving Universal Health Coverage and ensuring that all citizens have access to essential health services. The NBEMS proposed model to towards achieving UHC is depicted in Figure 1.

The patients requiring specialist such as Cardiologist, Neurologist and Nephrologists etc. will be referred to Tertiary Care Hospitals

Figure 1. Current and proposed model of evidence based health system to counter top 10 causes of deaths in India.

The crucial components for achieving UHC in India

The components outlined by Kumar et al. (2016) [1] for the Universal Health Coverage (UHC) model in India are indeed crucial for achieving equitable and comprehensive healthcare access for all citizens. These componentsare discussed briefly by Kumar et al. [1] as follows:

Focus on Outpatient Care

Providing financial coverage for outpatient care is essential for UHC. Many health issues can be effectively managed at the primary care level, reducing the burden on hospitals and tertiary care facilities. This approach promotes early detection and management of health conditions, leading to better health outcomes and cost savings in the long run.

Gatekeeping and Referral System

Implementing a structured referral system and gatekeeping for tertiary care facilities ensures that patients receive appropriate and timely care. It helps in optimizing resource utilization and ensures that patients receive care at the appropriate level of the healthcare system, with specialized care reserved for those who truly need it.

Geographical Coverage with Primary Care Teams

To achieve UHC, it is essential to establish primary care teams led by licensed physicians who can provide comprehensive healthcare services across all age groups, genders, and organ systems. This ensures that healthcare is accessible to people regardless of their location, addressing geographical disparities in access to healthcare.

Strengthening General Health System

Instead of focusing solely on vertical programs for specific diseases, investing in the overall strengthening of the health system is vital. This approach promotes a more comprehensive and integrated healthcare delivery system, addressing multiple health needs simultaneously.

Primary Care as the Foundation

Placing primary care at the core of the healthcare system is crucial. Primary care is often the first point of contact for patients, and well-functioning primary care services can effectively address a significant proportion of health issues, leading to improved health outcomes and cost-effectiveness.

Population-Based Targets and Incentives

Linking financial compensation and incentives to objective population-based targets can encourage healthcare providers to focus on preventive measures and population health outcomes. This approach aligns the incentives of healthcare providers with the overall health goals of the population.

High-Quality Clinical Governance

Ensuring high-quality clinical governance, regulation, safety, and adherence to quality benchmarks are essential for delivering effective and safe healthcare services. It helps maintain standards of care and enhances patient confidence in the healthcare system.

Personal-Centered Comprehensive Care

Providing personalized and comprehensive care in the community setting strengthens the doctor-patient relationship and enhances patient satisfaction. It promotes continuity of care and ensures that individuals receive the care they need within their community.

Establishment of a Central Authority

Having a central authority with a status comparable to other key regulatory bodies ensures effective oversight and governance of the healthcare system. This authority should have the mandate &be insulated from any interference which may jeopardize its independent functioning in the best interest of the public.

Conclusion

Universal Health Coverage (UHC) has been a significant focus of the World Health Organization (WHO) in India. The concept of UHC aligns with India's commitment to providing accessible and affordable healthcare services to its population. The NBEMS along with support of Govt. of India can play a crucial role in contributing to the achievement of Universal Health Coverage (UHC) goals in the country. The implementationof above mentionedcomponents will require collaborative efforts between the government, healthcare providers, civil society, and other stakeholders. By adopting this UHC model, India can make significant strides towards achieving universal and equitable healthcare access for all its citizens.

Conflicts of interest

The authors declares that they do not have conflict of interest.

Reference

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