Global Journals LaTeX JournalKaleidoscopeTM

Artificial Intelligence formulated this projection for compatibility purposes from the original article published at Global Journals. However, this technology is currently in beta. Therefore, kindly ignore odd layouts, missed formulae, text, tables, or figures.

Progression to Universal Health Coverage-Need for Enhanced Monitoring

Sinthu Sarathamani Swaminathan

Received: 12 April 2021 Accepted: 1 May 2021 Published: 15 May 2021

Abstract

15

16

18

20

21

22

23

24

25 26

27

28

29

30

31

32

33

34

35

36 37

38

40

41

42

43

Universal health coverage (UHC) is considered as a powerful mechanism for achieving better

health, promoting human development and enabling equitable access to the health services,

for all.1 With achieving UHC becoming a major policy goal globally and increasing adoptions

10 of UHC at policy levels across various member states of WHO, it is also extremely important

to continuously monitor the progress towards UHC across respective states.2 The conditions

that causes health related problems and the financial power of a nation to protect its citizens

13 from such conditions differs from one nation to the other.3 Therefore, it is highly important

14 for the respective countries to plan for coverage of health-related services across the entire

population and also ensuring financial risk protection based on such aspects while effectively

utilising the resources that are limited.4

Index terms— Hari Teja Avirneni?, Anugraha John?, Sinthu Sarathamani Swaminathan? niversal health coverage (UHC) is considered as a powerful mechanism for achieving better health, promoting human development and enabling equitable access to the health services, for all. 1 With achieving UHC becoming a major policy goal globally and increasing adoptions of UHC at policy levels across various member states of WHO, it is also extremely important to continuously monitor the progress towards UHC across respective states. 2 The conditions that causes health related problems and the financial power of a nation to protect its citizens from such conditions differs from one nation to the other. 3 Therefore, it is highly important for the respective countries to plan for coverage of healthrelated services across the entire population and also ensuring financial risk protection based on such aspects while effectively utilising the resources that are limited. 4 The ultimate aim of UHC is to provide health care services to all the citizens across the spectrum of health while at the same time also protecting them from potential financial risks that may arise from availing such services. Providing full range of services to improve health of everyone requires continuous evaluation of available health services, adopting/inventing feasible interventions to expand equitable coverage of such services and monitoring on how provision of such services is improving the health of people. 4,5 At the same time, defining a set of indicators to monitor financial risk protection aspects is also extremely critical. Constantly measuring the OOPE and CHE related to health care and assessing the levels of financial protection to all the citizens, especially among those from economically weaker sections would very much become an obligation. 6 With low and middle-income countries (LMIC) contributing to significant proportion of global incidence of CHE, a special emphasis has to be made on building support systems to continuously measure the progress towards UHC among those countries by monitoring CHE and impoverishment. 7 This can be done by incorporating the existing global monitoring framework into the national level health schemes or by building the OOPE and CHE estimation mechanisms into such schemes at the lowest operational levels. ?? Also, of extreme importance is promoting and supporting more research studies, emphasising on the financial aspects of receiving health care, ranging from general descriptive studies to more specialized studies focusing on specific disease conditions or a specific aspect of the treatment among the beneficiaries of various publicly financed health insurance schemes. Findings from such research will enable to formulate multi-level & holistic policy reforms targeting the effects of CHE on the households. This forms the basis for monitoring the progress towards UHC in any given setting.

1 DECLARATION OF CONFLICTING INTERESTS

46 1 Declaration of Conflicting Interests

The authors declared no potential conflicts of interest with respect to the research, authorship and/or publication

48 of this article.

- 49 [Xu et al. ()] 'Household catastrophic health expenditure: a multi-country analysis'. K Xu , D B Evans , K Kawabata . The lancet 2003. 362 p. .
- ⁵¹ [Lagomarsino et al. ()] 'Moving towards universal health coverage: health insurance reforms in nine developing countries in Africa and Asia'. G Lagomarsino , A Garabrant , A Adyas . *The Lancet* 2012. 380 p. .
- [Savedoff et al. ()] 'Political and economic aspects of the transition to universal health coverage'. W D Savedoff , De Ferranti , D Smith , AL . The Lancet 2012. 380 p. .
- 55 [Xu et al. ()] 'Protecting households from catastrophic health spending'. K Xu , D B Evans , G Carrin . Health affairs 2007. 26 p. .
- $_{57}$ [Frenk and Ferranti ()] 'Universal health coverage: good health, good economics'. J Frenk , De Ferranti , D . $_{58}$ $The\ Lancet\ 2012.\ 380\ p.$.
- [Mcintyre et al. ()] 'What are the economic consequences for households of illness and of paying for health care in low and middle-income country contexts?'. D Mcintyre, M Thiede, G Dahlgren. Social Science Medicine 2006. 62 p. .
- [Bennett et al. ()] 'Which Path to Universal Health Coverage? Perspectives on the World Health Report'. S Bennett , S Ozawa , K D Rao . *PLoS Med* 2010. 2010. 7 p. e1001.