The struggle for universal health coverage

Certain concepts resonate so naturally with the innate sense of dignity and justice within the hearts of men and women that they seem an insuppressible right. That health care should be accessible to all is surely one such concept. Yet in the past, this notion has struggled against barriers of self-interest and poor understanding. Building on several previous *Lancet* Series that have examined health and health systems in Mexico, China, India, southeast Asia, Brazil, and Japan, today we try to challenge those barriers with a collection of papers that make the ethical, political, economic, and health arguments in favour of universal health coverage (UHC), and which will be presented in New York on Sept 26, to coincide with the UN General Assembly. The Series was facilitated by the Rockefeller Foundation and led by David de Ferranti of the Results for Development Institute in Washington, DC. The conclusions support WHO Director-General Margaret Chan's assertion (see Profile) that "universal coverage is the single most powerful concept that public health has to offer".

At the centre of UHC, as described by William Savedoff and colleagues, is a package of services that are available when needed without causing financial hardship to the user. Catastrophic medical expenses affect all societies that lack comprehensive health coverage. According to a World Report in this issue, more than 60 million people in India were forced below the poverty line by health-care costs in 2011. Yet Prime Minister Manmohan Singh faces antagonism from groups opposed to plans for UHC in India. Similar irrational protests, set amidst equally tragic social consequences from health-care impoverishment, are taking place around the world, including the USA.

These debates should be informed by the 2010 World Health Report by David Evans and colleagues, one of the most important publications from WHO in a decade, which sets out the how and why of improved health gains and efficiencies from UHC. Efficiencies include better health outcomes, according to Rodrigo Moreno-Serra and Peter Smith, especially for the least advantaged in a society. Debates should also examine the evidence, as has Jeffrey Sachs' Viewpoint, about the obstacle raised by user fees. Regardless of the euphemism chosen to describe shared payments, they are in reality a locked gate that prevents access to health care for many who need it most. They should be scrapped.

However, universal health coverage in isolation is no guarantee of efficient and effective care. In addition to political will, UHC requires sufficient numbers of well-trained and motivated staff with adequate resources for prevention, diagnosis, treatment, and professional development, and—to thrive—a culture of good governance and aspirational attitudes. In this way, the spiral of impoverishment from disease can be replaced by one of prosperity driven by health. If governments question the popular support for resources allocated to health, they should consider that the first honour of the London Olympic Games went to the National Health Service, celebrated in the opening ceremony as a much cherished element of UK society.

UHC, like any other health system, must be accountable for the quality of its outcomes and the compassion of its care. The emphasis should be on responsiveness to service users, rather than on profit for shareholders. However, as Gina Lagomarsino and colleagues point out, there are inadequate metrics to judge progress towards (and comparative performance) of universal health-care systems. Thus, there is an urgent need to develop validated measures and an independent mechanism by which governments and health systems can be held to account. To add substance to such a system, a multilateral process—perhaps involving UN agencies—that can sanction actions to help countries, and remedy persistent gaps in performance, would be desirable. Such a system would not only promote the highest standard of care, but would also reinforce the neglected principle of access to health care as a human right proposed by the UN in 1948.

The vision of UHC is rapidly becoming a reality, with access to health care no longer the privilege of a few, but the birthright of many. In years to come, those whose actions helped bring about the rise of UHC can rightly be proud of this legacy; while those who persist in their opposition will find themselves increasingly trying to defend an argument that, as today's issue shows, makes no ethical, political, economic, or health sense. ■ *The Lancet*

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