



Universal Health Care (UHC): Dream or Reality?: A Review

Aguilar, Vincent Tito A, RPh, MD, DPBA^{1,1}; Uy Choa Khao, Shair Aris D. MD^{1,2}; Zamora Annelisse A., MD^{1,3}; Estalani Charito E., MD^{1,4}; Arado Ariel, RPh^{1,5}; Atilano Shyrel, RND^{1,6}; Faller, Erwin, PhD^{1,7}

¹Graduate School, St. Bernadette of Lourdes College, Quezon City, Metro Manila, Philippines

²Department of Anesthesia, Masbate Provincial Hospital, Masbate City, Philippines

³Department of Pediatrics, Masbate Provincial Hospital, Masbate City, Philippines

⁴Department of Obstetrics, Masbate Provincial Hospital, Masbate City, Philippines

⁵Department of Internal Medicine, Davao de Oro Provincial Hospital - Pantukan, Davao de Oro, Philippines

⁶Department of Nutrition & Dietetics, Labuan General Hospital, Zamboanga City, Philippines

⁷Watsons Personal Care Store Philippines, Inc. (Health & Beauty) Retail Industry

ABSTRACT

Universal health care (UHC) is a concept that aims to provide access to quality health services to all individuals, regardless of their socio-economic status or ability to pay. While progress towards UHC has been made in many countries, the level of implementation varies widely across the world. This paper examines the current status of UHC internationally, including its strengths and weaknesses, and analyses the potential impact of UHC on health outcomes and economic development.

Every nation's ambition and dream is to successfully implement UHC to access high-quality services for health promotion, prevention, treatment, and, most importantly, protection against financial hardship on medical bills, a powerful framework in achieving better health care services. UHC has been a global concern for a long time, and there have already been numerous research investigations conducted in various countries around the world. The main objective of this study is to assess the status of UHC in different countries and highlight its efficacy and sustainability. This review will compare the challenges faced by each country and note key points for their strategies to overcome them.

The study finds that while there is a growing consensus on the importance of UHC as a key driver of sustainable development and health equity, challenges remain in terms of financing, infrastructure, and human resources. Some countries have successfully implemented UHC through a mix of public and private financing models, while others have struggled to overcome political, social, and economic barriers.

Despite these challenges, evidence suggests that UHC can have a significant impact on improving health outcomes, reducing poverty, and promoting economic growth. Studies have also shown that UHC can lead to greater social cohesion and political stability, as well as improved health security and resilience to global health threats.

The study concludes with recommendations for further research and policy development in this area, including the need for greater political commitment, international cooperation, and investment in health systems strengthening.

Keywords: Universal Health Care, Universal Health Coverage, Healthcare Workers

Introduction

Access to healthcare and information is a basic and universal human right. Universal Health Coverage (UHC) is a system that allows every individual to access health services anytime, anywhere, without worrying about expenses [1]. In the 20th century, it became the main concern for countries to adopt a system change that would sustain free healthcare services to all its citizens. UHC was proven achievable by some middle-income and upper-middle-income countries and has shown that it is not only attainable by upper-income countries [2]. The Philippines, which is classified as a lower middle-income country, has ongoing major problems in providing accessible basic healthcare services. To solve this problem, the Philippine government decided to enact a law called the *Universal Healthcare (UHC) Act* in 2019, which prioritized addressing multiple demand and supply-side obstacles that continued to hinder universal access to essential healthcare services [3].

The Philippines' first Universal Health Care (UHC) bill was signed into law last February 19, 2019 [14]. The WHO dubbed the passage of the UHC law as the "new dawn of healthcare" and is expected to address the most fundamental issues in Philippine healthcare, particularly in terms of access to healthcare and services [4]. The UHC Law, also known as Republic Act No. 11223, ensures that all Filipinos are guaranteed equitable access to quality and affordable healthcare goods and services, and protected against financial risk [5].

UHC has three main domains: Population, Service, and Financial Coverage [15]. Every single Filipino will be automatically enrolled in the National Health Insurance Program and granted immediate eligibility to access the full spectrum of health care which includes preventive, promotive, curative, rehabilitative, and palliative care [5,6].

Funds for public health coverage will be pooled from the incremental sin tax collections, charity funds from the Philippine Charity Sweepstakes Office (PCSO), income from the Philippine Amusement and Gaming Corporation (PAGCOR), the premium contribution of members, annual appropriations of the Department of Health (DOH), and government subsidy to PhilHealth [4,6]. The UHC Act paves the way for the government to institutionalize Health Care Provider Networks (HCPN), which refer to groups of primary, secondary, and tertiary care providers that offer comprehensive health care in an integrated and coordinated manner to their catchment population. An HCPN may be composed of purely public health facilities, purely private health facilities, or a mix of public and private health facilities [14,15]. Progress toward universal health coverage (UHC) requires strong health systems and health workers who are educated and empowered to provide the health services that populations need [13]. In 2022, the WHO published a framework to guide the HCW on the standards for education and practice in primary care so they are fully aligned with efforts to achieve UHC. The framework focuses on Competency-based education to provide HCWs the ability to integrate knowledge, skills, and attitudes in their practice, demonstrated through behaviors. These competencies are requisite for quality UHC [13].

The purpose of this study is to review the status of UHC in different countries and highlight its efficacy and sustainability. This review will compare the challenges faced by each country and note key points for their strategies to overcome them. The findings of this review aim to help recognize the importance of UHC and grasp the real challenges of its implementation and guide other countries to achieve UHC.

Methods

The writers used the concepts, facts, and materials available in the reference list at the end of the paper for the purpose of this discussion and analysis.

The status of UHC can be assessed through various methods, including

- **Health Service Coverage:** One of the most common methods used to assess the status of UHC is through measuring the coverage of essential health services. This involves assessing the availability, accessibility, and quality of health services, including preventive, curative, and rehabilitative services.
- **Health Expenditures:** Health expenditures are another important indicator of the status of UHC. This involves assessing the amount of money spent on health services by individuals, governments, and other stakeholders, as well as the efficiency of these expenditures.
- **Health Outcomes:** The ultimate goal of UHC is to improve the health outcomes of populations. Therefore, health outcomes are an important indicator of the status of UHC. This includes assessing indicators such as life expectancy, infant mortality rates, and disease-specific mortality rates.
- **Equity:** Equity is a critical component of UHC. Therefore, assessing the status of UHC also involves examining the equity of health service coverage, health expenditures, and health outcomes across different populations, including gender, socio-economic status, and geographic location.
- **Quality:** A critical assessment for achieving universal health coverage is whether the health care services are adequate and serve their purpose; health services should be adequate to improve the health of those receiving them; and low quality provides inadequate protection.

Discussion

Universal Health Care (UHC), as defined by WHO, is a system where all people can utilize and access preventive, therapeutic, rehabilitative, and palliative health services that are equitable and efficient [22]. It is achieved when a country can provide adequate health services of appropriate quality to all its citizens while preventing those using these services from experiencing financial hardship. [9]. UHC is designed on the core of human rights and equity, with health services granted according to people's needs and financed according to their ability to pay [23]. It aims to prevent people from paying for health services out of their pockets. This reduces the risk of destroying their future due to unforeseen events when illness strikes, requiring them to use up their life savings, sell assets or borrow [23]. With its dedication to decreasing inequity and providing "health for all," UHC aims to help attain the 2030 Sustainable Development Goals (SDGs) agenda's promise to leave no one behind [22].

UHC is firmly based on the 1948 WHO Constitution, which declares health a fundamental human right and commits to ensuring the highest attainable level of health for all. WHO suggests reorienting health systems toward primary health care as the cornerstone of UHC [1]. The majority of nations in the globe, including Canada, most of Europe, Asia, Australia, and New Zealand, all have universal health coverage (UHC) [37]. The U.S. has the distinction of being the only wealthy, industrialized nation without universal health care [36].

Nine issues each nation must address in order to realize the vision of UHC [38]. These are the following: 1. The penetration of financial services and mobile networks is too slow; 2. The availability of medical resources and human talent in rural areas; 3. Misinformation, myths and deeply ingrained cultural beliefs; 4. Overcoming corruption and regressive practices; 5. Regressive legislation hampering innovation; 6. Too much capital is spent rebuilding yesterday's health systems; 7. Low government spending and an inability to collect sufficient tax revenues; 8. Balancing purpose vs profit;

and 9. It's not just a healthcare industry problem. To make maximum progress, we need to be open and direct about the systemic, root-cause obstacles we face and then start a multi-sectoral approach to removing the blockers [38].

Iran is one of the nations aiming toward UHC in the upcoming decade. In Iran, healthcare services are offered by both the public and private sectors [28]. Iran implemented the Health Reform Program (HRP) in 2014 to enhance the healthcare system and progress toward UHC. Eight programs aimed toward UHC have been established in three steps per this reform policy. The first step involved reducing out-of-pocket expenses, expanding insurance coverage, and raising the standard of care for the target populations. The second step concerned supplying all services, medications, and equipment required by inpatient wards, and the third one concerned modernizing fees for medical services [29].

Japan's health care system is mandatory enrollment in a health insurance scheme covering all country residents. There are two main types of health insurance in Japan: National Health Insurance (NHI) for self-employed individuals and small business owners and Employee Health Insurance (EHI) for employees of larger companies [12]. In addition, several other public health insurance schemes cover specific groups, such as the elderly and people with disabilities [12]. The Japanese government's commitment to UHC has resulted in some of the world's highest life expectancies and lowest infant mortality rates. However, there are still some challenges facing the Japanese healthcare system, such as a rapidly aging population, rising healthcare costs, and a shortage of healthcare workers [12].

UHC is a significant challenge for Sub-Saharan African nations, including Rwanda, since millions of households struggle with a high percentage of out-of-pocket (OOP) spending on overall household healthcare expenses [30]. The Community-Based Health Insurance (CBHI)-based UHC model hadn't been seen anywhere in the world until September 2012; Rwanda's UHC model would be the first of its kind. From stage 1, where there is no financial protection, to stage 3, where universal coverage is in place, there is a transition to universal health coverage [41].

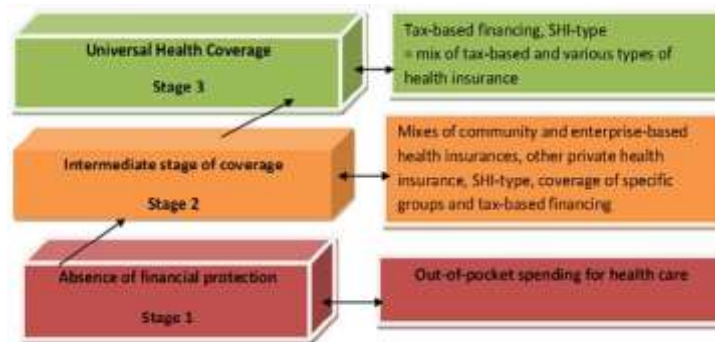


Fig. 1 - The transition to Universal Health Coverage [41].

Saudi Arabia has had various challenges in reaching UHC, mostly as a result of the public health sector's inefficient use of resources, subpar quality, and abuse of services, as well as rising demand for higher-quality services that result in an unsustainable rise in cost [11]. As part of its 2030 objective to offer free public healthcare services through national health insurance, Saudi Arabia is changing its health system to address these issues [11].

The Australian healthcare system is publicly funded, with the government being the primary provider. The system is funded through taxes and government revenues, and it covers a wide range of health services, including consultations with doctors, medical tests, hospital treatment, and prescription medications [32]. The Medicare Benefits Schedule (MBS) sets out the fees paid by the government for medical services, and private health insurers can offer additional coverage for services not covered by Medicare [33]. In addition to Medicare, the Australian government also provides funding for a range of other health programs and services, including mental health, aged care, and Indigenous health [33]. Overall, the universal health care system in Australia is highly regarded, with high levels of satisfaction among patients and healthcare professionals. However, there are ongoing debates and concerns about the sustainability of the system, particularly in light of increasing healthcare costs and an ageing population [34].

Despite being one of the richest and most powerful countries in the world, the United States of America (USA) has not yet achieved universal health coverage. In fact, the USA is the only high-income country without universal health coverage, and millions of Americans lack access to affordable health care services [35]. There are several reasons for this, including the high cost of health care in the USA, the complex and fragmented health care system, and the lack of political will to enact meaningful health care reform. While the Affordable Care Act (ACA), also known as Obamacare, has helped to expand health insurance coverage to millions of Americans, many people still face significant barriers to accessing affordable care [35].

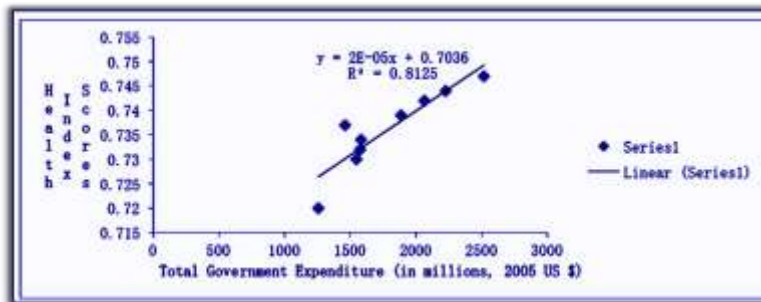
The study done by *Alberto et.al* discussed various issues confronting the Philippine health system with corresponding proposals of solutions for carrying out the establishment of UHC. One of the recommendations was to ensure a well-motivated and appropriately trained health workforce for the system to succeed [8]. To ensure the successful implementation of the universal health care act, we need a competent, knowledgeable, well-trained, and efficient workforce in the public service to provide quality healthcare services in the country [10].

The total government expenditure on healthcare in 2005 US dollars for the years 2000 and 2005 to 2012 was correlated with the Philippines' Health Index Score from the United Nations and World Health Organization online databases for the same years to determine whether there is a relationship between government spending on health and the general health of the Filipino people [18].

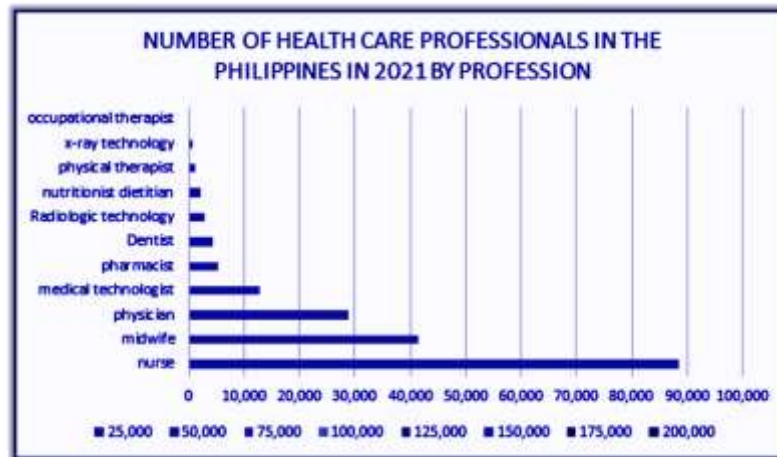
Table 1. The Total Government Expenditure (in millions, 2005 USD) and the Health Index Scores of the Philippines [18].

	2000	2005	2006	2007	2008	2009	2010	2011	2012
Total Expenditure (in millions, 2005 US\$)	1257.41	1547.77	1575.27	1581.9	1460.85	1886.89	2063.71	2225.98	2516.4
Health Index Score	0.72	0.73	0.732	0.734	0.737	0.739	0.742	0.744	0.747

The linear regression equation that models their relationship is estimated to be $Y = 2 \cdot 5 \cdot X + 0.7036$. The coefficient of correlation, which indicates how close the model's predictions are to the actual data, is 0.812512116, showing an accuracy of 81.25%. The adjusted correlation coefficient is 0.785728133. Thus, a healthier nation in general is the result of increased government expenditure on healthcare [18].

**Figure 2. The Relationship of Total Government Expenditures and Health Index Scores [18].**

In a survey conducted by the DOH on October 31, 2021, there were roughly 188.22 thousand healthcare practitioners in the Philippines. Nurses comprised over 88.52 thousand people, or nearly half of the healthcare workforce, as shown in the figure below [19].

**Figure 3. Number of health professionals Philippines 2021, by profession [19].**

In the Philippines, change is met with resistance, and the politics of intervening laws such as the Local Government Code obstruct progress [42]. Municipal mayors risk losing control over their health-care budgets, personnel, and resources, and will only be able to influence these as members of the health-care board. Financial constraints and the sustainability of PhilHealth, as well as the adequacy and supply-side readiness of health facilities, remain prevalent realities [42]. Given the significance of "Financing," the WHO not only perceives it as one of the essential conditions for achieving UHC, but it also forces nations to reassess their health financing policies. The funding of the nation's healthcare system has a significant impact on how the UHC protects against financial risks. As a result, a country's decision to use its financing options may have direct and indirect consequences on how UHC is implemented [21].

The Department of Health manages the guidelines of the UHC law (DOH and the Philippine Health Insurance Corporation (PHIC)). DOH is responsible for the development and implementation of health policies, programs, and services, while the PHIC is in charge of managing and supervising the implementation of the UHC law [23]. Under the law, all Filipinos, mainly indigent and marginalized families, are automatically enrolled as National Health Insurance Program (NHIP) members [39]. It provides coverage for a wide range of medical services, including inpatient and outpatient care, diagnostic procedures, and preventive services. The said law also requires all healthcare providers to be accredited by the PHIC [39]. They should comply

with the standard and guidelines stipulated in the Universal Health Care act. Furthermore, the need for accreditation is mandated to guarantee the quality of health care services where patients receive the proper care they need. Moreover, the UHC law also establishes a Health Technology Assessment Board [23]. Its mandate is to evaluate the safety, efficacy, and cost-effectiveness of health technologies, such as drugs, medical devices, and procedures before they are approved for use in the Philippines [40]. Health policy and systems research (HPSR) has gained popularity during the past ten years [25]. The concept that each nation must tailor the UHC and other policy goals and paths, guided by research findings and learning mechanisms for progressive improvements, forms the foundation of interest in HPSR [24]. The World Health Report 2013 states that research can address concerns and inquiries about how UHC might be promoted, providing ways to improve human health, well-being, and development [25]. Nevertheless, there is a lack of information regarding the national priority research agenda to advance UHC. In order to achieve UHC, nations are urged to conduct research [26].

Conclusion

To conclude, the status of UHC varies greatly across countries and regions, with significant progress being made in some areas, while others continue to face significant challenges. Measuring the status of UHC involves assessing health service coverage, health expenditures, health outcomes, and equity. Achieving UHC requires a concerted effort from governments, healthcare providers, and other stakeholders to address the challenges and ensure that all individuals have access to essential health services without financial hardship.

There is an indispensable need for healthcare workers to be trained and given the necessary support to fully serve the needs of the community. There is also a need to benchmark the best practices of other countries, especially the first-world countries that have advanced tried, and tested universal healthcare systems.

Acknowledgements

The researchers would like to express their deepest gratitude to St. Bernadette of Lourdes College for the support and encouragement of this research endeavor. They also would like to acknowledge the support of the following institutions: Masbate Provincial Hospital, Davao de Oro Provincial Hospital, Labuan General Hospital, and Watsons Personal Care Store Philippines, Inc. (Health & Beauty) Retail Industry.

Conflict of Interest

The researchers declare no conflict of interest.

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