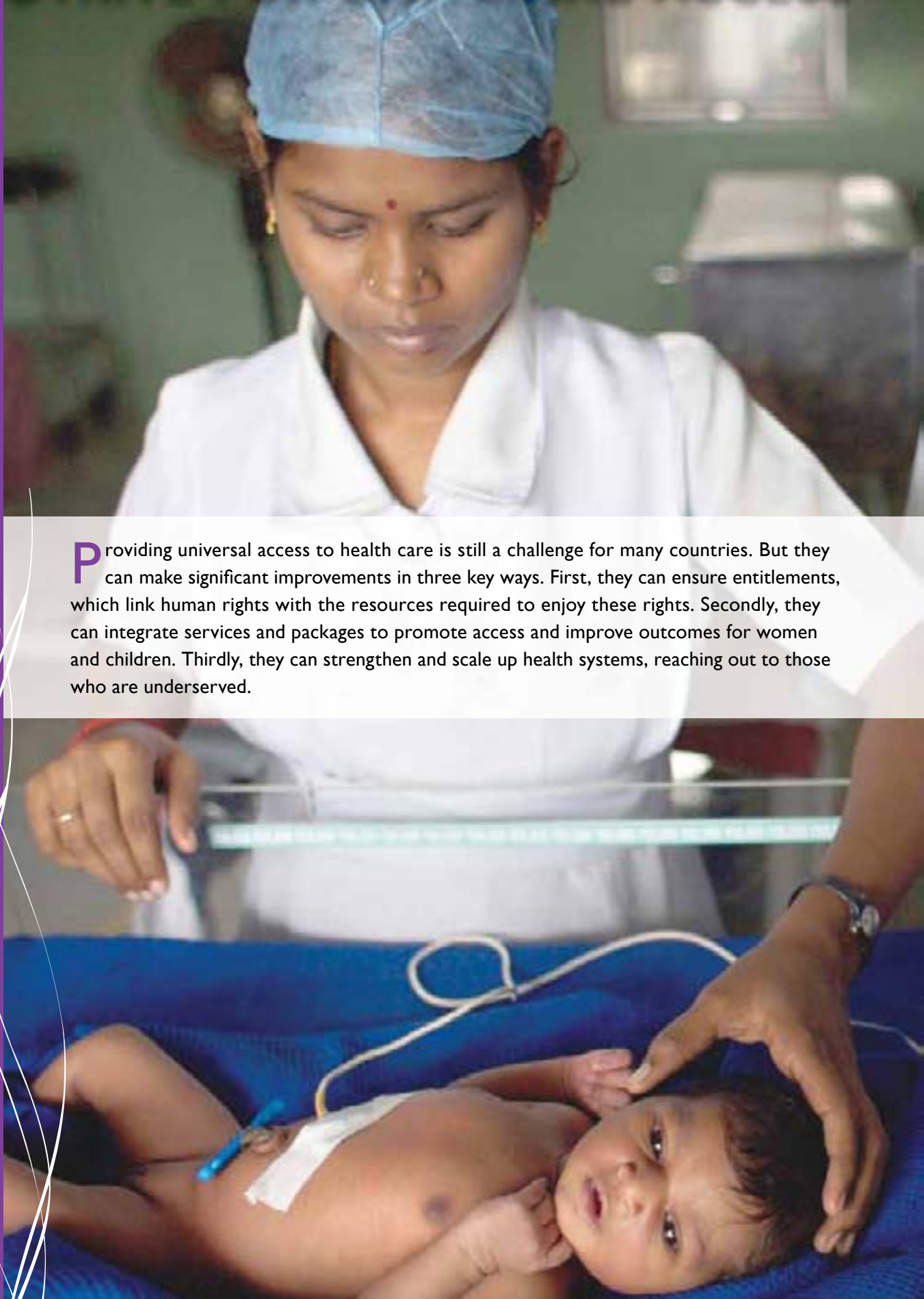




STRIVE FOR UNIVERSAL ACCESS

KNOWLEDGE SUMMARY: WOMEN'S & CHILDREN'S HEALTH

2010



Providing universal access to health care is still a challenge for many countries. But they can make significant improvements in three key ways. First, they can ensure entitlements, which link human rights with the resources required to enjoy these rights. Secondly, they can integrate services and packages to promote access and improve outcomes for women and children. Thirdly, they can strengthen and scale up health systems, reaching out to those who are underserved.

To improve the health of women and children around the world...the answers lie in building our collective resolve to ensure universal access to essential health services.

UN Secretary-General Ban Ki-moon¹

What do we know?

Universal access means that all individuals can obtain the health care they need.^{2,3} This would enable women and children around the world to enjoy their fundamental human right to the highest attainable standard of health.^{1,4}

However, many countries face challenges in providing universal access to essential health services. In low- and middle-income countries, people often have to pay for health care out of their own pockets,⁵ putting it out of the

reach of the poorest and most vulnerable. The challenge for these countries is to find ways to modify health financing and delivery systems in order to achieve universal access. Other barriers stem from sociocultural, gender and age differences as well as geographical and transportation challenges that result in women, newborns, children and adolescent girls being discriminated against when trying to access essential health services.⁶

What works?

Reviews of what works in promoting universal access to essential health services identify important interventions and strategies.^{3,6} These include sustainable financing, improving the quality of care, addressing inequities, removing barriers to access, strengthening participation and accountability,

integrating services, and drawing on human rights and advocacy (see Knowledge Summaries 3, 7, 9, 11 and 12). The three key components discussed in this Knowledge Summary are: ensuring entitlements, using a 'diagonal' approach to integrate services, and strengthening and scaling up health systems.

Ensuring entitlements

Entitlements link human rights with the resources required to enjoy these rights.⁷ All individuals have human rights, including the right to the highest attainable standard of health.^{1,4} However, unless they also have the ability and resources to access essential health services, they cannot enjoy this right.

Entitlements = Rights + Resources

The right of women and children to enjoy the highest attainable standard of health is set out in human rights

agreements and in related declarations and policies at global, regional and national levels.^{1,8} Providing the required resources depends on three key health financing functions: (1) collection of sufficient and sustainable resources or revenues; (2) pooling of funds to ensure that costs are shared equitably to ensure financial accessibility; (3) purchasing and providing health care services in the most efficient and equitable way.⁵ Health systems reforms in Mexico illustrate how the concept of entitlements can be used to promote universal access (see Box 1).^{9,10}

Box 1 – Ensuring entitlements: the example of Seguro Popular in Mexico^{8,9}

The right to health care has been recognized in the Mexican Constitution since 1983, but in practice not all citizens enjoyed this right – and 50 million people lacked guaranteed access to health services.

The 2003 health reforms introduced a public insurance scheme, known as Seguro Popular, and created legal and financial incentives and two packages of services. The incentives required that the number of families affiliated to Seguro Popular would determine state budgets. This meant that state governments had an incentive to sign up to the scheme all families living within the state, ensuring universal coverage. The state then had to deliver the services outlined in the two service packages. Part of each package involved making people aware that under the law they would have access to all interventions included in both packages.

The two service packages were targeted at the poor to ensure equitable access. "Social acceptability criteria" were identified through a consultative process involving health professionals and the general public.

The government also made the necessary health systems investments to improve infrastructure, equipment and personnel, and every healthcare facility had to be accredited according to standardized protocols. This was important to ensure that coverage throughout the country was standardized, not only in terms of quality, but also in terms of the resources required to provide the services stipulated.

Initial evaluations of Seguro Popular show that the reform program has significantly reduced the burden of health care expenditure in poor households. However, further evaluations are required to evaluate the impact on coverage and health outcomes.

Some terms explained

“Access” is a broad concept that measures three dimensions of key health-sector interventions: availability, coverage, and outcome and impact.²

Availability is defined in terms of the reachability (physical access), affordability (economic access) and acceptability (sociocultural access) of services that meet a minimum standard of quality. Making services available, affordable and acceptable is an essential precondition to achieving universal access.

Coverage is defined as the proportion of the people needing an intervention who receive it. Coverage is influenced by the supply or provision of services, and by the demand from those who need services and their health-seeking behavior.

Outcome and impact are defined in terms of medium-term effects, such as behavioral change and higher survival rates, and long-term effects, such as lower infection rates.

Outcome and impact are the result of coverage and depend on the efficiency and effectiveness of interventions.

Note: There are many approaches to measure progress towards universal access, and there are ongoing advances in the concepts and methods used.

A ‘diagonal’ approach to integrating services

Emerging research shows that integration of services and packages across the reproductive, maternal, newborn and child health (RMNCH) continuum has the potential to promote access and improve outcomes for women and children¹¹ (see Knowledge Summaries 2 and 3).

In Bangladesh, for example, evaluations of the Integrated Management of Childhood Illnesses (IMCI) program show that it resulted in improvements in exclusive breastfeeding rates and a reduction in the prevalence of stunting.¹¹ A recent review of 185 studies found that creating linkages between sexual

and reproductive health and HIV interventions reduced the incidence of HIV and sexually transmitted infections. It also encouraged use of condoms and other contraceptives, and improved uptake of HIV testing and quality of services.¹²

Meanwhile, Egypt, which is one of the few countries on track to achieve both MDGs 4 and 5, has integrated child health and family planning, upgraded maternal health programs and expanded water and sanitation systems. This has happened alongside training of health workers and improving community outreach programs.^{1,13} Such integration

across the RMNCH continuum and between RMNCH and other health and intersectoral issues has the potential to improve outcomes for women and children.

There is an ongoing debate in the global health community about the relative benefits of integrated health programs versus programs that emphasize specific interventions. A systematic review found little hard evidence to support one approach over the other. Instead, the review said that: “The purpose, nature, speed and the extent of integration also vary – in part, dependent on the intervention complexity, the health system characteristics and the contextual factors ... creating a rich mosaic of local solutions to address emergent problems.”¹⁴

Thus, a strategic, context-specific approach is required to integrate services effectively, efficiently and equitably for universal access, which should include identifying and addressing specific barriers (see Table 1). This strategy is referred to as a ‘diagonal approach’ that combines proactive vertical interventions targeting specific problems, with horizontal demand-driven interventions that connect healthcare from homes to hospitals.¹⁵

Table 1 – Interventions to Correct Barriers in Access to Care⁶

Demand barrier	Information imperfections	Increase ability to pay	Supply side
Lack of knowledge <ul style="list-style-type: none"> Education Information Culture 	Rectify knowledge gaps Educate communities and households	Stimulate demand through general cost reduction	Culturally sensitive health care delivery
Uncertainty about financial costs		Develop insurance, prepayment schemes and targeted subsidies	
Equity <ul style="list-style-type: none"> Distance costs Opportunity costs Intrahousehold 		Targeted subsidies for the poor Patient compensation for transport and lost income, loan funds	Bring services to communities, more flexible opening hours

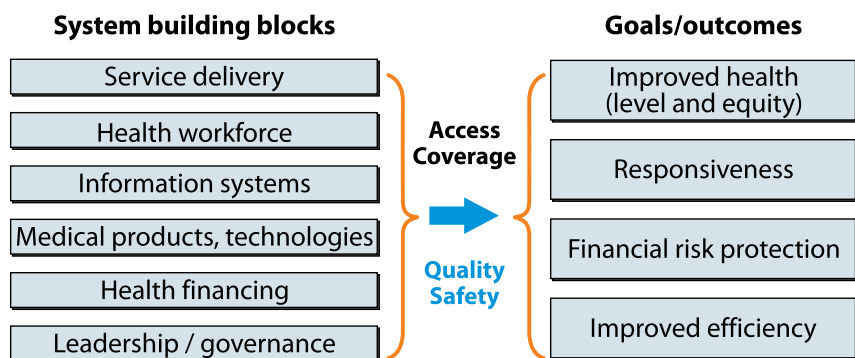
Strengthening and scaling up health systems

While consideration has to be given to country-specific contexts, including the burden of disease and health system capacity, the expansion of proven interventions and strengthening of health systems will generally need to be undertaken in a phased manner.¹⁷ Investment in high-impact and cost-effective interventions is a priority (see Knowledge Summary 3). Countries and partners engaged in scaling up will also need to prioritize, reaching out to those who are underserved to ensure equity (see

Knowledge Summary 9). Health systems strengthening can then be addressed as part of longer-term strategic plans based on existing systems capacities and current levels of health outcomes (see Figure 1). Expanding coverage of interventions, in parallel with health system strengthening, should also address the socio-economic barriers to healthcare access, which influence the success of any health system.

Figure 1

The WHO Health Systems Framework¹⁸



Conclusion

A determination to improve the health of women and children must include a commitment to improving universal access to essential healthcare. Using the synergies that exist between the various health and development programs is an efficient and effective way of delivering services and improving health outcomes. A special effort must be made to reach those who are underserved. Governments, donors and those who manage global initiatives must come together to make this possible.

Useful resources

- World Health Organization. Health Systems Financing. www.who.int/healthsystems/topics/financing/en/index.html
- Realizing Rights and IDS Health and Development Information Team. Universal access to sexual and reproductive health services. www.eldis.org/health/Universal/index.htm

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- 18 The WHO Health Systems Framework. www.wpro.who.int/sites/hsd/hsd_framework.htm

Available on-line at <http://portal.pmnch.org/>