Why quality matters for Universal Health Coverage

M. Rashad Massoud [1]
Director, USAID ASSIST Project/URC

As we celebrate Universal Health Coverage Day [2] on December 12, we on the USAID ASSIST Project are committed to supporting countries to promote better and more equitable health outcomes by expanding access to essential health care to all who need it, regardless of socio-economic status or geographic location.

It is fitting that Universal Health Coverage (UHC) should become the rallying cry for the post-MDG agenda, since the failure of many countries to reach health targets for MDGs 4, 5, and 6 is a direct result of failure to assure that health systems deliver evidence-based care to address the health conditions affecting the majority of the population.

While much of the UHC discussion focuses on removing the important financial and geographic “entry” barriers to accessing care and on what should be the package of essential services to be covered, I would like to suggest that an equally significant barrier is the failure to assure that when patients do access care, it is evidence-based and actually improves their health. For too long, the UHC debate has avoided the issue of exactly what kind of health care are we are trying to cover people with.

Quality matters. Simply expanding access to low-impact services will not yield the desired results. While some see performance-based incentives as the panacea to assure good health system “performance,” in practice the case for achieving better health outcomes through performance-based financing alone, without a mechanism to drive improvement in care quality, is decidedly mixed.

So what do we mean by quality—how do we define it and measure it? The Institute of Medicine has defined six criteria for what constitutes quality and value in health care [3]. Safety and effectiveness top the list, but the IOM also recognizes that quality care needs to be people-centered—respectful of and responsive to individual and community preferences, needs, and values. Timeliness, efficiency, and equity round out the set of criteria to meaningfully characterize quality of health care.

We believe these aims provide a useful yardstick for UHC too by assessing whether care, be it at the facility or community level, provides quality and value: Is it safe? Is it effective? Is it people-centered? Is it timely? Is it efficient? Is it equitable?

While the package of services that will be provided in each country that aspires to UHC will be determined contextually, depending on the resources available and the system that will deliver the care, it is critical that all UHC strategies address quality head on. We must not fall in the trap of providing greater access to sub-standard care or any care that does not embody all six of these dimensions.

Luckily, we know a lot about how to deliver quality care in resource-constrained settings. An important action agenda for how to assure the delivery of better health care for all who need was put forth in April 2012 by a group of health leaders from 33 countries who participated in the Salzburg
Global Seminar, “Making Health Care Better in Low- and Middle-Income Countries: What Are the Next Steps and How Do We Get There?” The Salzburg Call for Action [4] which they issued lays out a seven-point action plan which is relevant to the call for quality in UHC, defining the tasks of health policy leaders, patients, communities, health care workers, non-government actors, development partners, and governments in making care better for all, every time.

I believe the quality question is critical to the future of making UHC a reality. As we celebrate this first global UHC Day, let us actively debate how countries can achieve quality in Universal Health Coverage. Patients should demand nothing less.

Topic(s): Improvement Science [5]
Policy [6]
Related Countries: Global [7]