

Universal health coverage 4 report examples

[Parts of the World](#), [Europe](#)



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Report: Health – Politics, Policy, and Planning

Executive Summary

This report discusses the concept of Universal Health Coverage (UHC), the links between healthcare and politics, the different types of health systems adopted by the nations of the European Union (EU) and the responses by the European states to the recent global economic crisis. Further, the paper emphasizes the importance of strategic planning for healthcare organizations. Having considered the views and opinions expressed in the referenced papers and publications, the report closes with recommendations for ways to improve the current approaches to the provision of healthcare.

Introduction

Following some discussion of Universal Health Coverage (UHC), this report explores the links between politics and the policies and planning of

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healthcare, in democratic societies. In many cases, politics are inextricably and irrevocably linked to healthcare provision and organization. The effects of those links are discussed. The report principally covers U. S. healthcare, but for a broader perspective, European Union aspects are also included.

Universal Health Coverage

An important objective in any caring society is universal health coverage for all citizens; i. e. “ to ensure that all people obtain the health services they need without suffering financial hardship when paying for them.” (“ What is universal health coverage?” 2012). To achieve that objective, a country needs to have an efficient, affordable and robust system of healthcare, well-staffed by qualified personnel, and whose importance is recognized by all sectors of the administration (“ What is universal health coverage?” 2012).

The influence of politics on the commitment to UHC is emphasized in a paper entitled “ The political economy of universal health coverage” (Stuckler et al, 2010). The authors state that “ Adopting UHC is primarily a political, rather than a technical issue” (Stuckler et al, 2010 p. 2). Further, the authors believe that analysis suggests that increasing the share of GDP assigned for public health expenditure is associated with high political commitment, higher taxes, and a high level of democracy. Typically, expanded healthcare coverage sits alongside “ increasing social welfare programmes” (Stuckler et al, 2010 pp. 2-3).

That view of UHC being largely a political issue is echoed by the following statement in a Chatham House report: “ Universal health coverage (UHC) - the idea that all people should receive the health services they need without suffering financial hardship when paying for them – is intrinsically political”

(Heymann 2014). It involves financial support by those who are better off to subsidize others who are “ sick and poor” (Heymann 2014). That implies the need for the state to establish an affordable and equitable healthcare financing system, requiring political agreement between the various interest groups involved. Issues that have to be resolved to reach that agreement include how the system will be financed. According to Heymann, “ Politicians increasingly recognize that UHC reforms can win votes and therefore bring them political benefits” and that UHC reforms and initiatives are frequently introduced by politicians just prior to elections or immediately on gaining power.

Another Chatham House report makes a series of key recommendations concerning the financing of health. Those include a government commitment of an expenditure on health of at least five percent of GDP, and introducing various measures to strive towards a situation of full UHC as soon as possible (“ Shared Responsibilities for Health: A Coherent Global Framework for Health Financing.” 2014 pp. 1-3).

Links between Health Policies and Politics

Inevitably, decisions made by those who dictate health policies are influenced by underlying political considerations and constraints. Therefore, in order to understand health policy, it is necessary to have an appreciation of the political factors such as “ partisanship, voters’ views, public opinion, political ideology, values and belief systems, the power of entrenched interest groups, and the nature of media coverage, along with constitutional requirements and institutional arrangements” (Patel & Rushefsky 2014 p. 3). That view is echoed by the title of a Fox Business News article, which is: “

Politics, Not Policy, Steers Health-Care Spending Debate.” (Priol 2013).

In the wake of the controversy surrounding President Obama’s Affordable Care Act, the US State of Vermont has implemented an independent solution. In 2011, that state signed into law the Green Mountain Healthcare plan, the outcome of “ decades of work by progressive politicians in the state.” (McElwee 2013). The key feature of the Vermont plan is that employers will no longer be the providers of health insurance. The plan “ aims to guarantee universal insurance coverage, improve benefits for those who are currently underinsured, include universal dental care and vision care, and increase the Medicaid reimbursement rate to doctors in order to avoid cost-shifting.” (McElwee 2013). The plan is expected to produce healthcare savings for the state of circa \$4. 6 billion in the first five years. Those savings would be reinvested in healthcare, including covering the health costs of the uninsured, and expanding the range of services and increasing benefits. (McElwee 2013).

A claimed adverse effect of political influence in healthcare is cited by Hyman (2012), who states that because a recent Supreme Court decision permits unlimited political campaign contributions from corporations, the nation’s health is adversely affected. His reasoning is that as a result “ money rules politics” (Hyman 2012), meaning that consumers are not protected from GM and processed foods, or from the aggressive marketing of poor quality foods loaded with sugar. Furthermore, because policies and legislation are influenced by the money, medical research focuses on the most profitable avenues, not the best or the most needed medicines and treatments (Hyman 2012).

A related situation reported by Wright (2014) occurred in the United Kingdom. According to his article in the Independent (UK newspaper), Britain's National Health Service (NHS) permitted a drugs industry lobbying business to draft a report that might help guide future health policy.

Health Systems in the European Union (EU)

Bușoi describes two healthcare organization systems which between them have been used as models for the majority of the European nations. Great Britain uses the Beveridge system, in which parliament-controlled healthcare is available to all without prior payment and is funded by taxes. The second system model - as utilized in Germany and the Benelux countries - is the Bismarck system, named after its creator. In this system, contributions are paid through employment. It is not state-managed, but instead is controlled by the trades unions, who negotiate costs with the medical professionals. Healthcare is based on contracts between individual contributors and Health Insurance companies (Bușoi 2010 pp. 4-5).

Health Policy Responses to the Financial Crisis in Europe

This is the title of a policy summary published by the World Health Organization (WHO), which discusses the responses of policy makers in various European countries to the global economic crisis which began in 2007, affecting healthcare resources availability. The authors note that consequent cuts in health spending present challenges to health system policy-makers, including unexpected interruptions to revenue sources, making planning difficult. Further, that those cuts are likely to occur just when increases in resources are required, and may cause instabilities in the health system (Mladovsky et al. 2012 p. v). A survey of the European

responses to the economic crisis showed a wide variation – to some extent dependent on the overall impact of the crisis in each country (Mladovsky et al. 2012 p. vi). Overall, the authors consider that an opportunity to enhance the health system values through improvement policies has been missed (Mladovsky et al. 2012 p. vii).

The Importance of Healthcare Planning

Strategic planning in healthcare organizations is important for operational success and profitability. A “ trial and error” approach is a recipe for disaster, especially when health reforms and other changes alter the environment in which the organization is functioning. For any strategic plan, conducting a feasibility study before implementing the plan is a necessary step in the planning process (Fuchs 2012). Similar sentiments are expressed by Varkey and Bennet (2010). Furthermore, strategic planning is a “ valid and useful tool for guiding all types of organizations, including healthcare organizations” Perera and Peiro (2012).

Conclusions

The healthcare systems covered in this report vary in structure and organization, although most strive towards the ideal of Universal Health Coverage (UHC). Healthcare reforms attempt to improve the delivery of healthcare, often in an environment of budgetary cuts. Links with politics appear to exist everywhere, often to the detriment of the consumers.

Recommendations

It seems clear from the research undertaken for this report that the political influence over healthcare systems and provision is unlikely to be a positive factor. It is therefore recommended that healthcare policy should be

independent of government, leaving strategies and policies to be determined by healthcare professionals.

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