



# IFMSA

International Federation of  
Medical Students' Associations

## IFMSA Policy Proposal Universal Health Coverage

**Proposed by the Team of Officials**

**Presented to the IFMSA General Assembly March Meeting 2017 in Budva, Montenegro**

### Policy Commission

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### Policy Statement

#### Introduction:

One of the major causes of ill health and early mortality remains lack of access to essential health services which is a major problem across the globe and is a product of a multitude of health sector and external factors. The momentum towards Universal Health Coverage should be kept high and major progress should be made. Thus, the International Federation of Medical Students' Associations (IFMSA) highly supports the global movement for Universal Health Coverage.

#### IFMSA Position:

The IFMSA affirms that:

1. Universal Health Coverage is a key component to achieve the human right to health;
2. The worldwide movement towards Universal Health Coverage is an essential step towards reducing health inequalities and achieving health for all;
3. Universal access to health care should be complemented with whole-of-government actions addressing the socioeconomic determinants of health;
4. Universal access to health care will only be achieved if all three dimensions of Universal Health Coverage are tackled: expansion of population coverage, reduction of out-of-pocket expenditures to ensure protection from catastrophic health spending, and increased benefits to respond to current and emerging population needs and expectations;
5. There is no one-size-fits-all for Universal Health Coverage, and therefore it is essential to create Universal Health Coverage schemes that fit the social, political, and cultural contexts of every country;
6. In order to enhance aid effectiveness and to empower recipient countries in the use of aid, international aid for health from high-income countries and international organizations should be maximized. It should also be channeled for Universal Health Coverage, especially in assisting low-income countries as they build their universal health care systems;
7. Universal Health Coverage will only be successful if all the six building blocks of a health system as described by the World Health Organization (governance, health human



resources, medicines and devices, service delivery, health information systems, and health financing) are given equal attention and strengthened to produce positive and synergistic results;

8. Everybody should be able to access health services including promotion, prevention, treatment, rehabilitation and palliative care. We stress the important role that primary healthcare serving a population can have in each of these services, as it enables one medical practitioner and their team to integrate all these services; and to follow people throughout their life course."

## Call to Action:

The IFMSA calls:

1. Governments to:
  - Ensure out-of-pocket expenditure for healthcare is kept at a minimum for the most essential services ;
  - Partner with other sectors - civil society groups, private sector, academia and patient groups - in the design and implementation of Universal Health Coverage, while asserting its primacy as the major and leading actor in this endeavor;
  - Enhance participation in joint learning exercises and other global collaborative work geared towards universal health coverage, since many countries today share this goal and produce new knowledge and tools that can be applied in various settings;
  - Create accessible spaces for community grassroots participation and debate in order to ensure population ownership of health care
  - Take into consideration all vulnerable groups and minorities in the design and implementation of universal health care and ensure their health needs are covered.
  - Focus on primary health care in reaching UHC and ensure progress in the health system to go hand in hand with primary health care developments
  - To increase government expenditure in an efficient and equitable manner to strengthen public health systems
  - Take every necessary measure to ensure the full implementation of the 2030 Agenda for Sustainable Development, in particular target 3.8 and achieve universal health coverage by year 2030
2. Its National Member Organizations:
  - to build momentum for Universal Health Coverage within the Federation by creating new initiatives and harnessing existing structures
  - To participate in education, research, and advocacy activities that are geared towards universal health coverage.
3. Medical Schools and other medical training institutions:
  - to integrate health systems knowledge on Universal Health Care in their curriculum in order to produce future doctors with capacity to work in universal health care systems and serve as change agents
  - ; also to include and promote the value and status of medical practice in primary and community healthcare;
4. The global academic community:
  - to enhance the quality and quantity of research on universal health coverage and health systems strengthening, as governments look to them for up-to-date evidence and smart recommendations;
5. The World Health Organization:



- to provide governments with the technical advice and political push to continue with national efforts to achieve Universal Health Coverage
  - to create more spaces for global sharing of knowledge and best practices among governments;
6. The private sector:
- to contribute with technical and financial resources, in order to fulfill national needs for the attainment of universal health coverage, and;
7. Civil society
- to remain aware and advocate for the people, to share knowledge and insights with governments and other partners
  - to mobilize people to support reforms towards universal health coverage.

## Position Paper

### Background:

The World Health Organization (WHO) defines Universal Health Coverage (UHC) as: 'that all people and communities can use the promotive, preventive, curative, rehabilitative and palliative health services they need, of sufficient quality to be effective, while also ensuring that the use of these services does not expose the user to financial hardship' [1].

Dr. Margaret Chan, Director General of the WHO, called UHC the most powerful concept that public health has to offer, stating: 'It is inclusive. It unifies services and delivers them in a comprehensive and integrated way, based on primary health care' [2].

However, despite enormous improvement in health care services globally in the last century, inequities in health still remain, and have even increased in some countries [3]. More than 400 million people worldwide still lack access to one or more essential health services worldwide. In addition, 150 million people are estimated to suffer financial catastrophes because of out-of-pocket expenditure on health services [4]. There is also a considerable number of people without social protection, and benefit packages are often so limited that they do not reflect the current burden of disease within countries as well as the health needs and expectations of people.

For these reasons, WHO has strongly advocated for a focus on UHC in order to achieve the long-awaited vision of health for all, which was first articulated in the 1978 Alma Ata Declaration on Primary Health Care [5, 6].

In 2012, the United Nations (UN) General Assembly approved a resolution calling for governments "to *accelerate the transition towards universal access to affordable and quality health care services*", confirming not only the breadth of consensus regarding the urgency of action towards UHC but also the level of concern about the state of the world's health systems [7].

In September 2015, the UN Member states fortified this message by adopting target 8 under goal 3 in the Sustainable Development Goals (SDG): Achieve Universal Health Coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all [8].



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International Federation of  
Medical Students' Associations

Governments recognize the dire need to strengthen health systems, enhance health-financing mechanisms, and ultimately provide government-funded basic health care services to all citizens. To expand the covered population, the services and proportion of costs that are covered for, focus should be shifted towards a strong, efficient, well-run health system; affordability of the health services; availability of essential medicines and technologies; sufficient well-trained, motivated health workers; and actions to address social determinants of health [9]. Nearly a hundred countries are now in the race towards UHC [10, 11], while the global scientific community is boosting research and innovation in health systems strengthening through joint learning initiatives and international symposia [12, 13, 14].

## Discussion

Supporting the right to health and ending extreme poverty can both be pursued through Universal Health Coverage [15]. We applaud the first report on monitoring UHC worldwide [16]. Also, an increasing number of people have access to health services [17] and the SDG indicator 3.8.2 was redefined to measuring the financial risk protection instead of the health insurance rate thanks to efforts from civil society, researchers and academics [18, 19]. The World Bank is also monitoring the level of equity and coverage for 16 essential health services in reproductive, maternal, newborn and child health; infectious diseases; noncommunicable diseases; service capacity and access [20].

Monitoring should focus on the coverage of health equity, as it is fundamental to health care. This is reflected by the negative impact that health inequalities and the social determinants of health have on populations as a whole, and contribute to high direct and indirect costs (for example the loss of productivity) related to health care [21,22,23].

### Financial implications

Household out-of-pocket expenditure on health comprise cost-sharing, self-medication and other expenditure paid directly by private households, irrespective of whether the contact with the health care system was established on referral or on the patient's own initiative [24].

A good health financing system raises adequate funds for health, in ways that ensure people can use needed services, and are protected from financial catastrophe or impoverishment due to their health expenses. Out-of-pocket payments for healthcare can cause households to incur catastrophic expenditures, which in turn can push them into poverty. The need to pay out-of-pocket can also mean that households do not seek care when they need it. An analysis of 108 surveys in 86 countries has revealed that catastrophic payments are incurred by less than 1% of households in some countries and up to 13% in others. Up to 5% of households are pushed into poverty [25].

Health systems around the world not only treat the sick and prevent future illness, they are also central to the effective functioning of a country's economy. Globally, health is a US\$3.5 trillion industry, or equal to 8% of the world's GDP.

Adults in good health are more productive; children in good health do better at school. This strengthens economic performance, and also makes economic growth more sustainable and inclusive. Good health contributes to labour supply and productivity, and a strong health system provides jobs and increases demand from other parts of the economy.

The combination of health systems reformations (i.e. better efficiency and equity in resource distribution) and financing policy changes (i.e. increasing domestic funding - efficient, equitable, and pooled - including through action on tax avoidance and reframing health care expenditure as investment rather than purely as consumption expenditure) is a prerequisite for progressing towards UHC [26].

It is also significant that resolution [WHA69.19](#) (in which the World Health Assembly adopted the 'Global Strategy on Human Resources for Health: Workforce 2030') includes, in OP3(3), an invitation



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International Federation of  
Medical Students' Associations

to the International Monetary Fund and the World Bank *'to adapt their macroeconomic policies and investment criteria in the light of mounting evidence that investments in health workforce planning, and the training, development, recruitment and retention of health workers are conducive to economic and social development and achievement of the Sustainable Development Goals'*.

The ever-increasing price of essential medicines is also one of the major challenges faced by health systems worldwide. Recent essential medicines surveys in 39 mainly low- and low-middle-income countries found that, while there was wide variation, average availability was 20% in the public sector, and 56% in the private sector. The lack of transparency and openness around pricing have made some drugs luxury items for the privileged few and slowing achievement of UHC in low and middle income countries. An open discussion between nations, patient groups and medical companies is therefore needed for achieving the objectives of the Sustainable Development Goals for 2030 [27].

### Equal access to healthcare

Access to health care must be universal, guaranteed for all on an equitable basis. Adequate healthcare infrastructure (e.g. hospitals, community health facilities, trained healthcare professionals), goods (e.g. drugs, equipment), and services (e.g. primary care, mental health) must be available in all geographical areas and to all communities. Health care must be accessible and provided without discrimination (in intent or effect) based on health status, race, ethnicity, education, age, sex, sexuality, disability, language, religion, national origin, income, or other status.

### Health Systems

Strong, efficient and well-run health systems are one of the core pillars to move towards UHC. However, health systems worldwide are having to cope with a changing environment [28]:

- epidemiologically, in terms of changing age structures, the impact of pandemics and the emergence of new threats;
- politically, in terms of changing perceptions about the role of the state and its relation with the private sector and civil society;
- technically, in terms of the growing awareness that health systems are failing to deliver – that too often they are inequitable, regressive and unsafe, and so constitute one of the rate limiting factors to achieving better development outcomes;
- institutionally, especially in low-income countries, in having to deal with an increasingly complex aid architecture.

A health system, like any other system, is a set of interconnected parts that must function together to be effective. Changes in one area have repercussions elsewhere. Improvements in one area cannot be achieved without contributions from the others. Interaction between building blocks is essential for achieving better health outcomes.

### Primary Health Care

Primary Health Care, as articulated in the Alma Ata Declaration of 1978, was a first international attempt to unify thinking about health within a single policy framework. Developed when prospects for growth in many countries were bright, Primary Health Care remains an important force in thinking about health care in both the developed and developing world.

Primary health care is especially important in striving for UHC and focussing on the health needs of the population since primary health care is able to deal with most of the health care demands, covering up to 90 percent on a research in Africa by the World Bank [29]

Besides this, primary health serves as the link between the population and specialized care. It is the first contact and ongoing connection between people and their health providers. It enables greater access to services, better quality of care, with a greater focus on prevention, early management of diseases and reduces unnecessary specialistic care [30]. While hospital medical practice has become more subspecialty-oriented, primary health care, strengthened by family medicine as the key medical speciality offering generalist services, focuses on the patient as a whole during the entire

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life course and integrates all their care needs. This is especially relevant regarding the rise of chronic diseases [31,32]. Progress on UHC therefore has to go hand in hand with primary health care and health systems strengthening and innovation both in developed and developing countries [33].

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Draft Policy Proposals have to be sent to all National Member Organizations ([nmos@ifmsa.org](mailto:nmos@ifmsa.org)) by the proposer to request for feedback by **January 10 2017 23.59 GMT**. Policy Proposals to be discuss at 66th March Meeting General Assembly 2017 have to be sent to [gs@ifmsa.org](mailto:gs@ifmsa.org) by **February 1, 2017 @ 23.59 GMT** (please put the code **[POLICY]** in the beginning of the subject of your email).



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## Bylaws Paragraphs concerning Policy

### 15.2 Definitions

- a. **Policy Statement:** Short and concise document highlighting the position of IFMSA for specific field(s). A policy statement does not include background information, discussion related to the policy, a bibliography and neither does it quote facts and figures developed by outside sources. The maximum length of a policy statement is 2 pages, including introduction, IFMSA position and call to action.
- b. **Position Paper:** A detailed document supporting the related policy statement that contains background information and discussion in order to provide a more complete understanding of the issues involved and the rationale behind the position(s) set forth. A position paper must cite outside sources and include a bibliography.
- c. **Policy commission:** A policy commission is composed of three people, with 2 representatives of the NMOs and one representative of the Team of Officials. The proposer of the draft is part of the policy commission and is responsible of appointing its members. The tasks of the policy commission are the following:
  - i. They are responsible of the quality of the policy document with the approval of the proposal.
  - ii. Ensuring the content is based on global evidence.
  - iii. Collecting and incorporating NMO feedback after the call for input.
  - iv. Coordinating the discussion during the General Assembly.

### Adoption of policies

15.3. A draft policy statement, position paper and the composition of the policy commission must be sent to the NMO mailing list by the proposer and in accordance with paragraph 9.4. Input from NMOs is to be collected between submission of the draft and submission to the General Secretariat.

15.4. The final policy statement and position paper are to be sent in accordance with paragraph 9.4, using the template provided in the call for proposals. The proposal must be co-submitted by two NMOs from different regions or the Team of Officials.

15.5. Policy statements and position papers must be resented to NMOs during the first working day of the IFMSA General Assembly.

15.6. A motion to adopt the policy statements and position papers must be submitted the day before the relevant plenary and submitted by two NMOs from different regions. Adoption requires  $\frac{2}{3}$  majority.

15.7. Amendments may be sent to the proposer and in accordance with paragraph 9.4. Amendments made during a General Assemblies or after the deadline in accordance with paragraph 9.4, will be voted upon during the relevant plenary and require  $\frac{2}{3}$  majority.