IAPO 6th Global Patients Congress Universal Health Coverage Member Consultation Report 2014



Introduction

In 2013, IAPO undertook a consultation with its membership. This was undertaken in the build up to IAPO's 6th Global Patients Congress with the theme of 'Better access, better health: A patient-centred approach to universal health coverage' which will be held 29-31 March 2014 in Ascot, UK. The aim of the consultation was to find out more about how members defined access to healthcare and their understanding of universal health coverage (UHC), and was used to support the development of the Congress programme. 67 IAPO members responded to the consultation from wide range of countries and from every world region.

Results of the consultation

The consultation was disseminated through an online survey. The results of the consultation have been written up under each of the questions that were asked during the consultation.

1. What does access to healthcare mean to your organization?

A key theme that emerged from responses to this question was the importance of accessibility to healthcare infrastructure in the form of hospitals, healthcare centres, and treatment facilities. This was not only in terms of distance to facilities, but also with regard to waiting times and eligibility for services. Access to medicines and drugs was also frequently mentioned in responses as was access to preventive healthcare. Emphasis was also placed on patients being able to receive the right diagnoses, information and treatment for their conditions. Respondents identified that there was a need for better diagnostic facilities as well as for more healthcare specialists.

A large proportion of respondents indicated the importance of ensuring equity in the healthcare system. Respondents indicated that equal access to healthcare services could be achieved by making healthcare services affordable, and by distributing resources equitably throughout the healthcare system. Several respondents also articulated the position that patients, regardless of their condition, should be afforded equitable treatment by the healthcare system, indicating that this is not currently the case in many countries.

2. What is your organization's understanding of universal health coverage?

The general consensus among respondents was that the accessibility, quality and affordability of healthcare services were key aspects of universal health coverage, which is in line with World Health Organization's definition of universal health coverage.¹ Respondents pointed to the need for well-

¹ World Health Organization states that the 'goal universal health coverage is to ensure that all people obtain the health services they need without suffering financial hardship when paying for them.' Read more at: www.who.int/features/qa/universal_health_coverage.

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organised, efficient healthcare services, a robust system for financing health services, access to essential medicines and technologies, as well as a sufficient capacity of well-trained and motivated health workers.

While some responses emphasised a comprehensive approach towards healthcare, others focussed on the availability of essential healthcare. Responses were in broad agreement that treatments needed to be appropriate and acceptable to patients. A number of responses underlined the need for patients to have equal access to health services, without any discrimination on the basis of age, social status, financial ability or beliefs. Some also highlighted physical access as a key concern. These responses are very similar to those for the first question, which indicates that to IAPO members, access to healthcare and universal health coverage are closely aligned.

3. In your opinion, what are the top three components of universal health coverage?

Most of the respondents indicated the importance of access to healthcare services, medicines, equipment and personnel. Respondents highlighted the various components in the service delivery process, such as: disease prevention and education, diagnostic services and treatment, rehabilitation and palliative care. The importance of adequate healthcare infrastructure that was readily accessible by the community was also stressed.

Many responses pinpointed the need for an adequate number of well-trained healthcare workers including technicians, nurses, doctors and specialists. Emphasis was placed on the role of medical staff in maintaining the quality of healthcare. Equal access remained a key theme underlying responses to this question. The affordability of healthcare services was flagged as an important concern, but specific responses differed on how best to achieve it. While a number of respondents advocated for the free provision of healthcare, others suggested developing fair pricing schemes and reducing the out-of-pocket payments made by patients.

The role of good communication was a common thread running through a number of responses. Respondents articulated the need to have clearly defined treatment options and standards for patients. One respondent highlighted the significance of well-developed information systems, to provide timely information for decision-making. Another indicated the importance of having a transparent and accountable healthcare system.

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Figure 1. Key components of UHC which emerged from the responses to the above question

4. What has been done in your country to support universal health coverage?

Responses to this question varied widely, though many respondents focussed on the specific actions of governments and patients' organizations in extending health coverage. These included:

- building healthcare infrastructure from the sub-country to the national level
- providing national insurance coverage
- devising a safety net to extend protection to the vulnerable
- subsidising the cost of healthcare and reforming healthcare payments
- developing plans to combat and control specific diseases
- training healthcare workers
- advocating (or enacting) patient-centred healthcare legislation
- developing healthcare information and education services
- encouraging early screening and detection of diseases.

A number of respondents felt that more could be done to support universal health coverage. Specific responses focused on the implementation of healthcare policy, extending comprehensive care to patients, removing barriers to access, standardising healthcare terminology, funding healthcare services (equipment and facilities), and educating patients about their rights to healthcare.

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Conclusion

The responses in the consultation highlighted that patients and patients' organizations are in agreement that there is a need for affordable, equitable, quality healthcare. The Congress will explore what access means to patients in more depth, drawing on the findings of this consultation. During the Congress, IAPO will work with its membership to draft a set of patient-centred principles for universal health coverage, which will be then used to develop an IAPO policy position on universal health coverage. This position will form a core part of IAPO's advocacy on universal health coverage internationally.

IAPO would like to thank all our members who took the time to take part in this consultation.