

No Universal Health Coverage without Universal Medicines Coverage

By DR TIM REED, Executive Director

The theme of this year's World Health Day (7 April) is Universal Health Coverage (UHC). In our latest blog, HAI Executive Director, Tim Reed, writes about the role of access to medicines in achieving health targets such as UHC.



Very many of the blogs that you will read today will start with the message that *'health is a fundamental Human Right'*, and this blog is no exception. But not so many will go on to argue for access to essential medicines as a human right, and moreover, that without fulfillment of that right, all the targets for health that now abound, will simply fail, including Universal Health Coverage (UHC). This, in itself, is no surprise, even the Director General of the World Health Organization (WHO) agreed when he said *'There is no Universal Health Coverage, no health security without access to quality medicines'* (Sept. 2018).

One third of the world's population still lack access to quality-assured and affordable essential medicines. Indeed, while the essential medicine list expands with each new rendition—the next one will be published after the World Health Assembly in May and now includes a few patented medicines that enjoy monopoly prices—there seems to be no end to the catastrophic expenditure endured by sick people and their families in low and middle-income countries, particularly when diagnosed with 'high-cost diseases' like cancer. The promise of UHC by 2030 is, in my mind, no quick fix to affordability of such medicines, simply because these drugs are so far out of reach, that even the richest countries in the world cannot afford them.

For most of us working in health and development, quality primary healthcare is an obvious pillar when it comes to achieving UHC. Fully-trained and properly rewarded healthcare workers, who have the respect of their communities, healthcare systems and governments are the keystone to equitable service delivery. But (isn't there just always a but?), primary healthcare only works if healthcare workers have access to quality-assured medicines that are affordable to governments, or to the patient in out-of-pocket payments. Supply chain breakdown, insufficient regulation, and unregulated borders, which allow the importation of medicines of uncertain origin and quality, all contribute to the problem. Pouring money into health insurance scheme models and pilots will only work if funds are allocated to build the capacity of healthcare workers, pharmacists, supply chain managers, regulatory authorities, healthcare systems and policy makers.

We must not berate governments, social insurance funds, even private insurance funds because they can't afford the drugs demanded, it is the pharmaceutical industry and its

pricing model that is the culprit. To achieve UHC, medicine prices must come down by all means possible. The access-to-medicines community is trying, and finally, rich nations, whose health systems are groaning under the strain of unaffordable medicines, are listening. So is the WHO. We at HAI are in [support](#) of the proposed [Italian resolution](#) on transparency, supported by a number of countries, that might finally contribute to the generation of an evidence base, which governments could use to enact necessary reforms on medicine pricing. [Our work](#) aims to contribute to the body of information about medicine pricing, availability, and affordability, by providing tools, trainings, and technical support that can be used for advocacy and policy-making.

Sadly, UHC is an acronym all too readily bandied about. The trouble is, it can mean many things to many people—at one end of the scale, a rallying cry to activism and synonym for '*Health for All*' (wasn't the target for that 19 years ago?) and at the other it means the privatisation of health. As WHO are keen to point out, it doesn't mean all technologies to all people, free of charge, because although that is the dream, this hasn't yet been achieved anywhere in the world. UHC must also embrace social determinants of health, communications, quality assurance and public health initiatives like clean water. And it definitely does not mean just a basic minimum health package. UHC must grow in its ambition and expand to attain the right to the highest attainable standard of physical and mental health- including both strong health systems and affordable access to safe, effective and quality assured medicines.