Health Equity: The Road Map to Universal Health Coverage (UHC)

Sub-topic: Sustainable Investment on Health through Promotion of Effective School Health Services

A Paper Presented by

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Abstract

The **purpose** of this presentation was to highlight the concepts health equity as Road Map to Universal Health Coverage (UHC), through sustainable investment in the light of school healthcare service promotion. **Methodology:** With the help of the search Engines, highlighted keywords were elaborated in no formal order and the reasons why sustainable investment on school healthcare services promotion is key in the achievement of health equity and Universal Health Coverage were stated with a conclusion drawn in line with the presentation. **Conclusion:** In conclusion, going by the affirmations of this presentation, elementary and secondary school healthcare services, which is an essential component of public healthcare promotion if adequately invested on could promotion health

equity, which is excellent for generations yet unborn. These would serve as clearer roadmap towards the clamored Universal Health Coverage.

Introduction

It is a fact that, equity is a core necessity for sustainable healthcare. In this present dispensation where some diseases (communicable & non-communicable) are endemic and have defied medical options, there is dare need to invest on quality, equitable and prompt healthcare at all levels and sectors of human endeavour, with particular attention to effective promotion of school health services. Reason being that, investment in school healthcare promotion is a fundamental step towards achieving "Universal Health Coverage and Sustainable Investment on Health"

Objective

The objectives of this presentation are:

➢ To highlight the key constructs that constitute the theme and the extended sub-theme.

➢ To draw participants` attention to the significant information by expatiating on each of the constructs.

➢ State the reason why school health promotion is fundamental towards achieving UHC and sustainable investment

Constructs in the theme and sub-theme

Health Equity

Health: is the physical, mental and social wellbeing, not merely the absence of disease (WHO, 1946). Way-back two decades, Braveman and Gruskin (2003); Moon and Gillespie (1995), identified what determines health and well-being; relating to the living conditions at home, community and sundry places in which people are born, nurture and reside; work and attain their maximum age, which reaffirms WHO (2022) updated facts sheet on health equities statement that these determinants have profound influence on one`s health in all context.

Equity: is an ethical theory that literarily means social justice and fairness in distribution of social amenities (Daniels, Kennedy & Kawachi, (1999), though, this is not absolute as Braveman and Tarimo (2002) are of the opinion that social justice and fairness can be interpreted differently by different people in different settings, thus the called for an operationalized definition based on measurable criteria becomes expedient. In other words, the authors view on social justice and fairness depends largely circumstantial. Other meanings of equity are: explicit, lack of restrictions; devoid of bias and preference or favoritism.

Health Equity: as the name implies, is when individual (s) have fair opportunity to reach their health potential by getting rid of all manner of unfair, unjust and needless differences (Feinberg 1998). Critical view of the separable concepts of health and equity indicates, all citizens must have access to health as possible, devoid of challenges, considering that, accessibility could contribute immensely to achieving one`s ultimate health. The challenges referred herein are otherwise known as drivers, causes or determinants of health inequities are not limited to: all forms of discrimination and lack of sundry resources/welfare services (quality education; employment, income and wealth equalities; adequate housing and transportation; conducive, physical and social environments; health systems, services and public safety, above all is job or career peculiarities). Job or career peculiarities; these are distinguished characteristics (type of job, time of resumption and closure) that differentiate one person`s job from the other was identified as a driver of health equity (Tulane University, 2021). These characteristics or root drivers of people seeking health services at different times and sometimes fail to attend the services in its entirety. Aside these, diverse forms inequities are reported on account of job or career peculiarities (Tulane University, 2021), in most cases. For instance, it causes avertable morbidities, worsening health outcomes and mortalities mostly in areas where racial discrimination is prevalent. Again, Schenkman and Bousquat (2021) state the difficulty in containing and treating infectious diseases such as COVID-19, increases restiveness, delinquency and vehemence of people. In addition, in economically non-viable sites/households, it increases cost and drives families into extreme poverties (Schenkman & Bousquat 2021). Last root driver of health inequity in this paper is, persistent unattended inequality in healthcare that progresses to health and social inequity. Persistent health inequity could be a barrier to adequate investment in health and the ultimate achievement of UHC.

Approaches to Reduce and Promote Health Inequities

It is apparent health inequities are appalling and one-sided to any group or society, thus, there is need to adopt simple approaches to reduce health inequities.

In this context, the school environment coupled with how health services are evenly distributed and made accessible to the benefit of all regardless of age, sex, creed or ethnicity or parental background rightfully would be a right approaches. Again, a good number of authors opined that, reducing health inequities within and between countries is an ethical, social, and economic imperative and a goal of health systems worldwide (Crombie, Irvine, Elliott & Wallace (2005), Whitehead & Dahlgren (2006), World Health Organization (2008). In addition, to attain a reasonable level of equity, it is critical to run all-inclusive approach, i. e, the system must put all these and other factors into cognisance by providing healthcare services round-the-clock to enable all persons obtain the services at their time and request. Again, healthcare services can be provided effectively through capacity building programmes that are population-needs-focused.

Similarly, Pauly, MacDonald, Hancock, *et al.* (2013), in their article *"reducing health inequities: the contribution of core public health"* found that there are ethical concerns in reducing health inequities. Consequent upon the concerns, the authors decided to develop a draft ethical framework for public/population health programs focused on reducing health inequities. In other words, developing a framework to tackle the menace is an approach. The framework would constitute programmes that would warrant discussion, assessment or testing of practical relevance. Secondly, improve population health, make health equity a leader-driven priority and develop structures. Also generate processes that support equity coupled with specific actions that address the social determinants of health. Yet, other essential elements that should be in the framework are to confront institutional racism within the organization, to partner and collaborate with community groups and organizations; astute commitment to improving community health and strengthening action on the social determinants. Still inside the framework, there is need to reorganize public health services; integration of health equity concerns into stratagem and agendas as well as community engagement. The aim is to strengthen support, participation and create sense of ownership.

Another element that would be included in the framework is the utilization mode of the electronic media, such as tele services for those hard-to-reach communities as a result of geographical location to access the health services. By way of summary, to ensure health equity, the three (3) standard elements (people, place and partnership) must be brought to bear. In this context, the school environment coupled with how health services are evenly distributed and made accessible to the benefit of all students regardless of age, sex, creed, ethnicity or parental background rightfully is inevitable to reduce health inequity in school.

School Health Services

School health services are all programmes and activities carried out while children are at school to promote their health and general well-being. In some countries policies guiding school health services contain eight components, some have three (3) and others have five (5), all having same inferences. Nigeria`s policy has key three (3) components namely:

Skills-based health education that contains the school curriculum having essential topics on basic human anatomy and physiology, the need for sexual health, family life and substance abuse/prevention. Imparting such knowledge on school children would enable them develop attitude that would make them value health as an individual asset.

Health services. These are services conducted to promote the health of school children. Health services adopted in school environment are school clinic, daily inspection, early detection of diseases, referral and follow-up services. Others are immunization, deworming and periodic check-ups etc.

Healthful school living. The objective of healthful school living is to create a healthy, safe learning environment and provide adequate safe water supply alongside sanitation facilities for use in school. Others are a good playground for sporting activities, personal hygiene and other activities.

Yet other areas involved her effective dissemination and implementation of school health policies and programmes; identify strengths and opportunities and also looking at the right of the child. Very significantly, this component provides psycho-social health needs through interpersonal relationship. Promotion of effective school health services has to do with ensuring these components are put in place to be certain they serve the purpose in the lives of the school children-ie regular attendance of

school-without sickness related absenteeism, concentrate, partake in all extra-curricular activities and obtain good grades in good health aimed at being useful to themselves and the society at large.

Promotion

In this context, health promotion enables school children to increase control over their own health (WHO, 2010). It covers a wide range of social and environmental interventions that are designed to benefit and protect individual school child`s health and quality of life by; increasing health knowledge, addressing and preventing the root causes of ill health, not just focusing on treatment and cure. These can be achieved through influencing school policy, practices and create healthier school environment. Deliberate investment on these in school would achieve health promotion objective.

If all these are achieved within the specified time, correctly to all school children, it would be a clear roadmap to Universal Health Coverage.

Universal Health Coverage

The World Health Organisation (WHO) 2021 based on 1948 constitution defines Universal Health Coverage (UHC) as all individuals and communities receive health services they need without suffering financial hardship. It includes the full spectrum of essential, quality health services, from health promotion to prevention, treatment, rehabilitation (Public Health concept), and palliative care across the life course.

WHO further states that the delivery of these UHC services requires trained health professionals who are proficient in the job. Not just these professionals, it requires also material and sundry resources that would facilitate the process for effective service delivery, vis-à-vis, all persons access the required quality health services as at when needed with little or no financial burden on the people in question. With less financial burden on the recipients, poverty levels would be reduced to a bare able minimum, thereby, reducing morbidity and mortality rates. Not only that, it would no longer mortgage children`s education and future for avoidable health care bills, achieve sustainable Development Goals (SDGs) and achieve "Health for All" by all United Nation`s (UN) member states who endorsed the concept in 2019. Reasons being that, all children in school, regardless of their status would have

the opportunity of accessing good health services and operate in good health condition to learn and escape poverty due to the long term economic benefits anticipated. These can be achieved if only government at all levels would ensure sustainable investment on school health care promotion through:

Provision of undisrupted health service without paying attention to drawbacks strengthening and mandatory financing of school healthcare promotion through government coffers.

It also requires skilled persons-centered manpower to deliver quality healthcare services to the especially hard-to-reach school population. This would in no little measure facilitate the achievement of the projected 18million workforce needed by the year 2030.

UHC be evaluated through SDG` 3.8.1&2 in which it requires monitoring the proportion of the population that can access healthcare services and the proportion of the population that spends a large amount of household income on health respectively (WHO, 2021). Above and beyond these, there is need to revisit WHO, (2021) advocacy, in which decision makers are enjoined to identify reasons for inequity, essentially on who, where and why on UHC. To achieve these, WHO (2021) outlined 16 sub-themes that emanated from four (4) thematic areas as indices for monitoring specific areas of healthcare promotion with interest, presented verbatim below.

Reproductive, maternal, newborn and child health WHO (2021):

- family planning
- antenatal and delivery care
- full child immunization
- health-seeking behaviour for pneumonia.

Under this, only sub-theme two (2) does not apply to school children

Infectious diseases WHO (2021):

- tuberculosis treatment
- HIV antiretroviral treatment

- use of insecticide-treated bed nets for malaria prevention
- adequate sanitation.

All these sub-themes are applicable to school children

Non-communicable diseases WHO (2021):

- prevention and treatment of raised blood pressure
- prevention and treatment of raised blood glucose
- cervical cancer screening
- tobacco (non-)smoking.

Sub -theme four (4) under this theme does apply to school children

Service capacity and access WHO (2021):

- basic hospital access
- health worker density
- access to essential medicines
- health security: compliance with the International Health Regulations.

All sub-themes under this theme are applicable to school children

It then means, a good number of these have direct or indirect impact on school children`s well-being. Thus, school healthcare is in a way providing all that is required for school children to achieve health equity, achieve UHC and protect the future of a nation through sustainable health care investment.

Sustainable Investment on Health: The World Health Organisation (WHO, 2022) defines a Sustainable Healthcare System as a system that improves, maintains or restores health, while minimizing negative impacts on the environment and leveraging opportunities to restore and improve it, to the benefit of the health and well-being of current and future generations.

Sustainable investment on health is the feasible or maintainable resources put in health care system for constructing and managing health care facilities, designing health care processes and promoting

continuous practices for health care employees and departments. Within the context of this study, it is the devotion of human and sundry resources into healthcare system to promote equity and achieve Universal Health Coverage. Going by the descriptions, sustainability has to do with plans, resourcefulness and actions aimed at the preservation of a particular resource in human, social, economic and environmental – known as the four (4) pillars of sustainability (RMIT University 2017).

Sustainable investment on human health aims at maintaining and improving human capital in school setting by ensuring school children and staff access healthcare services, nutrition, improve knowledge and skills for continual growth and existence and wellbeing for everyone (RMIT University 2017). Similarly, social sustainability aims to preserve social capital by investing and creating services that constitute the framework of our society, such framework could be design for school children to improve their well-being, create interpersonal relationship among them and preserve future generations through established laws pertaining to information on equality and rights for sustainable development as defined by the United Nations sustainable development goals (RMIT University 2017). In addition, RMIT University (2017) stated that, economic sustainability aims to maintain the human capital intact from early age for living standard improvement by being prudent in the use of resources to maintain educational institutions over time by corroborating the UK Government ideals (Annual Report 2000, January 2001; Hawking, 2010; Benn *et al*., 2014). Furthermore, environmental sustainability aims to improve school children`s welfare and health through the protection of natural capital such as the land, air and water in school setting-to ensure healthful school environment. School creativities and curriculums are often defined in accordance with the environment. Thus, investment on environment is sustained when decision makers ensure that the needs of the population are met without the risk of compromising the needs of future generations. The principle of the four pillars of sustainability in this perspective states that for complete sustainability of health investment, all four pillars of sustainability must be continued to address social and economic improvement that protects the environment and supports education and health equalities (RMIT University 2017; Diesendorf, 2000).

In line with these four pillars, Wake Forest School of Medicine in its online fact sheet outlined some techniques necessary for promoting sustainability in health care investment that could be applicable to promote school health, which are, but not limited to:

Identify opportunities and draw up staff development policies and invest accordingly.

Invest on telehealth services, to avoid direct contact of healthcare providers with patients following the unselective effect of the outbreak of COVID-19 pandemic, to reach patients more opportunely and thriftily.

Invest on issue guidelines by relevant agencies such as Centers for Disease Control and Prevention (CDC), Environmental Protection Agency (EPA) to ensure people (in this context school children & staff) as well as the environment are protected against all harms, such as all forms of pharmaceutical products.

Other techniques that healthcare decision makers can use to promote sustainable investment in health in school setting are to reduce wastage of any sort and work on common goals that would bring about school children`s midday meal programme, school children`s security and their independence (RMIT University 2017).

Why Sustainable Health Investment on School Healthcare Promotion and Health Equity?

1. School children constitute 25-40% captive population in any setting, thus, any health issue that affect school children is of huge public health importance (World Bank 2015; Akani, Alex-Hart 2011). Because of the significant population, if there is health equity, it will be translated to the well-being of the society. They are growing, thus negative mindset, negative health seeking attitude and sense of inequality will be erased when invested in healthcare. In addition, there would be continuity of well-meaning school programmes when invested in school healthcare.

2. Again, Republic of South Africa Basic Education long-established that school children spend a significant number of hours (12hours in the day), five (5) days in a week, about 9-10 months in a year of their life in school environment. Meaning, a considerable period is spent in school

environment in their formative years. Thus, there is need to promote school health programme for sustainable investment and wipe health inequity, fulfill the tenets of Universal Health Coverage in our society.

3. Children are the future of the society, thus any investment on school children`s health is indirectly securing a nation`s future in its true sense of it.

4. Investing on school children`s health would impact on both the advantaged and the disadvantaged child, which to the later would be a laudable enduring legacy, thereby reducing health inequity, and promoting Universal Health Coverage.

5. In a way, it would accord the average school child the right to education in good health, and Health for All.

Conclusion

In conclusion, going by the affirmations of this presentation, elementary and secondary school healthcare services, which is an essential component of public healthcare promotion if adequately invested on could promotion health equity, which is excellent for generations yet unborn. These would serve as clearer roadmap towards the clamored Universal Health Coverage.

References

Beauchamp TL, Childress JF, eds. *Principles of biomedical ethics*. New York: Oxford University Press, 1994:326–59.

Braveman P and Gruskin S (2003) Theory and methods: Defining equity in health. Journal of Epidemiology and Community Health. Volume 57, (4) 254–258.

Braveman PA *and Tarimo E (2002) Social inequalities in health within countries: not only an issue for affluent nations.* Soc Sci Med; 54:1621–35.

California Society of Anesthesiologists, "We Have the Ability to Reduce the Environmental Impact of Our Anesthesia Techniques and Strive for Sustainability"

Crombie I, Irvine L, Elliott L, Wallace H (2005). Closing the health inequalities gap: An international perspective. Copenhagen: World Health Organization

Daniels N, *Kennedy BP, Kawachi I (*1999)*. Why justice is good for our health: the social determinants of health inequalities.* Daedalus*; 128:211–51*.

Feinberg J. J (1998). In: Reich WT, ed. *Encyclopedia of bioethics*. New York: Macmillan, 802–10.

Moon G and Gillespie R, (1995) *Society and health: an introduction to social science for health professionals eds*. London: Routledge.

Pauly, B. MacDonald, M., Hancock, T. et al. (2013). Reducing health inequities: the contribution of core public health services in BC. BMC Public Health 13, 550 https://doi.org/10.1186/1471-2458-13-550

Rawls J. (1985) *Justice as fairness.* Philos Public Aff*; 14:223–51*.

RMIT University (2017). The four pillars of sustainability: Business Futures: Sustainable Business Through Green HR. Available at. https://www.futurelearn.com/info/courses/sustainable-business/0/steps/78337. Accessed 15/5/2022.

Schenkman, S., Bousquat, A (2021). From income inequality to social inequity: impact on health levels in an international efficiency comparison panel. BMC Public Health 21, 688 https://doi.org/10.1186/s12889-021-10395-7

Wake Forest School of Medicine. What is Sustainability in Healthcare. Available at https://onlinehealth.wfu.edu/blog/sustainability-in-healthcare. Accessed 14/5/2022.

Whitehead M, Dahlgren G (2006): Levelling up (part 1) A discussion paper on concepts and principles for tackling social inequities in health. Studies on social and economic determinants of population health. Copenhagen: World Health Organization, vol. 2.

WHO (2022) Health inequities and their causes. Available at https://www.who.int/news-room/facts-in-pictures/detail/health-inequities-and-their-causes. Accessed 8/05/2022.

World Health Organisation (WHO) 2021 work on Universal Health Coverage (UHC). Available at https://www.who.int/news-room/fact-sheets/detail/universal-health-coverage-(uhc). Accessed 10th May, 2022.

World Health Organization (1946) Constitution of the World Health Organization as adopted by the International Health Conference, New York (Official Records of the World Health Organization no 2).

World Health Organization (2008) Commission on the Social Determinants of Health: Closing the gap in a generation: Achieving health equity through action on the social determinants of health. Geneva.