

**Workshop On Moving Towards  
Universal Health Coverage  
in Nepal**

*20 – 21 April 2014*

*Kathmandu, Nepal*

# Summary of Day 1

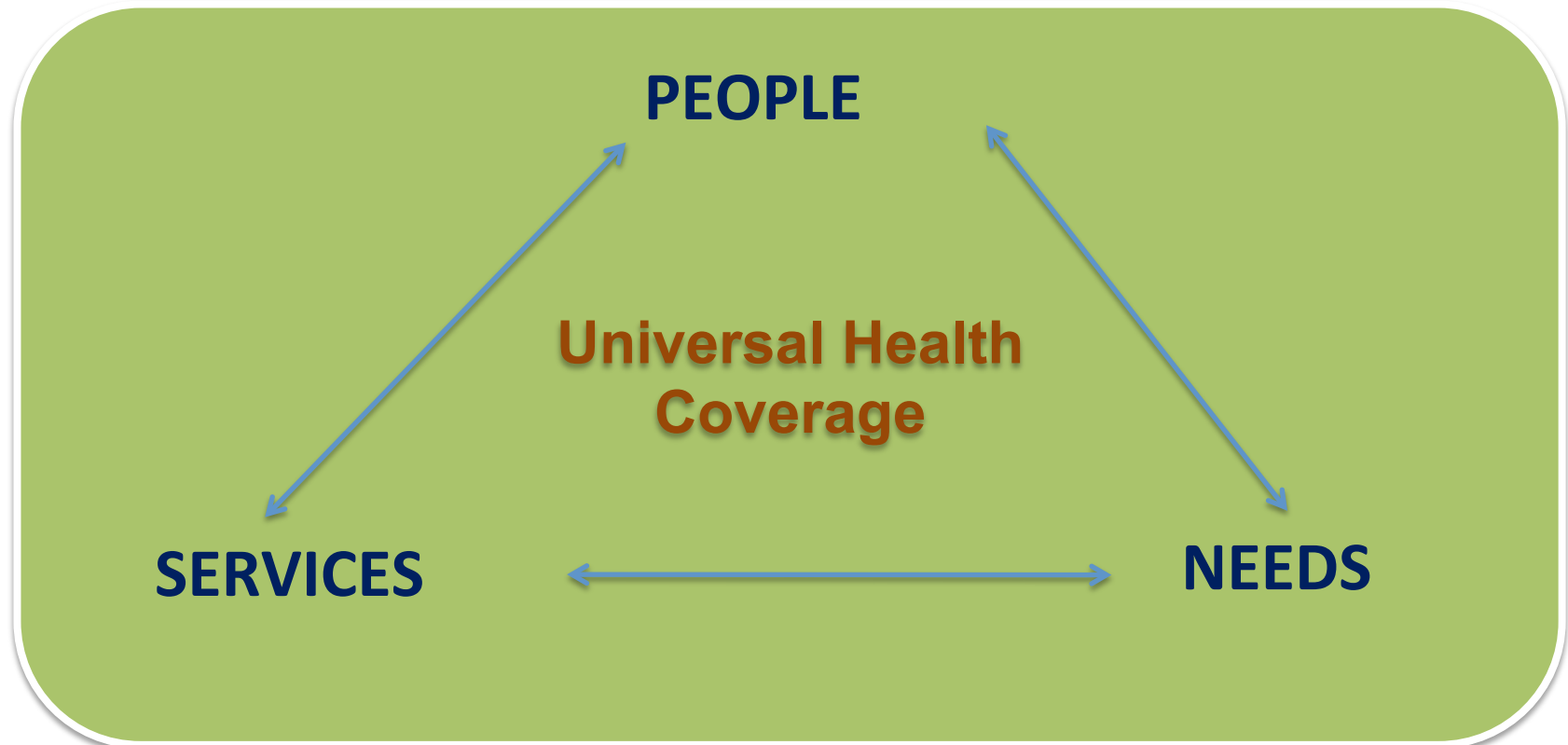
Dr Sushil Baral

# Papers presented

- Principles of Universal Health Coverage
- Measurement of UHC – a case study of India
- Equity analysis – Nepal
- Multiple financing mechanisms for UHC
  
- Discussions

# Universal Health Coverage

**PEOPLE, SERVICES AND HEALTH NEEDS**  
common theme of universal health coverage



**Different people and context often have distinctly different needs**

# Universal Health Coverage (UHC)

## Key attributes

- All the population have access to appropriate health care (promotive, preventive, curative and rehabilitative health services) when needed, and at an affordable
- While using health services it does not expose the users to financial hardship
- Especial emphasis on the poor, vulnerable and marginalised segments of the population
- Implies maximum coverage of quality health services

- UHC can be determined by three critical dimensions: **who gets what, when, and who pays**
  - who is covered,
  - what services are covered, and
  - how much of the cost is covered
- UHC package and targets should be set nationally considering the **context** and **resources**

# Key message

- UHC is a means, not the end
  - Full spectrum of quality health services as per need
  - Financial protection from direct payments for health services when consumed
  - Coverage for entire population
- Political drive and financial commitments – a MUST
- Needed a strong financial Protection mechanisms for the poor - should be the first priority
- Build on existing system - pay attention to strengthen primary health care system
- UHC should be tailored to country context – learn from other countries but define UHC considering the local context – what works or not and for whom and why
- It is a continuous process – prepare for a long journey to attain country specific health goals