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A sustainable approach to universal health coverage

In their Comment (April, 2019), the Partners In Health team¹ presents a tool that they claim “represents one pragmatic method to advocate for adequate resources to align inputs with the disease burden, rather than starting with the limitations of a truncated budget envelope”. In our opinion the title of their Comment is slightly misleading. Yes, the tool can be used to convince external donor agencies who wish to support health facilities in addressing the local disease burden. However, the real challenge for local health authorities is to set fair and sustainable priorities in what services to provide first under the progressive realisation of universal health coverage. Very few countries or regions are as fortunate as Lesotho to receive generous donor support that allows the full upgrading of health facilities’ service packages. Additionally, the proposed approach ignores the fact that external financial support always comes to an end at some point. What then is the tool’s practical value for health facilities that do not, or no longer, receive such external support?

Local health authorities need guidance on how they can set fair and sustainable priorities. The framework of evidence-informed deliberative processes (EDPs) can facilitate these choices for universal health coverage.² The EDP framework provides procedural guidance on how (local) health authorities can best organise their decision-making process and evidence collection to make these choices in a legitimate and publicly accountable manner.^{2,3} It provides a stepwise, iterative approach to universal health coverage that explicitly takes stakeholder knowledge and values into account. Recently, EDPs have been used by health authorities in Indonesia to translate

international HIV treatment guidelines into local priorities.³

Moreover, making realistic implementation plans is notoriously difficult and any large health sector investment can cause a chain of consequences, intended or unintended, and sometimes detrimental.⁴ Unintended consequences are particularly likely if no demand-side barriers are taken into account, which the authors consider justifiable because such barriers are linked to social determinants of health. Although demand-side barriers can be hard to capture, methods such as group model building and system dynamics can be used, even if only to assess and account for the most prominent dynamics.⁵

We declare no competing interests.

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- 1 Mukherjee JS, Mugunda JC, Shah A, et al. A practical approach to universal health coverage. *Lancet Glob Health* 2019; 7: e410–11.
- 2 Baltussen R, Jansen MP, Bijlmakers L, Tromp N, Yamin AE, Norheim OF. Progressive realisation of universal health coverage: what are the required processes and evidence? *BMJ Global Health* 2017; 2: e000342.
- 3 Tromp N, Prawiranegara R, Siregar A, et al. Translating international HIV treatment guidelines into local priorities in Indonesia. *Trop Med Int Health* 2018; 23: 279–94.
- 4 Chambers DA, Glasgow RE, Stange KC. The dynamic sustainability framework: addressing the paradox of sustainment amid ongoing change. *Implement Sci* 2013; 8: 117.
- 5 Northridge ME, Metcalf SS. Enhancing implementation science by applying best principles of systems science. *Health Res Policy Syst* 2016; 14: 74.