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Intersectoral factors influencing equity-oriented progress towards Universal Health Coverage: results from a scoping review of literature

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Background:
This report is part of a Rockefeller-funded project that aims to contribute to the development of appropriate indicators and associated measurement approaches for monitoring social determinants of health, gender equality and human rights, that are relevant to universal health coverage monitoring (UHC). The World Health Organization (WHO) defines UHC as ensuring that all people have access to needed promotive, preventive, curative, rehabilitative and palliative health services, of sufficient quality, while also ensuring that the use of these services does not expose the user to financial hardship. The core WHO project team working on the project was assembled from three main technical units in WHO:Social Determinants of Health (SDH) Gender, Equity and Human Rights (GER), and Surveys, Measurement and Analysis (SMA). These units worked with other programmes in WHO, the consultant and external experts to develop criteria for the scope of the work and the methodological approach. This report was commissioned to review literature published between 2009 to 2013 on barriers to health services in the field of social determinants of health, gender equality and human rights. The review complemented the WHO report, *Equity, social determinants and public health programmes* (2010), which reviewed literature up until 2008.

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Nicole Valentine, Ahmad Hosseinpoor and Theadora Koller jointly conceptualized the work and designed the methodology. Carmen de Paz implemented the literature review and wrote the first draft of the paper. Carmen de Paz, Nicole Valentine, Ahmad Hosseinpoor, and Theadora Koller worked on the revised paper. Megan Gerecke reviewed the methodology and provided technical and editing support on the revised draft.

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Abbreviations

CI	Confidence interval
HIV/AIDS	Human immunodeficiency virus/ acquired immunodeficiency syndrome
n/a	Not available
OR	Odds ratio
SDH	Social Determinants of Health
TB	Tuberculosis
UHC	Universal Health Coverage
UK	United Kingdom
UNDP	United Nations Development Program
USA	United States of America
WB	World Bank
WHO	World Health Organization

Executive summary

Acknowledging the importance of equity in access to health services, the World Health Organization (WHO) and the World Bank have committed to the goal of Universal Health Coverage (UHC), which aims to ensure that all people can obtain quality health services without enduring financial hardship. The measurement of UHC uses metrics for effective coverage (percentage who needed a particular service who received it) and financial protection (no impoverishment due to direct medical costs).

Objectives and methods

Achieving UHC is a major responsibility and goal of the health sector. But it cannot be done by the health sector alone. Its achievement depends on factors affecting the population being serviced, that are not under the direct control of the health sector (e.g., an individual's family environment, access to infrastructure and resources, knowledge and education, etc.). Inequities across these intersectoral factors affect equity-oriented progress towards UHC (e.g. the denominator of income in the impoverishment measure of financial health coverage). To ensure these gaps are adequately considered and addressed, WHO is developing guidance for a global framework to measure, evaluate and monitor these other factors affecting UHC.

A broad set of issues are recorded as barriers to care and equity in access in the literature (e.g. geographic accessibility, acceptable treatment, health systems responsiveness). Some issues are more frequently cited as barriers in the peer-review literature than others. In particular, the mention of human rights issues, are typically less well covered. The purpose of this paper was to scope a more comprehensive set of barriers that took into account human rights considerations and the care continuum, using a defined set of Universal Health Coverage service tracer conditions. It doing so the paper aimed to verify the extent to which different barriers were present in the peer-review literature. These barriers could help a country to explain which factors, apart from steps taken by the health sector to improve service delivery and financing, were influencing progress towards UHC. It aimed to categorize issues found into domains more closely aligned with social health determinants, gender quality and human rights, and to identify indicators commonly used for their measurement. A scoping literature review was conducted at the end of 2013, covering journal articles in PubMed published between 2009 and 2013. The review searched for barriers to services along five dimensions of UHC based on Tanahasi's framework (availability, accessibility/affordability, acceptability, contact and effective coverage). It focused on the prevention and treatment of specific health conditions as outlined in the then scope of work by WHO and the World Bank for measuring "effective service coverage" as part of UHC: (1) non-communicable diseases, including diabetes, adult chronic conditions, depression, tobacco use, injuries and cervical cancer; and (2) MDG-related health conditions, including maternal health, HIV/AIDS, and tuberculosis. A search of studies of general access to health services was also conducted to complement the specific searches by health condition.

Results

The results of the search are summarized below.

- **Type of studies.** After two rounds of review, the searches yielded 188 original articles. Studies covered 50 countries with half focussed in the USA and BRICS countries (Brazil, India, China, South Africa). A third of studies used only qualitative analyses and two thirds used quantitative analyses.

- **Thematic barrier domains**
  - The barrier themes most often cited were grouped into the following domains: (1) Socio-economic constraints (cited in 25% studies), (2) Political and institutional constraints (cited in 16.5%), (3) Demographic and jurisdictional constraints (cited in 18.7%), (4) Knowledge and education (cited in 18.2%), (5) Social and gender related norms, culture and stigma (cited in 12.4%), and (6) Physical constraints (cited in 8.7%).
  - Depending on the health condition in question, different barrier domains were more prominent. For example, demographic and jurisdictional constraints were the most commonly cited factor deterring access to general health services, TB treatment, maternal health services and depression treatment. While socio-economic barriers were commonly cited for diabetes treatment, TB treatment and maternal health services. For HIV/AIDS prevention and depression treatment, gender and social norms and associated stigma are frequently cited barriers. Education and knowledge barriers appear to be more prevalent in the literature with regards to diabetes treatment, cervical cancer and depression treatment. Physical and institutional constraints are often mentioned as barriers to the coverage of injuries treatment.

- **Indicators for measuring barriers:**
  - Income/wealth was usually measured by monthly income above or below a country-specific threshold[1], wealth quintile or a wealth index, and asset ownership and/or debt status.
  - Working status was usually measured through employment/unemployment, years worked, working status (i.e., full time/other) or working days/hours per week.
  - In the case of education, the prevailing indicator was educational attainment (e.g., primary, secondary or tertiary education, overall years of education or population between 18–24 with at most lower secondary education).
  - Knowledge and information availability were usually assessed through self-reported levels of awareness and the prevalence of misconceptions.
  - Discrimination and stigma were also evaluated through reported perceptions,

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