



# IFPA's Advocacy Toolkit for Universal Health Coverage

## What is UHC?

Universal health coverage (UHC) means that everyone, irrespective of their age, sex, financial situation, or living standards, can access the health services they need, without experiencing financial hardship. Health services should cover the entire life span of individuals, be of high quality and be affordable. Countries can start implementing a core set of essential intervention according to the national context and priorities, but they should also expand the coverage over time when more resources become available.

Primary healthcare is the core of UHC because it covers all the aspects of care, from prevention and health promotion to treatment and palliative care, and is often available within a reasonable distance. Primary care physicians can serve as focal point of the multidisciplinary care team necessary to ensure a holistic care of one or multiple diseases. Moreover, a primary care physician can provide a comprehensive care in those settings where access to specialist care is limited.

Investing UHC is investing in the future and in the country's prosperity: UHC is a driver for prosperity because a population in good health is a productive population, UHC brings equality as vulnerable populations often lack access to health services, UHC is tied to increased financial security as health expenditures will have a lower impact on household's budgets.

## High Level Meeting on UHC and the Political Declaration

The first High-level meeting on UHC was held on 23 September 2019 during the General Assembly of the United Nations, where United Nation's Member States unanimously approved the political declaration on UHC.

The right to have the highest standard of physical and mental health is reaffirmed in the first paragraph of the political declaration.

It is specified that UHC should include a broad range of health services, including prevention, rehabilitation and palliative care, not only treatment of diseases.

The political declaration urges action to tackle non-communicable diseases and mental health disorders.

The importance of finding resources to finance health services, to avoid catastrophic expenditures and the high share of out-of-pocket expenses, is highlighted in multiple paragraphs of the text.

The declaration urges governments to find solutions to the lack of health workforce and its uneven distribution in the countries' territory.



# How can you use UHC in

## Psoriasis Advocacy?

The political declaration on UHC can be used to advocate for psoriasis and psoriatic arthritis as UHC is a broad concept comprehensive of multiple issues related to psoriasis:

### Noncommunicable Diseases

The declaration encourages governments to take action against NCDs, specifically mentioning cardiovascular diseases and diabetes that are life-threatening psoriasis-co-morbidities. Treating psoriasis is an effective measure to address cardiovascular diseases, as evidence shows that systemic therapies and biologic therapies are associated with a reduction in risk for cardiovascular events.

### Mental Health

Mental health conditions are increasing the burden of NCDs, and it's very-well known that it is the case for psoriasis. Moreover, evidence shows that there is a link between inflammation and depression, as well as on the benefits of reducing inflammation to improve mental health. An integrated approach to psoriasis care should also include mental health interventions, and proper management of psoriasis will also help achieving the set targets for mental health.

### Disabilities

People living with psoriasis and psoriatic arthritis face all sorts of barriers in their daily lives. The declaration acknowledges the existence of "physical, attitudinal, social, structural and financial barriers" faced by people with disabilities and urges governments to work to remove them.

### Primary Healthcare

Primary healthcare practitioners can be the coordinators of the multidisciplinary care team necessary to ensure a holistic care of psoriasis. Moreover, primary healthcare practitioners can provide comprehensive care in those settings where access to dermatologists or rheumatologists is limited. To appreciate the numerous benefits that primary healthcare can offer to the management of psoriasis, primary healthcare should be strengthened and adequately financed.

### Financial Hardship

People living with psoriasis and psoriatic arthritis experience a high share of out-of-pocket expenses. Moreover, the insurgence of co-morbid conditions in people living with psoriasis contribute to the financial burden of the disease. Therefore, the financial implications of living with psoriasis and psoriatic arthritis should be addressed, and actions must be taken to avoid people to be pushed on the verge of poverty.

### Access to Medicines

Increased access to affordable, safe, effective and quality medicines should be promoted to ensure health for all. Treatment for psoriasis should be provided by public and private facilities, at least the ones included in the World Health Organization Model List of Essential Medicines, as mentioned in the WHO Global report on Psoriasis. Coverage of treatments should progressively expand once more resources become available.

### Health Workforce

Many countries struggle with the lack of dermatologists and family doctors, or their uneven distribution within the territory. The political declaration pushes governments to address these two issues by training more healthcare professionals and create incentives for them to work in underserved areas. All healthcare professionals, especially those working in primary healthcare, should be aware of psoriasis and its co-morbidities to ensure timely diagnosis and qualitative management of the disease.