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UNIVERSAL HEALTHCARE IS A MYTH OR REALITY

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Abstract: **In recent years especially in India, the political and economical reforms that took place has made a lot of change and one such situation is there has been increased push for Universal Health Coverage (UHC) at the Global level involving majority of the countries making it more thinkable about the Universal Health Care to make Universe a global health union of human beings who are made to fight with the health conditions. In this article which is an exploratory article an attempt is made regarding the importance and involvement of World Health Organization to advise and positive direction to its member countries to introduce reforms with a political will towards Universal Healthcare. It is easy for advanced and developed countries but difficult for developing countries and more difficult for under developed and undeveloped countries. The reforms and regulatiosn that took place since the inception of regulations with respect to healthcare through the advice of the World body and also the will of the nations in introducing healthcare, a predominantly basic right of every citizen which will reflect in our Indian Constitution under Article 21 with right to live under dignity likewise many countries have their own constitutions wherein importance of health to their citizens so clubbing all these together that forms the Universal Healthcare is not one nation or one countries problem but has to be tackled globally in a more understanding manner.**

Thus the present tourism that has come into fore is medical tourism/healthcare tourism in which every country is making their own reforms and thriving hard for a Universal Health indirectly. Especially in India, the opening up of economy globalization of health, participation of private players in health (previously it is under the control of the government has made a dent in healthcare and now we can proudly say that we are in line and at par with the developed nations like USA, UK and Germany. We can authoritatively say that in Asia we are on par with Malaysia and Singapore in healthcare and advanced Healthcare Technology. Now even our neighboring countries of India are also making efforts to make Universal healthcare is not a myth but a reality.

Keywords: **Universal Health Coverage (UHC), Health Policy, Myths and Realities, COVID-19 Pandemic, Health Financing, Global Health Systems, Civil Society Organizations (CSOs), India Ayushman Bharat, World Health Organization (WHO), Primary Healthcare, Evidence-Based Practice.**

Aim and Objective:

The aim of the article to explore the presumptions of myths and realities Universal Healthcare – an exploratory analysis.

I. INTRODUCTION

The title of this review article discloses that whether we are living in World Healthcare and the observations made by majority of the countries is a Myth or Reality. Before going in a larger way about the article one has to examine what is Myth and the difference between Myth and Reality?

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Normally Myth means,

"A well known story which was made up in the past to explain natural events are to justify religious beliefs or social customs".

The literary definition of Myth is,

"A classic or legendary story that usually focuses on a particular hero or event, and explains mysteries of nature, existence or the Universe with no true basis in fact."

In short,

"A usually traditionally story of Ostensibly historical events that serves to unfold part of the World of a people or explain a practice, belief, or natural phenomena."

Coming to the subject matter the most common feeling of Myth however seems to be,

*"**A mixture of curiosity and anxiety – Curiosity about the reasons for the buzz about Evidence Based Practice (EBP) and anxiety over the possibility that EBP will turn out to be just one more unrealistic demand placed on already overburdened professionals."***

*"**A brief description of some of the Myths and realities of EBP, I hope to encourage the EBP-curious to feel considerably more confident about what this perspective on clinical decision-making can offer to those willing to keep both euphoria and outrage at bay**."*

Regarding Universal Healthcare,

*"**All people have access to the full range of quality health services they need, when and where they need them, without financial hardship. It covers the full continuum healthcare services, from health promotion to prevention, treatment, rehabilitation and palliative care across the life course. These kind of diversity of these services with respective to Universal Healthcare requires health and care workers with an optimal skills mix at all levels of the health system, who are equitably distributed, adequately supported with access to quality assured products and enjoying decent work**."*

During Pandemic of Covid-19 in the beginning and the aftermath one has noticed how this Universal Healthcare is faltering. In a way, every country has witnessed how tardily the healthcare is present in every country, how many people will have any access to healthcare except who can burn their pockets especially in the private sector and the government facilities in healthcare are meager/negligible/insufficient have come out during Covid-19 Pandemic that affected millions of people globally. The restrictions placed by the respective governments of every country and the strict and strictest conditions that made the people to run from pillar to post in search of healthcare has brought out number of lacunas that existed in the healthcare globally. This Pandemic of Covid-19 has opened eyes of the rulers of the every country whether advanced or not rich and poor have faced the situation where any amount of money or anything that could not make the people happy and could escape from the jaws of pandemic. It is not during the pandemic but earlier also the rulers of the so-called advanced countries, developed, underdeveloped and undeveloped countries faced the same situation and brought over the truth to the globe, the importance of healthcare, health professionals and the healthcare conditions that are present in the healthcare facilities.

But there is a silver lining in this catastrophic situation where the global unity has come into force, by helping one nation to the other where healthcare is needed, and our country will never lagged behind it, as an example, we the nation can proud to say that we developed maximum amount of vaccine than can control the Covid-19 Pandemic in safeguarding the health of the people, we exported on humanitarian conditions to number of countries in the hour of need. In those days, every essential service is disturbed in the country because the movement of the men and material are restricted and the healthcare professionals are forced to work overtime and at times it happen that even the healthcare professionals and the paramedics who have done so much service to the mankind have fallen to pray situation.

Among all the needs of a person health plays an predominant role as Mahatma Gandhi, the father of nation once mentioned that,

Health is Wealth but not piece of Gold and Silver

Many countries either advanced or not are coming forward for a Universal Health Coverage, so that every nation can become a healthy nation and everybody is making their own efforts to make their nation an healthy nation.

As we go back to history, Universal Healthcare is mainly based on the 1948 WHO Constitution, that declares,

"Health a fundamental human right and commits to ensuring the highest attainable level of health for all."

In the same way, our Indian Constitution under Article 21 expressly mentioned that Article 21 of the Indian Constitution guarantees the fundamental right to life and personal liberty. It states that no person shall be deprived of their life or personal liberty except according to the procedure established by law.

WHO in the case of Universal Healthcare recommends,

a) Reorienting Health Systems towards Primary Healthcare (PHC) in countries with fragile Health Systems, the organization focused on technical assistance to build national institutions and service delivery to fill critical gaps in emergencies in more robust health system settings.

b) WHO drives public health impact towards health coverage for all through Policy dialogue for the systems of the future and strategic support to improve performance.

It is not only the World Health Organization (WHO) alone but WHO works with many different partners in different situations and for different purposes to advance UHC around the World.

Some of WHO's Partnerships that include:

- UHC2030
- UHC Partnership
- Global Action Plan for Healthy Lives and Well-being for ALL (SDG3 GAP)
- Alliance for Health Policy and Systems Research
- P4H Social Health Protection Network
- Global spending on health: rising to the pandemic's challenges
- UHC Service Package Delivery & Implementation (SPDI) Tool
- Investing in sexual and reproductive health and rights: essential elements of Universal Health Coverage.

The top 10 myths of Universal Healthcare are,

a) Universal Healthcare, Medicare for all, single prayer they are all the same.

b) Universal Healthcare has to cost way more,

c) Controlling costs of Universal Health System will have to mean rationing

d) Universal Healthcare will cost way less

e) Universal Healthcare means Government-Run Healthcare – meaning Socialism

f) Universal Healthcare means turning over our lives to a massive bureaucracy

g) A Universal System cannot work, it cannot sustain itself if people who are not working (and therefore not paying taxes) are able to use it.

h) Immigrants inevitably draw more out of a Unviersal Healthcare System than they pay into it, finally,

i) Research and Innovation are what make US healthcare expensive, if one can reduce the amount one pay for healthcare one will get less research and innovation.

At a nutshell, in the due course, I will try to explain and discuss the basic principles on health financing and evidence based arguments to support civil society. Organizations advocating for health, funding policies that promote equity, efficiency and effectiveness and ensure that the rights of the most vulnerable population are not forgotten as it is the responsibility of the nation and the rulers to give healthcare one and all whether rich or poor can afford or not because as already mentioned, ***a Healthy Nation is a Wealthy Nation***.

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II. LITERATURE REVIEW

World Health Organization in 2013 brought an hand note on *"Arguing for Universal Health Coverage"* with inputs from luminaries in the field who are well acquainted with the facts and figures and such other material on the subject that is most relevant even today, with due respects to all the personnel behind it I am bringing out the cream of the matter for the purpose of making it more open because the contents of the hand book has given such information that can be taken it for authentication, this contains chapters covering such as,

a. What is Universal health Coverage?

b. Why is moving towards Universal Health Coverage important?

c. How can countries accelerate towards Universal Health Coverage?

d. How can Health financing reforms accelerate progress towards Universal Health coverage? And finally

e. The concluding remarks

With due respects to the authors and World Health Organization, I am extracting the cream that is relevant to our subject because the information provided by WHO is authenticated.

In Universal Health Coverage every nation should have determination and grit in making Universal Health Coverage to one and all as a principle of right for every citizen as it is embedded in our Constitution, Article 21 of Fundamental Rights. This hand book sets out some of the areas where Civil Society Organizations (CSOs) can most effectively bring pressure to bear in order to advance the UHC Agenda, notably,

"Advocating Higher Levels of Public Health spending"

Encourage Government's development Partner and other Civil Society Organization providers to replace voluntary financing mechanisms with more efficient and equitable mechanisms based on compulsory contributions that are subsequently cooled to spread risks across the population.

Participate in debates concerning UHC financing strategies and advocate for reducing the fragmentation of risk pools with contributions made according to ability to pay.

Challenge strategies that create separate risk pools for more privileged groups in society

Engage in debates concerning the purchasing of services using cooled health funds.

In this regard, the CSOs should be vigilant regarding allocation of funds and should be proportionately to the needy.

Conducting equity audits of health functioning policies to ensure that high-need and vulnerable groups receive their fair share of benefit. This group may include women, children, members of society, marginalized ethnic groups, people with chronic illnesses and rural communities, Publicizing the plans and programs through Academic papers, media and also participating in the preparation of appropriate policies by the concerned government of the country. Mobilize support for UHC and finance the risk protection in a programmed manner from the philanthropic and corporate sectors who are willing to participate in the same.

In this regard, Government of India amended the Companies Act and made compulsory CSR mandatory for those Organizations who are continuously earning profits for a period of three years to spend a portion of the profit (roughly three or five percent) towards the society and one among them is healthcare to all, that means making the Corporate Sector who are profiting from the Society and give back something to the society to fulfill their responsibility towards society.

In the same booklet, WHO mentioned,

"Universal Health coverage exists when all people receive the quality of health services, they need without suffering financial hardship. The 1st objective is that everybody should be able to access a full range of health services including promotion, prevention, treatment, rehabilitation and palliative care".

In the same booklet, they also mentioned an interesting matter stating that the economic benefits of Universal Health Coverage as,

One of the most common forms of payment for health is direct, out of pocket payment for medicines and health services at the time of need and it is the poorer countries that rely on it.

According to the Booklet,

"an estimated 150 people suffer financially crippling health payments because of this annually, while hundred million people are pushed below the poverty line simply because they need to use health services but must pay out of pocket for them."

One recent study as mentioned by them showed that in Indian State of Gujarat 88% of households falling below the poverty line attributed their plight to health care costs. *(Krishna A. The Mixed News on Poverty. Current History, 2013; 112: 20 (http://www.currenthistory.com/pdf_user_files/112_750_020 pdf accessed 19 November 2013)*

Though this booklet is an elaborative information on the subject matter, I selected very few important subject matter relevant to this article.

In another article titled "***Myth or fact? Universal "break-the-glass" her functionality a must***" published on 17th March 2025 written by Tanya Albert Henry, Contributing News Writer by American Medical Association (https://www.ama-assn.org/practice-management/digital-health/myth-or-fact-universal-break-glass-ehr-functionality-must)

has categorically mentioned about,

Health System Leaders that many of their physicians, C-Suit Executives, Nurses and other employees- and their close family members-will receive their own Healthcare at hospitals and clinics within Organization

The other important aspect mentioned in their article is,

"No one improperly access that information, health systems can ask EHR vendors to turn on, break-the-glass HER functionally"

In the same article the author also mentioned that instead of creating Universal restrictions, healthcare organizations should,

"a. Explore ways to provide safeguards that do not create unnecessary administrative burdens,

b. Consider restrictions that the State where they are operating may place on Health Records to ensure that information remains protected.

c. Consider how some federal restrictions, such as, those regarding records related to substance-use disorder, should factor into restrictions on health records."

In another article titled "***Evidence Based Practice (EBP): Myths and Realities***" published in Journal The Asha Leader Archive citation *(https://leader.pubs.asha.org/doi/10.1044/leader.FTR1.09072004.4)* it is mentioned that,

*"****Evidence Based Practice (EBP) with clinicians, colleagues and students during the past few years, the reactions from them ranging from Euphoria (admittedly rare) to outrage (thankfully also rare). However, the most common feeling as observed by the article seems to be a mixture of curiosity and anxiety: Curiosity about the reasons for the buzz about EBP and anxiety over the possibility that EBP turn out to be just one more unrealistic demand placed on already over burdened professionals****".*

By brief description of some of the myths and realities of EBP I hope to encourage the EBP curious to feel considerably more confident about this prospective on clinical decision-making can offer to those willing to keep both Euphoria and Outrage at bay.

In the same article, the author mentioned about as ***"…….the conscience explicit and judicious use of current best evidence in making decisions about care of an individual patient"***.

In the article one of the suggestions made is that,

*"****Practitioners focus their limited time on evidence from high yield sources. Such sources contain evidence that is current, of high quality and directly applicable to clinical practice. Sackett et al. (2000;1999) urge us to examine journals and evidence compilers such as those described below to identify the one(s) most likely to contain quality evidence, and to limit ourselves to these rather than devoting time to low-yield and/or dated sources such as traditional textbooks and***

***journals oriented to "basic science." The de-emphasis in EBP on evidence sources that are difficult to update rapidly, such as traditional textbooks, derives from the explicit acknowledgment that what we "know" at any point is virtually guaranteed to change as science progresses, so our efforts to identify current best evidence should focus on the most contemporary sources**."*

In another article titled, "***8 Common Health Insurance Myths Explained***" published by Universal Sampo General Insurance: citation (https://www.universalsompo.com/blogs/health-insurance/health-insurance-myths/) with respective health insurances they have identified 8 Common Health Insurance Myths namely,

1. Young and Healthy people do not need Health Insurance
2. Employer-Provider Health Insurance is always sufficient
3. Health Insurance is too expensive
4. You do not need Health Insurance if you have savings
5. Health Insurance covers everything
6. Pre existing conditions are not covered
7. The best plan is the one with lowest premium
8. Once you have insurance you are all set

To conclude, the author mentioned about the cream of the article that,

*"**Knowledge of Health Insurance Myths and Facts can help people make decisions on the best plan and Health Insurance Coverage…..".***

So, Health Insurance becomes not only shield but the best asset as well. Understanding how to choose Health Insurance Plan by evaluating factors like coverage, premiums, and net work hospitals ensures individuals select a Policy that truly meets their healthcare needs.

In another article titled, *"**Medium: The Top 10 Myths of Universal Healthcare**"* published on 9th Jan, 2019 written by Joe Flower in citation (https://medium.com/@Joe.Flower/the-top-10-myths-of-universal-healthcare-211237618d00) the author has identified the Top 10 Myths of Unviersal Healthcare as,

*"**a. Myth#1: Universal Healthcare,"Medicare for All", "single payer," they are all the same.***

b. Myth #2: Universal healthcare has to cost way more.

c. Myth #3: Controlling costs of a universal system will have to mean rationing.

d. Myth #4: Universal healthcare will cost way less.

e. Myth #5: Universal Healthcare means, "government-run healthcare," it means "socialism"

f. Myth #6: Universal Healthcare means turning over our lives to a massive bureaucracy.

g. Myth #7: Universal healthcare would mean abandoning today's "free market" healthcare.

h. Myth#8: A universal system cannot work, it cannot sustain itself if people who are not working (and therefore not paying taxes) are able to use it.

i. Myth #9: Immigrants inevitably draw more out of a universal healthcare system than they pay into it.

j. Myth #10: Research and innovation are what make US healthcare expensive. If we reduce the amount we pay for healthcare, we will get less research and innovation."

In the same article, the author also mentioned about, to reduce the cost of Healthcare universally and suggested the following:

"1. Vast overuse (doing things we really don't need to do),

2. Waste (doing things inefficiently and in the most complex, expensive way possible)

3. the lack of any true competition on price and quality

4. Prices based on nothing more solid than what they can get away with

***5. and biases toward old, ineffective, and expensive models for treating chronic illnesses.*"**

In another article titled, "***9 reasons Universal Healthcare will fail – if we don't act now***" published on 28th April, 2020 in World Economic Forum citiation (https://www.weforum.org/stories/2020/04/9-reasons-universal-healthcare-will-fail-if-we-dont-act-now/), in this article, the author has taken the other side of the Universal Healthcare that not touched by any other persons.

As we all know there are two faces of a coin, in addition to the positive aspect there lies the dark side of the Universal Healthcare provided, *"**if we don't act now**"*

In this article, the author identified Health and Healthcare Systems and brought out Nine reasons if not followed will cause the failure of Universal Healthcare. The findings are,

"1. The penetration of financial services and mobile networks is too slow

2. The availability of medical resources and human talent in rural areas

3. Misinformation, myths and deeply ingrained cultural beliefs

4. Overcoming corruption and regressive practices

5. Regressive legislation hampering innovation

6. Too much capital is spent rebuilding yesterday's health systems

7. Low government spending and an inability to collect sufficient tax revenues

8. Balancing purpose vs profit

9. It's not just a healthcare industry problem"

In the concluding remarks, the author mentions that,

"….there are the big challenges we encounter every day and must overcome to expedite healthcare for all. We have to deliver the commitments and unless we address these systematic challenges then only the vision becomes a reality."

In another article titled, "***Debunking Every Myth you hear against Universal Healthcare***" published on 21st December, 2024 in New York Progressive Action Network citation (https://nypan.org/about/news-and-updates/2024/12/21) by Bill Clark, CQ-Roll Call Group/Getty Images

While discussing the subject matter they mentioned that,

*"**Medicare for All is far less costly than our current system largely because it reduces administrative costs. With one public plan negotiating rates with health care providers, billing becomes quite simple. We do away with three-quarters of the estimated $812 billion the U.S. now spends on health care administration. Administrative costs are so high because thousands of insurance companies individually negotiate benefit rules and rates with thousands of hospitals and doctors. On top of that, they rely on different billing procedures – and this puts a costly burden on providers***."

A report published in Hindu a national English Daily Universal Healthcare is a myth to reality by Dr. PN Saradhi in 6th September, 2018 issue gave an interesting data which is applicable to this article. I give below with the details of the data mentioned by the author in the article.

As per latest data report of National Survey Office (NSSO) on health and morbidity known as "***Social Consumption on health" conducted during NSS 71 round (January 2 2014) – percentage of persons having coveredunder any health insurance scheme is 14.1% in Rural areas and 18.1% in Urban areas. According to Insurance Regulatory and Development Authority of India (IRDAI), 28.80 Crore people constituting 24% of countries total population (India) were covered under health insurance covered by both Public Sector and Private Sector during 2014-15 (including government sponsored schemes like RSBY).***"

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As per the data mentioned above,

National Health Profile (NHP) released in April 2018 only 27% Bharatiyas or approximately 35 crore people have health cover. On the other hand, more than 100 crores of Bharat's populations do not have any health insurance scheme to take cover of their medical needs. In 2014-15 average per capita public health expenditure in the states of Bharat ranged from 940-2532 (the expenditure being highest in North Eastern States and lowest in the states like Bihar, Jharkhand, MP, Orissa, Rajasthan, UP and Uttarakhand.

Rajasthan, UP and Uttarakhand).

Country	Health expenditure as % of GDP	Per Capita Health Expenditure in $	Government health expenditure as % of total health expenditure
BRICS Nations	**Year 2015**	**Year 2015**	**Year 2015**
Brazil	**8.91**	**780.40**	**42.75**
Russia	**5.56**	**523.77**	**61.08**
India	**3.89**	**63.32**	**25.59**
Canada	**10.44**	**4507.55**	**73.55**
South Africa	**8.20**	**470.80**	**53.55**
Ranked by GDP			
USA	**16.84**	**9535.95**	**50.36**
China	**5.32**	**425.63**	**59.78**
Japan	**10.90**	**3732.56**	**80.43 (year 2000)**
Germany	**11.15**	**4591.85**	**84.47**
India	**3.89**	**63.32**	**25.59**
UK	**9.88**	**4355.81**	**80.35**
France	**11.07**	**4296.15**	**78.92**

(Source: World Bank)

In this regard, India under the leadership of Narendra Modiji has made a dent, in introducing Ayushman Bharat, a National Health Protection and launched on 25th September 2018 that covers 10 crore poor families and provide coverage upto 5 lakh rupees per family per year for secondary and territory care hospitalization. This scheme namely National Health Protection Mission will subsume the ongoing centrally sponsored schemes such as Rastriya Sasthya Bhima Yojana (RSBY) and the Senior Citizen Health Insurance Scheme (SCHIS). This scheme was funded in the ratio of 60:40 by center and state respectively but with an exception of North Eastern States, Himachal Pradesh, Uttarakhand, J & K where it is 90:10 under special category states.

"…..The intention behind the launching of Ayushman Bharat the intention behind the launching of Ayushman Bharat is to address the secondary and territory healthcare needs of the people. There is a need to critically evaluate the outcomes of the various existing health schemes and brings out all the schemes namely, primary, secondary and territory healthcare schemes under one umbrella."

While the financial burden under these health schemes may scale up but it is one way of Universal Healthcare starting from our own country by the beloved Prime Minister Modiji.

If this type of health schemes are in a better manner to suit the environments of that particular country if introduced the aim and objective of getting Universal Healthcare is not far off. Hence, I strongly presume that World Health Organization in the connivance can bring the Globe together and make it a friendly country to the needs of people of the Globe in healthcare.

In this regard, let us hope that the states that are determined to make Universal healthcare a reality but not a myth have to thrive hard collectively and in a manner of Universal Brotherhood.

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III. DISCUSSIONS AND ANALYSIS

The aim and objective of this article is extremely difficult to explain because diversified environments globally, healthcare needs are different, healthcare environments are different, people with different culture, religious beliefs and geographical conditions are some of the factors that will affect the growth of Universal Healthcare. Inspite of the best efforts of the member countries of the WHO because of their financial conditions, geographical conditions and barriers that divide the Globe poor, economical backward, economically forward and people with different attitudes.

However there is a silver line in this diversified environment in Universal Healthcare is everybody wants to bring this noble cause of Universal Healthcare to its logical end. As already mentioned earlier, Mahatma Gandhi, the father of the nation way back nine decades ago professed that *"Health is Wealth but not piece of Gold and Silver"* and also said an Healthy Nation is a wealthy nation. If we look at the ancient Indian History, the great administrator, philosopher and writer of many books, administration, finance and defense, Acharya Chanakya also known as Vishnu Gupta, if the person who first professed this idea and succeeded in many ways in those days. Those principles are still applicable in the present situation also.

However, to bring a success and fruitful results of Universal Healthcare globally the basic requirements for provision of this scheme is dependent upon three pillars namely,

1. Political Will

2. Resources inclusive of money, infrastructure and manpower

3. Futuristic planning and effective implementation

Many of the countries globally now realized the importance of healthcare and started introducing National Health Policy documents in their own countries in accordance with environmental, financial and political will of that country.

In this regard, in our country namely India another initiative which is in the pipeline by our beloved Prime Minister Modiji, if implemented can yield better results by merging of health and medical education in one department to understand the needs of the country and manpower should be created as per the needs of the country which is absolutely lacking right now. This phenomenon is not only appropriate to India but also like minded states globally.

It is most relevant to mention here that, the right hand does not know what the left hand is doing likewise the creation of health and wellness centers and merging of health and medical education to understand the health needs of that country and manpower should be created as per the need of the country which is presently lacking now. In addition the use of tele medicine will also give an helping hand in the prevention of diseases which is the neglected part of healthcare delivery system.

Identifying the myths and shattering the myths around Universal Health Coverage the countries move towards Health Coverage that there are few dangerous diseases like Aids, Cancer, TB and epidemics that will have major part of the Global Health requirements; unless a permanent solution that can override these health problems are addressed any amount of healthcare will not a full proof scheme in achieving Universal Healthcare. A World where Universal health Coverage has been fully achieved, everyone, everywhere could access, affordable, quality healthcare whenever they need it. Though this idea may sound illusionary/aspirational but recognizing the importance of such schemes will develop Globe an healthy Globe. Though there are some schemes that are introduced by many of the countries like HIV movement in controlling "key populations" such as men who have sex with men, people who use drugs, sex workers and lesbian, gay, bisexual and transgender people – and are at higher risk of HIV or living with HIV still face significant social and legal barriers when it comes to assessing health needs.

As already mentioned above, the scheme of Universal Healthcare that differs from country to country on different factors such as population, literacy, geographical conditions, religious beliefs and the environment wherein they are living have to be addressed.

In this regard, Indonesia and Kenya have already decided to introduce ***"National Contributory Health Insurance Schemes"*** that will keep healthcare services with strong healthcare benefits like Vaccinations, free – meaning that people who are not able to regularly pay contribution will still be entitled to these services. Mostly African Countries such as Uganda, are now plans to develop a AIDS Trust Fund financed by National and International Sources to ensure HIV funding is protected.

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In addition to the above, there are legal barricades/barriers that are hampering this Universal Healthcare not only underdeveloped, developing countries but also developed countries. As I mentioned legal barriers means ***"discriminatory laws and policies of certain countries***" make hindrances in integrating HIV services into Universal Healthcare. For example in Kenya, the present government there signaled its interest in exploring the option that, national or local authorities, hire Civil Society Organizations to continue the work they are currently doing by exempting those organizations from the jaws of that countries healthcare laws.

Around four decades the introduction of these schemes in many countries in eradicating if not totally eradicating HIV has demonstrated that,

"the critical role that community and civil society organizations have played in Advocacy, research, service delivery and to holding government to account, especially when it comes to the rights of the most vulnerable of the Society. This is right opportune time and to cease the movement to replicate the success of such plans in many countries on even a larger scale by pushing for active involvement in Universal Healthcare at a country level, civil society can bring the learning's of the past four decades of the HIV response to help, shape a vision for rights-based-person centered Universal Healthcare if implemented properly can make wonders."

Presently every state is the cross roads of opportunities and challenges but by working with range of partners and uniting like mind people/states/rulers we can bring a positive solution for Universal Healthcare. The main aim and obligation of Universal healthcare is,

"access to the services they need to live a healthy life no matter who they are or where they are living"

To enlarge the scope of Universal Healthcare one has to understand expand, explain, *"**Universal Health Coverage evolution, ongoing trend and future challenges**"*

In another article titled "Universal Health coverage evolution, ongoing trend, and future challenge: A conceptual and historical policy review" written by Chhabi Lal Ranabhat, Shambu Prasad Acharya, Chiranjivi Adhikari, and Chun-Bae Kim, published in frontiers journal, in this article the author has discussed some of the important points such as terminological clarity, theoretical and philosophical ground of Universal Health Coverage, Political aspect, Universal Healthcare and Healthcare financing and number of models such as beverage model, the Bismarck model, the national health insurance model, the out of pocket model etc. are some of the time tested models suggested by the author to make universal health coverage not myth but a reality. In the same article, the author discussed that not a theoretical model but one should establish a scientific model which can yield results in shortest possible time so far the global community as a whole in every country is concentrating primarily on primary healthcare focusing on community participation in healthcare in every country. Later they found that development of primary healthcare is not sufficient but each country should have a goal for achieving basic healthcare for all the citizens of the country so that all the results together to make it a Universal Healthcare though not in single shape but different forms in accordance with the environment socio-economic-financial of that country but the result is a proper healthcare to their citizens; the result with all these efforts of each country are put together the goal of Universal Healthcare can be achieved by and the result becomes one can say with authority UHC is not a myth but a reality. Ata nutshell it is not by making statements passing resolution by the legislators in their legislative assembly/council but the fruits should go to the roots of the nation where the downtrodden, economically weaker and backward sections, people living in inaccessible terrains who have no access to the healthcare are the sections of that state/country reserves a share of cake.

WHO Constitution adopted by it on 22nd July, 1946 from which the following relevant sections pertaining to Universal Healthcare are,

"a. Health is a state of complete physical, mental and social well being and not merely the absence of disease and infirmity.

b. The enjoyment of the highest attainable standard of the health is one of the fundamental rights of every human being without distinction of race, religion, political belief, economic or social condition."

c. Governments have a responsibility for the health of their peoples' which can be fulfilled only by the provision of adequate health and social measures. It is worth mentioning here the WHO's International Convention on the elimination all forms of racial discrimination adopted on Dec 21st, 1965 mentions that, incompliance with the

fundamental obligations in Article 2 of this Constitution, states parties undertake to prohibit and to eliminate racial discrimination in all its forms and to guarantee the right of everyone, without distinction as to race, color, or national or ethnic origin to equality before the law notably in the enjoyment of the following rights…..".

"***The Right to Public Health, Medical care, Social Security and Social services***"

Article 12 of the World Health's Organization some of the relevant sections that are applicable in Article 12 are,

1. The States parties to the present covenant recognize the right of everyone to the highest attainable standard of physical and mental health.

2. The steps to be taken by the States, Parties to the present covenant to achieve the full realization of this right shall include those necessary for,

1. The Right to Public Health, Medical Care, Social Security and Social Services.
2. The provision for reduction of Still Birth Baby rates and of infant mortality and for the healthy development of the Child.
3. The improvement of all aspects of environmental and industrial hygiene.
4. The prevention, treatment and control of epidemic, endemic, occupational and other diseases.
5. The creation of conditions which would assure to all medical services and medical attention in the event of sickness.

In Article 24 of WHO Constitution, it is worth mentioning namely,

"1. State Parties recognize the Right of the child to the enjoyment of the highest attainable standard of health and to facilities for the treatment of illness and rehabilitation of Health. States Parties shall strive to ensure that no child is deprived of his or her right of access to such healthcare services.

2. States Parties shall perceive full implementation of this right and in particular, shall take appropriate measures,

a. to diminish infant and child mortality

b. to ensure the provision of necessary medical assistance and healthcare to all children with emphasis on the development of Primary Health Care.

The Universal declaration of human rights adopted on Dec 10, 1948 mentions that,

"Article 24, every one has the right to standard of living adequate for the health and well being of himself and his family including food, clothing, housing and medical care and necessary social services."

The same International Body (WHO) adopted the resolution on May, 2005 says,

Recognizing the important role of legislative and executive bodies and further reformed of health financing systems with a review to achieving Universal Coverage.

It also adjust the member states, to,

1. to ensure that health financing systems include a method for prepayment of financial contributions for healthcare, with a view to sharing risk among the population and avoiding catastrophic healthcare expenditure and impoverishment and individuals as a result of seeking care.

2. to ensure adequate and equitable distribution of good quality healthcare infrastructures and human resources for health so that the insurees' will receive equitable and good quality health services according to the benefits of package.

3. to ensure that external funds for specific health programs or activities are managed and organized in a way that contributes to the development of suitable financing mechanisms for the health systems as a whole.

4. to plan the transition to Universal Coverage of their citizens so as to contribute to meeting the needs of population for health and improving its quality to reducing poverty, to attaining internationally agreed development goals including those contained in the united nations millennium declaration and to achieving health for all.

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IV. CONCLUSION

In the concluding remarks, I can authoritatively say many developed nations/developing nations on different International Platforms mentioned the achievements made in the Universal Healthcare and the Plans they adopted and how they participated to other countries where they need it are not yielded fruitful results fully. Hence, it is obligatory on the part of the member nations of WHO the Organization that spreads the message of Universal Healthcare because the International Forum is not having any teeth to take suitable remedial measures on the erring states in bringing Universal Healthcare. Hence, it is obligatory on the part of the every nation/every state to prepare positive plans that can be implemented with their own resources finance and manpower (Medical Profession) so that if all the efforts are combined together the day is not far of that Universal Healthcare Coverage can be achieved. Before the covid-19 pandemic though all the states and the members countries of the WHO have made their efforts but the actual facts have come into force only during covid-19 pandemic and exposed the real facts. One way this pandemic has awaken the people and the rulers to re think about Universal Healthcare and how to plug the loopholes so that the healthcare will reach the lowest of low needy people.

Before the pandemic, though the plans are there they are only on the paper but in reality the results are not expected as it should be. When the pandemic spread the entire globe people realized the importance of healthcare which is not a problem of any country but it is a global phenomenon that has to be tackled universally by all the states and countries together.

In this regard World Health Organization recommends,

*"**reorienting health systems, using a Primary Healthcare approach. PHC is the most inclusive equitable, cost effective and efficient approach to enhance people's physical and mental health, as well as social well being. It enables Universal Integrated access to health services as close as possible to people's everyday environment, it also helps deliver the full range of quality services and products that people need for health and well being. There by improving coverage and financial protection**",*

significant cost effectiveness and to deliver healthcare to all the needy. There should be an health audit in every country so that the actual results can be made open to everyone and also suggestions can be taken from the elite and the intellectuals who are well versed with the subject and the medical luminaries so that the universal healthcare can be made more positive.

In this regard, it is worth mentioning WHO response that states,

"UHC is firmly based on the 1948 WHO Constitution, which declares health a fundamental human right and commits to ensuring the highest attainable level of health for all."

WHO recommends,

"***Reorienting health systems towards Primary Healthcare, in countries with fragile health systems should focus on technical assistance to build National Institutions and service delivery to fill critical gaps in emergencies in most robust settings. WHO drives Public Health impact towards health coverage for although Policy dialogue for the systems of the future and strategic supports of the future***".

According to Common Wealth Funds Health Survey reported in 2023,

"The United States among high income countries has the lowest life expectancy at birth, the highest death rates for avoidable or treatable conditions, and the highest maternal and infant mortality and among the highest suicide rates."

In an article titled "***Universal Health Care – Should the US Government Provide Universal Health Care***" written and fact-checked by the Editors of ProCon updated on Jul 23, 2025 published in Britannica (https://www.britannica.com)

Defined Universal Health Care as,

"Universal Health Care is an umbrella term for a system that provides medical services to all people. The Government offers it to everyone regardless of their ability to pay, and largely funds it through taxes."

In the same article they also mentioned that,

"Single prayer Health Care is one type of Universal Health Care in which the,

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Government provides free Healthcare paid for with a revenue from Income Taxes……

Every citizen has the same access to care."

Social Health Insurance is also a kind of Universal Health Care in which,

"Everyone is required to buy insurance, usually through their employers and employers deduct taxes from employee pay rolls to cover the costs and the taxes go into a Government's Run Health Insurance Fund that covers everyone."

The number of studies that are referred above in the review of Literature and the studies made thereon one can authentically states that,

"explode the challenges that are related to Universal Healthcare and the conducted an indepth analysis of tribal solutions and by collecting the challenges that are identified, analysis of valuable solutions and the rules of policy makers one can find more suitable solution to achieving Universal Health Care."

To conclude in my opinion Universal Health Care is not a myth but a reality provided one should have the will in implementing the strictest sense with an iron hand otherwise the resolutions and the plans are nothing but a floating water. Though majority of the countries are having potential to move towards the Universal Health Care it is only that the wealthy nations in the advanced countries should come forward and take the rest of the Globe with them for the fulfillment of Universal Health Care and to prove that it is not a myth but a reality. It is not uncommon to mention here the United Nations, the International Body which represents majority of the global nations can make firm resolutions by bringing wealthier nations that can afford Universal Healthcare with that of other nations who are also members whose contribution is meager then one can say with authority that, ***Universal Health Care is not a myth but a reality.***

Universal Healthcare a burning problem today has number of useful contributions as already mentioned above and those countries who have introduced this phenomena has got a tangible economic benefits for households and the reduction of out of pocket expenditure of their citizens. In addition health services are paid for is a key aspect of health systems performance. In addition to economic and financial benefits there is a growing political benefit to introduce the reforms in UHC so that because of this as already mentioned a healthy nation is a wealthy nation which improves an economical growth and political will and finally make the nation a forerunner in the Universe. However, it is always important to note that initiating reforms by any nation in any country to move towards UHC has to be planned very carefully in advance in regard to their ultimate sustainability in the face of inevitable increases demand for healthcare.

TABLE: TEN LEADING SOURCES OF INEFFICIENCY INEFFICIENCY

SOURCE OF INEFFICIENCY	COMMON REASONS FOR INEFFICIENCY	WAYS TO ADDRESS INEFFICIENCY
1. Medicines: underuse of generics and higher than necessary prices for medicines	Inadequate controls on supply-chain agents, prescribers and dispensers; lower perceived efficacy/safety of generic medicines; historical prescribing patterns and inefficient procurement/distribution systems; taxes and duties on medicines; excessive mark-ups.	Improve prescribing guidance, information, training and practice. Require, permit or offer incentives for generic substitution. Develop active purchasing based on assessment of costs and benefits of alternatives. Ensure transparency in purchasing and tenders. Remove taxes and duties. Control excessive mark-ups. Monitor and publicize medicine prices.
2. Medicines: use of substandard and counterfeit medicine	Inadequate pharmaceutical regulatory structures/mechanisms; weak procurement systems.	Strengthen enforcement of quality standards in the manufacture of medicines; carry out product testing; enhance procurement systems with pre-qualification of suppliers.

3. Medicines: inappropriate and ineffective use	Inappropriate prescriber incentives and unethical promotion practices; consumer demand/expectations; limited knowledge about therapeutic effects; inadequate regulatory frameworks	Separate prescribing and dispensing functions; regulate promotional activities; improve prescribing guidance, information, training And practice; disseminate public information.
4. Health-care products and services: over use or supply of equipment, investigations and procedures	Supplier-induced demand; fee-for-service payment mechanisms; fear of litigation (defensive medicine).	Reform incentive and payment structures (e.g. capitation or diagnosis-related group);develop and implement clinical guidelines.
5. Health workers: inappropriate or costly staff mix, unmotivated workers	Conformity with pre-determined human resource policies and procedures; resistance by medical profession; fixed/inflexible contracts; inadequate salaries; recruitment based on favouritism.	Undertake needs-based assessment and training; revise remuneration policies; introduce flexible contracts and/or performance-related pay; implement task-shifting and other ways of matching skills to needs.
6. Health-care services: inappropriate hospital admissions and length of stay	Lack of alternative care arrangements; insufficient incentives to discharge; limited knowledge of best practice.	Provide alternative care(e.g.day care); alter incentives to hospital providers; raise knowledge about efficient admission practice.
7. Health-care services: inappropriate hospital size (low use of infrastructure)	Inappropriate level of managerial resources for coordination and control; too many hospitals and inpatient beds in some areas, not enough in others. Often this Reflects a lack of planning for health service infrastructure development.	Incorporate inputs and output estimation into hospital planning; match managerial capacity to size; reduce excess capacity to raise occupancyrateto80–90%(while controlling length of stay).
8. Health-care services: medical errors and suboptimal quality of care	Insufficient knowledge or application of clinical-care standards and protocols; lack of guidelines; inadequate supervision.	Improve hygiene standards in hospitals; provide more continuity of care; undertake more clinical audits; monitor hospital performance.
9. Health system leakages: waste, corruption and fraud	Unclear resource allocation guidance; lack of transparency; poor accountability and governance mechanisms; low salaries.	Improve regulation/governance, including strong sanction mechanisms; assess transparency/vulnerability to corruption; undertake public spending tracking surveys; promote codes of conduct.
10. Health interventions: inefficient mix/inappropriate level of strategies	Funding high-cost, low-effect interventions when low-cost, high-impact options are unfunded. Inappropriate balance between levels of care, and/or between prevention, promotion and treatment.	Regular evaluation and incorporation into policy of evidence on the costs and impact of interventions, technologies, medicines, and policy options.

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