Achieving universal health coverage in Latin America: The role of quality of care research

Virtual meeting
6–7 October 2020
Universal health coverage (UHC), the provision of essential healthcare services to all without risk of financial impoverishment, is a core element of the Sustainable Development Goals (SDGs). As such, it is a key objective of all countries, including those in the Latin American region.

As well as access to healthcare services, UHC also incorporates a commitment to ensure the quality of those services. While access and coverage tend to receive most attention, quality of care is also integral to the definition of UHC.

However, quality of care is a complex concept, encompassing multiple dimensions, including effectiveness, safety and patient satisfaction. It can also be seen through multiple lenses, such as at the health system or institution level or through the eyes of service users. This can make it difficult to establish indicators to assess quality of care so that progress towards quality UHC can be monitored and decision-makers can be held accountable.

Despite some improvements in health indicators, such as life expectancy, health outcomes in Latin America are generally below those of high-income countries. Furthermore, countries in Latin America show particularly high levels of health inequalities, with socioeconomically disadvantaged and other marginalised communities showing markedly worse health outcomes. These communities have been especially hard hit by the COVID-19 pandemic. Although commitments to UHC have been made, government investments in health have mostly not reached agreed targets of national income.

In October 2020, a virtual workshop jointly organised by the UK Academy of Medical Sciences (AMS) and the Argentinian National Academy of Medicine sought to assess the current status of UHC in the region, to discuss how consideration of quality in the UHC agenda could be advanced, and to identify the potential contributions that could be made by the regional and global research community. Following breakout groups and plenary presentations and discussions, participants identified a range of priority issues:

- **Political factors**: Participants identified the need to ensure strong political commitment to UHC, to investment in UHC and in primary care, to tackling health inequalities, and to ensuring appropriate support for research. Promoting evidence-based decision-making and addressing corruption within the health system, to build public trust and ensure efficient use of resources, were seen as critical.

- **Inequalities**: Unequal exposure to health risks and inequitable access to high-quality care were seen as central to health inequalities affecting disadvantaged populations, creating critical gaps in UHC.

- **Definitions**: The challenges in defining ‘quality’ in healthcare, and the lack of standardised and agreed metrics, were felt to be major obstacles to the prioritisation of quality; participants argued that UHC initiatives needed to focus on outcomes and quality rather than just access.

- **Data**: Limited data make it hard to track progress towards quality UHC and to hold authorities accountable for UHC commitments. Weak health information systems were also felt to be a major issue.

- **Community engagement**: Involving communities in the development of UHC was felt to be essential, for example to inform the development of definitions, metrics and care standards. Health messaging to communities was felt to be suboptimal, particularly in the context of COVID-19.
COVID-19: As well as its direct impact, the COVID-19 pandemic has had a highly disruptive impact on health systems. It has exacerbated existing issues, such as health inequalities, and highlighted the importance of primary healthcare and the need for robust healthcare systems. But it has also catalysed innovations in care, such as the greater use of ‘mHealth’, the practice of medicine and public health supported by mobile devices; and may create conditions for the re-engineering of health systems that better achieve quality UHC goals.

Participants also identified a range of ways in which the research community could address these challenges and advance the quality UHC agenda in the region:

- **Metrics framework:** There is an urgent need for suitable metrics for monitoring UHC, including quality, as well as for IT/data systems for the collection and analysis of data.

- **Equity:** Research is needed to understand the barriers to healthcare use, particularly among disadvantaged communities, as well as to develop and evaluate interventions to overcome them.

- **Implementation/operational research:** Research is needed on the adaptation and introduction of proven interventions and system improvements in local contexts.

- **Health economic research:** As well as cost-effectiveness analyses to generate the evidence to inform policymaking, wider studies of health financing are required to ensure that resources are being used wisely, appropriately and efficiently.

- **Innovation:** Further research is needed to develop and evaluate innovations, such as ‘mHealth’ and digital interventions, to advance UHC and patient-centred primary care.

- **Political engagement:** The research community has an important role to play in communicating with politicians and policymakers to promote UHC and evidence-based practices.

COVID-19 has had a devastating impact on Latin America. As well as deaths directly attributed to the virus, complications associated with the infection and disruptions to health services will inevitably have a long-term impact, increasing the demand for health services in the coming years. The pandemic has also highlighted the economic impact of health emergencies and the consequences of inadequate investment in health systems. This experience may encourage greater commitment to healthcare systems, while the inevitable challenges to public finances will also re-emphasise the need to make best possible use of limited healthcare resources. In these difficult times, the research community has a key role to play in delivering the evidence to ensure that healthcare systems deliver quality care to all, effectively and efficiently.