<div style="border:1px solid">EDITORIAL</div>

THE ROLE OF PUBLIC HEALTH INFORMATICS IN PROVIDING UNIVERSAL HEALTH CARE (UHC)

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Universal Health Care (UHC) — often known as **universal health coverage**, **universal coverage**, **universal care** or **social health protection** — usually refers to a health care system which provides health care and financial protection to all its citizens. It is organized around providing a specified package of benefits to all members of a society with the end goal of providing financial risk protection, improved access to health services, and improved health outcomes.[1,2]

While a robust healthcare delivery system (within the framework of a well-functioning regulatory authority) is the backbone for UHC, the issues of access, affordability and capable human resources are no less important. The often overlooked other major factor is the presence of consistent and trustworthy information systems for generating data and evidence. The last point can be achieved only through optimal utilization of the principles and practice of public health informatics.[3-8]

Incidentally, the word "Universal" in "UHC" doesn't have a universally accepted meaning. To put it another way, it is also unlikely that "one size fits all". However, it should be developed in such a manner that it is sustainable and viable for all people. Also, undoubtedly there is severe shortage of healthcare delivery personnel. It may be prudent to also note that the health of a community is dependent on other basic amenities like water, sanitation and nutrition – without which optimal health can never be achieved.

Many countries are promoting "pooling" of resources to establish government backed insurance covering everyone. On the other hand, the French-German models prefer that "everyone contributes according to their means but receives healthcare according to their needs".

UNRISD, the United Nations Research Institute on Social Development has initiated a research project TUSSEE (Towards Universal Social Security in Emerging Economies) a study[9] about BRICS countries and a few others. From there it is evident that emerging economies like the BRICS countries are arguing for strong health care systems coupled with universal social protection (and rational drug use, as well as, strong human resources for health). Although others, like some African countries, view UHC as possibly a "transformative" strike force to reform (privatize further) health systems and insurance.

The World Bank and developed nations like the UK, are now favouring a "targeting" approach (CCT or conditional cash transfer – e.g., Aadhaar–enabled services), charitable approach – presumably with financial packages (replacing user fees) handed out either directly through the government or through charitable NGOs or Microcredit to the identified "BPL" (below poverty line) persons so they can purchase a minimal package of care, which could come from the private providers. This is a two-tiered system being promoted with simple "indicators" or "targets". These can lead to revolt by the poor if they are offered a minimal package under a new insurance scheme, and don't have access to hospitals in case of need.

One of the ways of ensuring reduction of wastage and duplication of tests (thereby reducing costs) is to use interoperable electronic or digital systems for healthcare information exchange. And,

that is a public health informatics application. If unique identifiers like the UID or Aadhaar number is used to identify the persons, then they can retrieve their own health records from anywhere in the country and would not have to carry all those along with them wherever they go.

Of course all these cannot happen overnight and suitable legislations will be required to enable such things.

Active seekers of health information are likely to be healthy. However, in a big multilingual country like India, appropriate health information is not always available, especially in the native vernacular languages. Moreover literacy rate in India is not high all through the country.[3] As the journey of a thousand miles begins with a single step, India is soon going to launch the National Health Portal (NHP). The NHP[10] has the mandate to give health information to all irrespective of the language and challenges of literacy, visual and auditory capabilities.

The centre for health informatics has been set up with this purpose to coordinate the activities meaningfully. Within five years it is likely to be available in all the major languages of India and will be used by a vast majority of the population. However, over time it is expected to be a portal that will be able to connect the health information from the individual level to the community level and serve the purpose of a national clinical data warehouse.

While the NHP will be generic (i.e., the contents would be such as to be understood by everybody), dynamic (i.e., the information would be capable of being updated regularly), flexible (i.e., the portal would be capable of adapting to the new developments) and highly interactive (including mobile applications and social medial help desks), it will evolve with time and changing health information needs of the users.

References

1. Wikipedia. Universal health care. [Online]. 2013 [cited 2013 Feb 15]; Available from: URL: http://en.wikipedia.org/wiki/Universal_health_care
2. WHO. Financing for Universal Health Coverage. 2013 [cited 2013 Feb 15]; Available from: URL: http://www.who.int/healthsystems/topics/financing/healthreport/en/index.html
3. Sarbadhikari SN. How to Make Healthcare Delivery in India More "Informed". Educ Health (Abingdon). 2010;23(2):456.
4. Sarbadhikari SN. Applying health care informatics to improve student learning, Really Good Stuff. Medical Education, 2008; 42: 1117–1118.
5. Sarbadhikari SN. Medical Informatics and Evidence-based Medicine. In: Babu AN, editor. Clinical Research Methodology and Evidence-based Medicine: The Basics. 1st ed. New Delhi: BI Publishers; 2008:166–176.
6. Sarbadhikari SN. The State of Medical Informatics in India: A Roadmap for optimal organization. J Med Syst. 2005;29(2):125-41.
7. Sarbadhikari SN. Basic Medical Education must include Medical Informatics. Indian J Physiol Pharamcol. 2004, 48(4): 395-408.
8. Sarbadhikari SN. Medical Informatics – Are the Doctors Ready? J Indian Med Assoc. 1995;93(5):165-6.
9. United Nations Research Institute for Social Development (UNRISD). Towards Universal Social Security in Emerging Economies. [Online]. 2013 [cited 2013 Feb 15]; Available from: URL: http://www.unrisd.org/80256B3C005BCCF9/httpNetITFramePDF?ReadForm&parentunid=BD9365B349A1161BC1257AD10047547B&parentdoctype=brief&netitpath=80256B3C005BCCF9/%28httpAuxPages%29/BD9365B349A1161BC1257AD10047547B/$file/PB3e%20-%20TUSSEE.pdf
10. National Institute of Health & Family Welfare. Detailed Project Report for Developing, Setting up and Management of the India Health Portal to promote Health Literacy. [Online]. 2013 [cited 2013 Feb 15]; Available from: URL: http://nihfw.org/pdf/Detailed_Project_Report_of_NHP_for_PSC_meeting.pdf