UNIVERSAL HUMAN-CENTERED HEALTH COVERAGE IN THE CENTRAL ASIAN REGION

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Nurlan N. Brimkulov¹ https://orcid.org/0000-0002-7821-7133;
Gulnara Zh. Kapanova² https://orcid.org/0000-0002-6521-6836
Sundetgali B. Kalmakhanov² https://orcid.org/0000-0001-5198-5506;
Aidana R. Sagitova¹
Kurmanjan E. Bucaraeva¹
¹Postgraduate Department of Family Medicine, Kyrgyz State Medical Academy after I.K. Akhunbaev, Bishkek, Kyrgyzstan
²Higher School of Public Healthcare, Al Farabi Kazakh National University, Almaty, Kazakhstan

*Corresponding author:
Nurlan N. Brimkulov, MD, PhD; I.K. Akhunbaev Kyrgyz State Medical Academy, Bishkek, Kyrgyzstan;
Twitter handle: @brimkulov53; E-mail: brimkulov@list.ru, brimkulov53@gmail.com

Abstract
The article discusses the necessity to strengthen action to achieve universal health coverage (UHC), which has been slowed down by the COVID-19 pandemic, considering policy concepts. The dynamics of the UHC index in Kazakhstan and Kyrgyzstan for 2000-2019 is regarded. Several global activities for the development of primary health care and UHC in Kazakhstan are described, confirming the possibility of effective usage of political power to promote the ideas of primary health care, and this experience should be taken into account by other countries around the world.

Keywords: Universal health coverage (UHC), Primary health care (PHC), Kazakhstan, Kyrgyzstan


INTRODUCTION
Universal health coverage (UHC) refers to the access of all members of society to essential health services without financial constraints. The slogan “Health for all” was first adopted in 1978 at the Alma-Ata Conference on Primary Health Care (PHC) [1], but progress towards this goal has been slow and has been met with many obstacles.

Nevertheless, the values and principles of the Declaration of Alma-Ata were confirmed 40 years later in the Astana Declaration of 2018 [2], and the UN Political Declaration on UHC adopted in September 2019 set the ambitious goal of achieving universal health coverage by 2030 [3]. Since 2000, when the UHC index began to be calculated, it has increased around the globe from 45 (out of 100) to 64 in 2015 and 67 in 2019 [4].

However, COVID-19 has made it clear that achieving UHC to a sufficient extent and protecting the most vulnerable remains an unresolved challenge even for the richest countries [5, 6]. The UN’s 2022 Sustainable Development Goals Report highlights that COVID-19, climate change, and conflict have jeopardized decades of progress towards all 17 Sustainable Development Goals (SDGs), including progress on UHC. Alarm is expressed that the work carried out for two decades to ensure UHC has been interrupted, as the pandemic was...
accompanied by serious disruptions in the activities of basic health services. As the United Nations Secretary-General Antonio Guterres calls for, to recover from the COVID-19 pandemic, the entire world community must urgently make concerted efforts to return to the path of achieving the SDGs [4].

There is now growing recognition that achieving UHC is a political challenge, whereas in the medical environment and health care, the fundamental concepts of political science are often ignored. Ho et al. [7] has shown that the achievement of UHC is a complex political process, where the implementation of UHC is formed by the administrative capacity and dynamic relationships between politicians, representatives of the health system, implementing policies, as well as state and non-state actors associated with this system.

**ACHIEVEMENT OF UNIVERSAL HEALTH COVERAGE IN THE CENTRAL ASIAN REGION**

What is the situation regarding the achievement of UHC in the Central Asian region? As an example, we evaluated the analysis of the dynamics of UHC indicators in two neighboring countries – Kazakhstan and Kyrgyzstan. The latest available materials for 2000-2019 from the Statistics Division of the United Nations Department of Economic and Social Affairs (https://unstats.un.org/sdgs, https://ourworldindata.org/grapher/universal-health-coverage-index) indicate that both countries experienced a significant increase in access to health services between 2000 and 2019, although the rates of UHC achievement during this period in Kazakhstan and Kyrgyzstan were different (Figure 1).

Noting the remarkable progress in increasing access to health services in 2000-2019 in our countries, it should nevertheless be noted that in 2019 the UHC index was 76 in Kazakhstan and 70 in Kyrgyzstan, indicating that a significant part of the population (up to 25%-30%) of our countries still did not have access to modern health services. Given that the pandemic has caused serious disruptions in the performance of essential health services, it has slowed down the path to achieving UHC.

**THE PUBLIC HEALTH CARE EXPERIENCE OF KAZAKHSTAN**

The high growth rate of the UHC index in Kazakhstan over the past years is impressive, confirming its political commitment to the principles of the Alma-Ata Declaration of 1978, which for the first time in the world proclaimed the concept of “Health for All”, which is the basis for the achievement of UHC. All over the world, Kazakhstan is called the “Homeland” of PHC, since the principles and importance of PHC were first set out at the highest political level in Almaty, and 40 years later they were confirmed again in Kazakhstan in the Astana Declaration of 2019. Along with several other initiatives, the Almaty and Astana Declarations have become the foundation of global health care, a new discipline that explores needs and delivery of equitable health services for all people [6].

Active promotion of the PHC philosophy is associated with the opening of the WHO European Centre for Primary Health Care in Almaty in 2016 with the support of the Government of Kazakhstan [8].

Despite the many medical and economic problems associated with the COVID-19 pandemic, Kazakhstan continues to actively promote the concepts of PHC and UHC. Thus, in December 2020, the Ministry of Health of Kazakhstan launched the Operational Mechanism to promote the Astana Declaration on PHC, in which it proposed a plan and tools for implementing the Declaration in various conditions.

In 2021, the National Report on PHC in the Republic of Kazakhstan was published, which studied the main activities of PHC organizations, identified leading problems, and formulated ways to solve them [9]. The development of PHC and UHC was discussed at many conferences and forums [10]. The high efficiency of implementation at the level of PHC of multidisciplinary teams that provide a holistic human-oriented approach is shown [11].

For disseminating best practices, the first WHO demonstration platform on PHC was launched in March 2022 in the small town of Esik in the Almaty region. This is a new initiative by the WHO Regional Office for Europe and Kazakhstan that will demonstrate an effective PHC system in one of the country's regions in action. Thus, Kazakhstan today is a model of a country where political power was effectively used to promote the ideas of PHC, and this experience should be taken into account by all other countries around the world.

**THE PUBLIC HEALTH CARE EXPERIENCE OF KYRGYZSTAN**

Since gaining independence, Kyrgyzstan has adopted the strategic health development programs “Manas” (1996-2005), “Manas taalimi” (2006-2011), and “Den Sooluk” (2012-2018), as well as the currently implemented “Healthy Person – a Flourishing Country” (2019-2030), which were aimed at achieving UHC. In 2021, a special group was created in the Ministry of Health to strengthen PHC.
However, despite efforts to ensure access to health care, there are still marked disparities in coverage between rural and urban areas. At the same time, the reduction in recent years of public spending on health care and the catastrophic level of personal payments from the pocket of citizens pose a real threat to the achievement of UHC in the future [11].

CONCLUSION
Taken together, it is important to consider the experiences of different countries in achieving UHC and actively apply them in health practice. The discussion of UHC strategy in the Central Asian Journal of Medical Hypotheses and Ethics (CAJMHE) can contribute to the achievement of UHC in Central Asian countries. As WHO Secretary-General Dr. Tedros Ghebreyesus (2017) noted, “From my point of view, universal health coverage is an ethical principle”. Indeed, what else could be more ethical than achieving the long-held dream of all mankind – “Health for all!”

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NB and GK designed and drafted the manuscript. NB and AS prepared the figure. NB, GK, SK, AS, and KB approved the final version of the manuscript and agree to be accountable for all aspects of the work.

CONFLICTS OF INTEREST
The authors declare no conflicts of interest regarding the publication of this article.

DISCLAIMER
No part of this review is copied or published elsewhere in whole or in part.

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Universal Health Coverage Index, 2000 to 2019

The Universal Health Coverage (UHC) index is measured on a scale from 0 (worst) to 100 (best) based on the average coverage of essential services including reproductive, maternal, newborn and child health, infectious diseases, non-communicable diseases and service capacity and access.

<table>
<thead>
<tr>
<th></th>
<th>2000</th>
<th>2019</th>
<th>Absolute Change</th>
<th>Relative Change</th>
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<tbody>
<tr>
<td>Kazakhstan</td>
<td>39.00</td>
<td>76.00</td>
<td>+37.00</td>
<td>+95%</td>
</tr>
<tr>
<td>Kyrgyzstan</td>
<td>52.00</td>
<td>70.00</td>
<td>+18.00</td>
<td>+35%</td>
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</tbody>
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Figure 1. Dynamics of the universal health coverage index in Kazakhstan and Kyrgyzstan from 2000 to 2019 years. (Source: [https://ourworldindata.org/grapher/universal-health-coverage-index?tab=chart&time=earliest..2019&country=KAZ~KGZ](https://ourworldindata.org/grapher/universal-health-coverage-index?tab=chart&time=earliest..2019&country=KAZ~KGZ), Accessed August 15, 2022)
ОРТАЛЫҚ АЗИЯ АЙМАҒЫНДА АДАМДАРДЫҢ МҮКТАЖДЫҒЫНА БАҒЫТТАЛҒАН ДЕНСАУЛЫҚ САҚТАУ ҚЫЗМЕТТЕРІН ЖАЛЫЛАМА ҚАМТУ

Тұжықдеме

Тұжық сөздер: денсаулық сақтау қызметтерін жалылама қамтуда (ДЖЖҚ), медициналық-санитарлық қызмет (МСАҚ), Қазақстан, Қыргызстан.

Дойекес үшін: Бримкулов Н.Н., Капанова Г.Ж., Калмаханов С.Б., Сагитова А.Р., Букараева К.Е.

ВСЕОБЩИЙ ОХВАТ УСЛУГАМИ ЗДРАВООХРАНЕНИЯ, ОРИЕНТИРОВАННЫЙ НА НУЖДЫ ЛЮДЕЙ, В ЦЕНТРАЛЬНО-АЗИАТСКОМ РЕГИОНЕ

Резюме

Ключевые слова: всеобщий охват услугами здравоохранения (BOUZ), первичная медико-санитарная помощь (ПМСП), Казахстан, Кыргызстан.

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