Editorial

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Oral Health in Universal Health Coverage

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Every country recognises the importance of access to health services and information as a basic human right. The concept of Universal Health Coverage (UHC) as described by the World Health Organisation (WHO) means that all people and communities receive the full spectrum of health services from health promotion to prevention, treatment, rehabilitation, and palliative care across the life course they need and of sufficient quality to be effective while also ensuring that the use of these services does not expose the user to financial hardship. One of the targets set by the nations of the world when adopting sustainable development goals in 2015 is achieving UHC.[1]

Primary health care is of utmost importance required to achieve UHC. The UHC focusses not only on preventing and treating disease and illness but also on helping to improve well-being and quality of life.[2] Throughout the world, each country has set different priorities based on the needs of their countrymen as well as their available resources and fixed their path in achieving UHC. In Nepal, a road map to UHC is provided by the Nepal Health Sector Strategy 2015-2020. It prioritises the health system improvement in human resources for health, public financial management, infrastructure, procurement, and health governance.[3]

Oral health is an important aspect required for maintaining overall health, well-being, and quality of life. There are many common biological, behavioural, and psychosocial risk factors of oral diseases linked to other non-communicable diseases (NCD). Most of the risk factors relate to lifestyles like dietary habits, tobacco or alcohol consumption, and standards of hygiene that are preventable. However, extensive inequalities in oral health outcomes as well as in access to oral health services can be observed. The burden of oral disease has a great impact mostly among the less privileged group of people in society.[4] Oral health has always been a neglected area of global health that could make a major contribution to achieving universal health coverage.

Historically, oral health has not been considered the priority of UHC discussion. Over the years, only limited progress has been made in addressing oral diseases around the world. Poor oral health is recognised as a NCD and should be included as an indicator for the health-related Sustainable Development Goal (SDG) which broadly aims to improve health outcomes but has not been done. However, recently an initiation was made towards advocacy for universal oral health coverage in the first high-level political declaration on NCD in 2011 followed by the first-ever political declaration on UHC that was adopted on 23 September 2019 by the United Nations (UN) General Assembly, with Paragraph 34 stating that UN Member States will step up efforts to strengthen UHC with full inclusion of oral diseases.[5]

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Oral diseases rank fourth among the most expensive diseases to treat.[6] Most of the developing countries offer only out-of-pocket expenditure for most dental treatments which is the main cause of dental neglect by the disadvantaged and poorer ones. Dental treatment for them may be the cause of a major drain on their limited resources available. Also, access to oral health care including early diagnosis, prevention, and basic treatment is grossly inadequate or completely lacking in most of the areas of these countries.[7] To reduce these inequalities, oral health should be incorporated into UHC. In Nepal, oral health services are mostly centralised causing limited access to rural communities. People in these underprivileged areas even fail to receive emergency dental care or immediate pain relief measures.

Most high-income countries currently tackle the burden of oral health diseases by implementing UHC with partial coverage. They have established advanced oral health services offering primarily treatment to patients and provide oral health services through public programs or state-sponsored health insurance schemes. However, low-income countries do not get access to UHC and rely on voluntary health insurance which increases their out-of-pocket expenditure.[8] In Nepal, some of the oral health-related procedures like dental X-ray, simple and difficult dental extraction, surgical extraction per unit, and dental filling (composite) per unit are included under the Health Insurance Board which is a social protection program of the Government of Nepal that aims to enable its citizens to access quality health care services without placing a financial burden on them.

To address and overcome the burden of oral diseases for achieving UHC, each country should set its goals, targets, and strategies through heightened oral health policy that can be implemented to improve the delivery and access of dental services throughout the nation and across the globe. The primary focus should be made on the prevention of dental diseases and the promotion of oral health. The quality of oral health care delivered should also be monitored regularly to maintain the standards of oral care. The oral health information system should be developed as an integral part of national surveillance of oral health along with its risk factors to provide evidence for oral health policy and practice, formulation of goals and targets, and measurement of progress in public health.[6] Efforts must be made for the development of proper oral health financing schemes and dental insurance programmes covering the costs of oral health care.

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