



INTERNATIONAL FEDERATION
OF PSORIASIS ASSOCIATIONS



GLOBAL
PSORIASIS
COALITION

IFPA's Advocacy Toolkit for

UNIVERSAL HEALTH COVERAGE

A guide to using Universal Health Coverage to
campaign for psoriasis and psoriatic arthritis

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CHAPTER 1: An Introduction to UHC

What is Universal Health Coverage?

Universal health coverage (UHC) means that everyone, irrespective of their age, sex, financial situation or living standards, can access the health services they need, without experiencing financial hardship. Needed health services is a definition covering a broad spectrum of services that spans throughout the life of an individual and throughout many conditions: neonatal, child and adolescent care, sexual and reproductive care, maternal health, health promotion and prevention, communicable and non-communicable diseases, palliative care and much more.

In many settings, poor and marginalized people are the ones that receive less access to health services. UHC makes sure that all these individuals are covered and receive the needed intervention, so no one is left behind.

UHC implies that the health services provided to the people in need are of high quality. That means, for example, that the prevention strategies should include accurate and up-to-date information, that the diagnosis of a disease is prompt and correct, and that the necessary interventions are received by the person in need.

Needed health services should not only be available, but they should also be affordable. This means that people in need of health care should be able to afford the costs of care besides other living costs, such as food and other living necessities. Those in need of health services should not be pushed into poverty because of health expenditures, as well as those who are already below the poverty threshold should not be pushed further into poverty because of their healthcare needs.

An important feature of UHC is the so-called “progressive universalism”, meaning that countries can start implementing a core set of essential intervention and expand the coverage over time, when more resources become available.

UHC does not mean that all the health services should be provided for free, as this practice is not sustainable for any health systems. It is also not a finite process, as coverage for health services should be expanded once more resources become available.



Primary Care and a Sustainable Health Workforce

It is often said that primary care is the cornerstone of UHC. Primary healthcare covers all the aspects of care, from prevention and health promotion to treatment and palliative care. In an optimal setting, primary care is available within a reasonable distance. Financing primary care is the smartest option for governments to strengthen their health systems because it is a cost-effective measure (primary care is less expensive than specialist care while still effective) and it ensures equity (access to primary care is easier for the poorer or more marginalized populations). Primary care physicians can serve as focal point of the multidisciplinary care team necessary to ensure a holistic care of one or multiple diseases. Moreover, a primary care physician can provide comprehensive care in those settings where access to specialist care is limited.

According to recent calculations, it is expected that the world will experience a shortage of 18 million health workers by 2030. It is therefore important to address this shortage together with the challenges of the uneven distribution of health providers, but it is also important that the health workforce be well-trained and ready to respond to the health necessities of the population they serve.

Benefits of UHC

If all the aspects of achieving UHC are considered, it is clear that investing UHC is investing in the future and in the country's prosperity: UHC is a driver for prosperity because a population in good health is a productive population, UHC brings equality as vulnerable populations often lack access to health services, UHC is tied to increased financial security as health expenditures will have a lower impact on household's budgets.



References and Further Readings

- WHO [“What is universal health coverage?”](#)
- UHC2030 [“Universal health coverage advocacy guide” 2018](#)
- WHO “UHC Monitoring report” [2017](#) and [2019](#)
- Global Governance Project [“Health: a political choice”](#)
- Global Psoriasis Coalition [“Beyond gatekeeping: effective primary care support in the management of psoriasis and psoriatic arthritis”](#)

UHC and Non-Communicable Diseases

Non-communicable diseases (NCDs) are a growing challenge whose burden is increasing worldwide. Their nature of chronic and, in some cases, lifelong diseases impacts the lives of individuals living with one or more conditions, their families and the national health systems. A recent publication by the World Health Organization (WHO) defines NCDs as “the most democratic of all diseases” as NCDs affect the rich as well as the poor, and they are widespread in developed countries as well as in low- and middle- income countries. Unfortunately though, as in many other settings, the burden of NCDs for poorer people and poorer countries is heavier compared to the richer counterpart. The access to health promotion and prevention services, screening routines, cutting-edge therapies (both pharmacological and surgical), recurrent monitoring of the disease development and palliative care are privileges reserved to the wealthier part of the world and only to segments of its population. The burden of NCDs at the individual level is aggravated by their financial burden: the costs associated to the management of chronic conditions can lead to catastrophic health expenditures if individuals cannot benefit from any kind of health coverage plan. The result is that entire families are pushed below the poverty threshold and countries do not progress.

Health systems are not designed nor prepared to face the epidemic of NCDs: they are built to manage single, episodic illnesses; their major focus is on treatment instead of prevention; they are mainly disease-centered. Conversely, NCDs are often multi-morbid, as people living with one NCD are often at risk of developing other NCDs during the ageing process. Moreover, as the diseases are often lifelong, the type of care required for managing NCDs differs dramatically from the care of episodic illnesses. To successfully manage NCDs, health systems should shift from a disease-centered model to a people-centered model, where primary care serves as coordinator of a multidisciplinary team managing the single conditions. For this model to be a success, primary care providers should be aware of the complexity of these diseases and how suffering from one NCD puts people at risk of developing co-morbid conditions. The primary care providers should also play an active role in health promotion, to prevent or delay the insurgence of co-morbid diseases, as well as in recurrent screening for co-morbid diseases in people at risk.



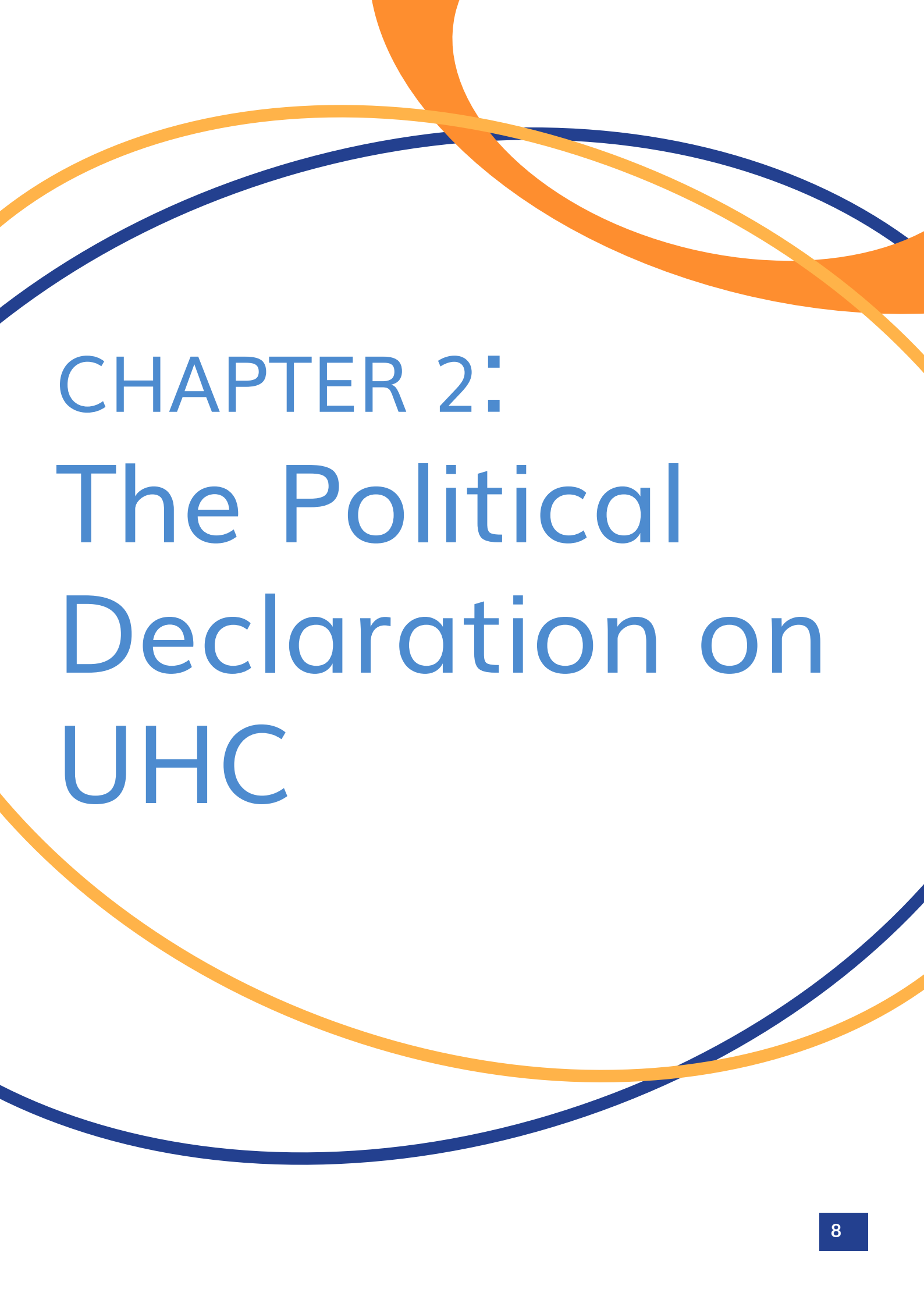
UHC can help addressing many of the challenges faced by people living with NCDs. As NCDs can affect anyone regardless of social and economic status, a health system that leaves no one behind increases the level of equity within the society. UHC makes sure that no one suffers financial hardship because of the costs of healthcare, and this is particularly true for NCDs whose management is characterized by a generally high share of out-of-pocket expenses. UHC makes sure that the management of NCDs is appropriate and qualitative, from prevention and control of NCDs to treatment and palliative care. UHC facilitates timely diagnosis and better management of NCDs, therefore individuals living with NCDs can minimize the time taken off from work or school because of their disease(s). The progressive expansion of the services included in the healthcare packages, following the concept of “progressive universalism” ensures that more and more people will benefit from quality health services and, in turn, will be able to be part of the productive population contributing to the well-being of their countries.

Tackling NCDs is included in the set of essential intervention suggested by the Lancet Commission on Investing in Health, and it is clear from the arguments listed above that UHC and NCDs are profoundly intertwined and mutually reinforcing.

References and Further Readings

- NCD Alliance [“Ensuring healthy lives for all: NCDs and UHC”](#)
- WHO [“Non-communicable diseases: the slow-motion disaster”](#)
- Lancet [“Global Health 2035: a world converging within a generation”](#)





CHAPTER 2: The Political Declaration on UHC



What is the political declaration?

The political declaration on Universal Health Care was adopted by the United Nations' Member States at the first High-level meeting on universal health coverage on 23 September 2019. It is meant to accelerate progress towards achieving UHC and reinforce the commitments taken by United Nations' Member States in 2015, when the Agenda for Sustainable Development and the Sustainable Development Goals (including Goal 3.8 "Achieve universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all") were approved.

The political declaration on UHC opens with a strong affirmation of the right of everyone to have the highest attainable standard of physical and mental health, a commitment that strengthens the right to health as presented in the United Nations' Universal Declaration on Human Rights of 1948. The fundamental principle of UHC that no one should be left behind is reiterated throughout the whole text of the declaration. The declaration recognizes that universal health coverage should include a broad range of health services, including prevention, rehabilitation and palliative care, not only treatment of diseases. Interventions on NCDs and mental health disorders are mentioned in multiple paragraphs as urgent measures to be implemented. Ample room is given to financing health systems and the importance of finding resources to finance health services, to avoid catastrophic expenditures and the high share of out-of-pocket expenses. The declaration urges governments to find solutions to the lack of health workforce and its uneven distribution in the countries' territory, especially in rural areas and in low- to middle- income countries. The need of disaggregated data to inform policy is highlighted in multiple paragraphs of the political declaration.

Weaknesses of the political declaration are the lack of financial and time-bound commitments, as well as an accountability framework. There is also no strong language emphasizing the importance of public healthcare versus private healthcare.

It will be up to advocates at the national level to push for the full realization of the commitments taken at the high-level meeting on universal health coverage, and hold their government accountable.



CHAPTER 3: A Deep Dive

How can we use the Political Declaration to advocate for psoriasis and psoriatic arthritis?

The political declaration on UHC is a new instrument in our toolkit that can be used to advocate for psoriasis and psoriatic arthritis. UHC is a broad concept comprehensive of multiple issues related to psoriasis, such as

- Access to medicines
- Health workforce preparedness and presence
- Financial costs of living with psoriasis
- Disabilities related to psoriatic arthritis
- Person-centered model of care and co-morbidities, including mental health

The right to health

As mentioned above, the declaration opens with reaffirming the **right to health** for every human being. The political declaration states:

1. Reaffirming the right of every human being, without distinction of any kind, to the enjoyment of the highest attainable standard of physical and mental health

This paragraph not only mentions the right to health, but also the “**highest attainable standard**” of both **physical and mental health** and may be leveraged in multiple settings.

Non-Communicable Diseases and Mental Health

The declaration urges action against **NCDs** in multiple paragraphs, pushing governments to keep the promise made during the high-level meetings on NCDs:

4. Reaffirm the strong commitments made through the political declaration adopted at the high-level meetings [...] on the prevention and control of non-communicable diseases

Moreover, it is acknowledged that there are current challenges due to NCDs, mental disorders and mental health conditions and that they are responsible for the majority of premature deaths:

- 12(c). Despite major health gains over the past decades, [...] challenges remain with regard to emerging and re-emerging diseases, non-communicable diseases, mental disorders and other mental health conditions [...]

Therefore, the declaration encourages governments to take action against 5 major NCDs and for improving mental health:

33. Further strengthen efforts to address non-communicable diseases, including cardiovascular diseases, cancer, chronic respiratory diseases and diabetes, as part of universal health coverage

Studies have now demonstrated that treating psoriasis also reduces the risk of developing cardiovascular diseases: evidence shows that systemic therapies and biologic therapies are associated with a reduction in risk for cardiovascular events. Therefore, the argument that psoriasis advocates can use is that treating psoriasis is an effective measure to address cardiovascular diseases, in accordance with the political declaration on UHC. Since the link between effective management of psoriasis and reduced risk of cardiovascular diseases has been demonstrated for systemic treatments (and biologics in particular), point 33 of the political declaration can also be used to advocate for increased access and affordability of these drugs.

Mental health has earned a place under the spotlight at the World Health Organization and at the United Nations in recent years. The importance of good mental health is also present in the political declaration on UHC in paragraphs 1 and 12(c) (see above) as well as in a dedicated paragraph requesting governments to act to contrast the epidemic of poor mental health that has just started to reveal itself:

36. Implement measures to promote and improve mental health and well-being as an essential component of universal health coverage, including by scaling up comprehensive and integrated services for the prevention, including suicide prevention, as well as treatment for people with mental disorders and other mental health conditions as well as neurological disorders, providing psychosocial support, promoting well-being, strengthening the prevention and treatment of substance abuse, addressing social determinants and other health needs, and fully respecting their human rights, noting that mental disorders and other mental health conditions as well as neurological disorders are an important cause of morbidity and contribute to the non-communicable diseases burden worldwide;

As the text acknowledges, mental health conditions are increasing the burden of NCDs, and it's very-well known that it is the case for psoriasis. Statistics on how much psoriasis affects mental health can be found in the WHO Global report on Psoriasis as well as in country-specific surveys compiled by patient organizations over the years. With the numbers available in those tools and the commitments taken in this declaration, it is fair to ask governments to put psoriasis on the agenda because of its impact on mental health. Psoriasis needs to be managed in its entirety, not only as a disease whose symptoms are visible on the skin but also as a disease that can cause stress, anxiety and depression. An integrated approach to psoriasis care should also include mental health interventions. In a way, the holistic approach to psoriasis care is the perfect example for the "comprehensive and integrated services for prevention and treatment of mental health disorders" that the declaration calls for. In addition to that, more and more studies are shedding light on the link between inflammation and depression, as well as on the benefits of reducing inflammation to improve mental health. Therefore, we can argue that a proper management of psoriasis will also help achieving the set targets for mental health.

Health Services

As the very definition of UHC implies, UHC is about providing quality health services to the people in need: it is important to note that a **broad range of health services** should be included under the phrase “quality health services”, not only those which scope is to treat one or multiple diseases. This aspect is written clearly in the political declaration on UHC in paragraphs 9 and 25:

9. Recognize that universal health coverage implies that all people have access, without discrimination, to nationally determined sets of the needed promotive, preventive, curative, rehabilitative and palliative essential health services, and essential, safe, affordable, effective and quality medicines and vaccines, while ensuring that the use of these services does not expose the users to financial hardship, with a special emphasis on the poor, vulnerable and marginalized segments of the population;

25. Implement the most effective, high-impact, quality-assured, people-centred, gender- and disability-responsive and evidence-based interventions to meet the health needs of all throughout the life course, and in particular those who are vulnerable or in vulnerable situations, ensuring universal access to nationally determined sets of integrated quality health services at all levels of care for prevention, diagnosis, treatment and care in a timely manner;

The arguments included in these two paragraphs can be useful to psoriasis advocates working on themes such as health promotion (healthy lifestyles to prevent flares, smoking cessation therapies) and interventions towards advanced psoriatic arthritis (rehabilitation). Rehabilitation programs for psoriatic arthritis, such as physical therapy to improve joint mobility and to prevent further damage or rehabilitation after surgery, should also be included in universal health coverage schemes because they are part of essential health services for people living with psoriatic arthritis.

Disabilities

The language around **disabilities** used in the political declaration is another useful tool to advocate for psoriasis and psoriatic arthritis. Paragraph 37 recognizes that persons with disabilities still face unmet health needs and barriers in many aspects of life, and paragraph 50 emphasizes the need to improve availability and affordability of assistive products:

37. Increase access to health services for all persons with disabilities, remove physical, attitudinal, social, structural and financial barriers, provide quality standard of care and scale up efforts for their empowerment and inclusion, noting that persons with disabilities, who represent 15 per cent of the global population, continue to experience unmet health needs;

50. Improve availability, affordability and efficiency of health products by increasing transparency of prices of medicines, vaccines, medical devices, diagnostics, assistive products, cell- and gene-based therapies and other health technologies [...]

Discrimination in the workplace, architectural barriers, limited access to buildings and public spaces, high cost of rehabilitation and of assistive products for people with psoriatic arthritis can all be addressed by using the political declaration on UHC, as it is clearly stated that all the barriers faced by people with disabilities in their daily lives should be tackled and removed.

Access to Medicines

Together with improved access to assistive products, paragraph 50 includes the commitment to improve availability and affordability of a wide range of medical products. Access to medicines has always been largely debated in the global health policy arena because of its implication in population health but also its repercussions on countries' economy and health expenditures. Other than paragraph 50, access to medicines is included in paragraph 49 and 51:

49. Promote equitable distribution of and increased access to quality, safe, effective, affordable and essential medicines, including generics, vaccines, diagnostics and health technologies, to ensure affordable quality health services and their timely delivery;

51. Promote increased access to affordable, safe, effective and quality medicines, including generics, vaccines, diagnostics and health technologies, reaffirming the World Trade Organization Agreement on Trade-Related Aspects of Intellectual Property Rights (TRIPS Agreement) as amended, and also reaffirming the 2001 World Trade Organization Doha Declaration on the TRIPS Agreement and Public Health, which recognizes that intellectual property rights should be interpreted and implemented in a manner supportive of the right of Member States to protect public health and, in particular, to promote access to medicines for all, and notes the need for appropriate incentives in the development of new health products;

As noted in the WHO Global report on Psoriasis, “patient suffering from psoriasis should have access to comprehensive, individually adapted treatment. At a minimum, public and private facilities should provide the drugs included on the WHO Model List of Essential Medicines, including systemic therapies.” The political declaration on UHC reaffirms the recommendations included in the WHO Global report on Psoriasis. It is important to note that the advocacy towards increasing access to psoriasis treatments is a universal action that involves both those countries where very few medications are available as well as those countries where a wider variety of treatments for psoriasis is available. As mentioned above, UHC includes the concept of “progressive universalism”, meaning that the coverage of health services should progressively expand once more resources become available. This point is important for advocating for increased access to medications for

psoriasis: every country can increase coverage for products that are not yet included in the list of reimbursed medication, if these products can cause financial hardship for the people in need.

Financial Hardship

Treatments and rehabilitation, especially for chronic diseases like NCDs, are often associated to high financial costs. Avoiding **financial hardship** is an aspect of UHC as important as the access to quality health services, and it's included in the political declaration in paragraph 9 (reported above) and in the following paragraphs:

12(a) At least half of the world's population lacks access to essential health services, more than 800 million people bear the burden of catastrophic spending of at least 10 per cent of their household income on health care, and out-of-pocket expenses drive almost 100 million people into poverty each year;

12(e) The high prices of some health products, and inequitable access to such products within and among countries, as well as financial hardships associated with high prices of health products, continue to impede progress towards achieving universal health coverage;

24(b) To stop the rise and reverse the trend of catastrophic out-of-pocket health expenditure by providing measures to ensure financial risk protection and eliminate impoverishment due to health-related expenses by 2030, with special emphasis on the poor as well as those who are vulnerable or in vulnerable situations;

39. Pursue efficient health financing policies, including through close collaboration among relevant authorities, including finance and health authorities, to respond to unmet needs and to eliminate financial barriers to access to quality, safe, effective, affordable and essential health services, medicines, vaccines, diagnostics and health technologies, reduce out-of-pocket expenditures leading to financial hardship and ensure financial risk protection for all throughout the life course, especially for the poor and those who are vulnerable or in vulnerable situations, through better allocation and use of resources, with adequate financing for primary health care, in accordance with national contexts and priorities;

A high share of out-of-pocket expenses is a reality for people living with psoriasis. The WHO Global report on Psoriasis states that "self-funding of treatment is often ruinous for the patients and their household budget, particularly as many people suffering from psoriasis cannot undertake professional work for health reasons or because of discrimination". Moreover, many of the most recent treatments for psoriasis have a high cost. The insurgence of co-morbid conditions in people living with psoriasis, such as diabetes and cardiovascular diseases, and the fact that all these diseases are chronic and life-long, contribute to the financial burden of the disease and can easily

push people on the verge of poverty. Therefore, it is important that the financial aspect of living with psoriasis be addressed by governments, if they want to keep the promises included in the political declaration on UHC.

Primary Healthcare

Primary healthcare is the cornerstone of UHC and is of utmost importance if we want to achieve the people-centered model of care that the World Health Organization advocates for. The importance of primary healthcare in UHC is reported in the following paragraphs of the political declaration:

13. Recognize that primary health care brings people into first contact with the health system and is the most inclusive, effective and efficient approach to enhance people's physical and mental health, as well as social well-being, and that primary health care is the cornerstone of a sustainable health system for universal health coverage and health-related Sustainable Development Goals, as was declared in the Declaration of Alma-Ata and reaffirmed in the Declaration of Astana;

39. Pursue efficient health financing policies, including through close collaboration among relevant authorities, including finance and health authorities, to respond to unmet needs and to eliminate financial barriers to access to quality, safe, effective, affordable and essential health services, medicines, vaccines, diagnostics and health technologies, reduce out-of-pocket expenditures leading to financial hardship and ensure financial risk protection for all throughout the life course, especially for the poor and those who are vulnerable or in vulnerable situations, through better allocation and use of resources, with adequate financing for primary health care, in accordance with national contexts and priorities;

46. Expand the delivery of and prioritize primary health care as a cornerstone of a sustainable people-centred, community-based and integrated health system and the foundation for achieving universal health coverage, while strengthening effective referral systems between primary and other levels of care, recognizing that community-based services constitute a strong platform for primary health care;

The Global Psoriasis Coalition recently published a white paper on psoriasis and primary healthcare, available [here](#), that emphasizes all the benefits of primary healthcare in the management of psoriasis. What is important to highlight in the paragraphs on primary healthcare is the sentence "in accordance with national contexts and priorities" at the end of paragraph 39, as it can be taken as an "excuse" not to finance primary healthcare and psoriasis, with the explanation "it does not fit within the national contexts and priorities". Psoriasis advocates should be confident in stating that psoriasis must be a national priority, for the many reasons listed above.

Health Workforce

The proper management of psoriasis in a holistic way, from prevention and diagnosis to treatment, requires a **health workforce** that is sufficient in numbers and is properly educated to manage the disease in all its complexity. This is a challenge that many countries face nowadays. The political declaration states:

60. Take immediate steps towards addressing the global shortfall of 18 million health workers in accordance with the Global Strategy on Human Resources for Health: Workforce 2030, and addressing the growing demand for health and social sectors, which calls for the creation of 40 million health worker jobs by 2030, taking into account local and community health needs;

61. Develop, improve and make available evidence-based training that is sensitive to different cultures and the specific needs of women, children and persons with disabilities, skills enhancement and education of health workers, including midwives and community health workers, as well as promote a continued education and lifelong learning agenda and expand community-based health education and training in order to provide quality care for people throughout the life course;

62. Scale up efforts to promote the recruitment and retention of competent, skilled and motivated health workers, including community health workers and mental health professionals, and encourage incentives to secure the equitable distribution of qualified health workers, especially in rural, hard-to-reach and underserved areas and in fields with high demands for services, including by providing decent and safe working conditions and appropriate remuneration for health workers working in these areas, consistent with the World Health Organization Global Code of Practice on International Recruitment of Health Personnel,⁷ noting with concern that highly trained and skilled health personnel continue to emigrate, which weakens health systems in the countries of origin;

Many countries, from low- and middle- income countries to developed countries, struggle with the lack of dermatologists and family doctors, or their uneven distribution within the territory. The political declaration pushes governments to address these two issues by training more healthcare professionals and create incentives for them to work in underserved areas. All healthcare professionals, especially those working in primary healthcare, should be aware of psoriasis and its co-morbidities to ensure timely diagnosis and qualitative management of the disease.



References and Further Readings

- United Nations [“Political declaration of the high-level meeting on universal health coverage”](#)
- Global Psoriasis Coalition [“Beyond gatekeeping: effective primary care support in the management of psoriasis and psoriatic arthritis”](#)
- NIH/National Heart, Lung and Blood Institute [“Study links psoriasis treatment and improvement in heart artery disease”](#) ScienceDaily
- National Psoriasis Foundation [“Want to reduce your risk of heart attack? Treat your psoriasis”](#)



CHAPTER 4: Conclusions

UHC is the most ambitious commitment to achieve health and well-being for all. It encompasses all the aspects of health along the life course and addresses the economic impact of health. A healthy population is a productive population, therefore achieving UHC brings huge benefits to the countries that commit to it. Psoriasis is a complex life-long disease, therefore UHC is the only way to ensure that psoriasis is properly managed by health systems and that people living with psoriasis do not experience financial hardship because of the costs associated to having psoriasis. The political declaration on UHC is a precious new tool at our disposal and can be used together with the WHO Resolution on Psoriasis and the WHO Global report on Psoriasis to advocate for improving the lives of people living with psoriasis worldwide.



Appendix and Attachments

- United Nations [“Political declaration of the high-level meeting on universal health coverage”](#)
- Global Psoriasis Coalition [“Psoriasis and Universal Health Coverage”](#)
- Global Psoriasis Coalition [“Beyond gatekeeping: effective primary care support in the management of psoriasis and psoriatic arthritis”](#)