

# Achieving Universal Health Coverage for marginalized communities: lessons learnt from Indigenous communities in south India.

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## Background

Several initiatives to achieve Universal Health Coverage (UHC) across the world have focussed on interventions related to financial protection and augmenting health system capacity.<sup>1</sup> However, recent reviews of progress towards UHC have warned about a continuing lack of access for marginalised communities.<sup>2</sup> This limited access, combined with the higher burden of disease known to be experienced by Indigenous peoples, significantly reduces their quality of life and wellbeing. Work among the Indigenous population living in the south Indian state of Kerala gives some insights into the course correction that is required if UHC is to become a reality for Indigenous communities.

## Methods

Data collection took place in *Attapady*, Kerala between September 2018 and January 2019 and included;

- Ethnographic fieldwork with the *irula*, *muduga* and *kurumba* tribes;
- In-depth interviews with a range of healthcare providers;
- In-depth interviews with key informants from academia and the civil service;
- A total of 52 interviews and 6 focus groups were undertaken.\*



Figure 1:

## Results

Despite comprehensive financial protection and good health infrastructure, the Indigenous population living in Attapady experienced poor access healthcare for various reasons as shown in Figure 2.

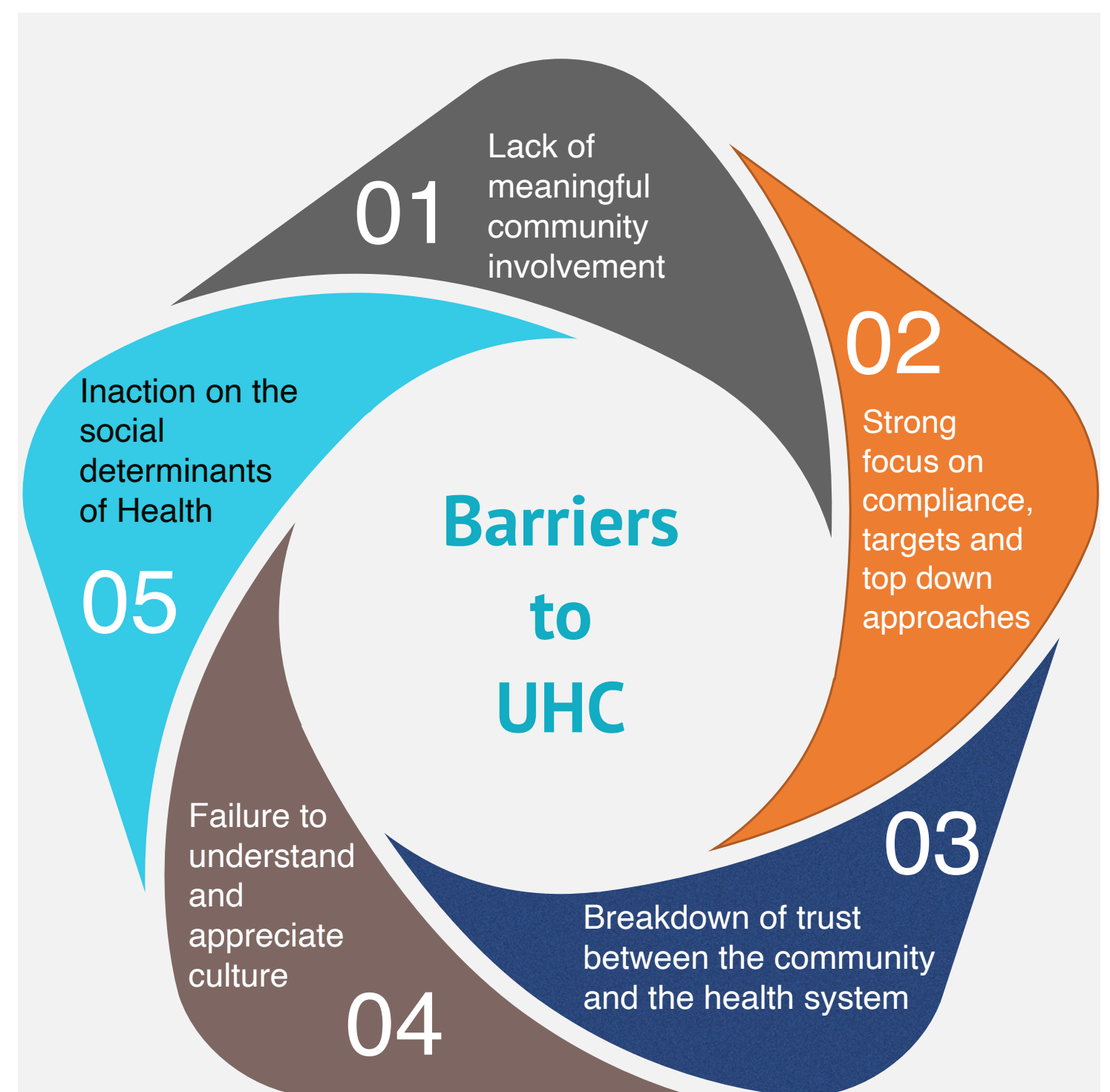


Figure 2:

## Conclusion

UHC cannot be achieved through financial measures alone. If UHC is to become a reality by 2030, local health systems **must**:

- follow a **systems approach** to tackling inequity, including taking action on the **social determinants** of health;
- engage in **collaborative** dialogue, in order to fully understand and take account of the unique culture, beliefs and life experiences of local Indigenous peoples;
- **meaningfully** involve Indigenous communities as **equal partners** at all stages of developing and implementing measures to improve access to healthcare.

## References

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2. Wagstaff, A., D. Cotlear, P. H.-V. Eozenou and L. R. Buisman. (2016). "Measuring progress towards universal health coverage: with an application to 24 developing countries." *Oxford Review of Economic Policy* 31(1): 147-189.

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