

# World Health Day April 7 2019

## **WHO's theme for 2019 is Universal Health Coverage**

<https://www.who.int/campaigns/world-health-day/world-health-day-2019>

see also

<http://www.haiasiapacific.org/concerns/universal-health-coverage/>

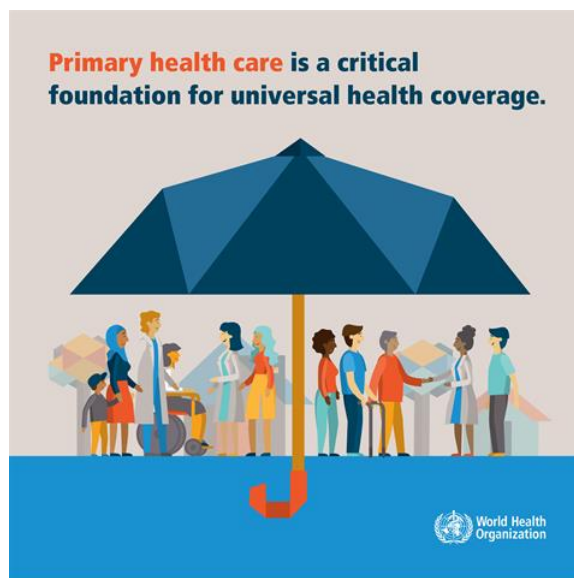
### **WHO rationale for choosing this year's theme:**

Universal health coverage is WHO's number one goal. Key to achieving it is ensuring that everyone can obtain the care they need, when they need it, right in the heart of the community.

Progress is being made in countries in all regions of the world. But millions of people still have no access at all to health care. Millions more are forced to choose between health care and other daily expenses such as food, clothing and even a home.

### **The WHO Key Messages are**

- Health is a human right; it's time for health for all.
- We know universal health coverage is possible, let's make it happen!
- Universal health coverage means that all people have access to the quality health services they need, when and where they need them, without financial hardship.
- At least half of the people in the world do not receive the health services they need.
- About 100 million people are pushed into extreme poverty each year because of out-of-pocket spending on health.
- But who are these people and how can we help them? To get a better picture of who is missing out, we need data that is broken down by gender, age, income, location, education and other factors that affect access to health services.
- Health is a human right; everyone should have the information and services they need to take care of their own health and the health of their families.
- Quality, accessible primary health care is the foundation for universal health coverage.
- Unsafe and low-quality health care ruins lives and costs the world trillions of dollars every year, we must do more to improve the quality and safety of health services globally.
- Primary health care should be the first level of contact with the health system, where individuals, families and communities receive most of their health care—from promotion and prevention to treatment, rehabilitation and palliative care—as close as possible to where they live and work.
- At its heart, primary health care is about caring for people and helping them improve their health or maintain their well-being, rather than just treating a single disease or condition.
- Primary health care covers the majority of your health needs throughout your life including services such as screening for health problems, vaccines, information on how to prevent disease, family planning, treatment for long- and short-term conditions, coordination with other levels of care, and rehabilitation.



- Primary health care is a cost-effective and equitable way of delivering health services and helping countries make progress towards universal health coverage.
- A health system with strong primary health care delivers better health outcomes, is cost-efficient and improves quality of care.
- Health workers have a crucial role to play educating patients on how to take care of their health, coordinating care and advocating for their patients' needs to health facility managers and policy-makers.
- Primary health-care workers have a continuing and trusted relationship with their patients and know their health history; knowing the full picture helps improve their care and saves money.
- Primary health-care workers know the traditions, cultures and practices of their communities, making them indispensable during an outbreak or emergency.
- To make health for all a reality, we need: individuals and communities who have access to high quality health services so that they take care of their own health and the health of their families; skilled health workers providing quality, people-centred care; and policy-makers committed to investing in primary health care.

<https://www.who.int/campaigns/world-health-day/world-health-day-2019/communications-materials/social-media-cards>

Amartya Sen in Universal healthcare: the affordable dream – Health – in the *Guardian* January 6, 2015 – suggested:

‘The usual reason given for **not** attempting to provide universal healthcare in a country is poverty. The United States, which can certainly afford to provide healthcare at quite a high level for all Americans, is exceptional in terms of the popularity of the view that any kind of public establishment of universal healthcare must somehow involve unacceptable intrusions into private life. There is considerable political complexity in the resistance to UHC in the US, often led by medical business and fed by ideologues who want “the government to be out of our lives”, and also in the systematic cultivation of a deep suspicion of any kind of national health service, as is standard in Europe (“socialised medicine” is now a term of horror in the US).

<https://www.theguardian.com/society/2015/jan/06/-sp-universal-healthcare-the-affordable-dream-amartya-sen>

### **UHC - Focus on India: Healers or Predators? – April 2018**

<https://www.newsclick.in/healers-or-predators-excerpts>

Sanjay Nagral’s book called ‘Healers or Predators?’ was published by Oxford University Press in April 2014. It examines the corruption which ails the Health sector in India.

The book includes a Foreword by Amartya Sen and a chapter by Amit Sengupta.

**Amartya Sen:** Despite being one of the fastest growing economies in the world, India ranks among the poorest achievers of good health. The shortfall of India’s health achievements compared with those of, say, China or Thailand (in terms of expanding longevity, reducing infant and maternal mortality, curbing child undernourishment, eliminating health-cost-induced indigence, and other indicators) is large and has been growing larger. Even within South Asia, Bangladesh and Nepal have overtaken India in health accomplishment, including in life expectancy. If India’s bad record in healthcare is not much discussed in the Indian press, this neglect does not indicate the presence of a tolerable level of healthcare in India, but reflects instead the narrow reach of the Indian news media, with its traditional neglect of elementary education and healthcare. That neglect is, in fact, a contributory factor to the continuation of India’s health failure and bad schooling for the population at large, since public discussion is one of the essential requirements for remedying policy failures. Public discussion is particularly important for policy making in a functioning democracy, and it is remarkable that in the public discussion preceding political elections (such as the Indian general elections of 2014), healthcare tends to get extraordinary little attention...

...What explains India’s healthcare debacle? One immediate account is readily available, but we must be careful not to see more explanation there than a deeper scrutiny can confirm. India spends a much lower

proportion of its national income on healthcare than do many other nations with comparable achievements in economic development. Seen on its own, this line of explanation is certainly important. The fact that India allocates only a little over 1 per cent of its gross domestic product on public healthcare contrasts sharply, for example, with nearly three times as much by China. We reap as we sow, and cannot expect to get what other countries achieve by allocating much more resources—as a proportion of their respective levels of the gross national product—to healthcare.

There is clearly some truth in seeing India's healthcare failure in this perspective, but the story is much bigger than that. The low allocation of public resources to healthcare is merely one of the relevant factors, and important as it is as an account of what ails India's healthcare, the neglect of resource commitment probably hides as much as it reveals ...

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I end this foreword by pointing to three general failures in healthcare in India which may need particular attention. The first is the amazing neglect of primary healthcare compared with health interventions needed at later stages. There is certainly more money to be made in later interventions compared with simple preventive care and elementary outpatient attention. In the allocation of health resources, there is a massive neglect of primary healthcare, reflecting an inability to understand the critically important role of universal healthcare at the primary level, on which the entire healthcare system has to depend...

...A second general problem to highlight is India's hasty and premature reliance on private healthcare, which goes hand in hand with neglect of public healthcare. The alleged superiority of market-based healthcare is often invoked without adequate critical scrutiny. Health is a very special commodity, in the delivery of which the efficiency of the usual market relationships tends to flounder. When you or I buy a toothbrush, we know what that commodity does and how it can help us. For a seeker of healthcare, however, the patient may have far too little knowledge about what the ailment is and what the doctor can—or cannot—do to combat it. The informational lacuna in general and the asymmetric information—between the buyers and the sellers—in the market for healthcare provide a rich arena for abuse and exploitation.

..... Third, as was briefly noted earlier, informed public discussion on healthcare, which is central to policy making, is peculiarly deficient in India. The dysfunctional and exploitative nature of healthcare in India survive and flourish partly as a result of the lack of public discussion—and exposure—of the nature and extent of the failings involved. If the silence on the extensive debasement of Indian healthcare is a major cause of the persistence of the terrible deficiencies, the remedy has to depend on enlightening investigations of what has gone wrong—and why. This splendid, if depressing, book will do a lot to remedy that momentous neglect. We have excellent reasons to be grateful to the authors and editors of this important collection of investigative studies.

Amartya Sen noted ..... 'The low allocation of public resources to healthcare is merely one of the relevant factors, and important as it is as an account of what ails India's healthcare, the neglect of resource commitment probably hides as much as it reveals .... India's healthcare failure is far more extensive than the resource story alone can capture. The entire organization of Indian healthcare has become deeply flawed in nearly every respect.....'

In his chapter in the book **Amit Sengupta** pointed out ..... ' Universal Health Coverage is the key reform introduced at the global level by the neoliberal system, to restructure healthcare globalization and corruption in the health sector systems. In its essence, UHC is the reflection of the shift in the role of the state as a facilitator of public enterprise and a "manager" and "regulator" of healthcare services. By the turn of the millennium most low and middle income countries had inherited crumbling healthcare systems as a consequence of fiscal austerity policies advocated in the previous two decades by multilateral agencies. To remedy the situation, there could have been efforts to prioritize the rebuilding and strengthening of the public systems. Instead, the emphasis shifted from how services should be provided to how services should be financed. The World Bank played a key role in consensus-building around reforms that were to become precursors to UHC, much before the World Health Organization formally adopted them as part of its policy plank. .... '

He continued 'Universal Health Coverage was conceived as a system that would progressively move towards: (i) coverage of the entire population by a package of services, (ii) including an increasing range of services, and (iii) a rising share of pooled funds as the main source of funding for healthcare, with a consequent decrease in co-payments by those accessing healthcare services. Such a system required a clear "provider–purchaser" split, the issues of financing and management being entirely divorced from provisioning. A provider–purchaser split puts a price on services, that is, it commodifies them, which is the precondition for their transaction in the marketplace.

Supporters of UHC are happy to emphasize the key role played by governments in strategically "purchasing" care to improve "efficiency", rather than advocating for them to get involved in providing services. For example, an issue of the WHO Bulletin argues: "Countries cannot simply spend their way to universal health coverage. To sustain progress, efficiency and accountability must be ensured. The main health financing instrument for promoting efficiency in the use of funds is purchasing, and more specifically, strategic purchasing".

However Amit saw the Indian developments as Institutionalized Corruption: Public Policy as Facilitator of Private Profit Extraction.

See also:

<http://www.haiasiapacific.org/wp-content/uploads/2019/02/Book-Excerpt-Global-move-to-UHC-AS2018.pdf>

<http://www.haiasiapacific.org/wp-content/uploads/2019/02/NoGoodPrognosisUHCFev2016Amit.pdf>