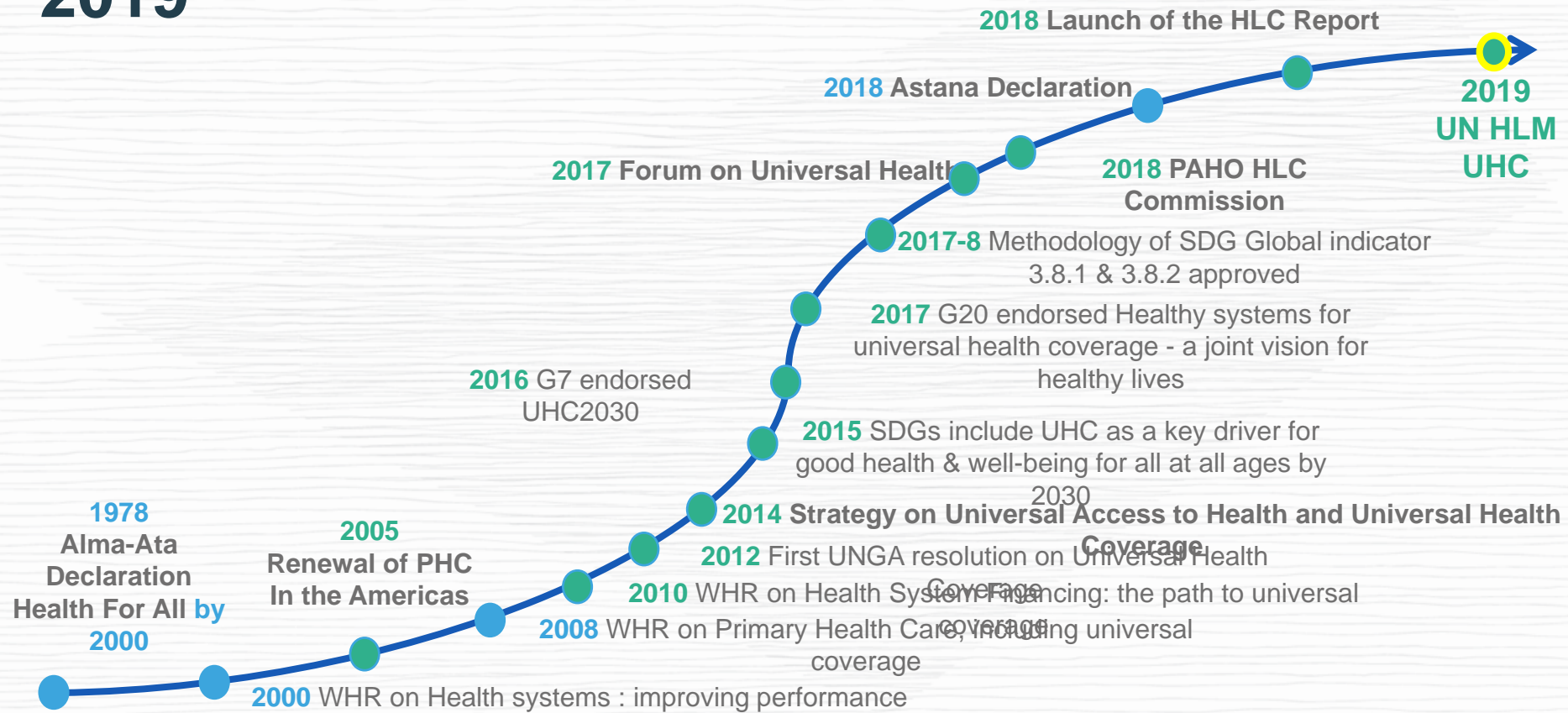


13th Caribbean Conference In Health Financing Initiatives
Anguilla, November 6-8th, 2019

Universal Health in the Americas: A call to action

Amalia Del Riego, Unit Chief, HSS
(PAHO/WHO)

From Alma Ata to UNGA 2019



Universal Access to Health and Universal Health Coverage

Imply that all people and communities have access, without any kind of discrimination, to comprehensive, quality **health services**, without exposing users to financial difficulties.

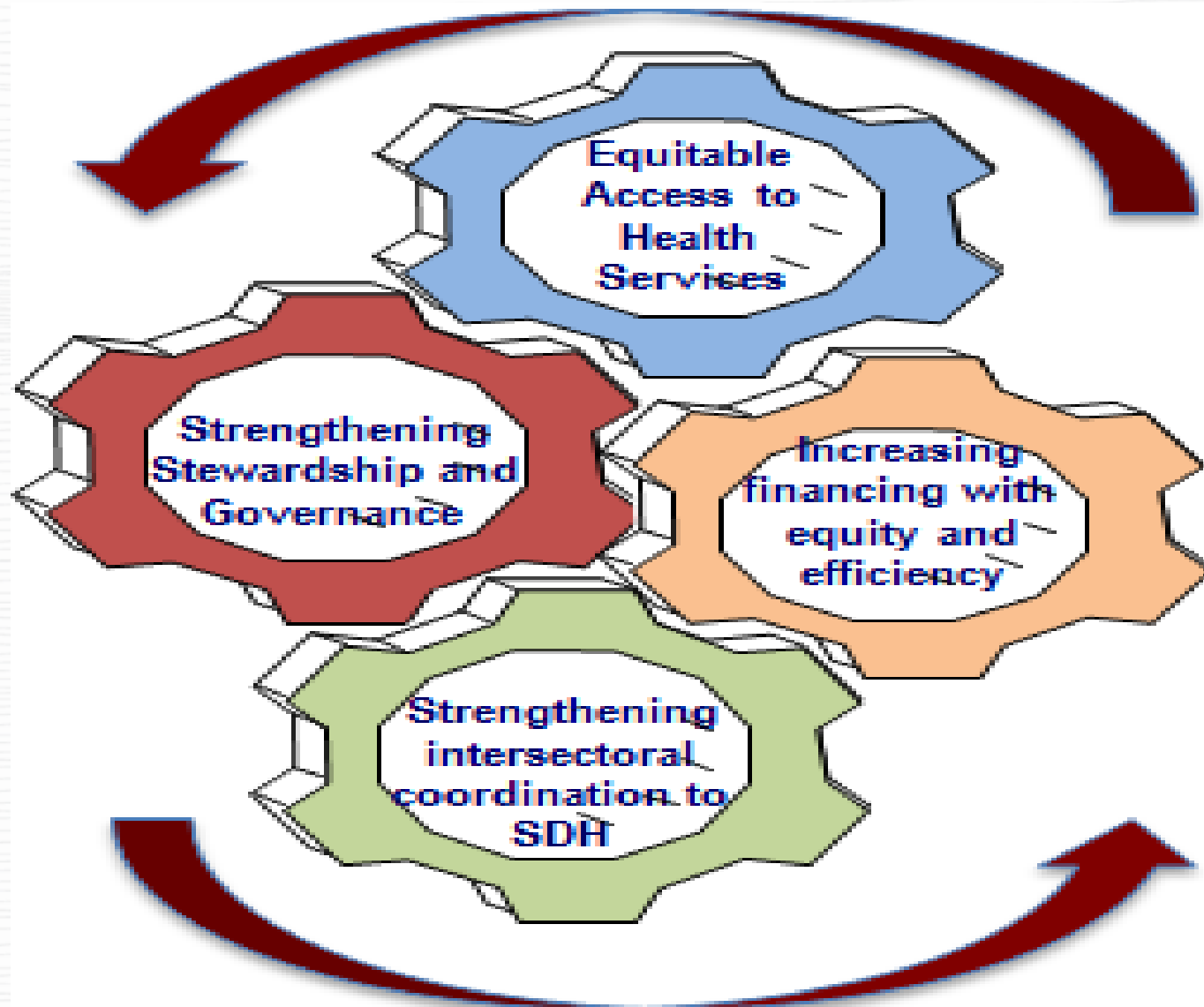
Require implementing policies and actions with a multi sectoral approach to address the social determinants of health and promote a society-wide commitment to fostering health and well-being.



Values:

- ☑ **Right to Health**
- ✓ **Equity**
- ✓ **Solidarity**

Four simultaneous and interdependent strategic lines





- Inequality is politically, socially and economically unacceptable.
- Health as a right which requires inter-sectoral action and social participation;
- Health promotion and protection is essential to sustained economic and social development.
- Primary Health Care is key to the achievement of Health for All!
 - Reflects sociocultural and political characteristics of the country and its communities.
 - Addresses and focuses on the main health problems in the community
 - Includes health promotion and prevention, treatment of common diseases and injuries, and access to essential medicines
 - Involves all related sectors, demands coordinated efforts, requires social engagement
 - Sustained by integrated and mutually supportive referral systems
 - Seeks to progressively improve comprehensive healthcare for all giving priority to those most in need
 - Relies on health teams to respond to the expressed health needs of the communities (including traditional practitioners)

The Alma Ata Declaration (1978):
40th Anniversary 2018

PAHO High Level Commission (HLC) Universal Health in the 21st Century: 40 Years of Alma-Ata

- Established February 2018, Presided by President Michelle Bachelet, Assist. Sec. General Nestor Mendez
- 19 Members from 12 countries; health, education, labor, social development sectors, civil society, and youth.
- The HLC tasked to:
 - Deliberate on health systems in the 21st century, advances and challenges in implementing universal health policies.
 - Examine the role of civil society in health systems transformation processes towards universal health with a view to seeking greater social participation in health.
 - Examine the achievements and lessons from the past, from Alma Ata to Universal Health in the era of the SDGs.



Launch of the Regional Forum: Quito, Ecuador, 2017

Launch of the Commission Report (Mexico, April 9-10 2019)

- 17 Ministers for Health, 29 countries, HLC Members, International partners and civil society.
- Technical Sessions
 - PHC as a strategic approach for Universal Health
 - Social Determinants and the role of the State in the Right to Health
 - Public Health and Social Participation
 - Human Resources as the foundation for PHC-based models of care
 - Social Protection and Financing



Findings of the High Level Commission: Challenges in Policy Development and Implementation

- Millions of people without access to the right to health, affected by asymmetries of power
- Multiple and simultaneous forms of discrimination and exclusion lead to mutually reinforcing inequities in health and social development:
- Inequalities in accessing resources, opportunity and in recognition are as important as inequalities in income which has resulted in socioeconomic stratification.
- A need to shift from a 'Social Determinants in Health' approach to an approach that reflects on the 'Processes of Social Determination in Health'.
- Social Protection Mechanisms have not addressed inequities
- Persistence in barriers to access health services, health systems transformations not based on the PHC strategy, and reform agendas not focusing on Public Health and the processes of social determination in health
- Role of the Private Sector growing in service delivery and technology; however with greater influence in the power dynamics within countries , regionally and globally.

Potential Solutions: Recommendations of the High Level Commission

- Health as a right, and a responsibility of the State.
- SDGs are important, but a greater focus on human development is required based on social inclusion and environmental sustainability.
- PHC as a necessary and sustainable path towards Universal Health, a right for all peoples, with quality, equity and social justice, with resources and while strengthening communities.
- Universal Health Strategy is a coherent framework to break down barriers to health
- **The Right to Health is guaranteed through three linchpins in social policy development :**
 - Models of Care with Inter-sectoral Interventions impacting processes of social determination of health.
 - Political and Institutional Processes to strengthen and integrate Health Systems and Social Protection Mechanisms
 - Key Resources, human, technological and financial to implement PHC based models of care, promoting **equity**.

10 Recommendations / 35 Actions

- Ensure an institutional model that enables the State to meet its ineluctable responsibility to guarantee the right to health within the broader human rights framework.
- Develop people and community centered PHC-based models of care that take into consideration human diversity, interculturalism and ethnicity.
- Create social participation mechanisms that are genuine, deep, inclusive and accessible.
- Establish mechanisms to oversee and regulate the private sector.
- Eliminate barriers to Universal Access to Health
- Address the processes of social determination in health through intersectoral interventions that promote substantive change.
- Reposition Public Health as a pillar of the States response to transform health systems
- Recognize human resources as the protagonists in the construction of PHC-based models of care
- Promote the rational use and innovation of health technologies to serve population health needs
- Develop a financing model that ensures sufficiency, quality, equity, efficiency and sustainability

UN High-level Meeting on universal health coverage (UHC) (23 September, 2019)



- Adoption of the UN Political Declaration on universal health coverage (UHC): “the most comprehensive agreement ever reached on global health”
- Three important takeaways:
 - Firstly, we need to constantly reaffirm **that health is a human right, where universal means universal.**
 - Secondly, **we need to transform health systems by 2030, but firmly based on the PHC approach.**
 - And finally, let us **truly commit to increase and improve investment in health**



COMPACT 30.30.30: PRIMARY HEALTH CARE FOR UNIVERSAL HEALTH



A CALL TO ACTION



- For the renewal of commitment “to realize a vision where everyone in the Americas, irrespective of race, gender, economic status and ethnicity, can realize their full rights of self-determination, and of health and wellbeing”. To break down barriers in the quest for equity and social justice for health.
- To make Primary Health Care the linchpin of our health systems, with inclusive, quality health and social services that are comprehensive and integrated, with a strong first level of care integrated within health networks. And with people – not disease – at the centre of our efforts”

Dr. Carissa F. Etienne

Three Strategic areas of focus



- Transforming health systems based on PHC by 2030
- A concerted effort to reduce access barriers by at least 30%
- The commitment to increase expenditure in health (6% of GDP) and allocate at least 30% to the first level of care

Transform Health Systems by 2030



- Real and inclusive social participation, particularly of groups in conditions of vulnerability.
- A paradigm change, a new model of care focused on people, not diseases.
- Progressive expansion of equitable, inclusive and comprehensive, quality services based on PHC.
- Explicit intersectoral interventions to address social determinants of health
- Strengthen public health capabilities with a perspective on Essential Public Health Functions.

Reduce at least 30% barriers to access health



- Many of these barriers are related to health determinants: geographic, gender, ethnicity, diversity, cultural, socio-economic, institutional, among others.
- Progressively reducing them by 2030 with actions in both the health and other sectors.
- Act sectorially and intersectorially, and improve governance of health systems
- Defining health, social and inclusive policies
- Changing the traditional way of making policies and planning in health: thinking about the barriers that prevent people from having effective access to services and to the exercise of the right to health

Allocate at least 30% of public expenditure to the first level of care



- Increasing and optimizing public financing in a sustainable way, moving towards 6% of GDP and improving efficiencies.
- Allocating new resources efficiently, progressing towards eliminating direct payment at the point of service. Replacing direct payment with new public resources will increase the financial protection of the population.
- Allocating at least 30% of public expenditure to the first level of care:
 - Highly responsive health care fully integrated into well organized health networks
 - Interprofessional health teams
 - Medicines and other health technologies
 - Capacities of first level of care to act as coordinator and articulator of the network of specialized outpatient, hospital and community support services
 - Capabilities of health service network strengthened to ensure continuity and quality of comprehensive care



Thank you