Interrogating scarcity & the political determinants of UHC
(elaborating on Schrecker, Labonté and Woodward)

Remco van de Pas
Wemos
Medicus Mundi International network
Editorial: The political context of Universal Health Coverage

Dear reader,

While reading the outcome statement and background document of the joint World Bank/WHO ministerial level meeting on Universal Health coverage held last week, two clear issues emerge: The first one is getting political commitment to UHC at the highest government level; the second one is that "fiscal realities (in poor countries in particular)
The debate about UHC

WHO – DG Margaret Chan -WHA 2012:

"In my view, universal coverage is the single most powerful concept that public health has to offer. It is our ticket to greater efficiency and better quality. Universal coverage is the umbrella concept that demands solutions to the biggest problems facing health systems. That is: rising health care costs yet poor access to essential medicines, especially affordable generic products; an emphasis on cure that leaves prevention by the wayside; costly private care for the privileged few, but second-rate care for everybody else; grossly inadequate numbers of staff, or the wrong mix of staff; weak or inappropriate information systems; weak regulatory control, and schemes for financing care that punish the poor. Universal coverage is the hallmark of a government’s commitment, its duty, to take care of its citizens, all of its citizens. Universal coverage is the ultimate expression of fairness."
- Health beneficiary of and contributor to development
- Health critical pathway to human rights and equality
- Goal: Maximizing healthy lives
- Goal: universal coverage of and access to affordable, comprehensive, high-quality health services
- Where will health be in the high-level & political process?
General Assembly

Sixty-seventh session
Agenda item 123
Global health and foreign policy

Andorra, Australia, Belgium, Bosnia and Herzegovina, Brazil, Bulgaria, Burkina Faso, Croatia, Cyprus, Czech Republic, Denmark, Egypt, Estonia, Finland, France, Gabon, Germany, Greece, Hungary, Iceland, Indonesia, Ireland, Israel, Italy, Japan, Jordan, Latvia, Liechtenstein, Lithuania, Luxembourg, Malta, Mexico, Monaco, Mongolia, Netherlands, New Zealand, Norway, Poland, Portugal, Republic of Korea, Romania, Senegal, Seychelles, Slovakia, Slovenia, South Africa, Spain, Sweden, Switzerland, Thailand, the former Yugoslav Republic of Macedonia, Ukraine, United Kingdom of Great Britain and Northern Ireland and United States of America: draft resolution

Global health and foreign policy

The General Assembly,

Universal health coverage: Old wine in a new bottle? If so, is that so bad?

SUBMITTED BY ADAM WAGSTAFF ON TUE, 02/12/2013 - 09:42

It's easy to see how the concept of universal health coverage (UHC) became so elusive.

At the start, the idea must have seemed straightforward enough. Lots of countries "covered" only part of their population, and several were making efforts to expand coverage to "uncovered" populations. China, for example, started out on this process in 2003, trying to expand coverage to the rural population that lost coverage when the old rural

(Worldbank, 2013)
Definition of UHC

(WHO, World health report 2010)
Abram de Swaan
Zorg en de staat
Welzijn, onderwijs en gezondheidszorg in Europa en de Verenigde Staten in de nieuwe tijd

Uitgeverij Bert Bakker
Factors undermining the PHC Approach

- Political Economy
- Economic Inequality
- Health sector reform
- Selective health care
- Government and Bureaucratic failure

- Commercialisation and segmentation
- Biomedicalisation

- Inequity
- Inefficiency

- Impoverished households
- Impoverishment of public sector health care systems
- User fees
- Lack of community and public accountability

- Donor and international programmes

- Inadequate domestic public revenue

(McCoy, 2012)
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The National Health Market

(McCoy, 2012)
Economic Crisis, Restrictive Policies, and the Population’s Health and Health Care: The Greek Case

Elias Kondiilis, MD, PhD, Stathis Giannakopoulos, MD, PhD, Magda Gavana, MD, PhD, Ioanna Ierodiakonou, MD, PhD, Howard Waitzkin, MD, PhD, and Alexis Benos, MD, PhD

(Kondilis et al., 2013)
FIGURE 3—Households’ health expenditures (calculated as percentage of households’ total expenditure) by households’ income class: Greece, 2009.

Source. Data presented are authors’ calculations based on Hellenic Statistical Authority.64,65

(Kondilis et al., 2013)
Note. Outpatient clinics at public hospitals operate during daytime hours on a minimum cost-sharing basis (Consultations at outpatient clinics at public hospitals), whereas during evening hours they operate entirely on an ability-to-pay basis (Consultations at private outpatient clinics at public hospitals).

Source. Data presented are authors’ calculations based on ESYnet.66

FIGURE 4—Utilization of public health care services: Greece, 2011.
Medicine for a sick system

Healthcare in Indonesia suffers from many chronic problems that only healthier politics can cure

Elizabeth Pisani

A community meeting in the Papuan highland district of Paniai, mid 2012. People have come to talk to the district head (the bupati) and the head of the health department about service provision. Except the bupati is not there; he’s gone walkabout in Jakarta and is being represented by the (Javanese) second assistant district secretary. And the head of health isn’t there either; he has something better to do, and has sent the (Torajan) secretary for health.

The crowd rounds on the secretaries: “What’s the point of regional autonomy if all the service providers are from outside, and all the money goes to buying flashy cars for functionaries from other islands?” asks one gentleman. “We want to be seen by [health staff from] our own people!” There was a lot more in the same vein: people are clearly cross that decentralisation (and in this case,
CAN EU CITIZENS AFFORD THEIR MEDICINES?
THE ECONOMIC CRISIS AND ACCESS TO MEDICINES IN EUROPE

16TH MAY
European Parliament, Brussels - Room Jan 4Q2

[8.30 - 9.00] - Arrival of guests

9am-12.30pm - Morning Sessions
The main determinants of health

General socio-economic, cultural and environmental conditions

Living and working conditions

Work environment

Unemployment

Water and sanitation

Health care services

Housing

Education

Agriculture and food production

Social and community networks

Individual lifestyle factors

Age, sex and constitutional factors

Source: Dahlgren and Whitehead, 1991
(Adapted from Brand, 2013)
Interrogating scarcity: how to think about ‘resource-scarce settings’

Ted Schrecker

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The idea of resource scarcity permeates health ethics and health policy analysis in various contexts. However, health ethics inquiry seldom asks—as it should—why some settings are ‘resource-scarce’ and others not. In this article I describe interrogating scarcity as a strategy for inquiry into questions of resource allocation within a single political jurisdiction and, in particular, as an approach to the issue of global health justice in an interconnected world. I demonstrate its relevance to the setting of global health ethics and policy analysis.
“[S]carcity is not the result of any absolute lack of a resource but rather of the decision by society that it is not prepared to forgo other goods and benefits in a number sufficient to remove the scarcity” (Calabresi & Bobbitt, 1978)
Hence, “interrogating scarcity”:

“We must determine where – if at all – in the history of a society’s approach to the particular scarce resource a decision substantially within the control of that society was made as a result of which the resource was permitted to remain scarce. …. Scarcity cannot simply be assumed as a given”

(Calabresi & Bobbitt, 1978, emphasis added)
Typical statement in contemporary discussions of universal coverage:

“For poorer countries in particular, fiscal realities greatly constrain the ability to rely predominantly on public funding, making the challenges and tradeoffs to be weighed even more difficult” (WHO and World Bank, 2013).

Of course we must not believe in magic, but after the financial crisis it is more important than ever to ask: Where do “fiscal realities” come from?
The truth is that there is as yet no credible, socially just, ecologically sustainable scenario of continually growing incomes for a world of nine billion people.

UK Sustainable Development Commission, *Prosperity without Growth?* 2009

(Alabonte, 2012)
Number of financial crises by year, 1971 - 2002

(Labonte, 2012)
Expansion of the Financial Sector

- Reduced social provision
  - public → private pensions
  - social → private health insurance
  - public → private education, care for elderly => reliance on private savings

- Inequality (later)

- Deregulation:
  - shift of finance from banking to speculation

(Woodward, 2012)
Expansion of Finance

• US: 4% of GDP in 1981 $\Rightarrow$ 8% in 2007
• UK: 5.3% in 2001 $\Rightarrow$ 8.3% in 2007
  – Grew more than 3x faster than GDP
  – More than health and social work (7.1%) or education (5.9%)
• Role is only to get money from those who have it to those who need it
• In the UK, more than health or education
• Not a good buy even if it worked
• In fact, it is profoundly dysfunctional, and serves little real purpose

(Woodward, 2012)
Increasing inequality

Rich get richer

Limited increase in demand

Limited productive investment opportunities

Speculative investment

Increasing savings

Reduced social provision

Poor get poorer

Financialisation – divorce of finance from real (productive) economy

(Woodward, 2012)
Global Inequality (Woodward, 2012)
Global Inequality
Global Inequality

World Population: Poorest --> Richest

Multiple of Global Average Income per capita (PPP)
Global Inequality

World Population: Poorest → Richest

Multiple of Global Average Income per capita (PPP)
Global Inequality

[Graph showing the distribution of income across different population categories, with 'Multiple of Global Average Income per capita (PPP)' on the x-axis and 'World Population: Poorest → Richest' on the y-axis.]
Those who support fiscal tightening argue that it is indispensable for restoring the confidence of financial markets, which is perceived as key to economic recovery. This is despite the almost universal recognition that the crisis was the result of financial market failure in the first place… (p.V)

(Labonte, 2012)
Capital flight and untaxed wealth are key shapers of “fiscal realities”

Value of wealth held in offshore financial centres: $8 – 21 trillion (Valencia, 2013)

Value of capital flight + imputed interest from sub-Saharan Africa, 1970-2008 5x value of outstanding external debt; for every $1 of external loans, $0.60 capital flight in same year (Ndikumana & Boyce, 2011)
Poor social policies, unfair economics and bad politics are killing people on a grand scale.”
Introducing the tax advocacy toolkit

Why this toolkit?

- understand and analyse the issues surrounding tax in a given country
- develop advocacy strategies for tax justice
- do tax research
- plan and undertake different advocacy activities (for example lobbying, campaigning and media work)
- learn from the experiences of others already doing tax advocacy.

http://taxjusticetoolkit.org/
Time for a Financial Transaction Tax?

Annual tax revenues:
• 0.05% on foreign exchanges: USD 250 billion
• 0.005% on foreign exchanges, derivatives and over the counter trades: USD 863 billion
• 0.05% on foreign exchanges, derivatives and over the counter trades: USD 8.63 trillion

(Labonte, 2012)
UN Social Protection Floor Initiative

( Labonte, 2012)
GLOBAL SOCIAL PROTECTION SCHEME

Moving from Charity to Solidarity

INTERNATIONAL SEMINAR ON FINANCING FOR HEALTH AND SOCIAL PROTECTION

Edited by Jens Holst
on behalf of Medico international and Hélène-de-Beir Foundation
Dutch disease?

(WHO, Sri Lanka Country profile 2012)
So...

- Comprehensive UHC or Selective UHC?
- Equality in UHC ≠ health Equity
- UHC requires national and international taxation reforms, social mobilisation, institutional capacity
- Understanding public health in global and national macro-economic contexts
- Social justice for health: linking with movements that challenge and provide alternatives for current market-driven economy. Society to reclaim economy for the public good
References


References (2)


References (3)


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