

Healthcare in the Development Agenda post 2015

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medicuumundi spain Declaration

1. Introduction.

The WHO Constitution establishes that *“The enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, political belief, economic or social condition.”* Although the right to health includes access to healthcare, health does not only depend on health services, it is much more than this.

Health is the final result of a number of social determinants that must be added to healthcare; – understood not only as a curative care, but also as preventive and support care– and that at a given point, produce a specific state of health that allows the enjoyment of life, yet with some limitations and drawbacks. Our health depends on our diet, the environment, and on gender inequalities; on our mother’s living conditions during pregnancy, and our first years of life; on our education and that of our parents, especially of our mother; on our housing conditions, on whether we have a decent job, and also on the opportunities that we have for participating in society and politics. To all the above must be added the facility or difficulty of access to clean water and sanitation, and the level of poverty, which is closely related to a fair distribution of wealth.

In the Millennium Development Goals the international community set some goals for 2015 to eradicate, or at least reduce, poverty in the world. Three of the eight goals (4, 5 and 6) were directly related to the health field, and if we have learnt anything is that the goals that concern health are inseparable and are interrelated with the rest of the goals: nutrition, gender equality, water supply and sanitation, economic development and education.

The new framework that is being discussed for after 2015, the objectives of sustainable development, will define the way in which the world perceives the development. This

is an important topic since the objectives set will influence the shaping of the political agendas and in the resource transfers.

Health is crucial for the development, as well as a pre-condition for sustainable development. In this context, the WHO currently proposes the Universal Health Coverage as the paradigm to which should be addressed all health development actions, in order to give space for the various health problems that exist.

It is to such an extent that every year about 150 millions of people worldwide face catastrophic health expenditures, and 100 million are drawn into poverty because of the direct payments of health services. People with few resources in poor countries not only are excluded from these services, but it is probable that the care they receive be of a lower quality than the one provided to the richest people.

2. Universal Health Coverage

According to the WHO, **Universal Health Coverage (UHC)** means that all the people in a country, included those vulnerable, marginalized and stigmatized, have access to the information and health services (promotion, prevention, healthcare, treatment and rehabilitation), that have to be of an enough quality to cover the diversity of needs that they may have (including enough healthcare in politically sensible issues, such as health and sexual and reproductive rights, family planning and HIV). This UHC has 3 axes: more population covered, more services provided and less single payment per medical act, which will increase pooled payments.

In **medicusmundi** spain we believe that with this approach the UHC is not enough, because the way it is proposed currently does not guarantee the Health For All, that should be the truly objective of Sustainable Development in this field at a global level, keeping still in mind a human rights approach. We fully agree that any approach to reach the UHC must include funding schemes that allow people to use any kind of health services without having financial difficulties, regarding the health services payment and the missed opportunities that the illness cause, but this cannot be the only focus of attention.

The proposal that as for the moment is being handled from the WHO about UHC suffers from some empty spaces. Being the UHC (and its 3 axes) an essential element in order for health services of all countries to prioritize in its main objectives (more people covered, more services provided, less payment for act/more pooled payment), it has a “**too sanitary**” approach, not taking into account so far the rest of social determinants that influence the health of the populations. And even though there seem to be evidences, because of what it has been discussed in the latest WHO meetings that social determinants can be included some way in the universal coverage final proposal, there are other issues that do not cover how is the relation of the other policies (tax, macroeconomic, social..) with health, whose consequences for health are very relevant.

Furthermore, it seems that one of the main problems that health MDGs had is being repeated; we mean the lack of a definition of which are the best processes to reach the results, since the processes are not neutral. From **medicmundi** spain we consider that the WHO proposal should be approached at all levels, ensuring the participation of civil society and the population targeted; these are undoubtedly key elements to ensure sustainability, the impact and the appropriation of health policies. We should not leave out, and this is a key issue, the fact that if we adjust to the final goal, the universal coverage, this could be done through private health services, even though this is a less efficient and sustainable way of acting, as it happened with the vertical initiatives in the MDG.

Medicmundi spain shares with other members of the international community certain degree of precaution to the fact that a positive idea, as it is the Universal Health Coverage, may not be so universal and it be divided depending on the economic status. If we do not control the processes to reach the UHC, we can come to a 3-level “selective” coverage: the rich people level that would have almost all their needs covered, the middle class who would have part of their healthcare needs covered, and lastly the poorest that would have minimum packages of health. This already happened after 1978, when the international community committed in Health For All

through the Primary Healthcare (PHC), and this became a selective PHC of minimum packages, losing its universality and equality.

3. The medicusmundi spain spain proposal: Universal, Global and Public Health Coverture

The international law recognizes **health as a Right** and it determines the responsibilities that the states must comply, ensuring, promoting, protecting and respecting the rights of their citizens to enjoy the highest attainable standard of health. The role of Citizenship and civil society organizations, as it is the case of **medicusmundi spain**, is to supervise and support public bodies as a Governing Body. As a right, this must be hence universal, and it cannot be split into individual rights, either they are people or countries.

We are dealing consequently with a **nuclear right** that is fundamental and indispensable to the exercising of other human rights, some of which can be considered as integral components of the right to health (such as the right to food, to housing, to work and to education; to equality and non-discrimination, to human dignity and to life; not to be subjected to torture; to a private life, to access to information and freedom of association, assembly and movement). In this connection, **medicusmundi spain** commits for a Universal Health Coverage that must necessarily incorporate certain elements that ensure a multidimensional concept of health, as well as a strengthening of public health systems, which are indispensable elements to improve the right to health of people and individuals.

For twenty years, there is accumulating evidence that prove that the UHC is essential to improve the health of the individuals, and that countries that have a strong UHC achieve better levels of health, a higher satisfaction of the individuals towards their health system and lower costs in the total of services.

The primary healthcare can enhance a clearer direction and a greater unity in the current context of fragmentation and segmentation of the health systems; it is also an alternative for the improvised solutions currently referred as a cure for the problems of the health sector, avoiding mistakes for action, as investing disproportionately in

tertiary care, or omission mistakes, as not investing in healthy public policies, apart from encouraging community participation.

Nevertheless, health systems are evolving in directions that hardly contribute to equity and social justice, and that do not provide the best possible health results with respect to the resources invested.

- ***The remarkable progress registered in the health field in the last decades have been very unequal:*** there has been a convergence towards an improvement of health in most part of the world, but at the same time many countries are increasingly being left behind or losing ground in terms of equity. Besides, there are now wide evidences of the remarkable and increasing health **inequities** inside the countries.

- ***The nature of the health problems is changing.*** The aging and the consequences of the bad managing of the urbanization and globalization process spread more rapidly the propagation of communicable diseases at a global level and increase the quantity of **chronic and non-contagious disorders**.

- ***Health systems are not exempt from the fast change and transformation that characterizes the current globalization process.*** The economic and politic crisis set the state and institutional mechanisms the challenge of guaranteeing social benefits and the financing of health systems, as well as ensuring the population access to health services, translating too often in **cuts** in rights and benefits, even though at the end these cuts are more due to a political will rather than a fundamental crisis of the system, as it is the case of Spain.

- ***The fragmentation of the health systems due to the excessive specialization of healthcare providers*** and the excessive focus of many illness control programs (vertical programs aimed to address one of two illness), prevent a holistic approach towards the people and families attended to be adopted, in addition to the **segmentation** of poor and rich differentiated health systems

- ***Inappropriate healthcare orientation.*** The allocation of resources is focused in curative services, that are very expensive, not paying attention to the possibilities that primary prevention and health promotion activities offer to prevent up to 70 % of the disease burden.

As a result, public systems must ensure the principles that must characterize them: **availability:** a sufficient number of establishments, goods and public health services should be provided, as well as health programs; **accessibility:** establishments, goods and public health services must be accessible to all. This accessibility has for overlapping dimensions: non-discrimination; physical accessibility; economic accessibility (affordability) and access to information; **acceptability:** all establishments, goods and health services must abide by medical ethics and culturally appropriate, as well as sensitive to gender and life-cycle requirements; **quality:** establishments, goods and health services shall be appropriate from a scientific and medical point of view, and shall be of good quality.

This approach must **include public health policies** and wealth **redistribution** to reduce inequalities that make a difference of more than 10 years between the life expectancy of a person born in a marginal district and that from other born in a wealthy family.

Moreover, these systems must be financed through a progressive and fiscal policy that ensures the cross and supportive subsidies between rich and poor, and healthy and sick people. As nowadays there are a lot of governments that will not reach the necessary resources to ensure the health of their populations, we believe that the WHO must contribute to the signature of a binding treaty that shall be obligatory to all world's governments to provide the necessary funding so all the people, regardless of their place of birth or residence, achieve their right to a healthy life.