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Investing in health: an economic imperative for sustainable development

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The WHO defines universal health coverage (UHC) as "all people receiving quality health services that meet their needs without being exposed to financial hardship in paying for the services".

However the WHO also recognises that no government is able to provide every service that every person needs at any given time. UHC requires a comprehensive range of key services to be available that are well aligned with other social goals.

The focus of the universal health coverage debate appears to have shifted from how services are to be provided to how services are to be financed.

The discussion is about the sustainable financing of health systems. What is less discussed is what care is being financed, to whom, by whom, and at what quality.

But as any manager knows, in developing a budget in any context, the first step is to work out what you want the budget to cover; how you finance it is the second step.

The development of health systems in most low and middle income countries has been, and still is, considerably influenced by external agencies, donors and ‘experts’ and it cannot be said that this influence has always been in the best interests of the various countries or their populations.

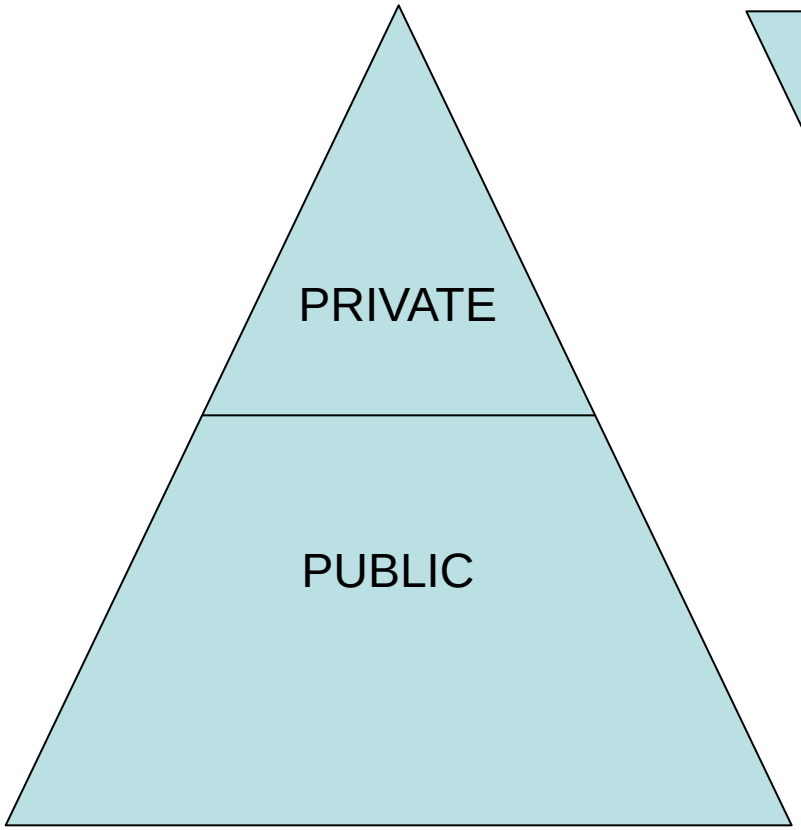
The vision of Alma Ata and ‘health for all’ was revolutionary in its concept. To many however that vision appeared unrealistic and unattainable. Selective primary health care was promoted as a more realistic and attainable perspective. The term meant a package of low-cost technical interventions to tackle the main disease problems of poor countries. The provision of comprehensive primary health care for all was replaced with government developed lists of ‘essential care packages’ or ‘minimum care packages’.

The structural adjustment programs promoted by the World Bank and the International Monetary Fund requiring as a condition of loans that poor countries pursue deregulation, privatisation, market competition, wage suppression; and reduce public spending and government provided services, meant that as a consequence, there were reduced resources for and capacity to strengthen health systems. Health became a commodity and an individual responsibility with significant out-of-pocket expenses. This focus on structural adjustment and cost recovery undercut the concept of ‘health for all’.

In recent years, donor funding has moved away from strengthening health systems to targeting specific diseases or health issues such as HIV, malaria, TB, maternal mortality and morbidity etc.

Countries which rely heavily on donor aid to meet essential services are captured by the priorities of the donor rather than the needs of the community.

The vertical programs approach undermines horizontal health system strengthening and does not contribute to the development of an integrated universal health system providing comprehensive care that is accessible and affordable to all.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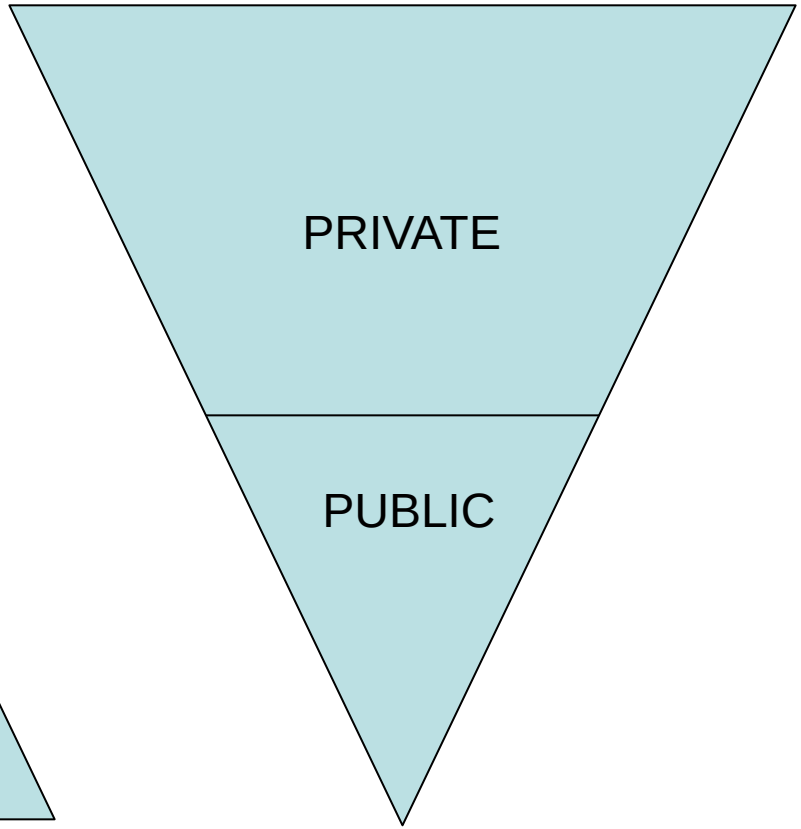
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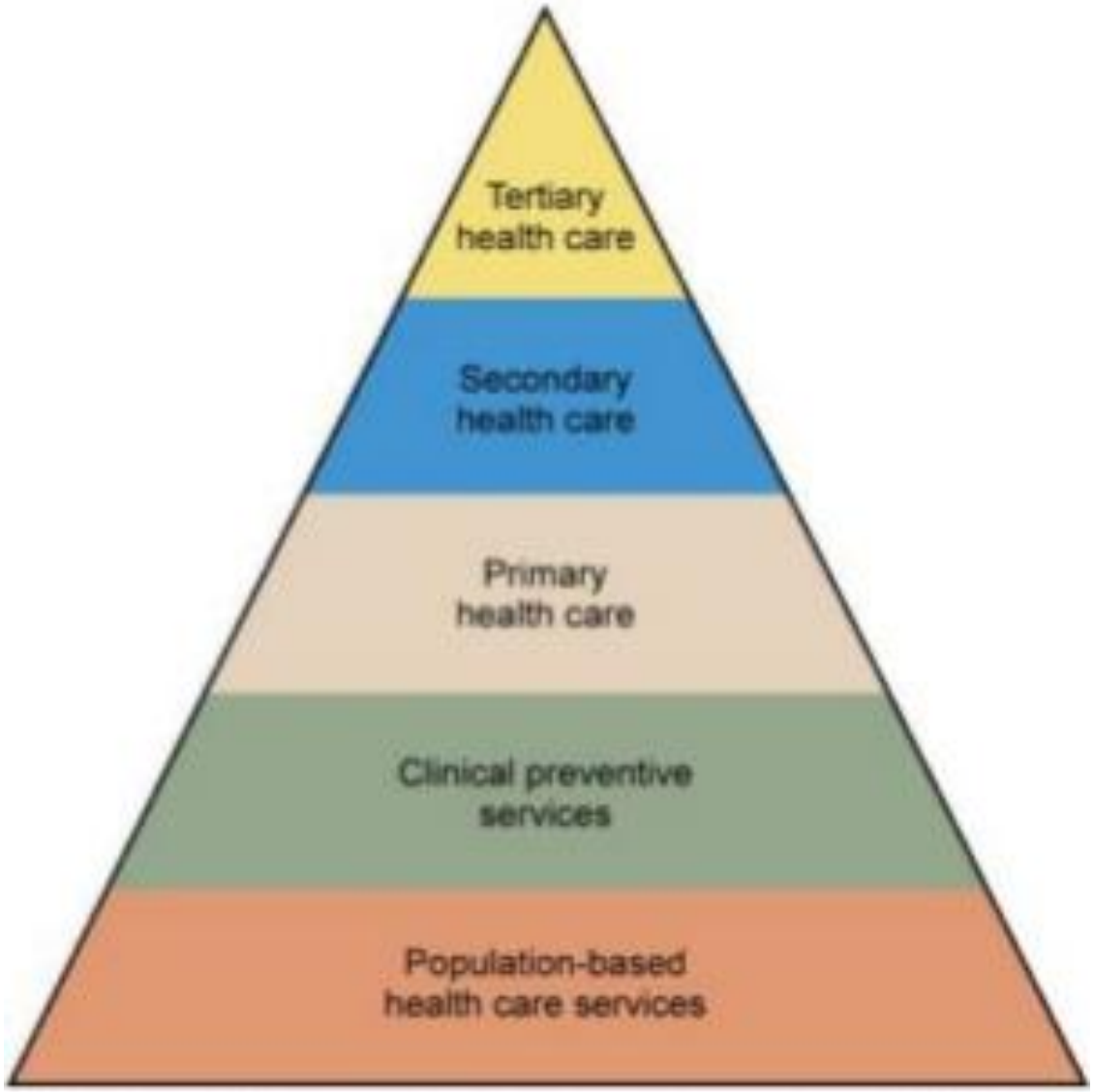
Tertiary health care
Secondary health care
Primary health care
Clinical preventive services
Population-based health care services

UNIVERSAL HEALTH COVERAGE

BUT WHAT OF UNIVERSAL HEALTH CARE?