



Medicines for Malaria Venture and partners have developed and delivered new medicines for malaria that have **saved the lives** of more than **1.5 million** people

Join the fight to end malaria

Help us build a healthy world for all

Humanity is the foundation

Universal Health Coverage that leaves no one behind is about humanity and social cohesion and not economics



Let us start this discussion by asking some basic questions. What is the purpose and nature of human life? As a species, we *homo sapiens* are by nature empathetic, social and capable of collaborating in mutually supportive ways for individual and common good. We are naturally saddened when we see human suffering and cheered when we witness human success. This is what has enabled us to communally learn together, develop new knowledge and use it collectively and cohesively to transform the natural environment to our advantage. Yes, we also have in us negative non-cohesive tendencies such as selfishness and greed, jealousy and aggression. There is therefore permanent interplay between the socially cohesive and the non-cohesive tendencies and ultimately the result is that the mutually supportive common good tendencies predominate. It is the reason why we have collectively overcome the effects of our negative tendencies such as ending the wars that we start; ending slavery, colonialism, apartheid and controlling pandemics. Indeed negotiating and adopting the SDGs is an example of the success of our cohesive tendencies. How is the interplay between our cohesive and negative tendencies currently impacting the achievement of UHC?

The negative human tendencies currently have the upper hand and are impeding the acceleration of the effort on SDGs. In March I attended the 3rd Global Solutions Summit (GSS) convened by the Global Solutions Initiative in Berlin, Germany where this matter was discussed. The speakers at the GSS argued that we now have a prevailing disconnect or decoupling between the economic, political and social dimensions of the collective human effort. Economic growth and wealth is disconnected from social wellbeing and from political aspirations and participation of the majority of the populations. The greed tendency is ascendant and as a result global wealth is held by very few who use the wealth to monopolise political space for themselves. As a result we now have a disgruntled majority and a restless world with behaviours such as Brexit, populism, religious extremism, nationalism, homophobia and hostility to refugees.

One of the speakers at the GSS was Sir Paul Collier, Professor of Economics and Public Policy at Oxford University and formerly Chief Economist at the World Bank. Paul Collier told the meeting with regret that for the last forty years they have been teaching wrong

economics. They taught economists to pursue greed and profit and to be arrogant and insensitive. He argued that there was now need to unlearn that wrong teaching and replace it with teaching that links economics to humanity, empathy and the social cohesiveness that is biologically innate to human nature. Collier presented the hormone Oxytocin as the biological mediator that bonds humans when mutually released by individuals thereby enhancing collective action for the common good. I knew Collier when he was at the World Bank and I was Director General of Health Services in Uganda. I walked up to the podium to congratulate him and have now read his book 'The Future of Capitalism', which discusses this matter in detail. So what are the practical implications of all this for UHC? How do we design health systems for UHC that capture this message?

The first message is that health and wellbeing should now be reclassified not as just a consumptive cost but take its rightful place as the central purpose of economic growth and political action and as the primary goal of all the SDGs. The process of unlearning the discredited economics teaching needs to be embarked upon so that there is change of behaviour in ministries of finance, other related agencies and sectors. This will need deliberate and purposeful work with clearly defined measurable outcomes. Leading economists such as Collier and Joseph Stiglitz have made a start and the recommendations in the report of the UN High Level Commission on Health Employment and Economic Growth are being implemented. A lot more needs to be done in Africa to get this message home.

Secondly, we must work to advocate for societies and communities that value social cohesion and embed health in the routine governance of society so that people are encouraged and supported to appreciate their individual and collective participation as both a duty and right as part of the empathetic human social beings. This will be achieved through people-centered Primary Health Care with strong community health systems as the foundation for UHC – starting now with the resources already available.

At regional and global level there is an urgent need to crank up the push for social justice, inclusive economic growth and participatory politics. We need strong social movements led by civil society through synergistic institutions. And we need a well-funded WHO in Geneva and in the regions as the technical lead for health and wellbeing, working cohesively with other members of the UN family.

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