

# Imagine a world in which avoidable deaths are not accepted as normal

An abridged version of Francis Omaswa's statement during the 74th session of the UN General Assembly



This message is important and critical because health is a precondition for productive and worthwhile life. The right to life is also the right to health because life without health is not worth living. Accordingly, the right to life and health constitutes a right to a health system that assures population 'health and wellbeing through the life course', which is SDG3. It is about quality of life, human dignity, social justice and equity in our connected and globalised world, which has the knowledge and resources but currently lacks the collective will to make this happen everywhere on earth.

The existing inequalities in access to responsive health systems between various populations in our world have been a concern since the Alma Atta Declaration 40 years ago. In some countries health systems are able to provide a wide range of services, including those that are not essential. Yet in many parts of Africa, access to essential health services is problematic. Our women die in child birth. Our children die of malaria it is accepted as normal! The people have lost hope and say 'God has called that child' and that 'It was the woman's day to die'.

The SDGs reject avoidable deaths as normal. But nothing important ever happens unless the climate of opinion is right. Once upon a time slavery, colonialism apartheid were accepted as 'normal' but were later rejected as abhorrent! We need to create global movements on health to the same levels that helped us to abolish slavery, apartheid, colonialism and other global vices.

How do we create that favourable climate of opinion? As human beings, we are by nature empathetic, social and capable of collaborating in mutually supportive ways for the 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 to transform the natural environment to our advantage. While we also have within us selfishness and greed, jealousy and aggression, ultimately the mutually supportive common tendencies prevail. Indeed negotiating and adopting the SDGs is an example of the success of our cohesive tendencies.

Despite the good intentions of the SDGs, the negative human tendencies currently have the upper hand and are impeding the acceleration of the effort on SDGs. In March, I attended a meeting convened by the Global Solutions Initiative in Berlin, Germany where the speakers argued that economic growth and wealth is disconnected

Francis Omaswa, CEO of ACHEST (Kampala); Founding Executive Director of the Global Health Workforce Alliance; and publisher of Africa Health. This is an abridged version of his statement as keynote speaker at the High-level Event on Universal Health Coverage in New York City, 23 September 2019.

from social and economic wellbeing and from political aspirations and participation of the majority of the populations. Greed is ascendant and global wealth is held by a few who use it to monopolise political space. As a result we now have a disgruntled majority and a restless world with populism, religious extremism, nationalism and xenophobia and intolerance. We cannot achieve the SDGs and UHC under these circumstances.

Fortunately, a leading economist, Sir Paul Collier, told the Berlin meeting that in the past they taught wrong economics to pursue the greed tendencies of accumulating profit. He told us that there is now need to unlearn that wrong teaching and replace it with teaching that links economics to humanity, empathy and the social cohesiveness that is innate to human nature. Others are advocating investment in social services, and the World Bank Group's work on the Human Capital Index is example of the growing movement in promoting humanity and social cohesion. There is strong evidence that investment in health and social services has huge economic returns. Health and wellbeing should therefore take its rightful place as the central purpose of economic growth and political action and as the primary goal of all the SDGs. Up to now health was classified as just a consumptive cost.

What we need now is to take dedicated steps to unlearn the discredited economics teaching so that there is change of behaviour among Heads of State, finance ministries, development partners and the general population in all countries. Let us advocate societies and communities that value and demand social cohesion and embed health in the routine governance of society so that people are encouraged and supported to appreciate their individual responsibility for health and collective participation as both a duty and right of empathetic human social beings.

This can be achieved through integrated people-centred Primary Health Care with strong community health systems as the foundation for UHC. All countries and communities should organise and start this journey immediately with the resources available. While ultimately UHC is a political choice, it should not be based on the goodness of the hearts of politicians. It can only be sustained if it is demanded by the people until it becomes a political imperative over which elections are won and lost and over which the legitimacy of governments are judged. Accordingly SDG metrics, must include indicators that monitor and measure people participation in UHC. Unfortunately, today there are no SDG Indicators that expressly measure people participation for health!

Yes, we can create a world in which avoidable deaths are no longer tolerated and accepted as 'normal'.