Financing health for all

Francis Omaswa argues that universal health coverage is is something that all nations can achieve

Budget negotiations with national parliaments are going on right now in a number of African countries. Difficult decisions are being made on which aspects of health budgets should be prioritised for funding. This issue of the AHJ has a focus on health financing, which gives us an opportunity to contribute to these budget discussions.

Health financing is "the raising, pooling and spending of financial resources with the primary intention of improving health". Its sources are general tax, donor aid, deficit funding (or borrowing), ear-marked taxes, and social and private health insurance. This should exclude out-of-pocket spending by individuals usually at the point of receiving health care. Expenditures are made in health facilities, on community and out-reach services, pharmacies, drug shops, sanitation, nutrition, training and research. From the origins and evolution of health financing, many lessons have been learned. Today, health financing remains the most intractable challenge for the health and development globally. Indeed, some have argued that Universal Health Coverage (UHC) in poor countries cannot be funded internally.

Yet health is a precondition for people's well-being and productive lives. The right to life is also a right to health and to a responsive health system. Our innate humanity means that the pain and suffering of one should be felt, shared and addressed collectively and "no one is left behind" to suffer alone. On top of these moral arguments is the new evidence that health is no longer perceived as a cost but is an investment with high social and economic returns. Health contributes to economic growth, employment and GDP. Indeed, the purpose of all Sustainable Development Goals (SDGs) is to contribute to the health and well-being of people and the protection of our planet. Last but not least, voters value their health, so investing in the health of the population has electoral value.

Africa made major gains in health indices during the Millennium Development Goal period. However Africa still lags far behind other regions of the world in health indices. UHC is a political choice made by governments to provide citizens with the health services that they need without financial barriers. Strong government leadership is essential to create the conditions that enable people to live healthy lives. This includes marshalling actors from all government sectors and the whole of society to deliver integrated people-centred PHC by enacting enabling laws and regulations, providing access to information, healthy food, clean water, decent housing, quality education and other resources.

Francis Omaswa, CEO, African Centre for Global Health and Social Transformation and Publisher of Africa Health Journal.

Many poor countries have proved that a country should not wait to become rich to attain good quality universal health care. Studies have shown that poor quality of health care linked to low level health financing causes more deaths than disease itself. Furthermore, the Alma Ata Declaration on Health for All states that "Primary health care is the essential health care made universally accessible to individuals and families in the community through their full participation and at a cost that the community and country can afford to maintain at every stage of their development". The WHO has recommended an annual per capita health expenditure of US$86. Countries can therefore take immediate progressive steps towards reaching this expenditure target. The Abuja Declaration which called for 15% of national budgets need to be applied with caution and used only as a guide. Finance ministers do not often find it workable, especially if each sector claims a percentage of the budget which could all add up to over 100%.

Existing resources in any nation can be used in such a way that a reasonable package of basic health care can be provided to everyone. The illustrious examples are Costa Rica, Sri Lanka, Cuba, Kerala of India, Vietnam, Thailand and Indonesia. Rwanda is close to attaining UHC. These countries took only 20-30 years to attain UHC and achieved mortality as low as that of the wealthy nations. Good health at low cost is possible based on a political commitment to health as a social goal, a strong societal value of equity, community involvement, high-level investment in primary health care and other community-based services, universal education, especially of women, and inter-sectoral collaboration for health.

African political leaders are called upon to commit to UHC and embark on this journey resolutely starting now with available resources and growing over time along the principles of good health at low cost, moving stepwise: (1) through open national dialogue enact health financing laws, (2) reorganising the governance of the health system to provide capabilities to implement the enacted health laws effectively and efficiently; (3) agreeing a basic package of community-based promotive and curative health services based on the burden of disease and other mutually agreed criteria; (4) providing services beyond the basic package, introduce a menu of financing mechanisms including ear-marked taxes, and social and private health insurance schemes; (5) monitoring and reviewing the performance of the health system regularly and make adjustments to grow the size of the basic package over time matched with the economic growth.

I need you here...

Taking your HIV medication EVERY DAY can help you be here when I grow up. I heard there's a "Triple Pill" that can make it easier.

Take a Triple a Day.
Every Day.

Ask your Doctor if there is a Triple Pill for YOU.

The 2014 Namibian Guidelines for Antiretroviral Therapy and The World Health Organization recommend Fixed-Dose Combination Therapy
Consolidated Guidelines on the Use of Antiretroviral Drugs for Treating and Preventing HIV Infection, Geneva, World Health Organization, 2013, (http://www.who.int/hiv/pub/guidelines/arv2013/en)

erongomed
making a difference

NAMIBIANS AND AMERICANS IN PARTNERSHIP TO FIGHT HIV/AIDS
PEPFAR

USAID
FROM THE AMERICAN PEOPLE

SHOPS
Strengthening Health Outcomes *through* the Private Sector

Mylan
Seeing is believing