

TOWARDS GLOBAL ACCESS TO HEALTH

Strengthening the long-term capacity
of the public sector

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Outline

1. Introduction
2. Health inequities
3. A very complex health development landscape
4. History: Trends and opportunities
5. The challenge of rocketing costs of health care delivery system
6. The way forward: Healthcare reforms

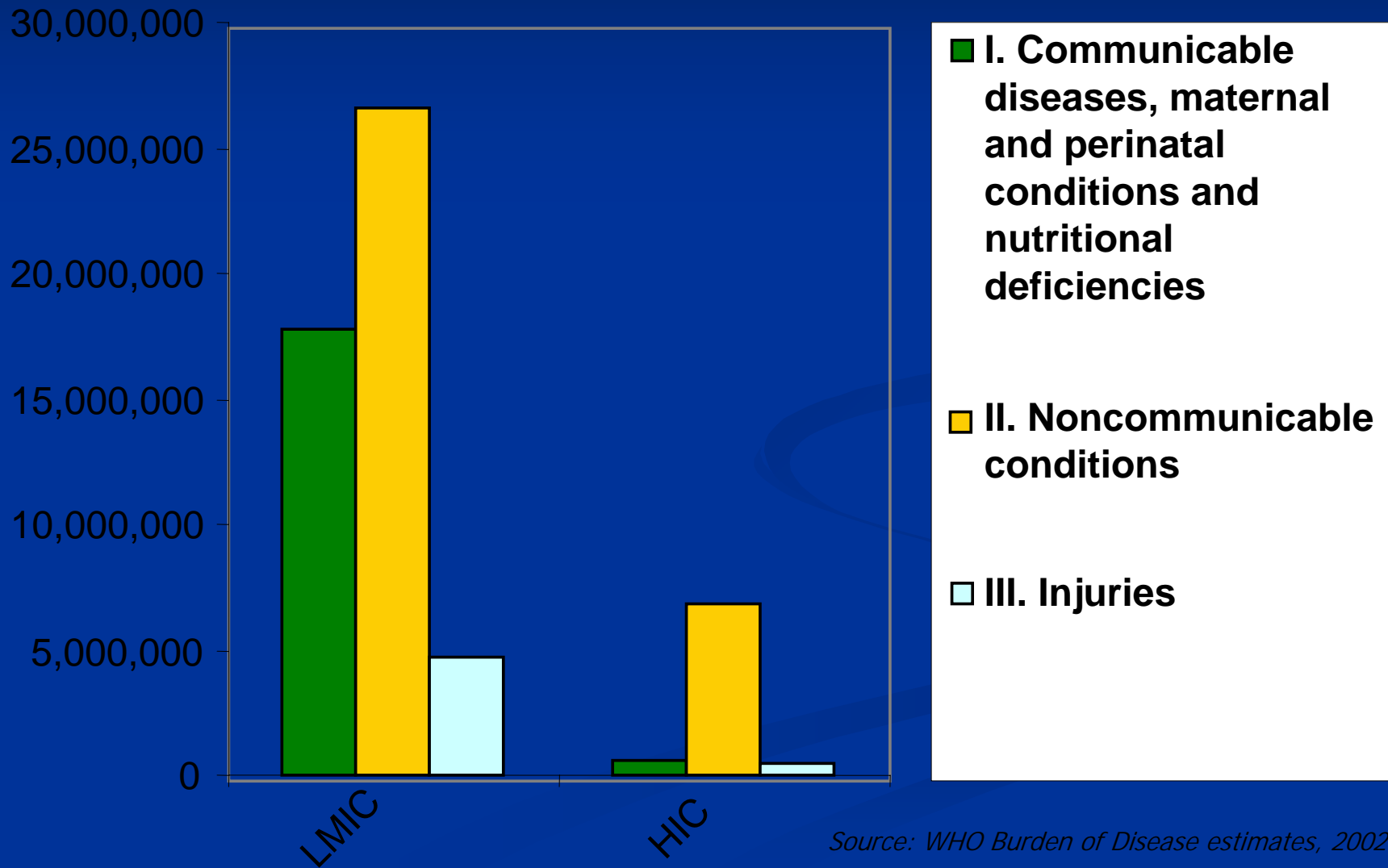
Introduction

- Strengthened long-term capacity of health systems is at the centre of debate on Global access to health
- A word of salutation and appreciation to HUG at the occasion of its 150 jubilee
- Meeting commitments made at: Millennium Summit, G8 and other high level gatherings of global, national and local leaders

Health Inequalities

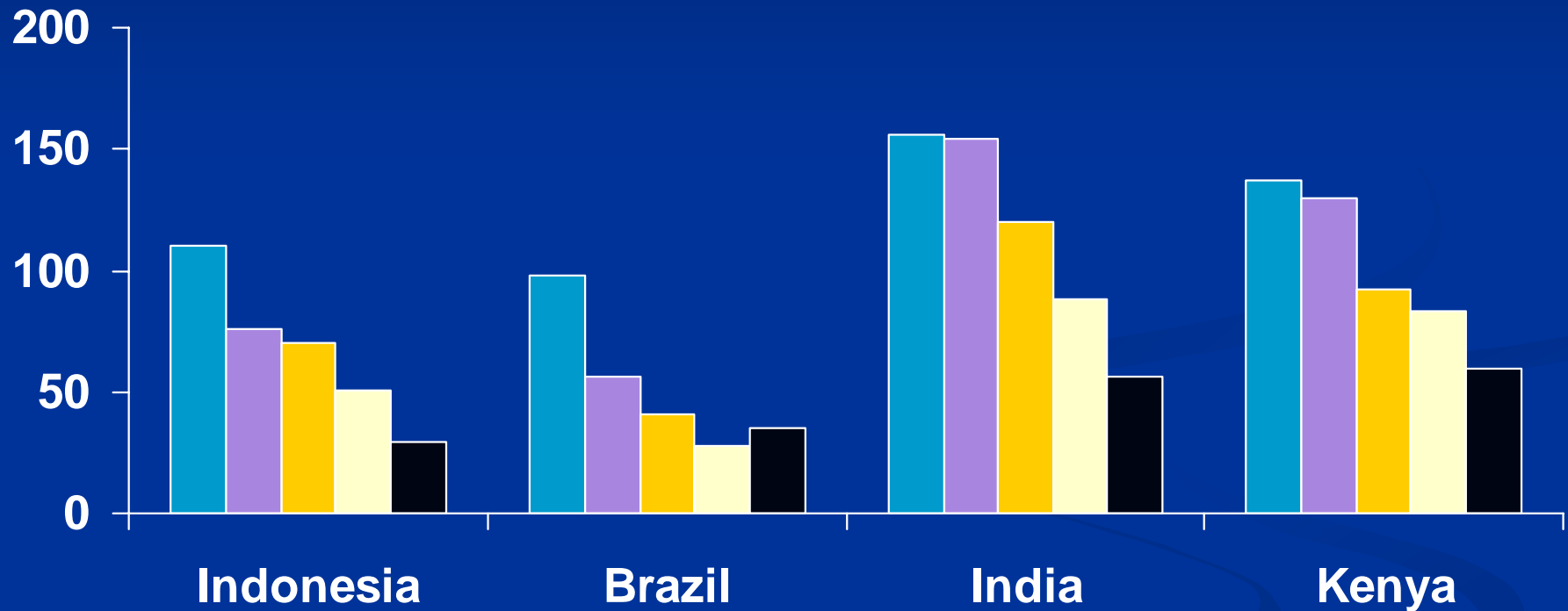
- Despite reiterated commitments & technical advances registered we are witnessing gross inequities, accross countries and within countries, determined by different factors – poverty, weak health systems/services, conflicts, environmental degradation, inadequate access to water and sanitation, unhealthy lifestyles, rapid urbanization, low education levels, gender inequality and globalaization – the list is long (Social determinants of health)

Mortality: 2002 estimates



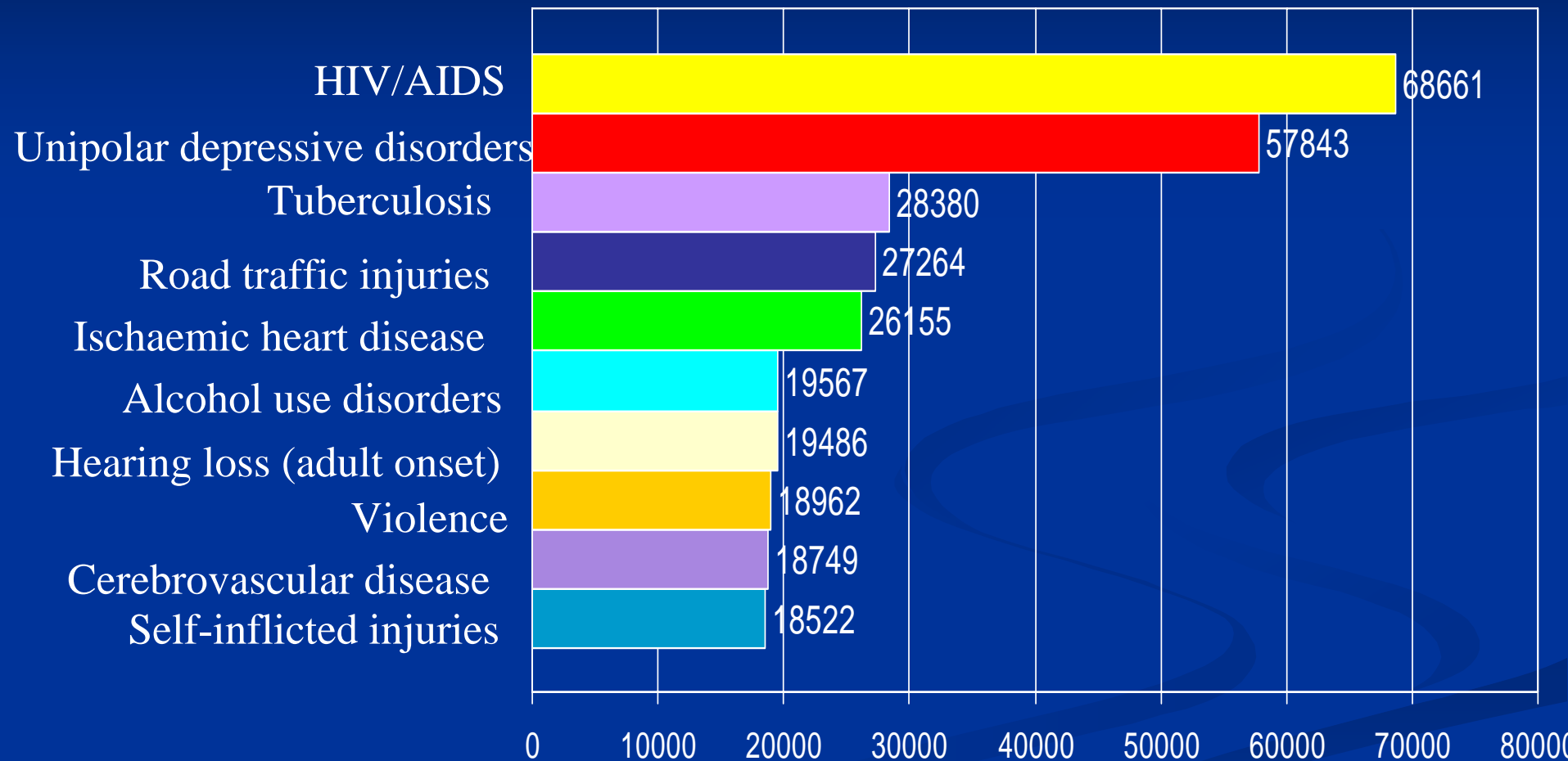
UNDER 5 MORTALITY RATES BY SOCIOECONOMIC QUINTILE OF HOUSEHOLD

Under 5 mortality
per 1000



■ Poorest fifth ■ 2nd poorest fifth ■ Middle fifth
■ 2nd richest fifth ■ Richest fifth

LEADING CAUSES OF DISEASE BURDEN AMONG ADULTS (15-59) WORLDWIDE



History: trends and opportunities

Social dimensions of health affirmed in WHO Constitution (1948), downplayed during 1950s era of disease campaigns.

Determinants re-emerge under Health for All agenda (1970s), action falters in 1980s.

1990s: paradigm of health as "private" issue dominant; some exceptions.

2000s: "pendulum swing" and new chance for action.

2005 Commission social Determinants of Health

C-PHC

S-PHC

Reforms & Minimum Packages

MDG

Scaling-up

1948



1978



1982



1993



2000



2001



2002



2005



A very complex health development landscape...

- Outcomes-based development
- "Scaling Up!"
- Growing rapidly: from millions to billions
- Predominant disease/intervention program (vertical) focus
- Unsatisfactory performance of health systems

Challenges

- Financing of Health systems
- Healthcare system organization and structure, ex for Emergency Obstetric Care
- Human resources for health crisis
- Costs of healthcare vs financial constraints in many LIC: explore health & social insurance for the poorest

The way forward

- Investment in Health & Development –Public authorities responsibility based on long-term vision/strategy to ensure equal opportunities to health for all
- Strengthening national health structures to cope with burden of disease based on the principle of primary healthcare integrating treatment of prevailing diseases, with prevention of diseases and health promotion;
- Public sector reform needs research support on health policy and systems research

Conclusions

- Health Sector in the nation's vision and strategy for growth & human development
- Creativity and innovation in healthcare financing to address under funded, poorly managed public health sector
- Explore complementary financing to strengthen community participation and ownership. All nations are expected to plan and lead the implementation of the basics: building health systems, providing affordable education and promoting gender equality and universal protection of human rights. R&D=key to improve health partnerships.