

**What will it take to deliver
Universal Health Coverage and
strong health systems worldwide in
the time of Covid-19?**

**Welcome to this webinar!
We will start at 1.30pm BST**



Welcome!

**What will it take to deliver
Universal Health Coverage and
strong health systems worldwide
in the time of Covid-19?**

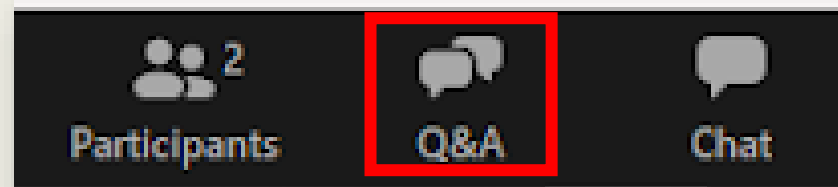


**Professor Anuj Kapilashrami, Professor in Global Health Policy & Equity,
University of Essex/People's Health Movement
@AKapilashrami**

Join us on Twitter - #HealthForAll #LabourConnected

Housekeeping

- The webinar will be recorded
- We will finish at 14:30 (60mins)
- Pose questions in the Q&A box at the bottom of your screen
- Tweet #HealthForAll #LabourConnected



Welcome!

**What will it take to deliver
Universal Health Coverage and
strong health systems worldwide
in the time of Covid-19?**



**Professor Anuj Kapilashrami, Professor in Global Health Policy & Equity,
University of Essex/People's Health Movement
@AKapilashrami**

Join us on Twitter - #HealthForAll #LabourConnected

Webinar Overview

1. **Preet Kaur Gill MP - Shadow Secretary of State for International Development**
2. **Rob Yates - Director, Chatham House Centre for Universal Health**
3. **Allana Kembabazi - Programs Manager – Right to Health, Initiative of Social and Economic Rights, Uganda**
4. **Jessica Hamer - Head of Policy and Campaigns, Health Poverty Action**

Short Q&A

Join us on Twitter - [#HealthForAll](#) [#LabourConnected](#)

Preet Kaur Gill

**Shadow Secretary of State
for International
Development**

@PreetKGillMP



Join us on Twitter - #HealthForAll #LabourConnected

Rob Yates

**Director, Chatham House
Centre for Universal Health**

@yates_rob



Join us on Twitter - #HealthForAll #LabourConnected



Will COVID-19 Create a New Generation of Universal Health Heroes?

Labour Party Conference Virtual Fringe Meeting

20th September 2020

Robert Yates, Executive Director, Centre for Universal Health,
Chatham House

A simple definition of Universal Health Coverage (UHC)

All people receive the quality health services they need without suffering financial hardship

UHC is fundamentally about EQUITY

- Universal = Everybody. Nobody left behind
- Health services allocated according to need
- Health financing contributions according to one's ability to pay
- Healthy-wealthy cross-subsidise the sick and the poor

Gro Harlem Brundtland sums up the consensus on health financing for UHC

“If there is one lesson the world has learnt, it is that you can only reach UHC through PUBLIC financing.”



WHO Director General says political will is needed to transform African health systems

WHO Director General Tedros Adhanom Ghebreyesus says universal health coverage is his ultimate priority - however it will require engagement with political leaders.



The COVID-19 Crisis – a catalyst for UHC?

- A massive crisis requiring immediate head of state and cross government interventions
- Immediate responses needed in the areas of access to health services and financial protection
- A demand for UNIVERSAL entitlements
- Populations want to see results quickly

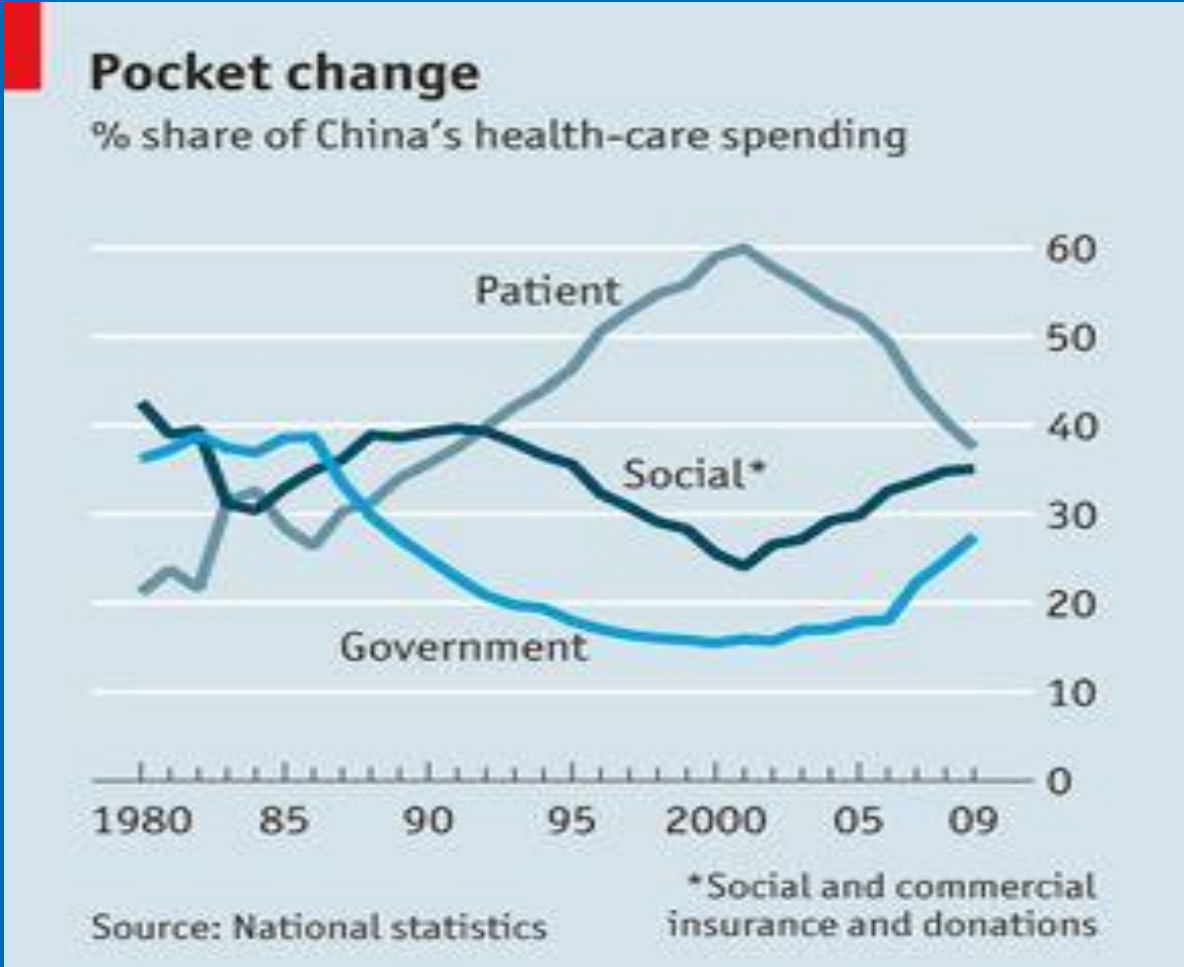
The COVID-19 could make or break leaders



PM Thaksin became a hero in Thailand when he brought the people UHC in 2002 after the Asian Financial Crisis



After the SARS Crisis and considerable social unrest China re-socialised its health financing system



President Ramaphosa is gearing up to launch UHC reforms emerging from the COVID Crisis

01 Jun

Ramaphosa says govt's Covid-19 response is preparing country for NHI

news24 Qaanitah Hunter

SHARE



President Cyril Ramaphosa. (GCIS)

Will Joe Biden heed Hillary Clinton's Advice?

HILLARY CLINTON: CORONAVIRUS 'WOULD BE A TERRIBLE CRISIS TO WASTE'; NEED 'UNIVERSAL HEALTH CARE'



28,747



EMAIL




SHARE



TWEET

Video Source: Joe Biden / YouTube

Source: Joe Biden / YouTube



BIDEN
PRESIDENT
LIVE

VICE PRESIDENT JOE BIDEN

SECRETARY HILLARY RODHAM CLINTON

THE IMPACT OF COVID-19 ON WOMEN TOWN HALL

NATIONAL DOMESTIC VIOLENCE HOTLINE
1-800-799-SAFE • thehotline.org • text LOVEIS to 22522

30 For ASL and CC visit JoeBiden.com/ASLCC TEXT UNITED TO 30330 For ASL and CC visit JoeBiden.com/ASLCC TEXT UNITED TO 30330

The 1945 Labour Government launched the NHS after the crisis of World War II



We should be doing more to share our
experiences with other countries

The Guardian

Heather Stewart

Mon 3 Aug 2009
20.03 BST

Gordon Brown backs free healthcare for world's poor

- Government to spend £6bn on overseas healthcare by 2015
- PM offers cash and help to create free systems



▲ New government healthcare funding should help people like Florence Apeco with her newborn baby at Tiriri health centre, Katine, Uganda. Photograph: Martin Godwin

Concluding thoughts

- COVID-19 is the biggest health crisis in over a century
- People are looking to their political leaders for salvation and expect results quickly
- Urgent action is needed in the areas of access to effective health services and financial protection
- This is a great opportunity to promote UHC reforms to political leaders across the world

Allana Kembabazi

Programs Manager – Right to Health, Initiative of Social and Economic Rights, Uganda

@Kemba_A



Join us on Twitter - #HealthForAll #LabourConnected

**WHAT WILL IT TAKE TO DELIVER
UNIVERSAL HEALTH COVERAGE
AND STRONG HEALTH SYSTEMS IN
THE TIME OF COVID 19**

ALLANA KEMBABAZI



STATE OF HEALTH CARE IN UGANDA

- 39 Districts Without Hospitals
- 29 Constituencies Lack A Health Centre IV
- 331 Subcounties Lack Health Centre III
- 132 Subcounties Lack Health Centre At All
- 48,231 hospital beds but require 166,800
- 55 functional ICU but in light of covid 19, 145 ICU beds procured. 25,020 needed.
- 181 government ambulances and in total 411 functional ambulances in the country.

Table with breakdown of health facilities by level and ownership

	GOVT	PFP	PNFP	GRAND TOTAL
CENTRAL REGION	667	2129	337	3133
Central 1	340	590	163	1093
Central 2	301	168	113	582
Kampala	26	1371	61	1458
EASTERN REGION	838	243	253	1334
East Central	337	91	127	555
Mid Eastern	351	107	77	535
North Eastern	150	45	49	244
NORTHERN REGION	733	176	152	1061
Karamoja	120	2	22	144
Mid Northern	366	119	82	567
West Nile	247	55	48	350
WESTERN REGION	896	247	267	1410
Mid Western	347	124	88	559
South Western	549	123	179	851
GRAND TOTAL	3134	2795	1009	6937



ISER
Facilitating Social Justice

INITIATIVE FOR SOCIAL AND ECONOMIC RIGHTS

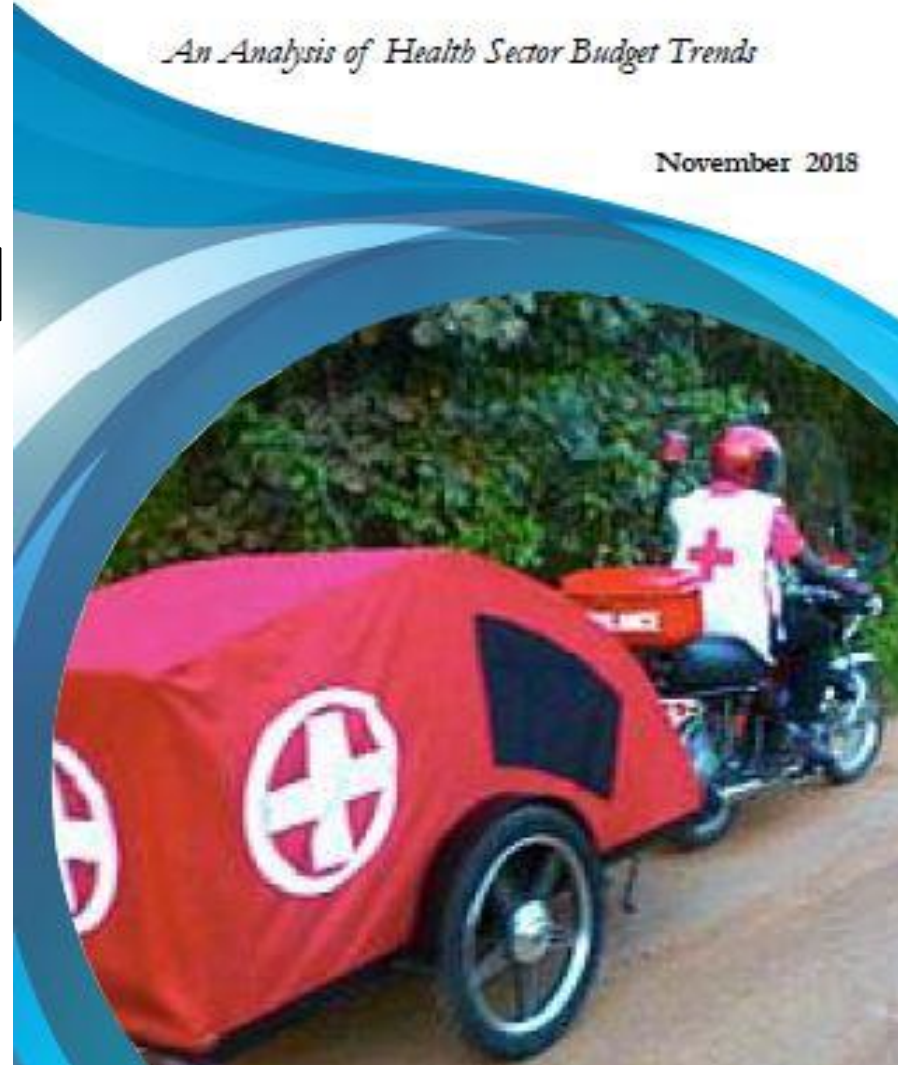
SYSTEMATIC UNDERFINANCING OF PUBLIC HEALTH SECTOR



Are We Failing to Progressively Realise the Right to Health in Uganda?

An Analysis of Health Sector Budget Trends

November 2018



Health Budget as Percentage of Total Budget

	Year	Health Budget (Bn Ush)	Growth	Total Gov't Budget (Bn Ush)	Growth	Health as % of total budget
	2010/11	660	--	7,377	--	8.9%
	2011/12	799	21%	9,630	31%	8.3%
	2012/13	829	4%	10,711	11%	7.7%
	2013/14	1,128	36%	13,065	22%	8.6%
	2014/15	1,281	14%	14,986	15%	8.5%
	2015/16	1,271	-1%	18,311	22%	6.9%
	2016/17	1,827	44%	20,431	12%	8.9%
	2017/18	1,950	6.7%	29,000	42%	6.7%
	2018/19	2,310	18%	32,700	13%	7.1%
	2019/20	2,610	13%	40,500	24%	6.4%

Source: Ministry of Finance Budget Documents

PITFALLS OF FOR PRIVATE/FOR PROFIT SECTOR APPROACHES

**379 MILLION USD
(1.4 TRILLION)
LUBOWA
INTERNATIONAL
SPECIALISED
HOSPITAL**

- HOSPITAL THAT WILL CHARGE INTERNATIONAL PRICES.
- MPs&MINISTER INITIALLY BLOCKED OUT OF CONSTRUCTION SITE
- ALLEGATIONS OF MONEY MISSING



Achieving Equity in Health:

**Are Public Private Partnerships
the Solution?**

**APRIL
2019**



ISER

Facilitating Social Justice

DISTRIBUTION OF POVERTY IN UGANDA ACROSS REGIONS

2016/17	Unit	Poverty Level
West Nile	Percent	34.9
Acholi	Percent	33.4
Karamoja	Percent	60.2
Lango	Percent	15.6
bunyoro	Percent	17.3
Teso	Percent	25.1
Elgon	Percent	43
North Buganda	Percent	11
South Buganda	Percent	15.6
Busoga	Percent	37.5
Bukedi	Percent	35
Ankole	Percent	6.8
Kigezi	Percent	12.2
Uganda	Percent	21.4

REGION	OWNERSHIP	Blood Collection & Distribution Point	Clinic	General Hospital	Health Centre II	Health Centre III	Health Centre IV	National Blood Bank	National Referral Hospital	Regional Blood Bank	Regional Referral Hospital	Spedal Clinic	GRAND TOTAL
Central Region 2,914	Govt	-	-	14	398	211	40	1	2	1	5	-	672
	PFP	-	58	20	1,663	170	16	-	-	-	-	-	1,927
	PNFP	-	5	22	168	103	8	-	-	-	-	9	315
Eastern Region 1,196	Govt	2	-	14	444	288	45	-	-	1	3	-	797
	PFP	-	82	8	55	18	1	-	-	-	-	-	164
	PNFP	-	5	15	145	60	3	-	-	-	-	7	235
Northern Region 927	Govt	1	-	12	436	234	31	-	-	3	4	-	721
	PFP	-	30	4	32	4	-	-	-	-	-	-	70
	PNFP	-	4	12	61	53	2	-	-	-	-	4	136
Western Region 1,367	Govt	3	-	11	556	259	59	-	-	2	4	-	894
	PFP	-	75	4	104	27	2	-	-	-	-	-	212
	PNFP	-	1	17	146	83	8	-	-	-	-	6	261

Source: Master Facility Inventory List 2017.



ISER
Facilitating Social Justice

INITIATIVE FOR SOCIAL AND ECONOMIC RIGHTS

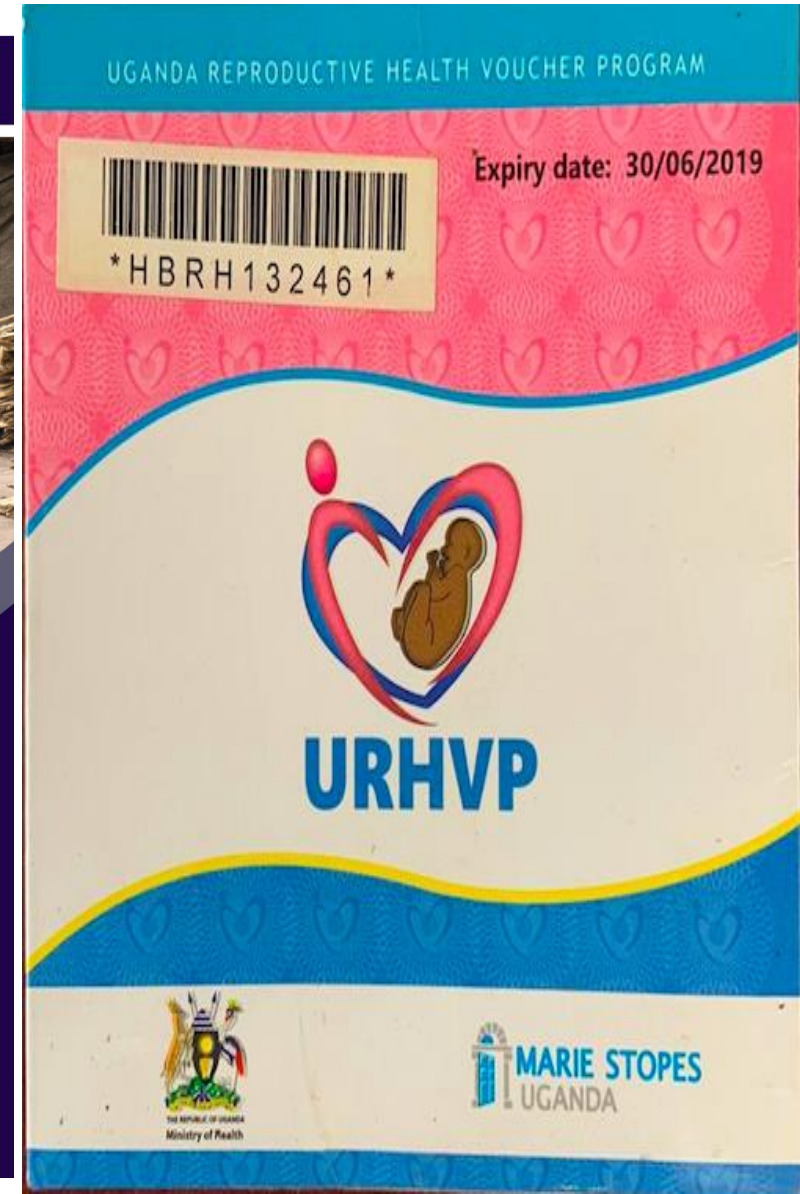
PIECEMEAL APPROACHES?



FAILING TO REACH THE POOREST?

ASSESSMENT OF THE
WORLD BANK FUNDED
UGANDA REPRODUCTIVE
HEALTH VOUCHER
PROJECT

REPORT
JULY 2020 ▶

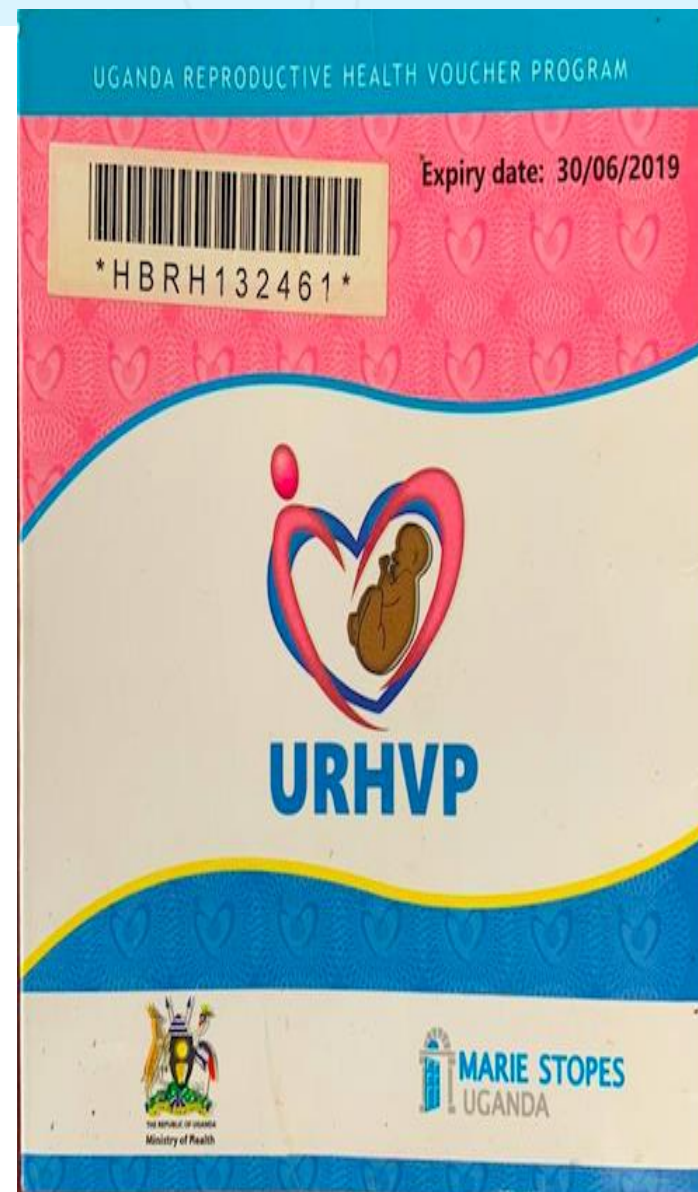


17.3 Million USD Project

- The World Bank funded Uganda Reproductive Health Voucher Project (URHVP) is a form of Public Private Partnership (PPP) whose target is poor women failing to access sexual reproductive health services. The Project is funded by the World Bank and the Swedish International Development Agency through Global Partnership on Output Based Aid, which extended a grant of 13.3 million USD to Uganda to implement it. This coupled with additions from UNFPA and Government of Uganda (The Ministry of Health under Uganda Health Systems Strengthening Project (UHSSP) provided USD \$3,058,950)
- 25 districts
- 2015-2019

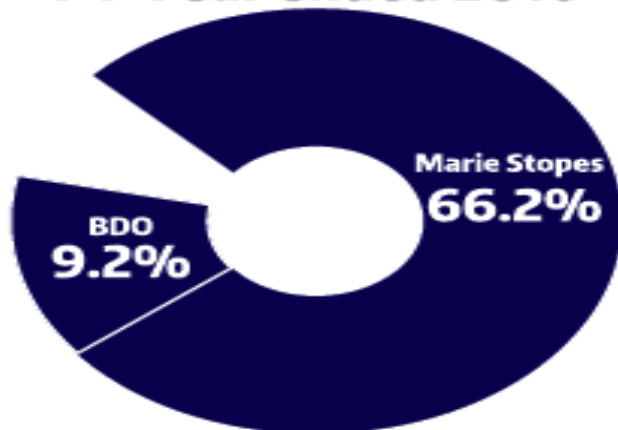
- “ Although the project was supposed to have focused on poor women, only 32% of the beneficiary mothers were classified as poor while the remaining 68% were classified as medium or rich. The Eastern region was more affected as only 29% of the selected beneficiaries were poor compared to 33% in Western region.”

REPORT OF THE AUDITOR GENERAL
TO PARLIAMENT FOR FY 2019



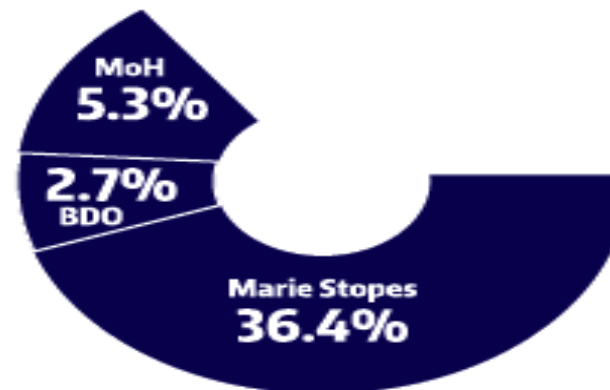
HIGH ADMINISTRATIVE COSTS

FY Year ended 2016



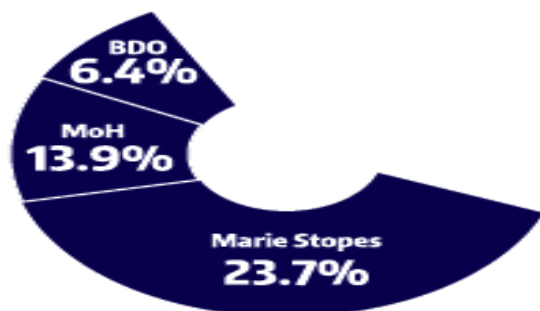
75.4%
in administration

FY Year ended 2017



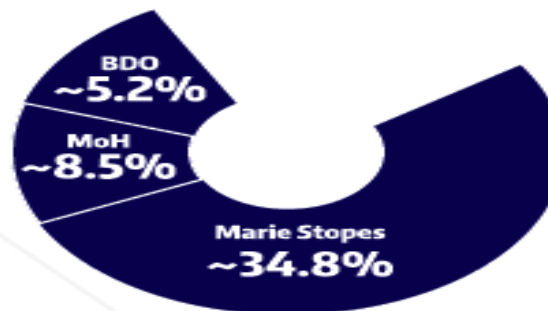
44.4%
in administration

FY Year ended 2018



44%
in administration

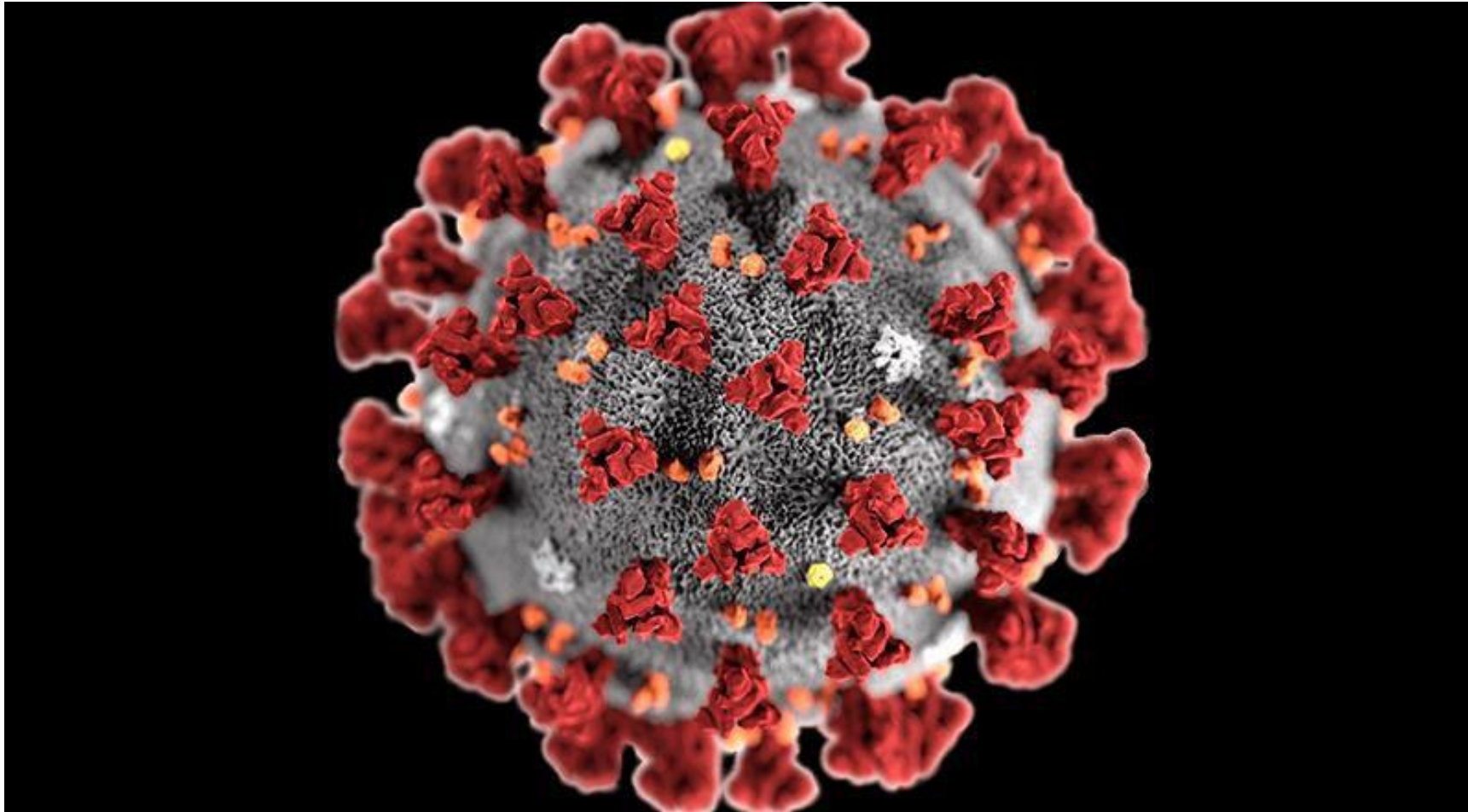
FY Year 2016-2018



48.5%
in administration

ISER's compilation from the Auditor General's Reports on the Financial Statements of the Uganda Reproductive Health Voucher Project (URHVP) for the Financial Years starting 2015/16 – 2018.

Lessons from COVID 19 in Uganda and the Health Sector



WHAT SHOULD DONORS DO?

- Invest in quality public health care. Public health system first point of call for the poor and vulnerable.
- Be wary of Public Private Partnership in Health (PPPH) or private sector in health proposals. They do not shift resources toward remote areas where the human rights situations are most dire or those that utilize public resources yet do not serve poor and marginalized groups. No evidence that PPPH function better than an adequately resourced public health system in contributing to universal health coverage.
- Strong government stewardship. Finance the public health system according to the plans set out by the government.
- Refrain from requiring private actor involvement as pre condition to providing funds.
- Consult with affected groups and leaders and provide platforms for meaningful participation before designing the projects.
- Ensure programs designed and implemented with your support will help the most vulnerable by exercising due diligence including conducting human rights impact assessments.



INITIATIVE FOR SOCIAL AND ECONOMIC RIGHTS

Jessica Hamer

**Head of Policy and
Campaigns at Health
Poverty Action**

@jessica_hamer



Join us on Twitter - #HealthForAll #LabourConnected

Thank you for joining us!

Find us at:

<https://www.healthpovertyaction.org/>

@HealthPoverty

t.woolfenden@healthpovertyaction.org

Join us on Twitter - #HealthForAll #LabourConnected