

Health For All

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IN PARTNERSHIP WITH



INTER-EUROPEAN
Adventist Health Ministries



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Adventist Health Ministries

Olivia (name has been changed) was in full labour when she arrived at the hospital. She was rushed into the emergency room. After a quick examination, the doctor and nurse realised that both her life and the life of her unborn baby were in danger, severely in danger. In just a few short minutes a skilled medical team were with her, transporting her to the best medical centre in Slovenia. In less than 40 minutes Olivia was inside a delivery room, surrounded by the best experts for maternal health. Her tiny baby boy was born ten weeks premature and both mother and baby faced life-threatening health problems. The baby was rushed to the neonatal unit, while the young mother's life was saved by emergency surgery. They both survived due to the excellent primary and secondary care system inside this European country.

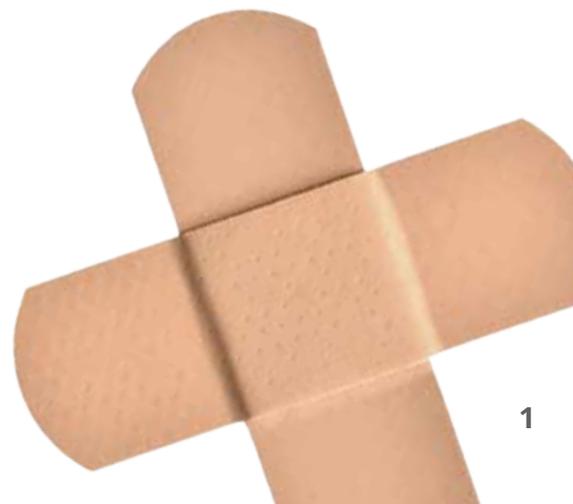
That was twenty years ago. Yet, even today, where you live still dramatically affects your access to essential health services. Developed primary health care and universal health coverage has saved many lives. On the other hand, a lack of primary health care and high health costs has resulted in many lost lives. It still matters where you are born and where you live. Access to primary health care is too often a matter of life and death.



“Dear friend, I pray that you may enjoy good health and that all may go well with you, even as your soul is getting along well.” (3 John 2, Bible/NIV)

DREAMS OF HAPPINESS AND PROSPERITY FOR ALL

Today, on World Health Day, global humanity is “celebrating” health and wellbeing. It is time for good health for all! Health is both a human right and human responsibility. Everyone should have the information, means, and access to the services they need to take care of their own health and the health of their families. The sad fact is that at least half of all people in the world do not receive the health services they need. About



100 million people are pushed into extreme poverty each year because of out-of-pocket spending on health. Unsafe and low-quality health care ruins lives and costs the world trillions of euros every year.

To make good health for all a reality, we need:

- **individuals and communities** who have access to high quality health services so that they take care of their own health and the health of their families. It is also vital that people have access to quality health education and the possibility to improve their health through responsible behaviours and lifestyle changes.
- **skilled health workers** who are able to provide quality, people-centred care. Health workers should also place a stronger focus on the prevention of non-communicable diseases, infectious diseases and mental disorders.
- **policy-makers** committed to investing in primary health care.

Primary health care should be the first level of contact within the health system, where individuals, families, and communities receive most of their health care—from promotion and prevention to treatment, rehabilitation, and palliative care—as close as possible to where they live and work. At its heart, primary health care is about caring for people and helping them improve their health or maintain their wellbeing, rather than just treating a single disease or condition.

Primary health care covers the majority of health needs throughout a person's life including services such as screening for health problems, vaccines, information on how to prevent disease, family planning, treatment for long and short-term conditions, coordination with other levels of care, and rehabilitation. Primary health care is a cost-effective and equitable way of delivering health services and helping countries make progress towards universal health coverage.

Quality, accessible primary health care is the foundation for universal health coverage.

Universal health coverage means that all people have access to the quality health services they need, when and where they need them, without financial hardship. We know universal health coverage is possible, we just need to make it happen!

"You cannot hope to build a better world without improving the individuals. To that end, each of us must work for his own improvement and, at the same time, share a general responsibility for all humanity, our particular duty being to aid those to whom we think we can be most useful." (Marie Curie)

"We have always held to the hope, the belief, the conviction that there is a better life, a better world, beyond the horizon." (Franklin D. Roosevelt)

"God's dream is that you and I and all of us will realize that we are family, that we are made for togetherness, for goodness, and for compassion." (Desmond Tutu)

HEALTH INEQUITY

There is ample evidence that social factors, including education, employment status, income level, gender, and ethnicity have a marked influence on how healthy a person is. In all countries – whether low-, middle or high-income – there are wide disparities in the health status of different social groups. The lower an individual's socio-economic situation, the higher their risk of poor health.

- At least *half of the world's population* still does not have full coverage of essential health services.
- About *100 million people are still being pushed into extreme poverty* (defined as living on 1.90 USD or less a day) because they have to pay for health care.
- Over 800 million people (almost 12% of the world's population) spent at least *10% of their household budgets on health care*.
- Every day at least *16,000 children die before their fifth birthday* of pneumonia, malaria, diarrhoea, and other diseases. Children in sub-Saharan Africa are 14 times more likely to die before the age of five than children in the rest of the world. Furthermore, children from rural and poorer households remain disproportionately affected.
- *Life expectancy varies by 34 years between countries*. In low-income countries, the average life expectancy is 62 years of age, while in high-income countries, it is 81 years. A child born in Sierra Leone can expect to live for 50 years while a child born in Japan can expect to live 84 years.
- Health inequities have a significant financial cost to societies. The European Parliament has estimated that *losses linked to health inequities cost around 1.4% of gross domestic product* (GDP) within the European Union – a figure almost as high as the EU's defence spending (1.6% of GDP). This arises from losses in productivity and tax payments, and from higher welfare payments and health care costs.
- Maternal mortality is a key indicator of health inequity. Maternal mortality rates show the wide gaps between rich and poor, both between and within countries. *Developing countries account for 99% of annual maternal deaths in the world*. Women in Chad have a lifetime risk of maternal death of 1 in 16, while a woman in Sweden has a risk of less than 1 in 10,000.
- Persistent health inequities slow down development. Close to *1 billion people in the world live in slum conditions*, representing about one quarter of the world's urban population.

WHAT IS ADRA DOING?

ADRA believes that all people, everywhere, deserve the right care, right in their community. Everyone should have good health, well-being and access to the health care they need, when they need it, right in the heart of community. Primary health care is a critical foundation for universal health coverage. We support access to universal health coverage along with personal responsibility toward ourselves, our communities, and the planet.

In 2017 ADRA provided assistance and support in the area of health to almost 3 million people.

Moteeb is a ten-month-old child from Yemen who lives in a camp for internally displaced people in Al Hazm District, Al-Jawf. His mother died just a month after his birth due to postnatal complications since the family could not afford the cost of transportation to the nearest health facility to seek medical care. ADRA implements its Comprehensive Integrated Response Against Malnutrition (CIRAM) Project in the region where Moteeb was taken care of and treated. Moteeb was restored to health after five months of treatment by the local ADRA team.

ADRA's project in Yemen aims to reduce malnutrition and provide primary health care to more than 30,000 newborns and children under five.



Photo: © 2018, 2019 ADRA Yemen

WHAT CAN WE DO?

Everyone has a part to play to help achieve good health for all. Stand up for justice, exercise compassion, show love.

1. **LEARN.** Learn more about health, injustice, and inequity in the area of health, including access to primary health care and universal health coverage.
2. **BE RESPONSIBLE.** Take good care of your health and the health of your family; practice a responsible, healthy and balanced lifestyle.
3. **ACT.** Stand up for justice and raise awareness about access to primary health care and universal health coverage:
 - a) Use your own voice to demand good health services in your community and around the world.
 - b) Engage in constructive conversations seeking solutions toward access to primary health care and universal health coverage with a broad range of people, who are essential to ensure it.
 - c) Collaborate with grassroots organisations and champions for universal health coverage to explore solutions towards quality primary health care for all.
 - d) Make necessary noise to ensure your local and global communities' needs are taken into account.
 - e) Share stories of affected individuals and communities without access to primary health care.
 - f) Support projects, activities, and efforts that provide access to health care.
 - g) Share posts and messages with your own networks, share materials and join conversations on issues related to the access to primary health care and universal health coverage. The primary hashtag that we are using is **#HealthForAll**.

WHAT IS PRIMARY HEALTH CARE, UNIVERSAL HEALTH COVERAGE AND WHY ARE THEY IMPORTANT?¹

Universal health coverage (UHC) means that all individuals and communities receive the health services they need without suffering financial hardship. It includes the full spectrum of essential, quality health services, from health promotion to prevention, treatment, rehabilitation, and palliative care.

UHC enables everyone to access the services that address the most significant causes of disease and death, and ensures that the quality of those services is good enough to improve the health of the people who receive them.

Protecting people from the financial consequences of paying for health services out of their own pockets reduces the risk that people will be pushed into poverty because unexpected illness requires them to use up their life savings, sell assets, or borrow money – destroying their futures and often those of their children.

Achieving UHC is one of the targets the nations of the world set when they adopted the Sustainable Development Goals in 2015. Countries that progress towards UHC will make progress towards the other health-related targets, and towards the other goals. Good health allows children to learn and adults to earn, helps people escape from poverty, and provides the basis for long-term economic development.

What UHC is and what UHC is not

There are many things that are not included in the scope of UHC:

- UHC does not mean free coverage for all possible health interventions, regardless of the cost, as no country can provide all services free of charge on a sustainable basis.
- UHC is not just about health financing. It encompasses all components of the health system: health service delivery systems, the health workforce, health facilities and communications networks, health technologies, information systems, quality assurance mechanisms, and governance and legislation.
- UHC is not only about ensuring a minimum package of health services, but also about ensuring a progressive expansion of coverage of health services and financial protection as more resources become available.
- UHC is not only about individual treatment services, but also includes population-based services such as public health campaigns, adding fluoride to water, and controlling mosquito breeding grounds.
- UHC is comprised of much more than just health; taking steps towards UHC means steps towards equity, development priorities, and social inclusion and cohesion.

¹ WHO: Universal Health Coverage ([https://www.who.int/en/news-room/fact-sheets/detail/universal-health-coverage-\(uhc\)](https://www.who.int/en/news-room/fact-sheets/detail/universal-health-coverage-(uhc)))

How can countries make progress towards UHC?

Many countries are already making progress towards UHC. All countries can take actions to move more rapidly towards it, or to maintain the gains they have already made. In countries where health services have traditionally been accessible and affordable, governments are finding it increasingly difficult to respond to the ever-growing health needs of the populations and the increasing costs of health services.

To limit the escalation of health care costs linked with chronic lifestyle related diseases and afford to care to everyone, a greater effort should be made in prevention strategies, and on the delivery of sustainable, cost-effective health. This will include the training of physicians in lifestyle medicine, the education of patients through inter-disciplinary medical teams, and the generalized practice of assisting individuals to adopt and sustain behaviours that can improve their health.

Moving towards UHC also requires strengthening health systems in all countries. Robust financing structures are key. When people have to pay most of the cost for health services out of their own pockets, the poor are often unable to obtain many of the services they need, and even the rich may be exposed to financial hardship in the event of severe or long-term illness. Pooling funds from compulsory funding sources (such as mandatory insurance contributions) can spread the financial risks of illness across a population.

Improving health service coverage and health outcomes depends on the availability, accessibility, and capacity of health workers to deliver quality people-centred integrated care. Investments in quality primary health care will be the cornerstone for achieving UHC around the world. Investing in the primary health care workforce is the most cost-effective way to ensure access to essential health care will improve. Good governance, sound systems of procurement, and supply of medicines and health technologies and well-functioning health information systems are other critical elements.

What is primary health care?

Primary health care is an approach to health and wellbeing centred on the needs and circumstances of individuals, families and communities, where health is understood as the interrelation between its physical, mental, emotional, spiritual, social and environmental components.

It is about providing whole-person care for health needs throughout life, not just treating a set of specific diseases. Primary health care ensures people receive comprehensive care, ranging from promotion and prevention to treatment, rehabilitation, and palliative care as close as feasible to people's every day environment.

The World Health Organization (WHO) has developed a comprehensive definition of primary health care based on three components:

- ensuring people's health problems are addressed through comprehensive promotive, protective, preventive, curative, rehabilitative, and palliative care throughout the life course, strategically prioritising key system functions aimed at individuals and families and the population as the central elements of integrated service delivery across all levels of care;

- systematically addressing the broader determinants of health (including social, economic, environmental, as well as people's characteristics and behaviours,) through evidence-informed public policies and actions across all sectors; and
- empowering individuals, families, and communities to optimize their health, as advocates for policies that promote and protect health and wellbeing, as co-developers of health and social services through their participation, and as self-carers and care-givers to others.

Primary health care is the most efficient and cost-effective way to achieve universal health coverage around the world.

To meet the health workforce requirements of the Sustainable Development Goals and universal health coverage targets, over 18 million additional health workers are needed by 2030. Gaps in the supply of and demand for health workers are concentrated in low- and lower-middle-income countries. The growing demand for health workers is projected to add an estimated 40 million health sector jobs to the global economy by 2030. Investments are needed from both public and private sectors in health worker education, as well as in the creation and filling of funded positions in the health sector and the health economy.

UHC emphasizes not only *what* services are covered, but also *how* they are funded, managed, and delivered. A fundamental shift in service delivery is needed so that services are integrated and focused on the needs of people and communities. This includes reorienting health services to ensure that care is provided in the most appropriate setting, with the right balance between out- and in-patient care and strengthening the coordination of care. Health services, including traditional and complementary medicine services, organized around the comprehensive needs and expectations of people and communities will help empower them to take a more active role in their health and health system.

Can UHC be measured?

Yes. Monitoring progress towards UHC should focus on two things:

- The proportion of a population that can access essential quality health services.
- The proportion of the population that spends a large amount of household income on health.

Together with the World Bank, WHO has developed a framework to track the progress of UHC by monitoring both categories, taking into account both the overall level and the extent to which UHC is equitable, offering service coverage and financial protection to all people within a population, such as the poor or those living in remote rural areas.