Report learning session – How can we strengthen health systems worldwide?

Working group Determinants of International Health (Be-cause health & APHS)

Background

Against the backdrop of a raging pandemic, the working group Determinants of International Health set up a virtual learning session to look into how we can strengthen health systems worldwide and how development policies can contribute to that objective. The learning session took place on May 18 2021 and was attended by a diverse group of people working in the development and health sector. This report summarises the main discussion points of the session and sets forth a number of potential areas for future work.

Outline of the session

The Covid-19 pandemic has laid bare the vulnerabilities of health systems around the world. With an exhausted health workforce, the disruption of essential health services and inadequate access to protective equipment, medical tools and vaccines, many countries are struggling with waves of infections. In the short term we need to end this crisis as soon as possible. But looking forward, and considering the risk of future pandemics, we need to strengthen health systems all over the world so that everyone has access to qualitative health services. How can we make that happen? What should be the contribution of development cooperation for health? And how do we ensure that those development policies reflect the lessons we learned during the Covid-19 pandemic?

Introduction
Marco Angelo (Wemos) – Public-Private Partnerships
Clara Affun-Adegbulu (ITM) & Ravi Ram (Kampala Initiative) – Decolonising Global Health
Moises Garcia & Isabel Montoya (Foro Nacional de Salud) – What role for social movements?
Discussion with participants

About the organisers of the event

Be-cause health was created as an informal and pluralistic platform in 2004. The platform currently connects institutional and individual members from Belgian academia, the development sector, partner organisations in the Global South and policy making bodies of the Belgian government working on global public health, international health care and medical development.

The Action Platform for Health and Solidarity (APHS) is an initiative of the biggest Belgian trade unions and mutualities. It was estabilised on the 30th anniversary of the Alma Ata Declaration (2008) to connect its founding members with Belgian NGOs, health organisations and other related networks and associations.

Introduction

A lot of the debates in global public health at the moment understandably revolve around the impact, consequences and challenges of the COVID-19 pandemic. The pandemic has exposed deep seated economic, political and social inequalities and brought to the surface an array of deficiencies of health systems worldwide.

Many countries and health systems were unprepared to cope with a crisis of this magnitude. According to the WHO, in 9 out of 10 countries, more than 1/3 of normal health services were disrupted. Health care workers have come under a lot of pressure, there was a lack of protective equipment and in many countries health systems have generally failed to deal with this crisis in an effective way.

Despite these observations, a lot of energy and attention is dedicated to solving this crisis with vaccines. The root causes of the pandemic are quietly being ignored. Barely 6% of total contributions to the ACT-Accelerator have been earmarked for strengthening national health systems. Even before the pandemic only 14% of total health Official Development Assistance (ODA) was dedicated to strengthening national health systems.

That begs the question: how can we strengthen health systems worldwide and what can the sector of development cooperation for health contribute to that objective? In this report we'll be summarising the main discussion points brought to the table by the panelists and participants of the learning session.

1. The risky business of promoting PPPs in health care – Marco Angelo (Wemos)

Due to insufficient fiscal revenue, economic treaties and fiscal rigor in national and international policies, governments in high income countries (HICs) and low- and middle-income countries (LMICs) find themselves insufficiently able to invest in essential infrastructure and services. This investment gap is filled by the private sector, that steps in in a variety of shapes, but very often as a stakeholder in Public-Private Partnerships (PPPs).

What are PPPs ?

It is a long term contract between a private party and a government entity for providing a public asset or service, in which the private party bears significant risk and management responsibility in which and remuneration is linked to performance.

What is the difference with contracting by public government ?

PPPs put private investment at the centre of financing and provision of healthcare services.

Global actors, like the IMF and the World Bank, are increasingly promoting PPPs as an instrument to provide and finance healthcare. However, research by Wemos shows that PPPs often have an

opposite, negative effect on achieving equal access to quality key health services for everyone, i.e. Universal Health Coverage (UHC).

General findings:

1) PPPs are more expensive

According to a 2019 systematic review, all peer-reviewed articles that compared PPP cost with traditional procurement in the EU, pointed out the higher cost of PPPs in health. To attract private investments, there must be an attractive margin for profit.

2) PPPs influence priority setting

For-profit actors base their actions on the basis of potential profit margins instead of needs. A 63 billion Ksh (Kenian shilling) contract for the leasing of specialised medical equipment in Kenya, was conducted without a proper assessment of the health needs and capacity, resulting in under-utilisation of the medical equipment.

3) PPPs require complex contracts and risky negotiating

Large and expensive projects need complex contracts. They often need to be renegotiated after a few years. 68% of PPP contracts in Latin American were renegotiated. The government can't withdraw from the contract because healthcare is an essential service, so it is forced to renegotiate.

4) PPPs can affect access to health services

Higher fees and the concentration of facilities in high and middle class areas hamper access for those most in need. The Uganda Reproductive Health Voucher project had an explicit pro-poor focus. However, 68% percent of beneficiaries were either middle class or rich.

Recommendations by Wemos:

1) Stop promoting Public-Private Partnerships in healthcare, until more evidence on their impact on access, efficiency and fiscal risk is produced

2) Avoid contracts that involve high levels of private finance

3) Increase the budget for public healthcare, because of its potential to reach Universal Health Care even with limited resources

Want to learn more? Discover Wemos' position paper on PPPs in health care 'Risky Business': **https://www.wemos.nl/en/publicfirstinhealth/**

2. Decolonising global health by Clara Affun-Adegbulu (ITM) & Ravi Ram (Kampala Initiative)

There is a growing call to decolonise global health and the institutions, actors and mechanisms that make up its system. This not only means undoing global health of its colonial past, but also critically looking at how today's world, and global health in particular, reproduces (neo-)colonial power relations. This is especially relevant when looking at the social determinants of health and how they are produced by a social, economic and political context that is determined by (neo-)colonial power relations.

(Neo-)colonialism impacts global health in multiple ways:

- Impact on social determinants of health: The capitalist and eurocentric worldview directly affects the material conditions or social and political realities people are faced with. It determines living conditions in the shape of access to health care, quality jobs, food etc. We can also directly see it in the global health workforce crisis.
- Racism and lack of diversity in global health: There is a lack of diversity and representation in global health institutions and in global health governance. This has an impact on priority setting and decision-making. There is, for example, a focus on health security. This is conceived as the protection of rich and powerful countries against diseases from LMICs. A rights-based perspective is missing from this approach.
- Impact on knowledge production: Dominant ideas and knowledge in global health are heavily determined by voices coming from global north institutions. This impacts the way we understand global health, what we advocate for and how we go about putting conclusions and analysis into practice. This can be referred to as epistemicide.

What is epistemicide?

The term epistemicide was developed by the Portuguese sociologist Boaventura de Sousa Santos in his book *Epistemologies of the South: Justice Against Epistemicide*. Epistemicide refers to the destruction of existing knowledge. It is used within the context of colonisation which has brought violence against humans but also involved violence against indigenous knowledge of the natural world.

Why decolonise global health?

1) Solidarity: none of us are free as long as one of us is chained

2) Justice: It is the right thing to do. The current system only serves a small minority.

3) Self-interest

How do we do this?

- Recognise that global health is not far away. Health inequities are in our own backyards.
- Complex problems require global and local action and pluriversal solutions.
- Humility: we don't know everything. That's why diversity and inclusion are important.
- We need to put our money where our mouth is: advocate with our government, collaboration with partners (both at an institutional and individual level).
- Development assistance and aid are just a bandage, not a structural solution. We need to re-balance the world so everyone has an opportunity to live a healthy and decent life.

What is the Kampala Initiative?

The Kampala Initiative is a democratic civil society space and structure (alliance/ community) of independent, critical-thinking activists and organizations across Southern and Northern boundaries.

Within this space, the critique of aid shall lead to formulating, promoting, disseminating and seeking political traction for a new, broadly shared civil society narrative on cooperation and solidarity within and beyond aid.

The concrete activities of the Kampala Initiative focus on an (open) set of thematic fields that need particular civil society attention and on a related set of critical, concrete and catalytic cases as entry points for joint interventions.

Discover more: https://www.medicusmundi.org/kampalainitiative/

3. What role for social movements? By Moises Garcia & Isabel Montoya (Foro Nacional de Salud, El Salvador)

From 1979 until 1992 El Salvador suffered from a civil war. Many cities and towns were abandoned and a lot of resources were lost. People in abandoned towns organised themselves. They set up their own health systems and provided health care and basic assistance to those in need. The grassroots initiatives and social movements that emerged during the civil war played a big role in shaping the peace agreement that was signed in 1992. This context forms the background for the establishment of the movement for the right to health in El Salvador.

The social movement for health played a big role in post-war El Salvador. Grassroots health initiatives that were established during the civil war were incorporated in the peace agreement and became an integral part of El Salvador's health system. But they would also remain an important force or alliance against the privatisation of health care in the country.

The National Forum for Health has its roots in the social struggles against the privatisation of the public health system during the 1990s. It brings together basic health organisations so they have a stronger voice and can participate in the public health system. The member organisations of the forum work with communities. They sensibilise and mobilise them for their right to health. The National Forum for Health was born with a clear purpose: "to promote the process of Integral Health Reform from the communities and for the communities, with more organisation and social participation that allows the progressive construction of popular power, so that the people in each community can conquer and defend their Human Right to Health".

The participation of citizens is key to the work of the Forum. To achieve effective participation, communities had to be involved in the development of policies and everything related to healthcare systems. Community leaders wanted to be effectively involved within hospitals and within national healthcare systems so that solutions are proposed that can tackle specific challenges communities face. The Forum facilitates that participation.

The forum has contributed a lot, both at the local and at the national level. Healthcare system has become much more humane as a consequence of quality checks of health care provision. Vulnerable groups used to be the victim of abuse and discriminatory practices in health care. When civil society organises itself it can play a very important role into addressing the challenges faced by specific groups and into making sure the right to health of people is respected.

Discussion

1) How do you integrate the culture and well-being of the people with timing and funding that come from the global north and that is looking for rapid results? How do we deal with the tension that exists between realities on the ground and expectations and objectives that come from funders in the global north?

Clara: It's quite difficult, but can be done. Funding will not be very easy to change, because we will still rely on our governments for funding. But that we means we should lobby them and do advocacy work for better results. When it comes to the local level and ensuring that the well-being of the people is taken into account, then it means we have to work with the people who know the context.

Ravi: Decisions and power should not remain with the donor. There is an imbalance in resources around the world and we don't want to see decisions being driven by that imbalance. The National Health Advocacy Fund looks at how to fund advocacy efforts in countries that are not dependent on support from outside NGOs.

2) What has Wemos been doing in terms of advocacy around PPPs? Why did you choose to do advocacy that way? What do you aim to achieve with it?

Marco: Wemos is an advocacy organisation. Any type of research we do must be connected to doing advocacy towards the actors that influence health care. The World Bank is an important actor in global health by promoting PPPs. Just publishing a paper is not enough so we drafted an open letter addressing the World Bank. The letter was co-signed by almost 100 organisations. We received a response from the World Bank and have had a couple of calls with staff from the World Bank. PPPs are also criticised within the World Bank. This is the result of years of research and advocacy. Advocacy and the work of civil society is very important to challenge mainstream narratives that exist around the privatisation of health care.

Claudio: The whole crux of the problem is the power balance and the power that these institutions have and we don't have. If we could concentrate on creating more counter power, than we can get to a point where we can influence the institutions that are colonising our minds. The human rights based approach brings this in. We are no longer begging. Claim holders are demanding and mobilising for what they are entitled to in existing international human rights law. There are many examples in the street of people protesting to demand changes. There is nothing wrong with coming up with alternative models, but if we don't have the power to make changes they will just stay models. We have spent too much time thinking we can change the system. Instead we have to spend more time working at the grassroots level, like in El Salvador. That is where our priorities should be.

Clara: There is a momentum at the moment with the fight for social justice. It's important to remember that decolonisation is not just about changing power dynamics, it's also about changing the culture and economic system we have. Without switching the fundamental worldview that underlie these power dynamics we will go nowhere.

Xavier: I remain a bit skeptical about the chances of reaching the described goals. My first perception about this is that the momentum Clara referred to, might actually be the opposite one. In both HICs and LMICs governments, whether elected or not, evolve towards the right. The list of hard right wing leaders is long and these people seem to attract support from their populations. So, there is much to be concerned about there at this moment, and thus we have to unite and propose strong alternatives.

Second and more specifically about external funding of development cooperation, we could analyse how much the agenda of NGO's and other development actors is determined by the access to predefined money. In my perception, the financial model of several organisations is determined by two factors mainly: their capacity to collect money in the general public and their capacity to implement the programs of the external funders. The first capacity rests for the main part on a quite colonial view of the world (look at some MSF fundraising campaigns) and the second one follows the political agenda of the presently mainly rightist politicians in the HICs (focus on humanitarian rather than participative development or focus on vaccines rather than health system strengthening). I agree with Claudio that letters will not be enough.

3) In the debates on decolonisation there is a current that advocates for the abolition of the institutions and systems that we have at the moment, rather than reforming them. What are your thoughts on this point?

Ravi: In an ideal world we could build our institutions from the ground up, so that they serve people and not profits. But we don't live in an ideal world so we struggle with what we have, knowing that a reform is sometimes a compromise. Compromising on values is very hard. Experimenting with different models is important as a way forward. It's important to shape new programs, models and the language that is used to promote these models. That's what we do with the Kampala Initiative. We don't just linger on the critiques, but try to develop them further to experiment and see what works.

Watch the session online: https://www.be-causehealth.be/en/bch-events/learning-session-how-can-we-strengthen-public-health-care-worldwide-2/