



Achieving Universal Coverage in Health for greater equity and redistribution in South Africa, lessons from 'successful' countries.

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Outline of Presentation

- Introduction and background.
- SA 'Socioeconomic Health Gradient'.
- Rationale for Universal Coverage in health.
- Lessons from LA health reforms for SA.

Introduction and background

- Public sector(40%) THE for over 80% pop, Private sector (60%) for 14% of pop (SAHR2007).
- 'Huge' user fees in Public and out of pocket payments in private sector(co-payments & out of benefit package).
- uneven concentration of financial, human, technological and infrastructural resources in the private health sector.

SA Socioeconomic Health Gradient

- two tier health system, fragmented along socio-economics lines.
- Death before 5 is 4 times higher for poor child (Public health) than rich child.
- Low education for mothers leave children 1.8 times more likely to die before 5.
- Socio economic status determinant of access to level and quality of health care.

Social determinants of health, inequalities and inequities.

- All health inequalities caused by socio economic inequalities should count as inequities (Brulde,2008).
- Conditions where people grow, live, work and age influence their health.
- Such inequalities are inequitable and unjust since they are avoidable.
- Most plausible distributive goal of public health is to reduce inequities{inequalities that are unjust or morally unacceptable}

The rationale of a universal coverage health policy.

- UC=access to good quality services, according to needs and preferences regardless of income level, social status or residency.
- Implies **Equity in access**, **financial risk protection** and **equity in financing**.
- Publicly funded services are needs based & overcome financial barriers to access & reducing inequities.

The Universal Coverage Case.

- Countries with UC do have superior Health Stats.
- Institutional structures define identity and interest amongst citizens.
- UC more redistributive in outlook than targeted programs.
- Its about the entitlements of citizenship & social safety nets for all in SA.

Main nature of Health reforms in LA. Why lesson for SA?

- Similar socioeconomic challenges and opted for UC health reforms.
- Identified deteriorating socio-economic conditions as failure affecting health.
- Moved to legislate health as a constitutional protected right with government's duty to protect it.

Lessons for South Africa from LA health reforms.

- 'Right to health' (not privilege) accepted and inserted in dominant political ideology.
- Demonstration of **political will** to promote the notion of 'entitlement to healthcare'.
- Promotion of consultation and participatory decision making

Health Reforms in LA and lessons for South Africa.

- Curtail powerful interest groups while making them willing participants in UC(PPP).
- Avoiding the pitfalls of partial reform that promote private interests/agendas.
- Pre-reform institutional strengthening and capacity development.
- Creation of relevant knowledge, social learning & political involvement. [Triangle that moves the mountain.]