The Universal Health Coverage Politics and Primary Health Care

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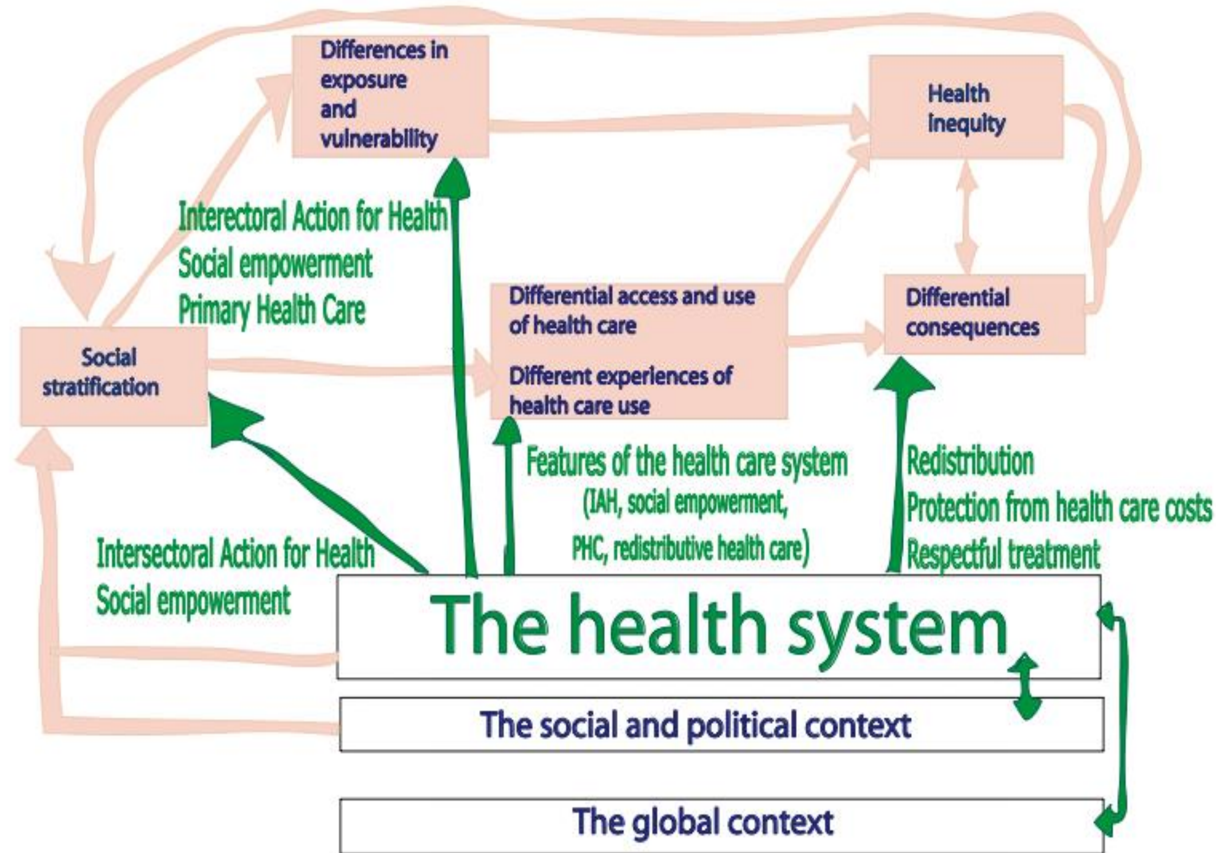
- In recent times, the dispute has become polarized between models of universal and equitable health systems such as the National Health Service / Socialized Health Systems and models of privatized systems / Public Insurance with Universal Coverage with market orientation (UHC).

The Universal Health Coverage Politics
UHC and PHC

- The current politics associated with UHC goes against a conception of resilient and equitable health systems, as it emphasizes an anthropocentric, biomedical and curative approach that leads to the privatization and commodification of health systems.

- PHC is a strategy that could give a different prespective to UHC politics.
- PHC integral components were articulated in the Alma Ata declaration, 1978, however, the recent Astana declaration, 2018 adopted neoselective approach to PHC to accommodate the UHC in the private and market interests.

Health systems Interventions to reduce inequities and promote interculturality



- Characteristics of health systems that favor an orientation towards PHC:
  - The planning and regulation of the distribution of health resources in the country
  - The type of PHC staff, and not just doctors
  - The proportion of public financing of PHC with respect to total health spending
  - The proportion of expenditure on PHC services with respect to specialized (hospital) services
  - The allocation and method of financing PHC services and actions not dependent on these services to resolve health needs
  - The percentage of active PHC personnel (doctors, nurses, community health agents, etc.)
  - The earnings ratio of PHC staff (especially physicians) compared to specialists
  - The common location of PHC services
  - The affiliation of a health team in each territory
  - The guarantee that there is access to care 24/7
  - How PHC doctors (particularly) are paid with respect to specialists
  - Coordination between PHC doctors and specialist doctors in the care of patients, including hospitalized patients
  - The centrality of PHC in the process of patient care and management
  - The plurality of health knowledge and practices accepted in PHC
  - The strength and degree to which the departments responsible for the training of PHC personnel adapt to the characteristics of the PHC

- Key attributes of PHC practice:
  - **Comprehensiveness**
  - The first contact or access
  - The permanence of the relationship between service providers, patients, families and communities
  - Coordination in the transfer of information and in the referral and counter-referral of cases between levels of care in the health sector and between other resources and essential services for health
  - Family-centered health care
  - The community orientation
  - The frequency of home visits
  - Intersectoral action to address social, economic and environmental determinants of health
  - Individual and collective participation in planning
  - Decentralization and interculturality in health and regional autonomies in PHC

- The dominant forces of the Global North intend to impose on us a vision of PHC centered around (individuals/population) and packaged clinical/biomedical/social interventions.
- In the countries of the Global South, we fight for PHC centered around (classes/gender/ethnicity/communities/peoples), for a new international economic order, social justice/environmental justice, decentralization/interculturality, comprehensive care of life/habitats/ territories, intersectorality/transsectorality and inclusive social participation.

- From the global North, they tell us that comprehensiveness is the degree of universality and breadth of benefit plans or primary care biomedical/social interventions provided to different population groups, or the degree to which these benefits are provided directly by healthcare teams. PHC in the health care system
- We understand comprehensiveness as the link between health needs and the state/society response promoted with the support of the PHC strategy.

Ej: Abordaje integral de la diarrea incluye los determinantes sociales a través de acciones de promoción

REHABILITATIVE	CURATIVE	PREVENTIVE	PROMOTIVE
NUTRITION REHABILITATION	O.R.T. NUTRITION SUPPORT	EDUCATION FOR PERSONAL & FOOD HYGIENE MEASLES VACCINATION BREAST FEEDING	WATER SANITATION HOUSEHOLD FOOD SECURITY

- In the Declaration of Alma Ata (1978) it was stated that PHC **"forms an integral part of both the national health system, of which it constitutes the central function and the main nucleus, and the global social and economic development of the community“**
- In this sense, PHC was conceived as a strategy that should contribute not only to improving average health outcomes, but also health equity and efficiency in the use of available resources.

Comprehensive PHC Program Implementation -1978

- It included 8 major essential programmatic elements that required community participation and intersectoral action for its development:
  1. education concerning prevailing health problems and the methods of preventing and controlling them
  2. promotion of food supply and proper nutrition
  3. an adequate supply of safe water and basic sanitation
  4. maternal and child health care, including family planning

5. **immunization against the major infectious diseases**
6. **prevention and control of locally endemic diseases**
7. **appropriate treatment of common diseases and injuries**
8. **provision of essential drugs**

- In the new reality created by the socio-ecological crisis and the frequent epidemics and pandemics, the approach focused solely on people/human populations is insufficient, a new type of approach focused on environment/communities/peoples is required.
- In this perspective we not only speak about the well-being and health of human life but about comprehensive care of the health and life of humans and non-humans.
- Hence the need for a decentralization and intercultural approach to PHC, heritage of the culture of our indigenous peoples.

Origin of neoselective PHC

- Recently the World Bank (Walking the Talk, 2022) has recognized the importance of the Alma Ata principles to guarantee population-centered care through multidisciplinary teams that ensure first contact, integration, coordination and continuous care throughout the levels. system care
- It has also recognized the need for intersectoral action and community participation to respond not only to medical care needs but also to health needs.

- However, the World Bank (2022) does not recognize the need to change the international/national economic order to face inequalities, the socio-ecological crisis, wars and violence, and the greater frequency and recurrence of epidemics, pandemics, and other emergencies.
- On the contrary, it opens spaces for privatization/commercialization based on a logic of NeoSelective PHC focused on primary care or primary clinical care.

History of neoselective PHC

- The first selective PHC program (Walsh and Warren, 1979) was promoted by UNICEF, the World Bank and the Rockefeller Foundation as a replacement for Comprehensive PHC and was first known by the acronym GOBI:
  - Growth Monitoring
  - Oral Rehydration Therapy
  - Breast Feeding
  - Immunization
- The second with the acronym GOBI-FFF (in English)
  - Family Planning
  - Food Supplements
  - Female Education

- The third program was promoted by the Invest in Health report (World Bank, 1994):
  - Vaccination,
  - Prenatal care and care of children when they are sick
  - Family planning services
  - Treatment of infections such as tuberculosis and sexually transmitted infections
  - and HIV prevention

- This selective approach, which contributed to the organization of packages of individual biomedical interventions (insurable benefit plans), now seeks to integrate the essential functions of public health and social assistance activities, generalizable through the UHC policy.

Neoselective PHC interventions

- A report from The Lancet differentiates between sectoral and intersectoral interventions.
    a. 13 population-based health (essential public health functions)
    b. 59 community-based interventions
    c. 68 intervenciones de centros de salud
    d. 58 first level hospital interventions
    e. 20 reference interventions and specialized hospitals
- Of the previous interventions, the PHC platforms of the UHC can deliver 198, literals a, b, c and d

Acciones intersectoriales domesticadas

- The existence of 71 intersectoral public policies based on cost-effectiveness criteria that can configure a package of interventions to reduce or eliminate behavioral and environmental risk factors is postulated.
- Four groups of intersectoral interventions:
  - 1. Financial/fiscal (taxes on tobacco, alcohol, sugar)
  - 2. Regulatory (pollution of the air and the indoor environment, and consumption of harmful products)
  - 3. Built environment (traffic injuries, water supply, sanitation)
  - 4. Informational (consumer education on insufficient micronutrient intake, unsafe sex)
- Social protection interventions are also included, such as Monetary Transfers Conditional on the use of health services

UHC systems based on neoselective PHC

- In world experience, the strategic design based on a package of primary care benefits selected with criteria of cost-effectiveness and cost-efficiency, and individual-centered is based on the Neoselective PHC model.
- Financial arrangements based on a selected package of PHC benefits, and on the strategic purchase of services from networks of multi-disciplinary teams by single public payer, leads to the commodification and privatization of PHC.

- This model (Selective PHC) allows public/social/private insurers to create markets for the provision of primary care services directly or through private managers who contract networks of private/public/mixed primary care service providers based on the use of multidisciplinary teams in areas with assigned population, care schemes, continuity and coordination of care, capitation payment methods, financial incentives and free choice of provider by patients (World Bank 2022)
- With this approach, they can end up creating integrated networks of insurers, managers and providers that can give rise to true private primary care corporations,
- Certain financing designs, purchasing arrangements and payment methods for providers contained in this model, may end up fragmenting the APS and/or limiting the possibilities of its comprehensiveness, as is currently the case in the SGSSS of Colombia, if there is not a strong and organized government intervention.

Conclusions

- Maintains an unnecessary separation between individual interventions/public health
- It prevents PHC from articulated as means to oh the well-being of communities by drastically separating sectoral health actions (primary clinical care and public health through multidisciplinary teams) from those of other sectors (intersectoral)
- It makes it impossible for PHC to promote its own universality and comprehensiveness practices in health, decentralization and intercultural autonomy in health, and the integration of the different health intervention in a single health systems
- It hinders the social and community participation in decisions
- Despite the socialization of financing (taxes and pooled public funds), this model favors the commodification and privatization of health systems
- We cannot give up changing society, transforming health systems and working to develop comprehensive PHC

The health systems we want

- **The non-negotiable principles we ask for:**
- PHC is the main health care strategy.
- Able to address the barriers to improving the delivery of public health services in the areas of:
- Workforce and management
- Community involvement
- Intersectoral action
- Access to technology
- Financing and governance
- The universality and integrality
- Decentralization and interculturality