



KNOWING AND SHARING MY COUNTRY AND MY
ORGANIZATION EXPERIENCE-
Preparations for participation in EHS-IPHU, Thailand, 2022

Nov. 25th, 2022-



Sharing our country and our organization experience



1. Understanding and sharing the current structure, and performance and challenges of the national health systems and how these have been shaped ?
2. What are the lessons from the Covid 19 pandemic?
3. What you would like to share about the functioning of Peoples Health Movement- and its country coordination, or civil society organizations working for health rights (a more generic understanding of peoples health movements) and the organization you work with.
4. A specific case study or best practice of either health systems or of PHM that you think is important for all our participants to know of...



What we like to learn about our country and regional experience.



- I. How do we understand and compare our national health systems structure and performance... with respect to health outcomes, and with respect to the values enshrined in Health for all 2000 and Peoples Health Charter. (health rights, health equity, financial protection, community engagement, primary healthcare approach) --- helps to have official indicators from national documents and reflect on it.
- II. How have Global health institutions and national political forces been shaping health sector reform : In the nineties (health sector reform) , in the last decade (universal health coverage) ?
- III. What are the principles and directions of health systems transformation that we wish to see- and what are the best examples of equitable health systems



Understanding Our Health Systems:



Share with us about the nature of your health systems:

1. Ideological: the political system and distribution of political power?
2. Economic: the ownership and social structure of production ;
3. Economic: distribution of income and resources; and
4. Historical: the role of labor movements, the legacy of colonialism and decolonization, the imposition of structural adjustment policies, the universal health Coverage push.
5. Its performance and its challenges



2. Ownership and Social Structure of Production.

What proportion of services is provided by:



- Public Providers
 - – with public funding: free or very subsidised services
 - - with private funding: significant or high user fees
- Private Providers
 - -with public funding: With free or subsidised services (because governments have contracted them, insurance or PPPs)
 - - with private funding: Completely user fees or private insurance based-
 - (market based for profits viz- private financing.
 - Based on user fees- not for profit- private financing, more ethical practice-not market driven)
- Social Insurance Programs- with employer and employee pre-payments



3. Income and Resources:



- Total Health Expenditure as Proportion of GDP & in \$ per capita
- Public Health Expenditure
 - As proportion of GDP and in \$ per capita
 - As proportion of total health expenditure (degree of privatization)
 - As proportion of total public/govt expenditure (fiscal space)
- Out-of-pocket payments + private voluntary insurance as proportion of total health expenditure
- Proportion of public health expenditure that goes to insurance schemes and other forms of purchasing care from private providers.



4. Historical



1. What was the structure of the health system that the country “inherited”- when it became decolonized / or in the 1950s- post world war II (whichever is later)
2. What was the structure that it aimed for in the 50s to the 90s period- and how far did it go and why or why not a success?
3. How did the country face upto the structural adjustment reforms of the nineties- surrendered/negotiated/resisted successfully or ignored the World Bank/IMF dictates? (1990 to 2005)
4. How is the country interpreting the push for Universal Health Coverage- introducing market based insurance, or leading existing insurance towards single payer systems, building primary healthcare approach or ignoring it ? (the period from 2010 to now)
5. Were there any moments in history when the country pushed for a Health for All (HFA) approach? What is the experience



Parameters for assessment

(helps to locate some reference on this)



Outcomes

- Life Expectancy at Birth
- IMR/NMR/MMR
- Proportion of deaths due to CDs and due to injuries and due to NCDs
- Proportion of deaths due to NCDs before the age of 70
- Any others which activists are interested in..

Social Determinants

- What is GDP per capita-
- Inequality index- Gini coefficient- and proportion of population below poverty line and HDI score and rank
- Female 8 years of schooling level
- Access to safe water, sanitation
- Proportion of population in urban areas- and within urban slums...
- Any others which activists are interested in...



Parameters for assessment (not every country has this information readily or reliably- but try, no need to get stressed)

Financial Protection

- What proportion of hospitalizations involve high out of pocket payments?
- What is the proportion hospitalizations that incur catastrophic health expenditure
- What is the proportion of population who face CHE every year?
- Is there a publicly funded or employer funded social insurance scheme in place- what is its nominal coverage? How effective is this.
- Is free and subsidised care in public facilities an important or the main way of access to financially protected health care- or is it from private providers

Inputs

- What are doctors/nurses/HWs per population ratio?
- What are the number of primary care facilities, District hospitals and other secondary care facilities and medical college or tertiary hospitals and number of hospital beds per 100,000 population – All- as well as only those who are public providers or contracted under public financing or insurance



Access to health care!! (data based useful, not essential- knowledge could be in the form of a narrative..)



- Is there an universal assured access to primary health care? How are services organized to progress towards this goals.
- Is there an assured free or subsidised service near her home for the majority of
 - Pregnant women for antenatal services and delivery?
 - For abortion services? For contraception services
 - For accessing drugs for TB or HIV or any chronic illness
 - For a juvenile diabetic to be able to get a daily insulin injection
 - (can add other tracer indicators)
- What proportion of population and which categories of population would not be included in the above services
- Would every family/individual be part of a primary care teams responsibility with home visits or calls for purposes of preventive and promotive care...who are included and who are not?
- How is the above primary health care organized or sought to be organized?
- If hospitalization is required- is everyone assured of hospitalization at free or subsidised rates- who are assured and who are not assured currently? How is such hospital care accessed?

+ Equity- in outcomes, access, consequences....



- What do we know about health inequity
 - = gender inequity
 - =across regions- geographic
 - =rural-urban
 - =indigenous peoples,
 - =migrant status
 - =other social groups- by occupation and social status
- How does state policy address inequity- or does it?
- How does civil society action address inequity?



Health worker situation !!! (need not try to answer this for every category of workers; but try for nurses and CHWs)



- What are the terms of employment of different categories? What proportion have a) tenure b) social security c) minimum wage or well about it- comparable to a fair market wage. And what proportion are in ad hoc precarious employment.
- What do we know and want to share about community health workers in our country
- Is there a problem of emigration of health workers- how badly is the country affected by this?



Access to technologies !!!



- Domestic manufacturing capacity vs reliance on imports- for medicines, for diagnostics and devices, for PPE etc
- Patents regime and its challenges
- Access to essential technologies through public services
- Measures at regulation of price and quality in private market
- What is the role given to traditional medicines- for access, for building knowledge about....



Governance



- What is the situation with regard to legislation for right to health / right to healthcare –
- If there are laws- to what extent have these made a difference/been implemented.
- What is the degree of self-reliance and sovereignty in health policy...
- What is the degree of influence of global institutions on policy? (WB, IMF, Gates Foundation, PEPFAR etc) and of different stakeholders- corporates, private sector, professional associations?
- What is the role of civil society organizations, trade unions, peoples movements over policy...



Section II

Lessons from the Covid Pandemic



Lessons from the Covid Pandemic:

The experience of the country in the following- and in each dimension, the questions of equity-

- The public health control measures and their effectiveness
 - Behaviour change- masks, social distancing etc
 - Contact tracing and quarantine, testing and isolation
- The experience with lock-downs- effectiveness in control, violation of human rights, impact on social and economic life, disruption of health services.
- The access to hospital services- were the rights to access respected and provided for.
- The access to vaccines- was it free and universal? what proportion got vaccinated- who gets left out, what were the arrangements made.
- The impact in terms of deaths, has the country got adequate systems for surveillance and for mortality and morbidity data?
- What would be the main lessons for emergency preparedness for the future and preventing pandemi

(May help to locate one or two articles that covers all these issues and share it with the others when you come) :

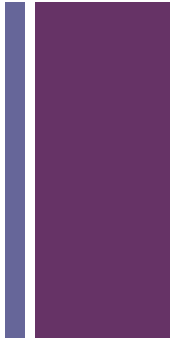


Section III

The Peoples Health Movement Experience – and
the experience of peoples health movements....



Sharing the PHM/phm story...



- When was PHM formed? Is it one organization or a network of organizations? What are the activities it has undertaken? What are the main issues it has taken up? (if you do not know, or there is none that you know of- that's OK too. If there is an organization but you are not part of it- that's OK too- but do get in touch with them)
- What are the other civil society organizations or peoples movements that are active in the area of health rights or health related rights, or work for equitable health systems at policy level or in service provision? Where do you think they have made an impact- and what are the limitations? (*You could limit your narrative to those you are in touch with or know of.. No need to try and be comprehensive..*)
- Which organization do you belong to-what is the contribution they make?
- How did your organization/civil society organizations/PHM respond to the pandemic- and its aftermath?



Section IV

A Case-Study I would like to share:

Something inspiring- something that succeeded,,
or an act of resistance that told truth to power..

It could be done by an activist organization, or a
health systems innovation:

+ *Hope this helps you think about what
you will share when you come....*

Thank you