



WEST AFRICAN INSTITUTE
OF PUBLIC HEALTH

LEAVE NO ONE'S HEALTH BEHIND-THE BENEFITS OF INVESTING IN HEALTH SYSTEMS FOR ALL AND WAY FORWARD

AN ARTICLE BY THOMAS ALEICHENU ADOYI

LEAVE NO ONE'S HEALTH BEHIND – THE BENEFITS OF INVESTING IN HEALTH SYSTEM FOR ALL AND THE WAY FORWARD

LEAVE NO ONE'S
HEALTH BEHIND-THE
BENEFITS OF INVESTING
IN HEALTH SYSTEMS FOR
ALL AND WAY FORWARD



WEST AFRICAN INSTITUTE
OF PUBLIC HEALTH

An Article by
Thomas Aleichenu Adoyi
Programme Assistant,
West African Institute of Public Health
tadoyi@publichealth-edu.org

© December 2021

Disclaimer: This policy brief is the work of the author and perspectives may not necessarily represent the position of the West African Institute of Public Health.

KEY FACTS:

- People's happiness and well-being are dependent on their health. Health is a critical enabler and requirement for a person's ability to achieve his or her goals and aspirations, as well as for society to achieve many of its objectives.
- The World Health Organization's Constitution (WHO) was adopted in 1946 declares Health as a fundamental human right of every human being¹, and that is why it is critical to invest in quality health care, particularly in areas where even the most basic services are lacking.
- Understanding health as a human right imposes a legal obligation on states to provide timely, acceptable, and affordable high-quality health care, as well as the underlying determinants of health, such as clean water, sanitation, food, housing, health-related information and education, and gender equality.²
- Universal Health Coverage (UHC) means that everyone has access to high-quality health care when and when they need it, regardless of their financial situation.³
- At least half of the world's population lacks access to adequate health care as reported by the WHO and World Bank⁴
- Every year, almost 100 million individuals are forced into extreme poverty because of out-of-pocket health spending.⁵
- To attain UHC, a focus on enhancing the quality of health services must be prioritized.

BACKGROUND:

Our health, and the health of others we care about, is a daily concern for us as humans. We consider our health to be our most basic and vital asset, regardless of our age, gender, socioeconomic status, or cultural heritage. However, there are some several factors such as housing, financial security, community safety, employment, education, and the environment that hinders one from achieving the highest level of health.

A quarter of the world's population does not have access to basic health care. The cost of health care is predicted to push approximately 100 million people into poverty each year, including 11 million Africans. In Nigeria, Africa's most populous country, however, out-of-

¹ World Health Organization (WHO). 2017. Human Rights Day 2017. <https://www.who.int/news-room/commentaries/detail/health-is-a-fundamental-human-right>. Accessed 10 December 2017

² World Health Organization (WHO). 2017. Human rights and health. <https://www.who.int/news-room/fact-sheets/detail/human-rights-and-health>. Accessed 29 December 2017

³ World Health Organization, what is Universal Health Coverage? [https://www.who.int/news-room/fact-sheets/detail/universal-health-coverage-\(uhc\)](https://www.who.int/news-room/fact-sheets/detail/universal-health-coverage-(uhc)). Accessed 16 May 2021.

⁴ World Bank and WHO: Half the world lacks access to essential health services, 100 million still pushed into extreme poverty because of health expenses. 2017. <https://www.who.int/news/item/13-12-2017-world-bank-and-who-half-the-world-lacks-access-to-essential-health-services-100-million-still-pushed-into-extreme-poverty-because-of-health-expenses>. Accessed 13 December 2017

⁵47 Key issues pertaining to the future health workforce are covered in: "Towards a job rich recovery", COM (2012) 173 final, notably in the "Action Plan for the EU Health Workforce", SWD (2012) 93 final.

pocket health spending accounts for more than 70% of total health spending, compared to 35% in Sub-Saharan Africa. "Millions more are forced to pick between healthcare and other everyday needs like food, clothing, and even a house," according to the report.⁶This led to the introduction and adoption of the Universal Health Coverage in the country.

Universal health coverage attempts to ensure that everyone, no matter where they live, has access to high-quality health care without financial burden. It necessitates reducing health-related barriers and enhancing the affordability, accessibility, and quality of health-care systems.^{7,8} In addition, the Sustainable Development Goals (SDGs) have embraced Universal Health Coverage (UHC) as Target 3.8,⁹ with the stated purpose of ensuring that individuals and communities obtain the health services they require without financial hardship. Yet, many countries including Nigeria are still struggling to achieve this goal.

Hundreds of thousands of Nigerians die every year because of a lack of access to high-quality health care, which a well-functioning health insurance plan could have ensured at all levels. Many efforts have been made to assure a continuous progress towards UHC by creating and executing health-care policy reforms, but there is still much more that can be done. Initiatives such as free PHC services for all; free maternity services at all public health facilities; health insurance subsidies for the poor, vulnerable, and elderly; development of a health financing strategy that ensures that the entire population is covered with some form of insurance; increase in staff and equipment through the managed equipment service at all levels, and expatriation are all being implemented to increase access and demand for services.

WHAT IS UHC?

UHC usually refers to health-care systems that provide both access to services and financial security, such as avoiding out-of-pocket payments that limit treatment affordability and, ideally, reimbursement for lost productivity due to illness.¹⁰

The term "universal health coverage" (or "universal health insurance") refers to both state-funded and government-managed national health systems (or "National Health Insurance

⁶ World Health Organization (WHO). 2019b. *World Health Day 2019*. <https://www.who.int/campaigns/world-health-day/world-health-day-2019>. Accessed May 19, 2019

⁷ World Health Organization (WHO). 2010. *World Health Report. Health Systems Financing: The Path to Universal Health Coverage*. <https://www.who.int/whr/2010/en/>. Accessed May 19, 2019.

⁸ World Health Organization (WHO). 2019a. *Universal Health Coverage (UHC). Fact Sheet on 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)). Accessed May 19, 2019.

⁹ United Nations. Sustainable Development Goals. Goal 3: Ensure healthy lives and promote well-being for all at all ages. <https://www.un.org/sustainabledevelopment/health/>

¹⁰ Preker, A.S., Lindner, M. E., Chernichovsky, D. and Schellekens, O. (2013). *Scaling Up Affordable Health Insurance Staying the Course*. Washington D.C.: The World Bank.

models") and systems of Social Health Insurance (SHI), which are generally designed for working people and funded by payroll taxes collected from employers and employees.¹¹

The term can also refer to as When everyone has access to high-quality health care without facing financial hardship, it is known as universal health coverage.¹² It contains two essential elements: the first is about people's utilization of the health care they require, and the second is about the financial implications of doing so.

According to WHO ¹³, UHC concept basically includes 3 key dimensions (figure 1):

1. Health-care access: Everyone who needs services, not just those who can afford them, should have access to them.
2. Protection from financial risk: People should not go into debt to pay for treatment and care.
3. Service quality: services must be adequate and effective.

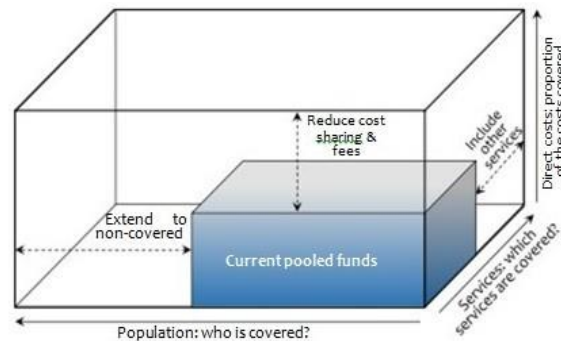


Figure 1: The three dimensions of UHC

As captured in the Alma-Ata Declaration, primary health care is the foundation of UHC.

To achieve "health for all," the Declaration called for immediate national and international action to boost primary healthcare. Many countries have made universal health coverage (UHC) a national policy goal over the last 15 years. The population covered by pooled funds, the proportion of direct health costs paid by pooled funds, and the health services covered by those funds are the three criteria that are generally used to define UHC goals.¹

STRATEGIC ISSUES:

In 2005, the 58th World Health Assembly passed a strongly supported resolution encouraging countries to plan for a transition to universal health coverage, and the WHO

¹¹ Giedion, U., Alfonso, E. A., and Díaz, Y. (2013). The impact of universal coverage schemes in the developing world: A review of the existing evidence. Washington, D.C.: The World Bank. pp. 2-5.

¹² Evans D, Elovainio R, Humphreys G. World Health Report 2010. Health Systems Financing: the path to universal coverage. Geneva: WHO; 2010

¹³ WHO (2018). Declaration of Alma-Ata. Geneva: WHO. https://www.who.int/publications/almaata_declaration_en.pdf

World Health Report in 2010 focused on alternative finance options for achieving universal coverage.¹

According to the WHO/ World Bank 2017,¹⁴ More than half of the world's population (7.3 billion people) still lacks access to all necessary health care. Over 800 million people (almost 12% of the global population) spend at least 10% of their household budget on out-of-pocket medical expenses. Health consumes a quarter or more of about 180 million people's family budgets. This population is growing at a pace of over 5% per year, with women bearing the brunt of the burden.

Every health system has recognized universal health coverage (UHC) as a top priority aim.^{15,16} The World Health Organization (WHO) has repeatedly urged its member nations to develop pooled prepaid health-care financing systems that promote access to high-quality care while also protecting households from the catastrophic consequences of out-of-pocket (OOP) health-care costs.^{17,18} The United Nations¹⁹ has also backed this call.

The universal health coverage encourages government to deliver services based on the principles of the human rights, equity and need. However, Nigeria's progress toward universal health coverage (UHC) has been gradual, with citizens suffering significant out-of-pocket medical costs and wasteful government spending.

The country's health finance environment is marked by poor and extremely inefficient public health spending, as well as excessive out-of-pocket spending by individuals, with households currently covering 77.5 percent of overall healthcare costs. Furthermore, the country's health system continues to perform poorly, with resources further pressured by the COVID-19 pandemic and a fast-decreasing economy, all of which have harmed access to, availability of, and delivery of important healthcare services.

UHC also has a wide range of societal benefits, including greater access to health services and better health outcomes, as well as financial protection from health-care expenses, economic growth, poverty reduction, and the support of political stability. According to report by UNICEF stated that Individual health outcomes are improved, and families and communities are healthier and happier because of UHC.²⁰

¹⁴ Etienne CF. Investing in universal health in the Americas. *Rev Panam Salud Publica*. 2018;42: e90. <https://doi.org/10.26633/RPSP.2018.90>

¹⁵ Garrett L, Chowdhury AMR, Pablos-Méndez A. All for universal health coverage. *Lancet*. 2009; 374:1294–9.

¹⁶ Mills A, Ally M, Goudge J, Gyaopong J, Mtei G. Progress towards universal coverage: the health systems of Ghana, South Africa and Tanzania. *Health Policy Plan*. 2012;27 suppl 1: i4–12.

¹⁷ World Health Organization. Sustainable health financing, universal coverage and social health insurance. Geneva: World Health Organization; 2005.

¹⁸ WHO. WHO | World Health Report 2013: research for universal health coverage. Geneva: World Health Organization; 2013.

¹⁹ United Nations' General Assembly. Global Health and Foreign policy. Agenda item 123. The Sixty-seventh session (A/67/L.36). New York: United Nations; 2012.

²⁰ UNICEF (2016) Thematic paper: Accelerating progress towards universal health coverage for women and children in South Asia, East Asia and the Pacific. Accessed on 16 May 2021.

Investing in one's health pays off handsomely in the long run. For every ten percent increase in life expectancy, economies can expect an increase in yearly growth of 0.3 to 0.4 percent.²¹ In addition, UHC improves economic and social security by improving health and lowering the financial cost of illness (loss of productivity and income). Families can repurpose funds formerly spent on healthcare to meet other household requirements such as food, education, housing, and savings.²²

The Universal Health Council fosters collaboration and accountability between the government and its residents. Making progress on UHC would show bold leadership in addressing the COVID-19 crisis and future health needs.

WHY IS INVESTING IN HEALTH FOR ALL IS VITAL FOR UHC?

Investing in the health system not only saves lives, but it also has a significant economic impact. The linkages between health, development, and economic growth have been well established, with a large body of research demonstrating the advantages of higher health investment for long-term human development, economic growth, and population well-being. Evidence also shows that greater health outcomes and healthier populations lead to increased productivity and, as a result, improved economic outcomes.²³

The European Commission 2014 describes investing in health as:

- Investing in sustainable health systems which incorporates new changes aimed at boosting cost-efficiency and matching fiscal reduction aims with the provision of adequate public services.
- Investing in peoples' health as human capital serves to promote population health and employability, making active employment programs more successful, ensuring adequate livelihoods, and contributing to growth.
- Investing in reducing health inequalities contributes to social cohesiveness and reverses the vicious cycle of poor health that causes and is exacerbated by poverty and isolation.²⁴

²¹ World Health Organization (2001), Investing in health: A Summary of the Findings of the Commission on Macroeconomics and Health, WHO, Geneva. Accessed on 16 May 2021

²² World Health Organization (2018) Non-Communicable Diseases (NCDs) Bangladesh Country Profile Accessed 16 May 2021.

²³ Etienne CF. Investing in universal health in the Americas. Rev Panam Salud Publica. 2018;42: e90. <https://doi.org/10.26633/RPSP.2018.90>

²⁴ European Commission. 2014. Investments in Health: Policy Guide for the European Structural and Investment Funds (ESIF) 2014 – 2020. https://ec.europa.eu/health/sites/default/files/health_structural_funds/docs/esif_guide_en.pdf. Accessed March 2014

Many low-income countries which Nigeria happens to be one of them have three sources of investment to keep health care functioning.

1. Government funding
2. External funding such as NGOs, Embassies, UN, and donors
3. Out of pocket payment

In most cases, there is no effective government or access to outside finances. Furthermore, many people are unable to afford the costs, leaving them with inadequate health care. The latest pandemic has added to the already strained health-care systems, denying even more people access to life-saving care.

To redress this, the international health community must commit to boosting government spending for health. However, most low-income nations will be unable to generate government financing to accomplish the UHC, which is why combining government and external finance is still an efficient way of investing in health, and both parties must prioritize health. Result-based finance, according to Cordaid International, is one option for a government to invest in universal health care.

THE WAY FORWARD:

Investing in a more equal path to UHC will save lives. It will boost health, productivity, and economic growth while also strengthening household resilience. Countries including Nigeria must establish progressive measures to increase revenue for the health sector in terms of finance. They should raise the percentage of prepaid public pooled funds in health funding while minimizing reliance on OOPS. For health and fiscal space, this will necessitate increased progressive domestic tax collections. Increase health-care spending and stick to commitments to shared responsibility in realizing the right to health for all.

CONCLUSION:

Investing in the health of working-age people and allowing them to be active and in better health for longer serves to maximize the social dividend.¹ Investing in health also helps to decrease future expenditures associated with the treatment of diseases that can be avoided. Finally, investing in health entails investing in a well-trained health personnel²⁵²⁶.

²⁵ 46 Commission, Directorate-General for Economic and Financial Affairs (2012), The Quality of Public Expenditures in the EU, European Economy, Occasional Papers 125, December 2012.

²⁶ 47 Key issues pertaining to the future health workforce are covered in: "Towards a job rich recovery", COM (2012) 173 final, notably in the "Action Plan for the EU Health Workforce", SWD (2012) 93 final.