

## HSR2018 Key Messages

### Overarching message

#### Fighting inequality is vital for Universal Health Coverage

Despite phenomenal increases in global wealth – up by an estimated [66 per cent over the last two decades \(from USD\\$690tn to USD\\$1,143tn\)](#) – poor communities remain more vulnerable to health risks, such as chronic diseases like diabetes or heart disease. These communities are less likely to access the services to manage their ill-health, and more likely to become poorer trying to do so. Persistent inequalities inhibit poorer and more vulnerable communities from living healthy lives. This is true for people living in more affluent countries, i.e. the UK, and not just those in poorer or more fragile places. In their efforts to achieve Universal Health Coverage by 2030, global and national leaders must recognise that for vulnerable individuals and communities to stay healthy they must go ‘beyond the hospital’. They need to place investment and energy in providing access to clean and safe water, sanitation, education and employment.

*In England, the life expectancy gap between richest and poorest neighbourhoods has widened. [According to the Longevity Science Panel \(LSP\)](#), a boy born in one of the most affluent areas will on average outlive one born in one of the poorest areas by 8.4 years in 2015. That was up from 7.2 years in 2001. The LSP also found that death rates for 60 to 89-year-olds had improved for everyone between 2001 and 2015, but the biggest gains were recorded among the best-off. The result is that men and women aged 60-89, who were from the poorest parts of the UK, such as Middlesbrough or Hull, are now about 80 per cent more likely than those from wealthiest parts of the country, such as parts of Berkshire or Buckinghamshire, to die.*

### ‘How to’ messages

#### Health is much more than treatment in hospital or clinics, we need to promote healthy lives

During a period in which global advances are threatened by climate change, faltering aid commitments, and tightening of borders, the Sustainable Development Goals remind us that human progress relies on action from all sectors. It is not just about working in health. It’s also about tackling pollution, supporting refugees, and building and maintaining public infrastructure. There is a need for health systems to look beyond the provision of care to address challenges such as emerging infections, chronic conditions, and the mass movement of people. Such progress requires new ways of working across disease programs and across sectors, and new mechanisms of governance to support this.

*[Every day, over 800 children under 5 die from diarrhoea linked to inadequate water, sanitation and hygiene.](#) Sanitation is a crucial element to healthy lives, yet it often suffers from political neglect. The stigma attached to human waste continues to hamper high-profile discussion across the sectors – including water and sanitation, health, environment, education and infrastructure – that can make a change. This must change if the pattern of ill-health, poverty and sanitation in developing countries is to be broken. [Improved sanitation yields approximately \\$9 worth of economic benefit for every \\$1 spent.](#) [The advantages are many, but can significantly reduce medicine and health costs by reducing infection, and improving quality and amount of education for girls by providing sound, private and safe sanitation facilities at school.](#)*

## Can the private sector help achieve health for all?

The Alma Ata vision, which was the first global commitment to Universal Health Coverage was premised mostly on the idea of publicly funded health systems providing health care. Yet, forty years later, billions of people continue to seek care from the private sector, which is very mixed, often weakly regulated and poorly linked to the rest of the health system. Whilst the private sector continues to respond to opportunities – often due to gaps or weaknesses in state provision – and its importance is increasingly recognised by governments, there remains insufficient sound analysis of their ability to improve outcomes and potential for replication.

*Evidence from Bolivia, Colombia and Pakistan suggests that contracting out services to private not-for profit providers may increase access to and the use of health services in under-served areas for poorer populations. However, for others to effectively use contracting, more quality research is needed to understand what can influence strategies for working with the private sector, including the capacity of governments to manage contracts and incentives. In the Netherlands, where a single compulsory health insurance scheme has replaced the dual system of public and private insurance, private health insurance companies are now obligated to accept every resident in their area of activity and to provide a basic health insurance package that has been designed by the government. Despite challenges, the scheme – through strong institutional structures, technological capacity, and regulatory power – has [contributed to the achievement of universal health coverage, with patient choice, broad access, and low disparities](#) (pdf).*

## Strong and connected communities are vital for good health

Health systems are struggling with changes in society brought about by the likes of climate change and an ageing population. Many efforts to strengthen health systems often ignore the needs and capabilities of communities, or do not consider the unintended consequences of their plans, only adding to the burden carried by many living in poverty. Communities possess material assets, knowledge, skills and relationships that can help them solve problems close to home. Effective partnerships with communities that harness their knowledge, skills and understanding can strengthen community resilience, enabling communities to better manage shocks, sustain gains, and advocate for their needs to authorities and services.

*[In India, community members from the climatically vulnerable and isolated Sundarbans delta region of West Bengal have captured their experiences through photography, to show the realities of seeking care from a poorly functioning and under-resourced health system.](#) This evidence has enabled them to build awareness of the problems they face and guide the development and implementation of social policies that lead to the better health of the children and women that live there. Similarly, in England, many communities are directly involved in leading responses to issues of specific public concern about health and care services. For example, the [Millom Alliance](#), was created following community concerns about the future of general practice in Millom, Cumbria, and includes a number of local health organisations and representatives from the local community. The Alliance successfully campaigned to attract GPs to work in the isolated town.*

## Explainers

### Universal Health Coverage or 'health for all'

UHC means that all individuals and communities receive the health services they need without suffering financial hardship. It includes the full spectrum of essential, quality health services, from health promotion to prevention, treatment, rehabilitation, and palliative care.

UHC enables everyone to access the services that address the most important causes of disease and death, and ensures that the quality of those services is good enough to improve the health of the people who receive them. (WHO, 2017)

### Alma Ata

The Alma-Ata Declaration in 1978 was the first to make primary health care the main strategy to achieve the World Health Organization's goal of health for all. The Declaration 2.0 to be discussed in October is expected to renew the emphasis on primary care as the main driver of people-centred health systems leading to UHC. (The Lancet, 2018)

### Sustainable Development Goals

On September 25th 2015, countries adopted a set of goals to end poverty, protect the planet and ensure prosperity for all as part of a new sustainable development agenda. Each goal has specific targets to be achieved by 2030. (UN, 2015)

### What is a health system?

A health system is the people, institutions and resources, arranged together in accordance with established policies, to improve the health of a population.

### Health systems and policy research

HPSR is a field that seeks to understand and improve how societies organize themselves in achieving collective health goals, and how different actors interact in the policy and implementation processes to contribute to policy outcomes.

### What is HSR2018?

[Health Systems Global](#) organizes a symposium every two years to bring together its members with the broad range of players involved in health systems and policy research. It will host over 2,000 leading global health thinkers and practitioners on health systems. The focus of the Fifth Global Symposium on Health Systems Research (HSR2018) in Liverpool between 8-12 October is on advancing health systems for all in the sustainable development goals (SDGs) era.

This year is also the fortieth anniversary of the Alma Ata declaration. The Alma Ata vision of 'Health for All' remains as compelling today as it was in 1978, but the world has changed. Despite many improvements, there remain extraordinary challenges for health equity and social inclusion, such as demographic and disease transitions, conflicts and the mass migration of people, pluralistic health systems and markets, and climate change.

HSR2018 will advance conversations and collaborations on new ways of financing health; delivering services; and engaging the health workforce, new social and political alliances, and new applications of technologies to promote health for all.

### Resources

The Lancet (2018) *The NHS at 70 and Alma-Ata at 40*, *The Lancet*, 391: 10115, 1, [http://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(18\)30003-5/fulltext](http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(18)30003-5/fulltext) (accessed 19 April 2018)

United Nations (2015) *Sustainable Development Goals* <https://www.un.org/sustainabledevelopment/sustainable-development-goals/> (accessed 19 April 2018)

World Health Organization (2017) *Universal Health Coverage: Fact Sheet*, <http://www.who.int/mediacentre/factsheets/fs395/en/> (accessed 19 April 2018)