## Interrogating myths and taboos in the UHC discourse

Amplifying evidence from the majority world







#### Welcome



T. Sundararaman, JIPMER International School of Public Health, India



Mario Esteban Hernandez Alvarez, Department of Public Health, National University of Colombia



Jamie Dasmariñas, Council for Health and Development, Philippines



Sulakshana Nandi, People's Health Movement and Public Health Resource Network, India



Remco van de Pas, Senior Research Associate at the Centre for Planetary Health Policy (CPHP), Germany



## PART I: Interrogating myths and taboos in the UHC discourse

How is the role of governments and the road maps to achievement of these objectives highly contested in the UHC discourse?	T. Sundararaman
What myths are amplified in the UHC discourse?	Mario Esteban Hernandez Alvarez
What are the taboos that prevent more viable forms of progress being attenuated or altogether excluded in the UHC discourse?	Jamie Dasmariñas
What is the impact of all this on health equity and financial protection?	Sulakshana Nandi



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# What myths are amplified in the UHC discourse?



What are the taboos that prevent more viable forms of progress being attenuated or altogether excluded in the UHC discourse?



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Sulakshana Nandi, People's Health Movement and Public Health Resource Network, India

What is the impact of all this on health equity and financial protection?



#### **PART II**

How can countries and civil society counter the myths and taboos in mainstream UHC discourse? What is the way forward?

## PHM Thematic group on Equitable Health Systems









## Multiple mobilizations for the right to health and attempts at convergence in Colombia and Latin America





#### Push for government accountability in the Philippines







#### Governments and civil society in action in India



A glimpse of a district hospital and community health centre in Chhattisgarh, India (WHO, PHRS & SHRC CG, 2019)

Friday July 2 2021

#### CITYLINE

#### **32 Civil Society Organisations oppose** privatisation of health services

INAjoint memorandum to Chief Minister Bhupesh Baghel, 32 Civil Society Organisations have demanded from the Government of Chhattisgarh to immediately withdraw the decision of privatisation of health services. Instead of giving industry status to health, strengthen the right to health and provide primary health services in the villages through the government machinery as "Health is our right,

not business or industry!!" The 32 Civil Society Organisations including Chhattisgarh Bachao Andolan, Akhil Bharatiya Adiyasi Mahasabha, Akhil Bharatiya Kisan Sabha, Hasdeo Aranya Bachao Sangharsh Samiti, Bharat Jan Andolan, Kisan Sangharsh Samiti, Mati. Right to Food Campaign, Rashtriya Adivasi Vikas Parishad, Kannoni Margdarshan Kendra, Jan Swastha Abhiyan, amongst others. In a Joint memorandum to the Chief Minister strongly opposed the State Government move wherein, it announced to

along with grants and concessions by promoting private sector to provide health services in villages.

The Civil Society Organisations maintained that the health care services means that it is the responsibility of the government to provide quality public health services to the people with ethics and integrity, whereas this effort of the Chhattisgarh Government will further away the health services from the people.

Through the joint memoran dum the Civil Societies underlined suggestions Strengthening Public Health Systems, wherein, the government should immediately increase the expenditure on health and increase the allocated amount in budget, strengthen primary health services so that all sub-centres, primary aid centres and health and wellness centres in State have adequate human resources, medicines tests and other medical related services for their functioning. If any patient comes to a government hospital, then it becomes the responsibility of the govern-

give industry status to health ment to provide quality treatment to him/her. Under no circumstances should the patient bear any expenses come, nor should she/he have to go to a private hospital. The availability and responsiveness of referral vehicle, 102, 108, vehicle should

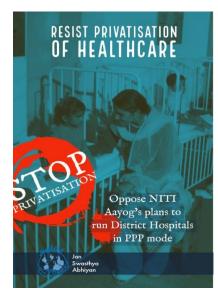
be improved. Demanding cancellation of all Public Private Partnership (PPP) and outsourcing proposals in health services, the Civil Societies said control of the private sector is the responsibility of the government. Not only should it fix the treatment rate in private hospitals, but also monitor it and take strict action against private hospitals adopting unethical practices. Implement the rights of patients and grievance redressal given in the Nursing Home Act. The need to strengthen 104 helplines in State has been felt for a long time.

The Civil Societies further suggested that to stop temporary or short term appointments imme diately Instead undertake recruitment drives to fill vacancies and sanction more posts especially for nurses and ANMs, through regular jobs. Priority

in appointments as far as possible and doctors etc should be encouraged financially and other ways to work in difficult areas. Medical and other education-

al institutions should be opened for youth in tribal areas so that they can study and take jobs in health and other sectors. The work done to strengthen district hospitals in Bijapur, Dantewada. Sukma is a good model. Mitanins, Anganwadiworkers otherfront. line workers should be paid wages according to their work and on time and they should not be The government should

ensure that the COVID should not impact other essential services Boutine maternal and child health services, immunisation services. control of infectious disease (Typhoid, Malaria, TB, HIV etc.) along with non-communicable diseases (BP sugar) at sub-centres, PHCs, HWCs and block, district, medical hospitals etc., continued testing, treatment and service for mental health problems and other outpatient services should be ensured





### **PART III**

Q&A

# Thank you!

