



RED BOX | DR. JAKAYA KIKWETE AND HELEN CLARK

Case for a truly universal health system has never been stronger

Dr Jakaya Kikwete, Helen Clark | Thursday June 23 2022, 12:01am, The Times

As we continue to deal with the daily trials of the devastating Covid-19 it seems to be a strong trait of human nature to be drawn towards quickly imagining a more positive future.

History has repeatedly shown that major global crises have acted as a catalyst for positive change — cultivating green shoots from the ashes and rubble of wars, global health emergencies and economic collapse. Many of the public healthcare systems so recognised today, for instance, were born from the ruins of the Second World War, such as in Japan, France and the UK's own NHS.

One of the commonalities of Covid-19 is that it brutally exposed social and economic inequalities, gaps in vital health services and vulnerable population groups left behind in virtually every country.

Clearly the world has underinvested in health systems (especially public health services) and this has had dire consequences in terms of millions of lost lives and trillions of dollars of lost economic output.

But as we launch this week a new Commission on Universal Health with Chatham House, there is a growing sense that, despite (or maybe even because) of this, the pandemic offers us a real opportunity to right this wrong.

Even as the virus rampaged across the globe in its early months, some were warning about the need to not let it undermine other long-term commitments — whether on climate, tech or social inequality — and to “build back better” in any recovery plans.

However, as a major conflict rages in Ukraine, triggering its own cascading refugee, food, energy and cost of living crises, it is easy to say: “is this really the right time to ask governments for big increases in public financing?”

Well, we say the case for a truly universal health system where everyone gets the health services they need (including public health services to prevent future pandemics) has never been stronger and this is the perfect time.

The pandemic demonstrated that within countries at least there has been a tendency for most governments to adopt universal health principles when allocating services to their own people. Even in the United States (not known for its great track record on this) the approach has been to give everyone access to publicly financed health services such as tests and vaccines, provided free at the point of delivery.

Might this finally encourage the American people to embrace publicly financed healthcare like the rest of the OECD? Time will tell.

More soberly, during the pandemic we have seen an alarming lack of solidarity between countries, with nations turning inwards, rich states stockpiling vaccines for themselves and leaving the poor and vulnerable carrying a disproportionate burden and those, such as healthcare workers in Africa, fending for themselves.

It takes the world further away from achieving an agreed target of the Sustainable Development Goals, increases inequalities and makes us all more vulnerable to future pandemics and shocks.

Moving towards a publicly financed health system is an inherently political process which requires genuine political commitment across government, especially from the head of state and the ministry of finance.

But history has shown time and time again that substantial social reforms including those in health are formed in the wake of upheaval. New Zealand's publicly financed health systems which predates the UK's NHS was a direct response to the great depression of the 1930s; Thailand's universal health reforms was a reaction to the collapse of the economy in the Asian Financial Crisis and many Latin American states launched universal health after replacing dictatorial regimes.

Rwanda and Nepal scrapped health fees and reformed systems in the shadow of horrific civil wars and genocide. And public health emergencies have been a trigger. The Chinese government reacted to the popular dissatisfaction, in the aftermath of the Sars epidemic of 2002-03, with an expensive market-driven health system that only the rich could easily access. It subsequently injected billions of dollars into effectively re-socialising the health finance system. Sri Lanka did something similar after coping with deadly malaria epidemics.

It was practically on the eve of the Covid-19 pandemic when global leaders last committed themselves to the goal of universal health at the United Nations General Assembly in September 2019.

Universal health coverage is achieved when everyone receives all the health services they need without suffering financial hardship. This can only be achieved through a publicly financed health system where healthy wealthy people subsidise services for the poor and vulnerable. It can only be attained with political will at the highest levels.

But if ever there were a time for nations to grasp that opportunity, that time is now.

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