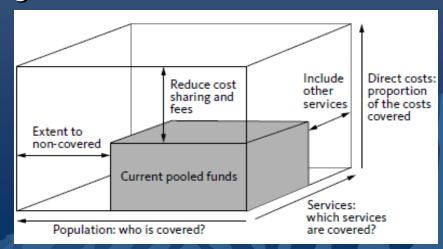
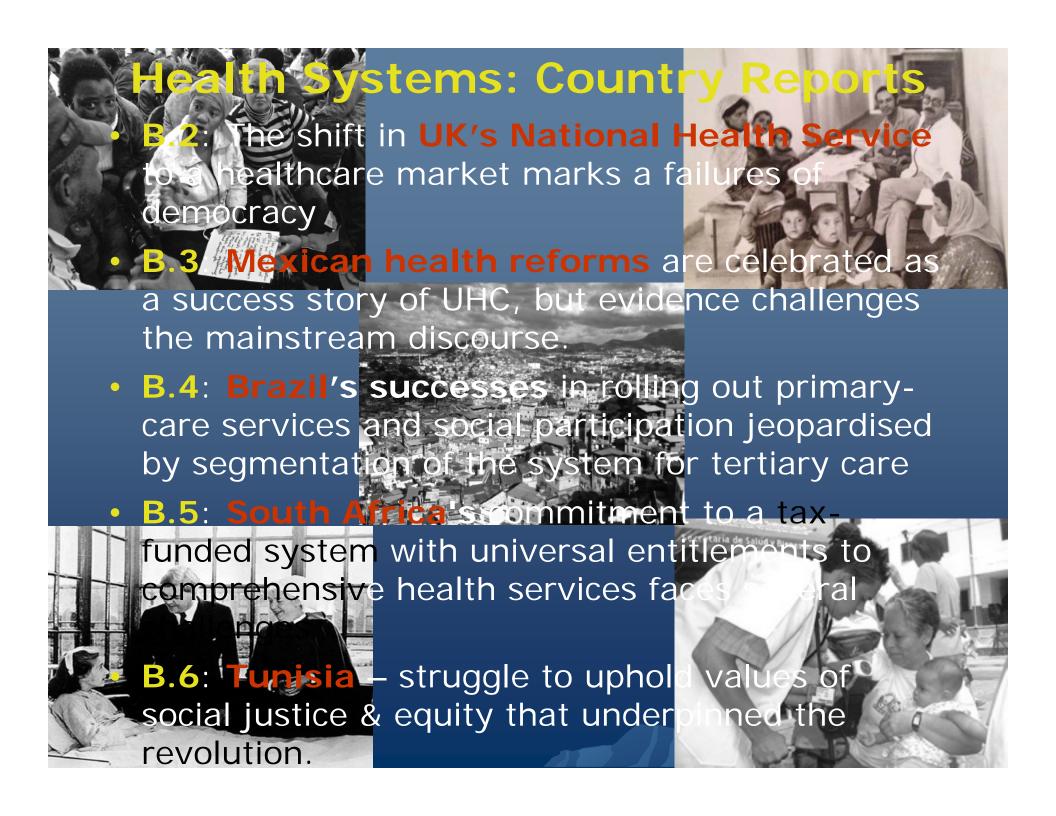
### **B.1: Universal Health Coverage**

- Current drift in health systems policy is legitimized by a particular discourse weakening public systems and pursuit of private profit.
- The dominant model of UHC poses a threat to public health systems.
- The best models are tax-funded, with universal entitlements to comprehensive services and participatory mechanisms.
- Public systems need to be reclaimed by citizens, reformed in peoples' interest and made accountable





# B.7: Revival of Community Health Workers

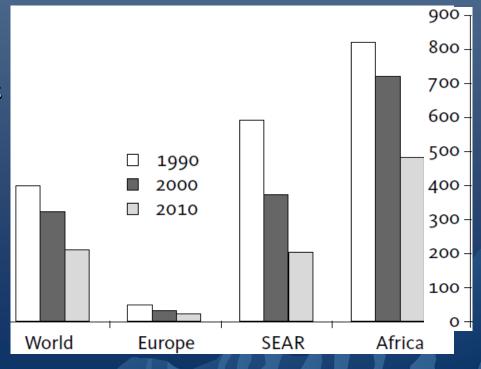
- CHWs programs lack emphasis on actions on determinants of health.
- Through social mobilization, CHWs can contribute in shaping healthcare to match the expectations of communities
- Iran, Brazil have well-established programs integrated into robust and well-resourced health systems. South Africa, India are more recent initiatives with several weaknesses.





# B.8: Crisis of Maternal and Reproductive Health

- Levels of maternal mortality and morbidity remain unacceptably high, especially in Africa.
- Delays in seeking care are interwined with social determinants and gender relations.
- Universal access to reproductive and sexual health are necessary cornerstones of effective programmes.
- Strengthening health systems and human resources are necessary to provide equitable access



#### **B.9: Health Workers Crisis**



- IMF imposed 'ceilings' in public wage bill in Africa, has contributed to health workforce migration.
- Non-binding Code on Recruitment is not been an effective response.
- Concerns of 'economic efficiency' threaten reducing health workers' role to undertaking selective diagnosis and treatment
- A strong health workforce, supported by public funds, is a requirement for strong, universal health systems.

#### **B.10: Medical Devices**

 Medical devices are a neglected area in public health discourse.

 Medical-device industry claims that new devices and technologies can 'revolutionize' healthcare
too few independent studies examine such claims.

 Regulatory regimens based on better evidence as regards the cost-effectiveness of medical technologies are required.

#### Section C: Beyond health care

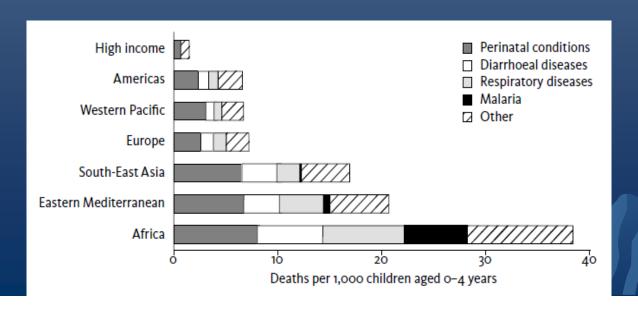
- Focus on social, economic, political and environmental factors that need to be addressed
- The pathways through which these determinants impact on people's health
- Social programs have the potential to respond to communities needs — but do they actually do so?

### C.1: Social protection floors

- Need to contest the current discourse on development
- Advocate a shift away from 'productivism' and an exclusively growth-oriented economy.
- Propose a transformative agenda where development implies an end to 'dual societies' engendered by neoliberal policies.

# C.2: Non-communicable Diseases

- Dispite varying claims on NCDs, living conditions still determine the dominance of Type I diseases in poor countries.
- The agenda regarding NCDs is being hijacked by powerful interests who seek to profit from disease and suffering.



## C.3: Nutrition & Food Sovereignity

- The global food and nutrition crisis is a human made crisis. Control over food is shifting from farmers to agri-food businesses.
- A quarter of all children in the world are undernourished today.
- Eliminating the 'double burden of nutrition' (undernutrition and obesity) requires confronting and changing its social determinants.

