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.
Health Systems: Country Reports

- **B.2**: The shift in UK’s National Health Service to a healthcare market marks a failure of democracy.

- **B.3**: Mexican health reforms are celebrated as a success story of UHC, but evidence challenges the mainstream discourse.

- **B.4**: Brazil’s successes in rolling out primary-care services and social participation jeopardised by segmentation of the system for tertiary care.

- **B.5**: South Africa’s commitment to a tax-funded system with universal entitlements to comprehensive health services faces several challenges.

- **B.6**: Tunisia—struggle to uphold values of social justice & equity that underpinned the revolution.
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.

Government subsidized cost of a doctor’s education: US$ 58,700 in South Africa

Estimated loss of returns from investment for doctors working abroad: US$ 1.4 bn (South Africa)

Benefit to destination countries of recruiting trained doctors:
  - US$ 2.7 bn in UK
  - US$ 846 mn in USA
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

- Despite 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 Sovereignty

- 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’ (under-nutrition and obesity) requires confronting and changing its social determinants.