# Panel 3: Financing health care; concerns of health workers

The funding of health systems is an issue of great importance. According to the World Health Organization, 150 million people are thrown into the abyss of poverty every year, from out of pocket expenditure on healthcare. It is thus quite pertinent that attaining universal health care requires adequate funding and the prioritisation of *public* financing mechanisms.

As workers delivering healthcare services, we are concerned with appropriate funding for particular as well as general reasons. We are committed to the attainment of universal health care, as a critical element of social protection, and challenge the formulation of the problem as one of universal health *coverage*. This is best realised as universal public health care, which the evidence shows produces better health outcomes.

And because financial outlay for the health workforce necessarily ranges between 40% and 80% of health systems’ funding, we equally have a particular trade union interest to ensure adequate funding of the health services.

However, in the wake of the global economic crisis and demographic changes that have contributed to increase in health costs, governments and states have taken the pathway of fiscal consolidation with dire consequences for public funding of health systems expressed as adverse impact on healthcare delivery for poor working-class people, the elderly, women, children and other vulnerable groups in society.

Austerity measures which have particularly targeted the health workforce include; wage freezes, moratorium on employment and contracting out of (non-clinical and in some cases clinical) services. Unions have been fighting against this situation in several ways, including through: social dialogue; deputations to governments; community mobilisation; mass protests and in some cases, strikes.

The 2030 Agenda for Sustainable Development (ASD) highlights the interdependence of the health and wellbeing of everyone in society and development. While the recommendations of the United Nations High-Level Commission on Health Employment and Economic Growth and the ILO Tripartite Meeting on Improving Employment, and Working Conditions in Health Services reinforce the role of the health workforce in delivering people-centred universal health care.

These are normative instruments for our argument in favour of improved funding of health systems in general and the expansion of decent jobs in the health sector, internationally. A major challenge remains how to utilise these instruments and the national policy environment in our various countries to win improved financing for healthcare that will equally translate into enhanced employment and improved working conditions for health workers.

This panel will involve the sharing of experiences from high-, middle-, and low-income countries that will leadoff discussions on how we could generate strategies and fresh ideas to further our different struggles and forge solidarity to strengthen these, as a global trade union movement.

**Proposed Panellists:**

Christiane McAnea (UNISON, UK), Rodrigo Manuel Lopez Garcia (Costa Rica), Issoufi Maiga (Mali)

**For background information:**

<http://www.who.int/hrh/com-heeg/reports/com-heeg_new-investments/en/>

<http://www.who.int/hrh/news/2017/working4health_fiveyearactionplan/en/>

<http://www.ilo.org/sector/activities/sectoral-meetings/WCMS_508523/lang--en/index.htm>

<http://www.world-psi.org/en/financing-health-care-false-profits-and-public-good>

<https://evolvepolitics.com/doctors-up-and-down-britain-have-been-brutally-exposing-jeremy-hunts-lies-about-the-nhscrisis/>