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Written statement on 'Can people afford to pay for health care? New evidence on financial protection in Europe'- agenda point of the 68th session of the World Health Organization (WHO) Regional Committee for Europe

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Public Services International (PSI) and the European Federation of Public Service Unions (EPSU) welcome the inclusion of the pertinent question "can people afford to pay for health care?" as an agenda item which equally presents "new evidence on financial protection in Europe" for discussion at the 68th session of the World Health Organisation (WHO) Regional Committee for Europe scheduled for 17-20 September 2018 in Rome, Italy.

PSI agrees with the perspective expounded in the working document for the agenda item (EUR/RC68/11) that financial protection, particularly for poor people, is necessary for universal health care to be a reality. And we fully agree with the paper's conclusion that "Policy action to improve financial protection will reduce unmet need and alleviate poverty linked to the use of health services, with positive effects for people and society". Further to this, we present the following statement for the kind consideration of State Parties and the Regional Committee-in-session.

The context of fiscal consolidation

To take the requisite policy action needed for improving financial protection, the subsisting policy environment needs to be properly put in context. On the eve of the global financial and economic crisis, Member States of WHO in the European Region adopted the Tallinn Charter: Health Systems for Health and Wealth. This, amongst other things committed Member States to "invest in health systems and foster investment across sectors that influence health".

However, the norm of fiscal consolidation in the wake of the crisis, has, to a great extent, resulted in the contrary. According to the European Centre for Disease Control, austerity measures introduced under this regimen of fiscal consolidation are linked to declines in health services[1].

It is instructive, as the Regional Office study shows, that differences in financial hardship across countries is, at least partly, directly related to variations in health spending across countries. Noting that high public spending on health, relative to gross domestic product being closely related to the priority given to health within governments budgets, we thus call on Member States of the WHO in the European Region to take policy action to dismantle the austerity measures instituted over the last ten years.

This will ensure the availability of more resources that could be allocated to improving financial protection, reducing unmet needs and alleviating poverty related to the use of health services.

[1] Cited in Ortiz, I., M. Cummins, J. Capaldo, K. Karunanethy (2016) "The decade of adjustment: A review of austerity trends 2010-2020 in 187 countries" ESS Working paper No. 53, The South Centre Initiative for Policy Dialogue, Colombia University, International Labour Office

A people-centred future of health vs. marketization

The right to health is not only a fundamental human right, it is, as Kate Gilmore, the United Nations Deputy High Commissioner for Human Rights pointed out "an enabler of other rights", making it essential for Member States to "shift from a market-oriented perspective of access to medicines towards a right-to-health paradigm".

If a people-centred paradigm and human rights approach is consistently upheld with commitment to universal health care, financial protection would be a given and the question of people's ability to pay for health care would be a mute one, particularly in the European region.

PSI and EPSU fully share the view expressed in document EUR/RC68/11, that "Ensuring high levels of public spending on health plays a vital role in reducing out-of-pocket payments, but coverage policies are also important" (para 25.). This implies a commitment of governments to strengthen health care systems built on mechanisms of financial solidarity, that are based on tax income or social contributions from statutory social protection systems (operated as National Health Systems or as health insurance-based systems), committed to the realisation of a general interest orientation of health services. We would suggest that those countries "lagging behind" in this regard should be encouraged by the Regional Office to undertake reform measures to move their health care systems in the direction as described above.

Indeed, "Coverage policy is the primary mechanism through which households are exposed to out-of-pocket payments" (para 26.) For PSI and EPSU, this in turn implies that health care systems and policies should aim at eligibility criteria for health care that cover the whole population and that are not selected or conditional. The entitlement conditions to specific benefits or services should also include provisions on user charges to minimise co-payments in general (to support the universal character and the general interest-orientation of health care) and in addition contain mechanisms with an additional protection for people below certain income thresholds (e.g. linked to "poverty thresholds" in other social protection systems or thresholds, as also alluded to under para 29).

Unfortunately, as Kate Baylis notes in a PSI briefing: "The Future of Health: Person Centred Care in Policy and Practice", there has been a general shift towards marketization of health care delivery, including in the European region, over the past three decades. And this has been despite the fact that evidence in support of the supposed efficiency of this approach is at best questionable[2].

PSI and EPSU thus appreciate the rigorous analysis of the Regional Office study. Without prejudice to the subsisting wealth of good practice in Europe, we are very much of the view that the needed policy action to ensure financial protection has to be embedded in a paradigm shift which is unambiguously people-centred in its health as a fundamental human right approach.

PSI and EPSU support the position of the Draft Resolution included in document EUR/RC68/Conf.Doc./8 "to ensure a strong equity focus in health systems strengthening to improve outcomes for all people, especially those with greater health and socioeconomic needs, balancing universal policies with contextualized and targeted approaches" (para 3.b) with the proviso made above regarding the eligibility criteria (coverage of scheme/system) and entitlement conditions (possibly exclusions or conditionality).

We also share the call for more public investment in health systems, to improve or guarantee the access and quality of health care services, but also to have sufficient and sustainable funding in the different health care systems and services for the health workforce for: the improvement of employment and working conditions, in line with the WHO "Working for Health": A Five-Year Action Plan for Health Employment and Economic

[2] See Milstein, R. and J. Schreyoegg (2016) "Pay for performance in the inpatient sector: A review of 34 P4P programs in 14 OECD countries", Health Policy 120, pp. 1125-1140. http://dx.doi.org/10.1016/j.healthpol.2016.08.009.

Growth (2017-21); safe and healthy work environment, and; financial support for continuing professional development. In a time of staff shortages, increasing incidence of work overload, high work intensity and burnout only such funding can help guarantee effective recruitment and retention conditions. For PSI and EPSU this is also a precondition to keep the health care sector an attractive sector of employment and also support ethical cross-country recruitment policies in addition to national policies aiming at self-sufficiency of the health workforce with adequate numbers of staff (building on mandatory staffing levels for the health services across the different departments/type of services and professions involved) and adequately qualified workforce.

PSI and EPSU would also like to see commitments to and actual public "investments in the health workforce, ensuring a skill mix and competencies fit for the future, and integrated service delivery models centred around the patients/users and their needs" (para 3.f), but also taking into account and giving equal weight to the needs (e.g. for training to adapt to these new models of care) of the health and care workforce delivering them

Tripartite social dialogue and broad consultation

Adequate funding is a necessary factor for ensuring building health systems with financial protection which thus makes health for all concrete. It is however, as the Regional Office notes, not sufficient. The need for broad consultation in the design and implementation of these systems, including of the needed policy shift to make this a reality, cannot be overemphasized.

PSI, its European regional organisation EPSU and our affiliates in all the WHO Member States in the European region will be happy to be involved as trade unions and part of the broader civil society movement in building the necessary social partnership to move forward this process.

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