Improving health outcomes in an economic crisis

Dr Carissa Etienne, Assistant Director General for Health Systems and Services, WHO

You have asked me to talk about priority areas for focus when facing the challenges posed by the current financial and economic crisis.

The difficulty is, of course, that we don't start from a great baseline. This financial crisis is occurring on top of a food and fuel crisis and what can be characterized as a crisis in confidence regarding health

Rising expectations

Today, people expect to live in safe communities where their public health is protected. They expect to have access to quality health services where they are treated with dignity. And they expect authorities and providers to guarantee that access.

These expectations persist, and increase, even in a financial crisis. It is our job to ensure that expectations are met. Too often, they are not.

Changing challenges

In recent years we have witnessed a complex interplay of factors - environmental, social and economic, which have impacted the health of individuals and communities.

We have seen the rise in chronic non-communicable diseases - not just in rich countries, but among the poor. At the same time, we have seen a continued high incidence of infectious diseases. New and emerging viruses like H1N1 affect all people, but the poor are disproportionately impacted.

There have been epidemics of dengue and dengue haemmorrhagic fever and other vector borne diseases attributed to climate change

This has resulted in MDGs which are unmet in many communities and which are now further threatened.

And this has all occurred against a backdrop of inequity, an inequity that pervades within and between countries. An inequity towards which people have rightly become increasingly intolerant.

The economic crisis could make these gaps even wider. In affluent countries, people are losing their jobs, their homes, and their savings. Access to healthcare may become more difficult. But in developing countries, people could literally lose their lives.

So how do we prevent this happening? How do we prepare?

We must anticipate.

We must anticipate risks and institute early warning mechanisms.

As the social risks increase we must anticipate worsening of the pre - existing situation and anticipate new challenges.

For example we need to be alert to an increase in mental illness, and a greater dependence on tobacco, alcohol, and other harmful substances.

We also have to look at nutrition levels. We know from the past that women and young children are among the first to be affected when resources are short. Not just in low income countries, but in richer ones too, where processed foods, high in fats and sugar and low in essential nutrients, have become the cheapest way to fill a hungry stomach.

We must anticipate increased demands on the public heath services. When money is short, people tend to forego private health care and make more use of publicly financed services. This is fine, so long as public health systems are strong. But in many countries, systems are already vastly overstretched and underfunded.

A further problem is that economic crises increase pressure on social protection. Higher levels of unemployment boost demand for welfare, at the very moment that payments fall. At the same time, savings and pension funds run out, and there's less money available to spend on health.

Another important point is that prevention often gets left behind. We've often seen that when funds are low, investment in prevention falls. This is particularly disturbing at a time when ageing and a rise in chronic diseases are global trends.

The next, and linked, concern is maintaining levels of financing for international health development.

Since the start of this century, external assistance for health has more than doubled. Nevertheless, around half of the world’s countries still lack the capacity to finance even the most rudimentary “survival kit” of basic health services.

At the start of this year, well over 3 million people in low- and middle-income countries were receiving life-prolonging antiretroviral therapy for HIV. This has largely been made possible by investment from international organizations. But we are already hearing anecdotes that in some countries, voluntary testing sites are at risk of closure and treatment programmes are threatened.

Interruptions in the supply of drugs, especially for diseases like HIV, TB, malaria, and chronic non communicable diseases contribute to

preventable deaths in high numbers. They can also accelerate the development of drug resistance.

So what does all this mean in concrete terms?

It means protecting and increasing spending for health and social protection. This means establishing and maintaining new mechanisms - and building them into national plans and budgets from the start.

It means monitoring the impact of the crisis, country by country.

We must anticipate that the crisis will end we must therefore ensure the basic reforms now which will better position the health sector to channel future growth into greater equity.

It means adopting primary health care approaches. In May this year, Member States agreed a resolution on primary health care, which embodies the values of equity, solidarity and social justice and stresses four basic policy directions: universal and equitable coverage; comprehensive, people-centred primary care; active participation of all people, individuals and communities, in developing and implementing policies and programmes, the inclusion of health in all policies and lastly inclusive governance and leadership.

I will end here: I'm sure I've gone over my seven minutes. But I do want to emphasize this last point. Improving health outcomes isn't just the purview of the health sector - nor just the responsibility of governments. Especially not in times of economic crisis. It is our collective responsibility.

Thank you.