

Access to healthcare: “Health is not for sale”



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INTRODUCTION

Everyone has a right to health. Access to qualitative basic healthcare is a fundamental component of anyone's 'right to social protection' and the 'right to health'.

But there are still many people, particularly poor people, who do not have access to good healthcare. Worldwide, huge inequalities in health exist between poor and rich countries, but also between the poor and the rich in countries. Low and middle income countries bear 90% of the global burden of disease, but only 12% of health costs worldwide is spent in developing countries.

In other words, the most vulnerable people with the highest needs have the least access to healthcare. This is not coincidence but the result of political choices because some countries are able to have a good national health system with a low budget. In other words, there is an alternative.

In this training module we study how universal access to qualitative healthcare is possible for everyone. We look at the role of the health system in reducing the health gap. We start by outlining a conceptual framework which describes how healthcare can contribute to better health, and what a health system is and can do. We look at this from the perspective of 'health as a right'. The next session is about the evolution of policy choices for health over time and current trends in health policy worldwide. This is followed by a session in which we study which interventions result in better health for everyone and which policy choices are required for this. The closing session summarises the key elements.

Have fun!

HOW TO USE THIS MODULE?

Objective and target audience

This training module is an interactive instrument for activists to organise trainings and activities about the ‘how’, ‘what’ and ‘why’ of worldwide access to healthcare for all.

Components of the module

The ‘universal access to healthcare’ file is a part of this interactive training module. The focus lies on access to healthcare in the South and how the international policy has an effect on this. We study trends in the global health policy and offer alternatives through examples of initiatives of social movements in the South. We identify key properties of a healthy policy through case studies of the South and how social movements contribute to this.

A flexible range of consecutive interactive sessions offers an instrument to translate the analysis in the background file into interactive activities and training. The sessions can be offered as a whole as a training or you can take out relevant parts depending on the activity you want to organise. For every session you will find ready-made material in the form of PowerPoint presentations, clips or material for an interactive game.

Further support

You can download this entire interactive module via the G3W website. If necessary, G3W will offer further support to organise training courses or activities based on the module. This can be linked to Train-The-Trainer sessions whereby we offer support in establishing and giving interactive training courses and activities. These sessions are offered on request to groups of participants (from 10 people).

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II CONCEPTUAL FRAMEWORK: HOW CAN HEALTHCARE HELP?

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2. Right to health and the health system

III ANALYSIS: HISTORY AND TRENDS IN HEALTH POLICY WORLDWIDE

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2. Current mantra:
 - Universal health Coverage Vs Universal Health Care
 - Are trade and investment agreements compatible with health?

IV ALTERNATIVES

V CONCLUSION

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I PROBLEM DEFINITION: INEQUALITIES IN HEALTH

1. Inequality



OBJECTIVE

Create a feeling of outrage about inequalities in health worldwide and empathy.



METHOD

Effect of surprise:

On arrival in the hall, participants are not given the same number of tokens. Participants have to use the tokens to buy their chair, drinks and snacks. Some receive so few tokens they are unable to afford a chair, drink or snack. Afterwards, discuss how the participants felt when they came in. Exchange of different experiences of people with a lot of tokens and others with not enough tokens.



DURATION

20 minutes



MATERIAL

- Tokens
- Signs with prices (number of required tokens) on chairs
- Drinks and snacks

With this game, participants are introduced to the theme of the ‘inequalities in health’ training. On arrival at the training moment the instructor does not provide any information about the aim of the game. Quite the contrary, he/she gives the tokens and explains to the participants they can use them to buy chairs, drinks and snacks. He/she pretends this is the aim of the training. Gradually, the participants realise they have unequal means. They start talking about this and find (often very creative) strategies to deal with this. The instructor does not intervene. When all participants have a seat, the training starts. The instructor welcomes the participants and asks how they feel and what impact this game had on them. Because participants personally experience how inequality feels, the aim of this game is to evoke a feeling of outrage and empathy by way of introduction to the ‘inequalities in health’ training.

2. Quiz 'inequalities in health'



OBJECTIVE

Introduce participants to facts about worldwide inequalities in health between countries and within countries.



METHOD

Quiz with multiple-choice questions. Always discuss why a participant chose the answer.



DURATION

30 minutes.



MATERIAL

Cardboard cards in 3 colours to “vote” for the right answer. PowerPoint (appendix n°1).

This session gives participants an understanding into worldwide inequalities in health, based on facts and figures. Prior knowledge is not required. After the participants have held up the colour card with the -according to them- right answer, the instructor asks whether a participant wants to explain his/her choice. After every question the instructor gives extra information (which is available in the slides). At the end of the quiz the instructor asks the participants whether they have any comments or questions and there can be a short discussion before the exercise is finalised.

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II CONCEPTUAL FRAMEWORK: HOW CAN HEALTHCARE HELP?

1. Social determinants of health



OBJECTIVE

Participants are introduced to the social determinants or factors that have an effect on health and acknowledge that healthcare is only one of these factors.



METHOD

Game “live statues”



DURATION

2.5 hours



MATERIAL

- cardboard signs with rope to hang around the participant’s neck
- felt-tip pens
- pillow
- mat
- PowerPoint presentation (appendix n°2)
- computer
- projector

In this exercise the participants investigate which factors have an effect on health, departing from an imaginary case. The participants draw on their knowledge and experience and learn from each other.

This is an exercise where you need time to go into detail to analyse the causes of health and disease in a group discussion.

- The instructor manages the game by letting the participants talk and making sure they don’t interrupt each other.
- The instructor asks for a volunteer to be ‘Jane’



“Jane”, Filipino housewife, dies during the delivery, the participants of the training must find out how this was possible...

(Photo: TWHA)

- The participants then point out the factors (or social determinants), write them on a piece of cardboard and express this factor.
- When a participant points out a factor the participant positions himself or herself further away or closer to Jane (depending on whether the effect is direct or indirect) and high or low (depending on the level of importance).

Pointing out social determinants

As Jane died of pregnancy-related causes, so-called social determinants can range from ‘a haemorrhage after delivery’ to ‘distance to the health centre’, ‘no money to pay for healthcare’, ‘lack of availability of (capable) health workers’, or even ‘free trade agreement which put up the price of medication which meant there was no medication available for Jane’, etc.

Direct or indirect effect on health?

A factor that has a direct effect on health is put closer to Jane (proximal determinant). A factor with an indirect effect is put further away from Jane (distal determinant).

Great or little effect on health?

Factors with a great effect are placed ‘high’ in the sense that the participant expressing this factor stands up or sits on a chair. Factors which according to the participants have little impact are placed ‘low’, on the floor.

The participant can first clarify his or her choice. Based on consensus the group determines the eventual place of the factor. This means that participants are given time to talk about the importance and place of the factor in question.

Conclusion

To conclude, the instructor gives more information about the social determinants of health with the PowerPoint presentation.

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2. Right to health and the health system



OBJECTIVE

Introduce participants to the duties of governments relating to the ‘right to health’ and the different aspects of a health system required for universal access to qualitative healthcare and to achieve a good national health system.



METHOD

PowerPoint presentation (appendix n° 3)



DURATION

1 hour



MATERIAL

- computer
- PowerPoint presentation
- projector

This short presentation provides an insight to participants of the duties of governments relating to the ‘right to health’. We explain what these duties imply, more specifically attention to access to qualitative healthcare, but also the general living circumstances.

In addition, participants are given a conceptual framework to reflect on health systems and which aspects are necessary to achieve universal access to healthcare. The session allows time for questions and discussion. At the end of the presentation a list of reference documents is provided to participants who want to study the topic in more detail.

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III ANALYSIS: HISTORY AND TRENDS IN HEALTH POLICY WORLDWIDE

1. Timeline



OBJECTIVE

Participants are introduced to the political-economic determinants of the worldwide health policy since World War II.



METHOD

Show timeline on wall from 1945 to now. The participants are given cards with events they put on the timeline after discussing it in group. End with PowerPoint presentation



DURATION

1 hour



MATERIAL

Show timeline on wall with coloured A3 paper, cards with events (appendix n° 5), sticky tape, PowerPoint presentation (appendix n° 4), computer, projector

The participants are divided into groups. Every group is given a packet of cards with photographs (see appendix) depicting events which occurred since World War II. Some cards provide more information about the event. Participants are allowed to consult for about 15 minutes. Then, every group puts its cards on the timeline on the wall (a timeline from 1944 to 2020). The participants explain what event it concerns and why this event should be placed there on the timeline. The instructor makes sure the participants are allowed to finish what they have to say and that the events are placed on the timeline one by one. When all the events are on the timeline the participants and the instructor consult in group whether any events need to be moved on the timeline and why.

In this exercise the instructor tests the participants' existing knowledge to find out what they know and explain anything they don't. The instructor explains and adds information without assessing the participants' prior knowledge.

The exercise ends with a PowerPoint presentation (see appendix) which lists all the information again. Through this timeline the participants get an understanding as to how political-economic events throughout history affect health policies worldwide. This exercise debunks the idea that a healthy policy is merely a technical matter.

2. Current mantra



OBJECTIVE

Give participants an insight into current trends in global health policy, more specifically privatisation and liberalisation of health systems in developing countries and its impact on access to healthcare.

2.1. Universal Health Coverage or Universal Health Care?



OBJECTIVE

Give participants an insight into the significance of Universal Health Coverage and the capacity to guarantee universal access to healthcare.



METHOD

Teamwork with articles



DURATION

1.5 hours



MATERIAL

- computer and projector
- PowerPoint 'Universal Health Coverage' (appendix n° 6)
- 6 case studies UHC (appendix n° 7)
- Video 'Universal health: From private coverage to public care' (appendix n° 8)

2.2. Are trade and investment agreements compatible with health?



OBJECTIVE

Participants study the relationships between trade and investment agreements and health.



METHOD

PowerPoint presentation (appendix n° 9), Video 'Get ready for TTIP' (appendix n° 10) and teamwork with articles (appendix n° 11) and discussion



DURATION

2 hours



MATERIAL

- computer
- PowerPoint presentation
- projector
- felt-tip pens
- flip charts



foto: Corporate Europe Observatory

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IV ALTERNATIVES



OBJECTIVE

Participants reflect on what characteristics a good policy needs. Which properties must health systems have to meet the right to health?



METHOD

Teamwork case studies. Participants watch the short documentary ‘Cuba and the Philippines: right to health’ and then work in groups to determine the characteristics of a good policy based on 7 case studies:

- Sri Lanka’s success story
- Thailand: Universal healthcare with a low budget
- Brazil: Integrated basic healthcare, private specialised care
- Chile and Costa Rica: Other routes toward universal healthcare
- Cuba: Universal healthcare through free basic healthcare
- Communities require justification in Maharashtra, India
- Philippines: social movements combat Public-Private Partnerships.
- Presentation of the findings in group and end with a PowerPoint which summarises the criteria of good health systems.



DURATION

2.5 hours



MATERIAL

Video ‘Cuba and Philippines: right to health’ (appendix 12), PowerPoint presentation (appendix n° 13), seven case studies (appendix n° 14), felt-tip pens, big post-its, flipcharts, projector.

In this session the participants study the properties that health systems meet and which political choices allow a good national health system and universal healthcare.

The participants work in groups. The instructor hands out 7 case studies to every group (see enclosed case studies). The participants then watch the short documentary ‘Cuba and the Philippines: right to health’.

The instructor projects 3 questions (see enclosed PowerPoint). The participants read the case studies and in group discuss possible answers to the projected questions. They then draw up a list with 5 priorities.

Questions:

- What characteristics do health systems which achieved good results in the field of health and access to healthcare have?
- Which factors are important for countries to guarantee proper national health? In other words: How did countries achieve a good national health system or access to healthcare? What was required to achieve this?
- Which factors had a negative effect on the access to healthcare in the case studies?

Each group then clarifies the list they drew up and why they gave a particular factor priority. The instructor then moderates a group discussion. The instructor closes the session with a short PowerPoint presentation (see appendix) which summarises the content of the session.

IV CONCLUSION



OBJECTIVE

Summarising conclusion.



METHOD

PowerPoint and concluding comments



DURATION

30 minutes



MATERIAL

- Powerpoint presentation (see appendix n° 15)
- computer
- projector

APPENDICES

1. PowerPoint Quiz 'inequalities in health'
2. PowerPoint 'Social determinants of health'
3. PowerPoint 'The right to health and the health system'
4. PowerPoint 'timeline'
5. Cards with events in history.
6. PowerPoint 'Universal Health Coverage'
7. 6 case studies UHC
8. Video 'Universal health: From private coverage to public care'
9. PowerPoint 'Are trade and investment agreements compatible with health?'
10. Video 'Get ready for TTIP'
11. Articles teamwork TTIP and TISA
12. Video ' Cuba and the Philippines: right to health'
13. PowerPoint 'Alternatives'
14. Seven case studies 'Alternatives'
15. PowerPoint 'conclusion'