

INTERACTIVE TRAINING MODULE
**ACCESS TO
HEALTH CARE**

Alternatives



Objective of the session

- Participants reflect on the characteristics of a good policy and study which properties health systems must have to meet the right to health?



Teamwork

- Short documentary:
 - Cuba and the Philippines: right to health
- 6 case studies:
 - ① **Sri Lanka's** success story
 - ② **Thailand**: High coverage, low public expenditure
 - ③ **Brazil**: Comprehensive primary care, private hospital care
 - ④ **Chile and Costa Rica**: Different Paths to Universal Health
 - ⑤ **Cuba**: Universal Health Coverage through Free Primary Health Care
 - ⑥ **Maharashtra, India**: Public financing for whom?
 - ⑦ **Philippines**: Civil society opposes Public-Private Partnership approach



Questions

- What characteristics do successful health systems (HS) have?
→ objectives HS: good national health, meet expectations of the population, protection against financial risks
- How did the countries in the case studies achieve a good national health system or access to health care? What was required to achieve this?
- Which factors had a negative effect on the access to health care in the case studies?



Cuba and the Philippines: right to health



Conclusion

Ingredients for a high-quality, efficient and sustainable health system:

- ① **Health is a political choice.** Even with a low budget some countries were able to achieve a good national health system. This means it is a feasible and affordable choice.
- ② **Public provision and financing** of health care. Example: Costa Rica, Cuba.
- ③ **Free basic health care** for the patient is possible: Brazil, Sri Lanka and Cuba. Costa Rica (public) lower patient contributions than Chile (commercialized). It's important that access to medication and medical technology is guaranteed!



Conclusion

- ④ **Availability of health infrastructure and health workers,** also in rural areas. Thailand, Sri Lanka improved the access to health care by investing in public health infrastructure and by stimulate health workers to work in remote areas.
- ⑤ **Acceptability of health care:** Through community participation it is easier to gear health care to local needs and expectations. Example: community monitoring India.

