

# Universal Health Coverage & the Scourge of Privatization

Baba Aye

Public Services International

Geneva, 18 May 2019

[Baba.Aye@world-psi.org](mailto:Baba.Aye@world-psi.org)



MARKETISATION

PUBLIC PRIVATE PARTNERSHIPS

AUSTERITY

PRIVATISATION

PRIVATISATION

+ PUBLIC HEALTHCARE

# Outline

- Context
- “Creeping privatization”
- Issues
- Driving forces and beneficiaries
- The Global PSI Right to Health campaign
- Conclusion

# Context

- Four decades of neoliberal “consensus”
  - ‘80s-‘90s reforms; outsourcing/contracting out, PFIs & marketization
- The global economic crisis and its “remedy” of austerity
  - Fiscal consolidation & all that jazz
- The SDGs and the time-worn tactic of “it’s coming”
  - Between “Health for All” & “leaving no one behind”
- Building resistance – health workers, communities and CSOs
  - Our health is not for sale!

# “Creeping privatization” & “Person-Centred Care” as “Future of Health”

- Privatization in its various guises
  - Outright privatization of public health facilities – just part of a toxic mosaic
  - Marketization, PPPs, austerity measures => subsidizing private *for-profit* interests with public funds to achieve “coverage”
- Presented as putting the person at the centre of health – at the heart a new generation of health reforms
  - The myth of efficiency
  - The myth of added resources
  - The myth of choice

# Issues I

- [The Future of Health: Person Centred Care in Policy and Practice](#)
  - Organizing “around the needs of the service user”, or for profit over people?
  - [Financing health care: False Profits and the Public Good](#)
  - Health services under austerity; decline in services, increased strain on health workers, social impact (exacerbated health inequities)
- **Iceland; a counter-narrative of investment in universal healthcare and social protection**

# Issues II

- Reduction in public health expenditure and increasing role of private financing
- Increase of out-of-pocket costs for citizens
- Spike in number and spread of private insurance
- Expansion of private operators and private management logic (such as “new public management”)
- Concentration of care institutions, private outsourcing

# Issues III

- Reduction of health and care delivery quality
- Worsening of employment and working condition in the health services
- Loss of the affective culture of human care and loss of working sense
- Shift to ambulatory care, home care, use as a means of cutting health budgets and transferring costs to families and individuals
- Increasing power of private corporations power, including on public health policy process



# Driving forces and beneficiaries

- [The rise of global multinational health companies](#)
  - ▷ Family capital
  - ▷ International financial institutions
  - ▷ State investors
  - ▷ Institutional investors
  - ▷ Private equity investors
- Free trade agreements
- International health insurance providers
- Big pharma

# Fightback – Our Health is Not for Sale!

- Convergence between struggles of health and social workers, service users and public interest civic organizations
- Political struggles at local national and local levels: lobbying, countering proposals, demonstrations etc
- Building evidence-based argument against privatization
- Strengthening and widening of transnational struggles, including against FTAs
- Making demands for an alternative system



# Global PSI Right to Health Campaign

- [A better future with public health for all](#)
- ▷ PSI Campaign for **Universal Public Health Care** launched on 12/12/2016
- ▷ Anti-privatization; a central theme

# Global PSI Right to Health campaign II

- Coordinated globally with the PSI Health & Social Sector Task Force;
- Regional and sub-regional health sector unions' networks constituted and campaign launched in PSI regions, sub-regions and national level;
- Sharing experiences including with the *Right to Health* and global actions are central to binding the campaign internationally, across the regions
- Working closely with relevant CSOs is a given priority – we can win only with concerted efforts;
- Policy influence on institutions is pursued systematically along with building our organizing power



**Asia Pacific health unions unite to fight for the Human Right to Health!**

**OUR HEALTH IS NOT FOR SALE**  
7 April 2017 | #WHD2017  
World Health Day  
[www.world-psl.org](http://www.world-psl.org)

# In lieu of a conclusion

- The *for-profit* forces we face are powerful. But, we are many and they are few. The gains of the past, including “the spirit of 45” were won through an earlier generation’s struggle;
- Building linkages between our struggles across localities, countries and regions is essential, whilst not losing sight of the fact that, with campaigns as much as with politics, the local is very important;
- This struggle is political. It also needs to mirror the interest and entail the involvement of a broad array of social forces.

*Thank you for your kind attention!*