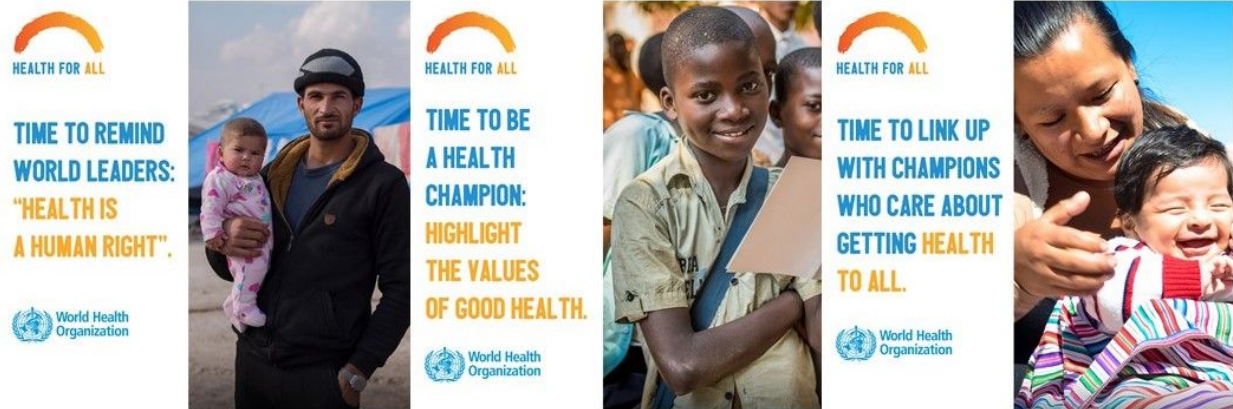


WORLD HEALTH DAY 2018



THEME: UNIVERSAL HEALTH COVERAGE (UHC): Everyone, Everywhere

*The World Health Organisation (WHO) is driving the theme **Universal Health Coverage: Everyone, Everywhere** for World Health Day on 7th April 2018 using the slogan, “#HealthforAll”.*

This theme is aligned with the WHO's work mission which is underpinned by a “Human Rights Framework” and as aptly stated by the WHO chief, Dr Tedros Ghebreyesus, “Health is a human right. No one should get sick or die just because they cannot access the services they need”. Professor Pamela Naidoo, CEO of the Heart and Stroke Foundation South Africa (HSFSA), reiterates that the right to health, philosophically underpins public health as a whole.

In order to achieve UHC there has to be political will to achieve the sustainable development goals (SDGs) by 2030, as agreed upon by the United Nation Member States. UHC is integrally linked to *SDG 3: Good Health and Well-Being (for all ages)*. In particular SDG 3.8 makes direct reference to achieving universal health coverage.

UHC means that all individuals and communities receive the health services they need without suffering financial hardship. The WHO emphasises that UHC should include the full spectrum of essential services, from health promotion to disease prevention, treatment, rehabilitation, and palliative care. Full access to health care protects individuals from falling into poverty because the cost of care they need is unaffordable. Good health and well-being is important for children to thrive and for adults to be employable in their productive years, ultimately contributing to the economic development of the respective countries.

Countries should mobilise towards UHC to shift out of the less than ideal status of health coverage around the world. Currently, half the world's population does not have full coverage of essential health services; about 100 million people are being pushed into extreme poverty (living on about \$2 [USD] or less a day) because they have to pay for health care; and over 800 million

people (almost 12% of the world's population) spent at least 10% of their household budgets to pay for healthcare.

Achieving UHC targets requires countries to move towards health system strengthening implying that countries should not simply focus on health services delivery but also ensure a good financial/business model to fund and sustain health systems to keep the pace of demand from those who need it. Whilst UHC does not discriminate which medical condition should take priority when access to care is being provided, it is important that a priority-setting approach is adopted to ensure that the conditions with a high disease burden profile should indeed be the focus.

In South Africa (SA) we have a high burden of both communicable diseases (such as HIV, AIDS and tuberculosis) and non-communicable diseases [NCDs] such as heart disease, stroke, diabetes, cancer and upper respiratory diseases. NCDs account for 43% of all deaths in SA, with cardiovascular diseases [CVD] (heart disease and stroke) accounting for the largest percentage of deaths (18%).

Professor Pamela Naidoo, CEO of The Heart and Stroke Foundation South Africa states that “the Foundation unreservedly supports UHC for all medical conditions although it’s focus is primarily on CVD and its risk factors.” The significant risk factors for CVDs include hypertension, diabetes, unhealthy diets, physical inactivity, hypercholesteremia (increased cholesterol levels) and tobacco smoking. All these risk factors are modifiable through behaviour change and/or a medical treatment regimen.

Through UHC, therefore, it is imperative to reduce the burden of CVDs and provide access, with as few barriers as possible, to health screening, detection and appropriate treatment. The WHO suggests that targets for UHC can be measured in 4 categories: first category is *Reproductive, maternal, newborn and child health*; the second category is *Infectious diseases*; the third category is *NCDs*, and the fourth category is *Service capacity and access*. Specific measures for NCDs in particular include: (a) prevention and treatment of raised blood pressure, (b) prevention and treatment of raised blood glucose, (c) cervical cancer screening, and (d) tobacco non-smoking.

A multi-layered approach is required for achieving UHC. The starting point is political will. In a country such as South Africa, despite being a middle-income country, the health system is difficult to sustain due to the many challenges it has faced over the years both from the demand side and supply side. Perhaps an ethically driven private-public partnership model, using a rights-based approach, is essential to achieve the targets set by the WHO in the interest of the citizens of the respective countries.

The array of medical conditions that need to be treated in the private and public health sectors are complex. However, using the correct diagnostic tools can ensure early detection and linkage to care can prevent heart disease, strokes and a myriad of other treatable medical conditions.

In order to achieve UHC, the demand side factors (full access to health care without cost being a barrier) and supply side factors (sufficient patient: health practitioner ratios, good health infrastructure, and so on) have to be met. In South Africa we know the wheels of justice turn, albeit sometimes a little slowly. Let's turn our attention to justice in health and let's be advocates for UHC to ensure a healthier and a more productive population. Prof Naidoo says that "The HSFSA is committed to driving the WHO agenda for UHC and will work with key-stakeholders, including the Department of Health, Treasury, Department of Social Development and other relevant government departments to achieve "#HealthforAll"."

Ends

About the Heart and Stroke Foundation SA

The Heart and Stroke Foundation South Africa (HSFSA) plays a leading role in the fight against preventable heart disease and stroke, with the aim of seeing fewer people in South Africa suffer premature deaths and disabilities. The HSFSA, established in 1980 is a non-governmental, non-profit organization which relies on external funding to sustain the work it carries out.

The HSFSA aims to reduce the cardiovascular disease (CVD) burden in South Africa and ultimately on the health care system of South Africa. Our mission is to empower people in South Africa to adopt healthy lifestyles, make healthy choices easier, seek appropriate care and encourage prevention.

**Interview requests: All interviews will be conducted in English*

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