Maputo 2025: Reshaping and investing in a multidisciplinary and inter-sectoral *public health workforce* to achieve Sustainable Development Goals

The Role of NPHI in Promoting Healthy, Equitable, Resilient Societies to Tackle Current and Future Threats

Essential Public Health and Primary Health Care Workforce- NPHI& Regional-Africa-NPHI and Global IANPHI Leading on WHO Road Map for Development and Investment

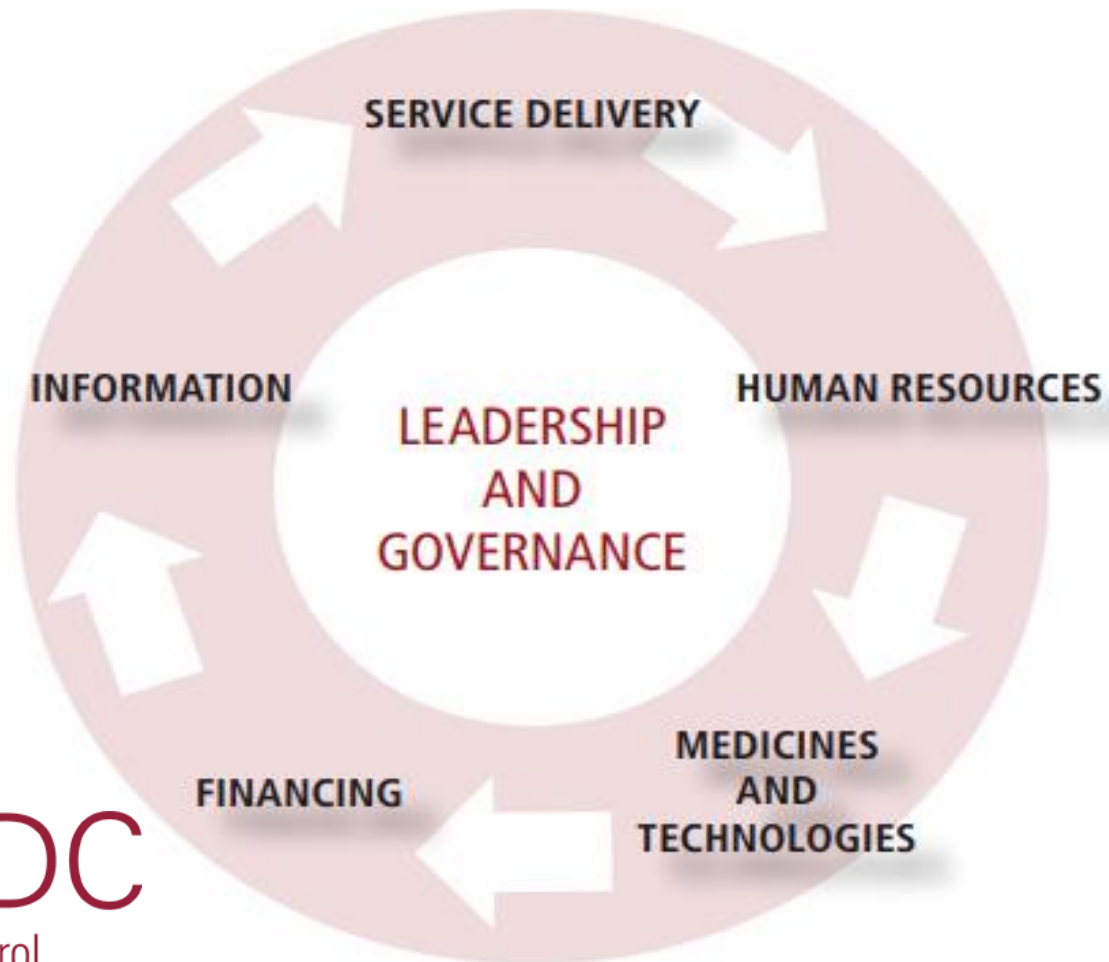# Maputo 2025: Essential Public Health and Primary Health Care Workforce- NPHI& Regional-Africa-NPHI and Global IANPHI Leading on WHO Road Map for Development and Investment

IANPHI- Sub Committee on Public Health Professional Development

National and Regional **Public Health Syste**

Leadership, Governance and Management-

Alignment-Coordination-Cohesion for Performance

SERVICE DELIVERY

INFORMATION

HUMAN RESOURCES

LEADERSHIP
AND
GOVERNANCE

FINANCING

MEDICINES
AND
TECHNOLOGIES

República de Moçambique
Ministério da Saúde

Questions & Accountability->Professionals-Policy Makers-Parliamentarians-People-Politicians

- **The question is, "Why aren't health systems working better?"**

- Given the **massive size of Global Health Spending:-** Bilateral & Multilateral-Philanthropies-Private-Public Sector are dwarfing/undermining/distorting **domestic health financing**, with numerous fragmented initiatives, Partnership. Alliances, there are serious concerns about **weak-chaotic national health systems service delivery** with poor progress performance regarding **sustained outcome and impact- UHC & SDG 2030 Goals and Targets-Off Track,**

- The question is, **"Why aren't Communicable Disease &NTD Prevention and Control working better?"**

  - **Given the size of three decades of global spending on HIV/AIDS, TB, malaria, and vaccines/immunization,SRHR, new health commodities and technology (GF, GAVI,BMGF, CEPI, Pandemic Fund etc), concerns about Hyper Health Inflation, crowding out domestic financing,**

- **How do you measure the matrix on Health & Happiness of the Public (Life Style-Well Being)-Bhutan-Dubai**

- **How do you review, design, and strengthen Public Health Structures, Workforce-Capacity, systems, and institutions**

Common Language- Different History-Culture-One Powerful Humanity-Solidarity-Fraternity

- **Terminology-Jargon- Science-Social Media**

- **Case Definition**

- **Public Health Vs Health Vs Social Health Vs Community Health**

- **Network of National Public Health Institutes- Public Health Service Driven With Independent Scientific Underpinning**

- **Primary Health Care** and **District Health Systems** and **Health for** *All-Equity- Equality-Fraternity-Liberty (Freedom)*
- Red Cross Volunteers- Community Health Workers& Community Health Systems
- PHC teams – outreach to the village- Geography –Social Mobilization

- **Unified Health Systems-** Health System Strengthening –**Health System Resilience**
- (Sistema Único de Saúde) (SUS)

- **Pandemic, Epidemic -Emergency,(Disaster) Preparedness and Response**

Key Messages – What to How- When &Where-History-Past- Present–Future

- **Public Health and Primary Health Care** Service Delivery-Health for All

- Primary Health Care and Public Health **Structures-Systems-Institutions - Systems Thinking**
  - **Core is Public Health Work Force-** Value and ethics of service delivery to all the people- Motivation& Empowering Work Environment

- Socially, Politically, and Professionally – Right Thing to Do

- Cost-Effective and Cost-Efficient – Value for Money for Health

- Urgency-United-Momentum:-IANPHI-WHO & Africa CDC- African Union-NEPAD, ECSA-HC, SADC

- **WHO-UHC, UN-SDG3-2030**, **African Union**: **Africa We want-2065.** Public Health & Primary Health Care **?**

Conclusion and Next Steps

- **Monthly, more inclusive, transparent meeting** of the IANPHI-Sub-Committee PHPD with enhanced Partnerships and Collaborations

- **Network of Focal Points in NPHI Taking forward the** WHO Essential Public Health Functions and Road Map development, investment, and Implementation

- **Two-way Exchange-Twining programs between NPHI-** Priority Public Health Work Force vocational- Service Delivery Based Training:- **empowering workforce environment, Mentorship and Career** Skills-development-e.g., Malawi-Norway/ Germany-Namibia/Botswana-Zimbabwe/Sweden-Mozambique-Brazil, Zambia-**SADC&ECSA**-HC-South Africa-UK-France-G20 & BRICS

- Strengthening Partnership between **Ministries of Health, NPHI, Universities- Ministry of Higher Education on- Public Health Service Commissions** on Essential Public Health Work Force

- **Collaboration with WHO**, Schools of Public Health, National and Regional Colleges and Associations of Public Health

- **Establishing and Promoting Public Health Core Skills& Competencies and Standards of Public Health Professional Development**

Content

- Introduction: Challenges & Opportunities
- **African Union-->New Public Health Order for Africa-2022- UN Global Health Security**
- WHO→Health System Framework: Six Health Systems Building Blocks
- **WHO→Primary Health Care Values and Approach- Equity & Health For All**
- **Defining Public Health** and Public Health Systems, Structures and Work Force- NPHI
- WHO→ **Essential Public Health Functions**-Back to the Future
- **WHO- Road Map &Action Plan on Essential Public Health Work Force (2021-2023)**
- East, Central, and Southern African College of Public Health Physicians
- **IANPHI Sub-Committee on Public Health Professional Development-2024**

CALL TO ACTION
: AFRICA'S NEW PUBLIC HEALTH ORDER- September 2022

Side Event, "Africa's New Public Health Order: Rejuvenating the Global Health Security Agenda" in the sidelines of the 77th Session of the United Nations General Assembly.

MINDFUL

- **Strengthening African Institutions for Public Health**

- a) Call upon African Union Member States to provide full support to continental institutions for public health, including Africa CDC and AMA, in execution of their mandates.

- b) Call upon governments, multilateral organizations, philanthropies, private sector, and civil society organizations to support institutional capacity-building initiatives that support public health at the continental and national levels.

- c) Call upon the African Union Commission to expedite full operationalization of the Africa CDC and AMA.

- **2. Strengthening Public Health Workforce**

- a) Call upon governments, multilateral organizations, philanthropies, private sector, and civil society organizations to support Africa CDC's efforts and initiatives for building the capacities and capabilities of all workers who contribute to public health in Africa.

- b) Call upon African Union Member States and all partners to expand and strengthen Community Health Workers programmes in Africa.

- **3. Expanding Local Manufacturing of Health Products**

- **4. Increasing Domestic Investment in Health**

- **5. Promoting Action-Oriented and Respectful Partnership**

AfricaCDC
Centres for Disease Control and Prevention

WHO Health System Framework

THE WHO HEALTH SYSTEM FRAMEWORK

SYSTEM BUILDING BLOCKS

OVERALL GOALS / OUTCOMES

SERVICE DELIVERY

HEALTH WORKFORCE

INFORMATION

MEDICAL PRODUCTS, VACCINES & TECHNOLOGIES

FINANCING

LEADERSHIP / GOVERNANCE

ACCESS

COVERAGE

QUALITY

SAFETY

IMPROVED HEALTH (LEVEL AND EQUITY)

RESPONSIVENESS

SOCIAL AND FINANCIAL RISK PROTECTION

IMPROVED EFFICIENCY
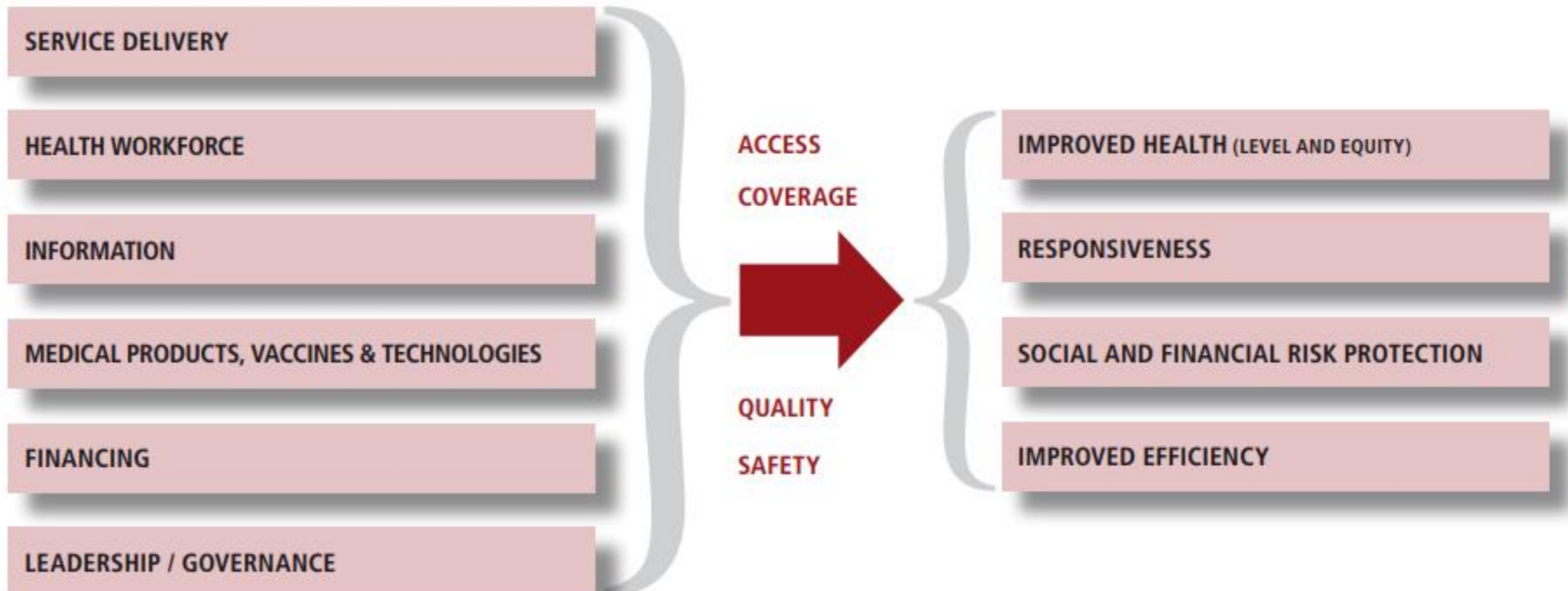
Six-Health System Building Blocks

THE SIX BUILDING BLOCKS OF A HEALTH SYSTEM: AIMS AND DESIRABLE ATTRIBUTES

- Good **health services** are those which **deliver** effective, safe, quality personal and non-personal health interventions to those who need them, when and where needed, with minimum waste of resources.

- A well-performing **health workforce** is one which works in ways that are responsive, fair and efficient to achieve the best health outcomes possible, given available resources and circumstances. I.e. There are sufficient numbers and mix of staff, fairly distributed; they are competent, responsive and productive.

- A well-functioning **health information system** is one that ensures the production, analysis, dissemination and use of reliable and timely information on health determinants, health systems performance and health status.

- A well-functioning health system ensures equitable access to essential **medical products, vaccines and technologies** of assured quality, safety, efficacy and cost-effectiveness, and their scientifically sound and cost-effective use.

- A good **health financing** system raises adequate funds for health, in ways that ensure people can use needed services, and are protected from financial catastrophe or impoverishment associated with having to pay for them.

- **Leadership and governance** involves ensuring strategic policy frameworks exist and are combined with effective oversight, coalition-building, the provision of appropriate regulations and incentives, attention to system-design, and accountability.

Definition& Key Elements of Primary Health Care:
Alma Atta-1979 & Astana-2017

- .**Primary Health Care is essential health care** made **universally accessible** to individuals and families in the community by means acceptable to them, through their full participation, and at **a cost that the community and country can afford**. It forms an integral part both of the **country's health system of which it is the nucleus** and of **the overall social and economic development of the community**

- **8 elements of Primary Health Care**

- 8.1. **Education** concerning prevailing health problems and the methods of identifying, preventing and controlling them→ *. Positive Lifestyle Package-Model (HEALTH PROMOTION)*
  8.2. Promotion of **food supply and proper nutrition**→ **:** Under and Overnutrition

- 8.3. Adequate **supply of safe water and basic sanitation**→ **Environmental Health, Climate Mitigation**
  8.4. **Maternal and child health** care including family planning→ School, Youth- Elderly&
  8.5. **Immunization** against major infectious diseases
  8.6. **Prevention and control of locally endemic diseases**→ *CDC & NCD*
  8.7. **Treatment of common diseases and injuries**→ **:** Prevention, *Rehabilitation & Pa* *care*

WHO-Defining Health Systems

-->**A health system** consists of **all organizations**, **people, and actions** whose *primary intent* is to **promote, restore, or maintain health**.

- This includes efforts to influence **determinants of health** as well as more direct health-improving activities.

- A health system is, therefore, more than the pyramid **of publicly owned facilities** that deliver personal or patient health services

Health systems strengthening (HSS) includes the strategies, responses, and activities that are designed to sustain~~~~~~the performance of a country's health system.

World Health Report 2000

WHO 2007

- **STRENGTHENING HEALTH SYSTEMS**
- **TO IMPROVE HEALTH OUTCOMES**

Public Health and Essential Public Health Function

- **Public Health (PH)** is defined as "the science and art of **promoting** healthy behavior and lifestyles, **preventing** diseases, disorders, and injury, and **protecting**(Regulation/Legislation) health and wellbeing along **the life course and prolonging the life** of individuals and population groups, through the **organized efforts (Systems& Institutions) and informed choices** of society, organizations, public and private organizations, communities, and individuals

- •**Essential public health functions (EPHFs)** a set of fundamental, interconnected, and interdependent activities(Skills & Competencies), that are required to **ensure effective public health action**

Essential Public Health Functions- Primary Health Care Population Health Vs Patient Health-Hospitals

-an *integrated* and *comprehensive* approach to Public Health &PHC

- **Public Health Service Delivery**-Protection, Promotion, Prevention – Disease Control & Elimination

- **Public Health Architecture-** Structure & Systems & Institutions

- **Public Health Leadership, Governance and Management**

- **Essential Public Health Work Force**

- **Health Observatory-Situation Room- PHEC-Integrated** Disease/Public Health Surveillance, Health Information, Surveys, Operational Research, Monitoring and Evaluation-Report& Publication.

- **Epidemic-Pandemic-Emergency/ Disaster: Forecasting. Prevention, Preparedness, Early Warning, Rapid Response**

- **Public Health Protection:** Public Health Regulations and Laws- IHR-Pandemic Treaty

- **Public Health Programming and Public Health Systems Strengthening, Reviews and Evaluations**

Public Health Institutes of the World
IANPHI

WHO Vision & Mission on Essential (Emergency) Public Health Work Force

- A strengthened **essential public health workforce in every country**, delivering all the **essential public health functions**, including emergency preparedness and response

- **Oriented and with competencies and skills** to dynamic/changing needs and demands of NPHI, Primary Health Care, and the National Public Health Systems Strengthening

WHO-Public Health Work Force-Road Map

- For countries aiming to strengthen their public health workforce, including those charged with emergency response, the Roadmap theory of change entails **a focus on three action areas (figure 1):**

1. Defining E**ssential Public Health Functions and Subfunctions** to be tailored to health system needs;

2. Delivering C**ompetency-Based Public Health Education** to build or strengthen the requisite capacities; and

3. **Mapping and Measuring Public Health Occupations** to enable target setting, planning and monitoring

Defining an Essential Public Health Worker
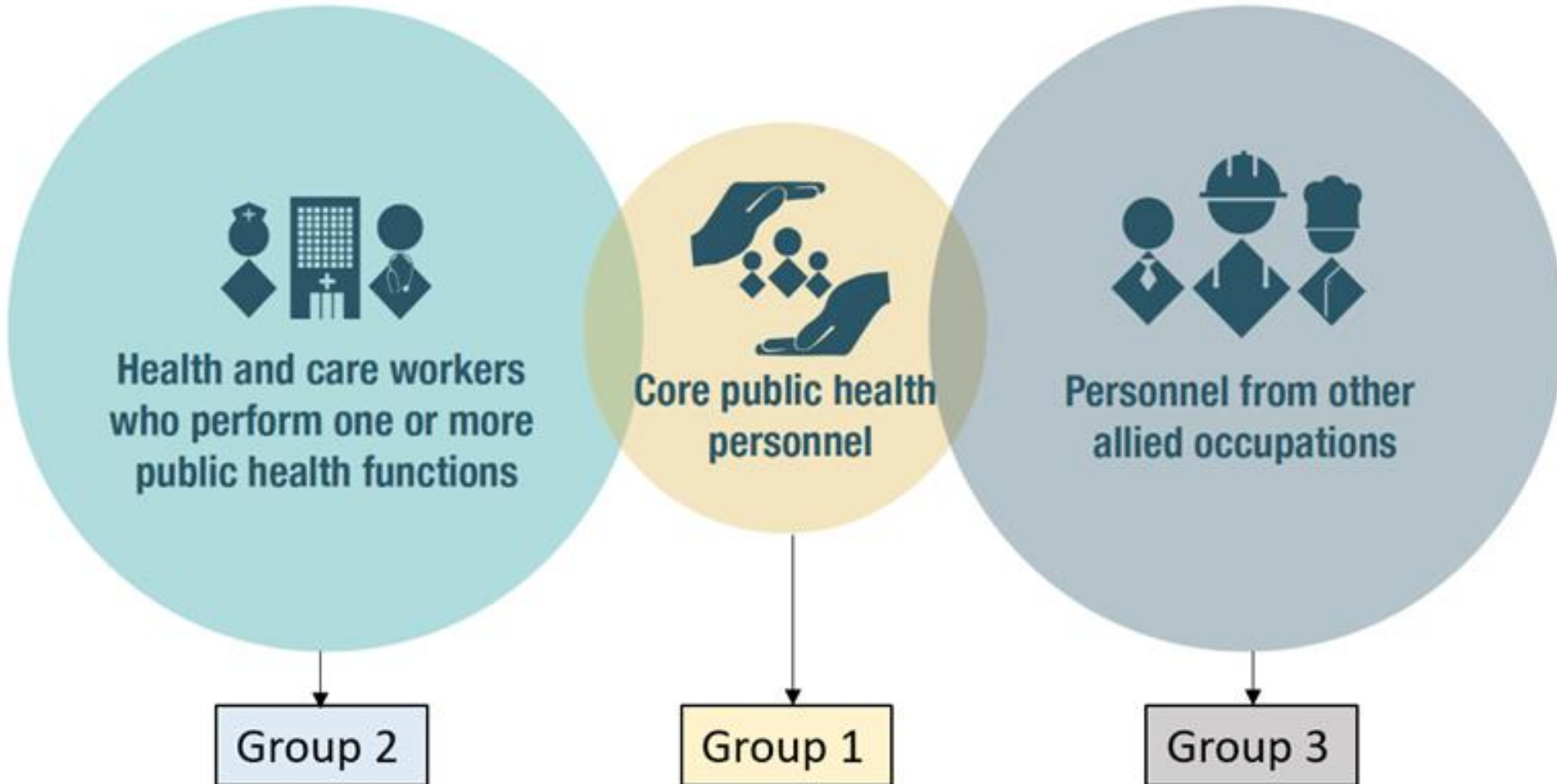
Past and Future Public Health Work Force Training

- Academic 1 Year MPH

- Two-Year MPH Field-Based Vocational Training – 1993 Start Ghana-Uganda, Zimbabwe

- Four-Year M. Med Public Health Specialist- Fellowship Training Programs: Uganda, Tanzania, South Africa, Botswana

- Field Epidemiology Certificate- Intermediate & Advanced

Primary Health Care and Essential Public Health Functions- Back to the Future

TECHNICAL SEMINAR ON HEALTH FOR ALL RENEWAL

Thursday, 13 February 1997
From 12.30 to 13.30 hrs., Salle B

ESSENTIAL PUBLIC HEALTH FUNCTIONS: A New Initiative in Support of Health-for-All in the 21st century

Moderator: Dr R.H. Henderson, Assistant Director-General

Presenters: Dr Steve Sapirie, Chief, Strengthening Country Health Information, and other members of the EPHF working group

Countries at all stages of development are experiencing rapid changes in their health and social environments and within their health systems. In the face of policy reform and the reduction of direct government responsibility and funding for health ("downsizing"), it is proving difficult for many countries to maintain the performance of public health activities at an adequate level for the protection of the population's health. As a result of the changing context of health development, there is a need to ensure that essential public health functions are appropriately executed and are made universally available.

Essential public health functions are a set of fundamental and indispensable activities carried out to protect a population's health and treat disease through means which are targeted at the environment and the community. The execution of these functions will rely on forming new partnerships between state institutions, nongovernmental organizations, the private sector, community organizations, individuals, and the academic community in order to address the challenges of achieving Health-for-All in the twenty-first century.

Among the questions that this technical seminar will seek to answer are the following: What is the relationship of the EPHF concept to the Primary Health Care approach? How does the concept relate to the provision of clinical care services? What is the relevance of EPHFs to WHO technical programmes and for WHO's future global health policy? How can this concept be integrated into Health Systems Development programmes?

This seminar is organized by the Policy Action Coordination (PAC) team of the Division of Policy, Programme and Evaluation (PPE) as part of the Technical Series on Renewal of Health for All.

Health and Self-reliance: the Experience of Tanzania
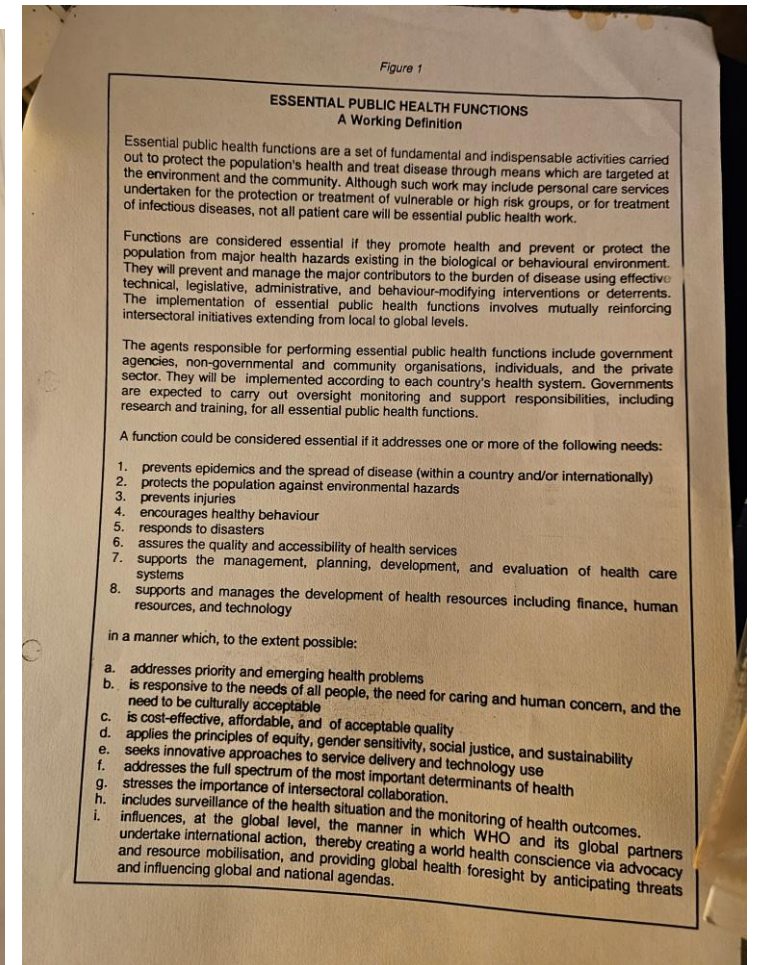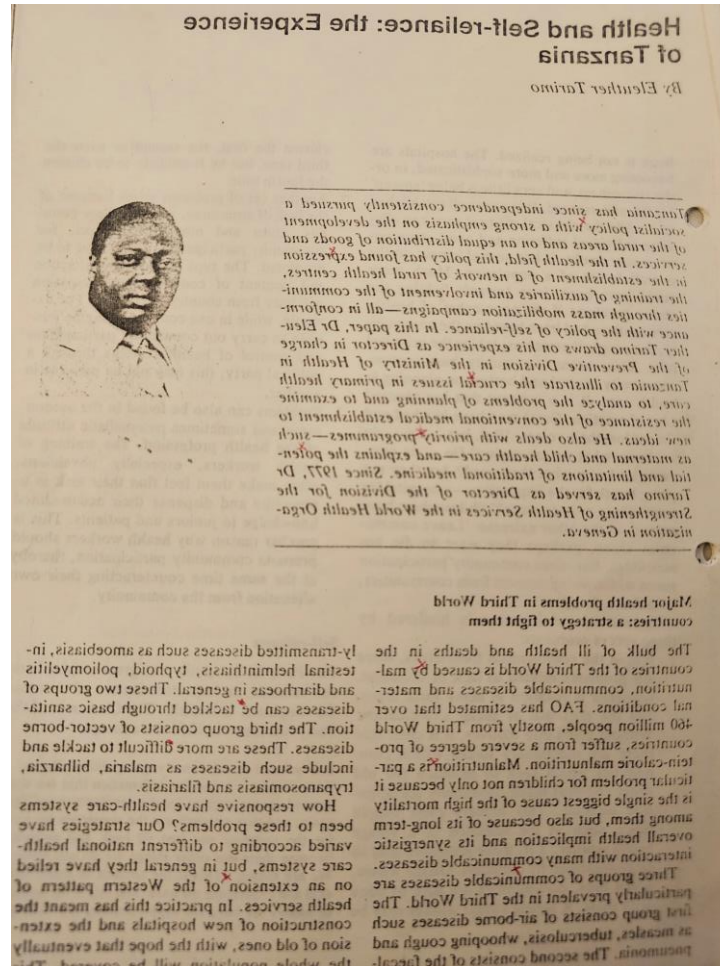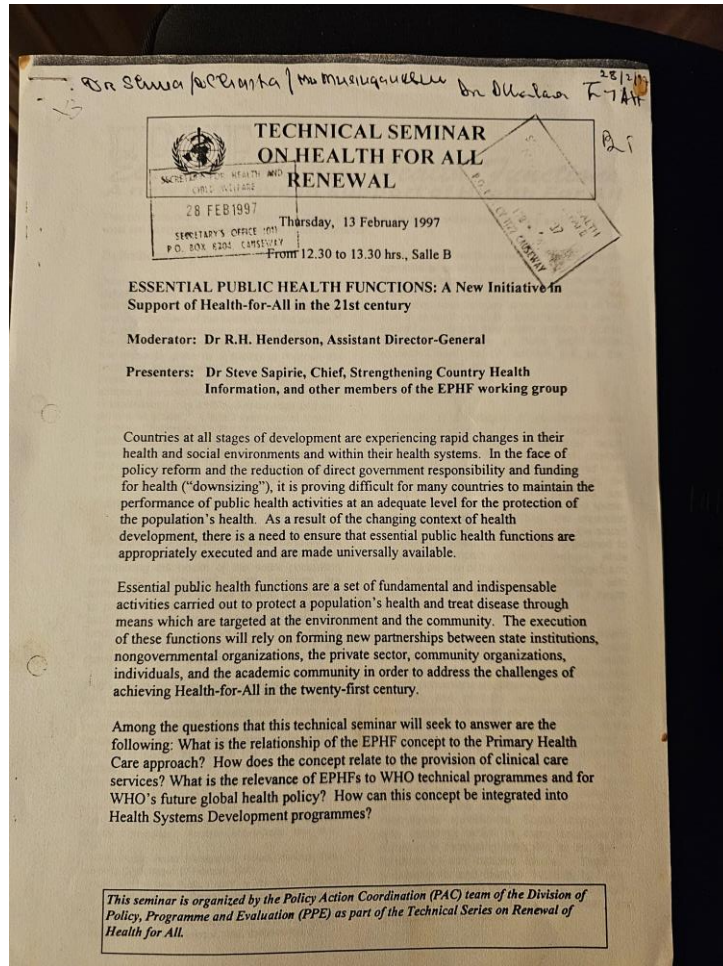
By Eleuther Tarimo

Tanzania has since independence consistently pursued a socialist policy with a strong emphasis on the development of the rural areas and on an equal distribution of goods and services. In the health field, this policy has found expression in the establishment of a network of rural health centres, the training of auxiliaries and involvement of the communities through mass mobilization campaigns—all in conformance with the policy of self-reliance. In this paper, Dr Eleuther Tarimo draws on his experience as Director in charge of the Preventive Division in the Ministry of Health in Tanzania to illustrate the crucial issues in primary health care, to analyze the problems of planning and to examine the resistance of the conventional medical establishment to new ideas. He also deals with priority programmes—such as maternal and child health care—and explains the potential and limitations of traditional medicine. Since 1977, Dr Tarimo has served as Director of the Division for the Strengthening of Health Services in the World Health Organization in Geneva.

Major health problems in Third World countries: a strategy to fight them

The bulk of ill health and deaths in the countries of the Third World is caused by malnutrition, communicable diseases and maternal conditions. FAO has estimated that over 460 million people, mostly from Third World countries, suffer from a severe degree of protein-calorie malnutrition. Malnutrition is a particular problem for children not only because it is the single biggest cause of the high mortality among them, but also because of its long-term overall health implication and its synergistic interaction with many communicable diseases. Three groups of communicable diseases are particularly prevalent in the Third World. The first consists of air-borne diseases such as measles, tuberculosis, whooping cough and pneumonia. The second consists of the faecal-ly-transmitted diseases such as amoebiasis, intestinal helminthiasis, typhoid, poliomyelitis and diarrhoeas in general. These two groups of diseases can be tackled through basic sanitation. The third group consists of vector-borne diseases. These are more difficult to tackle and include such diseases as malaria, bilharzia, trypanosomiasis and filariasis.

How responsive have health-care systems been to these problems? Our strategies have varied according to different national health-care systems, but in general they have relied on an extension of the Western pattern of health services. In practice this has meant the construction of new hospitals and the extension of old ones, with the hope that eventually the whole population will be covered. This...

Figure 1

ESSENTIAL PUBLIC HEALTH FUNCTIONS
A Working Definition

Essential public health functions are a set of fundamental and indispensable activities carried out to protect the population's health and treat disease through means which are targeted at the environment and the community. Although such work may include personal care services undertaken for the protection or treatment of vulnerable or high risk groups, or for treatment of infectious diseases, not all patient care will be essential public health work.

Functions are considered essential if they promote health and prevent or protect the population from major health hazards existing in the biological or behavioural environment. They will prevent and manage the major contributors to the burden of disease using effective technical, legislative, administrative, and behaviour-modifying interventions or deterrents. The implementation of essential public health functions involves mutually reinforcing intersectoral initiatives extending from local to global levels.

The agents responsible for performing essential public health functions include government agencies, non-governmental and community organisations, individuals, and the private sector. They will be implemented according to each country's health system. Governments are expected to carry out oversight monitoring and support responsibilities, including research and training, for all essential public health functions.

A function could be considered essential if it addresses one or more of the following needs:

1. prevents epidemics and the spread of disease (within a country and/or internationally)
2. protects the population against environmental hazards
3. prevents injuries
4. encourages healthy behaviour
5. responds to disasters
6. assures the quality and accessibility of health services
7. supports the management, planning, development, and evaluation of health care systems
8. supports and manages the development of health resources including finance, human resources, and technology

in a manner which, to the extent possible:

a. addresses priority and emerging health problems
b. is responsive to the needs of all people, the need for caring and human concern, and the need to be culturally acceptable
c. is cost-effective, affordable, and of acceptable quality
d. applies the principles of equity, gender sensitivity, social justice, and sustainability
e. seeks innovative approaches to service delivery and technology use
f. addresses the full spectrum of the most important determinants of health
g. stresses the importance of intersectoral collaboration.
h. includes surveillance of the health situation and the monitoring of health outcomes.
i. influences, at the global level, the manner in which WHO and its global partners undertake international action, thereby creating a world health conscience via advocacy and resource mobilisation, and providing global health foresight by anticipating threats and influencing global and national agendas.

East, Central, and Southern African College of Public Health Physician-2024

- **Establishment:** ECSA-COPHP established by ECSA Health Community Ministers at their 73rd meeting on 21st June 2024 in Arusha –Tanzania

- **Vision Statement:** To protect, promote, and sustain high-quality universal primary health care and public health for all people in the region throughout their life course.

- **Mission Statement: Promoting lifelong learning and career development** for specialist public health physicians to organize and deliver the best public health services for all people.

EAST, CENTRAL AND SOUTHERN AFRICA
COLLEGE OF HEALTH SCIENCES

EAST, CENTRAL AND SOUTHERN
AFRICA HEALTH COMMUNITY
Fostering Regional cooperation for Better Health

IANPHI- Thematic Sub-Committees

- The five *IANPHI Committees focus on the following topics:*

1. **Essential Public Health Functions (EPHFs)** (NPHI-Public Health Structures & Health Systems Strengthening and Health Systems Resilience)

2. **Public Health Professional Development (PHPD)-**Public Health Essential Health Work Force (2024)

3. **Pandemic Preparedness, Response and Recovery** (PPRR) (Epidemics& Emergencies)

4. **Social and Public Health Inequalities** (SPHI) (Primary Health Care-Health Promotion-Equity for Health & Health and Well Being for All)

5. **Climate Change and Public Health** (CCPH) (Environmental &Occupational Health)

- Disease surveillance, health information, health surveys(Surveillance Bulletins, Health Observatories, Health Profiles-Annual Public Health Reports)

- Mother, Neonatal and Child Health-Sexual Reproductive Health Rights-Family Health

- Communicable &NTD and Non-Communicable Disease Prevention and Control. Elimination and Eradication

IANPHI-WHO Work Force Collaboration

- IANPHI has signed and **Memorandum Of Understanding (MoU) with the World Health Organization**

- (WHO) including a commitment to **support the development of the public health workforce, as** set out in the document entitled: '*National workforce capacity to implement the essential public health functions including a focus on emergency preparedness and response: Roadmap for aligning WHO and partner contributions' (hereafter "Roadmap").*

Case Definition of Public Health Professional Development

- To allow PHPD-IANPHI thematic committee to build common thinking and focus of the work of the thematic committee:-

- **Professional development in public health or population health** is the process of continuing **vocational/ field/ mentorship competency-based education, training, development, and career progression.** It allows all public health professionals to perform *their roles based on* *sound values, ethically, effectively, and efficiently, and adapt to the changing epidemiology of population health risks and health threats*. The purpose of public health professional development is to strengthen the resilience of essential public health and emergency health workers (EPH-EPR-WF) **knowledge, attitudes, behavior, competencies, and skills**, to deliver sustained **universal access, equity, and coverage with high-quality public and primary healthcare service delivery**.

- This continues to advocate and build the understanding and **confidence of other health professionals and the public, policymakers, regulators, and legislators in the work of public health workers**.

- Further inputs were secured from WHO; Khassoum Diallo on the WHO Roadmap for National Workforce Capacity to Implement the Essential Public Health Functions and Siobhan Fitzpatrick on the new WHO guidance on **the Competency and Outcomes Framework for the EPHFs**

Milestones:Jan-June 2024

- **Public Health Professional Development (PHPD) -IANPHI Thematic Committee** was initiated in January 2024 with a draft TOR and Work Plan.

- PHPD thematic committee now consists of **44 members from all IANPHI regions**.

- **First meeting was held in March 2024**.

  - Formalize the Thematic Committee by establishing a Chair and Vice-Chairs

  - Pursue conversations on the Committee's work plan

  - Establish collaboration with WHO around the 2024 work plan.

  - Current *international classification of the Public Health Work Force* by ILO, WHO, UNICEF, UNFPA and others needs urgent review and updating

Milestones July- Dec 2024

- Meeting of Chair and Vice Chairs: August 2024 ,October 2024

- **IANPHI G-20 Meeting 9-11 Sept 2025** in Rio in November -thematic area of Health Equity and Health Resilience the development of Essential and Emergency Public Health Work Force Road Map development and investment.

- **WHO Road Map Steering Committee meeting** in Jordan 22nd to 23rd October 2024 and highlighted the importance of the sub-thematic area of Public Health Professional Development.

- **Meeting of the chair and vice chair of IANPHI-PHPD** sub-committee- November 28 2024th

- **Position paper:-** Strengthening the Public Health Workforce – A Strategic Role for NPHIs and IANPHI. This is to be reviewed and re-focussed on public health professional development.

- **Scoping review** to explore collaborations between National Public Health Institutes and Schools or Public Health in public health professional to include collaboration with national, and regional public health professional colleges and associations.

- **Global UHC-Partnership Meeting 10-12 December** in Lyon in advocating for the role of National Public Health Institutes and Essential Public Health Work Force Road Map development and Public Health Professional Development

- Regular meeting of the overall **IANPHI-PHPD sub-committee in 2025.**

Conclusion and Next Steps

- **Monthly, more inclusive, transparent meeting** of the IANPHI-Sub-Committee PHPD with enhanced Partnerships and Collaborations

- **Network of Focal Points in NPHI Taking forward the** WHO Essential Public Health Functions and Road Map development, investment, and Implementation

- **Two-way Exchange-Twining programs between NPHI-** Priority Public Health Work Force vocational- Service Delivery Based Training:- **empowering workforce environment, Mentorship and Career** Skills-development-e.g., Malawi-Norway/ Germany-Namibia/Botswana-Zimbabwe/Sweden-Mozambique-Brazil, Zambia-**SADC&ECSA**-HC-South Africa-UK-France-G20 & BRICS

- Strengthening Partnership between **Ministries of Health, NPHI, Universities- Ministry of Higher Education on- Public Health Service Commissions** on Essential Public Health Work Force

- **Collaboration with WHO**, Schools of Public Health, National and Regional Colleges and Associations of Public Health

- **Establishing and Promoting Public Health Core Skills& Competencies and Standards of Public Health Professional Development**

Constitutions and Acts: Protection and Rights of People to Health

- The right to health is provided for under **Article 89 of Mozambique's Constitution**, which states that all citizens have the right to medical and health care, within the terms of the law (Republic of Mozambique, 1990). This Article also imposes a duty on all citizens to promote and protect public health

- **Constitution of South Africa-1996**

- The right to have access to health care services is a basic human right guaranteed by the Constitution. Section 27 of the Constitution provides that everyone has the right to have access to health care services, including reproductive health care services and no one may be refused emergency medical treatment. The Constitution and the National Health Act 61 of 2003 (as amended) envisage a single health system for South Africa. However, in addition to public health care a number of private health care service providers exist in country. The State uses a means t

- **Constitution of Brazil-1988**

- *Health is a right of all and an obligation of the State, guaranteed by socio-economic policies which seek to the reduction of the risk of disease and of other grievances and to the universal and equal access to the actions and services in its promotion, protection and recuperation.*

Selected SADC countries and their respective UHC related indicators (Source WHO, WB data sets 2021/22)

Country	GDP Per Capita 2019	GGHE D%	Health Exp per capita USD	Doctors, Nurses, Midwives	UHC Index
Botswana	7960	15	457	34,3	55 Down
Malawi	411	5,8	47	5,49	48 Level
Mozambique	500	8,2	45	5,94	44 Level
Namibia	5026	11	456	58,9	63 Level
South Africa	6000	15	584	50	71 Level
United Republic of Tanzania	1048	5,1	34	6,8	43 Up
Zambia	1305	9,3	73	24,1	56 Up
Zimbabwe	1316	5,2	63	23,1	55 Level

Selected OECD countries, others and their respective UHC related indicators (Source WHO, WB data sets 2021/22)

Jurisdiction	GGHE D%	Per capita	Doctors	Nurse/ Midwives	UHC Index
World	11		17	37,7	68
WHO AFR			2,6	11,3	40
USA	21	12 550	26	132	86
UK	22	5108	32	87	88
Australia	19	7055	41	131	87
Canada	20	6207	24	113	91
Zimbabwe	5,2	63	1,7	21,4	55

Saitama Declaration- A call for New Public Health Action- WHO-1992

- The theme of the conference was "Health and Economic Development". Health is central to the well-being of individuals and the sustainable development of communities. Socioeconomic development and the fulfilment of human potential require a healthy population and an adequate health infrastructure. Every nation is concerned with the rising cost of health care, which exceeds the national average for overall cost increases. The demands of an aging population, the importance of diseases caused by life-style and by personal behaviour choices, the profusion of new technology, the change of roles being played by private and public sectors, and the impact of environmental factors, are some of the issues that have important financial implications for the health sector

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