SESSION AIM

BRICS countries have interesting and relevant recent experience of expanding quality health care to the poor. This session provides the opportunity for a discussion of examples from Brazil and India, as well as an overview of China-Africa collaboration in the health sphere.

BACKGROUND

Over the past decades BRICS countries have addressed similar problems to those faced by many African countries – how to expand health services to growing populations, how to target services on the poor and disadvantaged groups, while at the same time improving quality with limited resources. This session will examine Brazil’s family health system, and the system developed in the Indian state of Tamil Nadu to facilitate universal access to essential drugs.

The Brazilian constitution enshrines health as a citizen’s right and requires the state to provide universal and equal access to health services. Under a health reform in 1996, Brazil established a system based on universal access, with municipalities providing comprehensive and free at the point of service health care to each individual. The system is financed by the states and federal government. About 70% of Brazilians receive care under from this system, with the remainder opting for the private sector. The family health program, Brazil’s main primary health care strategy seeks to provide a full range of services to families at home, at clinics and in hospitals. Auxiliary health workers work directly with poor people. In 2008, 27,000 family health teams were active in all 5600 municipalities, each serving up to 10,000 people. Community participation is seen as crucial for success, for example to help persuade the authorities to devote more money for primary health care. The family health system has undoubtedly helped Brazil move strong along the path to universal health care. Today the system faces many challenges, including maintaining popular and political support, the rapid growth of non-communicable diseases, and the trend towards specialized medicine in urban areas.
In China a think tank event was initiated, the purpose was to provide the platform for policy makers and scholars from China and Africa to share experience and exchange evidence about what and how to make the aid work more effective and improving China’s aid (health sector) to African countries. The rationale behind this initiative was the recognition of increasing players in China-African collaborations in recent years, respect and recognition of PPP in Africa system and learning and searching for solutions from each other.

Three roundtables were organized so far and strong interests and presentations were received from policy makers, international organisations, and scholars. Welcome changes emerged in the effort of integration, multilateral collaborations, public health projects, and in the pipeline of technology transfer and investment in health sector etc.

India has supported the idea of health for all since it became independent in 1947. Much progress has been recorded since then. Also, a number of new initiatives in recent years including the launch of the National Rural Health Mission in 2005 have contributed to accelerating improvements in health outcomes. Despite these, however, the country is faced with many challenges including health inequity and impoverishment, inadequate availability, poor reach, unequal access, poor quality and costly health-care services. Government of India is examining the recommendations of the High Level Expert Group on Universal Health Coverage set up in 2011 for embracing the idea of universal health coverage. Several key learnings are informing policy: targeting the poor with health services is counter-productive, user fees are not desirable, and private health insurance schemes are inefficient and difficult to sustain. It is equally important to recognize the primacy of public spending, the crucial role of the public sector, the significance of expanding the provision of primary health care, the need to plan for human resources especially nursing staff, and general taxation as the principal source for financing health. Needless to add, enhanced health outcomes in the future will depend upon close interaction between the Ministries of Health and Finance, better coordination with other Ministries that address the social determinants of health, and more public engagement with civil society organizations.

**KEY DISCUSSION TOPICS**

- If these examples are relevant for African countries, what mechanisms are in place to access the BRICS experiences?
- How can best practice be shared amongst countries, and which agencies can assist?
- What lessons does the evolving China-Africa collaboration in health hold for collaboration with other BRICS countries?

**CHAIRS & SPEAKERS**
Chair: Mr Bunwi Makinwa, Africa Regional Director, **UNFPA**

Co-Chair: Hon. Dr. Naman Keita, Minister of Health, **Guinea**

Prof. Francisco Eduardo Campos, Ministry of Health, **Brazil** (10 mins)

Dr. Lucy Chen, Executive Director, Global Health Center, Beijing University, **China** (10 mins)

Dr. A. K. Shiva Kumar, Adviser to UNICEF and Member, National Advisory Council, **India** (10 mins)

Open discussion (30 min)