

Leaving no one behind vs. pushing people behind

How can we reach those in the back first?



10 - 22 MARCH 2024



General information & house rules



- Webinar recording
- Translation for captions:
Click on “Show captions” and select your preferred language
- Questions for the panellists in the ‘Q&A’ space
- General comments and discussion in the ‘Chat’ space
- Safe virtual space



How can we ensure that everyone has access to the healthcare that they need?

Key session question



Embracing
Intersectionality
for Health Equity
& Justice

Moderator & panellists



Moderator
Srushti Mahamuni
Advocacy & SRHR Advisor
Liliane Fonds



Speaker
Anna Marriott
Health Policy Manager
Oxfam



Speaker
Myria Koutsoumpa
Global Health Advocate
Wemos



Speaker
Susan Sabano
Disability Youth Council
Liliane Fonds

Session outline

01

Setting the scene

Poem: Nobody

02

Susan Sabano

Youth needs on disability inclusion in health systems

03

Myria Koutsoumpa

A financing story

04

Break

5 minutes

05

Anna Marriott

Sick Development: Why development funds to for-profit private hospitals is causing harm and should be stopped

06

Q&A

With the panellists

Setting the scene



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Youth needs on disability inclusion in health systems

Susan Sabano
Liliane Fonds

About me

Susan Sabano



A self advocate from Kampala
Uganda, with a disability known as
Cerebral Palsy



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Experience sharing



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Research: Breaking down barriers

To identify the barriers and challenges experienced by persons with disabilities when accessing family planning services.

To assess healthcare providers' perspectives on accommodating disabilities during contraceptive consultations.



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Findings

1

Lack of
accessibility

2

Negative
attitudes

3

Poverty and
financial
constraints

4

Low literacy

Findings

5

Religious beliefs and affiliation

6

Inadequate skills and knowledge

7

Survivors of violence face extra accessibility barriers

8

Lack of an intersectional lens

Recommendations

**Utilise the Intersectional
Score Card tool**

**Raise awareness and
increase accessibility
internally**

**Reduce gender-based
violence and sexual
harassment**

**Promote inclusion of
marginalised youth with
disabilities**

**Distribute condoms and
pads specifically to
adolescents**



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**Make an
inclusive
society for all!**

**MAKE
WAY»**

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Thank you!



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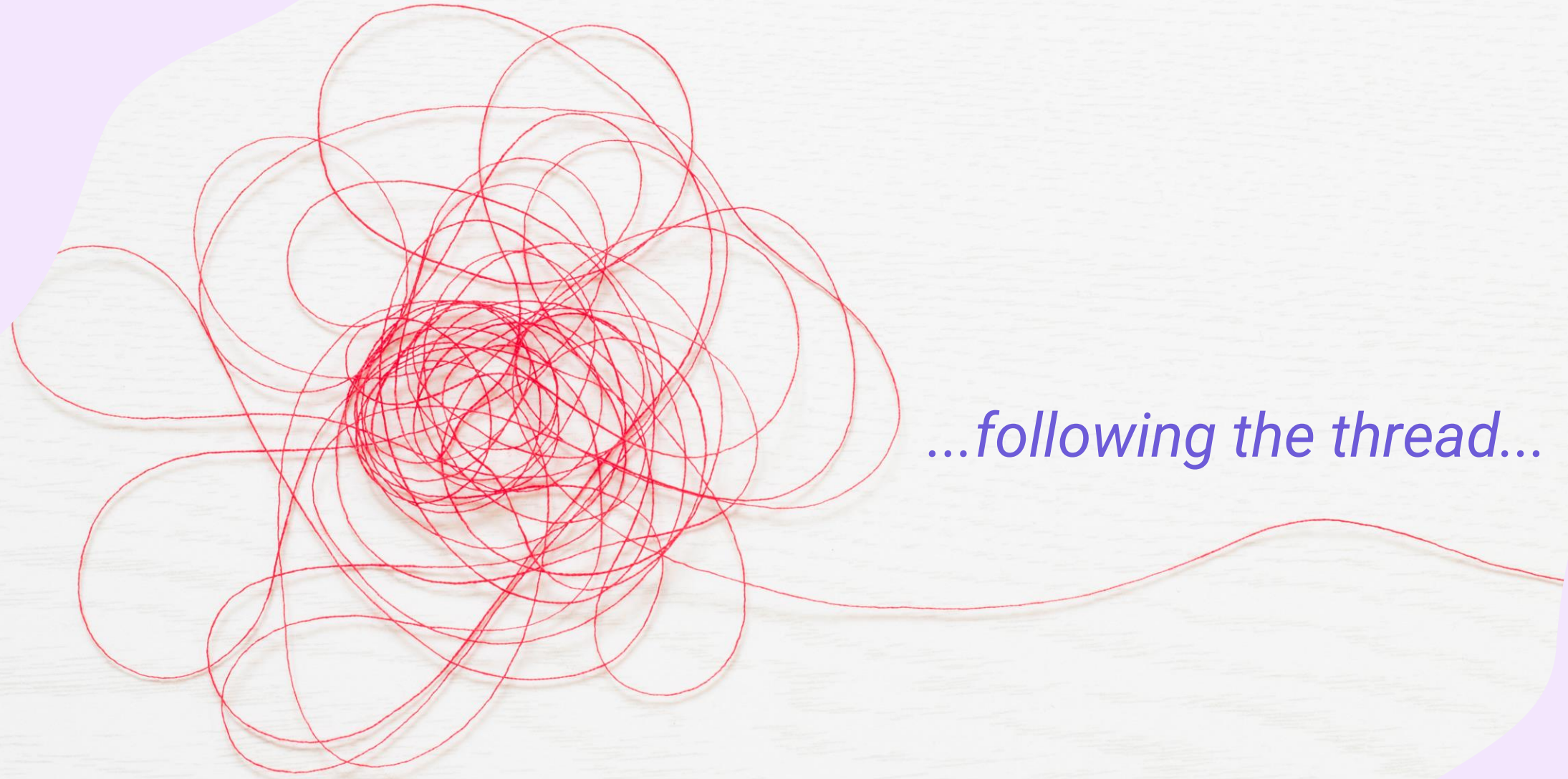
Visit: www.make-way.org

Stay in touch: susansabano@gmail.com

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A financing story

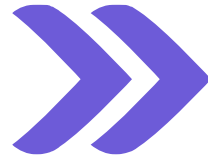
Myria Koutsoumpa
Wemos



...following the thread...



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The private-for-profit sector needs to play its part in solving the polycrisis that the world we live in faces today.

Almost everyone!



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But is a business model that is solely based on economic growth compatible with ensuring human rights for those most marginalised due to this very model?

Those of us who are concerned



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What is blended finance?

A **financial approach** that uses

(1) **public** funds to bring in (2) **private** investments

to raise more funds for development programmes.

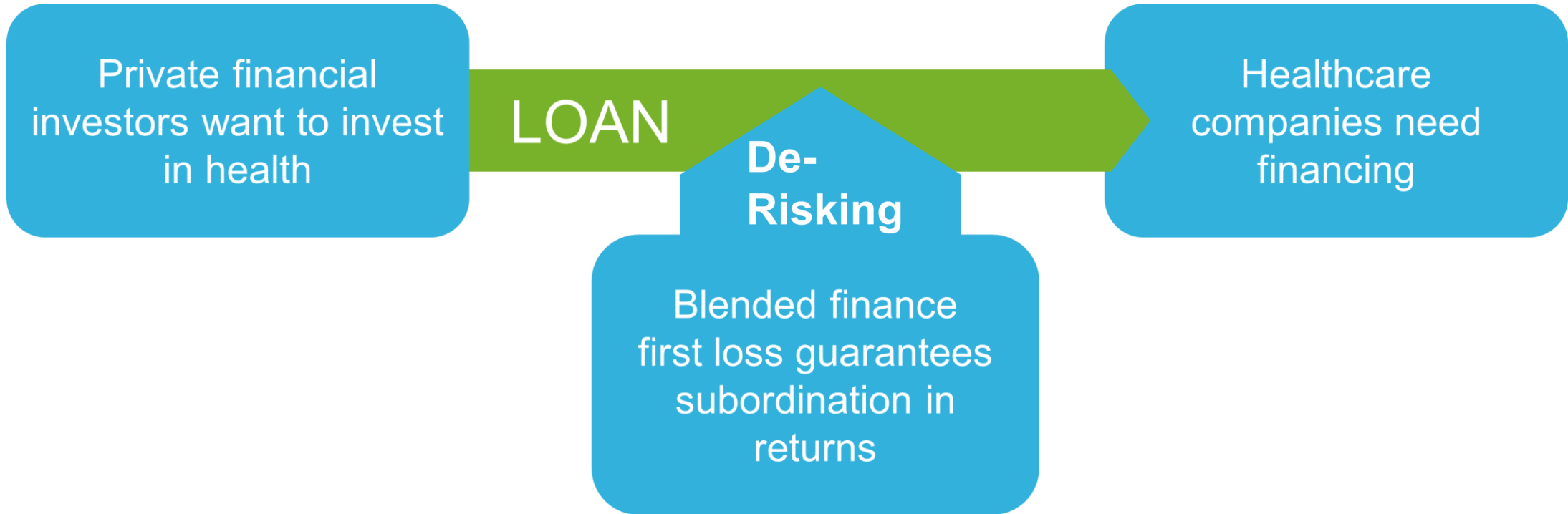


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How does it work?



How does it work?



But this brings in a profit motive →

Risk for unequitable results

Who are the actors in this?

Governments

Ministries (health, finance,
etc)
Health authorities

IFIs & GHIs

World Bank Group (incl. IFC)
Other development banks
Donors (multi-/bi-lateral)
GFF/Global Fund/Gavi

Private sector

Healthcare providers
Industries
Supply chains
Financial intermediaries



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The “Cascade”, or Private Sector-First approach



Case study example: GFF - IFC

GFF's mission

Protect the health of vulnerable groups



GFF & IFC

Co-invested in the Africa Medical Equipment Facility (AMEF) project



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Case study example: GFF - IFC

Does this collaboration contribute to increased healthcare access for the poor and UHC?



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Key findings

Yes...

It allows private facilities to access more financing to purchase equipment ...

It aims to finance affordable, HSME, especially at a PHC level ...

But...

... but the choice is limited, high-end and expensive.

... but what are considered as HSME by IFC standards are, in fact, medium-to-large healthcare providers when compared to Kenyan standards.

Key findings

Yes...

The willingness of the AMEF to work with more affordable manufacturers is positive ...

One of GFF's key areas of interest is to support the most disadvantaged populations and to close health inequality gaps ...

But...

... but so far only large international manufacturers have expressed interest. Not local/lower-cost.

... but AMEF's loans are unlikely to benefit small, low-end healthcare providers; and low-income populations access healthcare mainly through the public sector.

Conclusion

- Accessing health services in small public Primary Health Care (PHC) facilities
- Reproductive maternal, newborn, child and adolescent health (RMNCAH) services
- “Bankable” projects are big hospitals

RISK: Financing facilities focused on private healthcare could hamper progress towards health equity.



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What does all this mean for the healthcare sector?

Using development money to attract private investment in specific areas that are considered strategic for the health system.

This money could also be used to pay healthcare workers, build health centres, and buy medicines, so:



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Does blended finance contribute to equitable access to healthcare services?



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Other resources

- According to WHO guidance, private healthcare financing should not be encouraged, but regulated
WHO (2020). The health financing progress matrix.
- Equitable access to healthcare is not considered in the impact assessment
Wemos (2022). Improving healthcare, but for whom?
- Impact of private investment in health is more likely to reinforce inequality in access rather than not
BMJ (2023). Evaluating trends in private equity ownership and impacts on health outcomes, costs, and quality: systematic review.
- Numerous human rights violations from for-profit providers have been reported
Oxfam (2023), Sick Development.



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*Important to prioritize equity over economic viability when involving private-for-profit sector in health
And opt for a public-first approach!*



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Thank you!



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5-minute break



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Sick development

Why development funds to for-profit private hospitals is causing harm and should be stopped



Anna Marriott

'I'm financially killed; I'm psychologically damaged; my family life has collapsed...What else is there to fear?'
Eva, India



'We plead with the hospital to give us the body. We will never be able to pay the money no matter how long they keep it.'
Francisca, Kenya



We cannot achieve the World Bank Group's goals – ending extreme poverty and boosting shared prosperity – without much more funding for efforts that help the poor. And to meet the Sustainable Development Goals by 2030, countries need to scale up financing from billions to trillions of dollars.

Private finance is the largest resource to help fill this gap.

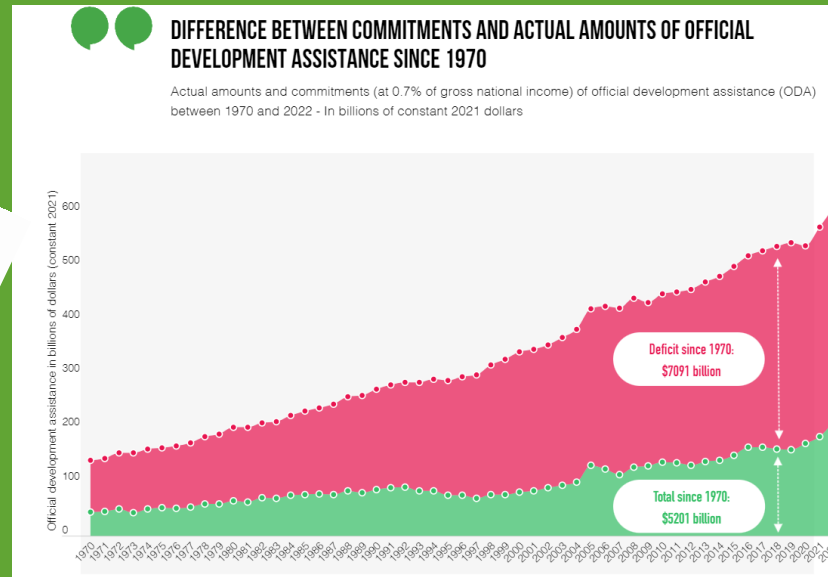


Big business' windfall profits rocket to "obscene" \$1 trillion a year amid cost-of-living crisis; Oxfam and ActionAid renew call for windfall taxes

Published: 6th July 2023

THE WEALTH OF THE 10 RICHEST HAS DOUBLED

WHILST THE INCOMES OF 99% OF HUMANITY ARE WORSE OFF DUE TO THE PANDEMIC



Blocked, bankrupted or imprisoned

- Patients imprisoned until bills were paid
- Patients entitled to free care, pushed into poverty
- Emergency medical care denied
- Pushed to have unnecessary treatment
- COVID-19 profiteering
- Expensive and out-of-reach



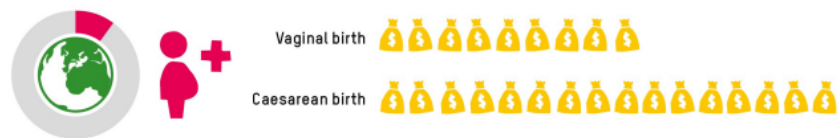
The cost of childbirth

AVERAGE COST OF GIVING BIRTH IN PRIVATE HOSPITALS FUNDED BY DEVELOPMENT FINANCE INSTITUTIONS

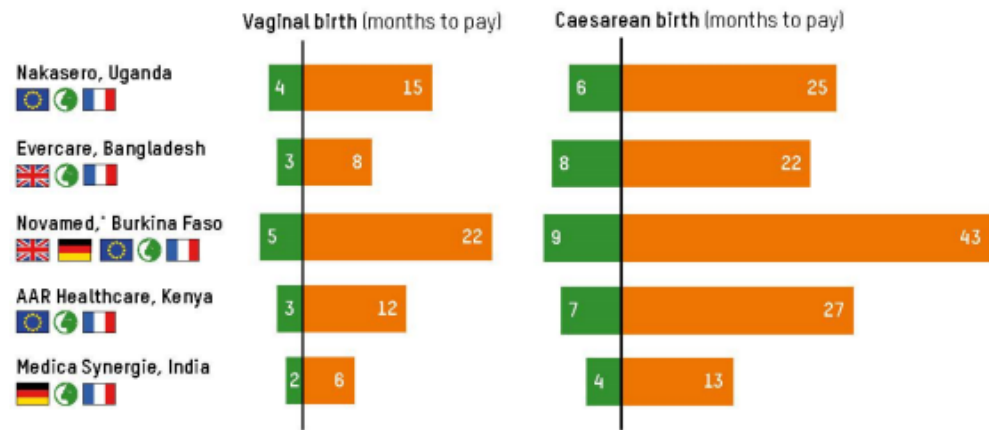
For the average earner in the **BOTTOM 40%** of the population



For the average earner in the **BOTTOM 10%** of the population



THE COST OF GIVING BIRTH AT SELECTED DFI-FUNDED HOSPITALS



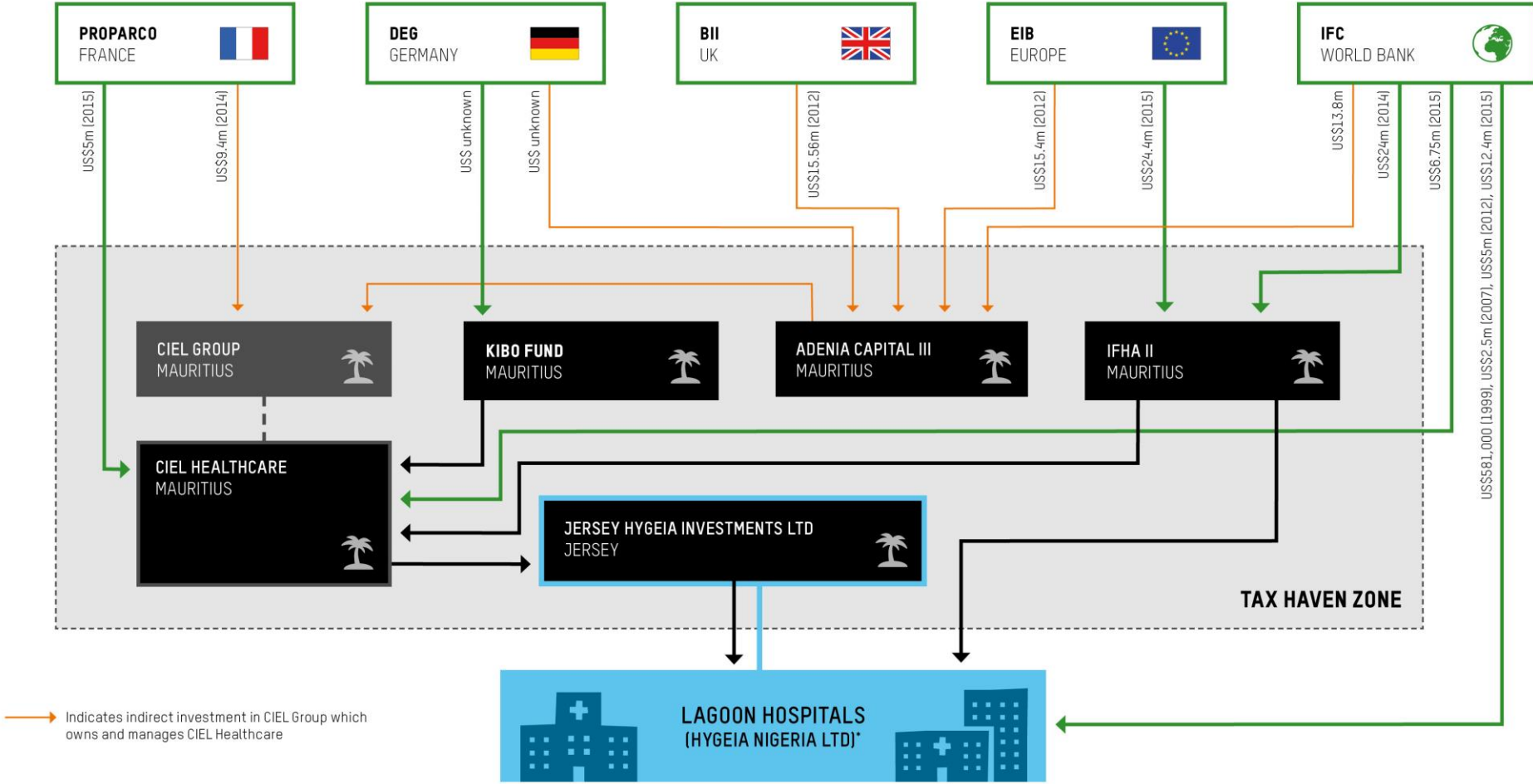
● Person on national average income
 ● Person on average income in bottom 50%

Funded by:

BII
 DEG
 EIB
 IFC
 PROPARCO

*Germany's DEG told Oxfam that this investment is not known to them. Information available indicates DEG is funding Novamed via its investment in private equity fund Euromena III.

DFI INVESTMENTS IN LAGOON HOSPITALS (HYGEIA)



*Hospitals managed by Hygeia, under the name Lagoon Hospitals, are located in some of the most exclusive commercial and residential districts of Lagos. The hospitals are unaffordable for most Nigerians.

Oxfam is calling on governments to:

- Stop all future direct and indirect funding to for-profit healthcare providers from development finance institutions.
- Urgently commission an independent and comprehensive evaluation of existing and historic DFI funding to for-profit healthcare providers.
- Take action to remedy any harms resulting from private healthcare investments including human and patient rights violations identified.
- Ensure robust regulation of private healthcare providers and hold them accountable.
- Invest in strengthening public healthcare systems that are equitable, universally accessible, gender-transformative and free at the point of use.

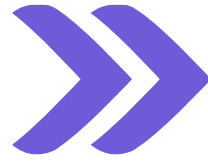


Thank you!



OXFAM

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Q&A



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Call-to-action



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