

CONCEPT NOTE

HEALTH FOR ALL

Background

Today's unprecedented circumstances related to COVID-19 convinced us that having good health is precious. It is expensive and might have spill-over effects to other issues. People keep wondering when we will get back to having a normal life and when will the vaccine be discovered. Many countries are trying to discover the vaccine to cure the disease. The collaboration tries to implement the principle of health for all, so there will not be any discrimination in receiving this vaccine.

According to the Article 25 of Universal Declaration for Human Rights, everyone has the right to a standard of living adequate for the health and well-being of himself and of his family. Many people might believe that it only covers access to health facilities. However, it also covers other aspects. For example, safe drinking water and adequate sanitation, safe food, adequate nutrition and housing, healthy working and environmental conditions, health-related education and information, gender equality (WHO, No Year).

To implement health for all, governments of all countries cannot work alone. They might collaborate with other stakeholders, including Social Enterprises (SEs). Although social enterprises face some challenges during this pandemic, they try to innovate various ways of initiatives. One of the SEs is Dompet Dhuafa, which is a member of Institute for Social Entrepreneurship in Asia (ISEA), established a network of social enterprise hospitals serving the poor along with its community-based primary healthcare centers. The organization has been in the forefront of providing free access to COVID-19 pre-screening, rapid testing and hospital care among the poor; building temporary care facilities to increase the capacity of their hospitals; and setting up handwashing stations in public places to support information and education campaigns preventing the spread of COVID-19. Dompet Dhuafa's hospital network is funded by a blended finance system. Likewise, DHAN Foundation, a reputed leading development organization in India working for poverty alleviation through addressing various development issues comprehensively where health is being given greater emphasis. The model of DHAN is built around social capital (people institutions) as demand stream to leverage the services and products from mainstream institutions to the vulnerable community. The complementary approach is being followed with government and other mainstream institutions for value addition and mutual support for ensuring access to the services.

It is common knowledge in the healthcare sector to use blended finance since there is a funding gap to achieve health SDGs in low and middle-income countries. The

combination of public and philanthropic resources to achieve the development goals might solve the problem. Dompert Dhuafa combines several sources of funding, such as investment, client money, government insurance (BPJS) and philanthropic funding. Dompert Dhuafa believes there are many SEs that do similar things. The SEs give healthcare services without discriminating against people based on their wealth. However, on the other hand, the SEs need to find out how they manage their cash flow and budget to survive and be sustainable. To understand more about SEs in the healthcare sector, Dompert Dhuafa will invite other SEs and organizations to learn together and create a platform named “Health for All”.

Overall Concept and Objectives

The Multi-Stakeholder Platform on Health for All shall build on existing initiatives of social enterprises in the region to ensure healthy lives and promote wellbeing for all at all ages. The platform is geared towards achieving universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality, and affordable essential medicines and vaccines for all through influencing policy and advocacy process. It also calls for the increasing the health financing and the recruitment, development, training and retention of the health workforce especially in developing countries as well as strengthening the capacity of developing countries for early detection and management of national and global health risks. The major emphasis on prevention, promotion and primary care may bring sustainable behavior change among the community for achieving health outcomes. Very importantly, community participation is critical in ensuring success and sustaining the initiatives. The community centered approach would yield the result on demand driven health systems and build the ownership on the initiatives.

The MSP shall have the following objectives:

- To serve as a platform for learning exchange and building a community of practice health for all initiatives and programs.
- To serve as cooperation platform among stakeholders to synergize and project their collaborative impact in ensuring healthy lives and promoting wellbeing for all at all ages.
- To serve as collaborative platform among health stakeholders to develop and advocate changes in government policy and programs in universal health care, health financing in areas of recruitment, development, training, and retention of healthcare workers, among others.
- To serve as collaborative platform among health stakeholders to develop partnerships and generate resources and support from the business sector, financial institutions, social investors, national governments and intergovernmental bodies to sustain and broaden the outreach and impact of the MSP as a means of implementation for the achievement of the SDG 3 on health and wellbeing.

Initial Plan of Action

On learning and exchange and building a Community of Practice on Health for All:

1. Share best practices in the healthcare sector with other organizations.
Based on the discussion on the SEs on the COVID-19 SERVE Asia Webinar, there are three common areas that the SEs on Healthcare have worked: Community-based healthcare program for healthy living promotion and diseases prevention, collaboration between healthcare stakeholders, and blended finance to cover healthcare expenses of the poor
2. Map out social enterprises that work in the healthcare sector and other stakeholders that can make the Health for All platform happen
3. Co-develop with ISEA and IdeaCorp the ICT infrastructure that is needed to support the MSP
4. Organize the COP in Asia
5. Engage stakeholders in the sub- plenary for Health for All in the SEAL Asia 2020 Conference.