

The Permanent Mission to the United Nations of France and Japan

New York, 24th April 2014

Key messages from the event “Universal Health Coverage: How to implement and measure it?”



The Permanent Missions to the United Nations of France and Japan, in collaboration with the Permanent Missions to the United Nations of Thailand, Benin and Chile co-organized an event on Universal Health Coverage (UHC). Panelists demonstrated the importance and feasibility of ensuring that everyone has access to primary health services without financial risk. This event focused on the implementation of UHC in

Thailand, Benin and Chile. Country representatives discussed how their countries expanded quality primary healthcare and developed sustainable financing models. The World Health Organization and the World Bank Group discussed the implementation and monitoring of UHC.



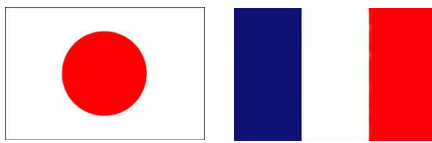
1 – There are a number of benefits to achieving Universal Health Coverage

- **UHC means access to quality health services for all, including health promotion and prevention, with no risk of impoverishment.** The definition was adopted by WHA resolutions in 2005¹ and 2011², and the General Assembly resolution on Global Health and Foreign Policy, adopted in December 2012³. Every year 100 million people are pushed under the poverty line worldwide because of health expenditures. In this regard, UHC contributes to the eradication of poverty. The presentation given by Thailand has shown that, in 2009, 3.97% of households were affected by health impoverishment. Without the implementation of UHC, the rate would have been 11.64%.
- **UHC contributes to economic growth** as a healthy population is a prerequisite for economic productivity and prosperity as shown by the Japanese example.
- **UHC is necessary to achieve the Millennium Development Goals on health and to carry forward effort in this field.** The World Bank showed that a global convergence in maternal and child mortality would be possible thanks to UHC. **Several panelists argued that UHC should therefore be integrated in the post-2015 development agenda.**

¹ WHA Resolution 58.33 (http://apps.who.int/iris/bitstream/10665/20383/1/WHA58_33-en.pdf?ua=1)

² WHA Resolution 64.9 (http://apps.who.int/gb/ebwha/pdf_files/WHA64/A64_R9-en.pdf)

³ General Assembly resolution A/67/L.36 (http://www.un.org/ga/search/view_doc.asp?symbol=A/67/L.36)



2 – Advancing towards Universal Health Coverage is a long term process

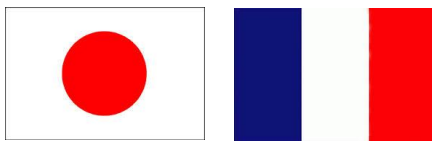
- Chile has started his path towards UHC in 1924, when the first social security system was established. From the beginning, Chile offered publicly subsidized coverage for those unable to pay. Chile was also a pioneer in the development of a national health service based on a countrywide network of public primary health care centers and hospitals. Positive outcomes are visible, but low and middle income households remain vulnerable.
- In Thailand, the first insurance system started in 1963. Health services were offered on an incremental basis and access to health has extended over time until completely achieving UHC in 2002. This example has shown that improving health systems requires time, as more infrastructure and trained staff are needed.
- The World Health Organization and World Bank Group presentations showed that even richer countries struggle to maintain and extend their level of service coverage. While there are different approaches and various steps to achieve UHC, the impact of learning from other countries is significant.

3 – Political involvement is essential to achieve Universal Health Coverage

- France insisted on the implementation of health systems at the national level thanks to a long-term political will. Offering universal, efficient and affordable health services has been advocated to be a State responsibility.
- There is substantial political will in Benin to implement UHC. The implementation of Benin insurance system (RAMU) has benefited from the strong commitment of the President and its government. An inter-ministerial technical committee has been created in 2008 to discuss the application of RAMU. In 2013, the first insurance cards were distributed to the population. Public hospitals have started signing agreements with the government in order to make the insurance system available everywhere.
- Chile's presentation has shown that political commitment was important in achieving UHC. The Chilean government reformed the national health system in 2005, aiming to translate the right to health into enforceable guarantees. The government established "explicit, enforceable guarantees" for 80 prioritized health issues.

4 – Educational effort, dialogue and cooperation lead to successful implementation of Universal Health Coverage

- Dialogue with the population is of key importance. A political campaign for UHC took place in Benin; different artists went on a tour in the most remote areas of Benin to promote UHC.
- The examples of Benin and Ghana show that transfer of knowledge between countries is essential. The President of Ghana traveled to Benin in order to explain the means of implementation of UHC as Ghana had implemented UHC earlier than Benin.
- Multilateral dialogue is also an important tool to achieve UHC. Initiatives like P4H "Providing for Health", created by France and Germany, and "The Joint Learning Process", are good platforms to provide technical assistance and exchange on good practices between countries that are committed to accelerate progress on UHC. France insisted on the importance for multilateral funds to focus on strengthening the implementation of national health systems through national political action.



5 – Financing Universal Health Coverage requires public spending involvement

- The experience of Chile, Thailand and Benin shows that a mandatory contribution of the beneficiaries who can afford to pay for health services is necessary to the success of UHC. In Benin, a contribution of \$2 per month and per person is required.
- The government's contribution is an essential input to pro-poor insurance systems. In Chile, 7.6% of total income is allocated to health; in Benin health expenditure reaches 15% of GDP; Thailand achieved UHC three years after the Asian Financial Crisis with a per capita GNI reaching USD 1,870.
- Local taxes as well as taxes on alcohol and tobacco have shown to be successful tools to finance UHC and to allow a sustainable financing health system.

Next steps

Based on this fruitful discussion, Japan and France are planning to keep the momentum and to organize an event focusing on **financing and social inclusion of UHC** later in June.

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