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Speech on Universal Health Coverage at:

‘Acting with Ambition: Accelerating Progress Toward UHC by 2030’

22 September 2016, 18:00 – Rockefeller Foundation, New York

Thank you for that introduction and for giving me the floor.

It is a pleasure to be here tonight to discuss how we can, and should, all work together to achieve Universal Health Coverage by 2030. We can all sense that there is growing political momentum towards this goal.

In no small part, this is thanks to the excellent leadership shown by our hosts tonight, the Rockefeller Foundation. They have helped engage a wide spectrum of stakeholders. And they fund crucial work at the grassroots and international level, which help transform debates into concrete plans of action.

My fellow Elders and I believe Universal Health Coverage will improve lives, protect human rights and empower women and girls. It represents the best way to achieve the wider health Sustainable Development Goal, set by world leaders here in New York exactly one year ago.

As we all know, clear and understandable definitions are crucial to agreeing our goals and measuring our progress. So what do we mean by UHC? Fundamentally, it is a health system that ensures everybody receives the health services they need without suffering financial hardship.

It is built on foundations of equity and rights. Everyone must be covered, with services allocated according to people’s needs and health systems financed according to people’s ability to pay.

Yet, currently, hundreds of millions of people are denied life-saving health services, or plunged into poverty because they are forced to pay unaffordable fees for their care. The burden is particularly felt by women, children and adolescents, who have high needs for healthcare but least access to financial resources.

This is a challenge, but it is not an insurmountable one.

Most high-income and some middle-income countries are close to achieving this goal while others are making rapid progress towards it.

For all countries to get there, it is vital that the right indicator is used to measure progress.

The Elders share the opinion of the WHO and the World Bank, and many experts and campaigners, that the indicator to be adopted by the UN Inter-Agency and Expert Group for Target 3.8 must address the issue of financial protection coverage, rather than looking at the number of people covered by health insurance. Insurance is not a measure or guarantee of financial risk protection. We are concerned that this kind of indicator for UHC could undermine measuring real progress.

This is why health financing reforms are so important. Countries must move away from private financing methods like user fees and private insurance, to a system based on taxation or compulsory social insurance that makes services free at the point of use.

Increasing domestic public financing is essential. Foreign aid alone is not sufficient or sustainable. Strong political leadership from the head of state or

government is therefore needed to raise domestic financing and deliver successful reforms, often in the face of opposition from vested interests.

Every Government should commit to spending at least 5% of GDP on health and to moving progressively towards this target. However, increased public financing for health is not enough. Governments need to ensure these resources are used efficiently and fairly to scale-up the supply of quality health services for everyone.

By its very name, UHC is a universal policy. But if it is to be implemented in a fair and equitable way, services must be allocated according to needs. The Elders therefore believe that women, girls and adolescents must be covered as a priority.

Through the Millennium Development Goals and then the SDGs, the world has already agreed that these are high priority groups for better health coverage. Improving child and maternal mortality rates also benefits society overall.

We therefore recommend that countries implement strategies that move swiftly towards full population coverage in an equitable way. The vital first step is to scale up primary health care services focussed on meeting the needs of women, girls and adolescents - and are free at the point of delivery.

We know that improving the health of a population generates other benefits to societies. It stimulates economic growth, facilitates educational gains, empowers women, reduces poverty and helps build social solidarity.

This comes back to the point that UHC is a fundamentally political issue - and one that requires courageous leadership.

Across the world, countries are realising that a free market in healthcare, with people buying and selling medical services like other commodities, will never result in UHC. In such a system, only the rich will receive adequate coverage and the poor and vulnerable will be excluded.

Success stories like Sri Lanka, Thailand and Rwanda show that, at all income levels, countries can make dramatic progress towards UHC relatively quickly and that this can deliver substantial health, economic and political benefits.

However a number of countries are lagging behind their peers and are either making slow progress or leaving vulnerable groups behind. What appears to be lacking in these countries is genuine political commitment to this crucial goal. It illustrates how civil society has a critical role to play to help generate the necessary political will.

The Elders' priority will be to help governments fully recognise the importance of reaching UHC in an equitable way. We hope leaders around the world will come to realise this represents one of the best investments of public financing and political capital they will ever make. Thank you for your attention.