**Panel Discussion on Universal Health Coverage**

DAFFA-ALLA ELHAG ALI OSMAN, Vice-President of the Economic and Social Council, said that, owing to extreme health expenditures, each year millions of people were driven below the poverty line. Universal health coverage aimed at ensuring that all people had access to nationally determined sets of basic health care services. Harnessing the power of science, technology and innovation could improve the functioning of health systems and the deliverability of medical care in all areas, including in rural and remote areas. The Economic and Social Council could serve as a platform for dialogue and for the promotion of partnerships, and was determined to continue to explore possible avenues to include universal health coverage in the discussions on the post-2015 development agenda.

SUWIT WIBULPOLPRASERT, Senior Advisor on Disease Control of the Ministry of Public Health of Thailand and Moderator, said that he had requested the panellists not to speak from pre-written tests. This session should link universal health coverage to technology and innovation. A simply questionnaire had been distributed to delegations to voluntarily fill in order to stimulate the discussion. Mr. Suwit said that people still wondered what universal coverage meant and, in this regard, asked Margaret Chan to speak on what it meant, whether it was good for the world, and how to achieve it.

MARGARET CHAN, Director-General of the World Health Organization, said that universal health coverage as a terminology could be operationalised in different ways in different countries, particularly if one believed in country leadership and ownership. Was it implementable? Universal health coverage had been implemented in many countries and they had succeeded in protecting their human capital to sustain their development. The World Health Organization believed health was wealth; poor health also drove people into poverty. Health care should be comprehensive and affordable and should not push people into poverty. So, how was universal coverage to be achieved? It was expensive but it was not necessary to be rich in order to start, it was an incremental process and home-grown solutions should be found. Different models and paces could be developed so the meaning of universal health coverage was in the hands of States. The World Health Organization was not here to tell States what to do but to facilitate and assist to ensure that the right services and financing mechanisms were available. Political commitment, investment, clear policy goals and tracking mechanisms were all necessary.

SUWIT WIBULPOLPRASERT, Senior Advisor on Disease Control of the Ministry of Public Health of Thailand and Moderator, recalled that during a side event it had been asked whether health should be a human right to accelerate commitment to universal health coverage and Mr. Suwit asked Ms. Chan whether in her view the right to health was a human right; whether prevention was as important as care; and to elaborate on her views on user fees as a means of financing health care.

MARGARET CHAN, Director General of the World Health Organization, said that in her view the right to health should be considered as a human right and stressed that prevention was as important as care and intrinsically good. Why should States want their citizens to fall ill? Concerning the impact of addressing health as part of fulfilling development goals, Ms. Chan emphasized that over 100 million people were pushed into poverty to pay for healthcare so universal health coverage needed to involve the dimension of financing in order that individuals did not bear most of the financial burden. User fees should not be the only

mechanisms to fund health care and the right balance should be sought so that user fees did not push families into poverty.

TIMOTHY G. EVANS, Director of Health, Nutrition and Population at the World Bank, said that many of the structural changes which had taken place in the 1980s with respect to the economy had had an unfortunate impact on the health sector, and the results of that showed in today's bank policy with respect to financing health. Healthcare financing should be more equitable to make sure that everyone had access to efficient healthcare. Financing the health system required strong political will and technical know-how. Every country needed to identify its own path, as there was no one-size-fits-all solution that could be applied in every case. Tax-based financing supplemented by indirect taxation of alcohol and tobacco was much more efficient than a pay-as-you go system, which was both inequitable and inefficient. Most low- and middle-income countries still saw their economy growing, and the health economy was growing even faster than the overall economy in every country of the world. The question to consider was whether that growth was an equitable and efficient growth of the health economy.

SUWIT WIBULPOLPRASERT, Senior Advisor on Disease Control, Ministry of Public Health, Thailand and discussion moderator, asked how the private sector could help States invest in the most cost-effective way.

FLORENCE GAUDRY-PERKINS, International Director of Global Government and Public Affairs of Alcatel-Lucent, said the world had become very aware of the impact that mobile phone technology could have on the enjoyment of health, as it had become a pervasive technology with significant capabilities. Access to health, particularly in rural zones, remained a challenge and mobile health and technology could contribute to address this challenge. Simple services were needed like patient education and adherence, making sure that medicine stocks was available, or assisting in health workers training, data collection and other applications. In developed countries, mobile health solutions could contribute to savings and within the information and communication sector this had been known for some time and the health sector was starting to catch up. Concerning the private sector and the evolution of partnerships, they were seeing the beginning of a new era and ideas of merging the notions of profit and social value. This would mean that an investment decision would not be based only on profit but on whether it carried social value and, while not pervasive everywhere, it was the beginning of a movement. For example, a non-governmental organization (NGO) in Africa which had had a huge success in adding e-learning into their programmes but very few of their students had access to computers so the NGO figured that their personal mobile devices could be used to provide training and had sought assistance from Alcatel-Lucent.

SUWIT WIBULPOLPRASERT, Senior Advisor on Disease Control of the Ministry of Public Health of Thailand and Moderator, said that efficiency and innovation was wanted from the private sector, but one that was also public-minded. Turning to Ali Gofran Mukti, Vice Minister of Health of Indonesia, Mr. Suwit asked if they were going to achieve universal health coverage, how were they intending to achieve it and whether they had the sufficient resources.

ALI GOFRAN MUKTI, Vice Minister of Health of Indonesia, said that since 2005 Indonesia had been focusing on providing healthcare coverage to the poorest in the country.

Approximately 2.3 per cent of its Gross Domestic Product was spent on healthcare coverage, but the amount invested in that area was constantly increasing. The Government alone could not proceed with this without the contribution of the private sector. Despite difficulties, Indonesia remained optimistic that it would achieve universal coverage by 2019 and, to that end, it had established many schemes. The political commitment was already there and a plan was in place to achieve that goal. Costs were expected to escalate, so the engagement of the private sector was crucial in that regard. Indonesia was also developing a unified database, which would give the Government all the necessary information about the country's population and would allow it to attend to the needs of the bottom 40 per cent income-earners in a more targeted manner. The database, therefore, would be used for poverty alleviation. Health providers in the country were private but the healthcare costs were controlled and subsidized by the State, so the highest quality healthcare was provided to citizens at the lowest possible cost.

SUWIT WIBULPOLPRASERT, Senior Advisor on Disease Control of the Ministry of Public Health of Thailand and Moderator, noted the multiple references to the private sector in health delivery, an area on which there could be disagreement. As Ms. Chan had suggested, different countries had different modalities of health delivery. In Japan, 80 per cent of the health services were privately provided, yet they cid not go bankrupt. Countries should learn from each other concerning how to address challenges of health service delivery. Mr. Suwit invited France to share information about their universal coverage system and how they intended to address financial pressures.

PHILIPPE MEUNIER, Ambassador for the fight against HIV/AIDS and communicable diseases of France, said that this diversity in the panel was a success of the joint work of the group on diplomacy and health. It seemed there was still some hesitation and it was time to move beyond; an historical parallel could be drawn to 2001 when in discussions in the General Assembly there had been significant opposition to efforts to increase access to medication for patients with HIV/AIDS since access to treatment was perceived as being too expensive and unjustified. Now, particularly after the progress made in these fields and the efforts of a number of stakeholders, they should no longer be so cautious regarding innovation. Universal health coverage went beyond the subject of health itself and was a major subject within sustainable development. The eradication of extreme poverty, an important development objective, would not be achievable without the establishment of universal health coverage. Financing for health care was an important aspect and innovative arrangements should be sought.

SANIA NISHTAR, President and Founder of Heartlife, speaking through video conference, welcomed the diversity of views on health coverage expressed by panelists and stressed that the approach to universal health coverage should be decided on a country by country basis. A range of financial approaches and different entry points were needed, and the World Health Organization should provide technical input and guidelines to countries. Approaches had to be locally grounded and built on an astute understanding of the local environment. One of the difficulties was that sustained political commitment was required for universal health coverage. The right to health should be enshrined in the constitution of each country and citizens should be aware of their rights, otherwise there would be no pressure on governments to take action. The necessary resources and technical capacity should also be in place if the goal of universal health coverage were to be achieved. Ms. Nishtar said that a high-level instrument or framework, such as a global convention, was

needed so as to signal to countries that the universal health coverage issue should be treated on a permanent, long-term basis.

SUWIT WIBULPOLPRASERT, Senior Advisor on Disease Control of the Ministry of Public Health of Thailand and Moderator, coming back to the role of the private sector, noted a movement toward information and communication technology and the need to increase access to essential health technologies, to stimulate research and development, and to allow people to access them. How could industry and business move to business models that would allow for greater access? He asked Ms. Chan to elaborate on the prospects for the future.

MARGARET CHAN, Director General of the World Health Organization, said incentives should be provided for innovation, research and development. No major break-through in health care delivery, such as the introduction of vaccines, had taken place without innovation. On the other hand, innovation was becoming so expensive that it was inaccessible for most people and that was also a problem. The Global Fund, the GAVI Alliance and the TB drug facility all aimed at addressing this situation. The World Health Organization, the World Intellectual Property Organization and the World Trade Organization had looked at the intersection and thought of new business models to ensure that developing countries would not have to wait for decades to have access to innovations. Social value mechanisms should be found in order to find solutions; otherwise, the inequity between and within countries was growing too wide and posed a threat for security and social stability.

Mexico said that the right to health was enshrined in its Constitution, and that it was approaching the matter from an individual-centre perspective. Mexico's achievements in the health sector included a reduction of infant mortality and extensive health coverage of its population in terms of both primary and secondary health care. Turkey said that it had recently hosted with success the Universal Health Coverage Conference. Turkey had introduced many changes into its health system, constantly working towards universal health coverage, and was keen to share examples of best practices with other countries. Japan said that universal health coverage should be treated as a priority issue in the post-2015 development agenda because it was key to advancing economic and social development. Japan had established an efficient and affordable national healthcare system.

TIMOTHY G. EVANS, Director of Health, Nutrition and Population, World Bank, asked what options were available to provide coverage to those large parts of the population in the informal economy. Mechanisms to ensure their protection did not flow naturally from the traditional instruments which had characterised the Organization for Economic Co-operation and Development countries. It was important to ask questions about the options available and the public sector was trying to enfranchise these groups through different instruments. Government-led efforts were trying to target the most vulnerable, but in most cases this was only a fraction of the population. The work of Dr. Nishtar regarding catastrophic medical expenses was very interesting as it included different mechanisms, such as philanthropy, a system of low-interest loans, among others, but much more innovation was needed.

SUWIT WIBULPOLPRASERT, Senior Advisor on Disease Control of the Ministry of Public Health of Thailand and Moderator, following up on the question of innovation to reach out to people in the informal economy, underlined that additional sharing of experiences and

technical support would be necessary and international organizations, for example, had a role to play in this regard.

MARGARET CHAN, Director-General of the World Health Organization, said that the informal sector was very important and that more work was needed to promote cooperation and experience-sharing. She said that difficulties with identifying a large portion of the population posed a problem when it came to providing universal health coverage. A social agenda for change was necessary regardless of electoral policy and changing governments. It was the high-income countries which appeared to be more hesitant than the middle-income countries when it came to promoting universal health coverage, because they had made excessive promises which they could not fulfill. Concerning the private sector, she said that the bottom line was profit but corporate responsibility was also very important.

ALI GHUFRON MUKTI, Vice-Minister of Health of Indonesia, reiterated the importance of identifying the number of people in the informal economy. In Indonesia, a large percentage of people in the informal sector was covered. A lot still had to be dealt with, including access to people in the informal sector and whether this should be covered by the Government or whether a premium should be paid. One of the problems was that the collection mechanisms for the payment of premiums were often expensive. Among the challenges, in a democratic setting, was finding a consensus on health and other public policies; international organizations should provide technical assistance but national leadership and political commitment were also essential.

European Union said that “solidarity”, “equitable” and “universal” were the three key words which should be at the heart of universal health coverage, which, in turn, was crucial for the enjoyment of the right to health. The European Union believed that good health was central to maintaining an adequate standard of living.

Sierra Leone said that health was a human right and universal health coverage was a good way of ensuring that the human right to health received attention in every country. Providing accessible health care was an important first step to approaching universal health coverage. Brazil said that there were different interpretations of universal health coverage. Brazil believed that the enjoyment of the right to health required free health care at the primary, secondary and tertiary level. The Council should look at ways of strengthening health systems, which would facilitate universal health coverage.

SUWIT WIBULPOLPRASERT, Senior Advisor on Disease Control of the Ministry of Public Health of Thailand and Moderator, responding to the comments made by Brazil, turn to Ms. Nishtar to ask whether she believed that a declaration to this end would do instead of a convention, as she had originally proposed.

SANIA NISHTAR, President and Founder of Heartfile, said that countries now had to decide. A declaration could be a powerful instrument and an agreement on what needed to happen at the General Assembly could be the prerogative of countries to find consensus on. There was an appetite at the level of key policymakers to do something in the interest of the people but they did not always know what the right instrument should be. Sometimes somebody at a higher level than the Health Minister should be involved.

MARGARET CHAN, Director General of the World Health Organization, recalled that at the General Assembly last December, a group of countries had done the impossible and

adopted a unanimous resolution and it was not necessary to waste time negotiating a convention which would take a number of years. Action should be taken to remind leaders about the importance of universal health coverage.

United States said that it agreed on the necessity for homegrown solutions but also pointed out that there were key principles which should be taken into consideration. Country financing structures needed to be more sensitive to the needs of vulnerable populations so that universal health coverage could be truly universal. Ghana said that it considered universal health coverage to be a critical component of its development goals and had broadened significantly the coverage of its national insurance scheme over the past 10 years. Ghana said that the institutional framework was an issue which needed to be given consideration.

Venezuela said that for several decades it had been developing policies to ensure the right to health for all, including health prevention and cure. How could the world put more pressure on developed countries to meet their responsibilities with regard to promoting the right to health?

Colombia said that it was important to establish an indicator to include those aspects which had not been reached by the development goals; concerning universal coverage, everyone should receive health care, irrespective if delivery was public or private. Innovation across a wide range of issues was crucial to address health delivery. Thailand strongly supported universal health coverage as a goal in the post-2015 development agenda. The new set of goals should also help to promote equity and a rights-based approach to development; universal health coverage was one way of achieving both. Could universal coverage accommodate other health concerns?

SUWIT WIBULPOLPRASERT, Senior Advisor on Disease Control of the Ministry of Public Health of Thailand and Moderator, following up on the question posed by Thailand, said that if universal health coverage was to be set up as a target, it was important to determine how it should be defined and measured.

TIMOTHY G. EVANS, Director of Health, Nutrition and Population, World Bank, said that the measuring of universal health coverage did matter. The World Bank was looking into ways of measuring and was also considering establishing a composite index. One dimension which should be measured was financial protection. There were important measures on service coverage which should also be taken into account. The benefit of the composite index was that it could be decomposed, which would give a more accurate idea of the situation in each country.

MARGARET CHAN, Director-General of the World Health Organization, responding to the questions raised by Colombia and Thailand, said that universal coverage was indeed inclusive and could be measured. Concerning the financial dimensions, it was important to protect people from sliding into poverty or facing catastrophic expenses in health emergencies. Also considering the service delivery there was an important link to millennium goals 5 and 6; and given that the post-2015 goals were not focused only on poor countries, the creation of metrics for financial protection and service coverage would be very important. Country leadership and ownership in the development of these metrics was also important so that they would meet their specific needs and concerns.

SANIA NISHTAR, President and Founder of Heartlife, said that science and technology were seen as very different from health in many countries. On the other hand, many of the technology-related applications which the science sector produced were relevant to the health sector, so it was essential to find ways of bridging the divide between technology and health.

PHILIPPE MEUNIER, Ambassador for the fight against HIV/AIDS and communicable diseases, France, said that it was important to publicize efforts to promote universal health coverage and to develop expertise, which was at the heart of achieving sustainable development.

FLORENCE GAUDRY-PERKINS, International Director of Global Government and Public Affairs of Alcatel-Lucent, said that innovation and technology could make a big difference but it should be associated with social innovation. It was important to address social models and get the health sector more involved in accelerating the use of technology, through tools and incentives for this to happen. Ms. Gaudry-Perkins commended the International Telecommunication Union and the World Health Organization for signing a partnership on non-communicable diseases.

ALI GHUFRON MUKTI, Vice Minister of Health of Indonesia, said that universal access to healthcare was not only the responsibility of the Ministry of Health. The most important issue was effective universal health coverage, which meant a significant impact on health outcomes. With regards to the measurement, Mr. Mukti proposed that it covered not only service coverage and financial protection but the percentage of people covered as well. The same resources should address prevention and the promotion of good health and not only care for those already ill.

TIMOTHY G. EVANS, Director of Health, Nutrition and Population, World Bank, said that the direction of science and technology needed to be more value-based and that science was moving beyond traditional research and development and more into the social innovation field. The World Bank was keen to promote cost-effective solutions not only in terms of universal health coverage but in other areas too. In an interconnected and interdependent world, innovation at the global level was very important for efforts made at the domestic level.

MARGARET CHAN, Director-General of the World Health Organization, said that regarding the importance of social innovation there was an interesting book about Finland. Often innovation was thought of as sophisticated science and research and development. In this context, Ms. Chan drew attention to the World Health Report 2013 and its emphasis on research for universal coverage and documented a number of innovative ideas for delivery from different regions. The future of health care should be people centred, integrated and based on primary health care and prevention.