PLENARY 1:

Universal Health Coverage: Utopia or Mirage to Human Development?

Session rapporteur team:
- Raoul Bermejo III
- Lara Brearley
- Passawee Tapasanan

Moderator: Toomas Palu, Sector Manager, Health Nutrition and Population, East Asia and Pacific Region, The World Bank, Thailand
Panel:
- Fran Baum, Director, Southgate Institute and SACHRU, Flinders University, Australia
- Daniel Cotlear, Lead Economist, The World Bank
- Carissa Etienne, Asst. DG, Health Systems and Services, WHO
- Peter Anyang Nyong'O, Minister, Ministry of Medical Services, Kenya
- Keizo Takemi, Political Science Professor, Campaigner for Global Health
- Tien Nguyen Thi Kim, Minister of Health, Vietnam

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SUMMARY

This session convened a range of experts to discuss whether universal health coverage (UHC) is a utopian ideal or a mirage. The moderator defined utopia as a something that we conjure in our minds, and a mirage as something on the horizon, which disappears or changes form as we move closer. The question for this session was: to what extent can UHC be a reality?

The overall message was that UHC is neither a utopian ideal nor a mirage: it is a viable goal, albeit one that is difficult to achieve. Daniel Cotlear drew on the experience of ten years of UHC in Thailand, and fifty years in Japan, which demonstrate that it can be equitably attained and fiscally sustained. The rapid rise of health costs have led to fiscal problems which foster doubt about the fiscal sustainability of health – a conversation that is happening now at Davos. Having said that, Cotlear agreed that UHC is viable, so long as it is "done well and done carefully". Quoting Carissa Etienne, "Is it utopia? Look into the eyes of the one billion who do not have access to health care and tell them it is utopia".

The 2010 World Health Report asserts that every country, regardless of its income level, can do something to improve universal coverage. It identifies three ways in which this must happen: 1. raising sufficient revenues (domestic and global); 2. removing financial barriers – "without doubt there is a need to reduce and eliminate direct out-of-pocket payments" (Etienne); and 3. Increasing the efficiency and equity of resource use. Whether UHC should be on the post-2015 agenda was briefly raised, as Etienne referred to Rio+20 as an opportunity to show that UHC can be achieved. "Yes we can" she enthused.

Strong statements were made in support of the progressive realization of UHC, as a human right and an issue of justice. Quoting Carissa Etienne: "Every individual has a right to access services without fear of impoverishment". UHC also reflects the principles enshrined in the WHO Constitution. This agenda revives the messages of Alma Ata, emphasizing rights, equity and solidarity as the formative principles of any health system.

The panel agreed on the wider importance of UHC, not just for health, but as a contributing factor to social and economic development. As Cotlear said, UHC "can precipitate a virtuous cycle" enabling communities to move faster towards equitable growth. This investment into human capital, bringing positive impacts on health, financial protection and well-being, "is development in itself", said Cotlear. Quoting Etienne, "[UHC contributes] to community and national development, harmony, peace and security."

It was also agreed that political will is imperative for UHC, yet achieving this can be a challenge. There was consensus that civil society is a part of the solution to this problem. Strong, organized and vocal civil society has the power to create and sustain political momentum. Progress in the past has usually been in response to a social movement. As said by Honorable Minister Nyong'O, "it has to come from the people". There was also a call for a global advocacy movement: "we need global solidarity" reaffirmed Takemi.

Legal frameworks can also help to create a conducive environment to achieving UHC, as in Vietnam. Yet in Kenya, resistance from the powerful private sector lobby prevented the President from signing the law enshrining UHC in 2005.

As Takemi explained, another challenge to achieving political will is the current financial crisis. Whilst Ministers of Health are on our side, the challenge is to convince the global finance community to see UHC as a major development agenda. Honorable Minister Nyong'O said that in African nations, health – unlike education – is still not perceived as a driver of economic growth at the national level.

To achieve UHC, the health budget will inevitably increase, said Takemi. Resources should be raised through traditional and innovative means. Donors must increase ODA but in the current climate we must push for domestic resource allocation. Etienne reminded us of the Abuja commitment and the potential $15 billion it could raise for health in 49 LICs. Political commitment to UHC will help to facilitate this.

Yet there is a real need for Ministries of Finance to prioritise UHC. Takemi shared information of the recent partnership between the World Bank and the Japanese Government to identify realistic and pragmatic lessons for low- and middle-income countries. He said that the Annual Meetings in Tokyo this October will be an opportunity to appeal to financial leadership, inviting ideas as to how this can best be done. He also said that solidarity, networking and public-private partnerships are key to addressing this type of challenge. Cotlear added that Ministries of Finance may understand the energy and potential benefits of UHC, but are concerned about how to manage the fiscal risk.

Bringing a different perspective, Fran Baum stated that the world has enough resources, but what is needed is solidarity – in a different form. Progressive taxation is a massive untapped resource, and effective taxation of corporations would generate substantial funding. We need accountability and regulation. Quoting Mahatma Gandhi: "There is enough for everyone's need, but not for everyone's greed".

The panel discussed how there is no blueprint for how to achieve UHC. In the 2010 World Health Report and the related World Health Assembly resolution (2011), the absence of targets was a deliberate decision. Every country is starting from a different place, and each must embark on its own journey to progressively achieve UHC. As Cotlear said, many countries are opting for hybrid models. He added that this approach was practical and pragmatic responding to an assessment of where the country is starting from: "incrementally adding funds for health through general tax without dismantling social health insurance that depends on payroll taxes". The honorable Minister from Vietnam agreed that government allocations should increase year-by-year to help cover the informal sector, and sin taxes were an opportunity flagged by the Minister of Kenya.

Nevertheless, some clear recommendations were made. Various speakers referred to the importance of strengthened systems. Baum emphasized the role of public financing and comprehensive primary health care rather than a set of vertical systems, repeating the slogan of the UK NHS: “from the cradle to the grave”. Community involvement in the management of health services is an important principle, giving the example of grass-roots organizations who control their own care being best placed to identify the right types of care their community needs, the balance of services and how to ration care. Baum said that a publicly funded system can coordinate care best. Comparing Costa Rica with the USA – where per capita expenditure is 10 times higher, yet life expectancy shorter - she said, “privatized health care is not good for people’s health”. Etienne also asserted the need for public stewardship and regulation of the private sector. Baum added that UHC cannot be achieved without addressing the social determinants of health and the upstream causes of ill-health.

Political stewardship is also essential for health in all policies. Baum explained how health for all is not about profit, warning that increasingly corporations attain profits from a population’s sickness. She urged governments to address power imbalances, and to look at trade as a public health issue. Baum referred to the role of large corporations in the rise of NCDs, and the related profits that are being made at the expense of health. There has been a growing movement of people who question corporate greed – referring to occupy Wall Street, and we can read more about this in the Global Health Watch III. These issues all underpin the question of health for all.

Some of the challenges faced in trying to implement UHC were shared. In Vietnam, these include how to cover the informal sector, how to reduce out-of-pocket payments, how to manage the tension between low premiums and an effective benefit package, and how to bring the price of drugs down. In Kenya, we heard that the power of the private sector lobby prevented the President from enshrining UHC in the Constitution. Another challenge in Kenya is to manage the costs of chronic care for NCDs, and lessons must be learnt from Thailand and Mexico. Questions were asked about how to detect the poor, to which Cotlear said that better systems now exist for doing this. Another issue raised was the questioning of a targeted or universal scheme. While part of the objective of UHC is to reach the poor and improve equity, Cotlear explained that the first to benefit from an expanded package might be the better-off, which can exacerbate equity. He said that we don’t yet know how to ensure a progressive outcome, and he referred to the UNICO project, in partnership with Japan, which seeks to answer these questions; the findings of which will be shared at the World Bank Annual Meetings.