

# Universal Health Coverage: we believe and we commit

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## Abstract

The Prince Mahidol Award Conference 2012 was held in Bangkok, Thailand during 24-28 January 2012 with the theme of “Moving towards universal health coverage: health financing matters”. The Conference highlighted the importance of Universal Health Coverage (UHC) as one of the most effective instruments that ensures human security and improves human development as well as fosters the concept of all people’s rights to health care service. The Conference demonstrated that UHC was achievable in many countries i.e., Japan, Thailand and others. It also highlighted equitable health systems financing and other components of health system such as human resources, information system and other equally important factors such as political commitment, government competency or civil society participation that support the health system to achieve UHC. Last but not least, the Conference went successfully with the hope to accelerate the movement towards UHC at the country level.

*Keywords: Universal Health Coverage, health financing, Prince Mahidol Award Conference*

## บทคัดย่อ

**ประกันสุขภาพถ้วนหน้า: เราเชื่อและเรามุ่งมั่น**

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การประชุมนานาชาติรางวัลสมเด็จพระเจ้าฟ้ามหิดล พ.ศ. ๒๕๕๕ จัดขึ้นระหว่างวันที่ ๒๔-๒๘ มกราคม ๒๕๕๕ ณ โรงแรมเซนทารา แกรนด์ กรุงเทพมหานคร ภายใต้หัวข้อ “ก้าวสู่หลักประกันสุขภาพถ้วนหน้า เร่งพัฒนาระบบการเงินการคลังด้านสุขภาพ” หรือ “Moving towards universal health coverage: health financing matters” การประชุมชี้ให้เห็นถึงความสำคัญของการสร้างหลักประกันสุขภาพถ้วนหน้าว่าเป็นเครื่องมือหนึ่งสำหรับการพัฒนาทรัพยากรมนุษย์และการสร้างความมั่นคงให้กับประชาชน หลักประกันสุขภาพถ้วนหน้ายังเป็นการเน้นย้ำหลักการของสิทธิขั้นพื้นฐานด้านการเข้าถึงระบบบริการสุขภาพของประชาชน การประชุมแสดงให้เห็นว่า หลักประกันสุขภาพถ้วนหน้านั้นสามารถเป็นไปได้จริง ดังเช่น ตัวอย่างของประเทศญี่ปุ่น ประเทศไทย เป็นต้น นอกจากนี้ การประชุมยังได้บ่งชี้ว่าการจะบรรลุหลักประกันสุขภาพถ้วนหน้าได้นั้น จำเป็นต้องมีปัจจัยหลายด้านประกอบกันทั้งปัจจัยภายในและภายนอกกระบวนสาธารณสุข เช่น การเงินการคลังด้านสุขภาพที่อยู่บนพื้นฐานความเป็นธรรม บุคลากรสาธารณสุข ระบบข้อมูลข่าวสาร ความมุ่งมั่นเอาจริงเอาจังของภาคการเมือง ความตั้งใจของภาครัฐ และการมีส่วนร่วมจากภาคประชาชน โดยหวังว่าการประชุมที่จัดขึ้นนี้จะเป็นตัวกระตุ้นให้แต่ละประเทศมุ่งหน้าพัฒนาระบบของตนเองเพื่อให้บรรลุหลักประกันสุขภาพถ้วนหน้าได้เร็วขึ้น

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**Main content:**

**“M**oving towards universal health coverage: health financing matters” is the theme of the Prince Mahidol Award Conference which was held in Bangkok, Thailand during 24-28 January 2012<sup>(1)</sup>. The Conference started with the video presentation by several key global leaders, including UN Secretary General Ban Ki-moon, Prime Ministers of Thailand and Japan and President of Rockefeller Foundation demonstrating “*they not only believe in Universal Health Coverage (UHC) but firmly committed to move towards*”. The video can be found at <http://www.pmaconference.mahidol.ac.th>. UHC is one of the most effective instruments to ensure human security and to improve human development. It is encouraged that solutions exist for every country, rich or poor, to take immediate steps towards UHC and if we all join together we can achieve better health for people.

A total of five plenary sessions and eighteen parallel sessions consistently discuss country and international partners’ experiences on advancing UHC agenda. UHC fosters the concept of people’s rights to health care service. Achieving this basic right is possible by, among other things, developing, managing and promoting effective health financing systems on the basis of equity and solidarity. It is also essential that health delivery systems are adequate and responsive in catering health needs of the population. In achieving UHC, health financing and other components of health systems such as health delivery, human resources, and information systems are equally important. In addition, other non-health sectors such as education, transport and communication are equally

important in facilitating access to health care. Political commitment with adequate financing and sustainability of funding for health is required. Also, institutional arrangement and good governance systems in managing UHC are no less important than civil society participation.

The Conference clearly demonstrated that achieving UHC is possible looking at examples of Japan where UHC has been achieved for 50 years and Thailand’s 10 years Universal Health Coverage Scheme achievement. Thailand achieved UHC when its income was 1,900 USD per capita, a lower middle income status. This indicates that a country does not need to be rich to achieve UHC. Many countries are in different stage of development applying several means to achieve UHC for example, hybrid between Bismarck and Beveridge models; protecting the poor as the highest priority in limited resources countries or voluntary insurance scheme such as community based health insurance scheme as a transitional measures. The conference saw that measuring outcome and impact of UHC such as population coverage, financial risk protection, prevention of health impoverishment, efficiency, equity and quality of care are important to gain continuous political and societal supports.

The synthesis session was presented by Prof Anne Mills and the discussion was conducted by Dr David Evans, both are members of the Lead Rapporteur Team of the Conference. The conclusions concurred the statement in the World Health Report 2010<sup>(2)</sup> that all countries can move closer to UHC. Inclusive and continuing dialogue at national level and global level will accelerate the momentum for UHC.



The last session, Health Ministerial roundtable, was fascinating as strong political commitment on UHC from six Ministers of Health from Indonesia, Kenya, Moldova, Philippines, Thailand and South Africa are shown. Furthermore, more than eight hundred delegates from 68 countries from various institutes such as government officers, international development partners, donors, academia, researchers, civil society and the media support the Bangkok Statement on UHC [see Annex 1]<sup>(3)</sup>. The two operative paragraphs presented the global solidarity and commitment to work together in translating UHC intentions, guided by evidence, into concrete actions for achieving UHC for better health for all. It should be noted that the Bangkok Statement was referred to during 1-2 April 2012 when the government of Mexico held the International Forum on “Sustaining Universal Health Coverage: Sharing Experiences and Supporting Progress”<sup>(4)</sup> which resulted in a consensus outcome of the Forum on the Mexico City Political Declaration<sup>(5)</sup> on universal health coverage.

In conclusion, the Conference started from the belief in UHC and ended with political commitment to make UHC possible at the national level. Realizing UHC is possible in all country settings, one doesn't need to be rich to reach UHC; it is the political commitment that matters indeed. The main Conference took 2.5 days but the reality in the country is one long lasting. The achievement of UHC will be possible because of the countries' actions. It is worth to remind ourselves that UHC should focus on “more health for money”, more efficiency gained from scarce resources. UHC should not focus only on “more money for health”. Progress towards UHC together with health

system strengthening requires good guidance based on evidence. It is the time for action and the world needs to put effort together for global solidarity to make UHC possible.

### **Annex 1 Bangkok Statement on Universal Health Coverage**

**28 January 2012**

We, Ministers of Health and the participants of the Prince Mahidol Award Conference 2012, “Moving Towards Universal Health Coverage: Health Financing Matters”, gathered in Bangkok, Thailand on 24-28 January 2012, learned and shared experiences among governments, academia, civil society, private sector and development partners;

1. Concerning one billion people worldwide do not have access to healthcare, 150 million people face catastrophic healthcare costs each year because of direct payments for healthcare, while 100 million are driven below the poverty line; thereby contributing to avoidable morbidity and premature mortality, aggravating inequity and impeding sustainable social and economic development;

2. Recalling global evidence of and advocacy for universal health coverage, in particular the 2010 World Health Report and the World Health Assembly Resolution 64.9 in May 2011 on Sustainable Health Financing Structures and Universal Health Coverage;

3. Recognizing that universal health coverage with progressive and sustainable funding sources, comprehensive benefit package, primary health care approach, where all people can use the health services they need without fear of being impoverished because of payments, is a fundamental instrument in

realizing the right to health, enhancing health and societal equity, promoting social cohesion and sustainable human and economic development;

4. Underlining the valuable contribution of universal health coverage towards achieving health-related Millennium Development Goal 1, to eradicate extreme poverty and hunger; Goal 4, to reduce child mortality; Goal 5, to improve maternal health; Goal 6, to combat HIV/AIDS, malaria, TB and other diseases and Goal 8, to develop a global partnership for development; and the achievement of wider social policy objectives as set out by the Joint UN Social Protection Floor Initiative;

5. Recognizing the essential contributions of resilient and responsive health systems with extensive geographical coverage of good quality primary health care services, adequate number and skill of health workforce, to the effective implementation of universal health coverage;

6. Recognizing the needs for strengthening institutional capacity of health policy and systems research in generating robust evidence to inform policy and systems design, routinely monitoring, periodically evaluating and continuously fine-tuning policies, and the ability to adapt to changing circumstances over time; sharing country experiences and facilitating North-South and South-South collaborations;

7. Recognizing that each country can start providing financial risk protection to several target populations, taking into account harmonization across different schemes and gradually accelerate progress towards universal health coverage is possible even at a low level of socio-economic development, provided that there are strong, continued and sustained poli-

tical and financial commitments by successive governments as well as support from civil society, communities and international development partners;

8. Recognizing that predictable long term support from development partners, in line with the principles of the Paris Declaration and Accra Agenda for Action is important to facilitate universal health coverage in particular in resource poor countries;

9. AGREE to work together and with others across sectors and disciplines in translating policy intentions, guided by evidence, into concrete actions that make universal health coverage a reality and to ensure better health for all;

10. COMMIT ourselves to raise universal health coverage on the national, regional and global agendas, and to advocate the importance of integrating it into forthcoming United Nations and other high-level meetings related to health or social development, including the United Nations General Assembly, and promoting its inclusion as a priority in the global development agenda.

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