Universal Health Coverage - The Best Health Strategy to Leave No One Behind

International Conference on Leave No One Behind
Gaborone, Botswana
20th March 2018

Robert Yates
Senior Fellow and Head of UHC Policy Forum
Chatham House
What is Universal Health Coverage?

A simple definition of UHC:

All people receive the quality health services they need without suffering financial hardship
Why UHC should Leave No One Behind

- Universal = Everybody ie: No One left behind!
- Built on foundations or rights and equity
- Health services allocated according to NEED
- Health financing contributions according to one’s ability to pay
- Healthy-wealthy cross-subsidise the sick and the poor
- Progressive universalism
Implications for health financing for UHC

• Market-driven privately financed health systems do not result in UHC

• The state must force the healthy-wealthy to cross subsidise the sick and the poor

• This means replacing private voluntary health financing (fees and private insurance) with compulsory, progressive public financing (tax and social insurance)

• This process is inherently political
WHO’s new DG is targeting political leaders

WHO Director General says political will is needed to transform African health systems

WHO Director General Tedros Adhanom Ghebreyesus says universal health coverage is his ultimate priority - however it will require engagement with political leaders.
PM Thaksin became a hero in Thailand when he brought the people UHC in 2002
Thailand’s success tackling medical impoverishment

Number of households prevented from medical impoverishment

<table>
<thead>
<tr>
<th>Year</th>
<th>Before UCS</th>
<th>If without UCS</th>
<th>After UCS</th>
</tr>
</thead>
<tbody>
<tr>
<td>1996</td>
<td>142.27</td>
<td>118.11</td>
<td>49.00</td>
</tr>
<tr>
<td>1998</td>
<td>131.27</td>
<td>115.82</td>
<td>49.00</td>
</tr>
<tr>
<td>2000</td>
<td>123.97</td>
<td>116.41</td>
<td>39.75</td>
</tr>
<tr>
<td>2002</td>
<td>120.05</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2004</td>
<td>112.63</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2006</td>
<td>123.24</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2007</td>
<td>118.11</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2008</td>
<td>115.82</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2009</td>
<td>116.41</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Goderich Health Centre, Sierra Leone
3 p.m. Monday 26 April 2010
Goderich Health Centre, Sierra Leone
3 p.m. Thursday 29 April 2010
Children’s Hospital Freetown, Sierra Leone
8 a.m. Tuesday 27 April 2010
A terrible non-income deprivation associated with inadequate health coverage – hospital detentions

Hospitals that act as modern-day debtor prisons deny rights and dignity

By ROBERT YATES / DECEMBER 5, 2017

Albertine, 19, tends to her twins in the maternity ward at Roi Baudoin Hospital in Kinshasa, Democratic Republic of Congo, which detained her for non-payment of medical fees.

JUNIOR D. KANNAH/AFP/GETTY IMAGES
Governor Jokowi brought UHC to Jakarta which helped him win the Presidential election.
President Kenyatta: UHC is 1 of his 4 development pillars - WHO is supporting him
A golden opportunity for UHC in the USA
Concluding thoughts

- UHC is best strategy for the health sector to contribute towards the SDGs and LNOB
- UHC requires an efficient and equitable public health financing system
- Achieving and sustaining this requires genuine political commitment
- Global health agencies need to raise their game in engaging in the political economy of UHC
For daily updates on UHC follow: @yates_rob