

“Promoting universal health coverage, equitable access to quality health services and affordable and quality service delivery”

Esteemed colleagues, it is an honour and privilege to be with you today to reflect on progress and challenges toward ending poverty in all its forms everywhere and to contribute to the achievement of the 2030 Agenda for Sustainable Development. In the Aide memoire for this meeting, you have identified some key questions that will guide you to identify key recommendations how our work in the United Nations System be as effective as possible, and ensuring that no one is left behind.

i. What are the key trends, patterns and challenges to eradicating poverty everywhere?

When we started the movement of Universal Health Coverage, we recognized that the health sector was actually part of the problem rather than part of the solution to poverty eradication. Currently, about 100 million people fall into poverty every year due to out of pocket payments. We needed to reverse this trend. Pre-payment systems that are based on universality, solidarity and equity are the solution. They help to reduce the numbers of people in all countries that experience catastrophic health expenditures.

ii. How can efforts to eradicate poverty be delivered globally while ensuring the principle of leave no one behind and reach the furthest behind first?

Universal Health Coverage is technically possible. In the global conversation about UHC, we must debunk the myth that UHC is something that only rich countries can afford.

This is nonsense.

While I could give you some pertinent examples on the African Continent, let me choose Japan as a great example. Its modern health system is the envy of the world. But Japan does not have a high-performing health system because it's a wealthy country. In fact the opposite is true: Japan is a wealthy country at least partly because of its high-performing health system.

Japan's health system was conceived in the aftermath of World War 2, when the country was struggling to get back on its feet. Japan reached full health insurance coverage in 1961, when it was still relatively poor.

Because of that success, quality of life and life expectancy increased dramatically, to the point where Japan now enjoys the longest life expectancy in the world.

As a result, health has become one of Japan's biggest economic drivers, one of its biggest employers and a social stabilizer in times of crisis.

The point is clear: strong health systems are a foundation for strong economies.

When people are healthy, entire communities and nations thrive.

When children survive to adulthood, they become productive members of society.

When communities are freed from pollution, harmful products and other causes of disease, they prosper.

The health sector is not a cost to be contained. It's an investment to be nurtured.

And the return on investment in health is compelling: about one quarter of full-income economic growth between 2000 and 2011 in low- and middle-income countries is estimated to be because of improvements to health.

The health sector is also a growing source of jobs. Among OECD countries, employment in the health and social sectors grew by 48% between 2000 and 2014, while jobs in industry and agriculture declined.

And because 70% of the global health workforce is female, jobs for health workers are jobs for women. So it's also an investment in gender equality.

iii. What additional efforts are required to tackle the root causes of poverty, including tackling adverse norms and all forms of discrimination routinely experienced by poor women and men?

First, let me say that because 70% of the global health workforce is female, jobs for health workers are jobs for women. So it's also an investment in gender equality.

Now, let me address what efforts need to be accelerated: If we do business as usual, we will not reach SDG 3.8. To reach this goal, we need 1 billion people more benefitting from UHC by 2023. In order to reach the health related SDG's, we need to better protect 1 billion people from health emergencies and we need 1 billion more people enjoying better health and wellbeing. These are the 3 interconnected targets we outlined in the WHO's GLObal Programme of Work which will guide our work from 2019-2023.

GPW 13 is based on the SDGs and is relevant to all countries – low, middle and high income. Health is fundamental to the SDGs and, in an interconnected world, WHO's role in providing global public goods that help to ensure health for all people within and across national boundaries has never been more relevant. WHO's unique status as a science- and evidence-based organization that sets globally applicable norms and standards makes it vital in a rapidly changing world.

vi. How can the voice and participation of people living in poverty and people in vulnerable situations be central to all national actions to eradicate poverty?

Ebola Example of the kid that was taken away.

vii. What further actions can governments undertake to raise resources to finance inclusive development efforts?

UHC is not a luxury that only rich countries can afford. WHO's estimates show that in 67 low- and middle-income countries that account for 75% of the world's population, 85% of the costs of reaching the SDG health targets can be met with domestic resources.

viii. How can countries be more attentive to and be better prepared for new forms of poverty related to emergent phenomena such as technological disruptions, environmental shocks, forced migration, and population ageing?

Investments in UHC are not only an investment in a healthier and fairer future, they're also a bulwark against epidemics that can have potentially catastrophic social and economic consequences.

We've learned this the hard way.

In 2003, SARS caused losses of up to \$59 billion, according to the Asian Development Bank.

In 2009, the H1N1 pandemic wiped \$2.8 billion off Mexico's tourism industry.

In 2014, the economic impact of West Africa's Ebola epidemic on the three affected countries was estimated by the World Bank at \$2.8 billion. Revenues declined, deficits increased.

Universal health coverage, based on strong health systems and primary care, can help to mitigate those effects.

There is no magic number for what countries should spend on health. Countries at all income levels can make progress with the resources they have.

UHC would be the right thing to do even if it had no other benefits, because health is a rights issue. But the payoffs of UHC both economically and in terms of health security make it a no-brainer.

The question is not whether countries can afford to make these investments. The question is, can they afford not to?

Thank you very much.