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THE JOURNAL PROVIDES INTERDISCIPLINARY ANALYSES AND A VIGOROUS EXCHANGE OF PERSPECTIVES THAT ARE ESSENTIAL TO THE UNDERSTANDING OF THE NATURE OF GLOBAL HEALTH CHALLENGES AND THE STRATEGIES AIMED AT THEIR SOLUTION. THE JOURNAL IS PARTICULARLY INTERESTED IN ADDRESSING THE POLITICAL, ECONOMIC, SOCIAL, MILITARY AND STRATEGIC ASPECTS OF GLOBAL HEALTH ISSUES.

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Universal Health Coverage: Setting Global and National Agendas

Viroj Tangcharoensathien, David Evans, and Robert Marten

Based on various momentums, the World Health Assembly 64.9 in 2011, had moved Universal health coverage (UHC) from the Geneva-based Health Ministers discussion at the World Health Assembly to a New York-based United Nations General Assembly discussion led by Heads of State and Ministers of Foreign Affairs. This paper analyzed the processes for which UHC agenda was set at global and national level. At global level, the seven like-minded countries in the Foreign Policy and Global Health group, in consultations extensively with all missions in Geneva and New York managed the unanimous adoption of UN General Assembly Resolution A/67/L.36. At national level, adopting UHC agenda is as challenging as implementing it with a good outcome; strengthening health delivery systems and sustained political commitments are vital.

Universal health coverage (UHC), defined as the situation where "all people have equitable access to health services and do not suffer financial hardship paying for them," is increasingly advocated as an important objective of health policy at global and national levels.[1] The first global recognition of its importance was in a 2005 World Health Assembly resolution (58.33), which urged countries to develop their health financing systems in ways that could move them closer to UHC.[2] Some countries took active steps in response, but the 2010 World Health Report on *Health Systems Financing: The Path to Universal Coverage* increased the attention given to UHC as a goal for health policy. The report drew on country experiences to show that countries at all income levels could move more rapidly towards UHC with the appropriate political will.[3]

The momentum since 2010 has been considerable. The World Health Assembly adopted another resolution in 2011 (64.9) which not only urged countries to make progress in terms of their health financing systems but also elevated the discussion to the global level by requesting the Director-General of WHO "to convey to the United Nations Secretary-General the importance of universal health coverage for discussion by a forthcoming session of the United Nations General Assembly".[4] Through this statement, WHO Member States recognized the goal of achieving UHC required broadening support beyond a Geneva-based health ministers' discussion at the World Health Assembly to a New York-based United Nations General Assembly discussion led by heads of state and ministers of foreign affairs. Achieving UHC goals goes beyond the conventional mandate and jurisdiction of health ministries: most importantly it requires full engagement by heads of state to marshal a concerted effort across ministries, private sector and civil society.

Beyond the health ministry, multiple ministries must be involved. Labor ministries are responsible for social protection of workers, often including health insurance coverage to at least part of the population, something reflected in a number of ILO Conventions.[5] Ministries of social welfare are responsible for social protection for the poor, the vulnerable, and sometimes the informal sector. Finance ministries determine budget allocations to the different sectors and fiscal space for health, and international commitments such as those in the Abuja Declaration of 2001, where

African Union Heads of State promised to allocate at least 15% of annual government budgets to health, cannot be achieved without the involvement of finance ministries - and Heads of State.[6] Planning ministries or their equivalent, work across sectors and with development partners, ensuring effective coordination across government and donors in line with Paris Declaration principles.[7] Finally, the inclusion of UHC as an international development goal or objective cannot happen without the involvement of ministries of foreign affairs at the international level.

In January 2012, Prince Mahidol Award Conference in Bangkok, entitled *Moving Towards Universal Health Coverage: Health Financing Matters,* further stimulated momentum. Six health ministers endorsed the Bangkok Statement calling for raising the profile of UHC on national, regional, and global agendas. It included a call to bring UHC to the agenda of high-level meetings related to health or social development including to the UN General Assembly, and to promote its inclusion as a priority on the global development agenda.[8] In April 2012, a Mexico City Political Declaration on Universal Health Coverage was endorsed by a number of other ministers of health.[9]

The most recent World Health Assembly Resolution and the Bangkok Statement elevated UHC to the global, multi-sectorial agenda, urging engagement and commitment by heads of state in the United Nations General Assembly. The Mexico Declaration further interpreted UHC as an important element in the international development agenda that needed to be included in international development goals and targets. It argued that UHC promotes sustainable growth, social cohesion and population well-being, an idea subsequently taken up by the UN Conference on Sustainable Development held in Rio de Janeiro in June 2012.[10]

In May 2012, Dr. Margaret Chan, in her reappointment as Director General of WHO by the 65th World Health Assembly, stated that UHC was one of her flagship concerns for the next five years.[11] More than 100 countries spoke in the first plenary debate on the topic of UHC ever held in the World Health Assembly; there were also a variety of side meetings and technical discussions sharing experiences across Member States and civil society organizations about how to move the UHC agenda forward.

An important question becomes how best to ensure UHC is reflected in forthcoming international development goals in a way that supports country actions. One possibility currently under discussion is to consolidate UHC momentum with a UN General Assembly resolution. The contrasting experiences of road safety and non-communicable diseases (NCD) in the UN offer important insights on how to do this. Since the 2003 global road safety crisis report submitted to the UN Secretary General, there have been five UNGA Resolutions on the topic: UNGA Resolution 58/289 in 2004, 60/5 in 2005, 62/244 in 2008, 64/255 in 2010, and 66/L43 in 2012. Despite this, reviews of various UNGA resolutions shows slow progress in improving road safety in many countries.

In contrast, there have been only three UNGA Resolutions on NCDs. The first Resolution (64/265) adopted in May 2010 decided to convene a high-level meeting of the General Assembly in September 2011 on the prevention and control of NCDs, importantly with the participation of heads of state. The second, Resolution 65/238 of April 2011, outlined the scope, modalities, format, and organization of the High-level Meeting. The third, Resolution 66/2 of September 2011, adopted the Political Declaration of the High-level Meeting of the General Assembly on the Prevention and Control of NCDs.[12] Within two years, there was rapid progress in translating the political

declaration into a global plan of action, with a proposed monitoring framework, targets, and indicators to be presented at the World Health Assembly in 2013.

Learning from these two experiences, a group of like-mind countries - including seven countries in the Foreign Policy and Global Health Group[13] championing UHC from Europe, the Americas, Asia, and Africa – are proposing to submit a draft resolution to the United Nations General Assembly for consideration before the end of 2012. Among other things, it will call for a High Level Meeting of heads of state on UHC to be convened by September 2014. These countries expect that the meeting would produce a framework supporting countries' efforts to move towards UHC as well as contribute to the discussion of how UHC – a key component of sustainable development - could be incorporated into any development goals that might emerge in the post-MDG era.

This would build on the work of the recent UN Conference on Sustainable Development, commonly called Rio+20.[14] After intensive inter-country negotiation, consensus was reached to include UHC in six of the 283 paragraphs of the proposed UNGA Resolution [A/66/L.56]. UHC was recognized as enhancing social cohesion and sustainable human and economic development (paragraph 139) while at the same time being important for improving health including for specific diseases and conditions such as HIV (paragraph 140), NCDs (paragraph 141) and reproductive health services (paragraphs 145, 146 and 241). Through this, UHC has already been accepted in an important UN meeting as one of the important instruments for ensuring sustainable human and social development, which can form the basis of subsequent discussions in the UN General Assembly.

The links between UHC and sustainable development are clear: inadequate access to needed health services, particularly by the poor, pushes people into poverty or deepens poverty because people cannot work and earn a living. Children cannot continue schooling. At the same time, people suffer financial hardship or are pushed into poverty because they need to pay for health services. The attention of heads of state to this issue in the UN, as well as the inclusion of UHC in any internationally agreed development goals and targets would facilitate country efforts to move forwards more rapidly.

We acknowledge, however, that effective UHC implementation at country level is frequently challenging. In many countries, it will require significant increases in public spending on health (prevention, promotion, treatment, rehabilitation) as well as improved capacities of the health system to deliver these political promises.

It is evident from the MDG tracking process that weak health systems are a major reason why many countries are struggling to achieve the MDG health targets by 2015 and translating political promises made in the UN or other forums to reality at a country level is not straightforward.[15] One prominent example is the failure by numerous sub-Saharan African countries to meet their Abuja promises over the last ten years. Similarly, many of the countries that signed the 2008 Kampala Declaration[16] to improve access to needed health workers, including some of the 57 priority countries identified as having a critical shortage of health workers,[17] have made been little progress in addressing the problem. Not surprisingly, in many of these countries coverage of immunization and other maternal and child health services is low and the availability of domestic funding and fiscal space, measured by the ratio of tax receipts to GDP, are below the levels necessary to achieve UHC.[18]

Improving health delivery systems is critical, requiring not just health workers, but medicines, appropriate technologies, health facilities, information systems, and good governance. Increased resources are critical too. Favorable economic growth facilitates governments raising and spending additional funds on health given strong political commitment. So can re-prioritization of health within the government budget; increases in health-specific grants and foreign aid; and other ways of raising additional funding such as “sin taxes” or the introduction of mandatory health insurance. Improved efficiency of health outlays in both government and private sectors are also important in ensuring more health for the money.[19] As reported in the World Health Report of 2010, various low and middle income country experiences suggest this is feasible.

For example, Thailand demonstrated two parallel streams of health systems development starting in 1970,[20] which were the foundations of its achievement of UHC in 2002. First, extending geographical coverage of primary health care to the sub-district and district levels where the rural population had better physical access to services was important along with an effective referral system for back-up tertiary care. This was combined with mandatory rural service by new graduates in all health professions from 1972 as a way of ensuring health workers were located close to people. Second, the gradual expansion of financial risk protection to the poor started in 1975 with targeting specific groups of the population, culminating in the 30-Baht scheme of 2002.[21] The Thai experience suggests that a universal financial risk protection system in health needs to be built on comprehensive geographical coverage of good quality primary health care services.[22]

To achieve UHC in both its senses – coverage with needed health services and coverage with financial risk protection - it is fundamental to strengthen the health delivery platform at primary care level, ensuring these "close-to-client" services are well functioning with adequate medicines, appropriate medical diagnostics and treatment, and staffed by an adequate number of motivated and responsive health workers. While several countries have shown that UHC is not an impossible dream, it will be a long, never-ending quest as health problems change, populations age, and new, more expensive health technologies become available. Though a UNGA resolution may not guarantee success at the country level; it would increase the focus on UHC and continue the growing momentum of political commitment. Indeed, continued success will depend on sustained political commitment, improved health system capacity, and a measurable framework for monitoring UHC progress.

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[1] World Health Organization, "Resolution WHA58.33 Sustainable Health Financing, Universal Coverage and Social Health Insurance" (Fifty-eighth World Health Assembly, Geneva, Switzerland, May 16-25, 2005), accessed August 2, 2012, available at: http://apps.who.int/gb/ebwha/pdf_files/WHA58-REC1/english/Resolutions.pdf
[2] *Ibid.*
[3] World Health Organization, *The World Health Report 2010 – Health Systems Financing: The Path to Universal Coverage* (Geneva: World Health Organization, 2011).
[4] World Health Organization, "Resolution WHA64.9 Sustainable Health Financing Structures and Universal Coverage," (Sixty-fifth World Health Assembly, Geneva, Switzerland, May 24, 2011), accessed August 2, 2012, available at: http://apps.who.int/gb/ebwha/pdf_files/WHA64/A64_R9-en.pdf
[5] Social Protection Floor for a Fair and Inclusive Globalization (Report of the Social Protection Floor Advisory Group Geneva, International Labour Office, 2011).
[6] World Health Organization, *The Abuja Declaration: Ten Years On*, accessed August 2, 2012, available at: http://www.who.int/healthsystems/publications/abuja_report_aug_2011.pdf
[7] OECD, *The Paris Declaration on Aid Effectiveness: Five Principles for Smart Aid*, March 2005.
[8] "Bangkok Statement on Universal Health Coverage," January 28, 2012, accessed August 2, 2012, available at: http://www.pmaconference.mahidol.ac.th/index.php?option=com_content&view=article&id=524&Itemid=159
[9] Mexico International Forum on Universal Health Coverage, available at: http://www.who.int/healthsystems/topics/financing/hsf_uc_mexicodeclaration/en/index.html
[10] Rio+20 United Nations Conference on Sustainable Development (UNCSD), June 20-22, 2012, accessed August 20, 2012, available at: http://www.uncsd2012.org/
[11] Dr. Margaret Chan, WHO Director-General, "Best Days for Public Health are Ahead of Us," (address to the Sixty-fifth World Health Assembly, Geneva, Switzerland, May 21, 2012), accessed August 20, 2012, available at: http://www.who.int/dg/speeches/2012/wha_20120521/en/index.html
[12] United Nations General Assembly, "Political Declaration of the High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases A/66/L.1" (Sixty-sixth session, New York, USA, January 24, 2012), accessed August 2, 2012, available at: http://www.who.int/nmh/events/un_ncd_summit2011/political_declaration_en.pdf
[13] "Foreign Policy and Global Health," World Health Organization, accessed August 2, 2012, available at: http://www.who.int/trade/Foreignpolicyandhealth/en/index.html
[14] United Nations General Assembly, "A/66/L.56 The Future We Want" (Sixty-sixth session, Sustainable Development, Rio de Janeiro, Brazil, July 24, 2012), accessed August 2, 2012, available at: http://daccess-dds-ny.un.org/doc/UNDOC/LTD/N12/436/88/PDF/N1243688.pdf?OpenElement
[15] UNICEF, "Tracking Progress in Maternal, Newborn, and Child Survival: The 2008 Report," accessed August 2, 2012, available at: http://www.countdown2015mnch.org/reports-publications/2008report
[16] Global Health Workforce Alliance, Reviewing Progress, Renewing Commitment: Progress Report on the Kampala Declaration and Agenda for Global Action (Geneva, Switzerland: WHO, 2011).
[17] The World Health Report 2006 - Working Together for Health (Geneva, Switzerland: World Health Organization, 2006).
[18] "Tax Revenue as Percent GDP, World Development Indicators," accessed August 2, 2012, available at: http://data.worldbank.org/indicator/GC.TAX.TOTL.GD.ZS
[19] A. Tandon and C. Cashin, Assessing Public Expenditure on Health From a Fiscal Space Perspective (Washington, DC: World Bank, 2010).
[20] W. Patcharanarumol, V. Tangcharoensathien, S. Limwattananon, W. Panichkriangkrai, K. Pachanee, W. Poungkantha, L. Gilson, and A. Mills, "Why and How did Thailand Achieve Good Health at Low Cost?" in Good Health at Low Cost' 25 Years On. What Makes a Successful Health System?, eds. D. Balabanova, M. McKee, and A. Mills, (London, UK: London School of Hygiene & Tropical Medicine, 2011), 193-223.
[21] V. Tangcharoensathien, P. Prakongsai, S. Limwattananon, W. Patcharanarumol, and P. Jongudomsuk, "From Targeting to Universality: Lessons from the Health System in Thailand," (Chapter 16) in Building Decent Societies: Rethinking the Role of Social Security in Development, ed. Peter Townsend, (Houndmills, Basingstoke, Hampshire: Palgrave Macmillan, 2009), 310-322.

[22] T.G. Evans, A.M.R. Chowdhury, D.B. Evans, A.H. Fidler, M. Lindelow, A. Mills, and X. Scheil-Adlung, Thailand's Universal Coverage Scheme: Achievements and Challenges. An Independent Assessment of the First 10 Years (2001-2010) (Nonthaburi, Thailand: Health Insurance System Research Office, 2012).