

# UHC & Equitable Access

**Commonwealth People's Forum**

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# What World Governments Committed to:

When adopting the Sustainable Development Goals (SDGs), world governments committed to:

- a. Target 3.8 – “Achieve universal health coverage, including financial risk protection, access to quality essential healthcare services and access to safe and effective quality and affordable essential medicines and vaccines for all”; and
- a. Target 3.3 – “By 2030, end the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases and combat hepatitis, water-borne diseases and other communicable diseases”.

**“The UHC We Want”**: One that lives true to the global aspirations of **Leaving No One Behind**:

A People- Centred UHC

An equitable and rights affirming UHC

A UHC that meaningfully engages the participation of communities and civil societies



# Recommendations for Commonwealth Governments on 'Leaving No one Behind':

- UHC policies need to ensure that **populations most in need are targeted first**, with appropriate and inclusive services.
- The next **Global Monitoring Report** on progress towards UHC - due in 2019 - should focus on the 'leave no one behind' principle. It should underpin commitments and progress made, and challenges faced in meeting this principle, including in some of the most difficult settings.
- **National health plans and policies** need to assess which populations are currently left behind and have insufficient access to health services and explicitly target those populations most in need.

# Affordable medicines and health innovation for UHC

- **The high prices of medicines are costing lives and is increasingly an issue across countries of all incomes.** E.g. Hepatitis C cure: US\$1,000/pill/day yet could be produced for \$1 per pill
- **The current model for research is dictated by the potential market profit generated by monopolies on price through intellectual property rights.** This skews R&D towards diseases that make maximum profit and neglects diseases that affects poor people. E.g:
  - only 2 new drugs for tuberculosis in the past 50 years
  - Neglected Tropical Diseases, account for 12% of total disease burden but only 4% of new therapeutic drugs registered between 2000-2011



# **Recommendations for Commonwealth Governments on Access to Medicines:**

- 1) Implement the UN HLP recommendations** at the national level. For example, using TRIPS flexibilities to control prices or enable access to generic medicines
- 2) Invest in health innovation models that ‘de-link’ the cost of research and development from the final price** of a medicine or health technology
- 3) Push for international progress on access to medicines at the 71<sup>st</sup> World Health Assembly** and other UN meetings.

# Increased Public Financing for Health

- Progressive **domestic resource mobilisation** to ensure progress towards UHC and Health System Strengthening (HSS), **reducing out of pocket expenses** and achieving the aims of the SDGs.
- Highlights from Health financing situation in Kenya.

# Recommendations for Commonwealth Governments on UHC Financing:

- Include specific action points **to abolish patient fees/direct patient** payments for the reduction and progressive abolition of out-of-pocket expenses.
- Progressively increase investment in health and move towards the proposal of **allocating at least 5% of their annual GDP** as government health care expenditure, giving priority to primary health care linked to essential health services packages
- When the private sector participates in financing, developing and delivering health products and services, we call for **adequate ethical safeguards** to prevent conflict of interest and mitigate potential excessive profits.
- **Global solidarity-** International funds, institutions and bilateral donors can and should assist in enlarging a country's pool of financial and technical resources