



PLENARY SESSION 1

IMPLEMENTATION CHALLENGES AND INNOVATIVE SOLUTIONS FOR UHC 2030

| BACKGROUND

Underlying the achievement of most SDG3 targets is universal access to and uptake of quality, affordable health services (SDG target 3.8), the large majority delivered close to where people live and work (i.e. primary care).

WHO estimates that around half of the world's population lack access to essential health services worldwide. Even when essential services are accessible, they are often fragmented, of poor quality and safety, and do not always address the upstream determinants of health and equity in health.

At the same time, the burden of noncommunicable diseases, accidents and mental health problems is growing. Ageing populations are causing people to live longer, but often with multiple diseases and conditions that require complex care over time. With the growth of social media and digital communication, healthcare users and their families are much more informed (or mis-informed) and are demanding more say in how health services take care of them. Significant rise in medical consumerism, malpractice litigation, and lack of trust in vaccination campaigns are observed. In more fragile contexts, the lack of confidence in health services and has hampered efforts to control communicable disease threats. This shows that communities are the anchor of nations' resilience-building efforts. In this context, increased accountability (including social accountability to local communities) and broader stakeholder participation is needed.

The key to dealing with today's public health challenges and changing landscape is not to change strategic direction – primary health care remains the cornerstone of a sustainable health system and is the foundation for essential part of achieving universal health coverage– but to transform the way health and social services are organized, funded and delivered. For health care and coverage to be truly universal, it calls a shift from health systems designed around diseases and health institutions towards systems designed for people, with people. This is required to meet the evolving needs of the population, ensure population trust in services and subsequently their effective use, and to curb inefficiencies related to duplication and waste. In the wider context of Sustainable Development Goals, health workers are also expected to demonstrate their social responsibility: protecting the general public's well-being and meeting social expectations, while also aiming to reduce the impact on the environment of their activities.

| OBJECTIVES

Political commitment to achieving UHC is strongly affirmed at the global level as the world convened in Astana in 2018 to reiterate their commitment to PHC; and the 2019 United Nations General Assembly United Nations prepares to hold a High-Level Meeting on “Universal Health Coverage: Moving Together to Build a Healthier World”. In this context, this session aims at building on the global commitments and experiences learned from pioneering countries to go one step further and identify innovative solutions to make significant progress in implementation for local communities, ensuring no one is left behind. This session adopts whole-of-system approach to achieving UHC and considers both the supply and demand side interventions. It highlights the political economy of reforms through countries' stories to transform its health system and calls on to concrete innovative actions to achieve demonstrable results in short time frame (panel session).



Panelist / Keynote Speaker

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Beverly “Bev” Lorraine Ho is the Special Assistant to the Secretary of Health for Universal Health Coverage at the Department of Health - Philippines. Immediately prior to this full-time designation, she was Chief of Research Division of the Health Policy Development and Planning Bureau where she worked to provide the evidence needed to support health system reform by designing innovative research grants and building institutional capacity for policy research. These efforts have significantly contributed to the passage of key legislation on sugar-sweetened beverage tax, tobacco tax and universal health care, and the institutionalisation of the health technology assessment process. She has also worked in the Philippine Health Insurance Corporation and has provided technical assistance to the government of the Philippines and the Greater Mekong Subregion on health financing, maternal and child health, and health impact assessment. Bev is a fellow of the Maurice Greenberg World Fellows Program at Yale University, the Equity Initiative and the Atlantic Institute. She holds an MD from the University of the Philippines and an MPH in Health Policy and Management from the Harvard T.H. Chan School of Public Health as a Fulbright Scholar.