Dr. Tamer Rabie

(Transcript of session 1 recording)

Esteemed colleagues, it is a pleasure to be here with you today to speak on behalf of the World Bank. We've been supporting the MENA HPF over the past three years, and we've been supporting the institutional development including the different activities and the work plan. It has been an extremely productive time working with the MENA HPF. There has been spearheading and more of a regional focus on health systems and health policymaking in the MENA region. I would like to take this opportunity to thank the MENA HPF for organizing this workshop focusing on governance and UHC (universal healthcare), which is certainly an area of high relevance and importance to the region. As you know, UHC is a long-term policy goal that aims to ensure that all people obtain the health services they need without suffering financial hardship while paying for it. The quest for UHC is not only a demand for health, but also it is a demand for equity.

At the World Bank Group, achieving UHC and equity in healthcare are core and central to reaching global goals of eradicating poverty and sharing prosperity by the year 2030. World Bank president Dr. Jim Kim reiterated this message in a number of his speeches, saying that our aims are threefold. One is that everyone should have access to available and quality care. Two, no one should be forced into poverty as a result of having to pay for healthcare services out of pocket. Three, countries have to invest in sectors beyond the health sector given that the many of the determinants of health lie outside of the health sector. Given its strategic importance and its envisaged impact on meeting the 2020 goals of ending extreme forms of poverty by 2030, the WB is working through technical assistance and lending programs to assist countries in undertaking the necessary comprehensive health reforms to achieving UHC. The bank provides a range of technical assistance to our client countries to support health coverage expansion including the universal coverage assessment tool known as UNICO and the universal coverage capacity assessment tool known as UNICAT. These tools help countries determine their readiness for implementing UHC reforms and provide global comparisons to benchmarks based on an extensive study of experiences of countries that have significantly expanded coverage. I'm not here to obviously continue marketing for the World Bank, but this is to recap some of the main areas of focus that the bank has been working on in terms of UHC.

To date and based on the analytical work that the bank has been leading in terms of UHC, we have learned a number of key lessons, and I would like to share with you some of these lessons, particularly those that have come out from the assessment of UHC across the globe, including the MENA region. One is that there is a need for strong national and political leadership and long-term commitment to not only achieve but

sustain UHC. Two is recognizing the fact that economic growth by itself is not sufficient to ensure equitable coverage. This calls for policies that focus on redistribution and the reduction of disparities in accessing affordable, equitable care. Three is understanding that improving accessibility and strengthening quality depends not only on highly skilled professionals, but also on community and mid-level workers. The importance of investing in primary Health Care services to improve access and manage healthcare costs is permanent. While there is no single way to achieve UHC for countries, all countries can certainly learn from each other's experiences as they chart and calibrate their own paths. While I'm sure that this workshop will go beyond definitions and focus more on issues related to the operationalization of UHC, let me take some few moments to recap our understanding on the links between governance and UHC, which I'm sure will be focused upon in the workshop as we go forward in the next few days. As we think collectively ahead on ways to achieve UHC in the MENA region, as you know UHC encompasses three dimensions: population coverage, service coverage, and financial coverage.

Population coverage refers to who is covered by what type of prepaid scheme such as social or private health insurance or publicly subsidized health services to all citizens. Some countries have chosen to address that question by saying that all their citizens are covered by the national health services of that country at no or little direct cost at the point of service. Such systems are mainly funded by general tax revenues, and services are provided by both public and private service providers. Examples of such systems include the UK and the Scandinavian countries. Other countries have achieved UHC through specially funded social funds where citizens are entitled to coverage depending on where they live or the type of employment that they have. Examples of this include Germany, the Netherlands, and Austria. Thailand has actually effectively achieved UHC through a combination of general funding and social health insurance. Likewise, the Philippines has expanded coverage over the past decades. Yet other countries like Switzerland have reached UHC by mandating their citizens to purchase private health insurance to cover a given set of health services. As you can see there are various ways of providing coverage for citizens, and little evidence actually exists to say which approach is best in any particular country. Indeed in some countries a mix of financing instruments are used to finance healthcare and ensure that services are universally accessible.

Service coverage on the other hand refers to the type (preventive, promotive) as well as health promotional services. The nature of the service package depends on national income and burden of disease; richer countries can provide more services and have the technical capacity to provide more advanced services. All countries need to assess their demographic and epidemiological situations to ensure that benefits reflect these changing factors.

Finally financial coverage refers to how much patients have to pay directly for their coverage. An estimate of financial coverage is the share of out-of-pocket expenditure as a share of total health spending. Countries are also interested in

understanding the share of households that face catastrophic expenditures as a result of paying for different kinds of healthcare. Financial coverage is the extent to which out-of-pocket payments push individuals into poverty as a result of paying for healthcare.

From another perspective, UHC is closely related to health financing, as it involves the expansion of prepaid financing and ensuring that people can afford access to available sets of services. Health financing involves three main functions: mobilizing resources, pooling funds, and purchasing services. These are all interlinked with the three UHC dimensions mentioned earlier. Health financing is not just about how much money is in the system. It is a system in itself. It is essential to understand not only the sources of funds but also the allocation of funds, how money flows into the system, and institutional arrangements associated with the entire system.

Governance for UHC requires clear and open dialogue among stakeholders and coherent decision-making. It entails stakeholder participation very much like the one we're in today to influence the accountability of the system and appropriate representation in the decision-making process. It necessitates supervision and regulation to ensure compliance and evening the playing field under competition. It incorporates transparency and information that allows for appropriate stakeholder participation and supervision. It also requires consistency and stability to avoid changes of the rules and regulations based on short-term political considerations. Given the global commitment to achieving UHC, the WHO and the WB have joined to develop a framework for tracking and monitoring progress towards achieving UHC. Its aim is to inform and guide discussions and assess both aggregate and equitable access to service as well as financial protection. Thinking ahead, particularly with respect to post-2015, health is central to the sustainable development agenda. A healthy population mean higher labor productivity and higher returns to households from labor market participation, thus contributing greatly to the overall growth of nations and their development. Embedded within this, UHC is the only proposal that embraces whole health systems and puts rights and equity at the center of its vision. As I can see from the agenda, the workshop will delve into all these aspects of UHC and governance. I am not only delighted to be taking part in this today, but I am also excited to learn so much from lessons and experiences across the region.

Once again I would like to thank the organizers of this workshop for bringing us together to focus on how we could meet the requirements and the aspirations of citizens across the region in ensuring that they obtain health services that they need without suffering financial hardships while paying for them. As our president Jim Kim said, we can bend the arc of history and now is the time to act. Thank you very much!