

**RD's Keynote address delivered at the Health Systems Trust Conference
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**The Inter-Dependence of Health Systems Strengthening and the
Sustainable Development Goals**

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- Dr Themba Moeti, CEO, Health Systems Trust
- Distinguished representatives of the government, heads of institutions
- Colleagues, ladies and gentlemen,
- All protocols observed

Opening

It is a great honour and privilege for me to be here this afternoon to speak with you.

Let me take this opportunity to congratulate the Health Systems Trust for organizing this conference. The conference theme of “Strengthened Health Systems for Sustainable Development” resonates well with the World Health Organization’s priorities and strategic directions. And we are striving to transform the WHO Secretariat to effectively support Member States –including South Africa – on achieving these priorities.

South Africa brings a strong voice to regional and global fora – driven by outspoken and principled stances by the government, innovative policies, and evidence from strong academic and research institutions, and partners like the Health Systems Trust. I recognize, in particular, the countries’ participation and contribution to the United Nations system – including WHO governing bodies and technical advisory committees.

I note with appreciation how South Africa has been able to intervene on global issues specifically in addressing shortages of vaccines, pharmaceuticals and active pharmaceutical ingredients that affect all countries.

2015 MDGs: health systems past and present

Ladies and gentlemen,

This conference comes at a critical time. There is increased recognition that health is fundamental to all aspects of social and economic development.

The year 2015 was a time of reflection for the global health and development community. The United Nations compact of the Millennium Development Goals (MDG) and its three health-related goals represented one of the most important global efforts to improve health between 1990 and 2015.

When we reflected, last year, on progress achieved on the MDGs by countries of the African Region, some important successes were reported – especially, to halt and reverse the HIV epidemic. South Africa was a major contributor to this achievement. WHO also recognizes the strides made in the prevention and control of tuberculosis throughout the African Region. In South Africa, the widespread expansion of the most cost-effective tools and new technologies – such as GENEXPERT and new multi-drug resistant TB medicines is a good example in prevention and control.

However, many countries in the African Region struggled to achieve significant reductions in areas such as maternal and child mortality. Countries face great difficulty in delivering basic services – such as life-saving vaccines to children, as well as offering skilled attendance at birth, or prenatal care. The African region still accounts for the vast majority of malaria cases and deaths globally, despite the progress made in extending the benefits of cost-effective treatment for malaria.

One contributing factor is weak health systems. Some countries have simply not invested sufficiently in health systems strengthening – and dedicate less than \$US 60 per-capita to health care. On average, private out of pocket spending on health is relatively high in the African region – about 35% of total health spending. This has a negative impact on household expenditure which leads to impoverishment. It also limits access to health services. Sadly, we note that poorer countries such as South Sudan and Sierra Leone report very high patient out-of-pocket expenditures at more than 60% of total health spending. A key determining factor for reducing out of pocket payment at the household level is governments’ commitment to investing more in primary health care.

With such under-investment, the result is that there still exist, for example, health facilities with no water and sanitation in many countries of our region. There is also a severe shortage of health workers and weak health information systems that are unable to collect the data needed for building evidence for making decisions and taking action, and for monitor overall health system performance.

The recent Ebola Virus Disease outbreak in West Africa vividly demonstrated how a weak health system has the ability to cause untold suffering, the loss of lives and widespread negative health impacts in one country, but has a spill-over effect to all countries in the Region and globally including economic impact.

Distinguish colleagues, ladies and gentlemen,

With access to care and treatment, HIV positive people lead long and healthy lives. However, people living with HIV are facing non-communicable diseases and conditions - suffering and even dying from diabetes and heart diseases. It is time to change our approach by promoting health rather than treating single

diseases, and to invest in strong national health systems to be able to deliver on people's demands and expectations.

Future: SDGs

We now have renewed opportunities – at global, regional and national levels – to build resilient health systems.

Initiatives such as the Sustainable Development Goals (SDGs) and the commitment to Universal Health Coverage give us great opportunities to make important changes that affect the health and welfare of millions of people.

In September 2015, all United Nations Member States endorsed the global agenda for the 17 Sustainable Development Goals (SDGs), that all countries will strive to achieve by December 2030. The goals' principles, learning from the experience of the MDGs, include equity, economic and social inclusiveness and universality, all of which require good governance. One SDG specifically focuses on promoting health at all ages, and one of the 13 health targets is to achieve Universal Health Coverage. UHC is perfectly in line with the principles of the SDGs agenda and will be a key delivery pillar for the health goal.

While there isn't one blueprint for achieving Universal Health Coverage, the WHO Secretariat urges countries to:

- strengthen financial protection especially for vulnerable populations;
- remove financial barriers and especially direct payments from patients in the form of user fees;
- ensure that the poor are covered financially through mandatory prepayment mechanisms; and

- establish large risk pools of prepayment mechanisms (insurance) to be able to effectively spread the risks of ill health across the whole population.

Distinguish colleagues, ladies and gentlemen,

Several African countries have made determined efforts towards UHC. Since 2008, Gabon has established a mandatory risk pooling fund. The fund receives resources from special taxes on mobile telephones and money transfers. It is also financed through social contributions by wage earners, independent workers, employers and state subsidies. The government adopted a gradual approach to membership, starting with the poorest and then expanding with state employees and private sector workers. The pooling of funds facilitated universal access to a comprehensive package of services, for 62% of the population, including formal and informal sector workers, the rich and the poor. But challenges still exist related to the geographical divide (rural versus urban), and to a health system not based on the primary health care approach.

Rwanda has also established a prepayment system, through its 2008 law on compulsory health insurance, to minimize inequity. This law sets out provisions relating to the creation, organization, operation and management of mutual health organizations as part of the strategy of extending health insurance coverage. At present, 92% of the population is covered by health insurance. The government continues to work on better management, a split in the provider-purchaser role of the MoH to ensure accountability and transparency, as well as cross-subsidies between the formal and informal sectors. Good governance, supported by consistent leadership, policies, legislation and a rigorous approach to accountability for results, is part of the explanation for the results achieved in Rwanda.

South Africa like other countries in the region guarantees the right to health care in its Constitution. The government's concerted work on establishing the National Health Insurance demonstrates its commitment to ensuring universal access to health services for the country's population. However, South Africa spends more on private voluntary health insurance than any other country in the world – 42% of total health spending – which serves only 16% of the population. These inequities between the public and private health sectors in the distribution of health resources are unacceptable – and the current situation poses a major barrier to the achievement of the basic right to health care as articulated in the Sustainable Development Goals.

And we see the same patterns of high voluntary health insurance spending in Botswana and Namibia. While this pattern is the product of the long history of segregation in Southern Africa, such a history does not have to be accepted as the status quo. It is a policy choice and can be changed through appropriate legislation, regulation, and sound policies to eliminate these inequities. We also applaud the important initiatives to address the high prices in the private health care sector through the Competition Commission's Health Market Inquiry.

Many countries also face the challenge of strengthening primary health care, and ensuring that referral systems are in place. Ensuring the quality of care received is also critical – particularly at the most peripheral levels of the health systems and in rural areas. In an effort to improve adherence to standards related to UHC, more than 35 countries across Africa have introduced payment methods that reward good performance among health workers, in relation to UHC indicators and targets. Other countries are establishing contracts with health facilities. Such contracts link payments to a set of pre-determined results. These approaches have been used in some settings to improve governance and accountability.

SDH, prevention, public policies, and multi-sectoral approaches

Distinguished colleagues, ladies and gentlemen;

In 2008, the WHO Commission on the Social Determinants of Health Report identified the multiple determinants of health, including globalization, trade, education, health system, income, governance, and social participation.

Accelerating action to address the social determinants of health, in order to reduce inequalities and inequities within countries and across population groups, is a pre-requisite to achieving SDGs. However, the continent faces challenges but also has some opportunities in addressing them.

Africa's population and economy are the fastest growing in the world. However, Africa still has three quarters of the world's poor. The continent is rapidly urbanizing, with more than half of Africa's population predicted to be living in cities within the next few decades. Without sufficient planning, urban migration is leading to overcrowding, the growth of informal settlements, and challenges in providing basic services – including health care, transportation, food production, education and law enforcement, among others. Health concerns must be at the center of urban planning.

There is ample evidence of health inequalities linked to the social determinants.

Some examples are:

- women with no education use modern methods of contraception least
- the proportion of births attended by skilled health personnel generally rises with economic status

- health care for children with pneumonia symptoms is sought more often in urban than rural areas

Mainstreaming equity, gender and human rights should therefore be prioritized within health systems, as one of the fundamental principles of the SDGs. Health systems should be responsive to the needs of those at the bottom of the socioeconomic ladder, in terms of accessibility, availability, affordability and quality.

Multi-sectoral action by governments, the private sector, civil society, communities and development partners, is required to advance *health equity, gender equality and the right to health* as part of health systems strengthening, to achieve the SDGs.

Globalization is a key structural determinant of health outcomes and has the potential to positively or negatively impact population behaviours -- through trade, commercialization, information technology, and environmental changes among others. In Africa, globalization contributes significantly to negative health outcomes, due to weak national and global governance.

NCDs are already emerging as the next big public health challenge in Africa; their global importance is recognized in the health SDGs which seek to reduce heart disease, hypertension, diabetes, and cancer. Three of the four main risk factors for these conditions - tobacco, alcohol and unhealthy diet, are linked to globalisation and trade.

Countries should develop policies, legislation and regulations to protect population health and ensure they are enforced, despite strong and well-resourced industry interference (tobacco, alcohol, food and beverages).

Addressing these risk factors goes well beyond the health sector. It requires creating an environment that enables people to make healthy choices. This can be done, for example, through price and tax measures - both ensuring that the prices of unhealthy products are high, and that healthy food such as fruit and vegetables are affordable.

Several countries have increased tobacco tax and are working to establish innovative health promotion funds from part of the tax. Botswana has established a special levy on alcohol with documented impact on sales. The South African Treasury recently announced a plan to tax sugar-sweetened beverages.

Working with academics and civil society groups to provide the evidence, South Africa has also developed a policy mandating reduction in the salt added to processed foods to tackle the high rate of hypertension. South Africa is the first country in the world to regulate sodium consumption at the manufacturing level for several industries.

There are encouraging models being implemented around countries in the African Region, of multi-sectoral approaches across the different spheres of government, civil society, and the private sector, to address these serious public health concerns. They require strengthening of leadership capacity of the MoH, to institutionalize the multi-sectoral approach. WHO is supporting countries' to promote multi-sectoral action, as part of the strategy on health in all policies.

Distinguished colleagues, ladies and gentlemen;

The WHO Secretariat has an important role in supporting countries to progress towards Universal Health Coverage.

We have, in the majority of countries, developed Country Cooperation Strategies, which are our programmes of work with the governments and other partners. Here in South Africa, we will support the implementation of the National Health Insurance as a roadmap to achieve UHC and financial risk protection, as the top priority in our cooperation strategy.

The United Nations is working to finalize a global SDG monitoring framework which will be approved by all UN Member States. Regionally, the WHO Secretariat is establishing a framework for monitoring UHC in the WHO AFRO region, starting with a baseline situation assessments and country profiles. This will inform the development and adaptation of countries' strategies and policies, as well as support advocacy with leaders, to fulfil their commitments.

WHO plays a critical role in strengthening regional regulatory capacity for vaccines, medicines and other medical products. Access to quality medical products is a major component of universal health coverage. The establishment in 2016 of the South African Health Products Regulatory Authority (SAHPRA) is an example.

Distinguished colleagues, ladies and gentlemen;

I have been reflecting on the Inter-Dependence of Health Systems Strengthening and the Sustainable Development Goals. I wish to highlight the following as a way of concluding.

We take several lessons from MDGs to the SDGs, namely:

- The need to focus more on broad social factors.
- More efficient investment in terms of the selection of interventions, targeting poor and vulnerable populations, with a focus on primary health care.
- More efficient management of available resources, both domestic and external,
- Strengthened governance, through improved leadership and policy dialogue and development, including protecting health through legislation, regulatory frameworks and laws.

Ultimately, countries need to guarantee peace and security to all their people for the successful implementation of SDGs. This requires collective action and strong leadership. The SDGs provide another window of opportunity to make it happen for our people.

I thank you for your attention and wish you all a very successful conference.