Message from the Regional Director on the occasion of World Health Day, 7 April 2019

Universal Health Coverage: Health For All

Universal health coverage is WHO’s number one goal. WHO is committed to ensuring one billion more people benefit from UHC by 2024. This means a billion more people, whether they are man or woman, young or old, in a city or a village, getting the health care they need, when they need it, without financial hardship. It is about raising the bar for health for everyone and leaving no-one behind. The benefits are clear. It is about making the right to health a reality. UHC is central to improving health and well-being. UHC strengthens health security by making it easier to contain outbreaks and be more resilient in natural disasters. Achieving UHC has been a WHO South-East Asia Region Flagship Priority since 2014.

In the South-East Asia Region there has been encouraging progress on UHC. Essential service coverage has improved in all countries. However, despite our advances, in the Region around 800 million people still do not have full coverage of essential health services. At least 65 million people are pushed into poverty because of health spending, most of which goes on medicines. Much remains to be done.

The challenge today is how to accelerate our progress on UHC. This is where primary health care comes in. The majority of a person’s health needs – whatever their age or health condition – can be delivered by well-functioning primary care, backed up if needed by hospital services. There is plenty of evidence that this is both equitable and efficient. In October 2018, at the Conference on Primary Health Care in Astana, countries from across the world agreed that providing quality PHC was fundamental to advancing UHC. In September 2019, the UN General Assembly will hold a high-level meeting on UHC, where delivering more equitable access to primary health care will be core to the discussion.

To deliver quality health care, sufficient health workers and improved access to quality medicines are needed. Since 2014, the Region has made progress on each. The commitment to a Decade of Strengthening Human Resources for Health, launched in 2015, is showing results: the availability of doctors, nurses and midwives has improved. There is growing inter-country collaboration to improve access to quality medicines – for example through the South-East Asia Regulatory Network. These initiatives must be sustained and intensified for maximum impact.

It is also increasingly clear that UHC requires that we take a fresh look at primary health care. We must go beyond its sound principles and renewed commitment, to develop a coherent agenda for action if the Region is to make real progress on leaving no-one behind. Both technical and political action is needed.
Encouragingly, there are many opportunities to accelerate progress.

As a start, frontline services must adapt to emerging challenges. There is a well-recognised need to provide continuing care for increasing numbers of people with noncommunicable diseases and health issues associated with ageing. New service-delivery models and appropriately skilled primary health workers are required, so that primary care services are the frontline both in preventing and treating disease. Innovative ways of organizing care, and making use of new technologies, can help. It is encouraging to see this happening in an increasing number of countries. We must also ensure the pursuit of quality goes hand in hand with the drive towards more equitable access: improving access to poor quality services is wasteful, as well as unethical.

Importantly, frontline services should not be seen is isolation. Frontline and hospital services should be addressed together, with two-way referral encouraged, to increase the use of primary care and decrease over-crowding in hospitals. And because a large share of ambulatory care in countries across the region is delivered by private providers and financed by out-of-pocket payment, we need new approaches to address the double challenge of protecting people from financial exploitation and poor-quality care, while also harnessing the private sector’s extensive assets.

Fresh approaches to community engagement are likewise needed. The rapid increase in access to information via digital technologies means people are increasingly well informed on health issues. Community and local government representatives are key allies in building healthy communities. Digital technologies could be better leveraged to empower people and communities to look after their own health.

Primary level services are not just frontline in preventing and treating disease. They are also frontline in terms of detecting and protecting against the threat of disease outbreaks. Surveillance and response is an essential element of primary care.

Finally, measuring results to enhance accountability is a priority. This could include making information on health care entitlements and performance more publicly available. It could include creating institutions for ‘remedy and redress’ that are open to all, including the most vulnerable. It is encouraging to see parliamentarians across the Region becoming increasingly engaged on our quest to achieve UHC.

As this year’s World Health Day emphasizes, that quest will continue. Now more than ever, the Region can harness momentum from the global level and drive real impact where it matters most: in countries, and at the grassroots. Doing so is crucial to achieving our own Flagship Priority, contributing towards the GPW’s triple billion targets, and reaching the Sustainable Development Goal of health and well-being for all, at all ages. As we celebrate WHO’s birthday, it is also crucial to respecting, protecting and fulfilling the right to the highest attainable standard of health WHO’s founding constitution so decisively affirms for all people everywhere.

Thank you.

Dr Poonam Khetrapal Singh
Regional Director
WHO South-East Asia