



PMAC | PRINCE MAHIDOL
AWARD CONFERENCE 2020



Synthesis

Summary, Conclusion & Recommendations

2 February 2020

09:00-10:00 hrs.



PMAC | PRINCE MAHIDOL
AWARD CONFERENCE



THE WORLD BANK
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unicef
for every child

UNAIDS

The Global Fund

USAID
U.S. AGENCY FOR INTERNATIONAL DEVELOPMENT

NIH
National Institutes of Health



jica

ROCKEFELLER
FOUNDATION



CHATHAM
HOUSE
The Royal Institute of
International Affairs



Government Offices of Sweden

BILL & MELINDA
GATES foundation

NUS
Nanyang University
School of Public Health

NCD Alliance
PUTTING NON COMMUNICABLE DISEASES
ON THE GLOBAL AGENDA

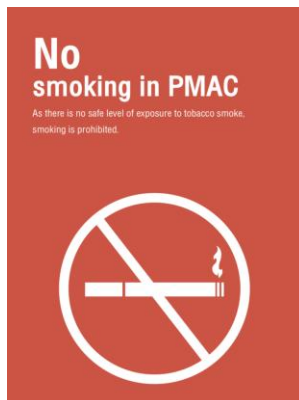
Health For All Now!
People's Health Movement

thebmj

fhi360
THE ALLIANCE OF NON-PROFIT ORGANIZATIONS

PMAC 2020 – Healthy Meeting

- Continue last year initiative in setting global and national norm and standard of healthy and active meeting.
- The conference provides an opportunity to choose healthier diets and engage in physical activity.

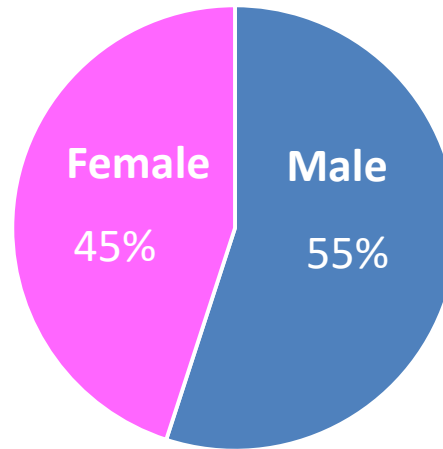


Conference programme structure

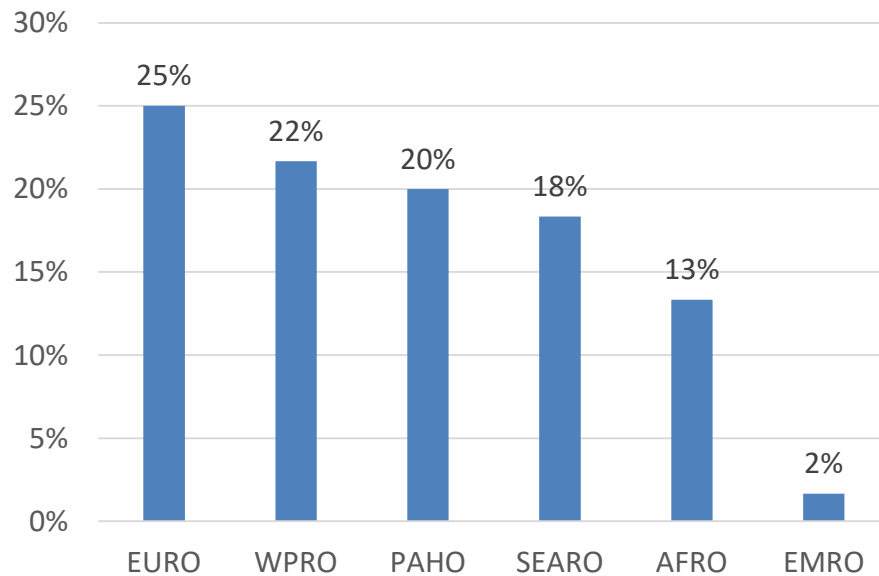
- **Pre-conference: 28 – 30 January 2020**
 - 55 Side meetings
 - 7 Field trips
- **Main conference: 31 January – 2 February 2020**
 - 4 Keynote addresses
 - 5 Plenary sessions
 - 15 Parallel sessions
 - 6 Special events
 - 46 E-poster presentations
 - 696 Submissions of World Art Contest
- **Total registered participants**
 - 1,156 participants from 75 countries (F 47%, M 53%)

120 moderators/speakers/ panelists

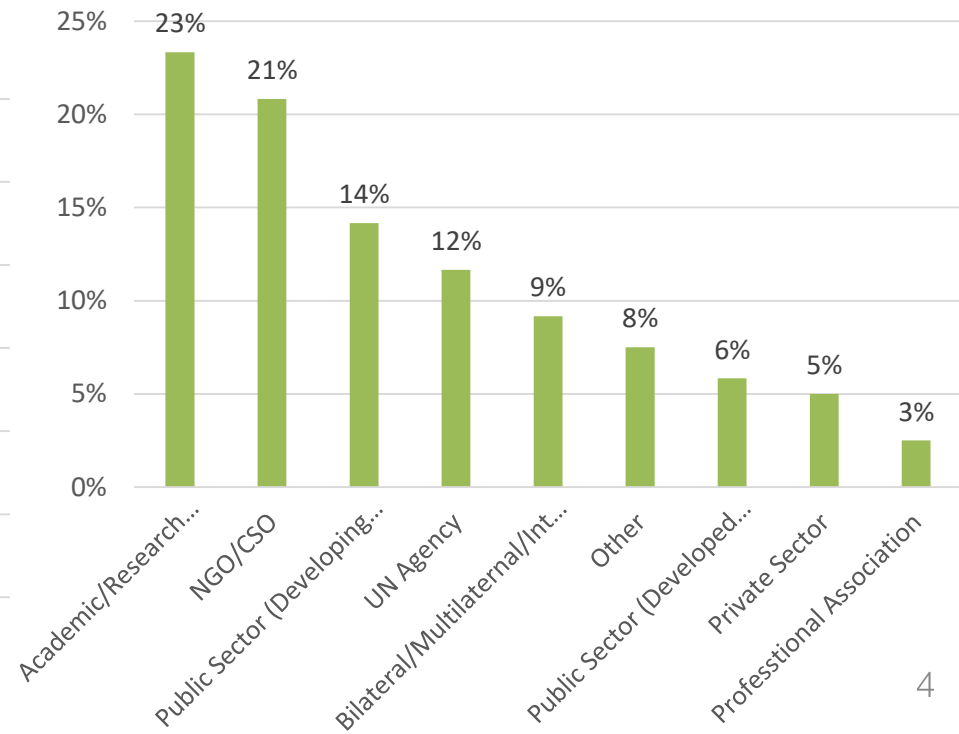
Gender



WHO Regions



Organization



Conference Summary and Synthesis

Accelerating progress toward UHC



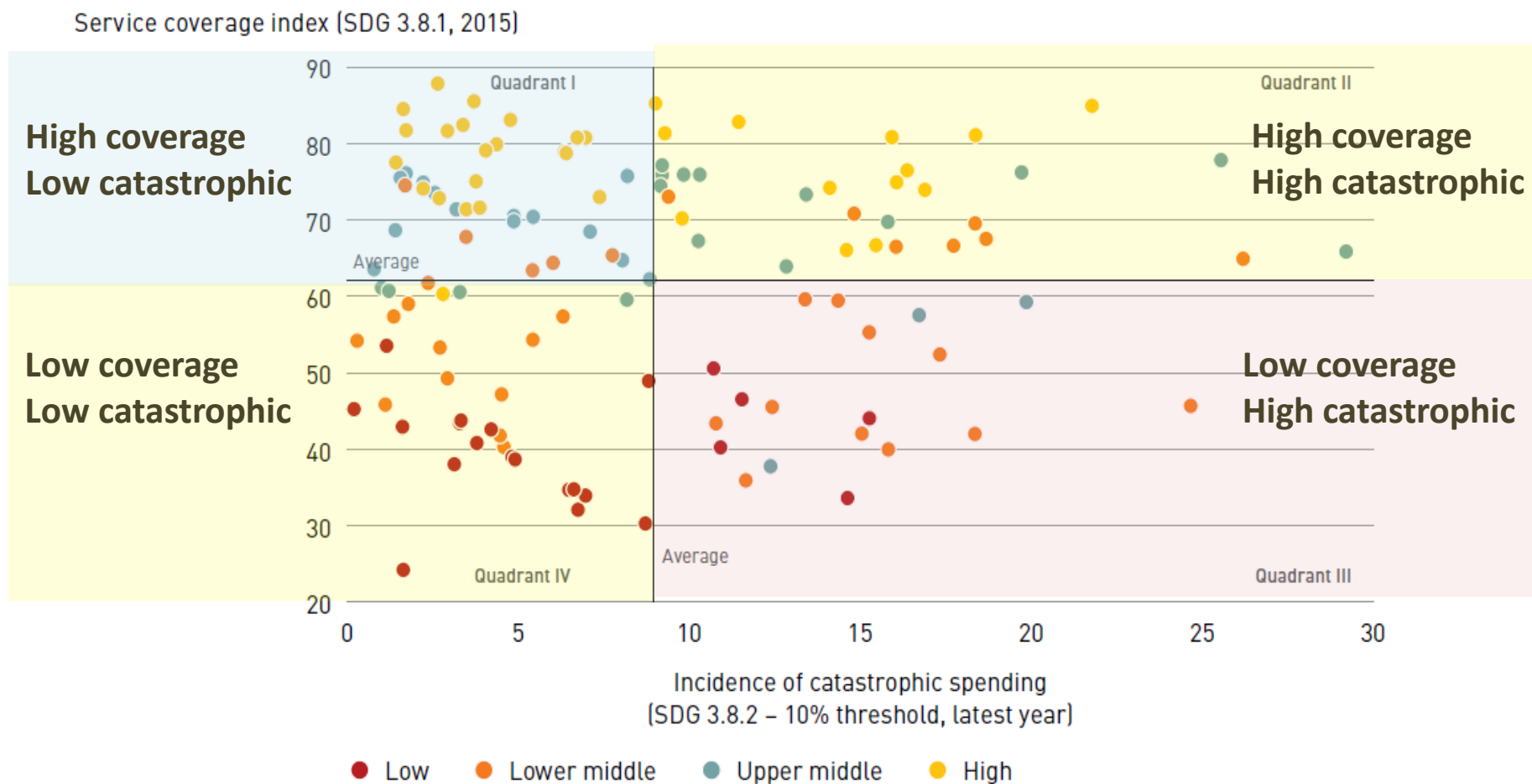
Path towards UHC: long-rough-winding-uphill efforts

Photo credit: WHO Bull 2010; 88:566-567

I. UHC achievements

- The 2019 global monitoring reports reveal good and bad news.
 - UHC service coverage index improved from 45 (of 100) in 2000 to 66 in 2017; an average annual 2.3% increase.
 - Incidence of catastrophic health spending (OOP >10% of household budget) increased from 9.4% to 12.7% during the same period.
 - Large regional and country variations

Countries are at different stages in service coverage and financial protection



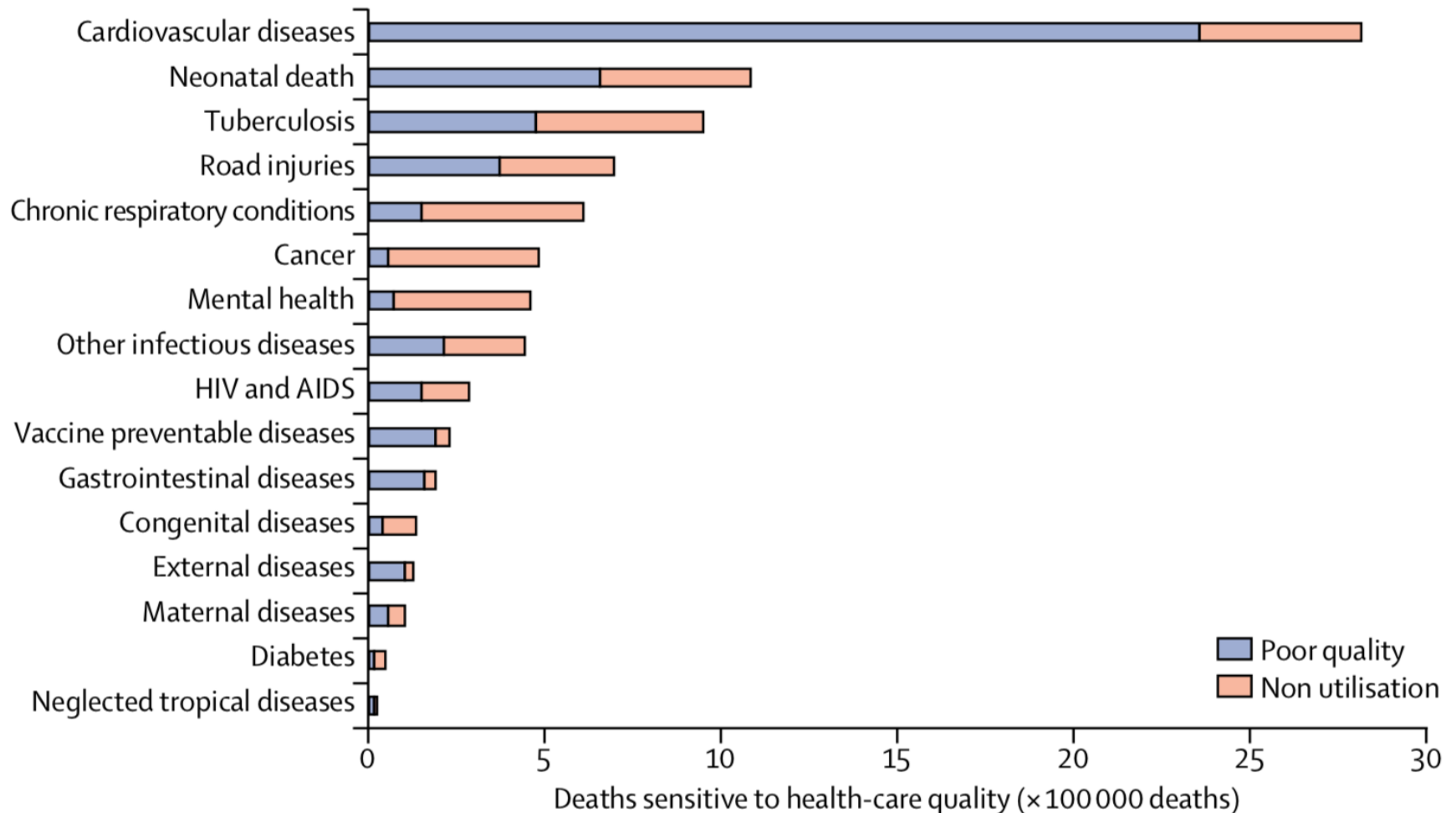
Source: Primary Health Care on the Road to Universal Health Coverage 2019
Global Monitoring Report, WHO

II. A mixed picture on progress to UHC

- LMICs have certain financial risk protection systems but they are often fragmented.
 - Multiple health insurance schemes with different benefit packages, provider payment methods, expenditure and performance
- Many current health systems are fragmented, with tendency for low service coverage to the uninsured and high OOP
- Action is needed in these areas:
 - Making quality services available and accessible
 - Extending financial risk protection and reducing unmet need
 - Improving governance and accountability
 - Enhancing capacity to monitor and evaluate

III. Making quality services available and accessible

Problems of both access and quality



Source: *Lancet Glob Health* 2018; 6: e1196–252

Data from 137 Low and Middle Income Countries

III. Making quality service available and accessible

Translating Astana aspiration into reality requires significant transformation:

- Bringing PHC close to people - critical contribution to equity in access
 - Extend geographical coverage of primary care
 - LMIC: HWF density much below the 4.45/1000 pop benchmark [SDG3.c]
 - HWF double challenges: increased international migration and domestic migration from public to private and rural to urban due to push and pull forces
 - Need to increase training, deployment and retention in rural and hard to reach areas
 - Improve clinical, public health, cultural and communication competency of frontline health workforce



Source: Bulletin of the World Health Organization, Feb 2020

III. Making quality service available and accessible

Translating Astana aspiration into reality requires significant transformation:

- Ensure availability and affordability of essential medicines and vaccines [SDG3.b.3]:
 - Requires effective mechanisms i.e. monopsonistic purchasing power of public procurers, price control policies:
 - International procurement, as evidenced by Ukraine, has resulted in substantial price reduction and more patients accessing treatment
 - Use of TRIPS Flexibility provisions, promoting the use of generic medicines and biosimilars which create opportunities for improved access to medicines
 - Effective supply chain

III. Making quality service available and accessible

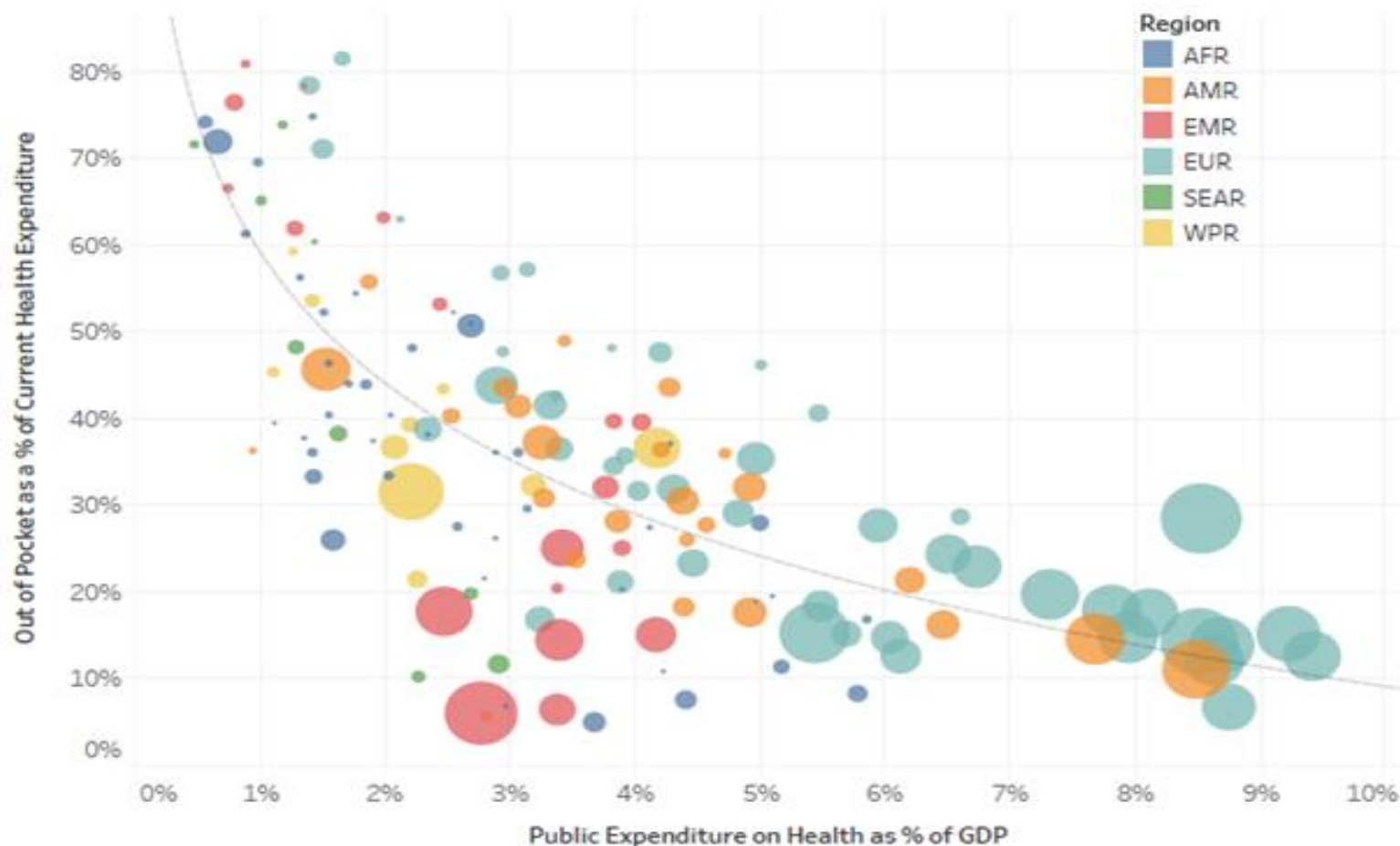
Translating Astana aspiration into reality requires significant transformation:

- Empowering individuals and communities
- Aligning multi-sectoral actions for health, particularly to address NCD epidemic and rapidly ageing population.
- Public Private Partnership: high potential to improve access but requires strong government regulatory capacity, contractual agreements, correct incentives and good governance.
- Investing in health promotion and disease prevention through the life course approach is essential to sustain UHC

IV. Extending financial protection and reducing unmet need

- There is inadequate and inefficient spending on health
- Countries transitioning from donor support need to increase domestic financing in order to ensure financial sustainability and accelerate progress
- Expand population coverage and financial protection through a rights-based approach and social solidarity
- Increase public health spending

Countries with high share of OOP in health expenditure have low share of public spending as a % of GDP



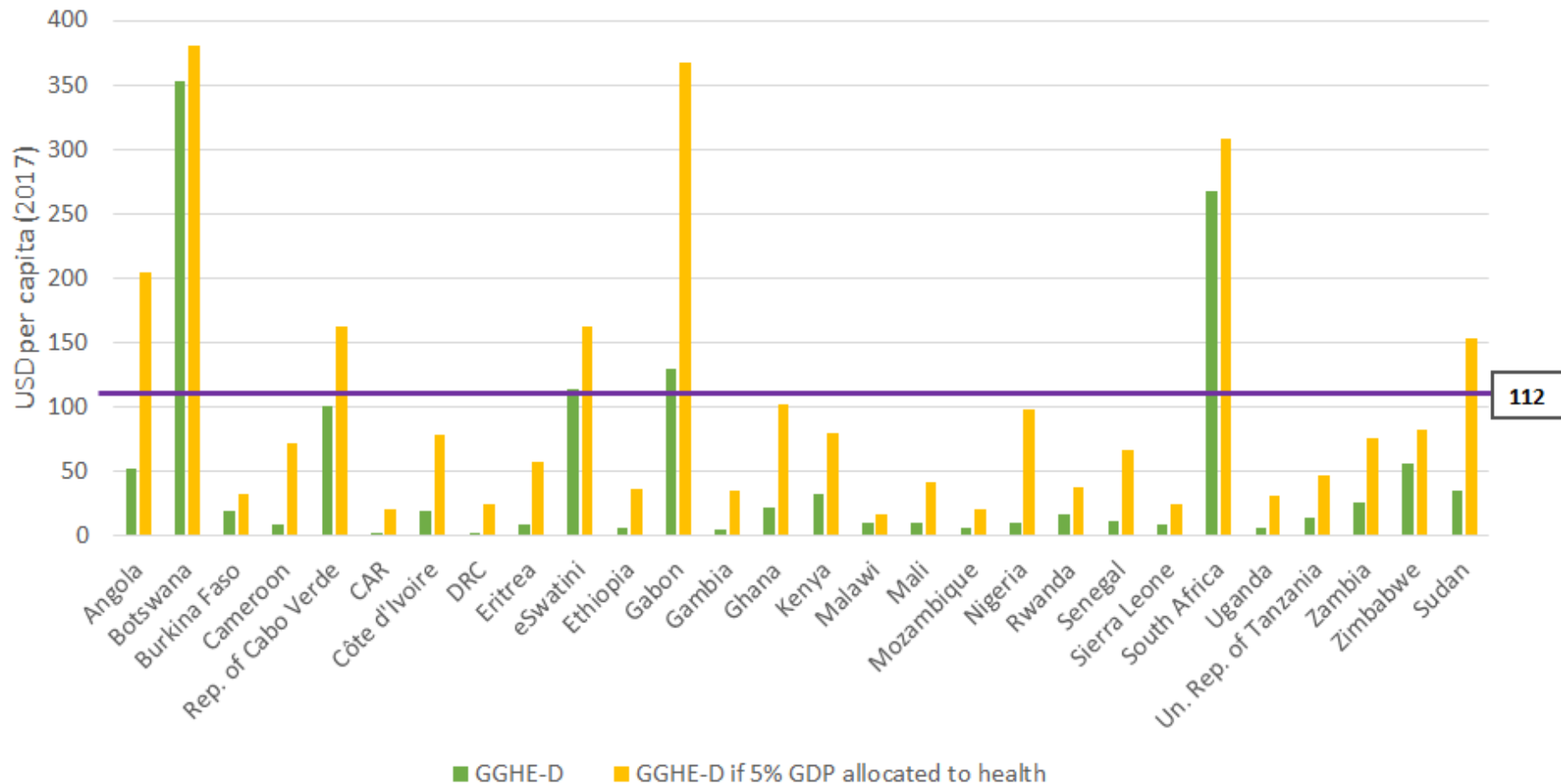
Bubble size represents GDP per capita

Source: Kutzin J. PS2.1 Making and Using Fiscal Space for UHC cited from Xu et al. 2019

IV. Extending financial protection and reducing unmet need

- Mobilize domestic finance for UHC as the most progressive and sustainable source.
 - “I am thrilled that after decades of often bitter debate, the global health community has come together to champion UHC and that we agree on how to achieve it - through publicly-financed Primary Healthcare-led reforms that ensure nobody is left behind.” -Gro Harlem Brundtland
- Increase fiscal space (tax/revenue as % GDP) through tax reform, improve tax collection efficiency, expand tax base and stimulate economic growth [SDG8 target at least 7% GDP growth]
- Within fiscal space, prioritize health through political commitment –accelerate growth of GGHE to reach 5% of GDP and 1% of GDP for PHC

Domestic general government health expenditure against international benchmark



Source: Bemelmans M. PS2.1 Making and using fiscal space for UHC cited from WHO Global Health Expenditure Database

112 USD per capita was a model projection. Source: Lancet Glob Health 2017; 5: e875–87

IV. Extending financial protection and reducing unmet need (Cont.)

- Innovative financing for health: sin tax, a triple win (HRH Princess Dina)
 - It prevents NCD
 - It saves future NCD treatment cost
 - It increases revenue for health
- Comprehensive benefit package to minimize OOP for non-covered services
- Design appropriate co-payment policy: fixed rate with exemption of the poor, or annual cap is preferable than percentage of medical bills.
- Reform public financial management to facilitate effective budget execution
- Maximize the discretionary proportion of budget and recognize the burden of debt servicing

V. Improving governance and accountability

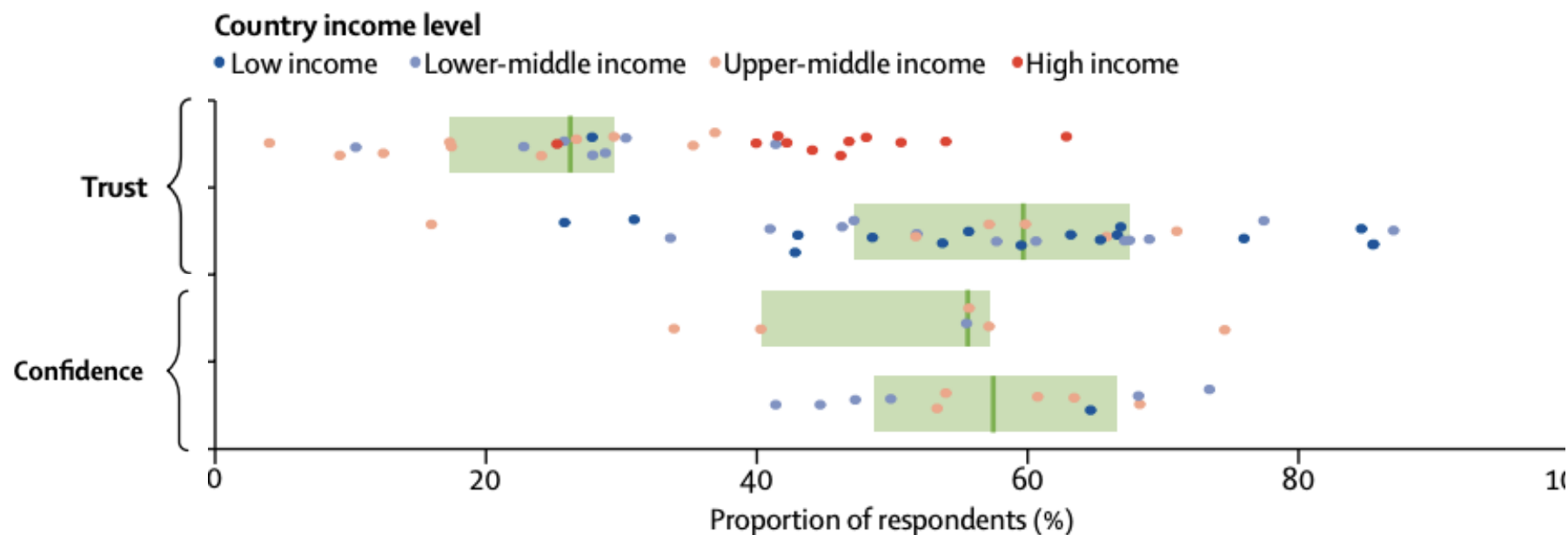
- Political Economy of UHC reform
 - Rebalance power and ensure alignment of goals between governments and donors
 - Establish a trust based multi-stakeholder governance to enhance mutual accountability
 - Hold donors, as well as countries, accountable for their actions
 - UHC has to be country driven: the country has to set strategic direction and ensure accountability for use of public resources and good performance at all levels.
 - Use legislation to enhance good governance.
- Strengthen implementation capacities in order to translate legislative provision into action
 - “Lack of capacity at the leadership level to look at issues from a systems perspective” -Atun R.

V. Improving governance and accountability (Cont.)

- Embed citizen participation, engagement and empowerment in UHC governance
 - Seats on the governing body, design of benefit package, feedback channels, annual public hearings, mandatory consultation processes.
- Establish mechanisms to counter corruption, prevent fraud and regulatory capture and enhance transparency
- Transparency is essential in good governance. Information sharing and effective communication across partners creates trust.

V. Improving governance and accountability (Cont.)

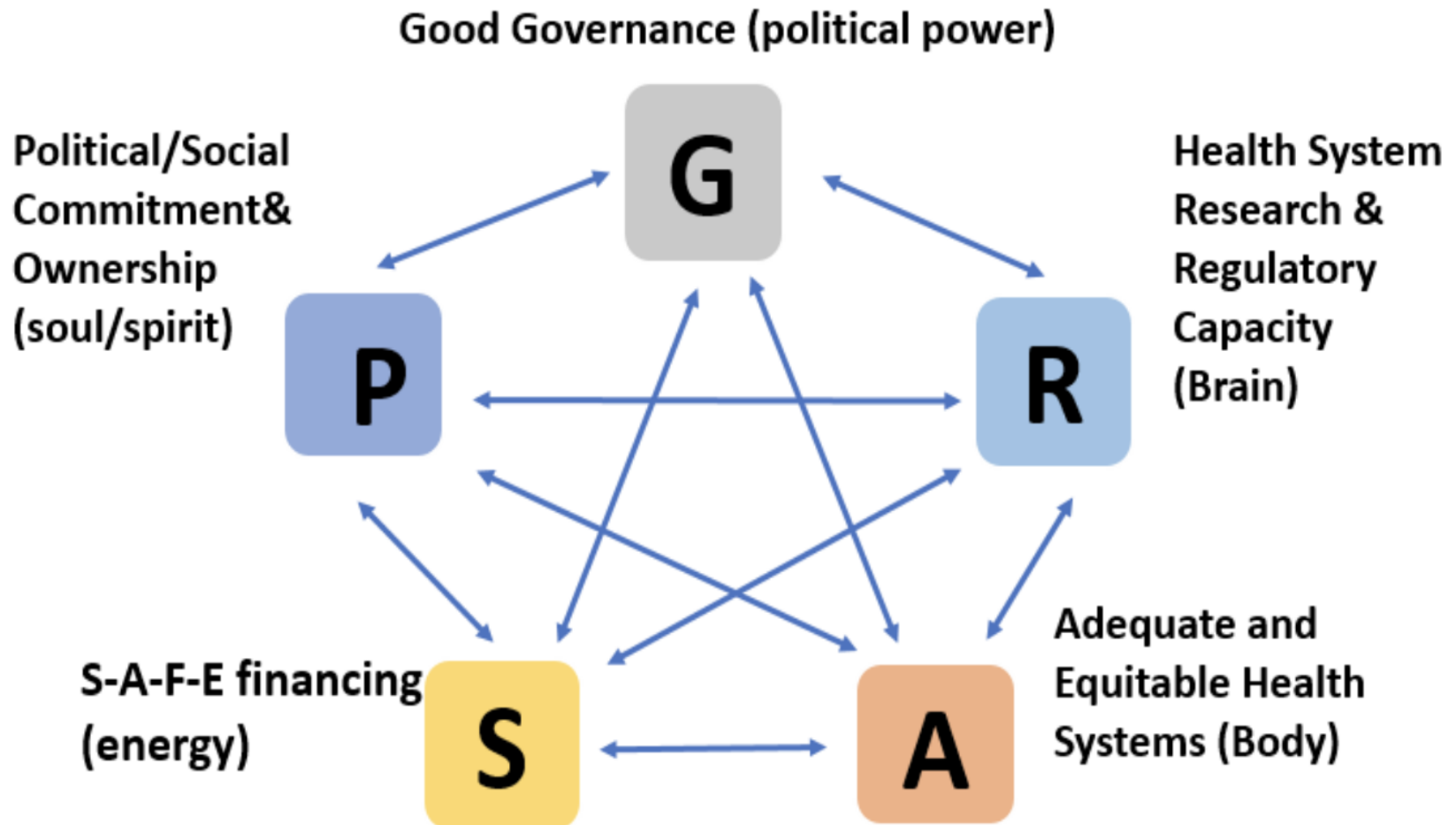
Challenges of Trust and Confidence



Trust {
Believes the system works pretty well and only minor changes are needed (HQSS, IDB, and CWF)
Thinks government handles improving basic health services well (AFRO)

Confidence {
Confident that if sick will receive the most effective treatment (IDB)
Confident that if sick tomorrow, could get the care she or he needed (HQSS)

What brought us this far, G-R-A-S-P?



6

Source: Charnvirakul A.(PLO Accelerating Progress towards Universal Health Coverage

V. Improving governance and accountability (Cont.)

Enhancing capacity to monitor and evaluate

- Monitoring UHC must focus not only on 'level' but also 'distribution' as key priority in closing the gaps between economic groups and across sub-national levels.
- Use of geo-spatial information facilitates health infrastructure investment and disease surveillance
- Monitor “Effective coverage” of priority health interventions to enhance health gain.
- Key challenges
 - a) Estimating PHC and total pharmaceutical expenditure
 - b) Knowing unmet healthcare needs
 - c) Obtaining epidemiological and clinical data to monitor effective coverage

VI. UHC: challenged by global megatrends

1. Climate change

- Threatens humanity and hampers achievement of SDGs.
- Requires health systems to adapt and mitigate impacts
- Climate change will have massive effects on population habitats and survival

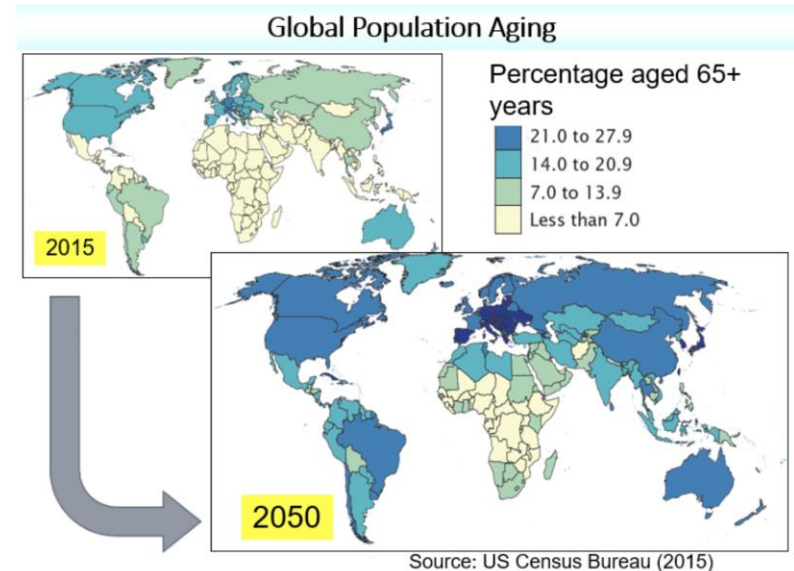
2. Geopolitics and political conflicts

- Political conflicts are resulting in massive migration of refugees and displaced populations
- The shift from multilateralism towards bilateral agreements hampers international collective efforts to protect health

VI. UHC: challenged by global megatrends (Cont.)

3. Changing population demography

- Ageing society poses double threat to health systems
 - Higher healthcare demands
 - Shrinking labour force
- Rapid urbanization is not accompanied by sufficient investment in health infrastructure



Source: Yamamoto N. (PS 1.5 : Ensuring Health Promotion and Disease Prevention in UHC)

VI. UHC: challenged by global megatrends (Cont.)

4. Digital and Artificial Intelligence (AI)

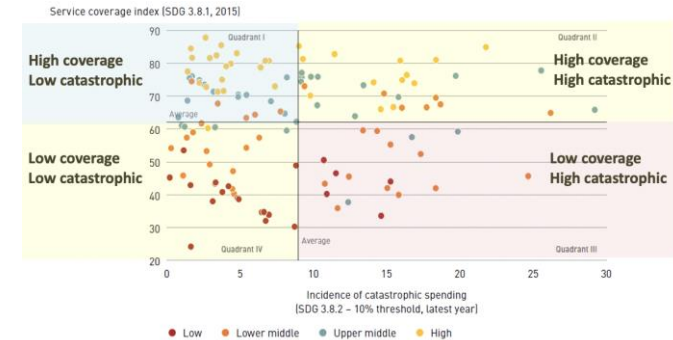
- Creates both opportunities & risks
 - May replace low quality health care, mainly used by poor
 - Reduced inequality
 - May outperform human capacity for visual identification in 5-10 years' time
 - Will reduce cost, time, burden of personnel
 - Increase productivity
 - Biases in datasets
 - Risk of increased inequality “Garbage in – Garbage out”
 - Governance and capacity to regulate are limited; problems of privacy, regulation, etc.

VII. Conclusion

- UHC “is a right, it is not a gift” -Dina Mired, HRH Princess of Jordan
- UHC is about informed political choice -needs to be informed by evidence
- Science for humanity:
“From scientific breakthrough; the cost of Direct-Acting Antiviral Agents for HepC reduced from 30,000 EURO to 25-80 USD of generic medicines per treatment course” – Bartenschlager R. F. W

VIII. Recommendations

- Differentiate Country Actions by the four Quadrants of UHC coverage index and incidence of catastrophic spending
- Prioritize general tax funding as the most progressive and sustainable source of financing healthcare
 - “If there is one lesson the world has learned, it is that you can only reach UHC through public financing... you also cannot reach UHC through private voluntary insurance, which is extremely inefficient and inequitable.” -Gro Harlem Brundtland
- Spend more through enhancing fiscal space for health, and spending wisely
- Enhance regulatory capacities for managing PPPs



“Health cannot be a question of income; it is a fundamental human right” - Nelson Mandela

Lead Rapporteur and Rapporteur Coordinator

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**Dr. Warisa
Panichkriangkai**

71 PMAC2020 Session Rapporteurs

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Aniqa	Marshall	Joe	Tsurumi	Sarayuth	Khuntha
Aparna	Ananthakrishnan	Kanyarat	Vejjajiva	Seng Moon	Aung
Apipat	Wiriya	Karunpong	Kitthanadol	Sharon	Low
Audrey	Fontaine	Kasemsak	Jandee	Sigit	Arifwidodo
Aunyawon	Thavinkaew	Katherine	Bond	Sininard	Wangdee
Aya	Ishizuka	Lyndah Kemunto Manoti		Sirinard	Nipaphorn
Ayako	Honda	Mathudara	Phaiyarom	Somtanuek	Chotchoungchatchai
Bawi Mang	Lian	Mayumi	Okada	Sorawat	Thananupappaisal
Benyapa	Tancharoen	Milin	Sakornsin	Sunicha	Chanvatik
Bharadee	Lalitkittikul	Miwa	Kanda	Supapat	Kirivan
Chanyaporn	Pengnorapat	Natnicha	Manaboriboon	Thitikorn	Topothai
Chompoonut	Topothai	Nattadhanai	Rajatanavin	Thitiporn	Sukaew
Christian	Kraef	Natthawut	Adulyanukosol	Thura	Koko
Christopher	Painter	Nicola	Pocock	Titiporn	Tuangratananon
Cynthia Sin Nga	Lam	Nima	Asgari-Jirhandeh	Vuthiphan	Vongmongkol
Elisabeth	Listyani	Noppawan	Piaseu	Wan-ibtisam	Masamae
Emiko	Ishikawa	Omnia	El Omrani	Waraporn	Suwanwela
Fonthip	Watcharaporn	Patinya	Srisai	Wit	Wichaidit
Han Win	Htat	Piyawan	Kanan	Woranan	Witthayapipopsakul
Honey	Win	Pornnapat	Manum	Worawit	Boonyatistan
Jaruayporn	Srisasalux	Pritaporn	Kingkaew		



PMAC

True success is not in the learning, but
in its application to the benefit of mankind
M. Soukheer



PMAC | PRINCE MAHIDOL
AWARD CONFERENCE **2020**



PMAC 2020 **UHC Forum 2020**

ACCELERATING PROGRESS TOWARDS UHC

28 JAN - 2 FEB 2020 • BANGKOK, THAILAND

“The best way to realize the importance of UHC is to imagine the absence of UHC just once.”

HRH Princess Dina Mired





*“Health cannot be a question of income,
it is a fundamental human right.”*

Ban Ki-moon
(Quoted from Nelson Mandela)

“Coming together is a beginning; staying together is a working progress and working together is a complete success.”

Henna Dhawan



*“We have limited money and resources,
but unlimited opportunities of sharing
information and wisdom.”*

Takao Toda



*“Our experiences confirm us that the
‘Committed Champions’ are most essential
factor in achieving and sustaining UHC.”*

Anutin Charnvirakul





“UHC is a right, not a gift.”

HRH Princess Dina Mired

“Successful UHC reforms can’t just be left to the Ministry of Health - they require leadership from the head of state and the active engagement of the whole of government.”



Ban Ki-moon



“If we don’t address the issue of the climate, it will catch up with us.”

Aquina Thulare

“Global environmental change is an opportunity in which we can work together in innovative and multi-sectoral ways.”



Montira Pongsiri

“If there is one lesson the world has learned, it is that you can only reach UHC through public financing.”

Ban Ki-moon
(Quoted Gro Harlem Brundtland)



“If we are serious about UHC, we need to look beyond SDG3 and look into other SDGs.”

Robert Yates





*“Bold actions are needed to meet financial needs.
Otherwise UHC is merely a utopia not a reality.”*

Carlos Correa

“Even if it does not work, at least we will have learned from it. We cannot dream of success without doing any mistake.”

Belinda Afriyie Nimako



“We attempted UHC fight. I would rather try and fail, than not. There’s no reason for us to feel pessimistic”.



Rejeev Sadanandan



“UHC is impossible without health workforce.”

Tomas Zapata

“Utilized innovative financing, ... such as taxes on tobacco, alcohol, sugar and salt; as the drivers of many NCDs.

These provide triple wins, one reduces the avalanche of new NCD and cancer cases, saves future treatment costs and at the same time provides new revenues for the budget for health and wellbeing.”

HRH Princess Dina Mired





*“UHC is not what you achieve and just leave.
It actually requires constant attention and
maintenance.”*

Hajime Inoue

“When money is involved, it’s not automatic that everyone will agree to help their brothers and sisters.”

Beverly Ho



*“Technology is about efficiency,
medical is about people.”*

Parry Aftab



“Health promotion and disease prevention have huge impacts on health, yet given low priority.”

Naoko Yamamoto



*“Ensure accountability is citizen responsibility
which can lead to the change.”*

Mariecar Mangosong



“No UHC can be achieved without health professionals trained on solidarity as a moral value.”

Tomas Reinoso Medrano





“UHC assessment must not just be about drugs and technology but should include health promotion and prevention programs at national and international platforms.”

Teo Yik Ying



“There is a need to shift from public health to health of the public. This has implications for much wider multisectoral approach to health.”

Kenji Shibuya

“Prevention is not an attractive health package that people will be willing to pay for. Hence, government has to spend on this.”

Chhorvann Chhea



“The later the detection, the higher the intervention costs.”

Stephanie Anne Lim Co



“Not all who have access may have health gain.”

*“Important factor is not just coverage,
but effective coverage.”*

Walaiporn Patcharanarumol





“Ministry of Health and Health insurance fund have to get along. They don’t have to love each other. They and the government actors have to have an effective working relationship.”

Loraine Hawkins

*“There is no magical digital tools.
You still need to invest in people
who use the tool.”*

Sonia Panzani



“Regulation is always too late for the technology.”

Monique Dolfing-Vogelenzang



“No nation achieves universal coverage without subsidization and compulsion.”

Joseph Kutzin
(Quoted Victor Fuchs)



“Out-of-pocket is actually taxation on the sick.”

Ajay Tandon



“Patents are one major barrier to affordable medicine.”

Chalerm Sak Kittitrakul



“Public health is not immune to trade policy.”

Carlos Correa

