

A G7 commitment to Universal Health Coverage that prioritises sexual, reproductive, maternal, newborn, child and adolescent health

Universal Health Coverage (UHC)ⁱ should be a priority for the development agenda for the 2016 G7 Summit to enhance sustainable and equitable progress on the Global Strategy for Women's, Children's and Adolescents' Health (Global Strategy) and promote the implementation of all the Sustainable Development Goals (SDGs).ⁱⁱ

An explicit commitment by Governments in the G7 Communiqué that essential services for women's, children's and adolescents' health are a priority for UHC is needed to deliver on the human right to healthⁱⁱⁱ for the most vulnerable and marginalized groups. The G7 commitment to UHC should:

- Ensure women's, children's and adolescents' health are a frontrunner for UHC
- Leave no one behind
- Build integrated and resilient health systems
- Strengthen national health plans with meaningful multi-stakeholder participation
- Mobilise sufficient, equitable and sustainable financing
- Improve coordination and accountability.

Women's, children's and adolescents' health are a frontrunner for UHC

Any essential package should include comprehensive sexual, reproductive, maternal, newborn, child and adolescent health (SRMNCAH) services. These services are universally needed, required by every community and every family. Women, children and adolescents remain among the most vulnerable groups, and effective coverage of essential health services for these populations has a profound impact on individual and population health across the life cycle. Investing in SRMNCAH is a best buy, among the most cost-effective interventions that a health system can provide with an estimated nine-fold return on investment.^{iv}

UHC must leave no one behind

Rooted in the right to health, UHC forces a focus on equity and can operationalise the guiding objective of the SDGs to leave no one behind.

To realise this potential, countries must pursue timely and equitable realisation of UHC, whereby "people who are poor or otherwise disadvantaged gain at least as much as those who are better off, every step of the way towards universal coverage."^v Persistent inequities in coverage of SRMNCAH services must be addressed, including those arising from gender discrimination and conflict. Reaching the most marginalised and vulnerable communities to address these inequities and achieve universal coverage of an essential package of quality health services must be a first priority. Progress towards the Global Strategy and UHC should be assessed by whether inequity gaps in service coverage and health outcomes close.

Integrated and resilient health systems

The urgent need for more resilient health systems became apparent with the recent Ebola crisis in West Africa and the Zika virus in Latin America, exposing the dire consequences of weak health systems for individual and global health security. Well-staffed and funded routine health services are

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crucial not just to prevent and respond to pandemics but to deal with the everyday health crises that claim more lives and cause more disability than outbreaks. Prevention is better than response.

Sustained investments in SRMNCAH are critical in building integrated and resilient health systems, especially in the wake of pandemic and emergency situations. All population- and disease-specific programmes must ensure that the health system is strengthened to be able to respond to the complex and overlapping needs of individuals.

Ebola and Zika were a call to action to do business differently. UHC, through health system strengthening, underpins the health SDG and is an opportunity to deliver sustainable and equitable change. Yet the global health architecture^{vi} is inadequate to deliver on this ambition. The G7 Governments have an opportunity to reform the global health architecture with coherent proposals on health systems strengthening for UHC and health security in the G7 communiqué, consistent with the framing and priorities of the German-WHO *Healthy Systems-Healthy Lives* roadmap.

National health plans and meaningful multi-stakeholder participation

The SDGs and the Global Strategy must be translated into robust and integrated national health plans. While the expanded SDG health priorities threaten proliferation of verticalised initiatives, UHC offers an opportunity for a holistic health system approach.

Meaningful participation of civil society, vulnerable communities and affected groups is crucial to inform priority setting, planning, implementation, monitoring, review and remedial action. For instance, civil society has developed minimum standards for operationalizing country platforms for women's, children's and adolescents' health as part of the Global Financing Facility.^{vii} Civil society involvement in these decision-making processes can ensure the needs and perspectives of vulnerable and minority populations are considered and prioritised to achieve UHC and all the health targets.

Sufficient, equitable and sustainable financing

Achieving the ambition of the health SDG and the Global Strategy will require full financing to implement strengthened national health plans and other related strategies. Countries are obliged to provide the maximum available resources to realise the right to health. Proposed thresholds for sufficient domestic investment include the Abuja target of 15% of total government expenditures, and 5% of GDP^{viii}. An integrated, effective, equitable and sustainable UHC financing strategy is imperative for all of the SDG health targets, as acknowledged by the Global Financing Facility.

UHC is not just a technical objective, it is a political and moral choice, and its realisation requires solidarity and redistribution. Yet in most low- and middle-income countries, households bear the brunt of the financial burden for access to needed health services. Moreover, out-of-pocket payments disproportionately affect access for poor, marginalised and vulnerable populations, including women, who are less likely to have access to or control of the family's income.

To overcome financial barriers to access and the impoverishing consequences of needing health care, countries must eliminate out of pocket payments, including user fees. Fair financing means disassociating access to health care from ability to pay, shifting from user fees to equitable prepayment (through tax revenues or mandatory insurance contributions, scaled by ability to pay), which must be pooled across the population to cross-subsidise the healthy and wealthy to the sick and poor. Many countries provide universal entitlement to women's, children's and adolescents'

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health services that are free at the point of use as a first step on the path to UHC. Countries should also work to improve efficiencies in their use of resources for health, including integrating health systems investments and addressing inequities in coverage.

The SDGs are a universal agenda and require shared responsibility for their realisation. The G7 must deliver on previous commitments to allocate 0.7% of GNI to development cooperation and adhere to the principles of effective development cooperation with revived support for the International Health Partnership (IHP+). We also support the call for 0.1% of GNI to be allocated as health development assistance (ODA) by donors.

Improved coordination and accountability

As priorities are chosen on the pathway to UHC, transparency and meaningful participation of individuals are crucial to balance the review of evidence with social and ethical judgements. Accountability mechanisms within and beyond the health system can help secure appropriate resource allocation, and identify and address inefficiencies and inequities in the use of resources for health.

All stakeholders should contribute to the unified accountability framework for the Global Strategy across the functions of monitoring, review and action, and support initiatives to strengthen accountability at global, regional, national and local levels for UHC. A new UHC 2030 Alliance offers an opportunity to better coordinate investments and to ensure complementarities across the various priorities within health. The G7 has the potential to galvanise stakeholders behind reforms to the global health architecture that can drive equitable and sustainable progress towards UHC.

A strategic priority for the G7

The G7's efforts to improve global health rank among its greatest achievements, including the Muskoka Initiative, which contributed to the creation of the Global Strategy and to substantial progress in improving the health of women, children and adolescents.

Prioritising UHC with an explicit commitment to women's, children's and adolescents' health in 2016 is a strategic choice to accelerate progress across the health SDG and foster greater global health security. It is an opportunity to address the unfinished business of the Millennium Development Goals, strengthening health systems to deliver on the health needs of the most vulnerable. This will ensure no one is left behind.

ⁱ UHC is defined as ensuring that “all people can use the promotive, preventive, curative, rehabilitative and palliative health services they need, of sufficient quality to be effective, while also ensuring that the use of those services does not expose the user to financial hardship”:

http://www.who.int/health_financing/universal_coverage_definition/en/.

ⁱⁱ Gorna, R., Klingen, N., Senga, K., Soucat, A., Takemi, K. 2015. *Women's, children's, and adolescents' health needs universal health coverage*. The Lancet. Vol. 386; No. 10011: 2371-2372.

ⁱⁱⁱ The right to health requires that access to qualified health facilities, commodities and services be provided for everyone equally - especially vulnerable or marginalized groups of the population. Fulfilment of the right to health for women requires that Member States not only provide sexual and reproductive health services, but also remove all legal, economical, social and cultural barriers for women to access health services, education and information, International Covenant on Economic, Social and Cultural Rights, General Comment No. 14: The Right to the Highest Attainable Standard of Health (Art. 12), para. 21.

^{iv} WHO. 2013. *A Global Investment Framework for Women's and Children's Health*:

http://www.who.int/pmnch/media/news/2013/gif_advocacy.pdf.

^v Gwatkin D, Ergo. 2011. *A Universal health coverage: friend or foe of health equity?* The Lancet. Vol. 377; Issue 9784: 2160-2161.

^{vi} Which refers to the institutions, actors, functions and dynamics that inform the governance, priorities and resource flows in global health.

^{vii} <http://www.who.int/pmnch/media/events/2015/cso/en/>.

^{viii} McIntyre, D., Meheus, F. 2014. *Fiscal space for domestic funding of health and other social services*. Chatham House Working Group on Financing, Paper 5:

<https://www.chathamhouse.org/publications/papers/view/198263>

The Partnership for Maternal, Newborn and Child Health (PMNCH) joins the reproductive, maternal, newborn and child health (RMNCH) communities into an alliance of more than 725 member organizations, across seven constituencies: academic, research and teaching institutions; donors and foundations; health-care professionals associations; multilateral organizations; non-governmental organizations; partner countries; and the private sector. Working together our goal is a world in which all women, newborns, children and adolescents not only are healthy, but thrive.

The Partnership enables partners to share strategies, align objectives and resources, and agree on interventions to achieve more together than they would be able to achieve individually.

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