



health

Department:
Health
REPUBLIC OF SOUTH AFRICA



**Talking Points for Deputy Minister of Health, Dr Joe Phaahla on National Health Insurance (NHI)
Crown Plaza, Nairobi,
13 November, 14:00 – 16:00**

Programme Director

Leader of the South African Delegation, Minister Jackson Mthembu,

Director-General of the World Health Organization Dr Tedros Adhanom Ghebreyesus

Heads of other UN Organisations present here today

Ministers and Cabinet Members Colleagues present here today

Dr Githinji Gitahi, Global CEO of AMREF Health Africa, Co-Chair UHC2030 and Member of the Governing Board for the Africa CDC

Deputy Minister of the Department of International Relations and Cooperation

Heads of Organisations present here

Distinguished Guests

Ladies and Gentlemen

Warm greetings to you all!

South Africa has noted with admiration the Director-General of the World Health Organization, Tedros Adhanom Ghebreyesus' commitment to work tirelessly to fulfil the promise of Universal Health Coverage.

Dr Tedros Adhanom Ghebreyesus, we too “envision a world where everyone, regardless of who they are or where they live, can lead healthy and productive lives”. South Africa will work tirelessly with you and the World Health Organization to ensure universal health coverage is and remains a top priority at the highest political levels possible. We will work in close partnerships with countries and regions to ensure that the dream of the founding father of our democracy, Nelson Mandela that health a fundamental human right, is realised in our life time.

The World Health Organization is central to the realisation of this dream. It is the only organization in the world that has the mission and mandate to protect and promote the health and wellbeing of all the people. We know that we have a lot of work to do to fulfill this mandate. But again, “it always seems impossible until we try...The mark of great leaders is the ability to understand the context in which they are operating and act accordingly, Madiba counselled us.

Universal health coverage is about strengthening health systems in our respective countries so that we are better able to prevent, monitor, detect, and respond to health emergencies. As we endeavour to deliver on disease prevention, health promotion, and treatment for communicable and non-communicable diseases alike, we have to ensure that families are not driven into poverty because of their need to access quality of care.

Ladies and gentlemen

Dr Tedros Adhanom Ghebreyesus also made another very significant statement as he campaigned for our lot. He said that: “Universal Health Coverage is a matter of political commitment and we have to ensure political commitment if we are going to achieve it.”

This is an extremely important message for the global health community, which often tends to overlook the politics of health reforms and prefer to focus on technical solutions.

This we know to be true, that in every country, extending health coverage is an inherently political process, especially when it comes to creating an equitable health financing system. This is because Universal Health Coverage can only be achieved by the state compelling healthy and wealthy members of society to subsidise services for the sick and the poor. In effect, Universal Health Coverage can only be reached through public financing where the state has a big role in raising revenues fairly, according to people's ability to pay and allocating pooled resources according to health needs.

Not surprisingly, this transition to a publicly financed health system is often challenged by interest groups that tend to benefit from a fragmented privately financed system – for example private insurance companies, private hospitals, and those who are ideologically opposed to a welfare state. This opposition can be extremely well organised and powerful as we are seeing in the United States and South Africa.

Overcoming this opposition and launching successful Universal Health Coverage reforms therefore requires a large investment of public financing and political capital by the government. In fact, given the huge political costs and benefits involved, it is usually the case that Universal Health Coverage reforms must be led by the head of state, as ministries of health lack the power to raise sufficient funding and tackle Universal Health Coverage opponents effectively.

We need to remain firm in our message that only does Universal Health Coverage improve health indicators, it also brings economic benefits to countries in accelerating economic growth, reducing inequalities, and eliminating impoverishment due to health costs. If we only pay lip service to a commitment to primary healthcare as a means of investing in people's wellness, the world will be working with global health goals focused on responding to illness and disease management than preventing them.

By prioritising universal health coverage, countries can ensure that all citizens have access to the quality, essential health services they need without suffering financial hardship – a pre-condition to enabling thriving and productive communities.

Fortunately, momentum for universal health coverage is mounting. All UN member countries have agreed to achieve universal health coverage by 2030. As part of Africa, we are stepping up our efforts and experimenting with models suited to their contexts for moving toward universal health coverage. However, we must overcome design and technical challenges to achieve universal health coverage, including tackling large informal sector populations, transforming how health services are delivered to ensure they are more people-centred, addressing the complexity of health financing systems, maximizing limited available revenue sources and considering the shifting political landscapes that affect the continuity of reform efforts.

Finally, Dr Tedros Adhanom Ghebreyesus, we thank you Sir for your vision and leadership.

I THANK YOU