

World Bank Group President David Malpass'

Remarks at the 2019 UN High-Level Meeting on Universal Health Coverage (UHC)

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Transcript

Excellencies, ladies and gentlemen, I am pleased to be here today to discuss the World Bank Group's work in achieving better healthcare access and outcomes. Accelerating progress toward UHC is critical to alleviating extreme poverty and boosting shared prosperity.

Health is also an economic imperative as it is one of the global economy's largest sectors, providing **50 million jobs**—and the majority for women.

However, our latest figures show that every year, people pay over **half a trillion dollars** out-of-pocket for health care. This causes financial hardship for more than **925 million people** and pushes nearly **90 million people** into extreme poverty every year.

Improving health outcomes is a key focus at the World Bank Group. Words are not sufficient – improved funding and health systems are vital. IDA – our fund for the poorest countries – is one of the most important tools to finance healthcare in lower income countries.

Over the last decade, IDA has provided US\$13.5 billion to fund essential health interventions for 770 million people, and immunizations for 330 million children. The share of IDA funding for health and nutrition has increased by 60% over the last decade, reflecting rising demand from countries.

IDA funding is critical, but it is not nearly enough. Even in the most optimistic scenarios, we estimate that the financing gap to achieve UHC in the 54 poorest countries – home to **1.5 billion people** – will be around **\$176 billion** annually.

To close that gap, we are focusing relentlessly on delivering good outcomes. I propose four priority areas where we can do more, and most importantly, where there is strong evidence on what works.

First, it's important to ramp up investments in affordable, quality primary health care.

- This makes sense both from a health and economic perspective. We need more resources to detect and treat conditions early, before they become more serious. This will save lives *and* reduce health care costs.
- The cost of not investing is enormous. This includes direct costs, as we see today in DRC, where the World Bank through IDA has committed more than US\$ 350 million to fight Ebola. It also includes longer term economic costs. The countries hardest hit by the West African Ebola outbreak 5 years ago are still feeling its effects today.
- At the World Bank Group, we are focused, not only on increasing *access* to health care, but also on *quality and affordability* by linking financing to results.
- Nigeria's recent announcement that the country has been polio-free for three years is a remarkable outcome.

Second, it is key to redouble our efforts to engage the private sector and unlock new models for health financing and delivery. The unmet coverage and financing needs are too vast for the public sector to close the gap alone.

- In **Afghanistan**, we are supporting a national scale-up of a project to contract basic services to private health providers. This has led to a five-fold increase in health coverage and a **60 percent** reduction in child mortality over the past decade. With this investment, **80 percent** of children will be immunized, **and two-thirds of births** will occur in health facilities with skilled care, saving an additional **200,000 lives**.
- We are working with **India** on their ambitious plan to eliminate tuberculosis by 2025 by scaling up the speed and quality of TB detection and treatment in privately run health facilities—the first stop for **80 percent** of TB patients. The goal is to increase treatment success rates from **11 percent** to **70 percent** over the next five years.
- And with the changing nature of work and the emergence of the gig economy, the World Bank and IFC are supporting the rollout of mobile health insurance platforms

such as M-Tiba in Kenya. The platform is already reaching **4.5 million people** and is projected to cover **10 million people** over the next 3 years.

- We estimate that these programs have extended financial protection to about **60 million people** across **22 countries** and have the market potential to reach tens of millions more.

Third, to improve health outcomes, we must go beyond health. That means supporting communities by improving education, broadening social services, and creating jobs.

- All the money we invest in health facilities, health workers, vaccines, drugs, and health technologies will be wasted if we don't address issues such as childhood stunting, girls' education, and weak social safety nets that leave families vulnerable.
- We are working with more than **60 countries** through the Human Capital Project to help them take an integrated, whole of government approach to improving human development outcomes.
- One example is the World Bank's women's empowerment project in the Sahel, or SWEDD, where maternal and child mortality rates are some of the highest in the world. SWEDD is taking an integrated approach by engaging with health, community and religious leaders to improve health services, keep girls in school, and create economic opportunities for women. Early results are promising: dropout rates in the project areas have been cut in half.

Finally, we need to change the way we finance health.

For all countries, it means getting better outcomes for the money they're spending.

For international partners, this means aligning support and funding to catalyze domestic resources and build sustainable national systems.

Country leadership is critical. If leaders commit to building smarter, data-driven, cost-effective health systems, they can deliver affordable, quality health care. They can build a healthier, prosperous, promising future for their people.

In that effort, the World Bank Group will be a committed partner.

Thank you.