



**DEVELOPMENT COMMITTEE**  
(Joint Ministerial Committee  
of the  
Boards of Governors of the Bank and the Fund  
on the  
Transfer of Real Resources to Developing Countries)

**NINETY-SECOND MEETING**  
**LIMA, PERU – OCTOBER 10, 2015**

DC/S/2015-0043  
October 10, 2015

**Statement by**  
**Dr. Margaret Chan**  
**Director-General**  
**World Health Organization**

**Statement by**

**Dr. Margaret Chan  
Director-General**

**World Health Organization**

**92<sup>nd</sup> Meeting of the Development Committee**

**October 10, 2015  
Lima, Peru**

The World Health Organization welcomes the adoption of the 2030 Agenda for Sustainable Development and the ambitious vision for the world we want. A world where no-one will be left behind. Where gender equality is guaranteed. And where we share collective responsibility to ensure the health and social prosperity of people and our planet.

Goal 3 of the Sustainable Development Goals – to ensure healthy lives and promote well-being for all at all ages – echoes one of the core principles underpinning the Constitution of the World Health Organization: where “the enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, political belief, economic or social condition”.

Achieving the SDGs will require all partners to pay special focus on building sustainable and resilient health systems in our pursuit of Universal Health Coverage, healthy lives and well-being. The lessons from the Millennium Development Goals, and most recently from the Ebola Virus Disease outbreak, have impressed upon us all that Universal Health Coverage, Global Health Security and the inter-connected nature of other SDGs are related to the capacity of a health system - and especially the personnel within it - to function effectively and to withstand shocks.

Health is an intrinsic aspect of human welfare, and thus worthy of pursuit in its own right. Beyond this however, progress towards Universal Health Coverage is essential to global efforts to eliminate poverty. The World Development Report 2014 on Managing Risk for Development noted that health shocks are one of the leading factors that push households below the poverty line and keep them there. We estimate that approximately 100 million people annually are impoverished due to their direct expenses for medical care. Thus, there is a strong convergence between the global health and anti-poverty agendas, and Universal Health Coverage is central to both.

Unfortunately, and despite reported progress on the MDGs, too many countries exhibit weak health systems. These are characterized by: a fragmented approach to policy formulation, planning and implementation; duplication of services; parallel systems; inefficient use of resources; shortages and maldistribution of health workers; inadequate public funding; fragmented financing systems; limited access to essential medicines and health products; shortages of medical and diagnostic equipment, and; sub-standard health infrastructure. In parallel, other countries are experiencing protracted emergencies that limit the opportunities to address these major deficits.

As we embark upon the SDGs we need to renew our attention to health systems. In this respect, the WHO recognizes the importance of close collaboration with the World Bank and International Monetary Fund in our efforts to strengthen domestic health financing arrangements. The evidence is clear – progress towards Universal Health Coverage requires a predominant reliance on public funding for the health system. Direct

payments by patients pose risks of impoverishment for those who pay, and barriers to use for those who cannot. Voluntary health insurance can at best play only a complementary role. So it is public spending that matters. This is why the key messages of the Addis Ababa Action Agenda from the 3<sup>rd</sup> Financing for Development Conference are central to progress towards Universal Health Coverage. The International Financial Institutions have a key role to play in helping countries to improve their taxation systems, and more generally a collective effort is needed to address the challenges of international tax avoidance and illicit financial flows, all of which undermine efforts to expand fiscal space for national priorities, including health.

But while increasing public funding is important, countries cannot simply spend their way to Universal Health Coverage. Sustaining progress requires attention to efficiency – getting “more health for the money” by reducing waste and duplication, and demonstrating accountability for the funds spent in the health sector. We believe there is a positive link – where health ministries demonstrate good performance, they are better able to make a credible case for increased funding. This is clearly a national agenda, but international efforts are needed as well to address the unintended consequences of the focused efforts to address disease priorities in the MDG era. Sustaining progress in the future requires moving away from multiple parallel system “silos” and instead strengthening underlying national mechanisms for procurement, information management, supply chains, and so forth, that these can serve the needs of the entire health system. We are working closely with the World Bank on this “transition and sustainability” agenda, and we look forward to deepening this joint effort in the years to come.

Strengthening health systems is much more than a financing issue, however, and we must learn from the MDGs while also anticipating the type of health systems that will be required in 2030. Countries are at very different stages, and our approach must be differentiated and flexible to support a diversity of country needs. Where there are major deficits of needed inputs, the focus must be on investing to build essential resilience. Where systems are inefficient, we must improve governance, infrastructure and capacity. And in other systems we may focus on incremental reforms to improve both performance and productivity.

A key feature is the health workforce. The United Nations General Assembly recognizes the value of investing in Human Resources Development. The adoption, in December 2011, of resolution A66/217 Human Resources Development calls upon Member States “to place human resources development at the core of economic and social development ...as educated, healthy, capable, productive and flexible workforces are the foundation for achieving sustained, inclusive and equitable economic growth and development”.

We must apply the same evidence to human resources for health: creating new employment – especially for women and youth; addressing global deficits, and; optimizing the capacity of a multi-disciplinary health workforce to plan, manage, finance and deliver integrated, people-centred services responsive to population needs.

Health systems strengthening is the activity to create sustainable, resilient health systems. The attainment of UHC, global health security, healthy lives and well-being requires it. The targets and goals of the SDGs become the shared result.