

# Unlocking Universal Health Coverage 2030: The Power of Health Financing

A breakfast discussion on the sidelines of UNGA 78

September 20, 2023 • New York, NY

## EVENT ORGANIZERS



*Views represented in this document are those of HFI and do not necessarily reflect the general position of Sanofi.*

**Aligning with the themes of the 78th session of the United Nations General Assembly, this event provided an opportunity for engagement with high-level stakeholders on issues related to sustainable development and financing for SDG3 - target 3.8.**

The event focused on the global perspective of financing resilient health systems and emphasized innovative finance solutions that have positively influenced healthcare delivery and accessibility.

To orient and guide these discussions, HFI presented its novel framework for measuring progress on innovative health financing solutions.



## Key Themes

1

### Financing Impasses & Their Impact — How to Build Resiliency through Effective Governance

Speakers highlighted the relationship between large-scale global crises, such as the COVID-19 Pandemic, and fiscal pressure on health systems.



2

### Designing & Implementing Innovative Health Finance Solutions

Innovative health financing solutions are crucial in UN conversations to address evolving health challenges, mobilize resources, foster collaboration, and promote equitable and sustainable healthcare systems globally, advancing Universal Health Coverage and the Sustainable Development Goals.

3

### Success on the Road to SDG3 (3.8 - Universal Health Coverage) — Case Studies in Conventional & Innovative Finance

Speakers discussed country-specific case studies and success stories showcasing both conventional and innovative finance solutions that have positively influenced healthcare delivery and accessibility.

**Overall, most low- and middle-income countries are not on track to meet SDG 3.8, universal health coverage. It is estimated that even under best case scenarios, only 40% of LICs will be able to afford even the most basic package of services not by 2030 – but by 2040 (Dieleman et al., 2018).**

**Further, least developed countries continue to struggle to meet even the minimum requirements for achieving UHC. The WHO defines “very low levels of public spending on healthcare” as <PPP\$ 40 per capita. Their findings suggest that in terms of financial protection, significant improvement is observed across WHO samples of countries only once public spending is greater than PPP\$ 200 per capita.**

## Keynote Address

**Jon Fairest, Head of Global Health Unit, Sanofi**

**The GHU is our key contribution to ensure access to care for the most underserved and fragile populations in the world.**

Sanofi's Global Health Unit, a cornerstone of Sanofi's commitment to society, is a pioneering non-profit and sustainable social business model. Our goal is to improve access to 30 essential Sanofi-quality medicines in 40 countries with the highest unmet medical needs and where we have limited or no presence. We took the step of creating a new brand, called Impact, to minimize the potential of diversion to neighboring countries but most importantly substandard or falsified medicines.

We are focused on non-communicable diseases and have reached over 238,000 people, moving toward our goal of reaching 2 million by 2030.

**We are in a critical moment for the financial sustainability of healthcare systems due to the epidemiological transition, the impact of emerging NCDs and the limited resources of development agencies.**

According to WHO, 17 million people die from a non-communicable disease before the age of 70 and 86 percent of those premature deaths occur in low- and middle-income countries.

Besides this epidemiological transition, financial sufficiency to serve the increased population is not guaranteed. Despite COVID, the global agenda has moved largely away from investing in health. Where Official Development Aid (ODA) has increased, it largely has been for Ukraine. Investment from development agencies is also impacted by the transition from financing ID to NCDs where there is neither expertise nor enough resources to invest.

**To achieve meaningful progress on access we should leverage the power of partnering and secure meaningful investments in health.**

We strive to bring together health authorities, local experts and non-governmental organizations, aid agencies and donors, private companies, and innovators. But, deploying integrated solutions to improve long-term outcomes for patients living with NCDs in low-income countries will require complex approaches and solid financing.

We should drive political attention to the need for continuous meaningful investments in health. We are ready to develop joint projects that will help to build basic primary healthcare infrastructure also to support NCDs (as they account for over 80% of the global disease burden for LMICs).



**Jon Fairest**  
Head of Global Health Unit,  
Sanofi

Jon Fairest is head of the Global Health Unit at Sanofi, where he leads strategy and implementation of the newly launched non-profit, sustainable business that will operate in the 40 poorest countries in the world to expand access to 30 essential Sanofi medicines.

Jon joined Sanofi in 2002. He held general manager roles in Bulgaria, Finland, Portugal and Canada before taking the position of head of the Africa region. In 2019, Jon became head of external affairs for Eurasia, Middle East and Africa and served as head of trade and revenue management, a transversal organization across Sanofi Global Business Units.

Jon began his career with Bayer in the United Kingdom where he held positions in sales and marketing. He is a member of the Chartered Institute of Management Accountants.



**Dr. Andrea Feigl**  
Founder & CEO  
Health Finance Institute

Dr. Feigl has extensive leadership experience in academia, the public sector, international organizations (WHO, WB, OECD), and the global non-profit sector. Andrea's past work focused on the economics and policies of preventing and treating the economic burden of chronic diseases, as well as on health financing and governance.

Andrea has been recognized as the innovator of the Evidenced Formal Coverage Index metric for universal healthcare coverage, has co-founded the Young Professional Network for Chronic Diseases (YP-CDN), and is the recipient of multiple prestigious awards. She has authored several high level reports, including Development Aid Flows for Chronic Diseases for the Center for Global Development and a leading WEF/Harvard report on the global economic burden of chronic diseases.

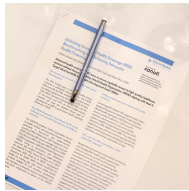
A native of Austria, Andrea received her PhD in global health from Harvard University, MPH and BSc (First Class Honors) with a full scholarship from Simon Fraser University in Canada, and IB from Red Cross Nordic United World College in Norway.

## Framework Overview

**Dr. Andrea Feigl, Founder & CEO, Health Finance Institute**

Dr. Andrea Feigl introduced the Health Finance Institute's **groundbreaking framework** for benchmarking blended and private financing towards UHC, setting the stage for insightful discussions.

She spoke about the importance of health financing to achieve UHC and the lack of progress so far, noting the gaps in essential health coverage and financial protection, highlighting that most countries are off-track for achieving UHC.



**Unlocking Universal Health Coverage 2030: Benchmarking and Achieving Adequate Health Financing**

[View Policy Note ↗](#)

## Keynote from WHO Assistant Director-General

**Dr. Bruce Aylward, MD, MPH**

**Assistant Director-General, Universal Health Coverage, Life Course Division, World Health Organization**

Dr. Bruce Aylward, Assistant Director, UHC, World Health Organization, delivered a speech with key messages from Dr. Tedros and the UHC 2023 global monitoring report, highlighting the urgent need to address health financing challenges, implement strategic fiscal policies, ensure public financing for vulnerable populations, and monitor progress to overcome the critical state of Universal Health Coverage (UHC).



**Dr. Bruce Aylward,  
MD, MPH**

**Assistant Director-General, Universal Health Coverage,  
Life Course Division, World Health Organization**

In the position of Assistant Director-General of the Universal Health Coverage, Life Course Division, Dr Aylward drives the Organization's agenda to make primary health care available to all without financial hardship, and oversees WHO's work on health systems, immunization and reproductive, maternal and child health.

Prior to taking up this position, Dr Aylward led WHO's Transformation Agenda and the Organization's involvement in special initiatives such as the multi-agency Access to COVID-19 Tools Accelerator (ACT-A) Hub and the G20 Joint Finance-Health Task Force. Dr Aylward has 30 years of experience with WHO, working at all three levels of the Organization and serving in a range of leadership positions including Director of the Global Polio Eradication Initiative Partnership, Assistant Director-General of the WHO Polio and Emergencies Cluster, Executive Director of the WHO Emergencies Programme, and Deputy Director-General for the West Africa Ebola Response. He also

served as the Special Representative of the Director-General to the United Nations Emergency Ebola Response (UNMEER) from September 2014 to July 2016. In 2016, Dr Aylward led the establishment of the new WHO Emergencies Programme, then managed the reform of the United Nations Office for the Coordination of Humanitarian Affairs (OCHA) before returning to WHO in late 2017 to lead the design and implementation of WHO's ongoing Transformation Agenda.

Dr Aylward is a physician and epidemiologist with a Medical Doctorate from the Memorial University of Newfoundland, Canada, a diploma from the London School of Hygiene and Tropical Medicine in the United Kingdom, and a Master's degree in public health from the Johns Hopkins University Bloomberg School of Public Health in the United States of America.

PANEL #1

## Pathways to Universal Health Coverage: National Perspectives on Financing Solutions

The first panel included government representatives from France, Indonesia, and South Africa who discussed their countries' journeys towards UHC. They highlighted successes, challenges, and different financing approaches being used such as taxes on tobacco, alcohol, carbon, etc. as well as insurance schemes.

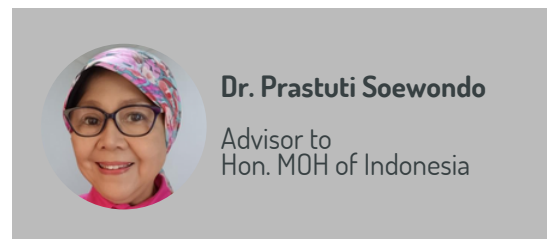


**Honorable Anne-Claire Amprou, Ambassador of Global Health from France**, reflected on France's long objective of ensuring all countries have the resource to fight poverty and climate change in human development, especially surrounding health systems.



She discussed France's efforts to support emerging countries' health financing efforts through international collaboration, local health systems strengthening, and advocated for raising tax revenue to fund national health systems. She spoke about France's renewed financing framework that supports countries in increasing long term investments in national health system. She outlined a 3-step approach France is taking: 1) Promote national and international models to finance health systems for UHC 2) Enhance coordination of financing mechanisms and institutions 3) Explore new financing sources like the World Bank's pandemic fund. She also spoke on France's creative methods to finance their health system, specifically citing the Tobacco tax, which had the dual impact of reducing Tobacco use and funding the health system.

**Dr. Prastuti Soewondo, Advisor to the Minister of Health of Indonesia**, gave an overview of Indonesia's journey to UHC including merging multiple insurance schemes into one, high population coverage rates, contracting with private providers, and IT systems development. Challenges faced include insurance deficit, inability of informal workers to pay premiums after COVID, and need for more preventive care.



**Dr. Aquina Thulare, representing the South African National Health Department**, discussed South Africa's fragmented private-public healthcare system and ongoing efforts to pool resources and advance equity through the proposed National Health Insurance (NHI) system. She noted high unemployment, income inequality, and private sector capital expenditure as drivers of inequity. The NHI policy aims to transform healthcare financing and provision to be more equitable.



PANEL #2

## Fostering a Healthy World: Innovating Global Health Finance for Progress



The second panel included representatives from WHO, World Bank, and Gavi. They discussed the global health financing landscape and using innovative financing mechanisms.

Key points included the need for more efficient and strategic use of existing funding, public financing focused on essential services and institutions, leveraging private sector engagement, and financing that is flexible and available immediately during crises.



**Dr. Monique Vledder**

Head of Global Health, Nutrition & Population Department, World Bank

**Dr. Monique Vledder, Practice Manager for World Bank Health Nutrition & Population**, emphasized the need for strategic use of World Bank grant financing to leverage other funds, support systems strengthening, and focus on frontline service delivery. She outlined World Bank investments in 100 countries for health systems and pandemic preparedness, guided by principles of country ownership, systems focus, good governance, and equity.



**Ms. Marie-Ange Sarako-Yao**

Chief Resource Mobilization & Growth Officer, Gavi

**Ms. Marie-Ange Sarako-Yao, representing Gavi**, discussed the role of innovative financing mechanisms like IFFIm in mobilizing funds quickly. She highlighted the need for complementary financing tools and private sector partnerships to improve quality and efficiency. Gavi aims to leverage its expertise towards UHC using instruments like IFFIm and COVAX.



**Dr. Awad Mataria**

Director of Universal Health Coverage/Health Systems, WHO Regional Office for the Eastern Mediterranean

**Dr. Awad Mataria from WHO EMRO** noted the diversity of countries in the region from high to low income. He emphasized four key points including the need for more public financing directed at essential services, optimizing public health institutions, community-oriented primary care models, and financial protection schemes. He concluded there are opportunities despite fiscal constraints to advocate for prioritizing health investments.

## AUDIENCE Q&A AND CONCLUSION

# Elevating the Dialogue: Shaping Health Finance for a Resilient Tomorrow

Discussion topics like fiscal space, IMF policy constraints, and role of pharmaceutical companies, participants reiterated the need for more advocacy and evidence around health investment for economic growth and stability. The event concluded with organizers summarizing key takeaways.

## KEY TAKEAWAYS

### Insights and Call to Action

**1 Progress towards universal health coverage globally is significantly off-track**, with billions lacking access to essential health services and financial protection. There is an urgent imperative to address health financing to get on track.

**2 Domestic public health spending is critical but needs to be directed strategically** towards high-impact essential services, public health institutions, and financial protection schemes for the poor.

**3** The overall fiscal space for health is shrinking in many countries due to economic conditions, highlighting **the need for more efficient and equitable use of existing resources**.

**4 Innovative and blended financing mechanisms** can help mobilize additional funds quickly and strategically but **need to augment not replace domestic public spending**.

**5 Private sector collaborations and financing** can play a complementary role to public funding but **require good governance and alignment** with national health priorities.

**6 Better data and monitoring of both public and private health expenditures** is crucial to drive progress and accountability towards UHC.

**7 Global solidarity and coordination on taxation, debt relief, and financing policies is important** to provide fiscal space for countries to invest in health systems.

**8** Health advocates need to **effectively demonstrate and make the case for health investment** contributing to development, economic growth, and security given competing priorities.

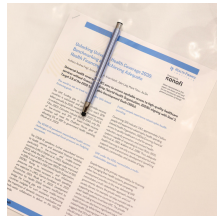
**9** While challenges are steep, **countries can learn from each other's innovations and policy experiences** in progressing towards UHC.



## Additional Resources

### Policy Note

Learn about the framework developed by HFI with support from Sanofi, for benchmarking blended and private financing towards UHC.



Unlocking Universal Health Coverage 2030: Benchmarking and Achieving Adequate Health Financing

[View Policy Note](#)

### Event Website

The event page on HFI's website has the detailed agenda with bios for all speakers and panelists.



[View Event Website](#)

## Videos

### Event Highlights Video (2 min)



[Watch Video](#)

### Short Trailer Video #1 (<1 min)



[Watch Video](#)

### Short Trailer Video #2 (<1 min)



[Watch Video](#)