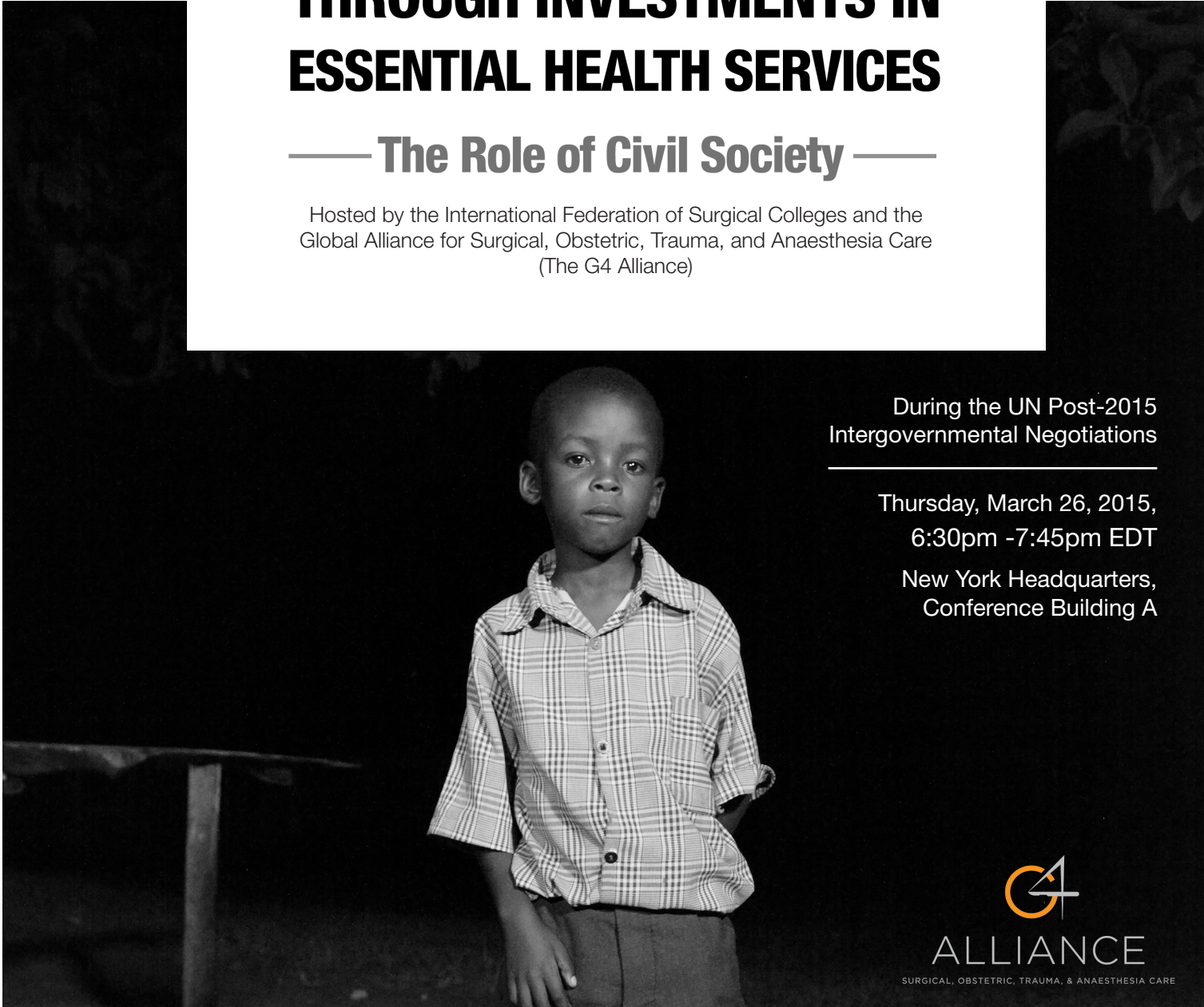




ACHIEVING UNIVERSAL HEALTH COVERAGE THROUGH INVESTMENTS IN ESSENTIAL HEALTH SERVICES

— The Role of Civil Society —

Hosted by the International Federation of Surgical Colleges and the
Global Alliance for Surgical, Obstetric, Trauma, and Anaesthesia Care
(The G4 Alliance)



During the UN Post-2015
Intergovernmental Negotiations

Thursday, March 26, 2015,
6:30pm -7:45pm EDT
New York Headquarters,
Conference Building A



ALLIANCE

SURGICAL, OBSTETRIC, TRAUMA, & ANAESTHESIA CARE

A young boy with a shaved head, wearing a plaid button-down shirt, shorts, and dark shoes with white socks, stands in front of a tree. The background is a soft-focus outdoor setting with green foliage. The text is overlaid on the image in a clean, sans-serif font.

01.

Agenda

02.

Introduction Letter from the G4 Alliance and IFSC

03.

Speakers

04.

**15 Facts You Should Know About
Universal Health Coverage**

05.

**The Role of Essential Health Services in Achieving
Universal Health Care**

01.

Agenda

6:30–6:35 | Introductory Remarks

Essential Services as part of UHC: Leave No One Behind

Dr. Jaymie Henry, Executive Director, The G4 Alliance

6:35–6:55 | Special Remarks

H.E. Dr. Eugene Newry, Ambassador of the Commonwealth of the Bahamas to the United States of America and Permanent Representative to the Organization of the American States

6:55–7:00 | Universal Coverage = Universal Access to Health Workers

Dr. Laura Hoemeke, Director, Communications & Advocacy, IntraHealth International, Steering Committee Member, Frontline Health Workers Coalition and Health Workforce Advocacy Initiative

7:00–7:05 | Preventing Disability from Trauma through Essential Health Services:

The Role of Reconstructive Surgical Care and Training

Dr. Thomas Davenport, Reconstructive Surgeon, Board of Directors, ReSurge International, Partner, Long Island Plastic Surgical Group, Director of Surgical Wound Care and Microsurgery, Winthrop-University Hospital

7:05–7:10 | Disease Control Priorities 3rd Edition on Essential Surgery:

An Essential Service on the Path Towards Universal Health Coverage

Dr. Carol Levin, Senior Health Economist and Clinical Associate Professor
Disease Control Priorities Network, Department of Global Health, University of Washington

7:10–7:15 | Universal Health Coverage and the Role of Public-Private Partnerships

Ms. Emily Dery, Head, Global Health Track, Clinton Global Initiative

7:15–7:20 | Financing UHC and the Case for Investing in Essential Services

Dr. Melanie Walker, Director of the President's Delivery Unit and Senior Advisor to President Jim Yong Kim, World Bank Group

7:20–7:40 | Q&A and Discussion

7:40 | Closing Remarks

02.

Introduction Letter from the G4 Alliance and IFSC

Dear Colleague:

The Global Alliance for Surgical, Obstetric, Trauma and Anaesthesia Care (the G4 Alliance), and the International Federation of Surgical Colleges (IFSC) are delighted to be co-hosting today's UN Side Event entitled: "Achieving Universal Health Coverage through Investments in Essential Health Services: The Role of Civil Society". This session coincides with the March post-2105 UN Intergovernmental Negotiations, which will focus on the sustainable development goals (SDGs) and targets.

As the final stage of the post-2015 agenda setting process unfolds, we are called upon as members of civil society to advocate for a global development agenda that is sustainable, achievable and inclusive.

A collective vision of the road to 2030 must be anchored with a human rights-based approach and the recognition that the health and well being of all people, regardless of age, demographics, geography or social standing, is essential to the achievement of universal health coverage (UHC) and sustainable development overall.

This side event will focus on UHC and the role of essential health services, including maternal and child health care, surgical care, injury and trauma care, rehabilitation and treatment of chronic conditions. We are honored to welcome a remarkable panel of speakers who will be addressing a broad range of themes including: the role of UHC and essential services, patient needs and effective interventions, economic implications of UHC as part of the sustainable development goals, appropriate indicators to measure progress, and the importance of multi-stakeholder collaboration.

Thank you for participating in our event, increasing awareness on the indispensable role of essential health services in supporting UHC and the sustainable development goals.

Sincerely,

Jaymie Henry, MD, MPH
Executive Director, The G4 Alliance

Robert H.S. Lane, MS
President, International Federation of Surgical Colleges

03.

Speakers and Special Guests



His Excellency Dr. Eugene Glenwood Newry

Ambassador of the Commonwealth of the Bahamas to the United States of America

His Excellency, Dr. Eugene G. Newry presented his credentials to President Barack Obama in December 2013 appointing him as Ambassador Extraordinary and Plenipotentiary of the Commonwealth of The Bahamas to the United States of America. Prior to this appointment, Ambassador Newry served as Ambassador/ Permanent Representative of The Commonwealth of The Bahamas to the United Nations.

He was also Ambassador-at-large during 2012.

Ambassador Newry formerly served as Ambassador to the Republic of Haiti and the Dominican Republic from 2002 to 2007.

Additionally, he currently serves as an Alternate Permanent Representative to the 34-Member Organization of American States (OAS).

Prior to his work in the political arena, the multilingual Ambassador's primary profession was Neurosurgery until 2002.

The Ambassador has had a life-time interest in The Bahamas' place in the world, specifically in the collaborative aspects of Commerce and self-financing in the Greater Caribbean Region, that he names "Carilateralism".

He sees The Bahamas as the commercial hub for the Air and Sea Transportation in the direction of business towards the rest of the region, believing that through intraregional crowd funding mechanisms of Carilateralism the region can contribute significantly to the self-funding of its development. Foreign Direct Investment would then be an adjunct to regional efforts and thus retaining a greater degree of psychological autonomy.

His hobbies include farming, classical music, financial projects and the happiness of pursuit ensuing from all these.

Ambassador Eugene G. Newry is married and has four children.



Jaymie Ang Henry

Executive Director, The G4 Alliance

Jaymie is a doctor, a writer, a public health specialist, and advocate for including essential surgical care as part of primary healthcare and universal health coverage. She is Executive Director of the Global Alliance for Surgical, Obstetric, Trauma and Anaesthesia Care (The G4 Alliance) a global collaboration dedicated to advocating for the neglected surgical patient. Jaymie obtained her MD from the University of Santo Tomas Faculty of Medicine and Surgery in Manila, Philippines, and a master's in Public Health at the University of California, Berkeley School of Public Health. Jaymie started her training in General Surgery at the Mount Sinai Hospital (NY), has served as a fellow at Surgeons OverSeas, an ambassador at UCSF Institute for Global Orthopedics and Traumatology, and researcher at the World Health Organization Violence and Injury Prevention and Disability and Emergency and Essential Surgical Care. Jaymie is Founding Executive Director and Executive Board member of the International Collaboration for Essential Surgery, a non-profit dedicated to raising the profile of Essential Surgery. Jaymie is the producer, writer, and director of the film dedicated to surgical issues in developing countries, "The Right to Heal." She also co-directed the Global Health Core Course at the UC Berkeley School of Public Health. Actively involved in conferences and meetings as a sought-after speaker and lecturer, Jaymie was a panelist at the World Social Business Day with Muhammad Yunus and a Global Surgery speaker at the UC Berkeley Global Health Course, American College of Surgeons, American Public Health Association conference, and various national and international conferences.



Dr. Thomas Davenport

Reconstructive Surgeon, Board of Directors, ReSurge International, Partner, Long Island Plastic Surgical Group, Director of Surgical Wound Care and Microsurgery, Winthrop-University Hospital

Tom is a plastic surgeon practicing on Long Island, New York. He received his bachelor's degree from Iona College, his medical degree from Yale University, and his surgery training in general surgery and plastic surgery at the Massachusetts General Hospital, Harvard University Program. As a fellow at Memorial Sloan Kettering Cancer Hospital in New York City, Tom pursued specialty training in cancer reconstruction and cosmetic surgery. In 2000, ReSurge awarded him the prestigious Webster Fellowship. As the Webster fellow, Tom traveled around the world performing reconstructive surgery and lecturing on plastic surgery. He was also awarded an additional fellowship at Harvard University to work at the Shriners Burn Hospital for Children in the reconstruction of burn and accident victims. His special interests include burn reconstruction, cancer reconstruction, breast reconstruction and cosmetic surgery. Tom also serves as chair of ReSurge's surgery committee. He joined the ReSurge board in 2008.



Ms. Emily Dery

Head, Global Health Track, Clinton Global Initiative

Emily Dery co-leads the Global Health Track at the Clinton Global Initiative. The Clinton Global Initiative (CGI), an initiative of the Clinton Foundation, convenes global leaders to create and implement private-public partnerships to solve the world's most pressing challenges. She facilitates partnership and commitment development for stakeholders focused on strengthening health systems globally and addressing the rising prevalence of NCDs in low- and middle-income countries, including cardiovascular diseases, chronic lung diseases, cancers, and diabetes.



Dr. Laura Hoemeke

Director, Communications & Advocacy, IntraHealth International, Steering Committee Member, Frontline Health Workers Coalition and Health Workforce Advocacy Initiative

Laura Hoemeke has nearly 25 years of experience in global health, including field assignments in the Central African Republic, Benin, Senegal, and Rwanda, and short-term assignments throughout East, West, and Central Africa. Her areas of expertise include advocacy and policy, communications, and program design and management. She has worked in family planning, maternal and child health, malaria prevention and control, and HIV/AIDS prevention and control, as well as health systems strengthening and health governance. Laura began her career as a journalist in Chicago, then moved to the Central African Republic, where, as a Peace Corps Volunteer, she worked as a member of a CDC-supported child survival project team. Hoemeke then worked for Africare, overseeing projects throughout Francophone Africa. Hoemeke served as USAID Benin's Family Health Technical Advisor for four years.

In early 2003, she joined IntraHealth International as Regional Director for West and Central Africa, based in Senegal. From 2005 through early 2010, Hoemeke was based in Rwanda as the director of IntraHealth's successful USAID-funded Twubakane Decentralization and Health Program, which contributed to the country's impressive results, particularly in the areas of health sector decentralization, family planning, and child health. In 2010, she joined IntraHealth's headquarters leadership team as director of communications and advocacy. Laura earned her doctorate in public health from UNC-Chapel Hill Gillings Global School of Public Health's in health policy and management. She has an MPH from the Johns Hopkins University, and a BS in journalism from Northwestern University.



Dr. Carol Levin

*Senior Health Economist and Clinical Associate Professor
Disease Control Priorities Network, Department of Global Health,
University of Washington, Seattle, WA*

Dr. Carol Levin is an expert in conducting economic evaluations of new and modified health technologies and clinical/programmatic interventions for public health programs in developing countries. Before joining DCP3, Dr. Levin spend 12 years as a senior health economist at PATH, an international non-profit in global health, providing leadership in the economic analyses of health technologies and clinical/programmatic interventions for HIV/AIDS, maternal and child health interventions, immunization programming, cervical cancer screening and prevention and reproductive health. While at PATH, she conducted over 25 economic evaluations including cost or cost-effectiveness analyses related to the introduction of new vaccines, immunization/injection technologies vaccine supply chain logistics, reproductive health interventions or technologies and diagnostics tests.

Dr. Levin is a recognized technical expert in designing and implementing primary cost analyses, working with national public health specialists and local economists across three continents and over 10 countries, including Kenya, Ghana, Zimbabwe, Senegal Mozambique, South Africa, China, India, Vietnam, Indonesia, Peru, Nicaragua, Bolivia and Uganda. Dr. Levin participates in a number of expert working groups, technical advisory groups and requested consultations, serving as a technical advisor or expert to the WHO, GAVI, World Bank, PAHO, CDC, CIDA and DFID on economic evaluation to support both global and country level activities.

Dr. Levin holds a M.Sc. in international agricultural development from the University of California, Davis, and a PhD in agricultural economics from Cornell University.



Dr. Melanie Walker

*Director of the President's Delivery Unit and
Senior Advisor to President Jim Yong Kim, World Bank Group*

Dr. Melanie Walker is Director of the President's Delivery Unit and Senior Advisor to President Jim Yong Kim at the World Bank Group. She joined the Group from the Bill & Melinda Gates Foundation, where she served as Deputy Director for Special Initiatives, a team charged with exploring cross-disciplinary interventions and incubating new foundation programs across both health and development. Prior to this she worked in variety of different roles at the World Health Organization related to macroeconomics and health. In addition to her role at the World Bank Group, she is a Clinical Associate Professor at the University of Washington School of Medicine and maintains a hospital-based practice at Harborview Medical Center.

Dr. Walker graduated summa cum laude from the honors program at the University of Texas in Austin. After completing a Robert Wood Johnson Pre-Medical Scholarship at Northwestern University School of Medicine in Chicago, she returned to her home state to matriculate at the University of Texas Medical Branch in Galveston, where she was awarded a medical doctorate with an honors thesis outlining a novel statistical methodology for analysis of functional MRI. Dr. Walker went on to complete post-doctoral studies at the California Institute of Technology concurrent with postgraduate surgical training at the Huntington Memorial Hospital in Pasadena, California. She also completed a neurology residency and cerebrovascular disease fellowship at the University Of Washington School Of Medicine and the Palliative Care Practice Program at Harvard Medical School, where she was named a faculty scholar.

She has published extensively in the peer-reviewed literature and frequently lectures on topics related to her clinical interests. She was recently awarded the Hoffman Endowed Lectureship by the American Academy of Pediatric Neurosurgery and named a Young Global Leader by the World Economic Forum.

04.

15 Facts You Should Know About Universal Health Coverage

- 01 | Universal coverage ensures that all people can use health services without financial hardship**

WHO Member States have set the target of developing their health financing systems to ensure universal coverage. Universal coverage means that all people can use health services, while being protected against financial hardship associated with paying for them.
- 02 | Not all people have access to the health services they need**

There are wide variations in coverage of essential health services both between and within countries. For example, in some countries less than 20% of births are attended by a skilled health worker, compared with almost 100% in other countries.
- 03 | Universal health coverage cannot be achieved without essential health services.**

Access to people-centred and integrated essential health services is critical for reaching universal health coverage. UHC is not about assuring a minimum package of health services, but instead contributes to a progressive expansion of coverage of essential health services as more resources become available.
- 04 | Out-of-pocket payments push 100 million people into poverty every year**

About 150 million of the people who have access to health services are subjected to financial catastrophe annually. More than 100 million are pushed below the poverty line as a result of paying for the services they receive. To reduce these financial risks, countries such as Thailand are moving away from a system funded largely by out-of-pocket payments to one funded by prepaid funds – a mix of taxes and insurance contributions.
- 05 | Health care workers are an essential part of the universal health coverage equation.**

Conservative estimates suggest that in the next twenty years, 40-50 million new health care workers will need to be trained and deployed to meet demands.
- 06 | Universal coverage contributes to economic development and long-term growth.**

UHC ensures that the health of populations is maintained and improved, ultimately contributing to greater productivity and long-term economic development. At the same time, financial risk protection prevents people from being pushed into poverty as a result of unexpected health expenses.
- 07 | The most effective way to provide universal coverage is to share the costs across the population**

In this way, people make compulsory contributions – through taxation and/or insurance – to a pool of funds. They can then draw on these funds in case of illness, regardless of how much they have contributed. In Kyrgyzstan, for example, the pooling of general revenues with insurance payroll taxes has helped improve access to health care.

- 08 | All countries are continually seeking more funds for health care**
Even richer countries struggle to keep up with the rising costs of technological advances and the increasing health demands of their populations. Low-income countries often have insufficient resources to ensure access to even a very basic set of health services.
- 09 | In 2010, 79 countries devoted less than 10% of government expenditure to health**
Governments need to give higher priority to health in their budgets as domestic financial support is crucial for sustaining universal coverage in the long term.
- 10 | Countries are finding innovative ways to raise revenue for health**
All countries can improve their tax collection mechanisms. They can also consider introducing levies or taxes earmarked for health, such as “sin” taxes on the sale of tobacco and alcohol. As an example, Ghana funded its national health insurance partly by increasing value-added tax by 2.5%.
- 11 | Only eight of the world's 49 poorest countries have any chance of financing a set of basic services with their own domestic resources by 2015**
Increased external support is vital. Global solidarity is needed to support the poorest countries. If high-income countries were to immediately keep their international commitments for official development assistance, the estimated shortfall in funds to reach the health-related Millennium Development Goals would be virtually eliminated.
- 12 | Globally, 20–40% of resources spent on health are wasted**
Common causes of inefficiencies include demotivated health workers, duplication of services, and inappropriate or overuse of medicines and technologies. In 2008 for example, France saved almost US\$2 billion by use of generic medicines wherever possible.
- 13 | Two-thirds (38 million) of 56 million annual deaths worldwide are still not registered.**
Monitoring universal health coverage will require more effective systems of measurement and a focus on need, use, access, quality and outcomes across different levels of the health care system. Monitoring should be placed within a broader health systems performance framework, which allows health workers, medicines, and technologies to be tracked, and impacts on patient health and financial security to be measured.
- 14 | UHC is comprised of much more than just health**
Taking steps towards UHC means steps towards equity, development priorities, social inclusion, and cohesion.
- 15 | All countries can do more in order to move towards universal coverage**
WHO has developed an action plan to support countries in developing good health financing strategies. Engaging all stakeholders and improving the health system as a whole are also essential to move towards universal coverage.

Sources:

World Health Organization. *10 Facts on Universal Health Coverage*, May 20, 2012

Accessed March 23, 2015: http://www.who.int/features/factfiles/universal_health_coverage/en/

World Health Organization. *Universal Health Coverage*.

Accessed March 23, 2015: http://www.who.int/universal_health_coverage/en/

05.

The Role of Essential Health Services in Achieving Universal Health Coverage

Background

The Millennium Development Goals (MDGs) have made an unprecedented contribution in the fight against poverty, infectious diseases, and maternal and child health globally. As the international discussion on the post-2015 Sustainable Development Goals (SDGs) intensifies, this next phase of global development will require a renewed focus on our shared economic, social, and environmental responsibilities for the next 15 years. The path to 2030 necessitates ensuring the health and well-being of all people around the world as a matter of sustainable development. In this regard, Universal Health Coverage (UHC) has emerged as a comprehensive, dynamic, and inclusive target within the health goals articulated.

What is Universal Health Coverage?

According to the World Health Organization, UHC is “ensuring that all people have access to needed promotive, preventive, curative, and rehabilitative health services, of sufficient quality to be effective, while also ensuring that people do not suffer financial hardship when paying for these services”.¹

The three components of UHC include²:

1. Equitable access to essential health services, regardless of ability to pay;
2. Quality health service that contributes to improved health and wellbeing;
3. Financial-risk protection to ensure that the cost of accessing essential care does not result in financial hardship or impoverishment.

During the Sixty-seventh General Assembly of the United Nations, over 90 countries from around the world supported and co-authored a resolution highlighting the importance of UHC as a sustainable and inclusive development priority.^[4] The proposed post-2015 Sustainable Development Goals Target 3.8 “Achieve universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all” addresses the right to UHC, including financial risk protection, and access to quality essential services and medicines for all.

The Role of Essential Health Services in Achieving Universal Health Coverage

Ensuring that populations in need have access to a basic package of safe, cost-effective, and quality-assured health services and interventions represents a core tenet of UHC. However, more than a billion people around the world lack access to basic health coverage,^[5] with a much larger proportion of the global population lacking access to essential health services that not generally included in a minimum package of care such as comprehensive emergency obstetric care, management and treatment of non-communicable diseases, access to emergency and trauma care, essential surgical care, rehabilitation, and other life-saving and disability-preventing services.

This fundamental gap in essential services is concerning, as are the current barriers to care which include excessive out-of-pocket costs and a lack of resources, infrastructure, training, and health care provider capacity. Every year, 100 million people fall into poverty as a result of unexpected medical expenses. More than 6.9 million children die before their fifth birthday. Approximately 6 million women have obstructed labour and about 2-3 million women are living with fistula as a result of neglected labour. Each year, over 1.2 million people die from road traffic injuries, representing a global road traffic fatality rate of 18 per 100,000 people.

Investments in essential services such as maternal and child health care, injury and trauma care, surgical care, rehabilitation, and treatment of chronic conditions contribute to overall health systems strengthening, economic prosperity, and sustainable development.

Throughout much of the developing world, essential health services such as surgical care remain a neglected yet critically needed component of UHC. When access to safe, essential surgeries is deficient, easily treatable surgical conditions can lead to devastating lifelong disability, social exclusion, economic hardship, and even death. This is the reality for over a third of the global population, which lacks access to basic, cost-effective and life-saving surgical procedures to treat simple conditions such as obstructed labor, maternal hemorrhage, congenital birth defects such as clubfoot and cleft lip, traumatic injuries and accidents, soft tissue infections, and hernias. Over a tenth of the world's Disability Adjusted Life Years (DALYs) are caused by surgically-treatable conditions, contributing greatly to the global burden of disease.

The Road to 2030

Strengthening the ability of health systems to provide essential health services as part of a commitment to UHC is gaining support. In January 2015, the World Health Organization unanimously adopted a draft resolution recognizing the role of emergency and essential surgical care and anaesthesia as a component of UHC and calling on Member States to strengthen this essential service.⁶

Essential health services are integral to UHC, paving the road toward sustainable development and poverty alleviation. However, achieving UHC will require the development of indicators to effectively measure need, use, quality and financial-implications of UHC interventions. A successful UHC campaign will further require the commitment of resources from governments and non-state actors as well as multi-stakeholder collaboration to achieve health and wellbeing for all by 2030.

The Role of Civil Society

Civil society organizations, including professional societies, non-governmental organizations, academia, community-based local and national organizations, non-profit organizations, and others invested in ensuring populations in need are able to access essential health services have the potential to provide both strategic support, guidance, and access at the grassroots level. Experience with and knowledge of the most marginalized groups who cannot access even the most basic services can inform stakeholders on adequate strategies to ensure delivery of care as a matter of health equity and social justice. Moreover, civil society can supply best practices and be involved with implementing global strategies and can ensure good governance, resource mobilization, and effective donor engagement. Effective models of training the health workforce, strengthening of service delivery structures, ensuring the safety and well-being of the population, monitoring and evaluation of programmes, ensuring proper data collection and institution of adequate information systems and fostering technological innovations are only some of the examples where active civil society engagement can make a difference. and non-state actors as well as multi-stakeholder collaboration to achieve health and wellbeing for all by 2030.

Participants will be invited to examine the following questions in today's discussion:

- How can global, national, and local strategies create a venue for civil society involvement?
- What are effective targeted strategies to achieve true UHC for the most marginalized?
- How can we collectively raise awareness on the fundamental role of essential health services in ensuring that we 'leave no one behind'?

¹World Health Organization. Universal Health Coverage Accessed online: http://www.who.int/healthsystems/universal_health_coverage/en/

²World Health Organization. The World Health Report - Health systems financing: the path to universal coverage [Internet]. WHO Geneva, 2010. Accessed online: <http://www.who.int/whr/en/index.html>

³World Health Organization. Strengthening emergency and essential surgical care and anaesthesia as a component of universal health coverage. Executive Board EB136/CONF.1. (26 Jan 2015), Accessed online: http://apps.who.int/gb/ebwha/pdf_files/EB136/B136_CONF1-en.pdf

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