

UHC Forum 2017 Official Side Event

“Contribution to Universal Health Coverage (UHC) through Strengthening Continuum of Maternal, Newborn and Child Care (CoC)”

–The social and economic benefits of investing in maternal and child health in UHC–

The Japan International Cooperation Agency (JICA) and the World Health Organization (WHO) co-organized an official side event at the UHC Forum 2017 titled “Contribution to Universal Health Coverage (UHC) through Strengthening Continuum of Maternal, Newborn and Child Care (CoC)” on December 15th at the Tokyo Prince Hotel. Panelists from WHO Geneva, the Global Financing Facility (GFF), the Ministry of Health of the Republic of Indonesia, the Ghana Health Service, the National Center for Child Health and Development of Japan, and JICA gave wonderful presentations. The presentations were followed by rich and lively discussions among 130 participants from a variety of organizations and various backgrounds.

In pursuing UHC, countries aim to extend coverage of quality health services to all people and to protect them from the risk of financial hardship.. Although women’s and children’s health was a major focus of the health agenda during the Millennium Development Goal (MDG) era, the current focus of the global community is more comprehensive and includes non-communicable diseases, namely lifestyle diseases and mental health issues. Based on that understanding, this side event aimed to discuss how effective investing in maternal, newborn, and child health (MNCH) services is towards achieving UHC.

Dr.Toda, a JICA vice president, gave the opening remarks. He emphasized that it is time to accelerate UHC progress, that the Handbook for CoC for Maternal, Newborn and Child care (MCH Handbook) is making a significant contribution, and that JICA is working to enhance CoC for MNCH with the policy of no one left behind. He also noted that since UHC is not only targeting narrowly defined medical/health issues but also social issues, the side event would make an important impact toward progress, particularly given the range of people in attendance, including experts in the health and financing sectors and national policy, as well as representatives from global regional groups.

Dr. Costello, Director of the Department of Maternal, Newborn Child and Adolescent Health at WHO Geneva, stressed the importance of investing in maternal, child and adolescent health and showed ten investments that WHO has made in maternal and child health that have been effective in terms of social and economic benefits. The main reason why those target populations can be considered to be model demographics in achieving of global

UHC is the size of those populations. Seventy percent of the world population comprises mothers and children, and one-third of the African population falls into the adolescent demographic. Furthermore, despite the investment focus on human survival during the MDG era, many preventable stillbirths (nine million per year) still occur. He also referred to economic research which shows how investing in early child education effectively reduces crime in society and thus prevents wasteful social expenditures.

Dr. Van de Poel , Health Economist of the GFF introduced some of the activities at that organization, such as financial support and consultation on budget utilization while closely working with national ministries and communities. She argued that because of the weak link in many countries between the financial arm of the health ministry and the finance ministry, insufficient financial resources are delivered to communities so that minimum health services can be provided to people needing them. To respond to these issues, the financial flow mechanism should be integrated and linked to the global effort and to existing health services in the community. She additionally highlighted that the good practice of promoting UHC within MNCH can be applied to the other target demographics and/or the other target diseases, including age-related issues.

National representatives from Indonesia, Ghana and Japan shared their experiences and lessons in how MNCH services can drive UHC, and they emphasized the following three points:

1) Women and children are **entry** points for UHC

Childbirth is the best opportunity to identify all citizens in a country. Since the “universal” aspect of UHC is challenging for many low- and middle-income countries, registering all citizens at childbirth is essential and women’s and children’s health services can serve as the entry point to do so.

2) Women and children are **models** for UHC

Although non-communicable diseases are becoming an ever higher priority, women’s and children’s health remains a national priority, especially in many low- and middle-income countries. The focus on the survival of children in the Sustainable Development Goals era should be expanded to include child development for adolescents, which requires overcoming new challenges. Because policies, interventions and measurement methods are further developed for improving maternal and child health than other populations, women and children can serve as model demographics for many countries aiming at achieving UHC. The discussions also covered issues concerning measuring the impact of maternal and child health on UHC, and concerning focus/key interventions of maternal and child health in UHC.

3) Women and children are **investments** for UHC

The global population is aging, and we should find the most efficient and effective ways to promote the health and welfare of this aging population. Instead of maintaining the status quo of continuous investment in providing advanced clinical care, investment in public health for the prevention of disease is the key to this issue, and the investing particularly in mothers and children would reduce the future health financial burden. Thus, investing in mothers and children leads to a sustainable health system with sound finances.

In the open discussion, there were insightful questions and comments relating to making health services equitable and quality in actual practice for both public health and clinical services. Presenters responded to questions by discussing their on-going efforts, including the introduction of the MCH Handbook, and by taking about likely upcoming challenges.

Dr. Costello summarized that investing in women and children is a human rights issue as health is one of the most fundamental human rights. He said that progress should be made even though it will take time to achieve UHC. He also noted that while there is a growing focus on health care services recently, attention should also be paid to social factors such as culture, literacy and lifestyle. Finally, he stated that both the coverage and quality of services are equally important.

Dr. Toda also stressed that, "Health is a human right since it is a directly connected to personal happiness." Then he concluded by saying that expanding the MCH Handbook to strengthen the continuum of care for mothers and children is his top priority. In order to make all people happy, we need to create a world where UCH has been achieved.

Speakers

- Dr. Anthony Costello, Director, Department of Maternal, Newborn Child and Adolescent Health, WHO Geneva (Moderator)
- Dr. Ellen Van de Poel, Health Economist, Global Financing Facility
- Dr. Anung Sugihantono, Director General of Public Health, Ministry of Health, Indonesia
- Dr. Anthony Nsiah Asare, Director General, Ghana Health Service, Ghana

- Dr. Rintaro Mori, Director General, Center for Clinical Research and Development, National Centre for Child Health and Development, Japan

Opening and closing remarks

Dr . Takao Toda, Vice President, JICA (Keynote Speaker)



The panelists