

Universal Health Coverage: leaving no-one behind

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Honorable Director General, Madam Regional Director, distinguished delegates and colleagues,

It is a great honor to be presented at the 72st Session of the World Health Assembly. Today we are discussing Universal Health Coverage – a fundamental priority for all to access effective health-care services, reducing financial hardship, and improving health outcomes.

Universal health coverage is both a goal in itself and a means for implementing other goals. It is crucial for tackling public health problems, in particular to ensure health system responses. As Dr. Ghebreyesus states our top priority must be to support national health authorities' efforts to strengthen all the building blocks of health systems and to enact policies aimed at ensuring health care is equitable and affordable for all.

Indicators of impoverishing spending on health are not part of the official Sustainable Development Goals indicator of universal coverage per se, but they link universal health coverage directly to Sustainable Development Goal 1 (End poverty in all its forms everywhere). After general elections in Georgia on October 2012, a new Government came into power with a clear determination to improve social and health status of the Georgian population. The strong political will pledged in the election platform was translated into an unprecedented, almost 2.5-fold expansion of budgetary allocation for health ~~in 2013~~.

Government's commitment to improve social and health status of the Georgian population was translated into launching of The Universal Health Care Program in 2013., The progress was notable. Out of pocket expenses on health and likelihood of impoverishment due to out-of-pocket payments have reduced by 25%, and satisfaction of the population has increased.

The UHC reforms have improved access to health care and people these days are more likely to consult a health care provider when they are sick. Financial barriers have been removed, mainly for outpatient visits and hospital care. As a result, utilization of health services is increased. Until 2013, outpatient visits per person, annually did not exceed 2 visits, in 2013 this indication increased till 2.7, in 2017 till 3.5 and exceeded the level recommended by the World Bank for developing countries. The hospitalization rate per 100 inhabitants increased to 11.3 (2012) to 14.2 (2017).

In May 2017 new criteria for differentiation of beneficiaries according to revenues has been implemented for provision of more needs-oriented services and development of "social justice" approach, reducing inequalities within the health system.

In order to further move towards progressive universalism, we are committed to expand access to essential medicines especially for major NCDs which is one of the main preconditions of poverty.

In this regard I would like to take this opportunity and highlight Georgia's key developments: In July 2017, the Ministry of Internally Displaced Persons from the Occupied Territories, Labour, Health, and Social Affairs of Georgia introduced policies for enhanced protection for poorer and sicker people by expanding their benefit packages and included medicines for major Non-Communicable Diseases – cardio-vascular, type 2 diabetes, obstructive pulmonary disease and thyroid conditions next to cancer, epilepsy and Parkinson's diseases which account for more than 80 percent of the burden of disease in Georgia. Over 600 000 people most in need, will receive coverage with these essential medicines through the primary health care settings. These policies support our efforts to strengthen primary health care system and improve health outcomes related to non-communicable diseases in Georgia, contribute to achieving NCD targets and SDG health goals.

Achieving Universal Health Coverage is an ambitious goal that could be and must be achieved to create a healthier and more equitable world. Last year I had an honor to present in details our flagship - Hepatitis C elimination program implemented by the Ministry with support of our international partners US CDC, WHO and pharmaceutical company Gilead Sciences Inc. Hereby I would like to share the recent progress and outcomes of the project. Over the last 4 years, more than 2 mill persons were screened and over 68010 enrolled in the program and over 49853 completed the treatment with free high-quality Hepatitis C drugs - Harvoni, provided by the pharmaceutical company Gilead Sciences. We have over 98% treatment success rate and the best coverage - 30% when the world's rate is 7-9%.

With increasing evidence of the connections between NCDs and early childhood development and towards achieving the 2030 Agenda for Sustainable Development - leaving no one behind, I want to highlight our sharper focus on innovative approaches for improving maternal and child health, and reproductive health. Georgia has made a steady progress in health outcomes for mothers and children. The emphasis we are having is not only on increasing access to care, but also on improving quality of care provided to women and children through services regionalization, quality and effectiveness of care measurement, and better regulations.

I hope that active discussions and right identification of priorities in health care will significantly contribute to further development of the UHC concept in order to improve the health level of people around the world.

Thank you for your attention!