



South Africa's Intervention

79th World Health Assembly - Committee B

23 May 2026

Agenda Item 15.5 Draft strategy on the economics of health for all

Documents A79/5 and EB158/2025/REC/1, decision EB158(8)

Chairperson,

South Africa welcomes document A79/5 and the Draft Strategy on the Economics of Health for All. We extend our gratitude to the pioneers of this paradigm shift. We strongly endorse the transition from "fixing market failures" to actively "shaping markets" —moving toward a state-led mandate that ensures economies serve human health rather than capital accumulation. For South Africa, economic justice is not an abstract concept; it is the literal prerequisite to achieving "Health for All". We cannot separate historical, structural economic inequities from public health outcomes.

In our implementation of National Health Insurance (NHI), we view health not as a social cost to be minimized, but as a foundational economic asset. This is why our Health Financing Progress Matrix (HFPM) evaluations emphasize social solidarity and domestic resource mobilization over fragmented private-equity models.

To operationalize this, domestic resource mobilization requires urgent, structural action. Progressive taxation must be placed at the centre of global and national strategies. Implementing wealth taxes and Financial Transaction Taxes (FTTs) can unlock the billions needed to finance health for all. An annual wealth tax of up to 5% on the world's multi-millionaires and billionaires alone could raise up to \$2.5 trillion annually.

Conversely, relying on blended and private financing is not a viable solution. Evidence consistently shows that these mechanisms harm the poor and exacerbate healthcare inequality. As highlighted in the *Sick Development* report, private financing incentivizes the funnelling of public funds into profit-hungry private hospitals instead of promoting public health.

We must remain vigilant against the unchecked financialisation of health systems, particularly private equity's entry into primary care and nursing homes, where short-term shareholder returns supersede patient outcomes. We call on the WHO to develop stricter standards to prevent health systems from being treated as extractive financial assets. South Africa's vision for NHI relies on strict regulatory frameworks to ensure private investment serves as an accessible health resource, rather than a force for systemic fragmentation.

Furthermore, the Ministries of Health cannot achieve this in isolation. South Africa is actively working to embed health and equity impact assessments directly into our broader macroeconomic, industrial, and trade policies through structural alignment with our Ministries of Finance, Trade, and Innovation. We must use the state's massive purchasing power via strategic public procurement to actively steer the market—imposing equity standards and prioritizing public value over commercial profit.

However, Chairperson, to be truly transformative, this strategy must reject a sanitized, "Westphalian" view that assumes all sovereign states operate on equal footing. We must confront three unaddressed structural constraints:

- a) **First, Sovereign Debt and International Tax Loopholes:** We must speak honestly about the elephant in the room: sovereign debt servicing. Highly indebted nations find it structurally impossible to scale up health spending when debt obligations displace health expenditures. We call on the WHO to formally address debt restructuring and cancellation as core public health interventions. Furthermore, this requires international tax justice: the corporate tax revenue leaving Africa daily is nearly double the aid the continent receives. Closing tax havens and implementing a global Financial Transaction Tax would generate sustainable revenue for health services worldwide.
- b) **Second, Geopolitical Asymmetry:** Global North trade policies, currency regimes, and aggressive extra-territorial enforcement of intellectual property rights severely restrict the policy space available to the Global South. Recommending "IP sharing" is meaningless if bilateral trade agreements punish developing countries for trying to protect their populations.
- c) **Third, Local Manufacturing:** True resilience means breaking dependency on Global North supply chains. South Africa's investment in Biovac and local pharmaceutical ecosystems is a direct challenge to the extractive character of current IP regimes and a concrete step toward regional self-reliance.

In conclusion, the Alma-Ata vision of a New International Economic Order remains unfinished. The success of this strategy will not be determined by its technical language, but by our political will to fight for a fairer global economic architecture. Nearly fifty years after the Alma-Ata Declaration, South Africa stands ready to build

the institutional footholds necessary to finish the project of economic transformation for true health justice. Let us move boldly from diagnosis to concrete, equitable action.