Statement
by
Ms. Fekitamoeloa Katoa ‘Utoikamanu

High Representative
and
Under-Secretary-General

Least Developed Countries, Landlocked Developing Countries
and Small Island Developing States

High Level Side Event on Universal Health Coverage in LDCs: A Time for Accelerated Action
at
8:00-9:00 am
at
23 September 2019
Conference Room 5, United Nations
Excellency Hon. Upendra Yadav,
Deputy Prime Minister and Minister for Health and Population, Government of Nepal,

Excellency Hon. Zahid Maleque, MP, Minister for Health and Family Welfare of People’s Republic of Bangladesh

Hon. Dr. Amir Aman Hagos, Minister of Health of Federal Democratic Republic of Ethiopia

Hon. Jappie Mhango, MP, Minister of Health and Population, of Malawi

Hon. Amrit Bahadur Rai, Ambassador/Permanent Representative of Nepal to the United Nations

Excellencies,

Ladies and Gentlemen,

We are convening here in a crucially important meeting during a critically important week.

Enjoying a life in health is a fundamental human right. It is key to achieving sustainable development as well as mitigating the impacts of climate change.

To achieve this, there are unique structural constraints faced by the Least Developed Countries seriously limiting their ability to just do so and promote a sustainable development including all.

It is not you we must convince of the evident relationship which exists between access to health and the attainment of sustainable development.

Health is at the core of thriving communities and prosperous societies.

If we aim at leaving no one behind, facilitating access to health to the most vulnerable must be at the center of our efforts.

Health for all must be our objective and even more so given what we can expect from climate change on health outcomes.

Yet, tens of millions of people in the LDCs suffer from malnutrition or chronic undernourishment, parasitic diseases, respiratory diseases linked to pollution and all this impairs mental and physical abilities. This is particularly severe for infant and adolescent health statuses.

This severely constrains people's ability to become and be full and productive members of society. We all know what this does to school attendance and student achievement. We all are aware of the serious public health threat that the rise of non-communicable diseases, especially in urban areas, represents.

If we are to achieve a truly inclusive sustainable development we must ensure achievement of better health outcomes and this will have to include universal health coverage especially guaranteeing access to Primary Health Care.
The reality we deal with is that the LDCs fare worse than other developing countries.

Allow me to share some data.

The average infant mortality rate stands at an unacceptable high rate of 46.9 per 1000 live births. That is substantially higher than other developing countries.

A similar picture emerges for neonatal mortality rates.

Maternal mortality rates are also very high at 436 per 100,000 live births.

Data from 2014 indicate that only 57% of births were attended by skilled health personnel, compared to 80% for the world as an average.

Health expenditure per capita in the LDCs remains at 43.9 USD, much below the 1026 USD of the world’s average.

The LDCs is also the group of countries most dependent on aid.

In fact, in many countries, aid does remain the most important source of external financing and the health sector is no exception. It is estimated that 17.5% of health expenditure, which as we have seen is very low in LDCs compared to other developing countries, is funded from external sources.

Now, this is not just a health issue per se or one of sub-optimal human resources capacities. The lack and also the very unequal access to universal health coverage is also a serious challenge to societies' internal stability and cohesion given the exclusion of entire segments of society to even the most basic healthcare.

Marginalized groups have less access to health, thus perpetuating social exclusion and disparities through generations.

It is thus urgent that we develop policies and models of care building on primary health care for all, effective financing, capable of addressing the increasingly multi-sectoral nature in healthcare provision, ensuring social participation to guarantee all voices are heard for effective policy design and models of delivery.

Of course, LDCs for this will need faster and more reliable aid and capacity building support.

But there is an additional area needing work and this concerns evidence based policy making and models of delivery.

Poorly developed statistical capacities constitute a serious limitation that impairs evidence-based planning. This is an area in which progress is a necessary requirement to foster better and more inclusive access to health. Without gender-disaggregated data that cover all relevant dimensions of health outcomes, coverage and resources across the territory of a country it will be very difficult to achieve progress. Furthermore, adequate data is essential to identify the spread of epidemiological diseases and facilitate an early response. The difficulties faced by the countries affected by the Ebola outbreak shows the importance of
strengthening national health systems as a matter of global concern. Just as climate knows no barriers, viruses also do not!

We need a multi-sectoral comprehensive approach.

An approach capable of managing the factors affecting human health from clean air to safe drinking water to access to sanitation to accessing supply chains of safe medicines to healthy foods.

As I already stated, the costs of not ensuring universal access are simply too high and lack of access to health costs the LDCs already countless lives.

According to the latest data available from 2015, it is estimated that only 42% of the population had universal health coverage, in contrast with 61% for developing regions as a whole.

Expanding health coverage to reach everyone in the LDCs will require an increase of investment in qualified personnel, health facilities, equipment, resources, policy formulation along with monitoring and evaluation.

The foundation to move forward is strong commitment of the Governments of the LDCs twinned with the support of bilateral donors, the multilateral system and the private sector.

Empowering LDCs to respond to these challenges is much more than just a matter of helping them becoming more resilient - this is about global public health. As I said, viruses know no borders.

Yes, a substantial amount of work is ahead of us.

If I have one certainty than it is that we must continue working together, do more, do it faster to make universal health coverage a reality for ALL in the LDCs.

Thank you.