

## Sustainable health financing structures and universal coverage

The Sixty-fourth World Health Assembly,

Having considered the reports on health system strengthening;<sup>1</sup>

Having considered *The world health report 2010*,<sup>2</sup> which received strong support from the Ministerial Conference on Health Systems Financing – Key to Universal Coverage (Berlin, November 2010);

Recalling resolution WHA58.33 on sustainable health financing, universal coverage and social health insurance;

Recalling Article 25.1 of the Universal Declaration of Human Rights, which states that everyone has the right to a standard of living adequate for the health and well-being of himself and of his family, including food, clothing, housing and medical care and necessary social services, and the right to security in the event of unemployment, sickness, disability, widowhood, old age or other lack of livelihood in circumstances beyond his control;

Recognizing that effective health systems delivering comprehensive health services, including preventive services, are of utmost importance for health, economic development and well-being and that these systems need to be based on equitable and sustainable financing as mentioned in the Tallinn Charter: Health Systems for Health and Wealth (2008);

Underlining the valuable contribution made by fair and sustainable financing structures towards achieving health-related Millennium Development Goal 4 (Reduce child mortality); Goal 5 (Improve maternal health); and Goal 6 (Combat HIV/AIDS, malaria and other diseases); as well as Goal 1 (Eradicate extreme poverty and hunger);

Having considered *The world health report 2008*<sup>1</sup> and resolution WHA62.12, that highlighted universal coverage as one of the four key pillars of primary health care and services through patient-centred care, inclusive leadership and health in all policies;

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<sup>1</sup> Documents A64/12 and A64/13.

<sup>2</sup> *The world health report 2010. Health systems financing: the path to universal coverage*. Geneva, World Health Organization, 2010.

Noting that health-financing structures in many countries need to be further developed and supported in order to expand access to necessary health care and services for all while preventing and providing protection against disastrous financial risks;

Accepting that, irrespective of the source of financing for the health system selected, equitable prepayment and pooling at population level, and the avoidance, at the point of delivery, of direct payments that result in financial catastrophe and impoverishment, are basic principles for achieving universal health coverage;

Considering that the choice of a health-financing system should be made within the particular context of each country, and that it is important to regulate and maintain the core functions of risk pooling, purchasing, and delivery of basic services;

Acknowledging that a number of Member States are pursuing health-financing reforms that may involve a mix of public and private approaches, and a financing mix of contribution-based and tax-financed inputs;

Recognizing the important role of State legislative and executive bodies, with the support of civil society, in further reform of health-financing systems with a view to achieving universal coverage,

1. URGES Member States:<sup>2</sup>

(1) to ensure that health-financing systems evolve so as to avoid significant direct payments at the point of delivery and include a method for prepayment of financial contributions for health care and services as well as a mechanism to pool risks among the population in order to avoiding catastrophic health-care expenditure and impoverishment of individuals as a result of seeking the care needed;

(2) to aim for affordable universal coverage and access for all citizens on the basis of equity and solidarity, so as to provide an adequate scope of health care and services and level of costs covered, as well as comprehensive and affordable preventive services through strengthening of equitable and sustainable financial resource budgeting;

(3) to continue, as appropriate, to invest in and strengthen the health-delivery systems, in particular primary health care and services, and adequate human resources for health and health information systems, in order to ensure that all citizens have equitable access to health care and services;

(4) to ensure that external funds for specific health interventions do not distort the attention given to health priorities in the country, that they increasingly implement the principles of aid effectiveness, and that they contribute in a predictable way to the sustainability of financing;

(5) to plan the transition of their health systems to universal coverage, while continuing to safeguard the quality of services and to meet the needs of the population in order to reduce

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<sup>1</sup> *The world health report 2008. Primary health care: now more than ever.* Geneva, World Health Organization, 2008.

<sup>2</sup> And, where applicable, regional economic integration organizations.

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poverty and to attain internationally agreed development goals, including the Millennium Development Goals;

(6) to recognize that, when managing the transition of the health system to universal coverage, each option will need to be developed within the particular epidemiological, macroeconomic, sociocultural and political context of each country;

(7) to take advantage, where appropriate, of opportunities that exist for collaboration between public and private providers and health-financing organizations, under strong overall government-inclusive stewardship;

(8) to promote the efficiency, transparency and accountability of health-financing governing systems;

(9) to ensure that overall resource allocation strikes an appropriate balance between health promotion, disease prevention, rehabilitation and health-care provision;

(10) to share experiences and important lessons learnt at the international level for encouraging country efforts, supporting decision-makers, and boosting reform processes;

(11) to establish and strengthen institutional capacity in order to generate country-level evidence and effective, evidence-based policy decision-making on the design of universal health coverage systems, including tracking the flows of health expenditures through the application of standard accounting frameworks;

## 2. REQUESTS the Director-General:

(1) to convey to the United Nations Secretary-General the importance of universal health coverage for discussion by a forthcoming session of the United Nations General Assembly;

(2) to provide a report on measures taken and progress made in the implementation of resolution WHA58.33, especially in regard to equitable and sustainable health financing and social protection of health in Member States;

(3) to work closely with other United Nations organizations, international development partners, foundations, academia and civil society organizations, in fostering efforts towards achieving universal coverage;

(4) to prepare a plan of action for WHO to support Member States in realizing universal coverage as envisaged by resolution WHA62.12 and *The world health report 2010*;<sup>1</sup>

(5) to prepare an estimate of the number of people covered by a basic health insurance that provides access to basic health care and services, that estimate being broken down by country and WHO region;

(6) to provide, in response to requests from Member States, technical support for strengthening capacities and expertise in the development of health-financing systems,

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<sup>1</sup> *The world health report 2010. Health systems financing: the path to universal coverage*, Geneva, World Health Organization, 2010.

particularly equitable prepayment schemes, with a view to achieving universal coverage by providing comprehensive health care and services for all, including strengthening capacity in tracking resource flows through the application of standard accounting frameworks;

(7) to facilitate within existing forums the continuous sharing of experiences and lessons learnt on social health protection and universal coverage;

(8) to report to the Sixty-fifth World Health Assembly and thereafter every three years, through the Executive Board, on the implementation of this resolution, including on outstanding issues raised by Member States during the Sixty-fourth World Health Assembly.

Tenth plenary meeting, 24 May 2011  
A64/VR/10

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