

**Inter-Parliamentary Union
Geneva
26 March 2018**

Thank you, Madam President.

My brother Martin Chungong, President of the IPU, Excellencies, distinguished guests, ladies and gentlemen,

Thank you so much for inviting me to come and speak to you today.

WHO and the IPU have enjoyed a close and productive partnership for many years, especially to address the health needs of some of the most vulnerable groups, like people living with HIV/AIDS and women, children and adolescents.

I look forward to strengthening and broadening our partnership even further.

Last week I had the honour of addressing two parliaments, first at the European Union in Brussels, and second at the National Congress in Brazil.

I said that Parliamentarians play a crucial role in creating the environment in which health can flourish – not only in terms of providing health services, but for influencing the social, environmental and economic determinants of health, from work conditions, to urban planning, road regulations, good sanitation, and so on.

As parliamentarians, you wield enormous power to improve the health of millions. You have both the authority and the responsibility to promote the highest standards of health and well-being for your people, through your roles in legislation, oversight and accountability, budgeting, and advocacy.

I'm pleased that this year's Assembly is addressing the needs of migrants and refugees.

We all know that migration can be a key driver of economic and social prosperity, bringing new ideas and an energetic and highly motivated workforce.

But it is clear that policies and strategies for managing migrant health are not keeping pace with the challenges.

Too often, migrants still miss out on essential health services, due largely to their legal status.

They face discrimination, social exclusion and disruptions in continuity of care. Often they live and work in substandard conditions that put them at greater risk of both communicable and noncommunicable diseases.

This exclusion imposes a cost on their adopted communities: lack of integration can fan the flames of inequality and undermine economic and social development.

As you know, WHO's top priority is universal health coverage -- health for all. And when we say health for all, we mean all, including migrants, regardless of their status.

But it's not only migrants and refugees who miss out on health services.

At least half the world's population lacks access to essential health services, and almost 100 million people are pushed into extreme poverty every year because of the costs of paying for care out of their own pockets.

We must not tolerate a world like that.

We must not tolerate a world in which people are forced to choose between sickness and financial hardship.

We must not tolerate a world in which a child dies from a disease that can be easily prevented with a cheap vaccine.

We must not tolerate a world in which people have no control over their own health because the environment in which they live is poisoning them.

The catch-cry of the Sustainable Development Goals is to "leave no one behind". That's exactly what universal health coverage aims to do. We must ensure that the

poorest and most vulnerable people, those in the remotest areas, enjoy the same access to services as the wealthiest and people in big cities.

Universal health coverage means so much more than health **insurance**. It means so much more than who pays for care. Yes, financial protection is part of it – no one should get sick and die just because they are poor.

But it also means that people can access quality health services, when and where they need them. The best insurance in the world is useless if services aren't available, or if they're too far away, or if they're of such low quality that people don't want to use them.

Universal health coverage also means so much more than health **care**. It includes the full range of services needed to keep people healthy and out of care, in addition to those that treat the sick.

With ageing populations and the increasing burden of noncommunicable diseases, no country can afford simply to deal with health problems when they turn up in its hospitals.

The best health systems are those that provide services to promote health and prevent disease throughout a person's life, like helping people to stop smoking, or promoting breastfeeding, or ensuring children are vaccinated, and that women have access to sexual and reproductive health services.

This is not just good medicine; it's good economics. Countries that invest in health promotion and disease prevention will reap long-term benefits.

Strong health systems are the best way to prevent, detect and respond quickly to outbreaks, and to stop them becoming full-blown epidemics. In that sense, universal health coverage and health security are two sides of the same coin.

There is no single path to UHC – each country must find its own way in the context of its own social, political and economic circumstances. But in every case, the foundation is a strong health system based on primary care, with a particular focus on health promotion and disease prevention.

Building a health system that delivers universal health coverage has several different dimensions. It needs sustainable financing, skilled health workers, good governance, reliable service delivery, meticulous data management, and comprehensive access to medicines.

But one of the often-overlooked aspects is the fact that UHC requires a strong legal framework. Strong laws are essential to protect and promote the right to health, as well as equity, quality, efficiency and accountability.

Globally, more than 80 countries have formalized universal health coverage in the statute books. In Brazil, the right to health is enshrined in the constitution. In Thailand, a landmark law introduced in 2002 has led to a dramatic increase in access to services. Turkey used the law to restructure its health system and make progress towards UHC.

The United Kingdom's National Health Service was established during a time of austerity, when Britain's coffers were depleted from fighting a long and expensive war.

A few weeks ago, in London, I had the honour of meeting Lucy Watts, a brave young woman with neuromuscular disease that means she has been limited to a wheelchair since she was 14 years old. She's dependent on intravenous nutrition 21 hours a day.

Because of the NHS, Lucy's palliative care is taken care of. She doesn't worry about whether she can afford the care she needs just to stay alive.

As a result, she has become a vocal advocate for people who suffer conditions like hers.

This is the power of universal health coverage – it doesn't just provide health services; it helps to empower people, restore their dignity and enable them to contribute to society.

Yes, achieving universal health coverage requires financial investments. But universal health coverage is not a luxury that only rich countries can afford.

Experience and evidence both show that all countries at all income levels can make progress towards UHC with the resources they have.

Ultimately, it's a political choice.

As parliamentarians, you have a key role to play in making that choice, and in ensuring that health laws and policies, as well as their implementation, are informed by robust evidence.

Your ability to write and pass laws, and to allocate the financial resources to implement them, puts you in a central position to move the global agenda forward.

At this year's World Health Assembly, we will be asking our Member States to approve a bold new strategic plan for the next five years. At its heart are three ambitious targets:

First, to see 1 billion more people enjoying the benefits of universal health coverage;

Second, to see 1 billion more people better protected from health emergencies;

And third, to see 1 billion more people enjoying better health and well-being.

To achieve these targets, we need your support.

We need laws and policies that ensure people can access health services, without worrying about whether they can afford to pay for them.

We need laws and policies that help to protect people from outbreaks and other health emergencies.

And we need laws and policies that create an environment in which health can flourish. This includes ensuring access to health services, but also includes tackling climate change and air pollution, ensuring clean water and sanitation, and making it easier for people to make healthy choices by taxing tobacco and other harmful products.

Let me give you a concrete example. The “legal” tobacco industry is bad enough. But the illicit trade of tobacco products creates a shadowy market that not only destroys health, it fuels organized crime and deprives governments of tax revenues.

To stop this, we need 6 more countries to ratify the Protocol to Eliminate Illicit Trade in Tobacco Products by the second of July for it come into force. I urge those countries that have not yet ratified the protocol to do so urgently.

Of course, laws and policies must be backed up with careful implementation and appropriate budget allocations.

But they must also be informed by the best available evidence, which is why I’m also pleased that this year’s Assembly is highlighting the importance of evidence-based policy making.

We have more science and research available to us than at any time in history. And yet the gap between evidence and policy seems to be wider than ever. The torrent of information with which we are all bombarded can make it difficult to discern what is robust science from what is well-dressed misinformation.

Here, WHO can help. Our job is to convene the best experts and synthesise the best evidence to enable countries to make the best decisions. WHO produces a wealth of guidelines and other tools that you can use with confidence.

Ladies and gentlemen,

We are now witnessing unprecedented political commitment for achieving the dream of health of all. We must now work together to turn that commitment into concrete action and tangible gains for people everywhere.

Today I have three specific requests for you.

First, I urge you to ratify the Protocol to Eliminate Illicit Trade in Tobacco Products, as soon as possible.

Second, in each country we need friends of WHO, who are committed to our work and will advocate for global health issues. If it doesn’t already exist in your

parliament, I encourage you to form a Friends of WHO group to join the global movement towards universal health coverage and health security.

And third, at the World Health Assembly in May, we will be holding a technical briefing for parliamentarians focused on the role you can play in achieving universal health coverage and global health security, including for the most marginalized and vulnerable groups of our societies. I invite you to come, to share your experiences and learn from those of others.

None of us can do this on our own. We must celebrate successes, learn from our mistakes and use the best evidence to inform our decisions.

It will take a clear vision and a lot of hard work.

But the prize is a healthier, safer and fairer world.

Thank you.

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