



Joint Ministers of Finance and Health Symposium on Universal Health Coverage in Asia and the Pacific: COVID-19 and Beyond

17 September 2020
11:00 AM – 12:35 PM (Manila time)
Virtual meeting

Introduction

The coronavirus disease (COVID-19) pandemic has demonstrated the inextricable linkages between health and economic development. It has also exposed the fragility of public health systems worldwide. As countries recover from COVID-19, health and finance leaders must come together to rebuild resilient systems by jointly supporting universal health coverage (UHC). Progress towards UHC will not only make health systems more responsive to current and emerging needs, it also enables quick economic recovery and provides protection against future unexpected shocks.

The COVID-19 pandemic is a crisis like no other in recent history. Its unprecedented impact on all facets of society has caused the tragic loss of life, livelihood, and economic progress—affecting millions of people around the globe. With the number of global infections surpassing 19 million and steadily rising,¹ significant gaps in health security and pandemic preparedness and response capacities have been revealed and have resulted in drastic economic losses.

The Asian Development Bank (ADB) predicts that three quarters of its developing member countries (DMCs) will experience economic contraction in 2020 due to COVID-19.² Lockdowns to contain COVID-19 have caused economic downturns, simultaneously diminishing demand and disrupting global supply chains. Furthermore, for countries in Asia and the Pacific dependent on the tourism and travel sectors, even in the absence of cases within their borders, the collapse of global travel has been devastating (e.g. Fiji and the Maldives are projected to have contractions of over 10% of GDP in 2020). On the other hand, countries that have prevented or stopped the community spread of COVID-19 have largely been able to avoid the most damaging economic losses. Those that have been able to minimize nationwide lockdowns and restrictions and keep economies functional while doing so have fared even better (e.g. Viet Nam and Republic of Korea are both within 1% of initially projected growth from 2019). Thus, this pandemic demonstrates the interdependence of health security and economic stability.

As governments loosen restrictions and reverse lockdowns, the road to recovery for many of the region's economies will be slow and uncertain. Subsequent surges of infections, partial lockdowns, and the long-term consequences of unemployment or lost access to education further threaten countries' economic human capital gains. Therefore, countries need to remain vigilant by maintaining enhanced pandemic containment measures, such as testing, contact tracing, and effective isolation, in tandem with the relaunch of economic and social activities. Building health

¹ World Health Organization. 2020. *Coronavirus disease (COVID-19) Situation Reports*.

<https://www.who.int/emergencies/diseases/novel-coronavirus-2019/situation-reports> (accessed 19 July 2020).

² ADB. *Asian Development Outlook 2020 Supplement: Lockdown, Loosening, and Asia's Growth Prospect*. Manila.

systems to support UHC is a powerful strategy to ensure that essential public health functions reach the entire population and are effective, minimizing societal impacts of COVID-19.

UHC—A Pathway to Resilient Health Systems and Economies

Shared goals between health and economic agenda offer pathways to achieving greater security and stability in the region. Achieving UHC—whereby all people and communities can use the health services they need, at sufficient quality to improve health, without being exposed to financial hardship—is one such shared goal.

From a health perspective, achieving UHC requires improvements in access to and quality of services, ultimately improving population health. Improving coverage of services at the primary health care level strengthens surveillance capacities and reinforces response efforts by providing a fundamental base for well-targeted containment measures. In the context of COVID-19, countries that are closer to achieving UHC have generally been able to mobilize existing infrastructure and systems to implement community-level disease prevention and control measures such as risk communication, testing, contact tracing, and isolation.

For finance ministries concerned with moving people above poverty lines, UHC reduces the risk that individuals will be forced into a downward cycle of impoverishment in order to pay for health care. Before COVID-19, high levels of out-of-pocket health care spending plunged 78 million Asians into poverty annually—increasing the prevalence of poverty in the region by as much as 14%.³ In countries closer to reaching UHC, citizens infected with COVID-19 have been able to seek treatment without further economic losses, essential in a time when up to 68 million people in the region have lost their jobs.⁴

While great uncertainty remains about the length and severity of the COVID-19 crisis, governments and international development partners have quickly mobilized financing for emergency response and to maintain macroeconomic stability. ADB has allocated \$20 billion to support countries in COVID-19 response and recovery. In COVID-19 response, health ministries should ensure that core public health functions are operational (e.g. surveillance, risk communications, infrastructure, human resources, and medicine and medical equipment), and finance ministries have the responsibility of securing necessary funds for these capabilities. In the medium term, increasing debt obligations will put pressure on available fiscal space for public expenditure and health systems financed by social health insurance will be further impacted due to increasing unemployment. Meanwhile, pent-up demand for health services will need to be anticipated and satisfied, especially considering the rising burden of non-communicable disease (NCDs) in the region. To contribute to longer term resilience, these investments must be aligned with broader health systems strengthening efforts that contribute to sustainable UHC.

The roads toward achieving UHC in the Asia- Pacific region should be paved in accordance with the health care needs and economic structure in a particular country. In addition to existing challenges of aging populations, rapid urbanization, rising NCDs, and climate change, COVID-19 is a new obstacle to achieving or sustaining UHC for all countries. Addressing these hurdles and ensuring UHC requires close collaboration between health and finance ministers. Despite the long

³ van Doorslaer, Eddy et al. 2006. [Effect of payments for health care on poverty estimates in 11 countries in Asia: an analysis of household survey data](#). *The Lancet*. 368(9544): 1357–64.

⁴ ADB. COVID-19 Economic Impact Assessment. <https://data.adb.org/dataset/covid-19-economic-impact-assessment-template> (accessed 8 July 2020).

road ahead, renewed focus on the interdependence of health and economic stability poses an unprecedented opportunity to achieve progress towards a more resilient Asia and the Pacific.

Meeting Rationale

Over the past 50 years, countries in Asia and the Pacific have made great strides in improving population health. Across the region, average lifespans have been extended by over 25 years, child deaths reduced by 83%, and preventable deaths from infectious diseases and complications from pregnancy drastically slashed.⁵ The COVID-19 pandemic has made it abundantly clear that despite these impressive gains, health systems and economies remain vulnerable to external threats. Simultaneously, aging populations, rapid urbanization, rising NCDs, climate change, and the threat of further emerging infectious disease continue to pose challenges to achieving good health and economic prosperity.

In both COVID-19 response and UHC progress, collaboration across governmental sectors is imperative. Constrained by limited financial resources in DMCs and competing priorities across sectors, Ministries of Health and Finance in the region must work together to invest in emergency preparedness and accelerate progress towards UHC. While Ministers of Health have a critical role to play in increasing the efficiency of health care spending and ensuring that the most cost-effective interventions are prioritized to strengthen population health; ministers of finance have a joint responsibility in shaping the policies to sustainably finance the health system and ensure a coordinated approach.

In June 2019, G20 ministers of health and finance met and affirmed their commitment to the *G20 Shared Understanding on the Importance of UHC Financing in Developing Countries (SUD)*. The document reflected valuable contributions from both ministers of finance and health from G20 members, international organizations, and other partners and was the first step to promote UHC financing issues in the G20. Now is the time for countries in Asia and the Pacific to put the SUD into action.

Building on this historic meeting, ADB, the World Health Organization and Japan Ministry of Finance are organizing a symposium to elevate this shared understanding in the post-COVID-19 world. Ministers of finance and health will be convened to share lessons learned from successful COVID-19 responses and discuss next steps for investment in health and UHC.

Objectives

1. To share lessons learned from the COVID-19 pandemic and its impacts on economic growth.
2. To demonstrate how UHC is a foundation for addressing COVID-19, future health emergencies, and strengthening overall health systems in the region.

Expected Output

- Meeting report highlighting issues discussed by ministers of finance and health

⁵ ADB. 2020. [Asia's Journey to Prosperity: Policy, Market, and Technology Over 50 Years](#). Manila.

Format

- Ninety-five-minute virtual meeting

Draft Agenda

	Master of ceremonies Patrick Osewe, Chief of the Health Sector Group	<ul style="list-style-type: none"> • Patrick Osewe Chief of the Health Sector Group, Asian Development Bank (ADB)
10 mins	Opening remarks	<ul style="list-style-type: none"> • Taro Aso Governor for Japan, ADB; and Deputy Prime Minister, Minister of Finance, and Minister of State for Financial Services in Japan • Masatsugu Asakawa President of ADB
5 mins	Setting the scene – A presentation of feedback from the Health Ministers meeting	<ul style="list-style-type: none"> • Takeshi Kasai Regional Director of the Regional Office for the Western Pacific, World Health Organization (WHO)
30 mins	<p>COVID-19: What lessons have we learned from the current pandemic?</p> <p><i>Moderator: Gabriel Leung Dean of the Li Ka Shing Faculty of Medicine at the University of Hong Kong</i></p> <ul style="list-style-type: none"> • What were the health security activities that better prepared countries for COVID-19? • What were the financing mechanisms utilized for successful COVID-19 response during times of decreased government revenue? • What are the public health systems (e.g. surveillance and service delivery) needed for COVID-19 response? • What financing innovations were used to address COVID-19 and what can be applied to pandemic preparedness and UHC going forward? 	<ul style="list-style-type: none"> • Pavithra Wanniarachchi Minister of Health of Sri Lanka • Dinh Tien Dung Minister of Finance of Viet Nam • Park Neung-hoo Minister of Health of the Republic of Korea • Carlos Dominguez Secretary of Finance of the Philippines
5 mins	Setting the scene – UHC as a foundation for resilient health systems	<ul style="list-style-type: none"> • Poonam Khetrpal Singh Regional Director of the

		Regional Office for South-East Asia, WHO
5 mins	Setting the scene – UHC and economic growth through human capital development	<ul style="list-style-type: none"> • Muhammad Ali Pate Global Director for Health, Nutrition and Population, World Bank
30 mins	<p>UHC: How does UHC enable DMCs to be resilient to health and economic shocks? <i>Moderator: Gabriel Leung</i></p> <ul style="list-style-type: none"> • What investments in UHC enable quicker economic recovery from COVID-19? • What investments in UHC enable a rapid and successful response? Emerging from Covid-19 pandemic, what future investment in UHC do you anticipate to ensure that countries remain safe and secure? • How have non-COVID 19 essential care services been affected? 	<ul style="list-style-type: none"> • Suahasil Nazara Vice Minister of Finance of the Republic of Indonesia • Christopher John Hipkins, Minister of Health of New Zealand • Ifereimi Waqainabete Minister of Health and Medical Services of Fiji
5 mins	Summary	<ul style="list-style-type: none"> • Patrick Osewe, Chief of the Health Sector Group, ADB
5 mins	Closing remarks	<ul style="list-style-type: none"> • Katsunobu Kato Minister of Health, Labour, and Welfare of Japan