

## **Hong Wang's (BMGF) opening remarks on AfHEA conference, 2016**

Your Excellences,  
Distinguished conference committee members,  
Respected colleagues from partner agencies,  
Ladies and gentlemen

It is a great pleasure for me to attend this conference. I would like to thank all the organizers for inviting me to this important event.

We have observed that all of African countries have made great efforts towards the UHC development. Some countries are more advanced than others.

- Some countries already developed UHC schemes and now are trying to find ways to improve its performance and make it more sustainable
- Some countries are in a transitional phase to transform and consolidate different financing mechanisms into UHC scheme.
- Some countries are in the initial development phase for political debates, strategy and policy development.

Nonmatter how fast and how slow these processes are, all of the countries face one same challenge, that is how to use limited financial resources to meet the growing needs for the quality of healthcare services, especially to the poor and vulnerable population. For this reason, countries have to make the hard choices on what they should cover, how much they can cover, and even on who should cover first. Many principles, concepts, and methodologies have been developed in order to guide the countries to make these hard choices.

You may recall about two years ago during the last AfHEA, I have called out the importance of PHC in the development of UHC. Today, I would like to reemphasize my points, linking PHC development with UHC even more closer, to develop a “PHC-led UHC”, with the limited resource, as the initial phase of the UHC development.

As we all know,

- (1) PHC is the frontline of healthcare system, a service delivery platform, that can deliver a set of prioritized, most cost-effective services, to achieve the health goal.
- (2) The likelihood that people benefit from PHC services is much higher than other healthcare services.
- (3) The service provided by the PHC are most accessible to the people, especially to the poor and valuable population.
- (4) Appropriate PHC utilization can prevent people from getting catastrophic illness, therefore, contribute to the achievement of financial risk protection and poverty reduction goals.

In the recent years, the BMGF has increased its efforts to promote the improvement of PHC performance globally.

- (1) We have developed PHC performance initiative (PHCPI) jointly with multiple global development partner to promote the PHC (through a series of measurement, learning (learning grants), and country engagement (JLN) activities).
- (2) We have been working with WHO and other development partners on PHC expenditure analysis.
- (3) We have increased our TAs efforts to improve the PHC performance in many African countries, such as in Nigeria, Ethiopia, and among others
- (4) We have been working with AfHEA on the issue regarding how to best finance for PHC, and I am very gladly that some of the work will be presented in this conference.

When we are working on these PHC issues, we are facing the same challenges that you are facing in the countries. This conference provides a unique opportunity to all of us to share our knowledges and experiences on those issues. And I am very eager to learn from all of you regarding how we can work collectively to address these challenges from both political and technical percepts.

Ladies and gentlemen, you may have heard that there is an old saying from the management field, that is “What gets measured gets done”.

As a health economist, I would like to say at here, “What gets financed gets done”. Let’s me call out again, linking PHC to UHC more deliberately, to develop a PHC-led UHC as a first step of UHC development, with limited resources.

Thank you.