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13 ideas on how the private sector can help ensure universal health coverage by 2030

To achieve universal health coverage, we need partnerships to make it a reality.

To mark the International Universal Health Coverage Day on 12 December 2019, the UHC2030 Private Sector Constituency, hosted by the World Economic Forum, invited its members to share their thoughts on how to ensure that everyone has access to healthcare by 2030.

Around half of the world's population does not have access to essential health services and 100 million people are pushed into extreme poverty by the cost of healthcare.

While government funding of healthcare is crucial, the private sector plays a vital role in increasing access to services and treatments, and boosting innovation. Here, 13 healthcare actors offer recommendations and ideas for realizing the challenge.



Apollo Hospitals

The ambitious goal of achieving UHC is indispensable for sustainable growth. Despite progress in access to affordable quality healthcare, essential health services are out of reach for half of the world's population. Each year 100 million people are pushed into poverty owing to out-of-pocket health expenditure. The issues of access and affordability are aggravated by the challenge to shift from "sick care" to "preventive care".

To address the challenge, an innovative redesign of healthcare systems is necessary. The principle of "Predict, Prevent and Overcome" (PPO) emerges as a key component of this new approach. Emphasis on prevention is not only possible, but essential and achievable with the right digital health tools. This is a narrow window of opportunity, which calls for resources to be pooled by payers, providers and policy-makers, to strengthen integrated healthcare.

Fullerton Health

Healthcare should equate to optimal health for every person. In an ideal world, health records would no longer be limited to a summary of illnesses. Rather, everyone should be empowered and enabled to take charge of their own health. Technology and analytics allow people to become aware of their health risks, understand medical conditions and be aware of financial coverage. The idea is that you would have full visibility of options and be in control to track progress of treatment. Telemedicine, monitoring devices, and automated deliveries will open a world of customized convenience. Health clinics will truly be a place of healing with offerings of nutrition, exercise and rest: not just medicine.

Sumitomo Chemical

Eliminating malaria and providing UHC go hand in hand: the countries with the highest burden of malaria also have some of the lowest-ranked health coverage in the world. Malaria can't be eradicated without reaching the most vulnerable populations: refugees, pregnant women and children under the age of five (especially infants). The data-driven 'last mile first' approach for malaria interventions is an entry point to health services, expanding access and capacity to address other health issues, preventing resurgences that burden health systems, and providing a proven return on investment in terms of agricultural productivity, economic growth, and women's empowerment and education. If we get it right, we will end malaria for good as an essential strategy for achieving UHC.

Global Self-Care Federation

The year is 2030, and the promise of UHC is finally a reality. The burden of non-communicable diseases has been alleviated through effective control and prevention of minor illnesses. Individuals have become active agents of their own health. They are empowered, informed and increasingly health literate. They are fully aware of the preventive self-care measures and interventions to be taken in the context of minor illnesses or chronic diseases. Healthcare systems have transitioned their focus from an approach of managing disease to protecting health. A reduction in the number of non-critical consultations linked to helping people stay healthier has finally eased the workload on strained healthcare systems, enabling resources to be allocated more efficiently and effectively.

Royal Philips

Most health interventions can be provided at the primary-care level, provided this essential health infrastructure is well equipped, staffed and supplied and easily accessible, be it digital or physical. For those conditions that cannot be treated at primary care, it is crucial that the referral to higher levels of care works well. Improvement of access to quality care and a well-functioning referral system enhances socioeconomic development and is critical to future health and community wellbeing – enabling universal coverage by 2030.

Reach52

Our UHC 2030 vision is for affordable, quality services and medicines to reach every single person in every single community on the planet. This will not involve simply strengthening existing systems, but re-inventing how healthcare systems work. Patients will be at the centre of this system, accessing AI-driven diagnostic services, and interacting with healthcare professionals through virtual platforms.

Regular, in-person check-ups and screening will have shifted to community-based health workers, equipped with portable, handheld devices. Patients will order affordable medicines and services via a mobile phone, delivered directly to even the most remote regions, removing barriers of cost and distance.

This vision will only be achieved through increased innovation in public-private partnerships: collecting data and using predictive analytics to pinpoint the needs of hard-to-reach populations; digitalizing supply chain and logistic networks to reduce inefficiency and reach populations far from care; and empowering communities to take a greater role in determining how services are offered.

Ottobock

Mobility devices and related rehabilitation are critical to health and wellbeing, enabling active participation in society and a path to an independent and dignified life. Nonetheless today in many low- and middle-income countries over 90% of people in need do not have access to such products and services, often exposing them to poverty and exclusion.

By 2030, all people in need will have access to quality and affordable mobility devices and related services as part of UHC. Governments see service provision as an investment – not a cost – and recognize its socioeconomic value. They build transparent and outcome-based reimbursement systems, ensuring that resources are allocated efficiently, meeting the demands of those in need. New technologies increase the productivity and quality of services.



“World Economic Forum, the international organization for public-private cooperation works with the private sector to keep the promise of UHC.”



Arnaud Bernaert

Head, Shaping the Future of Health and Healthcare,
Member of Executive Committee, World Economic Forum

12.12.2019 | UHC DAY.ORG

Medtronic Labs

By 2030, we envision a world where all people, regardless of where they live, can lead a healthy life, free of chronic disease. For those living with non-communicable diseases, such as hypertension and diabetes, we believe they should have access to quality, affordable healthcare. To achieve this, and to deliver equitable healthcare access to billions of underserved patients in resource-limited contexts, we know that this will require a fundamentally different approach.

We can co-create a technology-enabled chronic disease management service delivery model to address critical barriers to care. By bringing together partners across the different sectors, we can create a healthcare experience that is desirable for patients and we can ensure that an end-to-end ecosystem is planned for and financed.



DITTA - Global Diagnostic Imaging Healthcare IT & Radiation Therapy Trade Association

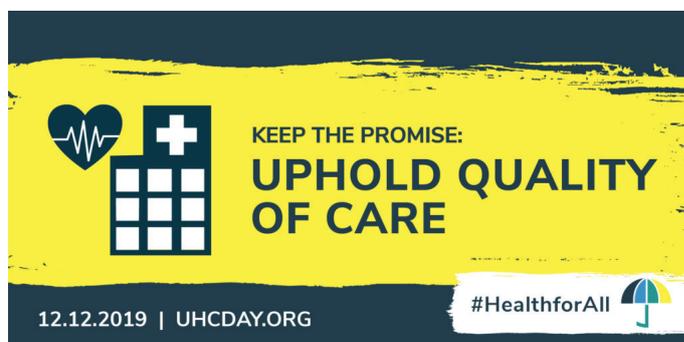
To achieve UHC, we believe an integrated healthcare delivery approach is needed to improve access to healthcare for all. We need to move towards centred care approaches and maximize the use of all medical technologies innovations to provide the right therapy at the right time for every patient and citizen. Access to medical technologies is a critical element of UHC. New medical technologies, including digital technologies, have the potential to transform service delivery at scale. Health information systems are also needed for UHC analysis and reporting. For example, over 1 billion people have uncontrolled hypertension, and this is an area that medical technologies can play a key role in the prevention, diagnosis, management and treatment.

Organisation of Pharmaceutical Producers of India (OPPI)

Let's put the money where it matters. Becoming the third largest economy in the world by 2024 demands a healthy workforce. While the Ayushman Bharat policy has been a watershed innovation in universal healthcare in India, the Government must increase public healthcare spending from 1.02% to 2.5% of GDP, as envisaged in the National Health Policy 2017. Healthcare financing through state-sponsored models, where every citizen participates, ensures that the non-insured, non-reimbursed middle class does not go missing. For UHC 2030 to succeed, the focus must remain on being innovative, both in new financing models as well as in policy-making.

MSD (known as Merck in the US and Canada)

We believe that all people should have access to high-quality and effective essential healthcare. Private-sector investments in UHC can only succeed within an ecosystem that sets ethical frameworks, ensures quality of health products and services, accelerates access and recognizes the value of these health products and services, promotes responsiveness and inclusiveness of all stakeholders, and supports incentives for future innovation. We will continue our work as a partner in achieving and sustaining UHC.



Mission & Co

UHC means that every person in the world should have the means to be in control of their own health, within an ecosystem that is accessible and equitable, and which places them at the centre. Innovations that deliberately target under-served communities provide the best means to achieve UHC. Yet many of these life-saving innovations lack access to capital, technical assistance and markets to scale up their efforts.

By 2030, Mission & Co envisions a world where health for all is a reality for 100% of humanity. Where health workers and patients have an abundance of choice, where collaboration between different stakeholders is the norm, where effective innovations have been scaled up and empower new communities, and where the last mile is the first mile. This is our UHC2030 vision and we will achieve it by placing health into the hands of those left furthest behind.



Henry Schein, Inc.

A comprehensive strategy is essential to increasing access to equitable healthcare for populations around the world. Realizing this goal requires strengthening health systems globally, which will ensure that primary care services effectively lessen the burden of non-communicable diseases (NCDs), while reducing the threat of disease outbreaks and enhancing global health security.

As we consider the burden of NCDs on health systems and population health, it is critical to recognize that there is a clear connection between oral health and overall health. Oral diseases impact 3.5 billion people around the world, place an especially high burden on at-risk populations, and are closely linked to a wide range of costly NCDs. Including oral health into UHC's disease prevention strategy will lessen the burden of NCDs, improve overall population health outcomes, and lower costs.

The critical aims of achieving UHC by 2030 can only be achieved with the full engagement of all sectors of society, working collaboratively with one another.



The [UHC2030 Private Sector Constituency](#), hosted by the World Economic Forum, convenes private sector actors and fosters dialogue and collaboration across the private sector and with other [UHC2030](#) partners, constituencies and networks. Members are for-profit entities within the health value chain such as service providers, health Insurers, and manufacturers and distributors of medicines, health products and Innovative technologies.

UHC2030 Private-Sector Constituency Members

Members of the UHC2030 PSC represent a variety of private sector actors working in health. As of October 2019, the members are:

- Accessible Quality Health Services (UCARE)
- Amref Enterprises Limited
- Apollo Hospitals Enterprise
- Becton, Dickinson and Company
- DITTA
- Fullerton Healthcare Corporation Limited
- GE Healthcare
- German Health Alliance
- GlaxoSmithKline(GSK)
- Global SelfCare Federation
- Healthcare Federation of Nigeria
- HealthSetGo Services Private Limited (HSG)
- Henry Schein
- International Federation of Pharmaceutical Manufacturers and Association (IFPMA)
- Japan Pharmaceutical Manufacturers Association (JPMA)
- Johnson & Johnson
- Kenya Association of Pharmaceutical Industry (KAPI)
- MEDx eHealthcenter
- Medtronic Labs
- mHealth Global
- MSD
- Mission & Co.
- Novartis
- Novo Nordisk
- Organisation of Pharmaceutical Producers of India (OPPI)
- Ottobock
- Pfizer
- Pharmaceutical Society of Kenya
- Reach52
- Royal Philips
- Sanofi
- Sumitomo Chemical Company
- Takeda Pharmaceutical Company

Interested in joining the UHC2030 Private-Sector Constituency?

The UHC2030 will accept new members for the Private-Sector Constituency every three months. Applicants for membership must be for-profit private entities that are directly working on health system strengthening. To submit an application visit: <https://www.uhc2030.org/about-us/uhc2030-partners/private-sector/>

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