Bangkok Statement on Universal Health Coverage

28 January 2012

We, Ministers of Health and the participants of the Prince Mahidol Award Conference 2012, “Moving Towards Universal Health Coverage: Health Financing Matters”, gathered in Bangkok, Thailand on 24-28 January 2012, learned and shared experiences among governments, academia, civil society, private sector and development partners;

1. Concerning one billion people worldwide do not have access to healthcare, 150 million people face catastrophic healthcare costs each year because of direct payments for healthcare, while 100 million are driven below the poverty line; thereby contributing to avoidable morbidity and premature mortality, aggravating inequity andimpeding sustainable social and economic development;

2. Recalling global evidence of and advocacy for universal health coverage, in particular the 2010 World Health Report and the World Health Assembly Resolution 64.9 in May 2011 on Sustainable Health Financing Structures and Universal Health Coverage;

3. Recognizing that universal health coverage with progressive and sustainable funding sources, comprehensive benefit package, primary health care approach, where all people can use the health services they need without fear of being impoverished because of payments, is a fundamental instrument in realizing the right to health, enhancing health and societal equity, promoting social cohesion and sustainable human and economic development;

4. Underlining the valuable contribution of universal health coverage towards achieving health-related Millennium Development Goal 1, to eradicate extreme poverty and hunger; Goal 4, to reduce child mortality; Goal 5, to improve maternal health; Goal 6, to combat HIV/AIDS, malaria, TB and other diseases and Goal 8, to develop a global partnership for development; and the achievement of wider social policy objectives as set out by the Joint UN Social Protection Floor Initiative;

5. Recognizing the essential contributions of resilient and responsive health systems with extensive geographical coverage of good quality primary health care services, adequate number and skill of health workforce, to the effective implementation of universal health coverage;

6. Recognizing the needs for strengthening institutional capacity of health policy and systems research in generating robust evidence to inform policy and systems design, routinely monitoring, periodically evaluating and continuously fine-tuning policies, and the ability to adapt to changing circumstances over time; sharing country experiences and facilitating North-South and South-South collaborations;

7. Recognizing that each country can start providing financial risk protection to several target populations, taking into account harmonization across different schemes and gradually accelerate progress towards universal health coverage is possible even at a low level of socio-economic development, provided that there are strong, continued and sustained political and financial commitments by successive governments as well as support from civil society, communities and international development partners;

8. Recognizing that predictable long term support from development partners, in line with the principles of the Paris Declaration and Accra Agenda for Action is important to facilitate universal health coverage in particular in resource poor countries;

9. AGREE to work together and with others across sectors and disciplines in translating policy intentions, guided by evidence, into concrete actions that make universal health coverage a reality and to ensure better health for all;

10. COMMIT ourselves to raise universal health coverage on the national, regional and global agendas, and to advocate the importance of integrating it into forthcoming United Nations and other high-level meetings related to health or social development, including the United Nations General Assembly, and promoting its inclusion as a priority in the global development agenda.