Good morning, Excellencies, Ladies and Gentlemen.

How wonderful it is to see so many practitioners, policy makers, academics and also students, our next generation, gathered for this conference. I am happy to welcome those of you coming from abroad to the Netherlands. A special welcome goes to Stella Quimbo, the current holder of the Prince Claus Chair on Development and Equity — a chair honoring my father-in-law’s legacy in development. Also, I would like to thank the Erasmus University Rotterdam, the International Institute of Social Studies, the Dutch Ministry of Foreign Affairs, the Rotterdam Global Health Initiative and PharmAccess International for facilitating this conference which I consider so timely.

As UN Special Advocate, I look closely at the factors that influence development and health is of course a very important one. Health affects all of us. Health is an especially pressing concern for poor families. This is even more so in developing countries, where health care and financial safety mechanisms may be limited. When poor people get sick, they commonly sell productive assets, pull children out of school or take expensive loans in order to get the care they need. Or they just simply do without. As a result, daily priorities such as food and shelter suffer. And there are long-term consequences. In fact, about 100 million people around the world fall into poverty every year due to health expenses.

So protecting poor people from these devastating financial impacts should be a concern for all of us. Today, we will explore some of the ways that health insurance can help. But health insurance is somewhat different than other financial products. For example, it involves a big element of public good. It is linked to broader, complex issues that require national leadership and diverse partnerships. So, this issue is about financial inclusion, but also about so much more.

One of the responsibilities of government is to address the availability of health care for everybody needing it. Some countries do so through a totally government-run health system. Others do it through a combination of public and private health providers. Some finance health mostly through tax revenues, some through insurance schemes and some through diverse financing mechanisms. The Philippines, Thailand, Colombia and Mexico are among countries that have introduced nation-wide health insurance. The point I would like to stress is that there is no single approach. Whatever we do to do this successfully, it will entail a combination of coverage and quality care that is accessible and affordable.

In the best cases, health insurance works in combination with public health goals to reinforce or even change behavior. But this can present some challenges. Why? Typically, insurance generally covers infrequent events and large losses. Health insurance that covers regular clinic visits and medication is just the reverse — high frequency, low risk and small amounts. This can make it very expensive and complicated for an insurance provider. So, knowing that prevention is the most effective means of improving health outcomes and reducing costs, this issue needs to be addressed. Moreover, health insurance is no use if there are no good doctors, clinics and hospitals. We must also consider the availability of care as well. So as you can see we will have lots to talk about in the breakout sessions.

Now, we are here today because we would like people to be healthy. But for health insurance to contribute to public health goals, it must be used on an on-going basis, it must be trusted and it must be sustainable for providers. We can learn a lot from experiences in Brazil, India, Kenya and other countries where health insurance is increasingly available. There, we see that despite the availability, low-income families still do not often purchase or renew health insurance. How can we understand this? Maybe it is because there are no clinics nearby. Or because of the competing necessities on available cash against other priorities like food or school fees. Or, perhaps the product is just not right.
So, we must understand client needs and local context very well. From that, we can design products that add real value. Value comes from the kind of benefits that are provided. Value also comes from convenient premium payments through mobile phones or flexible premiums that allow for uneven incomes. The claims process must also be very easy. It must pay benefits in a matter of days, not weeks, if it is going to prevent debts. These factors, and many more, may explain why health insurance products that work for higher income populations do not always succeed with lower-income groups.

I am especially encouraged by innovations that go beyond insurance to support client needs and social goals. For example, in Brazil, a company is designing a small savings to go with its insurance. This can be used to pay premiums when money is tight. And in Indonesia, another company is piloting a savings account for education. This account comes with small life insurance and hospital cash coverage as a benefit, thus protecting the family’s educational goal. I would be remiss in my duties as Special Advocate if I did not point out that we also need to make basic savings accounts much more widely available. After all, savings is the simplest form of insurance.

Now, knowledge is of course a factor. Low-income families are often not aware of health insurance or they do not understand precisely how it can help. But basic knowledge is not always sufficient. Trust matters. And trust results from experience as well as knowledge. The more a person understands the obligations, costs and benefits, the more his expectations will match the actual experience. For these reasons, financial education is very important and something everyone should help to provide.

This leads me to my final topic. What can each of us do to increase access to health?

National governments have the most important role. We see many examples of national commitment and leadership to expand national health systems, provide access and build medical and nursing capacity. I am thrilled that we have policymakers with us today to share their experiences and priorities. Donors and other partners are also key. I am proud of the support that the Netherlands along with many other countries has given in the past years to global health. This has brought tangible benefits and, importantly, fostered so many national initiatives. But to make sure that all the efforts have positive outcomes, it is all the more urgent that we together share what we know about what works and what does not.

What is certainly important is to ensure that health care reaches the poorest and most marginalized families. Subsidies of premiums and supplemental support conditional on regular visits to health clinics are all proving effective.

It should go without saying that providers have a lead role in product design. Donors and academics can also help, for example with research to understand client needs. Or to evaluate the impact of specific products. There is so much more that we would like to understand. When it comes to sustainability, providers are also best placed. We have seen lots of good projects that have not succeeded due to costs. This and reaching the poor are two areas where public-private partnerships are essential to get the scale needed to be able to pool risks.

I am so happy that this conference is taking place, with so many diverse stakeholders coming together. I think the day will be successful if as a result of the discussions we continue to address the following four issues:

1. Identify knowledge gaps. Where is there consensus and enough said? What needs to be studied more?
2. Prioritize where we need more pilots and on what aspects.
3. Agree, more or less, on some successes and also failures, so that we can communicate this clearly to policy makers and practitioners.
4. Call attention to the importance of this subject. Of course, not only today, but as you return home and in months to come.

In closing, I would like to remind everyone that investments in health pay very high dividends. If through insurance we can help people to become more healthy and productive and prevent impoverishment when they get sick, then we really need to focus on what is stopping us from doing so.
Thank you.