



Independent observer
of the Global Fund

PARTNERS LAUNCH FRAMEWORK FOR ACTION ON UHC IN AFRICA

According to news releases from the World Bank and the Global Fund ([here](#) and [here](#)), the World Health Organization (WHO), together with the government of Japan, the Japan International Cooperation Agency, the Global Fund, and the African Development Bank have launched [UHC in Africa: A Framework for Action](#), which provides a big-picture view of universal health coverage (UHC) in the region and identifies key areas that will be critical to achieving better health outcomes, such as financing, service delivery, targeting vulnerable populations, mobilizing critical sectors, and political leadership.

The announcement was made at a side event on 26 August at the Sixth Tokyo International Conference on African Development, held in Nairobi, Kenya.

The World Bank and the Global Fund committed to invest \$24 billion in Africa over the next three to five years to help countries implement health reforms, including UHC. The Global Fund's share of that money is \$9 billion and is contingent on the Fund reaching its \$13 billion replenishment goal.

It should be noted that this is not new money. If the Global Fund reaches its replenishment goal, the Fund estimates that \$9 billion is roughly the amount of money that would go to African countries in the 2017-2019 allocations for programs for HIV, TB, and malaria, and building health systems. So, in a way, the Global Fund is saying that all of its programs in Africa are going to promote access to universal health coverage.

(Note: The \$9 billion is just an estimate. The final amount will be determined once the total amount available for allocations is known and the allocation methodology is applied.)

“Reducing and preventing HIV, TB, and malaria is critically important to alleviate the burden on health systems, but in order to accelerate universal health coverage and all of the health SDGs, we also are actively investing to build resilient and sustainable systems for health,” said Global Fund Executive Director Mark Dybul.

Writing in the IHP Network weekly newsletter, one member of the editorial team said, “Some of my colleagues weren’t all that impressed with this news – not much ‘new’ money, too much focus perhaps on infectious diseases & global health security – and personally, I also would like to see a much bigger focus on NCDs [non-communicable diseases] in this ‘UHC in Africa acceleration,’ but all in all, I find this news encouraging.”

The IHP newsletter cited some tweets about the news, including this one from Rob Yates: “Great that Bn of aid funding has been found for UHC in Africa but DOMESTIC public financing is the key to #UHC.”

At the launch of the UHC framework, Margaret Chan, Executive Director of the WHO, [said](#), “In 2014, African countries spent about \$126 billion of domestic funding for health. Between now and 2030, domestic resources will be by far the main source of funding for UHC. The WHO estimates that African countries can mobilize an additional \$65 to \$115 billion in domestic funding annually over the next ten years.”

Other tweets cited in the IHP newsletter included the following:

“Framework for [#UHC Africa](#) shows inadequate domestic funding. African needs to tax its rich and companies [#TICADVI](#).”

“African countries are furthest from [#UHC2030](#) and the solution is increased public financing, tax and spending. [#uhcafrica](#) [#ticad6](#).”

“[Kent Buse] “Best case scenario roles complementary: [@WHO](#) provides normative guidance; [@WBG_Health](#) provides countries w/ funds.”

“Ethiopia’s [@DrTedros](#) says: tell the donors what you need to help build [#UHC Africa](#) and if they will not, refuse their money. [#TICADVI](#).”

See also [Public Financing for Health in Africa: from Abuja to the SDGs](#), a report issued by the WHO.

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