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“Business as usual” approach to achieving Universal Health Coverage must change, CSOs state

While some countries are making progress in achieving Universal Health Coverage (UHC), very few countries appear to dedicate a sufficient share of government funding for health from domestic resources. They continue to depend on unacceptable levels of out-of-pocket spending, in addition to fragmented and volatile donor funding.

This is the view of several civil society organizations (CSOs) who have signed a statement developed through the [Civil Society Engagement Mechanism](#) (CSEM) that will be presented at the [UHC Forum](#) to be held in Japan on 13-14 December. The forum is co-organized by the Japan International Cooperating Agency (JICA), UHC2030, UNICEF, the World Health Organization and the World Bank. UHC2030 is a multi-stakeholder platform that promotes collaborative efforts at global and country levels to strengthen health systems. The Global Fund is a member of UHC2030.

The CSOs believe that the UHC will be critical in meeting the SDG health goals and targets, including ending AIDS, TB and malaria. They said they “note with alarm” that the world is not yet on track to achieve UHC by 2030. “We are calling for a change to the business-as-usual approach to achieving UHC.”

This is the second UHC Forum, but the first time that civil society is organized through CSEM and actively providing input.

While they welcomed the renewed political commitment to UHC and the pledges of leaders present in Tokyo, the CSOs said that although some countries are making progress, very few countries appear to dedicate a sufficient share of government funding for health from domestic resources. “They continue to depend on unacceptable levels of out-of-pocket spending, in addition to fragmented and volatile donor

funding.”

The CSOs put forward three principles that they said should guide global and national efforts:

1. Health is a human right and the achievement of UHC should ensure that no one is left behind.
2. Out-of-pocket payments should be progressively abolished and public financing for health should be significantly increased.
3. Good governance, robust transparency and sound accountability must be ensured.

National UHC reforms are a critical enabler to social justice and equity, and must be part of a wider effort to realize the right to health, the CSOs said. While they accepted that UHC will be achieved progressively, they called on governments, global health stakeholders, and donors “to commit to progressive universalism to ensure that those who are currently left behind and most in need are prioritized first, without discrimination and exclusion.”

The CSOs stated that they are concerned by the increase in direct out-of-pocket payments in many countries that have committed to achieve UHC. “UHC can only be reached if people have access to affordable essential services and drugs, without facing direct payments such as user fees,” they said. “We call on governments to progressively increase their investment in health and move towards the proposal of at least 5% of their annual GDP as government health care expenditures, giving priority to primary health care linked to essential health services packages.... These resources should be raised by governments, including through progressive taxation, efficiency gains and increased harmonization with other resource flows, with the objectives of equitably reducing out-of-pocket expenses and thus reducing financial hardship for individuals and their communities.”

Where the private sector participates in financing, developing and delivering health products and services, the CSOs said, there should be adequate ethical safeguards to prevent conflict of interest and mitigate potential excessive profits. In addition, they said, systems are needed to enable patients to monitor out-of-pocket payments.

For more information, contact Annick Jeantet at the CSEM secretariat: ajeantet@ghadvocates.org. The Global Fund has released a “Focus on” information sheet on UHC, available [here](#).

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