CSO statement for the Universal Health Coverage (UHC) Forum in Tokyo - Japan

13- 14 December 2017

Civil society welcomes the leadership of the Government of Japan in hosting the second global UHC Forum, which creates an opportunity to bring together political leaders, country representatives, technical partners, academics, and representatives of civil society organisations. Co-organised by the WHO, the World Bank and UNICEF, this Forum is an opportunity to accelerate progress towards UHC to ensure that, by 2030, all people in all communities have equitable access to essential quality preventive and curative health services without experiencing financial hardship; this includes access to the full spectrum of essential, quality health services, including health promotion, prevention, treatment, rehabilitation, and palliative care, as well as access to essential medicines and vaccines.

We urge participants and signatories to renew their focus on monitoring progress toward UHC and building a culture of efficiency and accountability among stakeholders.

We applaud the renewed political commitment to UHC and the pledges of leaders present in Tokyo. However, we note with alarm that the world is not yet on track to achieve UHC by 2030. While 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. In addition, we observe large-scale privatisation of health services by the for-profit sector, as well as discrimination against communities under poverty, exclusion or marginalization. These perpetuate the injustices in access to healthcare, which UHC is meant to address. **We are calling for a change to the business-as-usual approach to achieving UHC.**

If the global community is serious about achieving UHC by 2030, we – service providers, advocates and representatives of citizens and communities – believe that the following principles need greater emphasis and should guide national and global efforts

1. <u>Health is a human right and the achievement of UHC should ensure that no one is left behind.</u>

   Too often health policies, budgets, and programs do not prioritise impact on health benefits for most vulnerable and marginalised populations in a structural manner. National UHC reforms are a critical enabler to social justice and equity, and must be part of a wider effort to realise the right to health. Therefore, while we agree that UHC will be achieved progressively, **we call 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 prioritised first, without discrimination and exclusion.** This includes those marginalised due to poverty, ethnicity, youth, age, disability, gender, sexuality, religion, migration status, conflict, distance, remoteness and key populations, all of whom are currently denied their full rights to access quality health services. With this mid- to long-term objective in mind, there is a need for urgent measures to improve access to care and reduce the financial burden on people and patients in the very short term. We urge governments not to focus on reforms that further advantage those in formal sector employment or create health service entitlements based on employment status (as opposed to a universal right).

2. Out-of-pocket payments should be progressively abolished and public financing for health should be significantly increased.

We 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. Every country needs to mobilize and allocate a greater percentage of public domestic resources to health. Specifically, **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 essential care packages should be defined by country-level needs and priorities required to meet SDG target 3.8.1, with a concrete plan to ensure the removal of direct cash payments as an urgent measure.** 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. We also call upon governments to ensure that this increase in spending contributes to an increase in the accessibility, scope and utilisation of quality health services.

Additionally, we call for existing donor financial commitments such as the 0.7 GNI for ODA to be respected, and commit to increase Development Assistance for Health (DAH) to ensure that no one is left behind. Donors should make sure that their aid supports equity in countries and closes the health service gaps, in particular for the marginalised and vulnerable populations, and complies with aid effectiveness principles and supports public financing of national health sector plans. Moreover, the international community can help countries to grow their fiscal space by tackling harmful practices like tax evasion and avoidance. Accountability and tracking of donor resources also need to improve to ensure better health outcomes.

Donors need to complement this domestic resource allocation and mobilisation by committing to revise the global macroeconomic policies (such as current unfair global tax and trade rules) that currently deprive countries of the Global South of the necessary financial resources to achieve UHC. If we do not address these structural factors, UHC will remain a worthy, but unattainable, aspiration.

3. Good governance, robust transparency, and sound accountability must be ensured.

UHC should be built through a multi-stakeholder movement, and all stakeholders need to both acknowledge and keep their commitments and duties. National governments are the primary holders of responsibility and the lead duty bearers for progress towards universal health coverage. However, Civil society and communities themselves have a key role to play in helping to ensure services are adapted to become more acceptable, appropriate and therefore sustainable. Civil society can also hold governments and partner's accountable, empowering people to claim their rights. Leaders need to ensure that citizen and community voices are heard and should put in place mechanisms through which to channel input and feedback from the local facility level to national governments and international fora, ensuring that health systems are responsive to people's health needs. To this end, public investment for civil society and communities is crucial.

Finally, when the private sector participates in financing, developing and delivering health products and services, we call for adequate ethical safeguards to prevent conflict of interest and mitigate potential excessive profits as well as ensuring that public funding and policies safeguard equitable, quality public services as a right. We call on the UHC stakeholders to ensure that price and access to health products is being monitored and reported back. Adequate mechanisms are needed to monitor progress on the provision of essential health care packages. Additionally, as a key component of their performance and accountability frameworks, all stakeholders should include monitoring of existing direct payments by patients and OOP expenses. National watchdogs should be strengthened and mandated to play their role.

We, the undersigned civil society organisations, believe that the above principles will ensure that UHC fully contributes to the realisation of the right to health and the achievement of the SDGs. We call on the next UHC Forum and monitoring report to reflect and clearly track process on these priority principles.

Signatories:

Anti AIDS Association - AAA, Kyrgyzstan
ACON – Australia
ACT! AP – Cambodia
Action Against Hunger – France
ACTION – USA
Action for Global Health (AfGH) - UK
Action for Health Initiatives, Inc - Philippines
Africa Health Budget Network (AHBN) – Nigeria
Africa Japan Forum – Japan
African Platform for UHC
AIDS Support Services Society (KLASS) – Malaysia
Alliance for Public Health - Ukraine
Alliance for Reproductive Health Rights – Ghana
Alliance Myanmar - Myanmar
Alliance Nationale des Communautés pour la Santé - ANCS, Senegal
Alternative Santé – Cameroun
Amref – Health Africa
Anti Corruption and Transparency Initiative - Nigeria
APCASO
Association for Family and Reproductive (ARFH) - Nigeria
Australian Federation of AIDS Organisation (AFAO) - Australia
Blessed to Give Foundation – France
Catholic Diocese of Ijebu Ode – Nigeria
CBM International - Germany
Civil Society Human and Institutional Development Programme (CHIP) – Pakistan
Centre for Health Sciences Training, Research and Development (CHESTRAD) - Nigeria
Centre for Leadership and Social Enterprise Development - Nigeria
Centre for Social Justice (CSJ) - Nigeria
Christian Aid – UK
Christ Apostolic Church, Odo-Iye, Osun state - Nigeria
Center for supporting community development initiatives – Vietnam
Club des Amis du Monde – Senegal
Coalition for Maternal, Newborn and Adolescent Accountability in Nigeria (C4MAN) - Nigeria
Coalition 15% - Cameroun

Colectivo Sol's - Indonesia
COMARESS – Madagascar
Community Accountability Initiative
Community Working Group on Health (CWGH) - Zimbabwe
Conference of NGOs (CONGOs) - Nigeria
CONGAD/ RESIP – Senegal
Cordaid – The Netherlands
Cradle of Black Civilization Initiative (CBCI)
Deutsche Stiftung Weltbevölkerung (DSW) – Germany
Evidence for Action - Nigeria
Fade Out Malaria and AIDS - Nigeria
Family Health Options (FHOK) – Kenya
First Health Alert Services - Nigeria
Foundation for Environmental Rights, Advocacy and Development (FENRAD) - Nigeria
Foundation for Integrated Rural Development (FIRD) - Uganda
Global Coalition of TB Activists
Global Fund Advocates Network Asia-Pacific (GFAN AP)
Global Health Advocates (GHA) – France
Global Health South (GHS)
Global Network of People Living with HIV (GNP+)
Health Alert – Sierra Leone
Health Poverty Action – UK
Health Rights and Education Programme - Malawi
Health Sector Reform Coalition - Nigeria
Health Sector Reform Foundation of Nigeria (HERFON) - Nigeria
House of Oduduwa Foundation - Nigeria
International HIV/AIDS Alliance
Instituto para el Desarrollo Humano - Bolivia
International Agency for prevention of Blindness (IAPB)
International Planned Parenthood Federation (IPPF)
Japanese Organization for International Cooperation in family Planning (JOICFP) – Japan
JSI Research and Training Institute - USA
KANKO - Kenya
KELIN – Kenya
KHANA – Cambodia
Kimirina - Equator
KNCV Tuberculosis Foundation
Kolkata Rista – India
Korean Advocates for Global Fund – Korea
Legislative Network for Universal Health Coverage - Nigeria
Life Builders - Nigeria
Malaria No More – Japan
Management Sciences for Health (MSH) - USA
Medicus Mundi International – Network Health for All
Myanmar Health and Development consortium (MHDC) – Myanmar
Network for Health Equity and Development (NHED) - Nigeria
Nigeria Health Watch
OAFRESS
Oxfam International
PAI – USA
PATH - USA
PATH Uganda Better Health - Uganda

PetalsFM – Nigeria
Princess of Africa Foundation – South Africa
Protege QV – Cameroun
Positive Generation – Cameroun
Public Health Initiative – Liberia
Ukrainian Network of People who Use Drugs (PUD.UA) – Ukraine
Réseau EVA (Enfants et VIH en Afrique)|- Senegal
Reproductive Health Association of Cambodia (RHAC) – Cambodia
REPAOC - Senegal
RESULTS International – Australia
RESULTS UK – UK
Rotary Club, Oroki, Osogbo - Nigeria
Rumah Cemara - Indonesia
Save the Children
SFPA – Sudan
StopAids – UK
Sunshine Progressive Youth Alliance, Ondo State - Nigeria
TB Advocacy Coalition - Kenya
The Global Forum on MSM and HIV (MSMGF)
The International HIV/AIDS Alliance
Transparency International's Pharmaceuticals and Healthcare Programme - UK
Treatment Action Group
Treatment Access Watch – Cameroun
Vasavya Mahila Mandali India
Vietnam Vulnerable Community Support Platform (VCSPA) - Vietnam
WACI Health - Kenya
Wellbeing Foundation Africa
Wemos
White Ribbon Alliance - Nigeria
Women Advocates for Vaccine Access (WAVA)
Women's Association for a Better Ageing Society (WABAS)
Women Deliver
Women's Health and Rights Project (WHR) - Nigeria
World Federalist Movement of Japan - Japan
Worldwide Hospice Palliative Care Alliance