Primary health care must be prioritized as the first step towards UHC, enabling high-quality, accessible health and nutrition services for all communities. Free at the point of use, with a focus on reaching the most deprived and marginalized populations.

A strong primary health care system can meet 90% of all health needs, according to the World Bank. The World Health Organization recommends that at least 57% of government health expenditure should be allocated to primary-level services.1

Adaptable numbers of well-trained and remunerated health workers, especially deployed in areas of need, are required to progress towards achieving UHC.

We cannot measure what we don’t know. Governments need to increase public spending on health to at least 5% of GDP. And they must increase both total and domestic health expenditure towards a 5% GDP target, raise revenue for health and nutrition systems in an equitable way through progressive taxation, purchase services in a strategic way, improve efficiencies in the way health funds are spent, and remove out-of-pocket payments for health and nutrition services, such as user fees.

Governments must commit to the UN Decade of Action on Nutrition and the 2020 Nutrition for Growth Summit. They need to increase investment in primary health care, particularly for the most deprived and marginalized communities.

We call on national governments to:

- Increase domestic health expenditure towards a 5% GDP target; raise revenue for health and nutrition systems in an equitable way through progressive taxation; purchase services in a strategic way; improve efficiencies in the way health funds are spent; and remove out-of-pocket payments for health and nutrition services, such as user fees.
- Prioritize primary health care as a critical first step towards UHC, ensuring access to health and nutrition services for the most deprived and marginalized communities to ensure no one is left behind.
- Remove barriers to accessing health and nutrition services, both financial and non-financial, including gender-related barriers.
- Support and empower communities and civil society to participate in planning and advocating for increased investment in primary health care.
- Take a comprehensive, multisectoral approach to health, ensuring UHC is integrated into national nutrition plans and financing, and nutrition in health plans and financing, demonstrating this also through commitments to the UN Decade of Action on Nutrition and the 2020 Nutrition for Growth Summit.

We call on donors and development partners to:

- Encourage their aid and funding to be transformational, invest in nationally-driven plans and priorities; support countries to increase domestic fiscal space for health and nutrition; and strengthen health and nutrition financing systems.
- Ensure their support drives progress on the ‘leave no one behind’ agenda, focusing on access to health and nutrition services for the most deprived and marginalized communities.
- Ensure that civil society organizations and community voices shape health agendas at the national and global levels.

Notes


The global community has committed to work together to achieve universal health coverage (UHC) by 2030, as part of the Sustainable Development Goals. Despite this, at least half the world’s population still lack access to essential health services and increasing numbers of people are being pushed into poverty by having to spend too much of their household budgets on healthcare expenses.

Achieving a world in which all people can get the health services they need without financial hardship requires bold actions from governments. There is no single path to achieving UHC and countries must define their own essential health service packages and tailored pathways.

The challenge now is to translate aspirations into achievements. The first-ever High-Level Meeting on Universal Health Coverage taking place in September 2019 provides a unique opportunity to galvanise political action needed to drive progress on UHC. We encourage governments and partners to make sure it is a truly transformational moment.

PAYING FOR UNIVERSAL HEALTH COVERAGE

In too many countries, people are paying out-of-pocket for their healthcare. This is the least fair way to pay for health.

Our projections show that in 2019, 1.2 billion people will spend at least 15% of their household budget on healthcare and 283 million will spend 35% – which can cause financial catastrophe.

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Governments are required to progress towards achieving UHC.

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Notes


**ACCOUNTABILITY FOR UNIVERSAL HEALTH COVERAGE**

**Budget transparency**

To be able to properly monitor UHC, EIDs need to be able to access budget information in a timely manner. This requires accession to the Open Budget Initiative and the Open Budget Index.

**Civil society space**

Civil society organisations and civil society coalitions need to be able to hold governments to account. This requires civil society space to be assessed.

**Corruption perception index**

Corruption perception indices are critical in ensuring that the work of civil society is not undermined. This requires the Corruption Perceptions Index to be assessed.

**Out-of-pocket expenditure**

Out-of-pocket expenditure continues to remain catastrophic. This requires data on out-of-pocket expenditure to be assessed.

**Primary health care as a % of government expenditure**

Primary health care is the backbone of UHC. This requires data on primary health care as a % of government expenditure to be assessed.

**Space for civic engagement**

Civil society space is a key determinant of UHC. This requires data on civil society space to be assessed.

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