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A Global UHC Campaign Launches: Health for All Post-2015

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The Millennium Development Goals, due to expire next year, have defined an era of global health. Since their adoption in 2000, the global AIDS response has scaled up massively; childhood immunization has become the norm in most settings; and many more women can access the family planning and reproductive healthcare they need. The MDGs coincided with,

and perhaps helped to usher, a “Golden Age ^[5]” of global health funding, which supported hard work and innovation that saved millions of lives.

And yet, signals emerged that the rapid scaleup was leaving people behind. Health inequalities continued to grow, both within and across countries. Advances in child survival and maternal care left a concentration of deaths in the poorest regions, with persistent gaps in access ^[6]. Improved prevention and treatment has helped control HIV’s impact in the general population but left hot spots of increased risk among groups that are marginalized and vulnerable. Meanwhile, noncommunicable diseases revealed themselves as a “growing hidden iceberg ^[7]” in developing countries—so daunting a global health challenge that many key players have been virtually paralyzed.

These dynamics make 2015 a crucial decision point. The global health community must decide how hard it will push to level the playing field for all people. Whether the status quo will determine who benefits from improved health services. Whether we evaluate progress based on the number of procedures delivered or the quality of life achieved.

For those who want to transform global health, universal health coverage (UHC) is an attractive goal. UHC is sold as an anti-poverty agenda removing financial barriers to healthcare and as a technical reform agenda, incorporating the latest thinking in health systems strengthening. It’s been proposed to NGOs as a “big tent ^[8]” uniting the varied perspectives and priorities in global health. It appeals to the sense that everybody deserves access to the health services they need, and shouldn’t struggle to pay for it—which is just how the World Health Organization defines UHC.

Yet nobody should have been surprised that civil society responded to these messages with skepticism. NGOs know that progress takes leadership, investment, community mobilization, and time. They know change will be slow and difficult, especially in settings where social and legal norms stand in the way, where governments aren’t committed to health and don’t stand accountable. Systems for expanded prepayment and risk pooling—the most characteristic UHC health financing reforms—are an important step, but even these can reinforce inequities if they’re designed or implemented incorrectly.



HEALTH FOR ALL Health for All Post-2015 Today—March 4—we POST 2015

launched a global civil society campaign, Health for All Post-2015 [9], specifying human rights and public health principles that should guide UHC at the global and country level. The campaign's call to action [10] reflects discussions among NGOs, particularly meetings in Dakar last month [11] with civil society representatives from 23 countries and in New York last September [12] with a cross-section of health constituencies. While perspectives differ—in particular, some NGOs in Latin America have vigorously opposed the UHC movement—there is reasonable consensus around the concepts on which civil society demands firm commitment from UHC policymakers. With these commitments, civil society would become a powerful partner in the UHC movement.

With 2015 just around the corner, it's time to move on UHC. Everyone knows we need change in global health, and there's plenty of common ground. For example, the World Bank and WHO have proposed targets for equity in UHC [13], based on income level; NGOs agree that equity should drive the UHC agenda, but call for it to respond to the wider sources of exclusion and vulnerability. The Pan-American Health Organization would bring UHC to the doorstep [14] using community health workers; NGOs, sharing this community focus, would add community mobilization and political engagement.

UHC could define the next era of global health. It could unite everyone who wants health systems to work better. But first, the technical agenda has to make space for the civil society perspective. Health for All Post-2015 isn't calling for anything that policymakers can't deliver. More importantly, we're calling for an approach that would correct inequities and bring everyone along—ushering not just the next era, but truly a new era in global health.

Organizations can sign onto the campaign at <http://healthforallcampaign.org/call-to-action/> [10].

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