

Universal Health Coverage Forum 2017

Tokyo Declaration on Universal Health Coverage: All Together to Accelerate Progress towards UHC

We, the Co-Organizers of the Universal Health Coverage (UHC) Forum, reaffirm our commitment to accelerating progress towards UHC, and to achieving health for all people, whoever they are, wherever they live, by 2030.

We recognise the integrated and indivisible nature of the Sustainable Development Goals (SDGs), which balance the economic, social and environmental dimensions of sustainable development.

We reiterate the importance of target 3.8 of the SDGs, which seeks to provide all people with access to high-quality, integrated, “people-centred” health services. This must include promotive, preventive, curative, rehabilitative and palliative health services, as well as safe, effective, quality and affordable essential medicines and vaccines. We want to ensure that people do not suffer financial hardship when accessing services. We emphasize the importance of protecting all people from health risks such as outbreaks, and responding rapidly to outbreaks and crises.

We acknowledge that health is a human right and that UHC is essential to health for all and to human security. We adhere to the principle of *Leaving No One Behind*, which requires special effort to design and deliver health services informed by the voices and needs of people. This prioritizes the most vulnerable members of the world’s population — children and women — those affected by emergencies, refugees and migrants, and marginalized, stigmatized and minority populations, so often living in extremely difficult circumstances.

We affirm that UHC is both technically and financially feasible. UHC produces high returns across the life course and drives employment and inclusive economic growth. UHC is one of the cornerstones of the Sustainable Development Agenda and contributes to progress towards all SDGs. Without UHC, billions of people are at risk of losing the opportunity to live full and productive lives, and hundreds of millions risk impoverishment in their pursuit of health care. Millions of people live in countries and states considered to be fragile. Attaining UHC in these settings requires strong intersectoral collaboration.

We reaffirm and build on the G7 Ise-Shima Vision for Global Health, the TICAD VI Nairobi Declaration, which acknowledges the “*UHC in Africa: A Framework for Action.*” We also build on the G20 Berlin Declaration, which acknowledges the UHC2030 “*Healthy systems for universal health coverage – a joint vision for healthy lives,*” as well as other regional and international declarations. All of these stress the need to build and strengthen resilient and sustainable health systems and prepare for public health emergencies in an integrated way. In this context, we note the progress that has been made to reinforce preparedness and responses

to public health emergencies, including formalization of coordination mechanisms among the World Health Organization (WHO) and other relevant United Nations (UN) partners, and funding mechanisms for emergencies like the WHO's Contingency Fund for Emergencies (CFE) and the World Bank's Pandemic Emergency Financing Facility (PEF).

We welcome the release of the 2017 UHC Global Monitoring Report. According to this report, much remains to be done to achieve UHC:

- At least half of the world's population still does not have access to quality essential services to protect and promote health.
- 800 million people are spending at least 10 percent of their household budget on out-of-pocket health care expenses, and nearly 100 million people are being pushed into extreme poverty each year due to health care costs.

Concerned that progress towards UHC is too slow, despite the efforts made in each country, we call for greater commitment to accelerate progress towards UHC.

Strengthening global momentum towards UHC

- By 2023, the midpoint towards 2030, the world needs to extend essential health coverage to 1 billion additional people and halve to 50 million the number of people being pushed into extreme poverty by health expenses.
- We commit to monitoring progress towards UHC as part of the UN SDG review process by issuing global monitoring reports regularly, and reviewing key findings at the subsequent UHC Forum. We welcome the use of a uniform measurement methodology for UHC indicators in the 2017 Global Monitoring Report. We also emphasize the importance of strengthening the breadth and depth of data at the national and subnational levels, including disaggregated data, to inform evidence-based policymaking and to assess progress, as well as strengthening the capacity of local stakeholders to analyse and use data.
- In response to the recommendations of the UN Secretary-General's High-Level Commission on Health Employment and Economic Growth, and as articulated in the Dublin Declaration on Human Resources for Health, we call upon all relevant stakeholders to expand and transform investments in the health and social workforce for UHC, emphasizing the empowerment of women and youth employment.
- To maintain a high level of political momentum on UHC, we welcome the 40th anniversary conference in 2018 of the Alma Ata Declaration, from the International Conference on Primary Health Care. We also welcome the decision to designate December 12 of each year as International UHC Day and support the UN high-level meeting on UHC in 2019. Furthermore, we will support stronger global leadership at high level of the UN system to promote UHC.

Accelerating country-led process towards UHC

- We commit to jointly mobilizing political leadership around the world so that countries develop their own roadmaps towards UHC, with clearly indicated targets, indicators and specific plans. We support the increased alignment of efforts among all

development partners through country-led, multi-stakeholder coordination platforms in line with the UHC2030 Global Compact principles. We also promote country-level engagement with diverse stakeholders from non-governmental and private sector partners to enhance shared ownership and accountability. We welcome the contribution of international initiatives such as the Tokyo Joint UHC Initiative, the UHC Partnership, Providing for Health Partnership, and the Global Financing Facility (GFF), which aim to strengthen country systems and platforms for UHC and preparedness in a collaborative manner.

- In pursuing UHC, we commit to targeted investments to prevent, detect and respond to disease outbreaks and other emergencies including surveillance systems in order to safeguard health security and international collaboration under the International Health Regulations (2005). In doing so, we will promote a focus on fragile and conflict-affected settings to ensure UHC financing in such settings. We also commit to investing in building a sound foundation for healthy societies with equitable access to social services such as water, sanitation, nutrition, housing, and education, and mainstreaming gender throughout policies and programmes.
- On financing for UHC, we support a strong dialogue between the Ministries of Health and Finance to mobilize and manage domestic resources to increase public funding and reduce out-of-pocket payments. It is also critical for countries to mobilise citizen and community platforms, strengthening their budgetary processes, tracking expenditures to achieve value and equity of health spending, and enhancing the efficiency of health expenditures.
- Effective and innovative financing tools offered by development partners, such as the GFF and World Bank's IDA, also complement domestic resources. In this regard, we welcome IDA18's strong policy commitment to the global health agenda, which was supported by Japan and other donors, and look forward to further mobilization of IDA funds to promote UHC. We also call for expanded financing and increased alignment to support UHC by all development partners, particularly multilateral development banks and Global Health Initiatives such as the Global Fund to Fight AIDS, Tuberculosis and Malaria (The Global Fund) and Gavi, the Vaccine Alliance, and foundations such as Bill and Melinda Gates Foundation. In order to further promote financing for UHC, we will explore holding a high-level dialogue with Health and Finance Ministries by 2019.

Innovation for UHC

- We recognise that realising our ambition requires going beyond “business as usual,” and commit to developing and supporting strategies, policies and systems at the global and country level to harness and sustain the transformative potential of innovation. This commitment recognises the need for countries to articulate their local priorities for UHC and share best practices.
- We also commit to improving access to medicines and vaccines through collaborative work and research and development, including during health emergencies building on

platforms such as the Global Health Innovative Technology Fund (GHIT), the Coalition for Epidemic Preparedness and Innovations (CEPI) and the International AIDS Vaccine Initiative (IAVI).

- Accelerating progress towards UHC requires systematic learning from country experience through platforms such as UHC2030, increased focus on policy coherence, addressing implementation bottlenecks, and harnessing the potential of system innovations and effective and affordable technology in the health sector. We commit to stimulate learning on innovation for UHC by accelerating the generation and sharing of critical knowledge by building on and enhancing coordination of existing and future networks.

We look forward to future convenings and sharing the progress made towards UHC with the Global Community, in the context of the World Health Assembly, the High-Level Political Forum on Sustainable Development and the UN General Assembly, upcoming high-level UHC meetings such as the 2018 40th Anniversary of Alma Ata, and at the next UHC Forum. We extend our deep appreciation to the Government of Japan for its commitment to supporting the continuation of the UHC Fora in the future.