

Civil Society Requests on the UHC Knowledge Hub: Strengthen health financing that centers community voices and guarantees universal health coverage

November 2025

To:

Her Excellency Ms. KATAYAMA Satsuki, the Minister of Finance

His Excellency Mr. UENO Ken'Ichiro, the Minister of Health, Labour and Welfare

Dr. Tedros Adhanom Ghebreyesus, Director-General, World Health Organization

Mr. Ajay Banga, President, World Bank Group

Key Recommendations

Universal health coverage (UHC) means that all people have access to the full range of quality health services when and where they need them, without financial hardship. The training programs of the UHC Knowledge Hub should be designed to maximize the contribution of civil society and communities to strengthen health financing capacity to achieve UHC.

- 1. Incorporate “Country Consultations” in the Development of Training Programs and Ensure Multi-Stakeholder Participation**
- 2. Provide Training that Includes Field Engagement and Learning Methods to Reflect Realities in Policy**
- 3. Support and Monitor UHC Progress at the Country Level Following Training Programs**
Establish an
- 4. Organizational and Governance Structure that Serves as a Model for Finance-Health Collaboration Between Finance and Health Sectors**
- 5. Social participation, including that of civil society, should be integrated at every phase of the initiative.**

We, members of civil society, welcome the establishment of the “UHC Knowledge Hub” to lead capacity building for the achievement of universal health coverage (UHC). We express our respect and gratitude for the leadership of Japan’s Ministry of Health, Labor and Welfare, the Ministry of Finance, the World Health Organization (WHO), and the World Bank in realizing UHC.

UHC means that all have access to the full range of quality health services when and and where they need them without financial hardship. Achieving this requires strong and equitable health finance systems, inclusive governance. Furthermore, social participation and the fulfillment of health needs must be ensured in a way that leaves no one behind, including people in vulnerable situation such as those in humanitarian crises and those who are often alienated from access to health and medical services. We hope that the UHC Knowledge Hub will fulfill its functions as a training institution and a platform for consolidating and sharing information to secure the capacity for health financing necessary for the true realization of universal health coverage. In this regard, we respectfully submit the following requests:

- 1. Target countries should conduct inclusive national consultations to ensure broad social participation in the development of training programs.***

We highly recommend the “country-led” approach in designing training programs implemented through the UHC Knowledge Hub, based on the principle of co-design to address bottlenecks and strengthen capacities identified by the countries themselves in their efforts to achieve UHC. To ensure this “country-led” approach, it is desirable to hold consultations at the national and subnational levels that include not only government perspectives but also representatives of civil society, communities and people living with lived experiences, in order to reflect the challenges and needs of the general public—especially those in vulnerable situations. Furthermore, to tailor the training content to each country’s context, both policymakers and practitioners should collaborate in identifying challenges, ensuring alignment with national health and UHC strategies, understanding the needs of the most vulnerable communities, and identifying barriers to accessing health services. It is also important to cover cross-cutting themes such as resource mobilization including human and financial resources, data collection and management, and communication.

2. The training should allow participants to engage directly with communities, understand their needs, and learn how to translate those needs into policy.

While the overarching Health Works initiative seeks to promote investments in health systems as drivers of economic growth, job creation, and resilience, the UHC Knowledge Hub should maintain a focused technical mandate on strengthening the equity and sustainability of health financing systems. Participants, particularly officials in ministries of finance and health responsible for health financing, must have a deep understanding of the core functions of health financing, including: domestic resource mobilization (DRM), fiscal policy for health, pooling and strategic purchasing to enhance efficiency and equity, public financial management, budget execution, and transparency mechanisms. Further, the training should also equip participants with practical tools to leverage/unlock different sources of finance, including IDA, GFF, and PF, all under the Lusaka Agenda principles. Nonetheless, it is important to also incorporate engagement with communities, civil society, and frontline actors to better understand how fiscal decisions affect access and service delivery. In the medium term, it would also be beneficial to establish a database function in collaboration with regional higher education, training, and academic institutions involved in health, to collect, accumulate, and share a broader range of knowledge and expertise. In addition to Japan’s experiences, establishing a mechanism to utilize the knowledge of various countries, international organizations, civil society, and community stakeholders according to the issues at hand would ensure broader access for countries and stakeholders. This would also help avoid duplication with other UHC capacity-building programs and knowledge-sharing or technical assistance platforms and promote synergies through collaboration.

The knowledge gained through training should not remain with individual participants but must be shared among both policymakers and practitioners in the health and finance authorities of the target countries. It should be inherited as an asset of the entire organization and utilized for capacity building at the national level. To this end, it is necessary to develop concrete action plans as outcomes of the training to advance national health and UHC strategies and to operationalize efforts toward achieving UHC. To implement these action plans, it is also worth considering the provision of multilateral or bilateral program assistance to supplement the countries’ own resource mobilization efforts.

3. Countries should report progress on UHC following the participation in the program

To ensure sustainability, participating government should link training with clear commitments to report

progress and improvements in national UHC strategies, namely through increased domestic resource mobilization and health budget allocation, the introduction of health systems that reduce or eliminate out-of-pocket payments, strengthening health systems, and expanding the population and service coverage of public health services—it is essential to establish measurable indicators and conduct regular monitoring and evaluation of progress. To assess whether health services related to UHC are reaching citizens, especially vulnerable communities, it is worth considering the introduction of “Community-Led Monitoring” (CLM) as one of the pillars of evaluation. Utilizing international evaluation frameworks such as the Global UHC Action Tracker” by UHC2030 and the Global Monitoring Report on UHC by the World Bank and WHO can help establish systems that enable civil society to monitor and report on progress. This would allow for evaluations based on field knowledge and experience, leading to improvements in both policy and practice.

4. The governance of the UHC Knowledge Hub should serve as a model of collaboration between health and finance sectors.

To effectively implement these initiatives, the UHC Knowledge Hub itself must establish a governance mechanism that serves as a model for promoting collaboration between finance and health sectors in low- and middle-income countries. It should demonstrate best practices in effective collaboration, accountability, and transparency. To operationalize the WHA resolution on social participation for UHC, the hub’s governance should include civil society representation as active members in any advisory or technical group. These representatives should contribute to co-designing the curricula, and ensuring that lived realities of affected people are reflected on fiscal and financial reforms. We also recommend establishing a representative function and an integrated decision-making mechanism capable of demonstrating leadership toward UHC, formulating medium- to long-term plans, issuing regular reports on achievements to ensure planning and predictability, and securing accountability and transparency. Such collaboration could model intersectoral approaches that link health, finance, education, and social protection and mental health systems, reflecting the multi-dimensional nature of well-being. It is also necessary to conduct evaluations of outcomes by independent evaluation bodies and implement organizational reforms based on their recommendations. In decision-making processes, including the selection of target countries and the development of follow-up mechanisms. It is important to establish decision-making bodies composed of diverse stakeholders.

5. Expand participation , and promote value for money of the training materials

While it is important to invest in key decision makers, it is equally important to expand the training for higher impact, recycling the training materials for a wider audience could increase the awareness and the capacity about the key principles of UHC, thus creating a safety net and an accountability mechanism for change..

According to the current design, the UHC knowledge hub will feature a few participants from a select countries. Limiting participation risks undermining both the inclusivity and sustainability of such a model, we recommend the hub to expand access to the “knowledge” through regional hubs and virtual training platforms, partnering with regional training and academic institutions, introduce/expedite ToTs (Training of Trainers) models to cascade learning nationally, and ensure that the training materials are translated to key languages where needed. Meaningful social participation is critical for accelerating progress towards UHC and achieving the Sustainable Development Goals (SDGs) by 2030. The engagement of civil society

and communities is critical to the achievement of the above recommendations. Civil society and communities contribute to building equitable, inclusive, resilient, and sustainable health systems that are responsive to both the physical and mental health needs of marginalized and vulnerable regions, communities, and individuals.

To further accelerate efforts toward achieving UHC, we are committed to fulfilling our role as civil society in close collaboration with governments and international organizations as equal partners. We respectfully request your consideration of the contents of this proposal and their reflection on future operational policies.

Sincerely,

Japan CSO Network on Global Health (GHNet)

The Civil Society Engagement Mechanism for UHC2030 (CSEM)

List of Endorsing Organizations (as of November 13, 2025):

131 Organizations from 42 Countries

※Organizations operating at global or regional level are also classified under the country where they registered their endorsement. List in no particular order.

United States of America	
ACTION Global Health Advocacy Partnership	Seed Global Health
Global Alliance for Surgical, Obstetric, Trauma and Anaesthesia Care (G4 Alliance)	UNSPOKEN SMILES
Partners In Health	
Argentine Republic	
Fundación Huésped	
Republic of Yemen	
International Youth Council-Yemen (IYCY)	Wahg _Alhayah- foundation (WHF.Yenen)
Republic of India	
AIHMS-GLOBAL	State coalition of people living with HIV sansthan jaipur Rajasthan
Blue Circle Diabetes Foundation (India)	VIKASH-SAMUKHYA
Empower India	WORLD PEACE INSTITUTE OF UNITED NATIONS
Global Coalition of TB Advocates	Younite india
International Planned Parenthood Federation	
Republic of Indonesia	
Jaringan Indonesia Positif	Spiritia Foundation
Rekat Peduli Indonesia	
Republic of Uganda	
Child Way Uganda	The Populace Foundation International (TPFI)
KAPOTEC FOUNDATION UG	
Ukraine	
Alliance for Public Health, Ukraine	UKRAINIAN UNION of PATIENFS ORGINISATIONS
Commonwealth of Australia	
Filipino Nursing Diaspora Network	The George Institute for Global Health
The Fred Hollows Foundation	
Canada	
International Alliance of Dermatology Patient Organizations (GlobalSkin)	Orange Blossom Alliance
Republic of Cameroon	
Women's-Health-Development (FESADE)	National Coalition of Local Associations for PBF Health
BCH Africa Cameroon	
Kingdom of Cambodia	
Health Action Coordinating Committee (HACC)	KHANA_Cambodia
Republic of Ghana	
Altar Relief Foundation	Muslim Family Counselling Services
Christ Soldiers Foundation CSO	Systems for Community Health

United Kingdom of Great Britain and Northern Ireland	
British Arab Nursing and Midwifery Association	World Vision International
Save the Children International	
Republic of Kenya	
Strategic Poverty Alleviation Systems-SPAS	Madhira Institute
Confraternity of Patients Kenya (COFPAK)	Partnership for Universal Healthcare
Cphdp champions CBO	Wote Youth Development Projects CBO
Emonyo Yefwe International	Community Initiativev Action Group Kenya
Democratic Republic of the Congo	
ONGD CEPROPHOT	Union des Éleveurs et Vétérinaires Sans Frontières
Republic of Zambia	
Anti drug abuse association of Zambia	Community Initiative for Tuberculosis Aids and Malaria (CITAMPLUS)
Civil Society Health Partnership	
Georgia	
Eurasian Movement for the Right to Health in Prisons	
Republic of Singapore	
Global Fund Advocates Network Asia-Pacific (GFAN AP)	
Republic of Zimbabwe	
TB People Zimbabwe	Masvingo Association of Residential Care Facilities
Community Working Group on Health (CWGH)	
Swiss Confederation	
NCD Alliance	World Organization of Family Doctos (WONCA)
Kingdom of Spain	
Fundación VISIBLE	
Democratic Socialist Republic of Sri Lanka	
Asia Lanka Social Development Co-operation (ALSDC)	Lanka Fundamental Rights Organization
Kingdom of Thailand	
APCASO	Asia Pacific Network of People living with HIV (APN+)
United Republic of Tanzania	
Women Wake up (WOWAP)	ZITAE women Organization
Togolese Republic	
Association Global Humaniste	
Federal Republic of Nigeria	
AFRICA HEALTH BUDGET NETWORK [AHBN]	Dr Uzo Adirieje Foundation (DUZAFFOUND)
African Network of Civil Society Organizations	E-Warehouse Consulting
Afrihealth Optonet Association (AHOA) - CSOs Global Network and Think-tank	Int'l Center for Women Empowerment & Child Dev. (ICWECD)
Amaclare Connect & Development Initiative formerly Our Lady of Perpetual Help Initiative	Mainstay Healthcare Development Foundation
Centre for Ecological and Community Development	MEDIBETH GLOBAL HEALTH CENTRE, NIGERIA

Centre for Initiative and Development Taraba	Society for Family Health
Children and Young People Living for Peace (CYPLP)	Welfare of the African Vulnerable and Egalitarian Foundation WAVEF
Civil Society Partnership for SDGs in Nigeria (CSP4SDGs)-AHOA	
Republic of Namibia	
Conscious Millennials Foundation	
Federal Democratic Republic of Nepal	
Blue Diamond Society nepal	SAGUN PAUDEL
Paropakar Primary Health Care Centre PPUK	
Republic of Haiti	
UNASCAD (Union des Amis Socio Culturels d'Action en Developpement)	
People's Republic of Bangladesh	
BRAC, Bangladesh	
Islamic Republic of Pakistan	
BAHAM Foundation	Huqooq-ul-Ebad Development Foundation
Dopasi Foundation	Sukaar Welfare Organization
Independent State of Papua New Guinea	
Igat Hope Inc	
Republic of the Philippines	
Action for Health Initiatives, Inc. (ACHIEVE)	
French Republic	
Médecins du Monde International Network	Action contre la faim
Federative Republic of Brazil	
ADB - Aliança Distrofia Brasil	
Socialist Republic of Vietnam	
Center for Supporting Community Development Initiatives (SCDI)	Lighthouse Social Enterprise Vietnam
Vietnam Network of People living with HIV (VNP+)	
Republic of Madagascar	
ASOS (Action Socio-sanitaire Organisation Secours)	
Republic of the Union of Myanmar	
Myanmar Positive Group (National PLHIV Network)	
Republic of Liberia	
Women For Positive Actions	
Republic of Rwanda	
Barakabaho Foundation	
Republic of Korea	
Korean Advocates for Global Health (KAGH)	
Republic of South Africa	
Ashdown community development	Innovtech
Cluster of Hope Organization	WACI Health
Healers for Change	

Japan	
JOICFP	Services for the Health in Asian and African Regions
Asia Arsenic Network	Association for Aid and Relief, Japan
Africa Japan Forum	DNDi Japan
WaterAid Japan	Women's Association for a Better Aging Society