Welcome, everyone. And thank you very much for joining us today for the 2019 International Universe Health Coverage Day Global Kickoff Call hosted by UHC2030. I'm Amy Boldosser-Boesch, and I'm delighted to serve as your moderator today.

I am a senior director at Management Sciences for Health and I also have the pleasure of helping to lead the Civil Society Engagement Mechanism for UHC2030, or the CSEM, as we call it. We are the Civil Society Constituency of the UHC2030 partnership.

If you're not already familiar with UHC2030, UHC2030 provides a multi-stakeholder platform to promote collaborative working in countries and globally on health systems strengthening. UHC2030 advocates for increased political commitment to universal health coverage and facilitates accountability and knowledge sharing on UHC.

We're here today to learn from each other, inspire each other and get ready for International Universal Health Coverage Day tomorrow. We're grateful you're joining us, and it’s an exciting - it’s kind of a perfect sandwich day. Yesterday was International Human Rights Day. Tomorrow's International UHC Day. We're in the gap between that to get ready and to share some of the exciting activities that our partners in UHC2030 members around the world are conducting. We had a 145 RSVPs from 40 countries for this call, so thank you to all of you who've taken the time to be with us here today.

The call is in presentation format, so all of your lines will be muted, but we do encourage you to take part in the call, to follow along, to live tweet it on social media. The hashtags are hashtag health for all and hashtag UHC Day. You can also visit the uhcday.org web site for all the campaign, swag, graphics, materials, hashtags and handles that you need including the handles if you want to tweet at our speakers today.

You'll be hearing from me throughout the call. I'll try to keep us moving as your moderator. But for now, I'd like to kick us off with some opening remarks from Dr. Muhammad Ali Pate. He is the Global Director for Health, Nutrition and Population in the Global Practice at the World Bank and also serves as the Director of the Global Financing Facility for Women, Children and Adolescents.

Dr. Pate, thank you for the leadership of the World Bank and your long support for UHC2030. I'd like to hand it over to you now for your opening remarks and a bit of an overview on what happened in the high-level meeting on universal health coverage. Welcome.
Opening Remarks: UN HLM Declaration on UHC – Recognizing 2019 as a landmark year and the reality of UHC

Dr. Muhammad Ali Pate (@muhammadpate): Global Director, Health, Nutrition and Population (HNP) Global Practice of the World Bank and the Director of Global Financing Facility for Women, Children and Adolescents (GFF) (@wbg_health / @theGFF)

Thank you, Amy. Your Excellency colleagues and partners, good morning, good afternoon and good evening, depending on where you are in the world.

We at the World Bank and the Global Financing Facility incredibly pleased to join all of you as we come together following what one would describe is a landmark moment for universal health coverage movement. And thank you to the UHC2030 for hosting this call and powering the UHC Day once again.

I want to specifically acknowledge the support of the Civil Society Engagement Mechanism for UHC2030. As Amy mentioned, I think we all acknowledge that 2019 is a historic year and its’ history in the pursuit of affordable care for all people everywhere in the world.

Three months ago, the UN General Assembly held the High Level Meeting on UHC and we - UN member states, heads of states unanimously in those - the most ambitious and comprehensive political declaration on health in history at this meeting - something that would not have happened without this global movement demanding health for all and refusing to be ignored. Because at the heart of it all, UHC is a political choice to prioritize equity and justice in health.

It means rethinking our health systems from the ground up so that we do not leave anyone behind. To put it simply, there’s much to be done. Yes, we’ve had this landmark moment, but the road ahead leaves a lot that we need to do going forward. We saw this in the Global Monitoring Report on UHC which was released on the eve of the High Level Meeting. There are three important takeaways from that report.

One was that while we’re making progress in service coverage, we’re not moving fast enough, and the poorest and those who are affected by conflict are the furthest left behind. Currently more than half the world's population does not have access to essential health services. And with the current level of effort, at least 1/3 of the world's population will remain uncovered in 2030.

Number 2, that more than 900 million people spend more than 10% of their household income on healthcare in 2015. And more than 200 million people spend more than 25%. That's more people being pushed towards poverty by health costs than we’ve ever measured before. And number 3, the Global Monitoring Report also showed that strong primary healthcare must be the engine behind UHC as it is the first point of contact that people and communities have with the health system.

When strong it is designed to keep people healthy and not just respond to diseases. But together, countries must increase their investments. As a global community we must increase our investments. We also know that UHC is multifaceted with health systems, socioeconomic factors, gender in colleges, poor health seeking behaviors, data gaps and governance all play huge roles in this effort.

This fact should trigger all of us to take action and further the UHC movement in our countries. No one should have to go bankrupt when they get sick, and no one should have to choose between lifesaving medicine and necessities like food or education. And ever present, no matter where they are or who they are or how much
money they have should be able to get the quality care they need. And we need to put quality of healthcare really in tandem with efforts to improve access.

That's why we're here. Tomorrow the International Universal Health Coverage Day may be close to the end of 2019, but it is just the beginning for the next sector of our movement. This is our chance to ask leaders how they plan to make their promises count in our countries and communities where it actually matters. The World Bank and the Global Financial Facility are proud partners of the UHC movement.

And thank you all for being here and for championing our cause of health for all. Together we can win this fight. So let's do it. Let's move on. Thank you very much.

Amy Boldosser-Boesch

Thank you so much, Dr. Pate. Thanks for that great opening and that call to action and for giving us a bit of an overview of what happens at the high-level meeting. As you mentioned, there were a lot of promises made. Keep the promises, is the focus of International Health Universal Health Coverage say this year.

And so I’d like to turn next to Professor Ilona Kickbusch who is the Co-Chair of the UHC2030 Steering Committee, who’s going to talk to us a little bit about what we asked for leading into the high-level meeting and what leaders promised us.

I’d like to echo, first of all, the sentiments of Dr. Pate that 2019 was indeed the monumental year for the advocacy efforts of UHC2030 and for UHC in general. He also mentioned the words “historic” and the words “high-level”. And frequently we hear those words but we’re never quite sure, you know, how significant they really are and what impact they could have on the lives of people around the world.

Since the UN Member States unanimously signed their names to what has been termed the largest and most comprehensive promises ever made in health, it’s of course very important that they be held accountable that those promises be kept. Because those promises were not just about specific disease areas or about increasing access to services as important as they are, but about fundamentally changing how health systems are organized, who pays and who benefits, the quality people can expect and the voices and stakeholders who shape these decisions in the first place.

That is what we focused on as UHC2030. We gathered all actors of the UHC movement from parliamentarians and civil society to the private sector and academia. And over three months asked ourselves, “What are the key asks we can make to world leaders to push them to legislate, to invest and to collaborate with all of society to make UHC a reality?”

What was the outcome of that? The so-called UHC2030 six Key Asks. They were the results and have since guided our advocacy through the High-Level Meeting – and into UHC Day tomorrow – and of course beyond. What are they? First and foremost, something we have called for continuously to ensure political leadership
beyond health. That is to commit to achieve UHC for healthy lives and wellbeing for all, at all stages. We explicitly expressed that UHC is a social contract.

The second key ask was to leave no one behind. So, of course to pursue equity and access to quality health services with the financial protection those elements have been highlighted by Dr. Pate in what he just said.

We felt very strongly that there needs to be a base of regulation and legislation, that countries need strong, enabling regulatory and legal environments to respond to people’s needs. Of course we need money.

So, one of the key asks was to invest more but also to invest better, sustain public financing and harmonize health investments. And of course maybe the most important of all, to move together to establish multi-stakeholder mechanisms for engaging the whole of society for a healthier world.

Now lastly, thanks to the fantastic advocacy of partners around the world, many of whom are on this call, we have a cross-cutting goal of emphasizing gender equality and women’s and girls’ rights because there is no way we can achieve universal health coverage without the full equity and support of women.

Many negotiators at the UN High-Level Meeting told us how helpful those six Key Asks were in guiding them as they wrote the declaration. And we got a lot. What did we get? Eleven pages and 83 paragraphs, to be exact, as a document from the world leaders.

But within that document, we got a whole range of issues that we have highlighted as the Key Asks, and to help advocates make sense of this document and how it relates to the Key Asks, we have created a Key Targets, Actions & Commitments document that you can also find on the UHC Day campaign website. We urge you to use that for your advocacy and accountability efforts.

To name just a few, the declaration committed to implementing the following things by 2030: Progressively cover all people and to reverse the trend of catastrophic out of pocket health expenditure to target an additional 1% of GDP or more to invest in primary healthcare; to expand quality essential health services, health systems and mobilize resources in health and development; and finally, to create 40 million health worker jobs and set measurable national targets on national monitoring and evaluation.

Our work definitely is cut out for us. We'll move forward, and I thank you very much for joining this call and expressing your interest.

Amy Boldosser-Boesch

Thank you so much Ilona and thanks for the leadership that you provided in co-chairing the UHC2030 Steering Committee and personally working the hallways of the UN.

Well, next I'm very excited to welcome Her Excellency, Ms. María Fernanda Espinosa Garcés. As many of you probably know, she was the president of the 73rd session of the UN General Assembly. And without her, none of this impressive action at the high-level meeting could have been possible.

She happens also to be the fourth woman ever to hold the position of PGA in the history of the UN. So thank you, Your Excellency, for your leadership and for being a strong champion for the right to health and for gender equality. We welcome you now to provide your remarks.
Her Excellency Ms. María Fernanda Espinosa Garcés (@mfespinosaEC): President of the 73th Session of the UN General Assembly (@UN)

Well, thank you. Thank you very, very much, Amy. But thank you also to Dr. Pate and Dr. Kickbusch for being champions on these calls. I’m really pleased to be able to participate in this important gathering and with all of you. I believe that you are global change-makers as you have shown in different spaces and moments –these types of moments – for the UHC agenda.

You have sought out opportunities to advance UHC and not only on days like UHC Day, but each and every day. And I would like to, of course, start by saying of course thank you UHC2030 your leadership and for bringing us together today. And I think this is because you all recognize that when to comes to health, as was said previously, people cannot wait.

And this year's theme allows to take the conversation of the rights of universal health coverage beyond the words of the high-level declaration, by urging for accountability and actions to the promises made in September.

I agree that it was a huge landmark. It was an incredible step forward, but we need now to turn the political declaration into action. And I think that's what gathers us today. As Professor Kickbusch mentioned earlier, the hearing held by UHC2030 this summer ahead of the High-Level Meeting engaged hundreds of diverse players from all sectors.

And importantly many Member States were in attendance to directly engage and hear the voices of civil society, of all stakeholders, and I think this is critical. This is a whole-of-society effort, and I think that we all agree on that.

And I think that this is what's so significant about the advancement of our work cause this year. It wasn't just that we were able to unanimously endorse the most – and I agree with Dr. Pate – the most ambitious and comprehensive political declaration ever written in health.

But perhaps more importantly the wealth of respect of convictions that were brought to the table that made this historical declaration one that so many of us are proud to stand behind and fight for. And I'm very, very happy that I was in charge in leading the General Assembly when that historical moment happened.

The other issue perhaps I would like to devote some words is something that was already mentioned by Dr. Kickbusch, which is the gender equity agenda. As you all know, that was one of my foremost issues and priorities that I advocated for year upon year, and I worked very hard to make sure that it happened during my Presidency of the General Assembly.

So what really struck me at the hearing was the incredibly diverse group of participants who also recognized how crucial it was for us to formally acknowledge the fact that we could make real gains to empower women economically and greatly improve their socioeconomic status by including a cross-cutting goal in the Key Asks – emphasizing, of course, gender equality in women's and girls' rights. I think that that should be at the core of the UHC agenda.
The other issue perhaps is that together, through our actions that encourage more political leadership, we are creating environments that will enable not only us, but future generations to flourish in a world that provides a guarantee that everyone, everywhere can access the quality physical and mental health services they need without facing financial hardship.

And I think the connection between UHC and poverty and inequality, is pretty obvious. The day before yesterday, UNDP launched its annual development report, and we see a strong connection into linkages between inequalities in access to health services.

So in other words, to see change and sustain it, we must maintain and spend in our partnerships across sectors. It has proven to be the only way forward. And these partnerships will enable us to maintain the political momentum we are building and ensure that international, national and local leaders keep the promises they made this year to keep fighting for the inherent rights of all people that we haven't been able to yet achieve. And we also have to remind ourselves that yesterday it was International Human Rights Day as well.

So UHC Day tomorrow, I think it's a crucially important annual reminder of the need to work together and call on political leaders to legislate as previously mentioned, invest and collaborate with all of society to make universal health coverage our reality in every part of the world. So I thank you very, very much for this kick-off call, and I wish you the very best for your tremendous efforts tomorrow on the key date. Thank you very, very much.

Amy Boldosser-Boesch

Thank you again, Your Excellency, for being with us and for adding your voice and your support and your encouragement as we move forward together into UHC Day and work take forward the outcomes of the High-Level Meeting at the country level.

As Her Excellency mentioned, you know, this is a whole of society effort, and we heard about the deep engagement of civil society and other stakeholders during the multi-stakeholder hearing. So I'd like to move now to our next speaker, a good colleague of mine, Dr. Oanh Khuat, a member of the Civil Society Engagement Mechanism Advisory Group and also a representative of Civil Society on the UHC2030 Steering Committee. And we invite you to share with us some of your thoughts about the vital role of civil society in achieving UHC.

The Role of Civil Society in UHC

Dr. Oanh Khuat (@KhuatOanh) Advisory Group member: Civil Society Engagement Mechanism (CSEM) of UHC2030 (@CSOs4UHC / @ScdiVietnam)

Hello, everyone. Good morning, good afternoon, good evening. So I'm a medical doctor by training, but as many of the people around the table and as many of you, I have turned into a researcher and then a public health practitioner – and now, a civil society advocate and community mobilizer.

It is because I believe in the power of people. So that's I created the NGOs in Vietnam ten years ago to work with people. It is called the Center for Supporting Community Development Initiative. And since last two years, I have become a proud member of CSEM and to represent civil society in the UHC2030 Steering Committee.

I can be very proud to report to you that in the UHC2030 Steering Committee, civil society is a constituency that is very much appreciated and considered as important for UHC movement. But at the same time, thanks to
UHC2030 that civil society could engage very deeply in the process that led to the High-Level Meeting, as Her Excellency, President of the UN 73rd General Assembly had mentioned.

So we have the opportunity to contribute to the process leading to a successful, inclusive political declaration. So during the process leading to the High-Level Meeting, CSEM have consented with many of you with civil society from all over the world and come up with some key actions or key priorities for civil society on UHC.

So we have four priorities. Number 1 is to increase public health financing and financial protection. Number 2 is leave no one behind. Make sure that the people who are left behind are reached first by UHC. And number 3 is to focus on health worker. And number 4, of course, is to engage the civil society and community in UHC implementation.

I think we all know about the very critical role in the civil society in UHC because we all know that we – civil society is the one that cares the most about the people who are left behind. And civil society is there to stay. The government come and go. The Minister, even the Prime Minister, or the President, come and go. We stay.

So we should be - should consider ourselves a custodian of UHC and we need to carry the torch of UHC to make sure that no one is left behind and the needs of the population that are most marginalized and most vulnerable are attended.

I think that many of the people who attend this call are member of the Civil Society Engagement Mechanism, CSEM, for UHC2030. But if you not yet a member, please join us so you can be brought into the bigger network of civil society organizations all over the world so - because together we are stronger. So welcome and look forward to working with you on this important endeavor.

Amy Boldosser-Boesch

Thank you so much, Oanh. Thank you and then if you're looking for resources on the coming apart of any of the UHC2030 constituencies, you can visit the UHC2030 website or the UHC Day website.

We're going to hear from another one of the important constituencies and groups of partners for UHC2030 now. I'm pleased to welcome to Dr. Shariha Khalid Erichsen who is a member of the Private Sector Core Action Group of UHC2030 and who is a former surgeon and now is working as a managing partner of Mission & Co.

The Role of the Private Sector in UHC

Dr Shariha Khalid Erichsen: Action Group member, Private Sector Core (PSC) of UHC2030 (@MissionAndCo)

Thank you very much, Amy. And really lovely to be part of this conversation on a personal level and being able to see the movement around health for all really grow over the last many years, but also on a professional level, representing the private sector constituency which I believe is also a historic moment for the private sector to be part of such an important global effort to leave no one behind.

Now, you know, we all recognize the importance of the civil society, and I was very pleased to hear about many of the great examples that have been shared by Dr. Oanh before me representing the civil society group. But I'm also very pleased to share that the private sector in all our forms which - that way, means basically health providers that are not owned or directly controlled by governments – and it can include for profits, not for
profits, formal and informal domestic and foreign entities that all constitute the private sector – and all are using business models and the power of the markets to be able to deliver the same outcomes.

It’s a very important moment when we’re really talking about multi-stakeholder collaboration that all parties are involved in can have a voice. And even amongst us, as the private sector, we reached a unanimous decision on how we felt we could best be involved in this global conversation.

And over the process that took many months, which broadly involved many of the stakeholders in giving inputs and feedback and was led primarily by the private sector constituency secretariats, we managed to come up with the private sector constituency statement of how the private sector can contribute towards universal health coverage.

This statement document brought together the best of the world of how the private sector operates, but also how governments and civil society would like to work and interface with us as the private sector and outlines ways in which the members of the constituency, which currently numbers 33 and we hope will grow over the many more months and years of this constituency, will be able to promise and champion in our respective areas of work.

I’ll very quickly go into the seven contributions that we collectively agreed to. One is about offering quality products and services that consider the needs of all people including poor and marginalized populations and making them affordable, accessible and sustainable. And as we know, UHC also means not having anyone be out-of-pocket in order to meet their health expenses and health needs.

Now another is incorporating UHC principles of leaving no one behind into our core business models and objectives. Again, very important because sometimes the private sector is seen as, you know, serving only the shareholders, but it’s important to remember and recognize that there are many forms of, you know, ways that the private sector can contribute without leaving anyone behind.

Thirdly is to develop, test and scale up innovative business models that align with UHC goals. This is quite self-explanatory and really, we’re looking at innovations in this space. Where else but look towards the private sector and how we are constantly innovating to deliver our own business goals?

Now create, adapt and apply and scale-up innovations, again we have the reach to be able to do that and also new technologies and approaches including digital health ones that can be game-changing. Firstly, will help strengthen the health workforce. Also very much aligned with the goals with the UHC political declaration but really looking at the local context, priorities and needs.

Number 6 is to contribute efforts to raise the finance available for UHC. Now we all know very much that without money it’s going to be very difficult to achieve some of the goals that we want to achieve. So, the private sector has the capacity to be able to mobilize private sector finance to enable this but also through corporate taxation and supporting governments to articulate business cases when investing in health. And lastly, engage in champion and build capacities for relevant policy dialogue and partnerships of government and other stakeholders.

So there you have it. Seven key promises from the private sector...
So, you know, you can only walk the talk by showing how – what you’re actually doing – not just reading out the statements, right? Keeping the promise. So one initiative I'd like to mention is led by Phillips, one of the members, is called the Digital Connective Care Coalition which is trying to bring digital health providers together.

And we as Mission & Co, we are doing Health In Your Hands, which is looking at the Last Mile Health as a strategic objective and highlighting 100 innovations that deliver outcomes for the last mile.

Amy Boldosser-Boesch

Thanks for the overview, and I'll encourage folks on the phone who are interested in the statement from the private sector constituency and learning more about the work that your constituency does to also visit the UHC2030 website where that's available. Thank you very much for joining us on behalf of that constituency.

Now we're going to move on, as many of you on the call know, there was a competition for micro-grants. This happens each year just before UHC Day, and I'm very excited to be joined on the call today by four of the winners. So congrats to all of you in advance. This year, there were 92 organizations from 55 countries who were chosen to receive those micro grants. So the mobilization tomorrow is going to be fantastic around the world.

The applications this year were stronger than ever and included proposals for wide-ranging activities from political roundtables to brass band marches. I want to know - where is that taking place? I want to go to the brass band march! So I'd like to welcome a couple of our micro-grantees to give a quick overview of what they'll be doing to promote the messages of Keep the Promise on UHC Day tomorrow.

We're going to start with Sutapa Biswas who's the Co-Founder and Executive Director of the Cancer Foundation of India. Congratulations, Sutapa, on being one of the winners, and tell us about what your plans are to mark UHC Day.

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**Sutapa Biswas: Executive Director, Cancer Foundation of India**

Okay. A very good evening from India, and thank you, UHC Day organizers, for the opportunity to share our team's effort from another corner of the world, Calcutta in Eastern India.

I'll go quickly to the point. Cancer Foundation of India primarily works with cancer prevention and control in India, of course, focusing on bridging the gap that exists in cancer public health and the NCD efforts.

We've always kept our work well-defined around generating and disseminating information, policy advocacy, conducting population-based research, enhancing capacity of professionals and providing screening services. So it is our first year of observing UHC Day in Calcutta, and we are already very excited.

Along with the Health India Alliance, tomorrow we are conducting a roundtable to raise voices of people living with NCDs for policy action in Eastern India. It brings together youth advocates to get those people living with NCDs highlighting the UHC agenda of moving together.
In this consultation we will also have the key policymakers of our state, so that they could be a direct exchange of our ideas. And by the end of the day we would have identified one key advocacy agenda around of the major NCD risk factors that is locally relevant and also get the government to act on. A letter that will be drafted by all participants for the Chief of State in our area around the needs into the NDC agenda.

We’ve also had to define three NCD champions who could be the voice of the NDC local community, as we all know that the enthusiasm around such days often lose its intended impact if not sustained. Another challenge is working with such diverse NCD issues: It’s always to keep the fire alive. So we plan to take up a community campaign around identified risk factors and develop a roadmap such that the champions could be engaged over the next 6 to 12 months before the group reconvenes.

CFI will engage with these NCD champions and include as an ongoing program such that this does not remain just today’s event. CFHI will ensure also that the policy change dialogue continues to be raised by the government and appropriate action is taken.

So that's about it. And let's hope that it works out well for us tomorrow as the first program on UHC Day for us. Thank you.

Amy Boldosser-Boesch

Thanks, Sutapa, and congratulations. We look forward to seeing the photos and to hearing about the outcomes. I think it’s a really important piece of UHC Day to highlight that inner section with NCDs and that without addressing non-communicable diseases, countries will be unable to achieve universal health coverage. So congratulations to you.

Our next micro grantee I’d like to welcome is Tom Muyunga-Mukasa. He's the Executive Officer at Most At Risk Population Society in Uganda. Tom, I heard you might be having a chorus going on? Please tell us what your plans are for celebration International UHC Day.

Tom R. Muyunga-Mukasa: Co-Founder, Advocacy Network Africa (AdNetA) Most At Risk Populations' Society In Uganda (@KampalaGayNews)

We are Advocacy Network Africa and this is a group that is an umbrella for other groups of NGOs from Uganda and Kenya which came together to facilitate support for refugees and most especially LGBTIQ refugees. What we decided to do is we decided to do four aspects of life. One of them was shelter. The other was addressing HIV, STIs. The third was addressing depression so that then they can achieve mental health. And the fourth was livelihood.

And the livelihood was the aspect of farming and affirmatively engaging in activities like international days and for this time, the 26 of November we planned to engage in activities to do with elimination of violence against women. All the UN observances are the kind of plans we have now included in doing community work with the LGBTIQ.

So I don't want to get into so much, but tomorrow what you do is basically typically focused around refugees and also engaging health providers within Kenya who provide services to refugees. What we’ve done again is we've not only waited for the trough, like I'm sure many of you know, we've started with November 26 of the Elimination of Violence Against Women and started engaging the civil society and the local government,
particularly the local government where most of the refugees are sheltered. And we engage them in raising awareness on the need for them to participate in the UN observances services and we give them handles for the universal health and health for all and hashtags. And we say, whenever you are commenting, or updating social media, at least use these handles.

And we've seen there's very big response for people who are committed – a common kind of pool to deliver us improving the understanding of health as you know. Like health not necessarily as the absence of disease, but health and wellness and you can see all the aspects. And refugees, if you look at refugees, there's an opportunity for you to understand what the meaning of wellness can be and the meaning of disease can be as opposed from the infection.

But it's to do trauma, if it's to do with disownment, and all that. We've explored all of these aspects, and these are the tools to work on one case by one case because it couldn't work on so many of them. So we use the markets that is on tomorrow everything is going to come into combination and we're going to be presenting. And we - I'm sure it will be a good follow-up online.

And maybe that's the best I can say about tomorrow. And I'm so happy to be a speaker because who helped us on issues to do with all, and I'm also grateful that we have been about to win this and be able to be part of the activities. Thank you very much.

Amy Boldosser-Boesch

Great. Thanks again, Tom, and thanks for highlighting the importance of working with refugees, the connections between migration and access to universal health coverage and the promises that it brings is something that UHC2030 has also worked on, and it was also a big part of the discussion at the High-Level Meeting. So I'm really pleased to hear about your efforts and also the focus on wellness.

So I'd like to move on to another one of our winners who is also based in Africa. I'd like to welcome Godfrey Philimon who's the country coordinator of the People's Health Movement in Tanzania, who I understand is organizing a march for tomorrow with a focus on ensuring political leadership. So Godfrey, over to you.

Godfrey Philimon (@Sentipensares): Country Coordinator, People’s Health Movement Tanzania (@PHMTanzania)

I'm the country coordinator for People's Health Movement, and maybe I should give you a short history on how we started. PHM Tanzania has been involved in civil mobilization activities focusing on universal coverage, and it since 2017. And the movement started in 2017, when the civil society organization on UHC in Tanzania helped us to host public event and media panel discussion focusing on promoting the health coverage in Tanzania.

And keeping then the civil society representatives that attend the event, developed a joint action plan for activating the UHC progress in Tanzania.

Tomorrow in commemoration of this day in Dar es Salaam, we are organized this peaceful march to exercise through sport and work with new representatives, whereby after the work we'll have information about this important today from the government representatives who we are currently received the confirmation from the representative from the Minister of Health, the Department of Key Population Implementation, Science, who
would be our best of form, but we have also invited civil society and some of the invited guests in the community and the youth.

There will be also be blood donation activities and focus for health insurance and because our organization will educate the community. We have also organized dancers, also the football competition and a shared meal for the participants.

And yes, we - so we will be coordinating the government. This is the approach on localizing the universal health coverage coverage in Tanzania. Thank you.

Amy Boldosser-Boesch

Thank you, Godfrey, and congratulations on that great work. We look forward to seeing the pictures of the march on the beach of the broad engagement that you're mobilizing there in Tanzania.

We have one final microgrant winner with us. I'm very pleased to welcome Dr. Roopa Dhatt, who's the Director and Co-Founder of Women in Global Health, getting one of their first micro-grants for UHC Day. Roopa, please let us know what your plans are for tomorrow.

Dr. Roopa Dhatt, MD (@RoopaDhatt): Executive Director and Co-Founder, Women in Global Health (@WomeninGH)

Thank you. And I just want to also acknowledge Excellency Espinosa and UHC2030 for acknowledging the critical role of women and girls and especially their rights and gender equality and the leadership that's been provided thus far. In addition, the Alliance for Gender Equality in UHC, which now has 107 member organizations in 59 countries participating continues to grow and is really committed to driving accountability and action on gender equality.

Specifically, I'm going to be talking about Women in Global Health today. So we've launched for UHC Day a seven-point call to action. Particularly what we are asking for is let's Keep the Promise on gender equality and the rights of women and girls in universal health coverage. So particularly Keep the Promise on mainstreaming and gender perspective and UHC design delivery and monitoring.

Secondly, Keep the Promise on integrating sexual reproductive health and rights into UHC and by 2030 ensuring universal access to sexual reproductive healthcare and services. Number 3, Keep the Promise on enabling and empowering female health workers and addressing barriers to leadership and decision-making.

Number 4, Keep the Promise on protecting health workers from all forms of violence and ensure safe working conditions. And we're adding three more promises - make a promise on women's unpaid work in the health and social care. Number 6, make a promise to fund women's organizations at the community, national and global level. And 7, make a promise to have a women's voices and leadership in all universal health coverage conversations.

We've planned four activities around the world. First one is happening at our chapter in Pakistan, but particularly hosted in Lahore, Pakistan, a pre-panel discussion, a thought leadership symposium bringing together 100-plus people working in the health workforce on the role of the female health workforce in
achieving universal health coverage, and it’s really focused on strengthening universal health coverage towards
gender equity and health for all.

We’re also hosting tomorrow an event in Somalia with our Somalia chapter. They’re going to be organizing a
public lecture and panel discussion on the importance of gender equality and strengthening women’s leadership
for the achievement of universal health coverage.

And then our final in-person event that's happening is in Portugal, in Coimbra, where it's a thought leadership
panel on the importance of women's health, sexual reproductive health and rights and gender equality for the
achievement of universal health coverage.

And we're also launching, led by our DC chapter here in the US, a social media engagement campaign we are
going to be releasing a infographic on Keep the Promise, particularly on gender equality and the rights of women
and girls and really asking everybody on the call to participate with us via social media and just really amplify the
messages.

What we're really hoping to do through these activities is create awareness on UHC but also the critical role of
female health workers. We also want to sensitize the audience around the world on the importance of women's
leadership and continue the gender equality agenda, the cross-cutting aspect of universal coverage and then
finally really trying to mobilize the women in global health networks around the world to bring accountability
and drive in-country action on UHC.

So in closing, we really want everyone to Keep the Promise on gender equality and the rights of women and girls
and universal coverage and work with us together with Women in Global Health but also for other civil society
organizations to continue to work with the Alliance for Gender Equality in UHC. Thank you.

Amy Boldosser-Boesch

Thanks, Roopa. And exciting to hear about all the activities you have going on across countries and across the
network.

I'd now like to welcome Dr. Agnes Soucat, who's the Director for Health Systems, Governance and Financing at
the World Health Organization. She's here with me in Brussels. Welcome, Agnes.

Financing Health Systems Remarks

Dr. Agnes Soucat (@asoucat): Director for Health Systems, Governance and Financing at the WHO (@WHO)

Thank you. And hello to everybody. And it's really a great pleasure today. Today's the first day of the rest of
our lives, right? So today is where it starts, and we need to Keep the Promise.

And Dr. Muhammad Pate said it before. It's been a monumental year. This achievement of the High-Level
Meeting and the commitment of all countries and the reiteration that all countries at the podium that the UN
made about the importance of public financing to reach UHC and leave no one behind was a very important
historical moment.
There is a realization that universal health coverage is a key contract, societal contract, social contract that is essential to reducing inequities and continue to make progress on human capital. Tonight, actually, and all of today, we're going to release the new data.

We're going to release the new WHO report on global spending on health and we are going to actually analyze there, with your help, because we are hope that you will all look at it and give us your feedback about what is happening in the world today. The world is spending more and more on health.

And guess what? Out-of-pocket spending is increasing, which we should be worried about except that the public spending is increasing faster. So because public spending is increasing faster, we really have a message of hope here about keeping the promise. We are in a trend of society collectively choosing to have health paid through the public purse.

And this is happening, but we are still – we still have a long way to go. The high-income countries still spend 70 times more than the low-income countries on health. And aid is not going to be what is going to make the difference for all countries. We see that in fact aid levels are declining quite significantly, and at the same time domestic funding is picking up and public funding is picking up.

So it's really about making sure that the aid money is really focused on those countries that need it, those low-income countries, those fragile countries – those countries we need to invest in the foundations of their system, training health workers, nurses, doctors, community health workers, but also developing infrastructure, having clinics with water and electricity and connectivity, to be able to capture the promise of digital health.

So there are some fundamental investments that need to be made in health system, but the world is really on a good trajectory. We see also that countries spend large amounts on primary healthcare. But often this primary healthcare are funded by households. So we really need to monitor the commitment of the High-Level Meeting and spending more on primary healthcare.

In the High-Level Meeting, we committed to achieve the target that WHO has identified as very rapidly for countries to allocate 1 point of GDP, 1% of GDP additional on primary healthcare. This is something all countries can do, all, rich and poor. That means for rich countries to move towards people-centered services rather than high-cost technology that are not always efficient. And for poor countries, that means spending much more, doubling, sometimes tripling their spending on primary healthcare to make sure to deliver on the Leave No One Behind agenda.

So great momentum. As we enter 2020, this is - these are the last ten years. Between now and 2030, ten years to make a difference. Let's keep the promise. Let's work together. Thank you to all.

Amy Boldosser-Boesch

Great. Thank you so much, Agnes. Thank you. And if those on the call are interested in the new report, the new data that's being released, it's accessible - will be accessible on the World Health Organization website.

Thanks again for joining us here on the call today. I'm going to welcome now Dr. Githinji Gitahi, who is the UHC2030 Co-Chair, to give us some closing remarks and maybe a rallying cry on Keep the Promise for tomorrow. Thanks, Githinji.
Thank you, Amy. Thank you, everybody, who has spoken here. Thank you to all the colleagues out there who are doing a great job to keep the momentum going. And I'm really thrilled to come together with you all today.

I want to also thank each one of you for the work that we did for the end idea that was needed to drive towards the UHC Political Declaration of 2019. We - that's our win, and that's a win not for us but for all the people out there in the communities.

But the political declaration is only meaningful if we indeed make it mean something at a country level, at a community level, at a household level. So the question today as we celebrate UHC Day 2019 is how do we tell leaders to Keep the Promise, not only on UHC Day but the days, weeks and months following that because for those waiting for UHC, every day is UHC Day for them.

So there are certain things we need to keep in mind. Number 1, we need to spotlight the promises that have been made in our country by using our voices and platforms to call on our governments to keep the promise. The second thing we need to do is that we need to get leaders on the record, and we must get specific. There isn't one-size-fits-all for countries, but it doesn't mean that anything goes. So we must make sure that the right things are done, and leaders must know that we are paying attention to the actions and that we expect to see action plans that put the principles of UHC into action. And very many of them and most importantly of them, equity.

This will mean that attending a public rally, meeting your leader, attending a meeting by - with your local politician and demanding to know what changes they will make for your community, and not only what changes, but when. And we need to keep these on record. But, we must make sure the right voices are in the room because we can't change the system without changing the voices that matter.

Make sure you're thinking about how to meaningfully engage health workers, young people, and indeed communities with rights, needs and experiences have been sidelined for too long. Fourth, we must invest in allies, new and old. We must keep our friends close and even our enemies closer.

Find a UHC Day activity happening near you using our UHC Day Global Campaign page, please visit www.uhcday.org and show up at these events. Let's reach out to fellow civil society groups and see how each of us can help support each other. We must build a strong, diverse partnership that will support this movement long after tomorrow, every day.

But what we should keep remembering when we say, "Keep the Promise," is that actually the person keeping the promise who is the duty bearer is the government, but the government is nothing else than delegated power from the people. So governments report to their people. So it is the people who must hold the government accountable. The government must answer to the people.

Advocacy by civil society, academia, the private sector should move government to act as government is designed to represent the people itself and must be responsive to the people's needs. In 2019, we have better
data, better resources, better technology, but what we need is for government to choose to take action on UHC, to make a political decision and act on it on UHC.

And now with the political declaration that our government's committed to we can keep our government accountable. And to do this, all people, all sectors, all communities needs to be mobilized and participate actively in an ongoing nature every day.

For those waiting for UHC, every day is UHC Day. Despite what leaders promising to achieve UHC by 2030, we must stay at the table and not leave. We must pay attention and raise our voices, especially for the voiceless. Unfortunately, progress towards UHC will come with setbacks. It's not going to be easy, and we saw that as we fought for the declaration. But each of us has the power to make sure that UHC happens.

We must individually, collectively make that power count. This actually may be the final remarks. They are not the closing remarks, as Agnes said, because this conversation is only just starting. It's only beginning in each country, rich or poor. In each community, urban or rural, in each household, wherever they may be, we must make our poor count.

Thank you, colleagues. We rely on you. Thank you.

Amy Boldosser-Boesch

Thank you so much, Githinji, and thank you all for being a part of this call today.

Tomorrow we're expecting at least 193 UHC activities where people will claim and mobilize and use that power that you were talking about. We remind you to show us what you're doing. Keep us posted using the hashtags, #HealthForAll, #UHCDay. Log onto uhcday.org website today. Pick out some great frames and things you can use for social media and raise your voices.

Congratulations again to the micro-grantees. Thank you again to the folks that participated in the call. Thank you for having me as your moderator. I am joining you from Brussels this evening where we've just wrapped up two very engaging days of the UHC2030 Steering Committee Meeting, so on behalf of myself and all of us who are assembled here for the UHC2030 Steering Committee, we'd like to wish you a...

(Grupo): Happy UHC Day!

Thank you all.