

Dear President Kim,

We, as civil society organizations working on health, call on you to open a new chapter in the World Bank's health sector work. Now is the moment for the Bank to play a truly progressive and transformative role in health, by supporting countries to achieve universal health coverage (UHC). UHC does not just mean protection from catastrophic expenditure; it means that all people, especially the poorest and most vulnerable, are able to access quality essential health services when they are needed. Achieving UHC *is* possible in low- and middle-income countries – and it requires bold steps by national governments and the international community, including;

- The removal of all financial barriers to accessing services, especially user fees.
- Robust and sustained public funding predominantly from general revenues and international aid – as well as innovative financing mechanisms such as a Financial Transaction Tax – to build and strengthen public health systems to reach all people.
- Investing in improved quality of care. This means investing in each element of the health system: health workers, primary and secondary care facilities, information systems, and drug supply chains, especially for affordable generic medicines. This also means ensuring accountability for measurable improvement in health outcomes, including through civil society participation in policy development and oversight of service delivery.

The World Bank is well-placed to be a vocal champion of UHC by deploying its knowledge and experience in health system reform, as well as its financial support. However, the Bank must reform the approach of its programs and policy advice in order to deliver on this potential, and ensure it positively impacts poor and vulnerable populations.

For too long, the Bank has advised developing countries to levy user fees for health services in order to recover costs and ration services. The Bank now says it will help countries remove fees, but only if sustainable financing and comprehensive planning are already in place, rather than helping countries achieve these conditions. There is clear demand from client countries to abolish user fees: 12 countries in sub-Saharan Africa have removed fees for maternal and/or child health services over the last decade. In the fight against HIV/AIDS and tuberculosis, the abolition of user fees for patients has proven a highly effective intervention to expand access to lifesaving health services. We understand you have recently said the World Bank will not endorse user fees for basic healthcare. We welcome this commitment and look forward to its implementation.

The Bank has also frequently promoted the use of private voluntary health insurance schemes and the privatization of public health systems in its lending and policy advice. In developing countries, insurance premiums act as another barrier to affordable health services for large sections of the population, such as the – often female – workers in the informal and agricultural sectors. Successful community health insurance schemes such as Rwanda's *mutuelles de santé* rely on heavily scaled-up public financing to achieve real gains in coverage. In its work with countries, the Bank must now emphasize the critical role of sustained public financing and public delivery of services in scaling up to universal health coverage.

Health is a major focus of the 2012 World Bank Annual Meetings. We urge you to lead the Bank to:

1. Actively support countries to offer care that is free at the point-of-use for all people.
2. Scale up investment in public health systems in developing countries, by supporting them to expand public financing, and by offering balanced policy advice that does not privilege private sector solutions over publicly financed and delivered health systems.
3. Ensure all Bank programs benefit the poorest two quintiles in the countries where it works.
4. Actively support involvement of civil society in national health policy development, in order to improve democratic oversight and accountability for improved health outcomes.
5. Collaborate with the World Health Organization and other global health institutions in the push for UHC

We look forward to partnering with you to make universal access to healthcare a reality for all.

International Organizations

Action for Global Health
ACT V: The End of AIDS
Coalition Internationale Sida, PLUS
Council on Health Research for Development (COHRED)
Development Alternatives with Women for a New ERA (DAWN)
Dignity International
Economic Governance for Health
Espace Femmes International
Global Initiative for Economic, Social and Cultural Rights
Health Innovation in Practice
Health Poverty Action
Hélène De Beir Foundation
International Baby Food Action Network (IBFAN)
International Harm Reduction Association
International-Lawyers.Org
Imamia Medics International (IMI)
International Planned Parenthood Federation
Médecins du Monde
Medicus Mundi International Network
Nord-Sud XXI
Oxfam International
Terre Des Hommes International Federation
World Vision International

National and regional organizations

Act Up Paris (France)
Africa Europe Faith and Justice Network (AEFJN) (Belgium)
AGHA Uganda (Action Group for Health, Human Rights and HIV/AIDS) (Uganda)
AIDOS - Italian Association for Women in Development (Italy)
Alma Ata Centre for Healthy Life and Food (ACHEAF) (Indonesia)
Alternative Espaces Citoyens (Niger)
Amanitare Sexual Rights Network (South Africa)
American Public Health Association (APHA) (USA)
Association of Youth Organisations Nepal (AYON) (Nepal)
ASTRA Central and Eastern European Women's Network for Sexual and Reproductive Rights and Health (Central/Eastern Europe)
Baby Milk Action UK (UK)
Canadian HIV/AIDS Legal Network / Réseau juridique canadien VIH/sida (Canada)
Center for Health and Gender Equity (CHANGE) (USA)
Center for Health, Human Rights and Development (Uganda)
Centre for the Development of People (CEDEP) (Malawi)
ChildFund Japan (Japan)
Children Education Society (CHESO) (Tanzania)
Citizens Coalition for Equal Access (CC=A) (USA)
Community Development Association (CDA) (Bangladesh)
Community Foundation Tyumen (Russia)
Community Working Group on Health (CWGH) (Zimbabwe)
Federation of Associations Medicus Mundi Spain (Spain)
FISS – MST/SIDA (Cameroon)
Foundation for Leadership Initiatives (FLI) (Asia)
Foundation for the Development of Sustainable Policies (FUNDEPS) (Argentina)
Forum Mulher (Mozambique)
Fundação Abrinq – Save the Children Brazil (Brazil)
Fundación Intervida (Spain)
Gender Action (USA)
Geneva Infant Feeding Association (IBFAN-GIFA) (Switzerland)
Ghana Universal Healthcare Campaign (Ghana)
Girls' Power Initiative (Nigeria)
Global Health Advocates (France)
HADD Hisar Anadolu Destek Derneği (Turkey)
Help - Hilfe zur Selbsthilfe e.V. (Germany)

HEPS-Uganda (Coalition for Health Promotion and Social Development) (Uganda)
HOSPERSA – Health and Other Service Personnel Trade Union of South Africa (South Africa)
IES Femmes (Burkina Faso)
Initiativ Liewensufank (Luxembourg)
Interagency Coalition on AIDS and Development (Canada)
JANA AROGYA ANDOLANA KARNATAKA (JAAK) (India)
Jeunes Volontaires pour l'Environnement (Nepal)
KELIN - Kenya Legal and Ethical Issues Network on HIV and AIDS (Kenya)
Le Monde selon les femmes (Belgium)
Mali Health Organizing Project (USA)
Management Sciences for Health (USA)
Masimanyane Women's Support Centre (South Africa)
MEDiCAM (Cambodia)
Médecine pour le Tiers Monde (Belgium)
Mentoring & Empowering Programme for Young Women (Uganda)
Mouvement Français pour le Planning Familial (France)
Movement for the Survival of the Ogoni People (MOSOP) (Nigeria)
Participatory Research & Action Network- PRAN (Bangladesh)
Pax Romana-International Catholic Movement for Intellectual and Cultural Affairs (Asia Pacific Region)
Physicians for a National Health Program (USA)
Prayas (India)
Public Health Institute (USA)
Regional Public Foundation of Assistance for the Elderly “DOBROE DELO” (Russia)
Rahnuma- Family Planning Association of Pakistan (Pakistan)
Reproductive Health Matters (UK)
Réseau Médicaments et Développement (ReMeD) (France)
Réseau Marocain pour le Droit à la Santé (Morocco)
RESULTS (USA)
Salud por Derecho (Right to Health Foundation) (Spain)
Save the Children (Canada)
Save the Children (Japan)
Save the Children (Norway)
Save the Children (UK)
Save the Earth (Cambodia)
Sidaction (France)
Sluzhenye NGO Support Centre (Russia)
Social Awareness Concerned Forum (SAC) (Nepal)
Society for Promotion of Education and Development (SPED) (Nigeria)
SolidarMed (Switzerland)
Solthis (France)
Stavropol - Public health and advocacy in public health (ZOR-DA) (Russia)
Stop TB Partnership (Japan)
Ugoku/Ugokasu - Global Call to Action against Poverty Japan (Japan)
Union des ONG du Togo (UONGTO) (Togo)
Väestöliitto – Family Federation of Finland (Finland)
Wemos Foundation (The Netherlands)
White Ribbon Alliance (Sudan)
Women & Law Southern Africa (Zambia)
Women Association for Marginalised Women (WAM) (Nepal)
Women Empowerment Action Forum (WEAF) (Nepal)
Women's Promotion Centre (WPC) (Tanzania)
Zimbabwe Women's Resource Centre & Network (Zimbabwe)