



Strengthening health financing globally

Draft decision proposed by Bangladesh, Botswana, Cameroon, Canada, Chile, Ecuador, Ghana, Japan, Lesotho, Luxembourg, Morocco, Mozambique, Nigeria, Norway, Senegal, South Africa, Ukraine, United Kingdom of Great Britain and Northern Ireland, United Republic of Tanzania, Zambia and Zimbabwe

The Executive Board, having considered the report of the Director-General,¹

Decided to recommend to the Seventy-eighth World Health Assembly the adoption of the following resolution:

The Seventy-eighth World Health Assembly,

(PP1) Having considered the report by the Director-General,

(PP2) Having considered the UHC Global Monitoring Report 2023 which shows that the world is off track in making meaningful progress towards universal health coverage (UHC) and aligned with the Sustainable Development Goals by 2030, with no, or little, improvement in related indicators (3.8.1 or 3.8.2) since 2015. Recognizing that growth has had uneven benefits with almost 2 billion people facing any form of financial hardship due to out-of-pocket expenditure; 1 billion people globally spending more than 10% of their household budgets on healthcare; and over 340 million people being pushed or further pushed into extreme poverty by out-of-pocket expenditure;

(PP3) Recalling resolution WHA77.17 (2024) on Strengthening preparedness for and response to public health emergencies through targeted amendments to the International Health Regulations (2005) including collaboration to address the needs of developing countries to develop, strengthen and maintain IHR core capacities in accordance with IHR Article 44;

(PP4) Recalling also resolution WHA58.33 (2005) and resolution WHA64.9 (2011) on sustainable health financing and universal coverage; and the effect of health systems in

¹ Document EB156/6.

delivering comprehensive healthcare services, with a focus on primary healthcare, including preventive services;

(PP5) Recalling the Political Declaration of the 2023 High-level Meeting of the United Nations General Assembly on Universal Health Coverage (A/RES/78/4), which identified gaps, including in the financing of health systems across the world, and solutions, such as close collaboration between finance and health authorities and capacity-building among decision-makers and practitioners in strengthening health financing through various initiatives, to accelerate progress towards the achievement of UHC by 2030, including recognizing domestic public resources as a major source of financing and that health financing requires global solidarity and collective effort to support efforts to build and strengthen capacity in developing countries;

(PP6) Recalling also resolution WHA77.13 (2024) on the interconnectedness of health and the economy and an economy of well-being perspective underlining the mutually reinforcing nature of health, well-being and the economy;

(PP7) Recalling also resolutions United Nations General Assembly 74/2 (2019) to strengthen efforts to address non-communicable diseases as part of progress towards UHC, and the Political Declaration of the High-level Meeting of the General Assembly on the Prevention and Control of Non-Communicable Diseases, as contained in United Nations General Assembly resolution 73/2 (2018). Both resolutions recognize the primary role and responsibility of Governments to respond to the challenge of noncommunicable diseases by developing adequate, national, multisectoral responses for their prevention and control while also acknowledging the critical relevance of UHC for addressing infectious diseases;

(PP8) Recalling also resolution WHA67.23 (2014) on health intervention and technology assessment in support of UHC, recognizing the significant share of pharmaceutical expenditure, diagnostics, and human resources in healthcare financing within countries, health technology assessment (HTA) can support resource allocation decisions in all resource settings;

(PP9) Acknowledging increasing demands and priorities besides health, including from debt servicing, in national budgets of developing countries, while recognizing there is a gap in national health strategies including the 15% government budget allocation goal to health of the Abuja Declaration of 2001, stressing the importance of placing health as a priority on the government's agenda and that investing in health is an investment in the country's economic growth that may lead to macroeconomic stability;²

(PP10) Recognizing the importance of political leadership and commitment beyond the health sector in order to pursue whole-of-government, whole-of-society and economy of well-being approaches, to improve financing for health;

(PP11) Recalling WHO's Fourteenth General Programme of Work (GPW 14) underscores the central role of sustainable health financing to make progress towards achieving all of the health outcomes including UHC, with its specific inclusion in both outcomes 3 and 4 around both the need for sustainable health financing policies and systems and the importance of financial protection;

² See resolution WHA77.13.

(PP12) Acknowledging that public financing mechanisms should provide the core of primary healthcare funding to ensure that everybody, including the poorest, receives the healthcare services they need without financial hardship;

(PP13) Recalling the resolution WHA77.2 on Social Participation for UHC, health and well-being, noting the important role that social participation can have in fostering mutual respect and trust, while making health systems, including health financing systems, more responsive, equitable and resilient;

(PP14) Recognizing technical guidance on health financing from WHO, including the 2014 report Making fair choices on the path to universal health coverage by the Consultative Group on Equity and Universal Health Coverage, WHO's Health Financing Progress Matrix for assessing country health financing systems, WHO's annual Global Health Expenditure Report, and other guiding documents;

(PP15) Recognizing the need to improve coordination of global health actors to support the priorities, systems and plans of countries for UHC and stronger health systems, in line with the Lusaka Agenda that provides a path towards a joint long-term vision of domestically-financed health systems for UHC to leave no one behind;

(PP16) Recognizing that the number of households facing financial hardship or foregoing care is likely to be underreported because data collection on financial protection is weak;

(PP17) Recognizing the need for response and financial support to countries in conflict to restore medical infrastructure, support critical medical supplies, and facilitate access to healthcare services for the population;

(PP18) Noting the need for sustainable financing to increase access to medicines,

(OP)1. URGES Member States³ in accordance with national context and priorities:

(1) to implement, strengthen and align policies and reforms, including relevant social protection mechanisms to tackle the causes of poor financial protection and improve access to healthcare services without financial hardship, including prioritizing the poor and others at risk of financial hardship, through reducing out-of-pocket expenditure, where applicable, focusing particularly on government revenue as the primary source of financing, while leveraging external financing to enhance government revenues and also strengthen health systems;

(2) to prioritize pooling of government funds, including revenue from direct and indirect taxes, and levies, where applicable, and mandatory health insurance contributions, in order to reduce fragmentation and out-of-pocket expenditure at the point of care;

(3) to prioritize, as appropriate, health in public budgets through strong national and regional political leadership and commitment such as through the Abuja Declaration, to drive health system efficiency and effective utilization of resources, strengthen public financial management (PFM) systems, including through digitalization whilst

³ And where applicable, regional economic integration organizations.

supporting overall domestic resource mobilization as the predominant source of health financing including for UHC and the recommended target of allocating an additional 1% of gross domestic product or more for primary healthcare as contained in UNGA Resolution A/RES/74/2 (2019), and consider introducing and increasing taxes on tobacco, sugar and alcohol, as a non-distortionary and tax source that reduces risk factors for NCDs as appropriate in national context;

(4) to strengthen their own domestic and regional R&D, manufacturing capacities and regulatory frameworks to achieve resilient health systems, and attract private investment with adequate safeguards to ensure transparency and accountability to protect public interest, and economic growth;

(5) to focus domestic resources on an affordable package of essential health benefits, based on evidence and developed through inclusive and transparent processes supported by health technology assessment, that inform budget and health financing reforms including revenue raising, pooling of resources and strategic purchasing and the facilitation of other effective and cost-effective interventions to deliver significant health outcomes with limited resources;

(6) to strengthen the role of the WHO in setting normative guidance on effective priority-setting approaches including evidence-informed health technology assessment which can inform budget and purchasing reforms;

(7) to develop and implement policies and reforms to address fragmentation and promote coherent and aligned health financing systems, across health programmes, including progressive health insurance coverage schemes, and pandemic prevention preparedness and response financing, in order to ensure budgets flow to priority health needs to leave no one behind and reduce financial hardship;

(8) to strengthen, and as necessary, establish institutional capacities, as well as national data collection and reporting systems, for routine monitoring and reporting of domestic and external health resource tracking and financial protection, that are integrated with appropriate national financing and budget data systems and leverage machine-learning, AI, and digital technologies based on ethical standards and digital principles to enhance decision-making;

(9) to design and streamline processes to transition smoothly and sustainably from external assistance for health to sufficiently robust domestic financing for health including through progressive integration of vertical funding flows into domestic public financial management and procurement systems, including through instruments such as SWAps and Health Compacts;

(10) to consider providing additional financial support, as appropriate, for the work of WHO on health financing and economics in advancing universal health coverage; and

(11) to deliver on commitments on domestic health spending and to advance the Addis Ababa Action Agenda, including, as applicable, the commitment by many developed countries to achieve the UN target of 0.7% of gross national income for ODA, by providing more effective financing for health that is aligned to national priorities;

(OP)2. ENCOURAGES Member States, global health initiatives, philanthropic agencies, international and regional financing institutions and mechanisms, consistent with their respective mandates:

(1) to finance domestic priorities with consideration of favourable terms, aligned with country planning, budgetary processes, monitoring and evaluation cycles and to progressively channel their funds through public financial management systems, and to report progress through national routine expenditure tracking processes, including national health accounts where appropriate while improving their coordination and transparency in support of domestic priorities; and

(2) to explore innovative sources of financing and also to engage constructively in negotiations in multi-lateral fora to support making progress on bridging the gap in health financing, including through concessional loans for health financing for developing countries and those affected by conflict;

(OP)3. REQUESTS the Director-General:

(1) to maintain WHO's mandate in health financing and strengthen its roles in providing support to countries as a critical prerequisite for UHC;

(2) to prepare a bi-annual report on health expenditures and the state of Global Health Financing to be presented at a WHO-convened meeting in 2026, 2028, and 2030 with Member States, regional institutions, other United Nations organizations, international development partners, International Financial Institutions (IFIs), foundations, academia and civil society organizations and other stakeholders in line with FENSA, as applicable;

(3) to support the improvement in the quality and availability of data, the timeliness and transparency of tracking of domestic and external financing flows, trends and sustainability for health over time, including through national health accounts where appropriate, and to monitor alignment and impact of health spending on domestic budgets, and on progress towards health-related SDGs, with a particular focus on primary healthcare, forgone care, out-of-pocket spending and financial protection, pandemic prevention, preparedness and response, development assistance, insurance-related contributions, and working with Ministries of Health and Finance, MDBs, OECD, GHIs, NGOs, and other stakeholders in line with FENSA as applicable including leveraging AI and digital technology;

(4) to develop, as appropriate, and update evidence, guidance, and tools on health financing and economics, and support Member States in their efforts to build capacity to design and implement health financing policies and reforms, and financial mechanisms, which support progress to UHC, including on revenue raising and pooling, public financial management strengthening, financial protection, design and strategic purchasing of priority benefit packages, effective implementation of health technology assessments and procurement of cost-effective commodities, with a focus on leaving no one behind, and support better coordination, collaboration and alignment of partners, regional and international institutions in providing long-term, reliable support;

(5) to strengthen and elevate WHO's existing, dedicated observatory function to monitor and report on development assistance and domestic financing flows for health to increase the visibility and transparency of financing and financial protection trends in terms of volume and efficiency, assess and evaluate their impact, generate knowledge and expertise, leveraging the national health accounts and other sources of data, and boosting regional and country-level capacity and leadership on health financing to support developing countries, in partnership with United Nations organizations, international development partners, International Financial Institutions (IFIs), foundations, academia and civil society organizations and other stakeholders, in line with FENSA as applicable; and

(6) to support as requested by Member States, the development of prioritized national health financing road maps, to mobilize technical assistance and financial resources to strengthen national health financing systems and to improve the coordination and collaboration of development partners, UN agencies, IFIs including the World Bank, civil society and the private sector, in line with FENSA as applicable.
