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Civil society organisations and universal health care

Universal health coverage (UHC) is increasingly seen by global civil society as a key component of the framework for sustainable development after the Millennium Development Goals (MDGs), and of shaping the kinds of system that promote equity, access, and human rights. Our European network Action for Global Health, together with other international organisations, recently launched a civil society call for UHC¹—a movement that is gaining momentum with signatories from four continents acting together to demand that there is greater political support. Community system strengthening and community mobilisation are crucial for ensuring that UHC works equally for the general population as well as for poor and marginalised groups.

Our call follows increasingly successful examples of civil society UHC movements in middle-income and lower-income countries. In South Africa, for instance, the public interest law organisation SECTION27 is arguing for better quality and more affordable public and private health systems as an integral step towards the creation of a national health insurance system.

The global network the People's Health Movement, made up of grassroots health activists, civil society organisations, and academic institutions, has also launched a National Health Insurance Civil Society Coalition in South Africa, and led July's third People's Health Assembly in Cape Town to bring together experts from health and political sectors worldwide. The *Cape Town Call to Action*,² among other things, demands that all health systems are "universal, integrated and comprehensive, and [demand] action on the social determinants of health".

Thailand achieved UHC in 2002 through the implementation of a uni-

versal coverage scheme for 47 million people.³ UHC had been demanded by civil society movements via the collection of 50 000 signatures and by maintaining a strong voice in Thailand's annual national health assemblies.

In Europe, organisations such as Médecins du Monde, the Platform for International Cooperation on Undocumented Migrants, and the European Public Health Alliance advocate for UHC to extend to undocumented migrants. Although most countries have seen progress in coverage, Spain recently approved a decree to exclude undocumented adult migrants from health care, and has been reprehended by the UN Council of Economic, Social and Cultural Rights.⁴ A growing number of physicians is calling for conscientious objection.⁵ Several health professionals, together with human rights groups and the Spanish movement of "indignados", have prepared actions to question the legitimacy of the law and ensure medical assistance.

Action for Global Health's worldwide Call for UHC will continue to build on the civil society UHC movements that transform the lives of the poorest and most excluded. It will be launched next year at a high-level conference in Paris, France, and will be taken to all major negotiations in the post-MDG process.

We declare that we have no conflicts of interest.

**Julia Ravenscroft, Liliana Marcos*
julia.ravenscroft@plan-international.org

Action for Global Health, Plan EU, Gallerie Ravenstein, 1000 Brussels, Belgium (JR, LM); and Spanish Federation of Family Planning, Madrid, Spain (LM)

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Department of Error

Meng Q, Xu L, Zhang Y, et al. Trends in access to health services and financial protection in China between 2003 and 2011: a cross-sectional study. *Lancet* 2012; **379**: 805–14. In this Article (March 3), the correspondence author should have been Dr Qun Meng, Centre for Health Statistics Information, Ministry of Health, People's Republic of China; mqmoh@yahoo.com.cn. This correction has been made to the online version as of Sept 7, 2012.

Quilty S, Anderson K, Hewitt J, Fahy R, Clothier T, Roseby R. Deprivation in the desert: a case report from central Australia. *Lancet* 2006; **368**: 890–. In this Case Report (Sept 2, 2006), the third author's name should have been [Jacqueline Hewitt](#). This correction has been made to the online version as of Sept 7, 2012.

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