csem

Civil Society Engagement Mechanism for UHC2030

HEALTH FOR ALL ADVOCACY TOOLKIT

"The fundamental step a country can take to promote health equity is to move towards universal coverage: universal access to the full range of personal and non-personal health services they need, with social health protection."

– *The World Health Report 2008*

Acknowledgements

About the CSEM

The Civil Society Engagement Mechanism for UHC2030 (CSEM) is the civil society constituent of UHC2030 (formerly the International Health Partnership, IHP+), the global movement to build stronger health systems for universal health coverage (UHC).

The CSEM **raises civil society voices** in UHC2030 to ensure that UHC policies are **inclusive** and **equitable**, and that systematic attention is given to the most marginalized and vulnerable populations so that no one is left behind.

We aim to do this through:

- Influencing policy design and implementation
- Lobbying for participatory and inclusive policy development and implementation processes
- Strengthening citizen-led social accountability mechanisms
- Promoting coordination between civil society organization (CSO) platforms and networks working on health-related issues at the national, regional and global levels
- Enabling civil society to have a voice in the UHC2030 movement

Learn more: Download Printable Flyer

About UHC2030

UHC2030 is the global movement to strengthen health systems for universal health coverage. UHC2030 provides a multi-stakeholder platform that promotes collaborative working at global and country levels on health systems strengthening. We advocate increased political commitment to UHC and facilitate accountability and knowledge sharing. We encourage everyone who promotes UHC to join our movement and become a partner. This includes but is not limited to governments, international organisations, civil society organisations, the private sector, academia, and media. Read More

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About the Toolkit

The *Health for All Advocacy Toolkit* provides national-level civil society organizations (CSOs) and health networks with the necessary resources to kick-start advocacy initiatives on universal health coverage (UHC). It offers advocates a central reference point—a 'one-stop shop' for key information and tools to advocate UHC, hold policy-makers accountable for their commitments, and build a broad social movement within civil society to support health for all.

The Toolkit is designed to be used by civil society advocates who are interested in learning more about what universal health coverage means; what commitments have been made to UHC at the global, regional, and country levels; and how they can incorporate UHC principles into their advocacy. The resources may also be useful for CSOs advocating on specific health issues or on Sustainable Development Goals (SDGs) beyond health, as the Toolkit provides information on how connecting to UHC advocacy can strengthen those efforts.

This Toolkit responds to the specific needs of civil society. In the lead up to the United Nations High-Level Meeting (HLM) on UHC in 2019, civil society and community representatives in countries around the world, convened by the Civil Society Engagement Mechanism for UHC2030 (CSEM), asked for more knowledge and information about UHC as well as about global level advocacy initiatives and platforms. The CSEM surveyed its members and other global health civil society networks to understand the specific kinds of information and resources that would be most useful in supporting their work on UHC. The survey received over 100 responses from 40 countries. Over 75% of respondents asked for practical tools and guidance for UHC advocacy.

The *Health for All Toolkit* was developed to respond to these needs and to provide one-stop access to existing resources and toolkits for UHC. The Toolkit was developed by the CSEM, with support from UHC2030, Equal International, and a reference group.

Explore the online version: www.csemonline.net
English | French | Spanish

The Toolkit has three sections:

PART 1 — INTRODUCTION TO UNIVERSAL HEALTH COVERAGE

provides an introduction to UHC, what it is, why health for all is vital, and how it can contribute to health as well as other SDGs. This section is particularly informative for those new to UHC as it outlines the key concepts and actors, and gives a timeline and milestones to date. It describes the key players at global and regional levels to enable advocates to ground their advocacy work in the broader UHC ecosystem. It is designed to equip users with technical knowledge around the essential UHC building blocks necessary for advocating UHC with various stakeholders.

PART 2 — WHY CIVIL SOCIETY NEEDS TO ENGAGE IN UHC

explores the critical role of civil society and communities in all stages of UHC design and implementation, and conveys civil society's key advocacy calls to action. It includes case studies and vignettes that demonstrate the impact civil society has had and continues to have in decision-making for UHC, especially in ensuring health equity and holding leaders accountable.

PART 3 — HOW TO PARTICIPATE

provides step-by-step guidance on advocating for UHC at the national level. This section walks the user through essential processes for creating an advocacy action plan, including defining the key challenges and bottlenecks and establishing where their country is on the road to UHC. This will help frame the activities and goals of the specific advocacy plan. The toolkit explains the process of mapping both advocacy targets and the stakeholders to collaborate with. Users will also learn how to develop key advocacy messages and incorporate them into ongoing advocacy work. This section provides practical tools and will help CSOs determine their budgets and measure their progress.

The resource library links users to other complementary toolkits, additional learning materials and tools for their advocacy campaigns.

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Introduction

Globally, there are thousands of organizations and networks advocating for greater attention to a vast array of specific health issues, including HIV, TB, malaria, diabetes, heart disease and maternal health to name but a few. The goal of universal health coverage (UHC) holds great potential to advance all of these health issues and to unite advocates across the sector in a common agenda for overall health and well-being.

Increasing access to comprehensive and quality health services is one key component of achieving health for all, complementing important efforts to improve immunization, water and sanitation, education, migration policies, workplace safety, and other determinants of health. At the center of all these efforts are people and their communities.

The *Health for All Advocacy Toolkit* has been developed to build capacity, inspire and mobilize civil society in support of the global movement for UHC. It is based on the understanding that health is a human right and our combined efforts are needed to ensure that the UHC conversation spans before, within, and beyond health system walls to reflect the realities of people and communities.

This toolkit introduces primary UHC concepts and describes some of the many roles civil society plays—not only in the local and national contexts but also in global health governance—to ensure no one is left behind.

Part 1:
Introduction to UHC

This section of the toolkit provides a basic introduction to UHC, why it is needed and an overview of the key concepts, actors and milestones to date.

A: What is Universal Health Coverage (UHC)?

Universal health coverage (UHC) is a global goal based on the fundamental human right to health. Everyone is entitled to the health services they need without facing financial hardship.

This right is enshrined in many international covenants and treaties, including the Constitution of the World Health Organization (WHO) and, as well as the constitutions of many countries around the world:

> *"The enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, political belief, economic or social condition."*
>
> – WHO Constitution

A billion people worldwide remain unable to access even basic health services due to weak health systems and other barriers. Many fall into poverty due to ill-health or the high cost of medical care.

> UHC is the aspiration that all people can obtain the health services they need, of good quality, without suffering financial hardship when paying for them.

The goal of UHC is to make healthcare more accessible, more equitable and more affordable by improving how it is financed and delivered across the continuum of care. Strong, equitable health systems that leave no one behind are essential for global progress, as COVID-19 has made clear.

> According to the World Health Organization (WHO), UHC will have been achieved when all individuals and communities receive the health services they need without suffering financial hardship. It must include the full spectrum of essential, quality health services, from health promotion to prevention, treatment, rehabilitation, and palliative care.

Progress to Date

Commitment to UHC is not something only wealthy countries can afford. Following the poverty and devastation of World War II, many nations, such as Canada, *Japan* and much of Europe, committed politically to UHC for their citizens. They financed health budget expansions through taxation and national insurance schemes. This investment has arguably contributed to their economic growth. Poorer nations, especially those impacted by the debt crisis of the 1980s, have been forced to rely on user fees or **out-of-pocket payments** to fund their health systems or to supplement meagre government resources.

However, in recent decades over a hundred **low- and middle-income countries**, home to three-quarters of the world's population, have taken steps toward delivering UHC. Some countries have implemented plans to make basic health services free of charge to all citizens, including *Brazil*, Mexico, Rwanda and Thailand. Other countries that have made good progress include *Ghana*, the Philippines and South Africa.

Out-of-pocket (OOP) payments: These are expenses individuals have to pay health-care providers from their own pocket at the time of service. They can take the form of user fees, prescription charges, lab tests and other health service charges. Many health systems rely on them, with OOP payments accounting for more than half of the national health budget in two-thirds of low-income countries in 2018. For more information, see the WHO report 'Global Spending on Health: Weathering the storm'.

Low and middle income countries: The World Bank classifies countries with a gross national income (GNI) per capita of $1,035 or less as low income. Middle income countries have a GNI per capita between $1,036 and $12,535.

Japan's Controls on Medical Fees

Japan celebrated the 50th anniversary of its compulsory health insurance policy in 2011. All residents are required by law to have health insurance coverage, either through their employer or via the government National Health Insurance (NHI) system.

The scheme is funded through taxation and individual contributions (premiums), and the patient must pay 30% of the costs. Diverse public social welfare programmes and public medical assistance schemes supplement medical expenses for those who cannot afford it, although there is a complicated and bureaucratic review process.

The Government regulates medical fees strictly to keep them affordable. However, with a rising ageing population and low birth rates, challenges persist in coordinating elderly care and sustaining the system.

Brazil's Unified Health System

Brazil provides free, universal access to medical care to anyone legally living in the country. Known as Sistema Único de Saúde (SUS), the Unified Health System was created in 1989 and is the largest non-discriminatory government-run public health care system.

The SUS is a decentralized system managed by Brazilian states and municipalities. A National Health Identification card is required to access health care so that medical records can be coordinated between public and private services. More than 80% of the Brazilian population depend on SUS for medical treatment. Despite this success, there remain problems with unequal access to SUS depending on where people live and their socio-economic status.

"Health is a right of all and an obligation of the State, guaranteed by socio-economic policies which seek to the reduction of the risk of disease and of other grievances and to the universal and equal access to the actions and services in its promotion, protection and recuperation."

– Constitution of Brazil, 1988

Ghana's National Health Insurance Scheme

In 2004, Ghana introduced the first National Health Insurance Scheme (NHIS), a system funded by government tax income and individual memberships. The scheme covers 95% of diseases, including treatment for malaria, respiratory diseases, diabetes and hypertension. Children and the elderly are exempt from paying the annual fee, which for adults ranges between 7.2 Ghanaian Cedis (GH¢) and 48 GH¢ ($2–$10 USD), based on income and ability to pay. In 2017, the scheme was covering 47% of the population.

In December 2020, Ghana finalized a UHC Roadmap committing the country to attaining at least 80% coverage, in terms of citizens' access to essential health services, by 2030. There is however, much work to do to ensure communities that are marginalized and discriminated against are not left behind.

"The involvement of communities in the design, planning and development of health interventions facilitates the achievement of high levels of commitment, ownership and empowerment of communities to champion interventions to improve their own health."

– National Health Policy 2020-2030, Ghana

National Ownership

There is no 'one size fits all' approach to UHC. Health needs and demands vary across nations. Each country must find its own path.

National ownership is essential for UHC—country governments understand their own unique health needs and demands and are therefore best placed to plan the delivery of health to all that is specific to their country contexts. When governments raise domestic resources and own the policy-making process for health, they become less reliant on foreign aid and donor priorities. This allows them to better fulfil their obligations to safeguard the health of their populations.

> *"For a long time, the prevailing wisdom in global development circles was that UHC was unaffordable, unmeasurable and unachievable. But thanks to the tireless efforts of advocates working at the global and national levels, the last decade has seen a dramatic shift toward consensus that UHC is morally right, economically smart and urgently needed."*
> – UHC2030 Advocacy Strategy 2018

B. How UHC Works

The Three Pillars

Progress towards UHC requires government action in three main areas:

- Health Financing
- Service Delivery
- Governance

Health Financing

Countries that have been successful in introducing national health systems have done so by **pooling funds** so that the cost of healthcare is shared more equally across society. This can be done by using income tax, or by asking every citizen to pay into a national insurance scheme according to how much they earn. Many countries provide free health care to those who are not earning, including children and young people, the elderly and those on low incomes. For example, Mexico has been able to move towards UHC by increasing government – or public – spending on health by an average of 5% annually from 2000 to 2006.

Pooling Funds: This refers to individuals contributing to a combined pot of money that can be accessed by all.

Domestic Health Financing Mechanisms

How do countries pay for healthcare? In countries with national health systems, this is done through taxation (for example, in Brazil, Thailand and the UK) or other government income (for example, in Bahrain, Kuwait and the UAE). However, many countries also have national health insurance schemes, whereby citizens pay an annual membership fee (for example, in Belgium and Ghana). Some countries, including Kenya and Tanzania, are considering innovative financing mechanisms. Botswana for example has used a tax on alcohol since 2008 to fund the Ministry of Health and other initiatives.

Service Delivery

UHC is about more than financing. Health systems, including facilities, medicines, data systems, staff and volunteers need to be strengthened to ensure high-quality health services are available where they are needed. A renewed focus on service delivery through an integrated and people-centred lens is critical to reaching underserved and marginalised populations and promoting patient safety to ensure that everyone has access to the quality health services they need. Moreover, broadening the range of services to include health promotion, prevention, rehabilitation and palliative care is vitally important.

To achieve UHC, governments also need to promote different sectors to work together to address the non-medical causes of ill-health and disease, such as low education, conflict, discrimination and poverty. Research has shown that these factors (known as **social determinants of health**) can be more important than health care or lifestyle choices in influencing health.

Social Determinants of Health: The non-medical factors that influence health outcomes. They are the conditions in which people are born, grow, work, live, and age, and the wider set of forces and systems shaping the conditions of daily life.

Governance

While health financing and service delivery are essential, health system governance is critical for success. Without good governance, UHC implementation can become narrowly defined, inequitable and ineffective. According to WHO, effective health governance requires the full engagement of three key stakeholders:

- The State (government organizations and agencies at central and district level)
- Health service providers (public and private, for and not for profit, clinical, para-medical and non-clinical health services providers; unions and other professional associations; networks of care or of services)
- The citizen (population representatives, patients' associations, CSOs, NGOs, citizens associations protecting the poor, grassroots advocates, etc.)

Good governance involves dialogue between the government and its people, not only to build trust and enable effective implementation, but also to ensure that reforms are co-owned by populations, communities and civil society.

To achieve equitable policies for health, citizens' voices must be strengthened and fostered with meaningful roles in decision-making. There must be policy and legal frameworks that protect against discriminated health service delivery, regulate the sector appropriately, and allow transparent governance. Lastly, it is important to develop coalition-building and opportunities for collective action and partnership.

The importance of civil society participation in UHC planning, implementation and monitoring is explored in more depth in Part Two: Why civil society should engage in UHC.

National health policies, strategies and plans (NHPSPs)

This is a generic term for the range of national government health policies, strategies and health plans that set out policy on health reform and UHC. NHPSPs ensure that countries allocate domestic resources efficiently and fairly, and that domestic budgeting for health is consistent and predictable.

All CSOs, non-governmental organizations (NGOs), and community-based organizations (CBOs) responsible for health service provision or programmes should be involved in operational planning, either directly or through having their interests represented by someone involved in the formal planning process. Patients or the end users of a health system are also key stakeholders and should therefore also be engaged in the development of operational plans.

"Planning is often made into something complicated, a mystery wrapped in jargon, process and politics. Planning is sometimes left to the professional planners or the managers to control and do. That is a mistake. The best operational plans, and certainly the ones most likely to be implemented, are those that are developed with the people who will carry them out."

 - Strategizing national health in the 21st century: A handbook. A UHC Partnership Resource, UHC Partnership
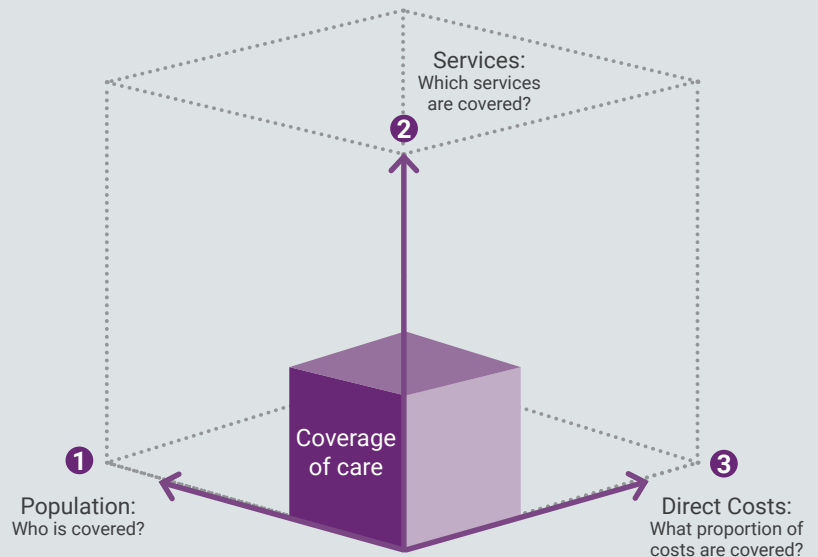
How UHC Works: Three Dimensions

WHO encourages national governments to see their health reforms as an ongoing journey—as steps contributing to continuous progress toward UHC.

One of the most helpful ways to think about governments' strategic choices as they undertake this journey is the UHC Cube diagram in *The World Health Report, 2010*:

This diagram proposes that governments plan their UHC strategies taking into account the three key policy questions that make up the three dimensions of the cube:

- Who in the population is covered?

- What services are they covered by – and at what level of quality?

- What level of financial protection do citizens have when accessing services?

Services:
Which services are covered?

②

Coverage of care

① Population:
Who is covered?

③ Direct Costs:
What proportion of costs are covered?

Health Benefit Package

The services that are to be covered by the government to make progress toward UHC are described as the 'Health Benefit Package'. This is a core set of services that a government considers essential to meet the health needs of the population and for which they are willing to pay. Explicitly defining this package allows governments to cost and plan their budgets, and informs citizens of what is covered and importantly, where there are still gaps.

The content of the health benefit package should be informed by three considerations:

- **Equity** – ensuring equal and fair access to services

- **Disease burden profile** – the main health needs of the population

- **Cost-effectiveness analysis** – aiming to achieve the greatest impact given the available resources

Primary Health Care

Primary health care (PHC) refers to basic health services provided at the community level. It includes a wide range of services, including vaccination, maternity and infant care, preventative and palliative care. Increased public investment in primary health care is one of the best ways to ensure equity, availability, accessibility, quality and efficiency of the health service.

Global Political Commitment

In 2015, all countries worldwide committed to achieving UHC by 2030 as part of the SDGs. It is a genuinely global goal in that there is scope for improvement in all countries, even where there is national health insurance or where health services are already provided free to all citizens.

Progress on this goal is measured by the size of the population covered by essential health services and the number of people who experience financial hardship from health costs. This global commitment was confirmed again in 2019 at the UN High-Level Meeting on UHC, with the resulting Political Declaration setting out the "most comprehensive set of health commitments ever adopted."

In early 2019, diverse actors across the UHC movement – from parliamentarians and civil society to the private sector and academia – shared their calls to action for leaders ahead of the UN High-Level Meeting on Universal Health Coverage. This participatory process resulted in the Key Asks from the UHC Movement, which helped influence the commitments made in this political declaration. Learn more about the specific global commitments on UHC.

UHC in the Sustainable Development Goals (SDGs)

SDG3: Good Health and Well-being: Ensure healthy lives and promote well-being for all at all ages

Target 3.8: Achieve universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all.

Indicator 1: Coverage of essential health services

Indicator 2: Proportion of population with large household expenditures on health as a share of total household expenditure or income

Population
Who is covered?

Governments are encouraged to progressively expand coverage of health services to 100% of the population. This does not necessarily mean that services are free. In many wealthy countries, the only barrier is cost; however, migrants, prisoners, rural populations, and indigenous people are just some groups that struggle to get access to health even in these settings. Currently, no country in the world has achieved this goal. Expanding government spending on health is important to ensure no one is left behind.

The question of who in the population receives financial protection is addressed through good governance, as discussed in the section above on the Governance pillar.

Services
What is covered?

The range of health services available in a country depends on many different factors. The US and Switzerland are known for having the top medical services in the world. Governments are encouraged to improve their domestic health services progressively, but these are limited to very basic medical care in many places.

The services covered financially by the government are described as 'health benefit packages'. These should be informed by the evidence on ensuring equity, addressing health needs of the population and achieving the greatest impact with available resources.

Financial Protection
What do people have to pay?

Many countries request citizens pay a proportion of health-care costs from their own pocket, either through insurance premiums, co-payments or prescription charges. Governments are encouraged to progressively remove these out-of-pocket (OOP) payments in preference of general taxation, pooled funds and health levies on goods.

Some countries focus on financially covering the most vulnerable, for example, those on low incomes, children under five, and the elderly. For instance, in Senegal, the 'Sesame Plan' provides free health care to all those over the age of 60. However, in many countries, national health insurance is only available to those in formal employment or who have a family identification card.

C. Why Do We Need UHC?

There are at least three important reasons why Universal Health Coverage is urgently needed.

1. Lack of access to health care for millions of poor, vulnerable, and marginalized people

According to WHO, at least half the world's population is not covered by essential health services. Of the women who die in childbirth, 99% are in developing countries, and children are 14 times more likely to die before the age of five in sub-Saharan Africa. Communicable diseases, such as HIV, tuberculosis (TB) and malaria have the worst impact on the poorest and most marginalized communities. In all countries—whether low-, middle- or high-income—wide health gaps remain between the rich and poor. Weak health systems account for many of these gaps, highlighted and made worse by the COVID-19 pandemic.

UHC reforms have been a powerful driver for improving women's health in several low- and middle-income countries, including Afghanistan, Mexico, Rwanda and Thailand. For more details see 'Improving Women's Health through Universal Health Coverage'.

2. Health costs push millions into poverty

In most countries worldwide, people have to pay for health-care services, which is one of the main reasons people fall into poverty. Many people with limited income, who must already make difficult choices between essential items and services, are forced to forgo the care they need.

Each year, more than 800 million people spend over 10% of their household income on health—this is known as catastrophic health spending. Of these, almost 100 million people a year are driven into extreme poverty (living on less than $1.25 per day) due to health care expenses. At the current pace, up to one-third of the world's population will be in this situation in 2030.

In Thailand, UHC reforms led to a sharp reduction in the number of low-income families facing catastrophic expenditure within six years. For more information, see 'Attaining UHC: A research initiative to support evidence-based advocacy and policy-making'.

3. Good health lifts people out of poverty

Good health allows children to learn and adults to earn, helps people escape from poverty, and provides the basis for long-term economic development.

Many global health challenges stem from a shared obstacle: under-resourced, fragile health systems that fail to provide the poorest and most marginalized communities access to quality, affordable health services. These gaps threaten lives and livelihoods, exacerbate rising inequality, and undermine economic growth and social stability in developed and developing countries alike. As crises like COVID-19 and Ebola have made painfully clear, our health systems are only as strong as their weakest links.

Countries implementing health systems strengthening and UHC policies are seeing the benefits: healthier communities and stronger economies.
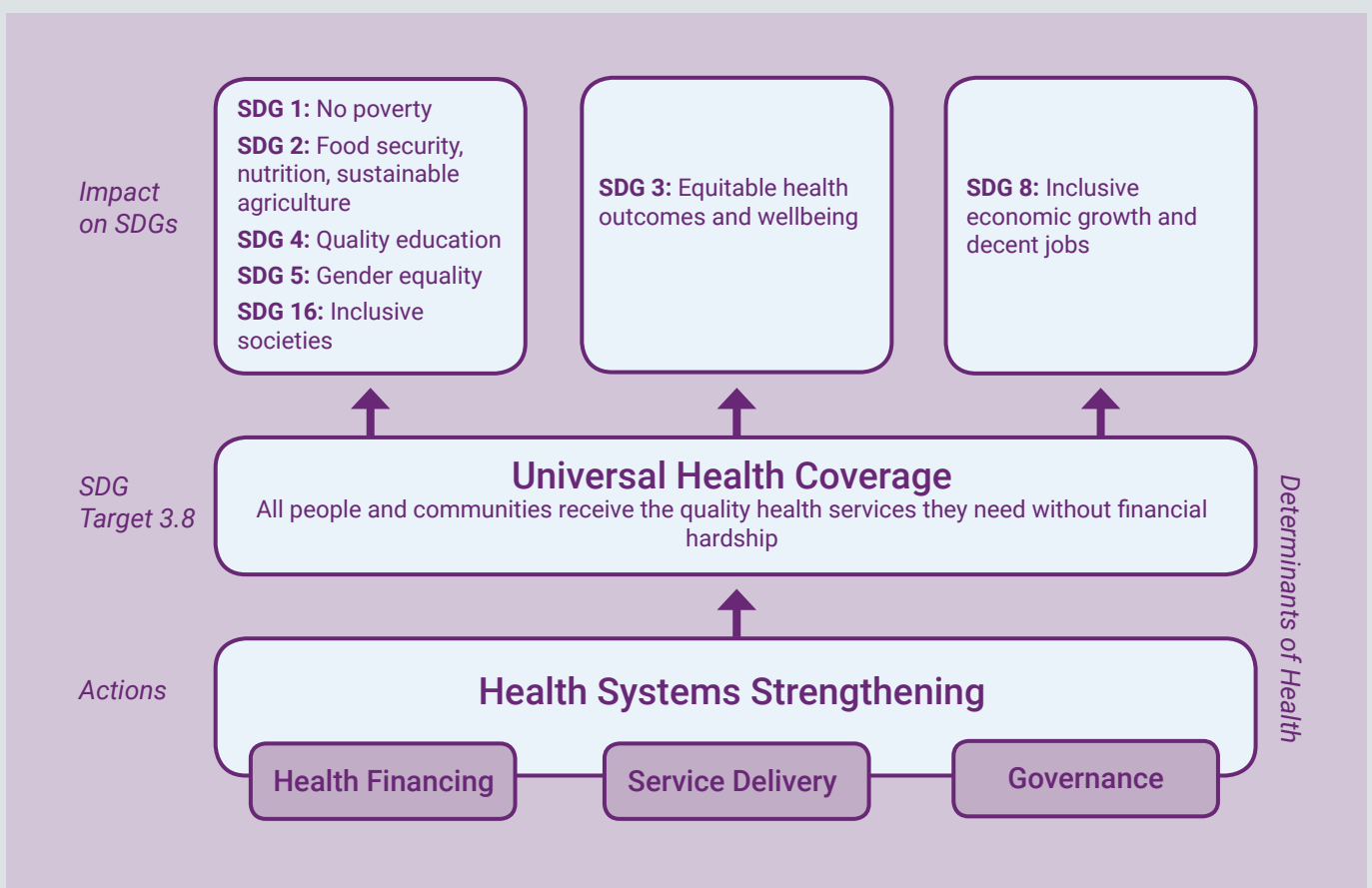
It has been estimated that every $1 that a country invests in health today can produce up to $20 in full-income growth within a generation. For more, see 'The Lancet Commission on Investing in Health'.

How UHC Supports the Wider SDGs

Besides contributing to SDG3 (*Ensure healthy lives and promote well-being for all at all ages*) and SDG1 (*End poverty in all its forms, everywhere*), UHC can make a significant contribution to many of the other SDGs.

UHC promotes improved nutrition (SDG2)—nutrition-related interventions are a core part of comprehensive health benefit packages, and people receive more access to information and resources to address malnutrition. Strong health systems support educational goals (SDG4) because more children are healthy enough to attend school and families can afford schooling and gender equality (SDG5), by ensuring women and girls receive the necessary services they need. UHC also can play an important role in economic growth (SDG8), and peaceful and inclusive societies (SDG16), as healthy populations help build effective, accountable and inclusive institutions at all levels.

Impact on SDGs

SDG 1: No poverty
SDG 2: Food security, nutrition, sustainable agriculture
SDG 4: Quality education
SDG 5: Gender equality
SDG 16: Inclusive societies

SDG 3: Equitable health outcomes and wellbeing

SDG 8: Inclusive economic growth and decent jobs

SDG Target 3.8

Universal Health Coverage
All people and communities receive the quality health services they need without financial hardship

Actions

Health Systems Strengthening

Health Financing   Service Delivery   Governance

Determinants of Health

Universal health coverage is fundamental for achieving the Sustainable Development Goals not only to ensure health and well-being, but also to eradicate poverty in all its forms and dimensions, ensure quality education, achieve gender equality and women's empowerment, [and] reduce inequalities. − UN Political Declaration on UHC, 2019

Lessons from COVID-19

The COVID-19 pandemic has clearly shown the linkages between health systems, emergency preparedness, and economic development, exposing major weaknesses and lack of investment in many of the world's health systems.

To protect the health of their citizens and in efforts to prevent health systems from becoming overwhelmed, governments have had to implement drastic strategies, such as lockdowns and curfews. The pandemic and these response strategies have negatively affected the livelihood and well-being of all people, especially marginalized and vulnerable population groups including people with disabilities, and widened existing gaps in access to health.

Global health security is threatened by a lack of political will and investment in UHC. With deep economic recessions in lower-income countries due to COVID-19, health budgets are likely to be hit more than during the 2008 economic crisis. According to the recent Global Health Expenditure report, countries with health systems that depend on out-of-pocket payments are likely to be among those worst hit by the macro-economic impacts of the pandemic—lowering their public spending even further.

In addition, the consequences of COVID-19 on affected individuals, including the long-term physical impacts and financial burdens, and the consequences of disruptions to other health services, are still not fully understood. While the focus in most countries is still on immediate emergency response, it would be an error to consider moving back to business as usual and miss the opportunity to analyse the political and policy failures that have contributed to the severe impact of the COVID-19 pandemic.

Key Resource

For more information on the links between COVID-19 and UHC, see the CSEM paper on health and economic impacts of COVID-19 containment strategies.

D. A Brief History of UHC

Universal health coverage is not a new concept; from Ancient Egypt to the world today, most societies have recognized the importance of ensuring all individuals have access to quality health care. Our understanding of UHC has been shaped by philosophers, economists, and political scientists as much as it has been by the health sector, individuals, caregivers and communities. We have enshrined health as a human right, linked the need for strong health systems to achieving health equity, and built a global health architecture that supports collaboration and mutual accountability.

See an overview of a few global milestones in our collective path toward UHC.

1946

WHO Constitution recognizes the right to health

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"The enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, political belief, economic or social condition."

Alma-Ata Declaration reaffirms the need to achieve health for all

1978

Meeting in Almaty, Kazakhstan in 1978, 134 WHO member states at the International Conference on Primary Health Care (PHC) emphasized the role of governments in protecting the right to health and the importance of PHC as a cornerstone of health system reforms to achieve health equity.

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"Governments have a responsibility for the health of their people which can be fulfilled only by the provision of adequate health and social measures."

Abuja Declaration

2001

African Union members met in Abuja, Nigeria in 2001 and pledged to allocate more resources to health challenges, highlighting in particular HIV, malaria and tuberculosis. Advocates have rallied around the Abuja Declaration and held their governments to meet the commitment to increase domestic health spending.

"We pledge to set a target of allocating at least 15% of our annual budget to the improvement of the health sector."
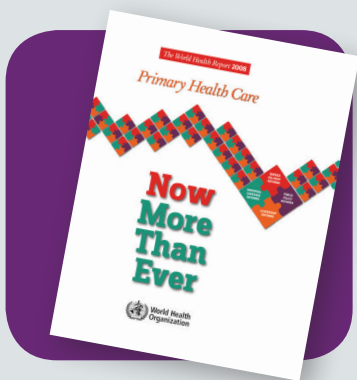
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Launch of International Health Partnership

2007

The International Health Partnership (IHP+) began in 2007 as an international partnership that aimed to improve effective development cooperation in health to help meet the Millennium Development Goals. The IHP+ approach included providing support to strong and comprehensive country and government-led national health plans in a well-coordinated way. The IHP+ became UHC2030 by 2016.

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International Health Partnership

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The World Health Report 2008 - Primary Health Care: Now More Than Ever

2008

Published 30 years after the Alma Ata Declaration, this report reasserted the role of primary health care (PHC) in health systems and focused on achieving equity. It suggested reforms in four core PHC principles:

(a) universal health coverage

(b) people-centered services

(c) healthy public policies

(d) leadership.

→ *read more*

> *The fundamental step a country can take to promote health equity is to move towards universal coverage: universal access to the full range of personal and non-personal health services they need, with social health protection.*

World Health Report on Health System Financing: The Path to UHC

2010

The WHO's World Health Report in 2010 focused on what governments can do to reform health care financing to achieve UHC based on case studies and new research. The report maps out action items in three areas:

(a) raising more funds for health or diversifying funding sources

(b) providing or maintaining an adequate level of financial risk protection

(c) improving efficiency and equity in the way funds are used.

→ *read more*

> *Universal coverage requires a commitment to cover 100% of the population. Every country can do something to move closer to universal coverage or maintain what it has achieved.*

2012

First UN Resolution endorsing UHC

The United Nations General Assembly endorsed a resolution urging countries to accelerate progress toward UHC as an essential priority for international development on 12 December 2012.

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" It is essential to take into consideration the needs of vulnerable segments of society, including the poorest and marginalized segments of the population, indigenous peoples and persons with disabilities. "

" When managing the transition of the health system to universal coverage, each option will need to be developed within the particular epidemiological, economic, sociocultural, political and structural context of each country in accordance with the principle of national ownership. "

2015

Launch of Sustainable Development Goals

World leaders at a historic UN Summit in September adopted 17 Sustainable Development Goals (SDGs) as part of the 2030 Agenda for Sustainable Development. These include:

SDG3: Good Health and Well-being:
Ensure healthy lives and promote well-being for all at all ages

Target 3.8:
Achieve universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all.

→≡ *read more*

" To promote physical and mental health and well-being, and to extend life expectancy for all, we must achieve universal health coverage and access to quality health care. No one must be left behind. "

2030 Agenda for Sustainable Development, paragraph 26

2015

Tracking Universal Health Coverage: First Global Monitoring Report

WHO and the World Bank released the first global monitoring report to assess countries' progress toward UHC. The report noted that in 2013, at least 400 million people lacked access to at least one essential health service. It examines global access to health services, such as access to clean water and sanitation, family planning, skilled birth attendance, antenatal care, child immunization, antiretroviral therapy and tuberculosis treatment.

→≡ *read more*

2016

G7 Ise-Shima Vision for Global Health

Leaders at the 42nd G7 summit hosted by Japan committed to taking concrete actions to advance global health and strengthen the global health architecture. The statement "Vision for Global Health" recognized the importance of achieving UHC and the necessary connection to health systems strengthening (HSS), and supported the establishment of UHC2030 (see above, IHP+ launch in 2007).

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2017

G20 Leaders' Declaration: Shaping an Interconnected World (Hamburg)

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" We recall universal health coverage is a goal adopted in the 2030 Agenda and recognize that strong health systems are important to effectively address health crises. We call on the UN to keep global health high on the political agenda and we strive for cooperative action to strengthen health systems worldwide, including through developing the health workforce. "
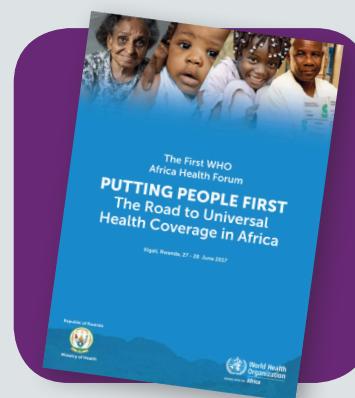
2017

First WHO Africa Health Forum

Hosted by Rwanda with the theme of "Putting People First: The Road to Universal Health Coverage in Africa", the forum explored the priorities and challenges of health care systems in Africa and recommendations to achieve health for all.

read more

The First WHO
Africa Health Forum
PUTTING PEOPLE FIRST
The Road to Universal
Health Coverage in Africa
Kigali, Rwanda, 27 - 28 June 2017

2017

First UHC Day

The United Nations proclaimed 12 December as International Universal Health Coverage Day (UHC Day) by resolution 72/138. On 12-15 December, the UHC Forum in Tokyo brought together governments, multilateral and bilateral institutions, academia, private sector and civil society to mobilize around the global call for UHC.

Blog summary

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CSEM statement

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Astana Declaration on Primary Health Care

2018

40 years after the historic Alma-Ata Declaration, world leaders pledged to strengthen their PHC systems at Astana, Kazakhstan. The declaration includes commitments in four key areas:

(1) make bold political choices for health across all sectors;

(2) build sustainable primary health care;

(3) empower individuals and communities; and

(4) align stakeholder support to national policies, strategies and plans.

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> *We find it ethically, politically, socially and economically unacceptable that inequity in health and disparities in health outcomes persist…We envision primary health care and health services that are high quality, safe, comprehensive, integrated, accessible, available and affordable for everyone and everywhere, provided with compassion, respect and dignity by health professionals who are well-trained, skilled, motivated and committed.*

Group of Friends of UHC and Global Health launched

2018

The Group of Friends of UHC was established in December 2018 as an informal platform for UN Member States to build momentum towards achieving UHC by 2030. This Group contributed to the Political Declaration of the High-level Meeting on Universal Health Coverage in September 2019. The Group has 64 member countries and areas, and is currently co-facilitated by Japan, Thailand and Georgia.

read more

UN High-Level Meeting on UHC
Political Declaration commits to achieve UHC by 2030

2019

> *We commit to […] Ensure that no one is left behind, with an endeavour to reach the furthest behind first, founded on the dignity of the human person and reflecting the principles of equality and non-discrimination, as well as to empower those who are vulnerable or in vulnerable situations and address their physical and mental health needs which are reflected in the 2030 Agenda for Sustainable Development, including all children, youth, persons with disabilities, people living with HIV/AIDS, older persons, indigenous peoples, refugees and internally displaced persons and migrants.*

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First G20 Joint Session of Finance and Health Ministers

2019

Held in Osaka, Japan in June 2019, the first-ever joint session brought together health and finance ministers of G20 member countries and invited guest countries to focus on health financing for achieving UHC. Outcomes included the G20 Shared Understanding on the Importance of UHC Financing in Developing Countries.

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Special Session of the UNGA on COVID-19

2020

The United Nations General Assembly held a special session to discuss the impacts of the COVID-19 pandemic on people, societies and economies and outline a multifaceted, coordinated response required to address this crisis.

read more

> *Looking ahead, the recovery from COVID-19 must address the pre-existing conditions it has exposed and exploited, from gaps in basic services to an overheated planet. Stronger health systems and Universal Health Coverage must be a priority.*
>
> *Statement by UN Secretary-General*
> ***António Guterres***

UN Secretary-General's policy brief on UHC and COVID-19

2020

The policy brief, 'COVID-19 and Universal Health Coverage' emphasizes the critical link between global goals to achieve UHC and the response to the COVID-19 pandemic. At the launch of the brief, UN Secretary-General António Guterres noted:

> *All countries have agreed to work towards universal health coverage as part of the 2030 Agenda for Sustainable Development. But, we cannot wait 10 years. We need universal health coverage, including mental health coverage, now, to strengthen efforts against the pandemic and prepare for future crises.*

read more

First State of UHC Commitment Review

2020

Around UHC Day 2020, UHC2030 released the first synthesis of the State of UHC Commitment. It is structured around the eight areas of commitment covered in the 2019 Political Declaration on UHC and presents a multi-stakeholder review on progress toward UHC around the world.

read more

State of commitment to universal health coverage: synthesis, 2020

Urgent action for health systems that protect everyone – now

uhc2030

Launch of the Global Action Plan (GAP)

2020

The Global Action Plan for Healthy Lives and Well-being for All brings together 13 multilateral health, development and humanitarian agencies to better support countries to accelerate progress towards the health-related SDGs. Although each agency has a specific mandate, the agencies as a group complement each other. Together, the agencies work to advance all the SDG3 targets and collectively, they channel around one-third of development assistance for health annually. The 13 agencies are:

- World Health Organization
- World Food Programme
- United Nations Development Fund
- United Nations Population Fund
- United Nations Children's Fund
- Gavi, the Vaccine Alliance
- Global Financing Facility for Women, Children & Adolescents
- International Labour Organization
- The Global Fund to Fight AIDS, Tuberculosis & Malaria
- Joint United Nations Programme on HIV/AIDS
- Unitaid
- United Nations Entity for Gender Equality & the Empowerment of Women
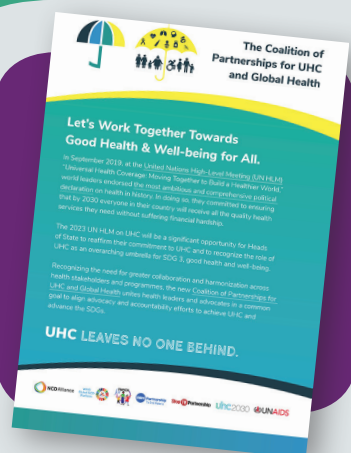- World Bank Group

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G7 Health Declaration

2021

G7 leaders meeting in the UK in 2021 recommitted to the focus on UHC during the COVID-19 crisis, noting that progress in global health security requires prioritizing UHC and health systems strengthening.

read more

Launch of the Coalition of Partnerships for UHC and Global Health

2021

The Coalition of Partnerships for UHC and Global Health unites health leaders and advocates in a common goal to align advocacy and accountability efforts to achieve UHC and advance the SDGs. The Coalition will work together to assist Member States and other stakeholders in:

(a) Accelerating high-level political efforts around socio-political accountability to ensure UHC delivers for vulnerable populations

(b) Supporting coordination among the various existing health initiatives and joint follow-up actions of UN HLMs for the preparation of the future UN HLMs on the health agenda

(c) Strengthening existing SDG accountability mechanisms to scale up efforts on health-related SDGs by 2023 and beyond.

read more

UN High-Level Meeting on UHC

2023

Looking ahead to 2023, the UN High-Level Meeting on UHC will be a critical time to direct attention to UHC and reignite commitments from countries around the world.

> Join us for UHC Day, the next global milestone on the road to UHC! www.uhcday.org

E. The UHC Landscape

There are many actors, partnerships and policy processes in the UHC movement. In this section, we briefly describe who is who at the global and regional levels.

Global

> *"Everyone has the right to a standard of living adequate for the health and well-being of himself and of his family, including food, clothing, housing and medical care and necessary social services, and the right to security in the event of unemployment, sickness, disability, widowhood, old age or other lack of livelihood in circumstances beyond his control."*
>
> – Article 25, Universal Declaration of Human Rights

World Health Organization (WHO)

The WHO has made UHC its top strategic priority and has committed to ensuring that 1 billion more people benefit from UHC by 2025.

UHC2030

UHC2030 is the global movement to build stronger health systems for UHC, with over 66 partners including governments, international organizations, civil society organizations, the private sector, academia and the media.

The Civil Society Engagement Mechanism for UHC2030 was established to raise civil society voices in UHC2030 to ensure that UHC policies are inclusive and equitable, and that systematic attention is given to the most marginalized and vulnerable populations so that no one is left behind. As the civil society constituency of UHC2030, CSEM is a vital entry point for civil society organizations to engage in UHC advocacy and raise their voices to the global movement through a shared platform. Join now.

New partners can also join UHC2030 by signing the Global Compact for Progress Towards UHC.

> **Tip**
>
> UHC2030 is the secretariat of the multi-stakeholder coordination group for Universal Health Coverage Day: 12 December and produces a campaign site each year with advocacy tools and resources.

Global Action Plan (GAP) for Healthy Lives and Well-being for All

The GAP is a partnership between UN health, development and humanitarian agencies to better support countries to accelerate progress towards the health-related SDGs.

UHC Partnership

The UHC Partnership brings together health experts in 115 countries to promote UHC by fostering policy dialogue on strategic planning and health systems governance, developing health financing strategies and supporting their implementation, and enabling effective development cooperation in countries.

World Bank

The World Bank describes UHC as the key to achieving its twin goals of ending extreme poverty and increasing equity and shared prosperity, and the driving force behind the Bank's investments in health and nutrition.

Access to COVID-19 Tools Accelerator (ACT-A)

The Access to COVID-19 Tools Accelerator (ACT-A) is a global collaboration to accelerate the development, production, and equitable access to COVID-19 tests, treatments, and vaccines.

Other Global Commitments on UHC

Besides the SDG target on UHC and the Political Declaration, there have been several other important global statements and resolutions from the G7, G20, UN and World Health Assembly.

- G7 Carbis Bay Health Declaration, 2021

- G7 Ise-Shima Vision for Global Health, 2016

- G20 Hamburg, 2017

- G20 Osaka, 2019

- World Health Assembly Resolutions, 2019

- UN General Assembly Resolution, 2020: Global health and foreign policy: an inclusive approach to strengthening health systems

Tip

Profiles of key countries' progress on UHC can be found at the UHC Partnership website.

Tip

The Platform for Community and Civil Society Representatives to the ACT-A advocates for and supports community and civil society representatives in all pillars and workstreams of the ACT-A framework. Learn more and join.

Regional

Africa

Awareness of the importance of domestic health budgets in Africa can be traced back to the Abuja Declaration in 2001. There are several important policy frameworks and regional initiatives in the African region. These include:

Abuja Declaration (2001): In 2001, African Union (AU) countries pledged to allocate at least 15% of their annual budget to the health sector. The Abuja +12 Declaration in 2013 saw governments renew their pledges to end the epidemics of HIV, TB and malaria by 2030. In 2015, the Abuja Call and AU Roadmap were reviewed and extended to 2030.

AU Catalytic Framework to end AIDS, TB and Malaria in Africa by 2030 (2016): The objective of the Catalytic Framework is to intensify the implementation of the Abuja+12 commitments by building Africa-wide consensus on the key strategic actions within the context of the existing targets and milestones.

African Health Strategy (2016-2030): A framework providing strategic direction to Africa's Member States in their efforts to strengthen health systems performance, increase investments in health, improve equity and address social determinants of health to reduce priority diseases burden. A set of objectives is linked to each disease and targets set to eliminate them by 2030.

Key Readings:

- UHC in Africa: A Framework for Action (2016): This report by the World Bank and WHO proposes a set of actions for countries and stakeholders involved in the UHC process in Africa.

- Africa Scorecard on Domestic Financing for Health (2019): The Africa Scorecard is a tool for AU Member States to use in financial planning and expenditure tracking, based on the latest available data.

- State of UHC in Africa Report (2021): This report by the Africa Health Agenda International Conference (AHAIC) Commission takes stock of the progress made on UHC in the continent and identifies challenges and opportunities. The report also provides recommendations to accelerate progress toward UHC, including re-orienting health systems and health system priorities to respond to population health needs, and prioritizing and strengthening primary health care as the foundation for UHC.

Asia

Key regional UHC frameworks to be aware of in Asia include:

Universal Health Coverage: Moving Towards Better Health Action Framework for the Western Pacific Region (2016): Developed to support countries in realizing this vision of better health through UHC, the framework outlines shared principles of UHC and reflects the values of the WHO Constitution, the Health for All agenda set by the Alma-Ata Declaration in 1978 and multiple World Health Assembly resolutions.

South-East Asia Regional Strategy for Universal Health Coverage (2015): This Regional Strategy was developed in consultation with experts from within and outside the region, highlighting equity as its core objective and the principles of primary health care (PHC) as the starting point for reform.

Key Readings:

- Monitoring progress on universal health coverage and the health-related sustainable development goals in the South-East Asia Region (2019): This WHO report discusses regional highlights of progress on UHC and other health-related sustainable development goals (SDGs). There is a special focus on progress made on noncommunicable diseases (NCDs).

Latin America and the Caribbean

A regional strategy for UHC in Latin America is:

Strategy for Universal Access to Health and Universal Health Coverage (2014): Developed by the Pan American Health Organization (PAHO), this strategy for UHC was based on a broad-based participatory dialogue on challenges, innovative approaches and solutions in the region to advance toward universal coverage.

Key Readings:

- Towards UHC and Equity in Latin America and the Caribbean: Evidence from Selected Countries (2014): This volume reviews progress in reducing inequalities in health outcomes, service utilization, and financial protection, and assesses the common trends emerging from these reforms.

- Just Societies: Health Equity and Dignified Lives – Report of the Commission of the Pan American Health Organization on Equity and Health Inequalities in the Americas (2019): This report provides examples of policies, programs, and actions implemented in countries in the region and presents recommendations to achieve health equity, calling for coordinated actions among local and national governments, transnational organizations, and civil society to address the social determinants of health.

Part 2: Why Civil Society Needs to Engage in UHC

This section explores the critical role of civil society and communities in UHC design and implementation and conveys the key advocacy messages from civil society.

A. The Role of Civil Society in UHC: Beyond Service Delivery

Civil society has a role to play in all three pillars of UHC (see Part 1): health financing, service delivery, and, most importantly, good governance.

Civil society has always played a vital role in health service delivery to the wider community and expanding both the range of and access to quality health services. Health charities and community networks work in partnerships with government health systems. However, this is not where community engagement in UHC should end.

Civil society needs to engage fully in advocating more funding for health and UHC policies that are equitable, inclusive and evidence-based. This can be done through targeted advocacy (see C. Key Advocacy Messages).

To note, civil society refers to a diverse range of actors, spaces and even types of institutions that may represent different communities, goals and values. To be truly addressing community needs and priorities, decision-makers must facilitate the participation of diverse civil society voices, especially those from marginalized populations. Importantly, civil society can act as a vital bridge to build community linkages, collaborate and coordinate between communities and other health actors.

Moreover, good health systems governance is not possible without the active and meaningful engagement of civil society in decision-making spaces at all levels of UHC policy and implementation.

> *"Engage all relevant stakeholders, including civil society, the private sector and academia, as appropriate, through the establishment of participatory and transparent multi-stakeholder platforms and partnerships to provide input to the development, implementation and evaluation of health and social-related policies and to review progress for the achievement of national objectives for universal health coverage."*
>
> – UN Political Declaration on UHC, 2019

Three Pillars of UHC: The Role of Civil Society

Health Financing

- Campaigning for more funding for health that is better spent
- Ensuring social determinants of health are addressed
- Monitoring health expenditure and hold governments accountable for commitments
- Mobilizing communities to increase demand

Service Delivery

- Reaching those left behind
- Expanding the range of services
- Providing integrated person-centred care
- Training health workers on how to work with marginalized communities
- Improving quality of care

Good Governance

- Participating in policy and budget decision-making
- Holding governments accountable for commitments
- Advocating transparency and access to information
- Ensuring UHC policies are equitable, inclusive and evidence-based

For UHC to succeed, civil society needs to be active at all stages in designing, implementing and monitoring national health policies. In particular, CSOs and health networks have:

- Lived experience as people living with health conditions and as end-users of health systems
- Expertise in people-centred and community-led health systems and approaches, including integration of health services
- Ability to reach the most vulnerable and marginalized populations
- Strong commitment to equity, human rights and inclusion
- Key data and information on health system strengths and weaknesses
- Experience in health monitoring and accountability mechanisms.

B. Stage by Stage: Civil Society Examples

Legislation

UHC reforms are usually established by national legislation. Civil society has a vital role to play in monitoring the development, enforcement and impact of UHC laws. This is easier to do when such legislation is rights-based and inclusive, with mechanisms to address policy and human rights issues as well as funding for communities to work on advocacy and rights. In Thailand, a citizen-based movement ensured key provisions on accountability and voice were included in the National Health Security Act of 2002 (learn more here).

In many countries, legal barriers prevent many CSOs from providing health services. UHC legislation must therefore also be supportive of community service delivery, also known as 'social contracting'. Above all, UHC law should meet the needs of the poorest and most vulnerable. In Ghana, the Planned Parenthood Association lobbied successfully to ensure the inclusion of free contraception in the National Insurance Act (learn more here).

Where health legislation is harmful, civil society can call for reform and even engage in **strategic litigation**. In 2011, the Center for Health, Human Rights and Development in Uganda took the Government to court over the preventable deaths of women in childbirth due to poor quality health services (learn more here).

Strategic Litigation: Strategic litigation is identifying and pursuing legal cases with the goal of creating broader changes in society and protecting human rights. They often aim to change unjust policies and practices in the long-term, secure remedies or relief for the impacted communities, and raise public awareness of an issue.

Planning and Priority Setting

Each country must set out a national health plan based on national health priorities. To inform the evidence-base, civil society can provide up-to-date community-level data and insights from the 'frontline', which are often overlooked. An important example of participatory research is the People Living with HIV Stigma Index, an initiative of the Global Network of People Living with HIV (GNP+). Developed by the community, this standardized research tool collects evidence on how stigma and discrimination impacts the lives of people living with HIV. Another example is the Key Population Consortium in Kenya, which brings the voices of some of the most marginalized people in society into health policy priority-setting (learn more here).

Full civil society engagement in UHC operational planning ensures that plans are relevant, feasible, and legitimate. This means they are more likely to be trusted by society as a whole. Several countries, such as Botswana, are working towards this by setting up multi-stakeholder technical working groups on crucial UHC topics.

National CSO health networks can be excellent platforms for influence as they bring together a wide range of expertise and experience. The Health CSOs Network in Myanmar is included in the social accountability framework that monitors the implementation of the National Health Strategy and provides specific expertise on the integration of health services (learn more here). In Kenya, the health NGO network HENNET has been a member of the National Health Benefits Advisory Panel since 2018.

In West Africa, there have been positive steps towards citizen ownership of, and trust in, health reforms at national and regional levels. For example, in Senegal, civil society provides direct input into regional health sector reviews, while in Burkina Faso, NGOs have directly influenced the National Health Financing Strategy.

Finally, once mainstream CSOs have secured a seat at the planning table, they are responsible for pushing for fully inclusive policy processes, ensuring that the voices and perspectives of under-represented groups, such as adolescents and young people, are included in policy planning. The Ready for UHC campaign by the Global Network of Young People Living with HIV is an excellent example of a youth movement pushing for their inclusion at a national level.

Budgeting

As a critical stakeholder, civil society's involvement in good governance is crucial when it comes to health financing. This is necessary to ensure transparency, value-for-money, and accountability, although this is an area in which very few CSOs feel comfortable.

Budgets are essential policy tools—they communicate government priorities and strategies and are how governments deliver on their promises. Good policies and plans are not enough; they need to be supported by appropriate and efficient budgets.

Civil society can—and should—be engaged in budget advocacy at every stage of the budget cycle—from participating in national and local budget-setting processes, checking the rationale for health spending (see below, example from Burkina Faso) and independently verifying drug prices, to analyzing budgets and expenditure from the perspective of underserved groups.

In Indonesia, for example, the Forum for Budget Transparency (Seknas FITRA) advocates for transparent, pro-poor and gender-responsive budgeting in cooperation with both local civil society and the Ministry of Finance. In 2014, its analysis of the regional implementation of Indonesia's 2004 National Social Security System informed the national health insurance scheme.

Community-based networks can play a vital role in monitoring actual expenditure at the level of local health facilities and district health teams. In the Democratic Republic of the Congo, the Participatory Budgeting Project has enabled rural and urban citizens to participate in formulating and managing local budgets, strengthening health governance in the process.

Monitoring and Evaluation

Alongside budget monitoring, the community has a vital role to play in monitoring the performance of UHC policies and programmes, including pilot initiatives. Community-led accountability mechanisms at all levels of implementation are known to improve the accessibility, responsiveness and quality of services (see, for example, PEPFAR). The Regional Community Treatment Observatory in West Africa (RCTO-WA) led by ITPC empowers networks of people living with HIV in 11 countries to collect and analyse qualitative and quantitative data on barriers to HIV services in order to increase access to treatment. In Uganda, the Action Group for Health, Human Rights and HIV/AIDs (AGHA) focuses on improving the quality of health systems using a human rights lens. At the global level, community groups submit shadow reports to the Committee on the Rights of Persons with Disabilities (CRPD) to ensure persons with disabilities and their representatives monitor the implementation of the rights of people with disabilities within their country.

The forthcoming 2023 UN High-Level Meeting on UHC will be a critical moment for civil society to present data and evidence on progress towards UHC implementation, ensuring data is fully disaggregated to identify those left behind. In the meantime, Voluntary National Reviews and shadow reports are a crucial way to participate at the UN level, while at the national level, communities can participate in Joint Assessment of National Health Strategy processes.

Advocacy and Community Mobilisation

There are many layers to UHC advocacy—from endorsing the concept of UHC and pushing for true universal access to health for all—to calling for increased health budgets and holding governments to account for their promises. All too often, UHC is seen as a technical and abstract concept and not a grassroots movement.

Yet above all, UHC is a political cause. For that reason, mobilizing citizens to use the power of their vote at the ballot box should not be overlooked. Raising broad public awareness of government responsibility in this area after decades of health spending neglect must be a vital component of civil society action in this area. This can be achieved through broad coalitions of diverse movements in many social sectors.

Burkina Faso: Civil Society Engagement in the National Health Financing Strategy for UHC

Over the past few years, civil society in Burkina Faso has been increasingly vocal about the need for better social protection and the removal of user fees for the poorest and most vulnerable. In 2015, the Ministry of Health created a multi-stakeholder steering committee bringing together civil society health networks, the private sector, and development partners to coordinate the development of a National Health Financing Strategy for UHC. This process aimed to increase population ownership, facilitate the implementation of the Strategy, and ultimately improve equitable access to national health care. The resulting Strategy was finalized in 2018.

Learn more here: Voice, Agency, Empowerment: Handbook on Social Participation for UHC. WHO, 2021.

Thailand's National Health Assembly: 'The Triangle that Moves the Mountain'

The National Health Assembly (NHA) in Thailand demonstrates how civil society, researchers and Government (the triangle) can work together to address the challenges of UHC design and implementation (the mountain). Founded in 2008, the core principle of the NHA is to bring together the three groups to combine top-down and bottom-up approaches to achieve progress and reform. As such, it has been a significant vehicle for pushing the UHC agenda forward. After consultation with all three sectors, any Thai citizen can request a topic for debate. By increasing the legitimacy and ownership of policy reforms, Thailand has improved UHC implementation and triggered a lasting change.

Learn more here: The triangle that moves the mountain: nine years of Thailand's National Health Assembly (2008-2016). WHO, 2017.

C. Key Advocacy Messages

Civil society organizations and communities play a vital role in holding governments accountable for their UHC commitments, and ensuring that health policies and programs are inclusive, equitable and responsive to all. To that end, civil society actors convened by CSEM and partners developed the four advocacy messages below in the lead-up to the UN High-Level Meeting on UHC in 2019, complementing the specific commitment areas of the *Key Asks* from the UHC Movement.

These four messages were further tailored to civil society and community needs in 2020 through a consultative process to develop CSEM's *Calls to Action for COVID-19*.

Below, read more about each advocacy message from civil society and why they are important to achieve for the COVID-19 response and beyond. Also included below are the *Key Asks* **from the multi-stakeholder UHC movement, which we encourage you to incorporate into your advocacy efforts.**

1: Leave No One Behind

SUMMARY: Civil society is often best placed to gain access to, represent, and prioritize the most marginalized key populations. To leave no one behind, civil society is a critical voice in ensuring that such people and communities:

- **Are central to health reforms.**
- **Have the necessary access to equitable health services of good quality.**
- **Are informed of health policies and reforms.**
- **Can input into their country's health systems strengthening efforts.**

Health is a human right, and all countries have a duty to fulfil this right to health for all. Yet the current global reality is increasingly a lack of access to health for the most vulnerable. Globally, the poorest and most marginalized people bear the brunt of preventable mother and child deaths, heart disease, cancer and infectious diseases, such as COVID-19.

National health plans and policies, including those in response to COVID-19, need to assess which populations are currently left behind and have insufficient access to health services. They should identify scale-up plans for access, explicitly targeting those populations most in need.

Health data collection systems must be disaggregated (e.g. by sex, age, gender identity, ethnicity, disability and economic status), accompanied by robust monitoring and evaluation mechanisms that better inform and define the necessary policies. Civil society organizations, especially those serving and led by affected communities, are central to contributing this information using participatory data collection approaches.

Multidisciplinary approaches are needed that include sectors outside health (e.g. education, agriculture, environment, and economic development) to address the broader effects of the COVID-19 pandemic, such as food and water shortages, the increased risk of home-based violence against women and children, and increasing basic support for people with disabilities.

Community-owned and led health services can also play a vital role in providing expanded health coverage to the poorest and most marginalized groups.

The best way to ensure that the voices of vulnerable groups with specific needs or additional risks are represented is to engage civil society in both short and long-term COVID-19 decision-making processes and task forces. Civil society understands and can advocate recognizing that different groups have different needs and constraints that require adapted solutions.

How have CSOs responded to COVID-19 so that no one is left behind?

CSOs are working to ensure that the COVID-19 response protects everyone and the momentum for UHC is maintained amid the crisis. Civil society organizations have been actively engaged in their communities, providing critical services at the frontline and protecting those bearing the brunt of the pandemic. Civil society organizations have been resilient and creative in responding to the challenges of COVID-19 and related lockdowns and disruptions—often without any institutional support—and at the same time continuing the fight for UHC. They have also advocated governments to prioritize marginalized groups, including people with disabilities, so they are given precedence in vaccination and other essential support systems during the pandemic.

2: Increase Public Financing for Health

SUMMARY: Civil society can mobilize a broad-based advocacy movement to demand greater government investment in health to reduce reliance on foreign aid. Most countries—even those with the least resources—can mobilize the necessary funds to progress towards UHC.

Despite economic growth in many countries, domestic funding for health has failed to keep pace, with many governments continuing to rely on external health aid. However, lack of investment in UHC at a national level threatens global health security—as we have seen with COVID-19.

All UHC plans need to include specific action points to abolish user fees and direct patient payments to reduce and eventually eliminate out-of-pocket expenses. Priority should be given to **primary health care** (PHC) linked to essential health services packages, and where they exist, free health-care policies need to be effectively implemented.

Free health-care policies require all countries to progressively increase their investment in health, moving towards allocating at least 15% of their annual budget to health or at least 5% of their annual gross domestic product (GDP) to government health-care expenditure, as appropriate. Ways to increase health budgets may include improving tax collection or initiating social health insurance schemes with everyone receiving services according to their need (see Part 1).

Civil society and community advocacy are essential to support inclusive, effective and transparent financing policies. Advocates can help push decisions and implementations forward through accountability-focused activities and also reduce the risk of corruption.

Primary health care: Primary health care describes basic health services that are provided at the community level. They include vaccination, maternity care and access to general practitioners, such as family doctors and community health care workers.

3: Improve Involvement of CSOs and Citizens, Transparency and Accountability at All Levels

SUMMARY: Civil society is one of three key partners required for effective health governance, alongside the state and health-service providers. The participation of the population, communities and civil society in national health system governance is essential for the system to be responsive, trusted, co-owned by the people and accountable for pursuing equitable progress towards UHC.

According to WHO, effective health governance requires the full engagement of three key stakeholders:

- **The State** (government organizations and agencies at central and district level)

- **Health service providers** (public and private, for and not-for-profit, clinical, para-medical and non-clinical health services providers; unions and other professional associations; networks of care)

- **The citizen** (population representatives, patients' associations, CSOs, NGOs, citizens associations protecting the poor, grassroots advocates, etc.)

Civil society must be actively engaged at all stages of national policy-making to facilitate community engagement in planning, budgeting, citizen-led monitoring of progress and commitments toward intended UHC outcomes. Strengthening social-led accountability is necessary to maintain the integrity of health systems, prevent corruption-related resource drain, and ensure more accessible, appropriate and sustainable health programs.

Within and beyond the COVID-19 pandemic, civil society and communities can support governments to conduct a 'barrier analysis' to identify the specific types of social, environmental, and institutional gaps that must be addressed to improve access to health. Governments should also collaborate with civil society to design and implement accountability mechanisms that enable transparent and open communication and respect the 'right for information' principle. These accountability mechanisms should monitor the progress of COVID-19 strategies using data disaggregated by gender, age, income, race, ethnicity, migratory status, disability, sexual orientation, gender identity, and geographic location.

Responses to COVID-19

As the COVID-19 pandemic has laid bare the existing state of inequities and the futility of a one-size-fits-all approach, more global and national leaders acknowledge the need for civil society engagement and social participation for health decision-making. **Participatory governance** is essential to ensure that the rights of vulnerable populations are protected and that they are not unfairly carrying the burden of both increased COVID-19 risks and the negative impacts of restrictions.

At the global stage, the Platform for Community & Civil Society Representatives to the **ACT-A** is working to ensure communities are heard in every part of the COVID-19 response—across ACT-A's pillars of diagnostics, therapeutics, vaccines, and health systems. While formal opportunities for engagement with the national COVID-19 response plans have been limited in most countries, CSOs have been active in demanding and ensuring accountability from governments, creating demand for vaccines, and supporting equitable policies.

ACT-A:
The Access to COVID-19 Tools Accelerator (ACT-A) is a global collaboration launched by WHO and a range of global partners in April 2021 to accelerate development, production, and equitable access to COVID-19 tests, treatments, and vaccines. **Learn more.**

Countries should ensure civil society has the freedom of association, peaceful assembly, and expression to support **social participation** and strengthen health systems. To ensure restrictions are necessary, proportionate to the risks, and implemented in a non-discriminatory manner, communities must have a role in designing and evaluating policies. Finally, given the disproportionate impact seen so far among women, countries should involve women in decision-making and mainstream a gender perspective in all COVID-19 response and recovery activities.

Social Participation:
Social participation in health is the involvement and influence of people and communities in decisions affecting their health, including planning and implementing policy and programs. Since health is influenced by decisions made in a number of sectors, social participation in health can extend to broader participatory governance. To learn more, see the WHO's social participation handbook for policy-makers.

4: Support Health Workers

SUMMARY: A well trained and resourced multidisciplinary primary health-care team is a critical component of UHC, especially in expanding population coverage at the community level and reaching the last mile.

As the COVID-19 pandemic has shown, without health-care workers, the national health system is meaningless. Having an adequate number of health workers (who are well trained and resourced) is essential to provide services that are tailored to the unique needs of communities, especially those who are currently underserved and vulnerable.

The global health emergency caused by COVID-19 demonstrates the urgency for countries to invest in their health workforce at all levels. Scaled-up investment in the health workforce must include:

- Providing training on infection prevention and control protocols, including appropriate hand hygiene, safe patient management processes in health-care settings, and ensuring compliance is monitored

- Briefing health workers on their rights, roles, responsibilities, and risks

- Ensuring decent working conditions, decent pay, and manageable workloads

- Providing occupational safety to protect workers from infection, such as with personal protective equipment (PPE); access to effective diagnostics, therapeutics, vaccines, continued salary payment during illness; and training on the appropriate use of PPE

- Offering psychosocial support and counselling as well as implementing stress-reduction measures that are appropriate for the context

- Condemning violence and discrimination against health workers, including fear and stigma that they could spread the virus

- Providing training and resources to address health workers' biases and stigma that can act as barriers to access to health services

- Supporting health programmes to retain their trained frontline staff and continue their salary payments

- **Gender-sensitive approaches**, given women make up 70% of the global health workforce.

Gender-sensitive approaches:
Gender-sensitive approaches look at the way that policies impact people of different genders in specific ways. They consider gender relations and existing inequalities among genders, and note how a specific policy may address the targeted needs of a specific gender.

In general, and wherever possible, UHC policies, plans, and reports should include a focus on investment in the health workforce. Frontline health workers are under-resourced and insufficiently trained in some of the diseases and health issues most frequently faced by the poorest and most marginalized groups, such as those living with disability or HIV. Despite this, they play a crucial role in linking these communities to the health system.

It is also critical to ensure that adequate funding is earmarked for the training and capacity-building of both community and frontline health workers. This is necessary to support them in providing inclusive, holistic, and equitable health services, especially to those most marginalized.

UHC2030 Key Asks

The Key Asks from the UHC Movement are core requests for governments and political leaders to take action on UHC. They were created collectively by a range of health and other stakeholders worldwide, including parliamentarians, civil society, the private sector, agencies, networks, and academia.

Developed in the lead up to and during the UHC High-Level Meeting in 2019, the Key Asks continue to provide an important framework for advocacy. In addition to the six initial Key Asks, 'gender equality' and 'emergency preparedness' were later added as cross-cutting asks.

1. Ensure Political Leadership Beyond Health
2. Leave No One Behind
3. Regulate and Legislate
4. Uphold Quality of Care
5. Invest More, Invest Better
6. Move Together
7. Gender Equality
8. Emergency Preparedness

The key messages from civil society described above complement the Key Asks of the broader UHC movement and highlight civil society perspectives. Learn more about the *Key Asks* in eight commitment areas:

Ensure Political Leadership Beyond Health
Commit to achieve UHC for healthy lives and well-being for all at all stages, as a social contract.

Leave No One Behind
Pursue equity in access to quality health services with financial protection.

Regulate and Legislate
Create a strong, enabling regulatory and legal environment responsive to people's needs.

Uphold Quality of Care
Build quality health systems that people and communities trust.

Invest More and Better
Sustain public financing and harmonize health investments.

Move Together
Establish multi-stakeholder mechanisms for engaging the whole of society for a healthier world.

Gender Equality
Emphasize gender equality, redress gender power dynamics and ensure women's and girls' rights as foundational principles for UHC.

Emergency Preparedness
Promote strong and resilient health systems for enhancing health emergency preparedness and response.

Part 3:
How to Participate

In this section, we provide step-by-step guidance on how to advocate for UHC at the national level. By following each step, you will be able to create an advocacy action plan and accompanying budget to submit to funders.

Step 1: Where is Your Country on the Road to UHC?

Define the Problem

Successful advocacy strategies start with a good analysis of the problem and where pressure must be applied to deliver change.

Depending on your country context, there can be a wide range of problems for UHC advocacy to address. It is necessary to know what your government is already doing including the scope of health-related policies and programs, expected outcomes and the real impact on communities' access to quality health services. Evidence-based advocacy is important to frame compelling solutions for policymakers.

Use a research template such as Tool 1: UHC Research Template (see pg. 51) to gather the essential information you will need to build your advocacy strategy.

Where to Go for Information

UHC2030 Data Portal
This is a good place to start to find out where your country is on the road to UHC. Each country profile contains over 30 indicators and statistics reflecting progress toward UHC targets.
• How to use the UHC2030 data portal (Download PDF)

WHO National Planning Cycle Database
This database provides a list of all the national policy documents relevant to health by country, with dates and timelines.

UHC Partnership
The UHC Partnership is focused on strengthening policy dialogue on health systems strengthening as part of delivering UHC. It has profiles of 115 countries with key indicators and details of progress on policy projects.

WHO Global Health Observatory: Universal Health Coverage
The Global Health Observatory (GHO) is WHO's portal providing access to data and analyses for monitoring the global health situation. It provides critical data and analyses for key health themes and direct access to the full database.

State of UHC Commitment Report
This report provides a multi-stakeholder view on the state of progress towards UHC at country and global levels. It is less technical, more country-focused and action-oriented than the global UHC monitoring report.

Africa Scorecard on Domestic Financing for Health. African Union, 2019
This is a very useful tool that monitors government domestic health spending performance against global and regional health financing benchmarks and enables countries to compare their performance with each other.

The next step is to find out how your country is doing in terms of the Advocacy Asks outlined in Part 2 with Tool 2: Advocacy Asks Matrix (see pg. 52). Most of this information will be available in the documents and resources in the UHC Template. However, you may need to meet with policy-makers and parliamentarians to discover more.

Tool 2 will help you select 2–3 priority areas to focus your UHC advocacy efforts. These will depend on your organization or network's strengths and existing capacity. Examples could include: calling on the government to deliver on stated UHC priorities and commitments, demanding a seat for civil society at the decision-making table, or a longer-term objective to push for greater equity in insurance schemes.

Tip

Review the UHC Cube to see where can you push for change. Frame your advocacy 'ask' within the three dimensions: population (who is covered), services (what is covered) and financial protection (what costs do people have to pay).

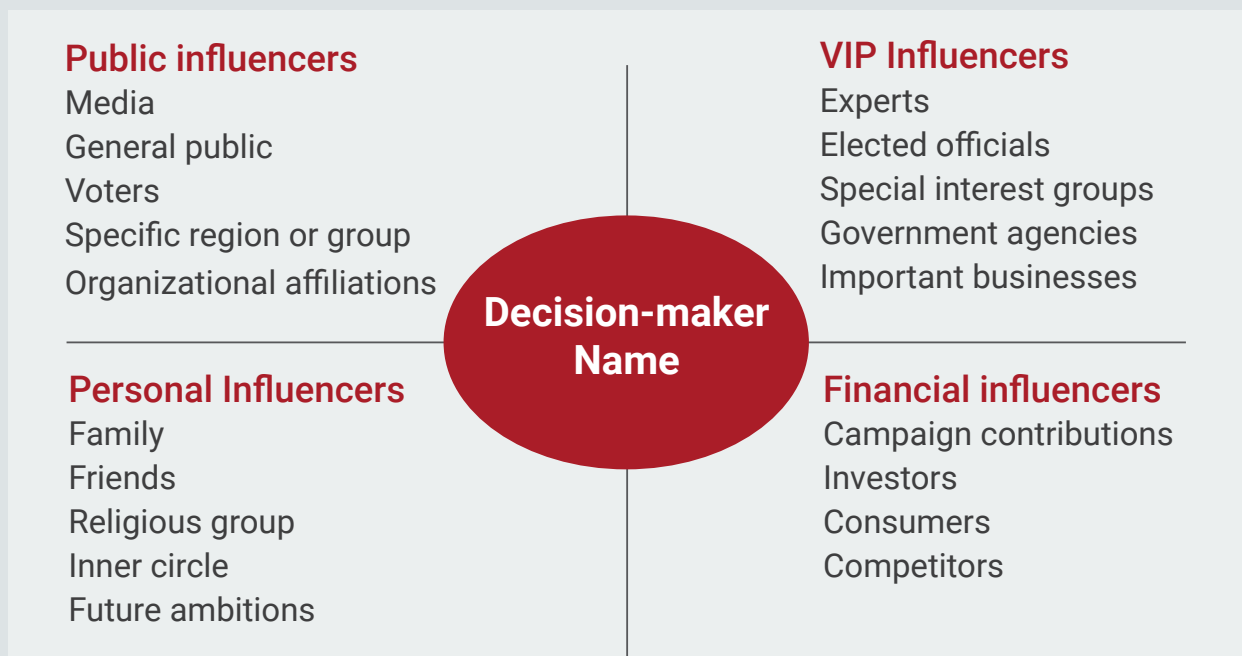## Step 2: Who Can Steer Things in a Better?

Map Targets

Once you have identified the key priority areas for action, you need to establish who has the power to make the changes you want to see (targets) and who they will listen to (influencers).

Government targets will not only be in the ministries of health and finance or the treasury but also range across other sectors such as social welfare, youth or education. Within these ministries, look for departments focused on finance and planning. Some governments have set up technical working groups on UHC that bring together all the relevant departments.

Similarly, it is essential to not only focus on parliamentary committees for health and social welfare but also get to know those on budget committees.

What to watch: While your targets will usually be those within government, it is important to remember that you may also need to convince other influential stakeholders in civil society who may be unaware of the importance of UHC as a political goal. They may prefer approaches that prioritize specific diseases rather than strengthen broader health systems, or they may not value a community-led approach.

When you have identified a decision-maker to target, use to determine how best to influence them.

Public influencers
Media
General public
Voters
Specific region or group
Organizational affiliations

VIP Influencers
Experts
Elected officials
Special interest groups
Government agencies
Important businesses

Decision-maker Name

Personal Influencers
Family
Friends
Religious group
Inner circle
Future ambitions

Financial influencers
Campaign contributions
Investors
Consumers
Competitors

Step 3: Who Can Join You on the Road to UHC?

Map Stakeholders

Begin by making a list of all the people and organizations interested in health and who will be affected by changes in health policy—from citizens and patient groups through to professional medical associations and health NGOs. These are your potential allies. They do not need to be already engaged in health advocacy but can join you on the journey. They may also bring significant knowledge and experience to the campaign.
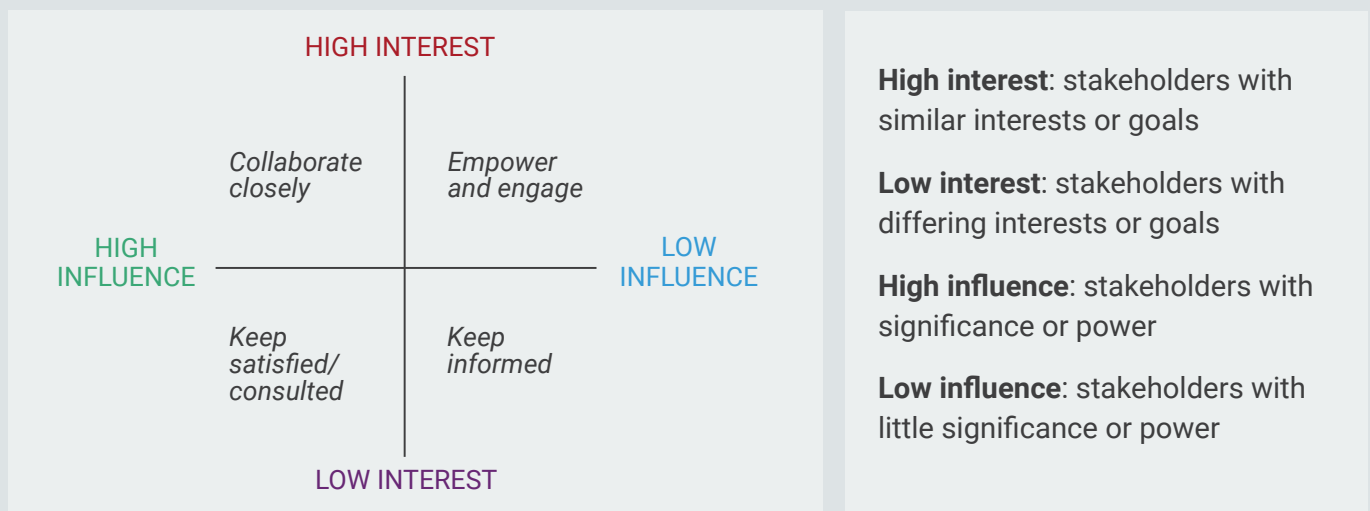
Your allies will be those that are supportive of UHC and increased health budgets and also believe UHC needs to be equitable, inclusive and rooted in human rights. They will value and support the participation of civil society and communities in health policy decision-making.

Tip

Don't just include the usual suspects. The broader your coalition, the stronger it will be. You may need to do some research to reach partners beyond your usual circles. You can find advocacy allies within academic institutions, development partners, the local media, community leaders, and other human rights movements, such as social justice, gender equality or tax justice.

Complete Tool 4: Stakeholder Analysis Matrix (see pg. 55) to identify the people and organizations that you will need to collaborate closely with or invite to form an advocacy coalition or joint campaign. Understanding where stakeholders are on this matrix will make your advocacy more effective.

HIGH INTEREST

Collaborate closely

Empower and engage

HIGH INFLUENCE

LOW INFLUENCE

Keep satisfied/ consulted

Keep informed

LOW INTEREST

High interest: stakeholders with similar interests or goals

Low interest: stakeholders with differing interests or goals

High influence: stakeholders with significance or power

Low influence: stakeholders with little significance or power

Source: tools4dev

What to watch: Poor, marginalized and vulnerable communities may have low influence but high interest in your goals. Their voices can easily get lost in broad coalitions with larger and more established organizations, especially when seeking consensus. Take care to ensure that decision-making processes within coalitions and campaigns provide safe spaces for them to contribute and participate meaningfully.

Step 4: What are your Advocacy Asks?

Develop Impactful Advocacy Messages

Part 2 of this toolkit sets out four broad key advocacy messages prioritized by civil society consultations through CSEM. You will need to adapt these and tailor them to your specific context. Tool 5: Message Development Template (see pg. 56) will help you create a set of messages for a range of audiences and advocacy targets. More detailed messaging around COVID-19 and civil society asks is also available on the CSEM website.

How to incorporate UHC messages into your ongoing advocacy work:

1. When advocating for action on a specific health topic, call for UHC that increases domestic and donor resources for health and commits to leaving no one behind.

2. Adapt political messages around UHC alongside disease-specific messages. This will reduce fragmentation and competition among health initiatives, leading to more government buy-in to prioritize the SDGs.

3. Prepare arguments from an equity angle and propose as part of UHC benefit packages. Promote comprehensive people-centred primary health care.

Step 5: What Are You Going to Do?

Develop an Advocacy Action Plan

Having explored and mapped the issues, stakeholders, targets and policy processes, you can bring everything together into an advocacy action plan using Tool 6: Advocacy Action Plan Template (see pg. 57).

Things to consider as you develop your advocacy plan:

- Plan advocacy actions in partnership with others, taking care to meaningfully include vulnerable and marginalized communities

- Build on existing alliances and successful strategies

- Engage key decision-makers, partners and advocates beyond the health sector

- Review your strengths and weaknesses in terms of your advocacy capacity and skill-set to determine how best you can contribute to national advocacy efforts and where you would make the most impact

- Establish the key moments in the year when health will be in focus –these could include national or district elections when government budgets are going through parliament, the development of a new national health strategy, or global events, such as World Health Day (7 April)

- Identify your government's key development priorities and which of the 17 SDGs are their current focus. Advocacy messages for UHC can apply to many of the different SDG areas such as poverty (SDG1), hunger (SDG2), education (SDG4), gender equality (SDG5), water and sanitation (SDG6), economic growth (SDG8)

Key Resource

Consider undertaking budget analysis to gain detailed insights into government spending on health. Conduct a workshop for your organization and others interested in influencing budget decisions with the toolkit on health budget literacy, advocacy and accountability for UHC

Four ways to increase civil society and community engagement in UHC

- To generate grassroots demand for change—consider how you can broaden awareness of UHC within communities that have the most to gain from better and broader health coverage and among the wider electorate.

- Push for the inclusion of civil society in all stages of UHC planning, implementation and evaluation.

- Empower people and communities to hold governments accountable for their health commitments by sharing information and case studies.

- Ensure you include diverse voices and perspectives in your advocacy efforts, as well as meaningful engagement of vulnerable and marginalized communities, to ensure no one is left behind.

Engage with stakeholders online

Digital advocacy is increasingly important to understand and implement, as seen during the COVID-19 pandemic. Digital tools include social media platforms in addition to targeted emails, online petitions and campaign websites, and virtual events. Much like in a traditional campaign, evidence and storytelling must be centered in developing a successful digital advocacy plan. Importantly, the target audience must be defined early in the process so that appropriate digital tools can be selected and prioritized. A detailed digital addendum will be added to the CSEM website to complement this toolkit.

Take part in International UHC Day on 12 December!

Whatever your level of resources or capacity, it is very easy to support UHC by participating in Universal Health Coverage Day advocacy on 12 December each year. UHC2030 is the secretariat for UHC Day and has a campaign site with a wide range of advocacy tools and easy-to-use social media resources in multiple languages.

Step 6: What Resources Do You Need?

Create a Budget

For partners new to advocacy, it may be challenging to envisage the costs of advocacy work. The most important investment will be in skilled staff who can dedicate themselves to delivering the advocacy action plan. You will also need communication expenses, including airtime to speak with partners, stakeholders and policy-makers, as well as travel costs for face-to-face meetings, where possible.

As part of your advocacy plan, you may want to hold public events or publish advocacy materials, such as a briefing paper or frequently asked questions. When involving the community, it is important to reimburse their expenses, such as travel and childcare, and provide good food or a per diem. Use Tool 7: Budget Template (see pg. 58).

Tip

Always look for free and low-cost options for meeting venues and catering available in the community or via advocacy partners. Local businesses may be willing to donate computer equipment, airtime, or supplies. Wherever possible, use existing equipment and resources that you already have on hand.

Step 7: How Will You Know You Have Been Successful?

Measure your Progress

Evaluating advocacy can be challenging as often the results are intangible and hard to measure. Successful advocacy relies on the constant evaluation of progress. It is very rare for advocacy to come to an end!

In Tool 6: Advocacy Action Plan (see pg. 57), there is space for you to add the indicators that will tell you if you have achieved your goals and objectives. To further refine this, you can develop a simple M&E plan using Tool 8: M&E Template (see pg. 59).

Stories of Civil Society Participation

Securing US Commitment to the Global Fund

In 2019, the United States Government proposed to slash funding for the Global Fund—a vital source of support for health systems in many low-income countries. A national coalition of US-based NGOs and networks pulled together to mobilize their combined strengths and resources. One of these organizations—RESULTS International—provided training, tools and resources to volunteers who led local advocacy efforts to influence their federal Senators and members of the House of Representatives in nearly every US state.

Key tactics included grassroots lobbying and media outreach. Volunteers published 220 media pieces in local newspapers to build support for the funding and held over 400 meetings with Congressional staff across the country to express the importance of maintaining this funding. This was reinforced by 175 face-to-face meetings with Congress. Through this grassroots lobbying and follow-up, volunteers engaged over 250 Senators and Members of the House to sign letters publicly stating their support.

To strengthen this action, RESULTS staff supported volunteers to host two Expert Media Tours. RESULTS International partners came to the US to meet with reporters and editorial boards of local newspapers to share their expertise and stories related to HIV and TB, resulting in powerful media stories. Volunteers also arranged community outreach events around this tour. As a result, two bipartisan (cross-party) resolutions were passed in the Senate and House that rejected the proposed cuts and stated Congress's financial support to the Global Fund. Subsequently, Congress committed to contributing US$4.68 billion over the next three years to the Global Fund.

Source: RESULTS, USA

The Role of Community Champions in Kenya

Even in countries where national discussions include a UHC framework, there are often gaps in implementation at the local level. Civil society and communities play a crucial role in advocacy and accountability for progress on UHC for all populations. In Kenya, the White Ribbon Alliance (WRA) began the 'UHC For Me' project to prioritize the most vulnerable and respond to their needs through UHC.

From 2020 to 2021, WRA Kenya worked with women and girls living with disabilities through a grassroots partner, Youth For Sustainable Development, to demand changes at service provision points in Bungoma County. They also supported their social accountability and advocacy efforts on national action on UHC.

County health leadership committed to the priority demands of women and girls living with disabilities, including introducing inclusive information desks and accessible facilities in two health centres. Women and girls living with disabilities participated in community validation gatherings in villages within the county to develop these priorities and action plans. Through WRA Kenya's support, these community advocates also met health facility management committees at the target centres.

With support from the health facility management, community advocates held a roundtable with county leaders and targeted Members of the County Assembly. Women and girls living with disabilities specifically sought to influence the county budgetary processes, pushing for the allocation of funds to facilitate proposed facility improvements. The community champions will continue to engage with the county officials to ensure commitments are met and advocate for inclusive, accessible UHC.

Source: White Ribbon Alliance, (WRA), Kenya

The Introduction of UHC Legislation in Thailand

Historically, Article 170 of the 1997 Constitution of Thailand allows 50,000 eligible voters to submit a draft bill for consideration by the National Legislative Assembly. In 2002, the citizen-led draft Universal Health Coverage bill was the first action to test this constitutional right. Through the efforts of civic groups, over 50,000 signatures were collected and the bill submitted.

The Government received proposals for six competing draft UHC scheme bills: one by the cabinet, four by political parties, and one by citizen groups. After the first reading, which accepted the draft bill in principle, members of civic groups were appointed to the parliamentary committee to consider the second reading (article by article) and the third reading, which endorsed the final text.

The key items of each draft bill were negotiated and eventually finalized as the National Health Security Act 2002—leading to the introduction of UHC reforms that year. Key provisions that citizens proposed in the draft bill, particularly concerning accountability and voice, were included in the final text endorsed by the House of Representatives and the Senate.

Source: WHO

Key resources, advocacy guides and tools

For an up-to-date list of important guides, toolkits and other resources you may find helpful in your advocacy efforts, visit the web version. A few selections are presented below.

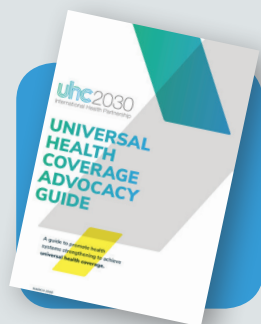### UHC Data Portal (Country Profiles)
UHC2030 | 2020
Created in conjunction with the State of the UHC Commitment review (below), this portal provides a snapshot of UHC commitments by country, divided by the UHC2030 Key Ask areas. The dashboard launched in 2020 draws on data available from 2015 to the present, aiming to set a baseline of UHC commitments in all 193 UN member states, and will be updated in future years.

State of UHC Commitment
UHC2030 | 2020
The State of Commitment to Universal Health Coverage is an annual multi-stakeholder review that began in 2020 to provide a consolidated view on the state of progress being made towards UHC at country and global levels. The review is political, country-focused and action-oriented in nature. It includes the country profiles (above) and a global synthesis report with insights from governments, civil society, and other stakeholders on the state of progress on UHC.

Universal Health Coverage Advocacy Guide
UHC2030 | 2018
This UHC2030 Advocacy Guide contains additional materials to align your advocacy with the global movement toward health for all. With examples of advocacy tactics and considerations, this resource is a natural partner to the Health for All Advocacy Toolkit.

Voice, Agency, Empowerment – Handbook on Social Participation for Universal Health Coverage
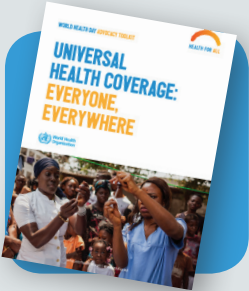*WHO | 2021*
Developed by the WHO's Social Participation Technical Network, this handbook is a resource for policymakers to improve inclusive governance. It provides practical guidance for government bodies and officials to better engage civil society and communities in health decision-making, and includes best practices for social participation.

Toolkit on Health Budget Literacy, Advocacy and Accountability for UHC
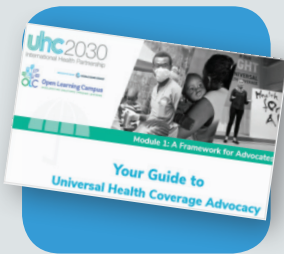
UHC2030 and PMNCH | 2021

The toolkit on health budget advocacy was developed by UHC2030 and PMNCH building on existing WHO resources on health financing and budget analysis. It can be used to design trainings and capacity-building workshops that improve civil society capacity to understand health budgets, conduct budget advocacy, and hold governments accountable.

Universal Health Coverage: Everyone, Everywhere. World Health Day Advocacy Toolkit

WHO | 2018

This short guide from the WHO includes individual stories of accessing health care in various countries, which can serve as guides to stimulate conversation on UHC in your country or community.

Advocacy for Universal Health Coverage

UHC2030 and World Bank

This e-Learning course on UHC advocacy offers short online modules to learn about the essence of UHC2030 Advocacy Guide and is open to all. It includes an overview of UHC, why it matters and how you can mobilize bottom-up change at the grassroots and community level to influence national-level policies and make meaningful health system reforms.

Budget Advocacy for Health

ARASA | 2020

The AIDS and Rights Alliance for Southern Africa (ARASA) is a regional partnership of NGOs that promote a human rights approach to HIV, AIDS and tuberculosis (TB). This page includes resources to increase knowledge and capacity of CSOs in southern and east Africa on domestic financing for HIV and health budget advocacy.

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Thank you for using the Health for All Advocacy Toolkit!
The toolkit aims to present civil society and community advocates with a central reference point for knowledge and resources to advocate for UHC and hold policy-makers accountable for their commitments. Spanish and French versions of the toolkit are available on csemonline.net. For questions or feedback, please contact us at csem@msh.org.

Join the CSEM

The Civil Society Engagement Mechanism for UHC2030 (CSEM) is open to all civil society representatives advancing health, financing and governance agendas that relate to achieving UHC.

🌐 www.csemonline.net

🐦 @CSOs4UHC

Updated September 2021

Tools and Templates

Tool 1: UHC Research Template

Tool 2: Advocacy Asks Matrix

Tool 3: Power Mapping Template

Tool 4: Stakeholder Analysis Matrix

Tool 5: Message Development Template

Tool 6: Advocacy Action Plan Template

Tool 7: Budget Template

Tool 8: M & E Template

Tool 1: UHC Research Template

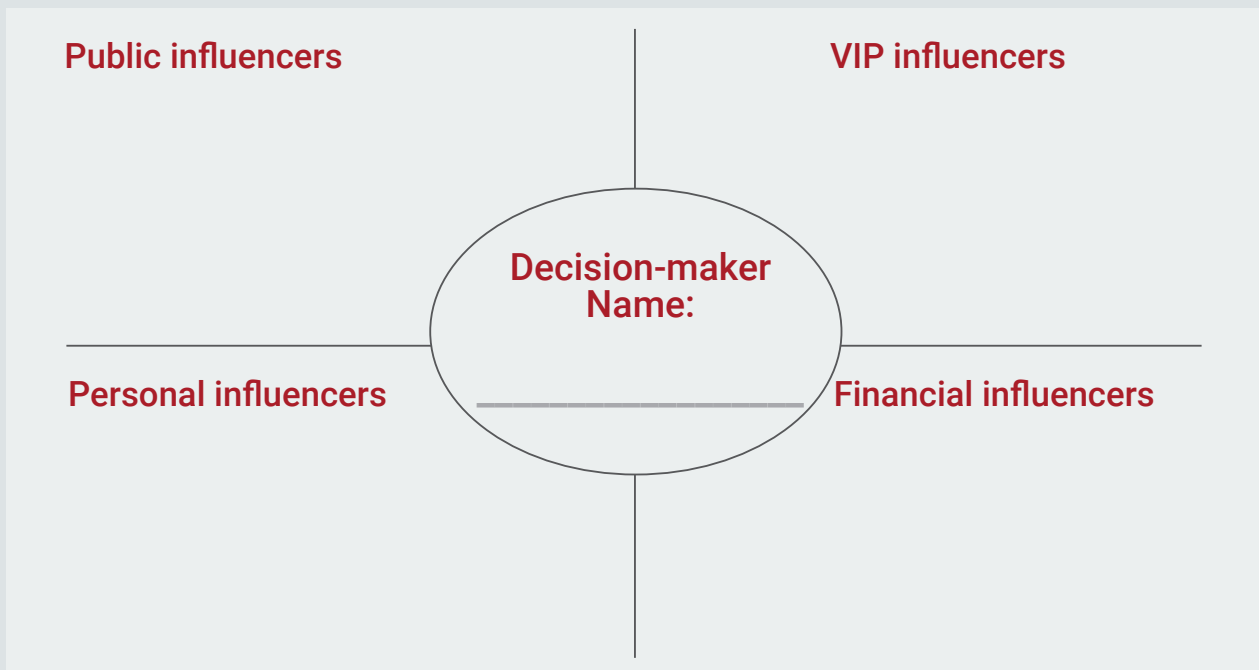| Questions to ask	Where to find the answer	Answers
Which global UHC collaborations has your government signed up to?	• UHC2030 Global Compact • UHC Partnership • Joint Learning Network • State of UHC Commitment Report, 2020 *Note: 2021 report to be released in December 2021*	
Does your country have a Country Compact or 'pre-Compact' on UHC with development partners?	• Country Compact	
Does your country have UHC legislation? **Tip! Your country may use the term 'health reforms' rather than UHC**	• UHC Data Portal	
Does your country have a national health policy or strategic plan? What period does it cover? Is it publicly available?	• UHC Data Portal • WHO National Planning Cycle Database	
Does your government have a coordination mechanism/department that engages across sectors for the specific purpose of improving health or advancing UHC?	• Ministry of Health	
Are there laws and policies in place to ensure that people can engage in planning, budgeting and monitoring of health plans and budgets?	• Ministry of Health	
Has your country published a national Roadmap to UHC?	• Ministry of Health, Ministry of Finance	
What public commitments and targets has your country made on UHC?	• Data Portal *See also National Health Strategic Plans*	
Has there been any national debate, discussion in parliament budget speech or public consultation on UHC?	• Ministry of Health • Ministry of Social Welfare • Parliament/National Assembly	
What did your country spend on health last year? Has the amount increased or decreased over time?	• WHO Global Health Expenditure Database	
What is the process and timetable for setting the health budget?	• Ministry of Finance • Ministry of Health • Parliament/National Assembly	
Does your country have a national health insurance scheme? What does it cover?	• Ministry of Health	
If your country does not have a national health insurance scheme, what is in place?	• Ministry of Health	
What is in the Health Benefit Package covered by the government? Which services and medications are available at no charge?	• Ministry of Health	

Tool 2: Advocacy Asks Matrix

Advocacy Ask	Questions to think about	Answers
1. Leave no one behind	How does your government define 'universal coverage'? Target: 100% of the population	
	How is UHC being measured?	
	Do health plans and policies identify which populations are currently left behind and have insufficient access to health services; do these plans and policies explicitly target those populations most in need?	
	Are health data disaggregated by sex, age, gender identity, race, ethnicity, income, disability and migratory status to accurately identify who is being left behind?	
	How does your government define marginalized and vulnerable groups?	
	Does this definition include people who use drugs, sex workers, prisoners, migrants etc.?	
	Do health insurance schemes cover these groups? If not, why not?	
	Are there laws and policy frameworks that explicitly support vulnerable groups to access health services? Are there quotas or earmarked services?	
	Do health policies and plans address the social and environmental determinants of health?	
2. Increase public financing for health	What is the current percentage of the health budget in relation to the overall government budget? Over the past few years, has there been any increase?Target: 15% (Abuja Declaration)	
	What is the current percentage of annual GDP spent on health? Over the past few years, has it progressively increased? Target: At least 5% Gross Domestic Product (GDP) is a standard measure of a country's total wealth.	
	What proportion of health funding comes from external donors?	
	Do donor governments provide funding in alignment with countries' plans, the aid effectiveness principles and the WHO recommendation that funding levels are not below 0.1% of GNI?	
	Does the government still rely on patient fees/OOP payments to fund the health system?	
	Do UHC plans include specific action points to abolish patient fees/OOP payments?	
	What steps have been taken to phase out patient fees/OOP payments?	
	Do UHC plans include specific action to address tax evasion and avoidance?	
	What steps have been taken to address tax evasion and avoidance?	
	If the government is not increasing its spending on health services, what is preventing this?	

3. Improve involvement of CSOs and citizens, transparency and accountability at all levels	Is civil society engaged at all stages of UHC decision-making, from design and budgeting through to implementation, monitoring and evaluation?	
	At the national level, are there opportunities for people, civil society organizations, and the private sector in your country to be engaged in planning, budgeting, monitoring and evaluating the health sector?	
	At the community level, are communities engaged in local level health planning, budgeting and accountability processes, and are there feedback mechanisms for communities to assess the quality of services provided by local authorities?	
	What steps have been taken to ensure the voices of the most marginalized and vulnerable communities are included and heard?	
	Are country health plans and policies accompanied by a health care financing strategy supported by the Ministry of Finance?*	
	Are CSOs engaged in expanding health services to reach marginalized and vulnerable groups?	
	Are community-led monitoring approaches recognized and valued?	
	Are civil society accountability mechanisms included in UHC implementation plans?	
4. Support health workers	Are there sufficient numbers of health-care workers in the health care system?	
	Do health workers have decent working conditions and levels of pay?	
	Does health policy acknowledge that women make up 70% of the health workforce but only 25% of senior roles?	
	Do health workers receive training on how to support the health needs of marginalized and vulnerable groups?	
	Are training and capacity-building for both government and community health workers earmarked and adequately funded by the government?	
	Do UHC policies, plans, and reports include a focus on investing in the health workforce?	

This guarantees the resources to implement the national health plans and policies and cements the role of civil society in holding governments to account for what they have promised to deliver.
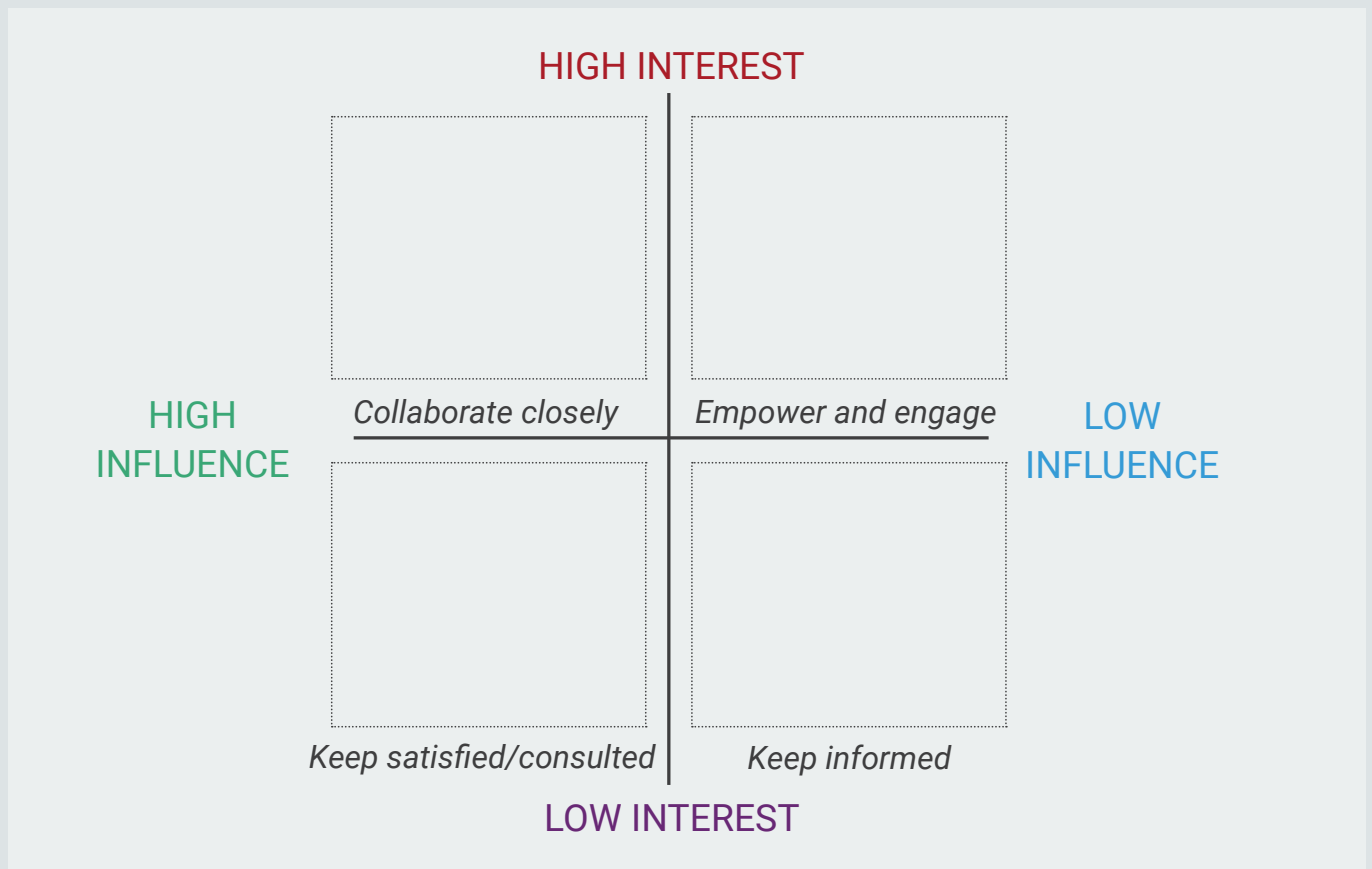
Tool 3: Power Mapping Template

Public influencers

VIP influencers

Decision-maker Name:

_____

Personal influencers

Financial influencers

Direct contacts

1. Who has the power to decide? *Place their name(s) in the middle of the grid.*

2. Who are the less powerful players that influence decision-makers? *Map the contacts by writing their names down in the appropriate category described below.*

3. Who of these has the most influence? *Circle their names.*

4. Who do we have access to? *Star them.*

5. Look over the list. Who do we know that has access to and can influence those identified or the decision-maker directly?

Tool 4: Stakeholder Analysis Matrix

HIGH INTEREST

HIGH
INFLUENCE

Collaborate closely   *Empower and engage*

LOW
INFLUENCE

Keep satisfied/consulted   *Keep informed*

LOW INTEREST

Tool 5: Message Development Template

Target audience	*Be as specific as possible*
The action you want the audience to take	
Message content	
Format(s)	*e.g. Twitter, briefing paper, face-to-face meeting, newspaper op-ed*
Messengers	*e.g. community/patient rep, scientist, nurse, celebrity*
Time and place for delivery	*e.g. during public consultation, development of national health strategy, or annual budget*

Tool 6: Advocacy Action Plan Template

Issue	Targets	Goal/Objective	Activities	Key Message	Time Frame	Indicators
Use Tools 1 & 2: UHC Research Template & Advocacy Asks Templates (problem identification)	Use Tools 3 & 4: Power Mapping & Stakeholder Analysis Templates			Use Tool 5: Message Development Template		Refer to Step 7
Examples						
Health CSOs are not aware of government UHC commitments	Health CSOs	Health CSOs and community networks at national level engaged in UHC advocacy on UHC Day 2022	Invite health CSOs to a national meeting on UHC to raise awareness	Government has committed to UHC and to leave no one behind by 2030	February	# of CSOs that sign calls to action or joint letters
Civil society is not at UHC decision-making tables	Ministry of Health, chair of parliamentary committee on health, Global Fund CCM, donors/development partners	Ensure at least one civil society representative is included in each UHC policy process	Meetings with Ministry of Health, MPs, members of CCMs, donors to demand access to decision-making	Civil society must be engaged in UHC decision-making, design, and implementation, e.g. input to National Health Strategic Plan	March–October	# of policy spaces that include civil society
National Health Strategic Plan is weak or does not reflect realities on the ground	Ministry of Health	Improved language in the National Health Strategic Plan	Publish policy briefing paper with community data and evidence on health issues	National Health Plans must be based on a sound health sector situation analysis that is participatory and inclusive; comprehensive and evidence-based	June	# of messages/ wording taken up by National Health Strategic Plan
Health budget is decreasing, and number of health care workers is below the regional average	Head of state, Ministry of Health chair of parliamentary committee on health	Increase in health budget to retain and recruit health care workforce	Publicly demand increase in public sector health financing; liaise with MPs on budget committee	COVID-19 has demonstrated there is no wealth without health; health care workforce must be comparable to that of other countries in the region	Consult parliamentary timetable for budget debate	Health budget amount

Tool 7: Budget Template

Item	Units	# of units	Unit cost	Total Cost
Staff				
Advocacy officer	Monthly salary			
Communications officer	Monthly salary			
IT/Equipment				
Airtime/data	Minutes			
Computer				
Meetings				
Venue hire	Hours			
Catering	People			
Travel	Stipend/bus fare			
Materials/meeting packs	People			
Community stipends	People			
Campaigns/communications				
Design & layout	Hour			
Printing Copies				
Website editing	Hours			
			TOTAL	

Tool 8: Monitoring and Evaluation (M&E) Template

Example:

		INDICATORS How are they calculated?	TARGET What is the target value?	DATA SOURCE How will it be measured?	FREQUENCY How often will it be measured?	REPORTING Where will it be reported?
Goal	Increase in health budget to retain and recruit health care workforce	Health budget as a percentage of total government expenditure Health budget as a percentage of GDP Total health budget amount	Abuja target (15%) 5% of GDP	WHO Health Expenditure Database	Annually	Annual report
Outcomes	Cross-departmental government support for increased health budget Cross-party parliamentary support for increased health budget	# of times politicians/MPs mention UHC/health budget/health workforce in speeches # of MP health champions	n/a 3 in each political party and 3 in budget committee	Parliamentary and public speeches Minutes of committee meetings	Ongoing	Annual report
Activities	Meetings with civil servants and MPs Advocacy materials	# of meetings held # of advocacy materials disseminated	10 per year 2000	Monitoring system	Annually	Annual report

	INDICATORS How are they calculated?	TARGET What is the target value?	DATA SOURCE How will it be measured?	FREQUENCY How often will it be measured?	REPORTING Where will it be reported?
Goal					
Outcomes					
Activities					