

On the Road to UHC: Leave no one behind

A civil society organisation (CSO) perspective on how UHC can be reached by 2030

Universal Health Coverage 2030 (UHC2030)

UHC2030 is the global movement to strengthen health systems for universal health coverage (UHC) as part of the Sustainable Development Goals (SDGs). It is a multi-stakeholder platform that promotes collaborative work at global and country levels on health systems strengthening, advocates for increased political commitment to universal health coverage, and facilitates accountability and knowledge sharing. UHC2030 brings together a wide range of stakeholders including governments, international organisations (such as the WHO, the World Bank and ILO), civil society organisations, the private sector, academia, media and Health Workers Union. See more on [UHC2030](#).

The governance and decision-making body of UHC2030 is the Steering Committee, which is comprised of twenty members representing the different constituencies in UHC2030, and facilitates communication and interaction of different members and stakeholder groups. Civil society holds three seats in the Steering Committee of UHC2030. These seats are supported by a CSO Advisory Group, which links global and local inputs and provides technical guidance - together building the core of the Civil Society Engagement Mechanism (CSEM) in UHC2030.

Why a CSO Engagement mechanism in UHC2030?

The Civil Society Engagement Mechanism (CSEM) in UHC2030 exists to raise CSO voices in UHC2030 to ensure UHC policies are inclusive and equitable, and that systematic attention is given to the most marginalised 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 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

Our main topics of advocacy are the following:

1. **Leave No One Behind. Civil society is often best placed to gain access to, represent, and prioritise the most marginalised key populations.** As such, civil society is a critical voice to ensure that people have the necessary access to equitable health services, that they are

informed of health policies and can input into their country's health systems strengthening efforts, so that no one is excluded.

2. **Increase public financing for health. Civil society strongly supports progressive domestic resource mobilisation to ensure progress towards UHC and Health System Strengthening (HSS), reducing out of pocket expenses and achieving the aims of the SDGs. Governments should progressively increase their investment in health and move towards the proposal of allocating at least 5% of their annual GDP as government health care expenditure.** This increased budget for health should be raised through mandatory and fair pooling mechanisms (such as improving tax revenue collection or setting up social health insurance) with everyone receiving services according to their need, and these services should be free at the point of use. **Primary health care linked to essential health services packages should be given priority. These essential care packages should be defined by country-level needs and priorities required to meet SDG target 3.8.1, with a concrete plan to ensure the removal of direct cash payments as an urgent measure. Donor governments, however, also have a crucial role to play in providing their fair share to achieve SDG 3.8, fully aligned with countries' plans, in line with the aid effectiveness principles and the WHO recommendation of funding levels not below 0.1% of GNI.** This is critical in fragile and conflict-affected settings, where much of the health system is supported by foreign aid. It is also important to support low-income countries to bridge significant finance gaps. **Moreover, the international community can help countries to grow their fiscal space by tackling undermining practices like tax evasion and avoidance and lifting harmful macro-economic policy conditions.**
3. **Improve involvement of CSOs, citizens and transparency at all levels. Civil society must be included in decision-making processes at all levels, to monitor progress against outcomes towards UHC including the health budget and ensure adherence to commitments.** This includes involvement in health systems strengthening efforts at national and district level and the provision of expanded health coverage to the poorest and most marginalised groups. Strengthening social-led accountability is necessary to maintain the integrity of health systems and to prevent corruption-related resource drain. It also ensures more appropriate, acceptable and sustainable programs.
4. **Invest in health workers (HW) - Achieving UHC and improving health outcomes depends on the availability, accessibility, and capacity of professionally trained health workers - especially at primary care level - to deliver quality, people-centred health services.** Community and frontline HWs will support provision of inclusive, holistic and equitable health services from health promotion to prevention, treatment, rehabilitation, and palliative care to achieve UHC. Thus, it is critical to ensure adequate health care financing is earmarked for training and capacity building, so that HWs remain effective and responsive to the health care needs of all communities, especially those who are most marginalised.

Our calls to action:

- Health is a universal human right and the achievement of Universal Health Coverage ensures that **no one is left behind**. We strongly believe that UHC policies need to ensure that populations most in need are targeted first, with appropriate and inclusive services. We will make the case for health policies and systems to be holistic and to effectively reach those most at risk of being left behind. This advocacy must happen at every level from local to global.
- The **next Global Monitoring Report** on progress towards UHC - due in 2019 - should focus on the 'leave no one behind' principle. It should underpin commitments and progress made, and challenges faced in meeting this principle, including in some of the most difficult settings.
- Future **national health plans and policies** need to assess which populations are currently left behind and have insufficient access to health services and explicitly target those populations most in need. Furthermore, they should identify scale up plans for access to promotive, preventive, curative, rehabilitative and palliative health services. Civil society from different sectors must be involved in this process in order to ensure the plans are informed by effective observation of barriers facing those seeking to access health care. This work needs to be done using an integrated, health system strengthening approach, so as not to overburden the health system by promoting vertical approaches.
- Future **national health plans and policies** need to be underpinned by a healthcare financing strategy, which is supported by each country's Ministry of Finance. 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.
- Any UHC plan needs to include specific action points to **abolish patient fees/direct patient payments** for the reduction and progressive abolition of out-of-pocket expenses. Governments should progressively increase their investment in health and move towards the achievement of at least 5% of their annual GDP as government health care expenditure, giving priority to primary health care linked to essential health services packages. Where they exist, **free health care policies** need to be effectively implemented.
- International funds, institutions and bilateral donors can and should **assist in enlarging a country's pool of financial and technical resources for the health system and UHC**, including when a government's budget for the health system falls short, despite steps to raise more domestic revenue for health. This should include helping countries to grow their fiscal space by tackling harmful practices like tax evasion and avoidance.
- When the private sector participates in financing, developing and delivering health products and services, we call for adequate ethical safeguards to prevent conflict of interest and mitigate potential excessive profits, as well as ensuring that public funding and policies safeguard equitable, quality public services as a right.
- The CSEM will ensure that wherever possible, UHC policies, plans and reports include a focus on **investing in the health workforce, especially at primary level**. Community and frontline health workers are under-resourced and insufficiently trained in some of the diseases and health issues most frequently faced by the poorest groups, yet they play a key role in linking

the most marginalised communities to the health system. Whenever the role of HWs is essential in a country's health care response, any investment allocated and made to build their capacity should be made explicit.

- **Build the Constituency of the CSEM:** we will increase the number of organisations that are part of the CSEM, particularly mobilising actors who work for health equity and reaching out to the underserved. We will integrate them into our work, as well as collaborating with other constituencies and sectors in order to achieve our advocacy targets.
- High level meeting for UHC in 2019: in line with past Member State resolution at the 2017 UN General Assembly, "Global health and foreign policy: addressing the health of the most vulnerable for an inclusive society" (A/72/L28), we will: **strive to maintain and strengthen the global momentum towards UHC and will collaborate with all relevant stakeholders** to align efforts for a high-level meeting on universal health coverage in 2019.

This document captures many of the wide-ranging views of the members of the newly formed Civil Society Engagement Mechanism of the UHC2030. Further discussion will occur in the months ahead to refine views, explore differences, and discuss in more detail. This working document marks the beginning, and not the end, of our discussions and it will evolve as our work towards Universal Health Coverage matures and grows.

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