



Civil Society Engagement Mechanism for UHC2030

Civil Society Engagement Mechanism for UHC2030 Communications & Advocacy Strategy

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Introduction

The Civil Society Engagement Mechanism for UHC2030 (CSEM) is the civil society constituent of the International Health Partnership for UHC2030 (UHC2030). The CSEM raises civil society voices in the UHC2030 movement to ensure that Universal Health Coverage 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.

The CSEM believes that Universal Health Coverage will be achieved only when the right to health is fulfilled and “**all** people and communities can use promotive, preventive, curative, rehabilitative and palliative **health services** they **need**, of sufficient **quality** to be effective, while also ensuring that use of these services does not expose the user to financial hardship.” We aim to get there through:

- Influencing policy design and implementation at the country level
- Lobbying for participatory and inclusive policy development and implementation processes in consultation and partnership with civil society organizations (CSOs) and other relevant stakeholders
- Strengthening people-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
- Promoting the collection of data disaggregated at least by age, sex so as to ensure that policy design is based on evidence.

Background

This document presents the communications and advocacy strategy for the CSEM. The strategy is informed by the [UHC2030 Advocacy Guide](#), developed by UHC2030. It is also based on information gathered from CSEM members and other civil society global health initiatives in various consultations, both online and in-person. The strategy is a deliberate effort to directly and indirectly influence policymakers, civil society, and other implementers in and out of the health sector, to take actions that contribute to the realization of Universal Health Coverage, leaving no one behind.

The CSEM communications and advocacy strategy is designed to advance the agenda of health as a fundamental human right that people have a right to claim, and the duty of governments to fulfil the right to Health For All, for instance as committed to in the [2030 Agenda for Sustainable Development](#). The strategy further recognizes that the poor, vulnerable and marginalized are [disproportionately affected by lack of access to healthcare](#), while [public funding for health continues to fall](#) in low income countries.

Our communications and advocacy center on the idea that such people and communities should be key stakeholders in the UHC reform process, and we advocate for an enabling civil society environment to ensure effective people and community engagement, increased transparency, improved accountability mechanisms, and most importantly, leaving no one behind in these processes and actions.

Desired Outcome

All people and communities can use promotive, preventive, curative, rehabilitative and palliative **health services** they **need**, of sufficient **quality** to be effective, while also ensuring that use of these services does not **expose the user to financial hardship**.

Strategic Goals

The CSEM advocates for Universal Health Coverage policies that pay systematic attention to the poor, vulnerable, and most marginalized. We also mobilize, and constantly expand and empower a strong civil society movement able to facilitate people and community engagement, as well as monitor implementation of these policies at country level.



Objectives

Objectives	Indicators
To advocate for civil society-inclusive UHC2030 policies and processes that pay systematic attention to poor, vulnerable and marginalized populations.	<ul style="list-style-type: none">Active civil society engagement in key UHC policy-making processes
To advocate for domestic resource mobilization, health systems strengthening including essential health packages and investment in community health workers, and ensuring the inclusion of populations that have been left behind.	<ul style="list-style-type: none">Number of countries making specific, concrete, measurable commitments to implement UHC reforms that target those who have been left furthest behind
To mobilize and empower a strong civil society movement facilitating people-led advocacy for universal health coverage at country level.	<ul style="list-style-type: none">Number of civil society organizations integrating CSEM messages in their disease-specific advocacyNumber of CSEM members/CSOs advocating for people-led UHC reforms at country level

Key Intended Audiences

Primary audiences are global decision-makers, as well as regional and national, health-focused civil society advocates. Global civil society health initiatives and donors, as key players in the global health sector who influence the direction and outcomes at global, regional and national level, are secondary audiences.

Primary and Secondary Audiences

Primary	Secondary
UHC2030	Donors
National governments	Global health civil society initiatives (e.g. GAVI CSO Constituency, GFF CSO Forum, ICSS, PMNCH, GHA, SUN Civil Society Networks)
Health-focused regional, national and community-level civil society organizations, including CSEM members	UN System

Tertiary Audiences

Our tertiary audiences are our allies and partners, those with key roles to play in the broader global health community, and may be able to influence either our primary or secondary audiences, or both.

These include social media influencers, global health bloggers, and other players in the global health space.



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Key Messages

Overarching Core Message

Leave No One Behind

Health is a human right that people have a right to claim, and governments have the duty to fulfill this right to health for all. Yet the current global reality points to lack of access to health for the poorest, most vulnerable, and the marginalized. Civil society is a key mechanism to ensure that Universal Health Coverage reforms pay systematic attention to such people and communities, ensuring that they have the necessary access to equitable health services of good quality, without facing financial hardship; are informed of health policies; and, can input into their country's health systems strengthening efforts so that no one is excluded.

Primary Messages

Engage Civil Society and All People to Improve Transparency and Accountability at All Levels

Key decision-makers at all levels must ensure an enabling environment for the full participation of civil society in policy-making processes.

Why?

Socially-led accountability is necessary to maintain the integrity of health systems, prevent corruption-related resource drain, and ensure more appropriate, acceptable and sustainable health programs that expand health coverage to the poorest and most marginalized groups.

How?

- Civil society must be consulted at all stages of international and national policymaking, to facilitate people and community engagement in planning and budgeting, as well as people-led monitoring of progress against outcomes towards universal health coverage, including health budget and adherence to commitments.
- Health plans and policies need to assess which populations are currently left behind, and have insufficient access to promotive, preventive, curative, rehabilitative and palliative health services. They should identify scale up plans for access, explicitly targeting those populations most in need.
- Strengthen analysis and data collection systems, disaggregated by at least sex and age, as well as monitoring and evaluation mechanisms to better inform and define the necessary policies and ensure that no one is left behind

Increase Public Financing for Health

National governments should apply progressive domestic resource mobilization towards 5% of GDP as health expenditure, or at least 15% of the annual budget committed to health, as contextually appropriate.

Why?

To strengthen health systems and ensure progress towards universal health coverage, reducing out of pocket expenses and achieving the aims of the Sustainable Development Goals (SDGs).

How?

- Governments should progressively increase their investment in health by committing to mandatory and fair pooling mechanisms such as improving tax revenue collection, or setting up social health insurance.
- Everyone should receive, according to their need, quality health services that are free at the point of use.
- Primary health care linked to essential health services packages should be given priority. These ought to 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.

Integrate Universal Health Coverage Advocacy

Civil society health advocates should adapt UHC messages (leave no one behind, domestic resource mobilization, people and community engagement and investment in health workers) alongside disease-specific messages.

Why?

This will reduce fragmentation and competition among health initiatives, which can get more government buy-in to prioritize SDGs.

How?

- Join the CSEM to learn about [UHC core messages and how to influence governments](#) in line with the respective topic
- Alongside advocacy 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
- Prepare arguments from an equity angle and part of the benefit packages of UHC, and promote comprehensive, people-centered primary health care
- Facilitate engagement on health, and empower people and communities to hold governments accountable for their health commitments
- Collaborate and coordinate with other civil society actors from the health but also outside the health-sector to build a stronger voice (such as social-protection, education, good-governance, tax-justice, nutrition, WASH, etc.)
- Take part in global and country campaigns for International UHC Day on 12 December

Secondary Messages

Invest in Health Workers

Achieving universal health coverage depends on the availability, accessibility, and capacity of professionally trained health workers, more so at the primary care level, to deliver quality, people-centered health services.

It is critical to ensure that adequate health care financing is earmarked for training and capacity building of community and frontline health workers so that they are able to support the provision of inclusive, holistic and equitable health services, especially to those who are most marginalized. They are key in delivering high quality services.



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Provide Support to National Governments

Donor governments should provide funding in alignment with countries' plans, 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. Donors and the international community should also support low-income countries to:

- Bridge significant finance gaps,
- Grow their fiscal space by tackling undermining practices like tax evasion and avoidance and
- Lift harmful macro-economic policy conditions.

Regulate Private Sector Participation in Universal Health Coverage

When the private sector participates in financing, developing and delivering health products and services, we call for government regulation. This will ensure:

- Adequate ethical safeguards to prevent conflict of interest,
- Mitigation of potential excessive profits and
- Public funding and policies safeguard equitable, quality public services as a right.

Communication Products

Our communication products and channels are mainly digital in our attempt to reach our wide array of geographically spread stakeholders, especially our members.

Our in-person events and activities cover key global health events and moments that present visibility, networking, mobilization and unique lobbying and advocacy opportunities.

The CSEM also intends to connect to the country level, ensuring that the local, national, and regional stakeholders come together to collectively influence global change towards UHC. We will also use a number of metrics to measure the impact of our communications efforts.



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Product	Audience	Distribution Channel
CSEM Voices monthly newsletter	Members	CSEM listserv
Position Papers	All stakeholders	Website, Twitter, global health events, other CSO listservs
Flyers	CSOs	Website, Twitter, global health events
UHC campaign vlogs (video blog)	All stakeholders	Twitter, YouTube, website
Video messages	CSOs	Twitter, YouTube, website
Thought leadership article	National governments, donors	Global Health publication, Twitter
Civil society success stories and other features	All stakeholders (members, other CSOs, partners, donors)	CSEM website
Website	Members, donors, partners and other stakeholders	Twitter, CSEM listserv, other civil society listservs

Product	Audience	Distribution Channel
Emails	Members and other CSOs	CSEM listserv, other civil society initiative listservs
Webinars	Members and other CSOs	Twitter, website, listserv, YouTube
Infographics	CSOs	Twitter, website

Communication Key Performance Indicators

- Number of CSOs aware of CSEM's activities and resources
- Number of online engagements
- Number of impressions made/people reached
- Number of CSOs engaging with CSEM content
- Number of online CSEM content shares

Key Advocacy Events and Activities 2019

Event/Activity	Date	Specific Objective
UHC2030/CSEM CSO consultations on HLM	February-March	Seek civil society input into HLM asks
Africa Health Agenda International Conference	March 5-7	Mobilize CSEM members, obtain CSO inputs on HLM
UHC2030 Steering Committee Meeting	March 28	Present civil society input into HLM asks
In-country HLM consultations	March	Promote dialogue on, and build CSO capacity for, UHC (and UN HLM on UHC advocacy)
World Health Day	April 7	Build awareness on the right to health and mobilize global support for UHC advocacy.
World Bank Spring Meetings	April 12-14	Host an informal civil society meeting to share information about the HLM on UHC and discuss the CSEM Priority Actions for the HLM.
UN HLM on UHC Multi-stakeholder Hearing	April 30	Engage with multi-stakeholders and UN to advocate for civil society priority actions in preparation of the HLM on UHC.
World Health Assembly	May 20-28	Promote and advocate for the civil society priority actions for the HLM on UHC.
G20 Summit	June 28-29	Discuss how G20 countries can develop and implement UHC policies and programs that “leave no one behind”
G7 Summit	August 25-27	Advocate for G7 countries to support civil society priority actions for the HLM on UHC
UN High-Level Meeting on UHC	September 23	Advocate that governments commit to civil societies’ recommended priority actions required to achieve UHC.
Universal Health Coverage Day	December 12	Co-lead development of the UHC Day 2019 campaign with partners, and mobilize CSEM members and other stakeholders to engage on the day and beyond.

To get in touch with the CSEM, e-mail csem@msh.org, and learn more about us at csemonline.net and follow us on [Twitter](#).



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