

Civil Society Priority Actions for the UN High-Level Meeting (UN HLM) on Universal Health Coverage (UHC)

Preamble

Achieving Universal Health Coverage (UHC) is a global health priority embedded in the Universal Declaration of Human Rights, the WHO Constitution and the International Covenant on Cultural, Economic and Social Rights (ICESR). These documents emphasize that everyone has the right to the highest standard of physical and mental health, a message that the Sustainable Development Goals reiterates. While there is no one-size-fits-all model for universal health coverage at a country level, two thousand nineteen (2019) is a year filled with opportunities to drive meaningful progress towards UHC. One key moment will be the first-ever United Nations High-Level Meeting (UN HLM) on Universal Health Coverage (UHC) during the United Nations General Assembly (UNGA) in September 2019.

The Civil Society Engagement Mechanism for UHC2030 (CSEM) is the civil society constituency of the International Health Partnership for UHC2030 (UHC2030). The CSEM raises civil society voices to ensure that UHC policies are inclusive and equitable and to promote systematic attention to the most marginalized and vulnerable populations so that no one is left behind. Over 300 civil society representatives provided inputs to these Priority Actions. ¹Civil society calls for the UN HLM on UHC in 2019 to be the moment where Member States make concrete, measurable commitments to build health systems that are comprehensive, accessible to all, integrated, human rights-based, gender-transformative, non-discriminatory and people-centered to achieve UHC.

Key Priority Actions

Civil society calls on Member States to take the following actions towards achieving UHC by 2030:

1) Increase public health financing and financial protection

- Decrease, then eliminate, out-of-pocket private spending on health.
- Increase public financing through progressive taxation or other mandatory and fair contributions and take concrete actions to eliminate tax avoidance that deprives countries of crucial resources to invest in health.
- Increase public domestic financing towards a minimum of 5% of GDP as government health spending and other appropriate targets based on the country and/or regional context (such as the Abuja Declaration's 15% annual budget allocation for health sector improvements).

¹ The Civil Society Survey to inform Global Health Initiatives for 2019 was completed by a total of 120 civil society representatives from over 40 countries. In addition to the survey, the CSEM, International Federation of the Red Cross (IFRC) and UNAIDS hosted two face-to-face civil society consultations in Bangladesh and at the Africa Health Agenda International Conference in Kigali, Rwanda. A total of 150 civil society participated in the Rwanda (120) and Bangladesh (30) sessions combined. This declaration is based on the inputs from both the survey and consultation sessions. Special thanks to UNAIDS and the International Federation of Red Cross (IFRC) for their contribution and constant support throughout the development of this document.

- Improve transparency and accountability in health planning, budgeting and expenditure tracking.
- Ensure financial protection to allow all people to access quality UHC services that cover the full spectrum of care: promotion, prevention, treatment, rehabilitation and palliative care.
- Prioritize primary health care services when allocating health resources and access to affordable quality health commodities.
- Create adequate regulatory safeguards for private sector delivery of health products and services to prevent conflict of interest and mitigate potential excessive profits.

2) Leave no one behind

- Provide quality, affordable health care services, prioritizing those populations that have been “left behind,” or are often excluded from universal health coverage in their countries, as committed to in the SDGs
- Address the compounding effects of poverty; gender inequalities; discrimination based on ethnicity, disability, sexual orientation, gender identity on those left behind when developing and/or updating policies and budgets.
- Countries need to address legal and policy barriers, as well as harmful social, traditional and cultural norms that prevent women and girls, as well as marginalized and criminalized groups, from receiving health services.
- Create health facilities with environments that are free of stigma and discrimination.
- Ensure that tracking of UHC-related indicators includes disaggregated data collection and analyses include cross-cutting issues such as gender, age, income, race, ethnicity, migratory status, disability, sexuality, geographic location.

3) Focus on health workers

- Finance Community Health Workers (CHWs) as integral parts of the health workforce and provide proper remuneration for their work.
- Set minimum standard targets, including gender equity, for training and professional opportunities, quality assurance and adequate supervision and support, for health workers at all levels, including CHWs.

4) Engage civil society and community in UHC implementation to ensure accountability

- Create mechanisms to promote community participation in health governance to ensure transparent decision-making and accountability, as well as effective monitoring and evaluation mechanisms to guide the development of policies and strategies towards achieving UHC.
- Develop accountability frameworks in partnership with civil society that monitor country progress toward UHC with a particular focus on the poor and marginalized populations.



Civil Society Engagement Mechanism for UHC2030

- **Develop plans to address health needs in emergency and humanitarian settings.**