

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

How to Get Involved

For a successful UN HLM, the CSEM depends on the support of its members, partners and other stakeholders to advocate for our Priority Actions. We suggest using the messages opposite to amplify the CSEM Priority Actions in the buildup to the HLM. You can share these messages through social media and/or join our **#UHC4me Global Video Campaign** described below in this document.

#UHC4me Global Video Campaign

Ahead of the UN HLM and beyond, the CSEM calls on everybody, everywhere to join us in the quest for Universal Health Coverage, leaving no one behind. Through the #UHC4me Global Video Campaign, we call on people all over the world to spread the message in as many world languages as possible. Please support us by uploading a video UHC message in your local language, and we will share it on our website, YouTube channel and Twitter account. Please visit our **campaign page** and follow three easy steps!

For further guidance on how to conduct UN HLM on UHC advocacy at country level, visit our **HLM on UHC page**. To get in touch with the CSEM, e-mail csem@msh.org, learn more about us at www.csemonline.net and follow us on **Twitter**. For more UN HLM advocacy and communication tools, visit the **UHC2030 website**.

This document is based on inputs from 300 civil society representatives. Special thanks to UNAIDS and the International Federation of Red Cross (IFRC) for their support throughout its development.

TWITTER GRAPHICS

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Message 1

Domestic funding for health has fallen in low-income countries.

Globally, 808 million people suffer from high out-of-pocket health payments.*

ACTION
Increase public health financing and financial protection to ensure strong health systems that are equipped to provide promotional, preventive, curative, rehabilitative and palliative health services, of sufficient quality to be effective, without exposing the end user to financial hardship.

csem
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*World Health Organization

Message 2

Inequalities in health service coverage persist globally and at least half of all the people in the world do not have full coverage of essential services that they need.*

ACTION
Find those people who have been left farthest behind in access to good quality health care, and reach them first with country-defined essential health services.

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*World Health Organization

Message 3

Without urgent action, the global health work force will face a shortage of 18 million health workers by 2030.*

ACTION
Focus on health workers to strengthen primary health care for the delivery of person-centered health care services.

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*World Health Organization

Message 4

Most countries – including low income countries – are capable of mobilizing the needed resources to achieve Universal Health Coverage.*

ACTION
Engage civil society, people and communities to ensure accountability to achieve Universal Health Coverage.

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*World Health Organization