



**CONCEPT NOTE:
GUIDANCE FOR COUNTRY LEVEL ADVOCACY MEETINGS FOR THE
HIGH-LEVEL MEETING ON UHC**

BACKGROUND

Achieving universal health coverage (UHC) is a global health priority embedded in the Sustainable Development Goals and 2019 is a year filled with opportunities to drive progress towards UHC. While there is no one-size fits all model for universal health coverage at a country level, the ideal health system would be one that is comprehensive, integrated, rights-based, non-discriminative and **people-centered**.

The momentum is building at country level, leading to, among other approaches in the interest of meeting the SDG 3.8 targets: development of financing strategies; expanded health insurance access; defined essential health benefits packages; strategies to ensure quality of care and leaving no one behind. In addition, the first ever United Nations High-Level Meeting to discuss UHC will be held on the margins of the UN General Assembly meeting in September 2019. The UN has tasked UHC2030 to support the preparatory process for the multi-stakeholder hearing of UN HLM with the President of General Assembly (PGA) and the meeting of UN HLM, particularly on “sharing evidence and good practices, challenges and lessons learned”.

OPPORTUNITY

As governments implement UHC policies and strive to uphold commitments towards achieving health for all and leaving no one behind, it is important that these policies reflect the needs of their constituents. The high-level meeting on UHC provides civil society and communities with an opportunity to influence government commitments toward meeting the SDG3 targets. UHC2030 and its Civil Society Engagement Mechanism (CSEM) have developed a consolidated set of Asks to feed in to the political declaration and related advocacy materials. The IFRC, UNAIDS and UHC2030 CSEM will be organizing country advocacy meetings in 14 countries, using the UHC2030 Asks and CSEM Priority Actions to mobilize political leadership and influence the overall outcome of the UN HLM.

These country advocacy meetings on UHC would provide civil society with a national level platform to advocate for an effective high-level meeting that results in ambitious national commitments to advance UHC. The country advocacy meetings would bring together citizens,

Red Cross and Red Crescent Societies, communities and various types of civil society, governments and multilateral stakeholders to advocate so governments attend;; and take specific actions at the high-level meeting and beyond to achieve UHC.

Format	Country Advocacy Meetings: Panel and then open discussion with participants.
Purpose	To create a space for constituents to discuss domestic priorities for UHC and how to leverage the HLM on UHC to address key challenges in leaving no one behind.
Objectives	<ol style="list-style-type: none"> 1. Provide information about UHC, UNGA and HLM on UHC with an emphasis on its importance at the country level. 2. Present UHC2030 Key “Asks” and CSEM Priority Actions. 3. Discuss the key gaps and priorities to leave no one behind. 4. Explore priority issues and actions for UHC, building on community-led evidence. 5. Advocate for high-level government representation at the HLM. 6. Call on MoH representatives to make concrete commitments based on country needs. 7. Discuss how communities and CS can engage government to contribute to UHC policy development and implementation including accountability mechanisms.
Targeted Countries	Cameroon, South Africa, Ghana, CAR, Kenya, Afghanistan, Kazakhstan, Pakistan, Philippines, India, Georgia, Argentina, Brazil, Panama (TBD: France, United Kingdom, Canada)
Duration	Half a day
Speakers	<ul style="list-style-type: none"> • Civil society from CSEM, IFRC or UNAIDS
Facilitators	One moderator for the panel discussion, 2 representatives steering Q&A from the participants in the audience
Participants (Maximum 30 per meeting)	<ul style="list-style-type: none"> • Community members • Community/village leaders • Youth • Civil society advocates involved in global and country level advocacy • Representatives from MOH, MOF and multilateral stakeholders • Representatives of senior leadership, staff and volunteers of RCRC National Societies
Resource persons	<ul style="list-style-type: none"> • IFRC, CSEM/SC, UNAIDS and other interested partners of UHC2030 in countries (e.g. WHO, World Bank, UNICEF, etc.)

In advance of meeting	<ul style="list-style-type: none"> • Set up the appropriate venue • Send invitations to relevant CS and government • Invite participants to generate questions and indicate priorities to be addressed • Share advocacy tools/resources with participants such as the UHC2030 key asks, the CSEM Priority Actions and the Save the Children Civil Society Questionnaire for the HLM on UHC¹
Meeting Outcome	<ul style="list-style-type: none"> • Completed country level UHC needs assessment (Questionnaire) • Official CS UHC commitment recommendations for government • Action agenda for ways civil society can use the outcomes of the town hall session to advocate that governments: <ol style="list-style-type: none"> 1. Attend the HLM (and include community / CS representatives in country delegations during HLM) 2. Make realistic commitments a the HLM based on country level needs 3. Are held accountable to their commitments after the HLM (for example through use of Voluntary National Reviews (VNRs) as a review of progress towards the SDGs)

¹ Save the Children will be developing a Questionnaire CS at the country level can use to determine what the UHC gaps are in their country. The form will help CS create their recommendations for government commitments at the high-level meeting and will then be used as an accountability tool after the commitments have been made.

Annex I:

Country Advocacy Meetings for the High-Level Meeting (HLM)) on Universal Health Coverage (UHC)

Sample Program

Host Participants: Representatives/staff/volunteers from the RCRC National Societies, UNAIDS representatives and CSEM Members.

Civil Society Participants: Community members, leaders, youth and civil society advocates.

Non-Civil Society Participants: Representatives from the Ministries of Health and Finance, multilateral stakeholders, external donors

Time	Topic	Outcome	Leads
8:30am-9:00am	Registration	Registration List/Attendee List	All
Session I			
9:00am-9:15am	Introductions: <ul style="list-style-type: none"> • Co-Hosts • Moderator • Facilitators • Participants 	All participants get to know each other, the hosts and meeting leaders.	Moderator and All
9:15am-9:30am	Purpose of the Meeting <ul style="list-style-type: none"> • Objectives • Anticipated Outcomes 	Participants understand the purpose and expected outcome of the meeting.	Facilitators
9:30am-9:45am	Overview of UHC2030 and CSEM <ul style="list-style-type: none"> • About • Mission • Objectives • Activities 	Guests have obtain knowledge about the UHC2030 initiative and how the CSEM links to the partnership.	Facilitators
9:45am – 10:00am	Overview of the HLM on UHC <ul style="list-style-type: none"> • About UNGA • About the HLM on UHC • Implications at the national and global level • Why civil society is a key player in this meeting 	Participants have background knowledge about the HLM on UHC and how it connects to UHC2030/CSEM activities.	Facilitators

10:00am-10:30am	Questions and Answers	Participants are given the opportunity to comment and ask for clarifications.	All Participants
10:30 am – 10:45am	Coffee/Tea Break	Give participants a chance to take a break and network with each other.	All
Session II 10:45am-11:00am	Asks for the HLM on UHC <ul style="list-style-type: none"> • Present UHC2030 Asks • CSEM Priority Action 	Participants will answer the following questions: <ul style="list-style-type: none"> • Do you agree or disagree? • What is missing? 	Facilitators
11:00am-11:30am	Present the Save the Children Questionnaire	Participants will work in groups to complete a particular section of the questionnaire. Participants will be given a document with all UHC country data to complete this activity	Facilitators, Host and Civil Society Participants
11:30am-12:00pm	Presentations	Participants present their findings to MoH and MoF officials and begin a dialogue.	Civil Society and Non-Civil Society Participants
Session III 12:00pm – 12:30pm	Brainstorming advocacy session	Participants will discuss how they can use the UHC2030, CSEM and Save the Children documents to advocate to their governments that they: <ul style="list-style-type: none"> • Attend the HLM on UHC • Make appropriate and realistic commitments based on identified UHC gaps 	Facilitators, Host, Civil Society and Non-Civil Society Participants

<p>12:30pm-1:00pm</p>	<p>Advocacy Action Planning</p>	<ul style="list-style-type: none"> • Hold themselves • accountable for those commitments <p>Participants will engage MoH and MoF officials and begin a in this dialogue.</p> <p>Participants will create an advocacy action plan for how they will continue to engage with their governments. MoH and MoF should be included in the discussion.</p>	<p>Facilitators, Host, Civil Society and Non-Civil Society Participants</p>
<p>1:00pm-1:30pm</p>	<p>Closing</p>	<p>Facilitators and Participants will discuss next steps.</p>	<p>Facilitators, Host, Civil Society and Non-Civil Society Participants</p>

Annex II:

Meeting Preparation Checklist

- ✓ Receive training of trainers from IFRC, CSEM and Save the Children on how to facilitate the completion of the Save the Children Questionnaire.
- ✓ Venue large enough for participants to engage comfortably throughout the meeting
- ✓ Moderator and Facilitator table at the front of the room
- ✓ Round table set-up (8-10 participants per round table)
- ✓ Markers, pens, pencils, sticky notes and note pads on each table
- ✓ Flip Chart paper (stack per table)
- ✓ Flip Chart with Stand (one for the Moderator/Facilitator)
- ✓ Microphones (Facilitators and Participants)
- ✓ A/V Equipment (audio, video, computer, projector and projector screen)
- ✓ Copies of the Program, UHC2030 Asks, CSEM Priority Asks and Save the Children Questionnaire (one per participant)
- ✓ Any flyers/communications/promotional materials from Hosts (UHC2030/CSEM, ICRC and UNAIDS)
- ✓ Coffee/Tea
- ✓ Lunch

Annex III: In Country Advocacy Meeting Workplan and Timeline

Country	Date	Location	CSOs invited	List of Speakers/Panellists	Government Institutions Invited	Donors Invited	Rapporteur
Cameroon	May	Yaoundé					
South Africa	May	Pretoria					
Ghana	May	Accra					
Central African Republic	May	Bangui					
Kenya	May	Nairobi					
Afghanistan	After 4 th June	Kabul					
Pakistan	After 4 th June	Islamabad					
Philippines	TBD	Manila					
India	TBD	New Delhi					
Kazakhstan	April	Astana					
Georgia	April	Tbilisi					
Argentina	June	Buenos Aires					
Brazil	TBD	TBD					
Panama	April	Panama City					
Thailand (On their own)	TBD						
Moldova (On their own)	TBD						
France	TBD	TBD	TBD	TBD	TBD	TBD	TBD
United Kingdom	TBD	TBD	TBD	TBD	TBD	TBD	TBD
Canada	TBD	TBD	TBD	TBD	TBD	TBD	TBD
Tunisia	TBD	TBD	TBD	TBD	TBD	TBD	TBD
Jordan	TBD	TBD	TBD	TBD	TBD	TBD	TBD

Annex IV:



UNIVERSAL HEALTH COVERAGE (UHC) NATIONAL QUESTIONNAIRE

[INSERT NAME OF COUNTRY]

Name of person completing the form:

Organisation:

If being completed, please add name and contact details.

Date:

In September 2019, all governments will be invited to participate in a UHC High-Level Meeting. The Civil Society Engagement Mechanism of UHC 2030 (CSEM) believes this can be an important moment for countries to make commitments and share their pathways and timelines to progressing towards achieving UHC by the 2030 deadline.

Dialogue between civil society and government in a country will be essential to ensure that the government's actions towards UHC reflect genuine need and focus on the policies that need to change to achieve UHC. We have therefore provided this template for civil society in your country to use in your engagement with your government in advance of the High-Level Meeting. We suggest that you ask your government to meet with you to discuss the current situation for UHC in [INSERT COUNTRY] and ask them to respond to these questions. If they are willing to engage, ask them to ensure that their participation in the High-Level Meeting includes answers to these questions, with milestones on the pathway to 2030 identified.

If you have clear answers from your government, they might be willing to complete this form themselves or you might complete it based on your discussions. Either way, we will publish these on the CSEM website so that civil society can hold governments to account.

Please send completed forms to the CSEM at csem@msh.org.

Topic	Global targets or benchmarks	Current situation in [INSERT COUNTRY]
Paying for Health	Sufficient public financing for health is crucial to achieving UHC and to reduce out-of-pocket payments. A minimum of 5% of GDP as government health spend has been identified by the CSEM and others as appropriate for all countries to work towards.	In [INSERT COUNTRY], government spending on health was [INSERT VALUE] in [INSERT YEAR]. Source: http://apps.who.int/nha/database/Select/Indicators/en
	<i>What actions is the government of [INSERT COUNTRY] taking to change this and what milestones will there be on the path to 2030?:</i>	

	<p>Out-of-pocket payments are the least fair way for health to be paid for and countries which force people to buy health care out-of-pocket are furthest from achieving UHC. WHO says that out-of-pocket payments should be no more than 10-20% of total health expenditure.</p>	<p>In [INSERT COUNTRY], [INSERT VALUE]% of total current health expenditure is from out-of-pocket payments in [INSERT YEAR]. Source: http://apps.who.int/nha/database/Select/Indicators/en</p>
	<p><i>What actions is the government of [INSERT COUNTRY] taking to change this and what milestones will there be on the path to 2030?:</i></p>	
	<p>Households are pushed into further poverty by having to pay out-of-pocket for healthcare, with the proportion of households spending above reasonable amount as the indicator. Out of pocket (OOP) expenditure should not be more than 10% and to avert catastrophic OOP expenditure it should not be more than 25% of total household expenditure or income</p>	
	<p>In [INSERT COUNTRY], [INSERT VALUE]% of households spend more than 10% of their annual household income, resulting in impoverishment in [INSERT YEAR]. Source: http://apps.who.int/nha/database/Select/Indicators/en</p>	<p>In [INSERT COUNTRY], [INSERT VALUE]% of households spend more than 25% of their annual household income, resulting in catastrophic health expenditure in [INSERT YEAR]. Source: http://apps.who.int/nha/database/Select/Indicators/en</p>
	<p><i>What actions is the government of [INSERT COUNTRY] taking to change this and what milestones will there be on the path to 2030?:</i></p>	
	<p>The percentage of health spending that is on primary health care (PHC) is a good indicator of whether healthcare is being targeted at the most essential health needs for the whole population.</p>	<p>In [INSERT COUNTRY], government spending on PHC was [INSERT VALUE] in [INSERT YEAR]. Source: http://apps.who.int/nha/database/Select/Indicators/en</p>
	<p><i>What actions is the government of [INSERT COUNTRY] taking to change this and what milestones will there be on the path to 2030?:</i></p>	
<p>Prioritising Primary Health Care</p>	<p>A sufficient health workforce is essential to achieve UHC. 4.45 is the minimum number of skilled health workers per 10,000 people as per WHO recommendations.</p>	<p>In [INSERT COUNTRY], the number of skilled health workers/10,000 people was [INSERT VALUE] in [INSERT YEAR]. Source: http://apps.who.int/gho/portal/uhc-hss-cabinet-wrapper-v2.jsp?id=1030301</p>

	<i>What actions is the government of [INSERT COUNTRY] taking to change this and what milestones will there be on the path to 2030?:</i>	
	UHC service coverage index: The UHC service coverage index is a measure of SDG indicator 3.8.1, which is a composite of coverage of essential health services. 100% being the optimal value.	In [INSERT COUNTRY], the coverage of essential health services was [INSERT VALUE]% in [INSERT YEAR]. Source: https://unstats.un.org/sdgs/metadata/files/Metadatta-03-08-01.pdf
	<i>What actions is the government of [INSERT COUNTRY] taking to change this and what milestones will there be on the path to 2030?:</i>	
Accountability for UHC	UHC Mandates	Any UHC programme in-country needs to be supported by legislation. Has [INSERT COUNTRY] passed legislation on Universal Health Coverage? WHO records which countries have passed legislation guaranteeing their population will have access to healthcare.
		[INSERT VALUE] Source: http://apps.who.int/gho/portal/uhc-hss-cabinet-wrapper-v2.jsp?id=1030103
		<i>If not, what actions is the government of [INSERT COUNTRY] taking to change this and what milestones will there be on the path to 2030?:</i>
	Civic Engagement	Civil society engagement and oversight is key to improving health governance, but countries vary to the extent that they allow civil society to engage with government in policy dialogue and in accountability processes.
	[INSERT COUNTRY], has been ranked [INSERT VALUE] among all countries in [INSERT YEAR] with 100 being the highest rank. Source: http://info.worldbank.org/governance/wgi/index.aspx#home	
	<i>What actions is the government of [INSERT COUNTRY] taking to change this and what milestones will there be on the path to 2030?:</i>	
	Budget Transparency	To be able to properly monitor UHC, CSOs need to be able to access budget information, engage in budget processes, track expenditure, and monitor budget processes.
	[INSERT COUNTRY], has met [INSERT VALUE] of the 100 budget transparency indicators in [INSERT YEAR]. Source: https://www.internationalbudget.org/open-budget-survey/open-budget-index-rankings/	
	<i>What actions is the government of [INSERT COUNTRY] taking to change this and what milestones will there be on the path to 2030?:</i>	

Leaving No One Behind	<p>During conflict and times of political instability, indigenous and marginalised communities are the most impacted. Is the government specially focusing on indigenous and marginalised communities so that they can feel safe and access health services?</p>	<p>[INSERT COUNTRY], is [INSERT VALUE] on the country risk classification for marginalised and vulnerable communities in [INSERT YEAR].</p> <p>Source: http://www.oecd.org/trade/topics/export-credits/arrangement-and-sector-understandings/financing-terms-and-conditions/country-risk-classification/</p>
	<p><i>What actions is the government of [INSERT COUNTRY] taking to change this and what milestones will there be on the path to 2030?:</i></p>	

Annex V:

Country Advocacy Meeting
Notes Template for Rapporteurs

Topic	Trends	Summary
Session I Question and Answer	<i>Please create a bulleted list of trends from the Q&A. (For example: Did the participants know ahead of time what the HLM on UHC was or were they familiar with the UHC2030/CSEM? Did they have a clear understanding of what we mean by UHC?)</i>	
Session II Key UHC2030 Asks and CSEM Priority Actions	<i>Please create a bulleted list of trends from the discussion. (For example: Did the participants overall agree/disagree with the Asks/Actions? What did they feel was missing from both documents?)</i>	
Session II Save the Children Questionnaire	<i>Please create a bulleted list of trends from the discussion. (For example: What were the overall gaps that were identified through the questionnaire?)</i>	

Session III Brainstorming advocacy session	<i>Please create a bulleted list of trends from the discussion. (For example: What are some key messages that civil society want to make to the governments? What are some commitments governments should make at the HLM?)</i>	
Closing	<i>Please document any next steps or follow-up items from the meeting.</i>	