# Civil Society's COVID-19 Calls to Action

## Preamble

Resilient health systems require quality health services for **ALL** people without having them suffer financial hardship. Strong health systems are prepared for disasters and can respond to health emergencies successfully. The COVID-19 pandemic has shown the world that most health systems are not sufficiently resilient. The pandemic has clearly demonstrated the linkages between health systems, emergency preparedness, and emergency management. Deficient political will and the lack of investment in universal health coverage (UHC) now threaten global health security. Governments have had to implement drastic response strategies – such as lock downs and closing vital economies – to protect health systems. The pandemic and these response strategies have negatively affected the livelihood and well-being of all people and, in particular, marginalized and vulnerable population groups. While currently the focus in most countries is still on the immediate emergency response, it would be an error to move back to business as usual, and miss the opportunity to analyze the political and policy failures that contributed to the severe impact of the COVID-19 pandemic.

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. Its role is also to promote systematic attention to the most marginalized and vulnerable populations so that no one is left behind.

***The CSEM urges civil society to incorporate these Calls to Action in ongoing advocacy efforts to ensure no one is left behind in the fight against this global disease.***

## Calls to Action

**1. Leave No One Behind:** In developing plans in response to the COVID-19 pandemic, countries need to consider the effect that compounding factors – such as poverty, gender inequalities, and discrimination based on ethnicity, disability, residency status, sexual orientation, and gender identity – have on those populations most left behind. Also important is a multidisciplinary approach that include sectors outside health (i.e., education, social, and economic) to address the secondary effects of the pandemic response such as food and water shortages, the increased risk of home-based violence against children, women and girls, and psychosocial support needs. Considering these factors, governments should ensure all population groups have access to:

- Information and health promotion (available in plain and/or sign language, easy-to-read formats that do not rely on exclusive technologies)
- Safe and accessible COVID-19 response stations (such as those that offer food, water, and medical/household supplies among other services)
- National COVID-19 triage, testing, quarantine, and treatment facilities equally available to all people, regardless of age, ethnicity, disability, residency status, or sexual orientation and gender identity and offer non-discriminatory medical treatment that uphold international human rights standards.
- Continuous provision of essential health services that provide the full spectrum of care (promotion, prevention, treatment, rehabilitation, and palliative care) including mental health, sexual and reproductive health, life-saving treatment for major infectious diseases (i.e., HIV, TB, malaria), non-communicable diseases, and gender-biased violence response services

The Civil Society Calls to Action builds on the Key Asks from the UHC Movement for the UN High-Level Meeting (UN HLM) on Universal Health Coverage and the Civil Society Priority Actions for the UN HLM on UHC.

The COVID-19 pandemic underlines the urgency of those asks and highlights the need to take concrete and robust action in line with the Political Declaration, Universal Health Coverage: Moving Together to Build a Healthier World, adopted at the UN HLM and Seventy-Third World Health Assembly COVID-19 Response resolution.

The CSEM developed these Calls to Action in support of the UHC2030 discussion paper "**Living with COVID-19: Time to get our act together on health emergencies and universal health coverage.**"

In the medium and long term, countries should pay specific attention to marginalized and vulnerable populations such as the homeless, migrants, refugees, non-formal workers, sex workers, the elderly and children among others to ensure social protection is available post crisis. Countries need to address legal and policy barriers, as well as harmful

social, traditional and cultural norms that prevent women and girls, marginalized and criminalized groups from receiving health services, as well as over use of criminal laws in the name of protecting public health.

**2. Increase Public Health Financing and Financial Protection:** Governments must rapidly invest in health systems and services that reach the furthest behind first. Countries need to ensure financial protection so all people can isolate safely to control the spread of the virus, and access quality health services during and after the pandemic. Reducing financial barriers to services improves equity while also helping epidemic control, as more people would access testing and care if they did not have to consider financial costs. Thus, as a matter of priority, governments should make all COVID-19 related services free at the point of care. It is now time to develop a concrete implementation plan to eliminate out-of-pocket private spending on health. This will require governments to increase public 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). Countries must remember that the cost of inaction is significantly higher than the cost of investing in health, even during a recession. Lastly, civil society must demand that all stakeholders, such as the pharmaceutical and healthcare industries, act responsibly and guarantee the access of lifesaving treatments for all.

**3. Focus on Health Workers:** This global health emergency demonstrates the urgency for countries to invest in their health workforce at all levels.[1] This includes but is not limited to:

- Providing training on infection and prevention control (IPC) protocols (including appropriate hand hygiene, respiratory etiquette, and safe patient management processes in health care settings) and ensure their monitoring of compliance
- Briefing health workers on their rights, roles, responsibilities, and risks
- Ensuring decent working conditions and adequate renumeration
- Providing occupational safety to protect workers from infection such as personal protective equipment (PPE) and training on appropriate use of protective equipment
- Assigning manageable workloads
- Implementing stress reduction measures
- Offering psychosocial support and counseling
- Condemning violence, discrimination, and stigmatization against health workers because of fear they could spread the virus

**4. Engage Civil Society and Communities in UHC Implementation to Ensure Accountability:** Civil society must be included in national and regional short- and long-term COVID-19 task forces and decision-making processes to ensure the voices of vulnerable groups with specific needs and/or carrying additional risks are included.[2] Countries should engage and involve women and mainstream a gender perspective in all COVID-19 response and recovery activities. Governments should collaborate with civil society to design and implement accountability mechanisms that enable transparent and open communication and respect the right for information principle. These accountability mechanisms should monitor progress of COVID-19 strategies using disaggregated data that include cross-cutting issues such as gender, age, income, race, ethnicity, migratory status, disability, sexual orientation, gender identity, and geographic location. Also important, countries should ensure civil society has the freedom of association, peaceful assembly, and expression. Governments should only impose restrictions to some of these liberties to prevent the spread of the virus and cannot continue to use these restrictions beyond what is necessary based on scientific evidence.

**Get Involved – Join CSEM!**

Visit **csemonline.net** | Follow us on Twitter **@CSOs4UHC** | Contact: **CSEM@msh.org**

[1] WHO and the World Bank projected a shortfall of 18 million health workers, primarily in low- and lower-middle-income countries, by 2030 (The High-Level Commission report on Health Employment and Economic Growth – launched 20.09.2016 and Global strategy on human resources for health: Workforce 2030).

[2] Rajan D, Koch K, Rohrer K, et al, Governance of the COVID-19 response: a call for more inclusive and transparent decision-making, *BMJ Global Health* 2020;5:e002655.