csem
Civil Society Engagement Mechanism for UHC2030

For an Equitable COVID-19 Response: Calls to Action from Civil Society

Preamble

Resilient health systems require quality health services for ALL people without having them suffer financial hardship. Strong health systems that are prepared for disasters and health crises can respond to health emergencies successfully. The COVID-19 pandemic has clearly demonstrated the linkages between health systems, emergency preparedness, and emergency management – it is now clear that most health systems around the world are not sufficiently resilient.

Deficient political will and the lack of investment in universal health coverage (UHC) 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. In addition, the consequences of COVID-19 on affected individuals, including the long-term physical impacts and financial burdens, and the consequences of disruptions to other health services are still not fully understood. While the focus in most countries is currently still on immediate emergency response, it would be an error to consider moving 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.

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 – poverty, gender inequalities, employment, and discrimination based on ethnicity, disability, residency status, sexual orientation, age, 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; this includes food and water shortages, the increased risk of home-based violence against children, and women, and increasing psychosocial support needs.

Considering these factors, governments should ensure all population groups have access to:

- Information and health promotion materials that are available in accessible formats with plain and/or sign language that are easy to read and do not rely on exclusive technologies. These should address fear and discrimination against individuals with COVID-19, respond to rumors and myths, prevent dangerous practices, and promote good practices including self-care with clear instructions.
- Safe and accessible COVID-19 response stations, including

The **Civil Society Engagement Mechanism for UHC2030 (CSEM)** is the civil society constituency of **UHC2030**, the global movement to strengthen health systems for universal health coverage (UHC). The CSEM raises civil society voices to ensure that UHC policies are inclusive and equitable. Its role is to promote systematic attention to the most marginalized and vulnerable populations so that no one is left behind.

This Calls to Action document 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."** This draft is based on consultations conducted through webinars and an online forum; almost 60 civil society organizations submitted feedback in total.

This is a living document that aims to reflect common points to support advocacy efforts for an equitable COVID-19 response and recovery; it is not comprehensive of all of civil society's concerns and recommendations. These Calls to Action complement other disease area-specific and geography-specific advocacy recommendations and discussions by civil society.

those that offer food, water, and medical/ household supplies among other services.

- National COVID-19 triage, testing, quarantine, and treatment facilities that are equally available to all people, regardless of age, ethnicity, disability, residency status, or sexual orientation and gender identity. They must 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). This should include mental health, sexual and reproductive health, life-saving treatment for major infectious diseases (i.e., HIV, TB, malaria), non-communicable diseases, and gender-based violence response services; and the provision of innovative health commodities tested for safety and efficacy in the whole range of vulnerable population groups.

Photo courtesy of COVID-19 Action Fund for Africa.

Countries should pay specific attention to marginalized and vulnerable populations such as the homeless, migrants, refugees, non-formal workers, sex workers, people with disabilities, those experiencing poverty, LGBT+ communities, people who use drugs (PWUDs), internally displaced persons (IDPs), artisanal small miners (ASM), fisheries, the elderly and children among others to ensure social protection is available given the disruption to livelihoods and the secondary impacts of the pandemic. Restrictions and lockdowns must be implemented with accommodations that ensure the needs of persons with disabilities continue to be met.

Countries also 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 the overuse 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 past the time to develop a concrete implementation plan to eliminate out-of-pocket private spending on health. Governments must 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, including the pharmaceutical and healthcare industries, act responsibly and guarantee the access of lifesaving treatments, reproductive health supplies, and prevention tools 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, including community health workers, and especially with gender-sensitive approaches, given women make up 70% of the global health workforce. 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 ensuring compliance is monitored

- Briefing health workers on their rights, roles, responsibilities, and risks
- Ensuring decent working conditions and adequate renumeration, and manageable workloads
- Providing occupational safety to protect workers from infection, such as with personal protective equipment (PPE); access to effective diagnostics, therapeutics, and vaccines; and training on the appropriate use of protective equipment
- Offering psychosocial support and counseling as well implementing stress reduction measures that are appropriate for the context
- Condemning violence and discrimination against health workers, including fear and stigma that they could spread the virus
- Providing training and resources to address health workers' bias and stigma that can be barriers for increasing access to health services
- Supporting health programs to retain their trained frontline staff and continue salary payments to them

Photo courtesy of Smile Train.

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 decision-making processes and task forces to ensure that the voices of vulnerable groups with specific needs and/or additional risks are included. Civil society understands and can advocate for the recognition that different groups have different needs and constraints, which require adapted solutions. Governments should conduct a thorough barrier analysis with the involvement of communities and civil society organizations to identify the specific types of social, environmental and institutional barriers to health access within and beyond the COVID-19 pandemic as well as the sources of current gaps.

Participatory governance is essential to ensure that the rights of vulnerable populations are protected and that they are not unfairly carrying the burden of both increased COVID-19 risks and negative impacts of restrictions. Given the disproportionate impact seen so far among women, countries should engage and involve women in decision-making, 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 for differences by 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 on these liberties to the minimum extent required to prevent the spread of the virus and should not continue to use these restrictions beyond what is necessary based on scientific evidence. In order to ensure restrictions are necessary, proportionate to the risks, and implemented in a non-discriminatory manner, communities must have a role in designing and evaluating policies.

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.

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