

ANNEX I: PARTICIPATING COUNTRIES, METHODS & LEAD ORGANIZATIONS

Country	Methods	Participants	Lead Organizations
Bhutan	4 breakout rooms with 6 participants each.	n=29 People Living with HIV, Pride Bhutan (LGBTQIA+ network), Red Purse Network (network of sex workers), Chithuen Phendhey Association (CSO for recovering drug users), recovering alcohol users.	Lhak-Sam, Bhutan Network of People Living with HIV (BNP+)
Burkina Faso	3 breakout rooms with 8-11 participants each.	n=31 CSOs and international NGOs working in health and other areas of development, in addition to the Ministry of Health, the National Union of Customary, religious leaders, associations of youth and women with disabilities and the media.	Réseau Accès aux Médicaments Essentiels (RAME)
Cambodia	2 breakout rooms.	n=53 Representatives of key populations, marginalized groups, youth and CSOs working on communicable diseases (CD), non-communicable diseases (NCD), sexual reproductive health (SRH), organizations working with aging groups, organizations working with people with disabilities. Focus areas for these groups include specific groups such as women and/or children, vulnerable people, people living with disabilities, PLHIV and TB patients. Some NGOs/associations were involved in health financing through the promotion of mutual health insurance and others were engaged in mobilizing and collecting blood.	Khmer HIV/AIDS NGO Alliance (KHANA)
Caribbean Region	1 breakout room with all participants; online.	n=13 Seven countries represented: Antigua & Barbuda, Bahamas, Barbados, Belize, Dominica, Haiti and St. Vincent & the Grenadines	Healthy Caribbean Coalition (HCC)

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		Several non-governmental sectors were represented including health-related NGOs: Diabetes, Cancer and Cardiovascular disease. There were also organisations focused on NCDs, disaster preparedness, health promotion, COVID-19 advocacy as well as youth and adolescent advocacy groups, private health sector physicians and healthcare financing organisations. Other participants represented academia, primary care physicians, and nurses.	
Colombia	1 breakout room with all participants.	n=18 Cancer patients and survivors; HIV patients and people living with disabilities; caregivers of patients with adult and pediatric cancer, cystic fibrosis, microcephaly, cerebral palsy, severe mental retardation and autism; administrators and coordinators of shelters for cancer patients, HIV patients and highly vulnerable children; representatives of insurance user associations; young health leaders; representatives of national and international scientific organizations; activists for health rights, women's rights and LGTBIQ+ population; representatives of migrant population.	Colombian Advocacy Board for Chronic Diseases (MECIEC)
Egypt	-	n=15 Women and youth, CSOs, development and health program experts, including stakeholders from Caritas Alex NGO, Jesuit – Menya, EPSF (Egyptian Pharmaceutical Students Federation), EFPA (Egyptian Family Planning Association), Bedaya Network, International Federation of Medical Student’s Association (IFMSA), S4D Foundation, Youth Peer Education Network (Y-PEER), Coptic Evangelical Organization for Social Services (CEOSS), Al Shehab Foundation for Comprehensive Development, National Action Plan (NAP), Egyptian Nursing Students’ Scientific Association (ENSSA Tanta).	UNAIDS Country Office
Georgia	3 breakout rooms with 8-10 participants each.	n=24	Georgian Red Cross Society and International

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		Representatives of the Public Defender Office, experts, academic institutions, key vulnerable communities and CSOs supporting these communities.	Federation of Red Cross and Red Crescent Societies
India	1 breakout room with all participants.	n=22	National Coalition of People Living with HIV India NCPI+/GSNP+
Japan	1 breakout room with all participants and 2 additional interviews. Online. Available in Japanese and English.	n=19 Migrants, elderly people, youth, urban poor, people with disabilities, women and girls, sex workers, people using drugs, and men who have sex with men.	Africa Japan Forum
Kazakhstan	2 breakout rooms. Available in Russian and English.	Consultations were carried out with CSOs and representatives of the vulnerable communities that are often left behind with the aim to capture stories, live experiences, challenges, and achievements in UHC.	National Red Crescent Society of Kazakhstan supported by the International Federation of Red Cross and Red Crescent Societies

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Kenya	National: 3 breakout rooms. Online	n=100 CSOs and community representatives working in the health sector.	HERAF, HENNET, Living Goods, the People’s Health Movement Kenya, WACI Health, and the White Ribbon Alliance Kenya
	Bungoma County: At the Bumula Sub County Hospital.	Women and girls living with disabilities CSO representatives. Discussions aimed to capture stories and lived experiences of women and girls living with disabilities while accessing health care in Kenya, and rally support and amplification of their voice and agency in the UHC implementation process in Kenya.	
	Makueni County: Office of the Chief Officer, Health Services.	County government officials from Health and Gender Departments. The officials provided insights on the national UHC roll-out at the county level while concurrently implementing their in-county health-for-all program dubbed ‘Makueni Care’, which has been lauded for increasing access to quality health services to those in need.	
	Kisumu, Kakamega, Busia Counties: 3 breakout rooms. Online.	CSOs in the health sector, including women and youth groups; county representatives from the Health Department.	
	Kajiado, Mombasa, Siaya Counties: 3 breakout rooms. Online.	CSO representatives working in the PHC and UHC advocacy space.	
	Nyeri 1: Ruguru Health Center. 1 breakout room.	Service providers, service users, community health volunteers (CHVs), and health facility management committees. This primary health care facility was specifically selected for implementation of a mental health project due to the high prevalence of mental disorders among young people. Feedback from this facility was important to establish how responsive the	

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		UHC benefit package is to community priority needs for health, how affordable, accessible, or useful it has been to vulnerable populations especially in the light of social protection programmes.	
	Nyeri 2: Nyeri County. 1 breakout room.	CSOs aligned with the Nyeri County Budget Coalition (NCBC), a network of professionals, NGOs, faith-based organizations, and grassroots CBOs in Nyeri. Discussions focused on the NCBC, a coalition that seeks to promote transparency and accountability in county government budgets through enhanced public participation. The NCBC role in budget tracking and monitoring of public resources was one of the key reasons as to why they were targeted to participate in the focus group discussions.	
	Isiolo County	Representatives of persons with lived mental health experience; caregivers; CSOs; National Council of Persons with Disabilities; the County Health Management Team; Parents & Teachers Association. Discussions focused on the status of the UHC and the level of prioritization of mental health care.	
Lao PDR	3 breakout rooms with 8-15 participants each. Hybrid online and in-person.	n=32 Representatives of key vulnerable communities and CSOs supporting these communities on COVID-19 and HIV/AIDS (1) Deputy Head of National Health Insurance Division (2) General Director, Department of Planning and Cooperation (Ministry of Health)	Community Health & Inclusion Association (CHIA)
Mexico	1 breakout room with all participants. Online.	Representatives of civil society, health experts from different fields and communities in the country according to the methodology suggested by the CSEM for UHC2030.	México Salud-Hable Coalition
Nepal	1 breakout room with all participants. Online.	n=44 The technical services of the government which are responsible for the UHC (UHC working group, Glenn Family Foundation (GFF) Linking Officer and National Programmes to fight against AIDS, Tuberculosis and Malaria).	Trisuli Plus

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Niger	2 breakout rooms.	Members of the CCM of Niger, members of the Health Democracy and Citizen Involvement Platform (DES-ICI), religious and customary leaders, young people, civil society activists involved in advocacy at global and national levels.	RAME
Pakistan	5 breakout rooms.	n=16 UN partners including WHO, UNODC and UNFPA; Key Populations affected with HIV and Tuberculosis; CSOs working in health sector, representatives of CBOs working in HIV, Dean Health Services Academy Islamabad, Focal Persons working in social protection for healthcare.	Association of People Living with HIV (APLHIV) – Pakistan
South Africa	3 breakout rooms; Online.	n=21 People living in SA, from vulnerable and “left behind” groups, who use the state health services. The South Africa (SA) focus group discussed UHC and especially the component of equity, in the context of the state’s National Health Insurance (NHI) programme.	South African NCDs Alliance
United States	1 breakout room with all participants.	People with experience in the healthcare system.	Global Health Council (GHC), CORE Group
Vietnam	3 breakout rooms with 11-14 participants per group. Available in both English and Vietnamese.	n=36 Policy makers, representative of CBOs and networks of vulnerable population including migrants, elderly people, youth, urban poor, people with disabilities, women and girls, sex workers, people using drugs, transgenders, men who have sex with men and ethnic-minority. Discussions focused on access to health and medical services in general, the special needs of each community, barriers for access to health and health services such as policies, implementation of policies, discrimination and stigma and accessibility to health services during COVID-19 breakout.	Center for Supporting Community Development Initiatives (SCDI)

ANNEX II: GUIDING QUESTIONS FOR FOCUS GROUP DISCUSSIONS

CATEGORY 1: ENSURE POLITICAL LEADERSHIP BEYOND HEALTH

- Does your government have a coordination mechanism/department that engages across sectors for the specific purpose of improving health or advancing UHC? If so, how well is this mechanism or department functioning?
- If you primarily conduct health advocacy, have you engaged with other ministries or departments beyond health in your advocacy efforts? How so?
- During the COVID-19 pandemic, has your government made UHC a high priority? Are there any changes in the health and UHC policy and implementation of your government before and during the COVID-19 pandemic?

CATEGORY 2: LEAVE NO ONE BEHIND

- Which groups of people in your country struggle to gain access to health services? What are their main barriers to accessing health services?
- Are there specific health areas or diseases that are often under-prioritized?
- What are the inequities in health access that have been exacerbated by the COVID-19 pandemic? Who is addressing these and how?
- Are there laws and policy frameworks that explicitly support vulnerable groups to access health services? Are there quotas or earmarked services?
- Are there free at point-of-use health care policies and plans in your country that enable people to access health services without experiencing financial difficulties?

CATEGORY 3: REGULATE AND LEGISLATE

- Do you feel that UHC laws/policies/strategies that exist in your country are being adequately implemented?
- Do you know of any accountability or monitoring mechanisms for UHC in your country? If yes, please explain your answer.
- Are there laws and policies in place to ensure that people can engage in planning, budgeting and monitoring of health plans and budgets?

CATEGORY 4: UPHOLD QUALITY OF CARE

- Do you think that health services in your country are of good quality? Can you elaborate and give examples?

- What health services and what communities/population groups experience the gaps in quality?
- Does your country have adequate health workers? Are community health workers part of the health staff roster and are they paid adequately?

CATEGORY 5: INVEST MORE, INVEST BETTER

- Where do you think your government should be spending more in terms of achieving UHC?
- Is the government spending enough on health services and is this increasing?
- If the government is not increasing its spending on health services, what is preventing your government from investing more in health services?

CATEGORY 6: MOVE TOGETHER

- At the national level: are there opportunities for people, civil society organizations and the private sector in your country to be engaged in planning, budgeting, monitoring and evaluating the health sector?
- At the community level: Are communities engaged in local level health planning, budgeting and accountability processes, and are there feedback mechanisms for communities to assess the quality of services provided by local authorities?

CATEGORY 7: GENDER EQUALITY

- Are you aware of challenges for women, girls or individuals who are non-binary in relation to accessing health services? Can you elaborate?
- Are you aware of any stigma and discrimination towards clients' gender, sex, age, ethnicity, social economic status, disability, religion, behaviour, immigration or migrant or incarceration status by health care service providers?

CATEGORY 8: EMERGENCY PREPAREDNESS

- How is COVID-19 affecting people's access to health services in your country?
- What have been the social, economic and health impacts of COVID-19 in your country?
- Do you have suggestions for how to improve resilience in primary health care systems for future epidemics or other health emergencies?