

From Commitments to Action: Civil Society Perspectives on Reaching Universal Health Coverage

Key findings on the state of universal health coverage (UHC) from civil society and community focus groups led by the Civil Society Engagement Mechanism for UHC2030 (CSEM) with APCASO, Global Health Council, International Federation of Red Cross and Red Crescent Societies, Living Goods, NCD Alliance, People's Health Movement, Save the Children, UNAIDS, and other country partners.

ENSURE POLITICAL LEADERSHIP BEYOND HEALTH

FINDING 1

There remains a lack of clarity and leadership for cross-sectoral coordination on UHC, especially in policy planning. Governments must strengthen collaboration mechanisms with a specific aim of achieving UHC and include civil society as partners.



LEAVE NO ONE BEHIND

FINDING 2

Despite progress made in expanding coverage, vulnerable communities face many barriers in accessing health care. The physical, financial, socio-cultural, and legal challenges faced by the most vulnerable must be prioritized and addressed as part of UHC programs.

FINDING 3

Stigma is a barrier to health care access across countries that leave many people behind. UHC cannot be achieved without systematic and intentional solutions to stigma and discrimination.



REGULATE AND LEGISLATE

FINDING 4

Policies that aim to achieve UHC are often not implemented effectively because of restricted budgets, gaps in coordination, and limited accountability mechanisms. Effective legislation for UHC must be attached to adequate funding and include multi-stakeholder structures for implementation.



UPHOLD QUALITY OF CARE

FINDING 5

The quality of health services is uneven within countries, across regions and communities. To uphold quality of care, governments should strengthen support to all health providers, especially community and frontline health workers, so that they are better able to deliver people-centered care to all.



INVEST MORE, INVEST BETTER

FINDING 6

Increasing health spending is important but not enough. In order to achieve UHC goals, governments must prioritize investments in primary health care and the health care workforce especially at the community level.



MOVE TOGETHER

FINDING 7

While most governments have committed to engaging civil society and communities in health policy, this engagement is often at a peripheral level. Countries must prioritize and create purposeful structures for civil society engagement in all health-related decision-making and civil society groups must likewise be prepared to participate.



GENDER EQUALITY

FINDING 8

The impact of health vulnerabilities and gaps in health systems varies widely by gender identity across all settings. This inequity can only be addressed by gender-sensitive health policies and programs, which in turn requires diverse representation in leadership at the global, national and sub-national levels.



EMERGENCY PREPAREDNESS

FINDING 9

While the full impact of the COVID-19 pandemic is yet to be seen, it is clear that the crisis has exacerbated existing barriers to access. To prevent further losses, governments must focus on the most vulnerable populations first in the pandemic response and recovery.



Key Recommendations to Political Leaders



Leave no one behind

Populations and communities facing additional vulnerabilities must be prioritized in UHC programs and plans.

- Invest in effective analysis and research to fully understand the challenges communities face in accessing health care, especially in settings where UHC plans exist, and engage those communities in interpreting those findings and designing solutions.
- Promote the inclusion of vulnerable individuals and households for social programs, even if they do not have formal identification.
- Recognize stigma and discrimination as human rights violations; sensitize health care providers; monitor and address cases of rights violations in people's experiences accessing health care.
- Prioritize education and awareness on available health care services and welfare programs, including with translations and accessible formats, and create mechanisms to ensure people have access to these programs.

Increase public financing for health

Governments must increase spending on health, especially on primary health care and health promotion.

- Strengthen primary health care services, including preventive and promotive health.
- Invest in and strengthen community systems for health.
- Reduce and regulate costs of health care services and commodities, especially for NCDs.
- Address prolonged stock-outs of drugs and commodities.
- Invest in funding for emergency preparedness.



Support health workers

Investments in the health workforce must be increased to attract and retain more workers, formalize community health workers, and provide adequate remuneration and training.

- Address health provider shortages and develop plans for recruitment and retention.
- Formalize the role of community health workers, who are essential to delivering quality health care services.
- Ensure adequate remuneration and training for all health care workers, including community health workers.
- Protect health providers, including developing and implementing health personnel management policies and supporting trainings during health crises.



Improve involvement of CSOs, citizens, transparency and accountability

Civil society must be partners in creating strong health systems that are responsive to the needs of people.

- Include civil society in all stages of UHC policy development, implementation and monitoring.
- Standardize feedback mechanisms and formalize monitoring and evaluation processes for health policies including from health system users, including support the development of community-led monitoring systems.
- Institutionalize inter-agency, inter-department, or inter-ministry collaboration for UHC.
- Support civil society and communities including with funding for capacity building and mobilizations that can facilitate ground-up, community-led advocacy and engagement.

