CHAMPIONING UHC ACCOUNTABILITY AND LEAVING NO ONE BEHIND

The message below was delivered by Dumi Gatsha, Founder, Success Capital NGO, Botswana, and member of the CSEM Advisory Group and UHC2030 Steering Committee during the UN Multistakeholder Hearing on universal health coverage (UHC). It has been slightly revised for this blog.

The challenging health landscape since the 2019 political declaration on UHC reflects the fact that **making commitments is not enough to reach everyone with the health services they need**. Governments need to establish mechanisms to measure progress and strengthen monitoring and evaluation with a focus on those often left furthest behind. This is especially important as we look ahead to the UN High-Level Meeting on UHC on September 21, 2023.

Reporting on UHC remains a challenge. Since the 2019 high-level meeting on UHC, UHC2030 has published the State of UHC Commitment that provides a multistakeholder overview of the status of UHC implementation at the country level. Data for the review is collected from various sources, including from the Voluntary National Review (VNR) reports, national health policies and strategies, VNR shadow reports, document review, media analysis, country consultations with civil society, and multistakeholder surveys. This culminates in a synthesis report and data portal that are published on the UHC2030 website.

But UHC data remains limited, fragmented, and often excludes those in the margins.

Measuring progress demands that we move beyond linear and normative monitoring and evaluation mechanisms, as countries increasingly commit to UHC. We need stronger reporting mechanisms and feedback systems that include civil society participation to really leave no one behind. Disaggregated reporting on UHC in VNRs, national statistics reporting, Global Fund Country Coordinating Mechanism infrastructure, national development planning, treaty bodies, and special procedures will ensure an intersectional and holistic approach to reviewing and addressing social determinants to UHC.

The Civil Society Engagement Mechanism for UHC2030 has developed several tools to facilitate and strengthen the tracking of progress on UHC including the Health for All Advocacy Toolkits and country consultations with civil society and communities.
However, these tools have not sufficiently opened doors for grassroots organizations to engage in conversations and find solutions for UHC where there are shortcomings.

Consultations with civil society and communities have shown that many of us – including people on the move (migrants, stateless and displaced persons); people with disabilities; people living with HIV; people with diverse sexual orientation, gender identity, and/or expression; people engaged in sex work; people who are intersex, indigenous, neurodivergent, ethnic minorities; people who are criminalized; people who are imprisoned;

people living in poverty; and people living amid humanitarian, climate, and conflict crises – are left behind. More broadly, youth, women, and girls continue to face structural impediments to accessing health services and care.

This includes the experiences the Success Capital Organisation has encountered in community health.Such as a mother based in Chukumuchu that can go full term without having seen a nurse or midwife because of poor infrastructure, planning, and resourcing. Or denying a young Kalanga lesbian motherhood because of inadequate provisions for quality reproductive and mental health care as it does not fit with what being queer should look like. Similarly, failing to address structural inequities to accessing health, including stigma, discrimination, harmful gender norms, non-recognition of care work, and gender-based violence.

This reflects why **social participation is needed at regional and country levels** to accelerate implementation, track progress, and hold governments accountable for commitments made in sustainable development, human rights, and governance mechanisms.

Social participation can lead to equitable, non-discriminatory, participatory, gendered and inclusive health programs, policies, and interventions with UHC as an entry point for advancing integrated primary health care, health system strengthening, pandemic preparedness, and health security.

Accountability should centre people who are most impacted. This includes health information, mechanisms for redress where harm is done, open discussions, periodic follow-ups at the community level, standardized accessible systems, and meaningful resources for equitable participation of civil society and communities. UHC 2030's Action Agenda is clear in guaranteeing gender equity, championing political commitment, and addressing inequities, along with five other priorities to ensure that people are not left behind as anchored in the Sustainable Development Goals and Africa's Agenda 2063.

I will close with a quote by Dr. Paul Farmer: "If access to health care is considered a human right, who is considered human enough to have that right?"

At the high-level meeting on UHC in September, world leaders must answer this question with concrete actions to strengthen UHC accountability and **leave no one behind.**