

KEY RECOMMENDATIONS FROM CIVIL SOCIETY FOR UNIVERSAL HEALTH COVERAGE (UHC)

Civil society and community stakeholders who participated in the **State of the UHC Commitment Review** consultations outlined the following areas for heightened attention and action by political leaders in order to achieve UHC. Results are presented in *“From Commitments to Action: Civil Society Perspectives on Reaching Universal Health Coverage”* published by the Civil Society Engagement Mechanism for UHC2030 (CSEM) in 2021 and 2022. Commonwealth countries in this report include India, Kenya, Pakistan, South Africa, Sri Lanka, Singapore, Cameroon, Ghana, Eswatini, Malawi, and Botswana. A regional consultation in Latin America and Caribbean included Antigua & Barbuda, Barbados, Belize, St. Vincent & the Grenadines, and Dominica.

HIGHLIGHTS FROM COMMONWEALTH COUNTRIES

ENSURE POLITICAL LEADERSHIP BEYOND HEALTH

- (1) build public support for UHC from the highest level
- (2) clarify roles and responsibilities for UHC coordination and governance
- (3) engage leadership across policy focus areas, including at the national and community levels

LEAVE NO ONE BEHIND

- (1) strengthen policies to eliminate out-of-pocket expenditures, especially for marginalized communities and those facing multiple vulnerabilities
- (2) develop inclusive health policies and programs that strongly address stigma and discrimination
- (3) understand and prioritize the specific needs of those furthest left behind, including by institutionalizing their participation in health decision-making at all levels

“Rich people are more favored than poor people when it comes to having good access to health services in Malawi.” – Participant in Malawi

“Essentially, there is no UHC for anyone who doesn’t fall within the ‘normative group’, which [only] include Singaporeans or permanent residents.”
– Participant in Singapore

REGULATE AND LEGISLATE

- (1) create transparent accountability structures that include civil society as partners in data generation, collection, and analysis
- (2) promote health literacy and share relevant policy information, including how to ensure the implementation of existing policies
- (3) develop and enact health legislations and policies that are rights-based, person-centric, and ensuring accessibility of services to all

“There are no laws for the protection of consumer information... leading to hesitation to ask for medical information. Doctors may charge for a medical report at an exorbitant cost.” – Participant in Dominica



UPHOLD QUALITY OF CARE

- (1) support the healthcare workforce, especially at the primary health care level, through additional investments in recruitment, retention, training, and protection
- (2) expand community-led services especially for marginalized groups

“UHC is not something we usually talk about because for most of us we believe that the government is providing free health services. What we forget is someone always pays and nothing is free. In this case, each citizen of this country pays for the free health services and we should have quality health services.”

– Participant in Sri Lanka

“Despite district nurses initiating a ‘round -up’ program for people with mental health conditions, these people encounter health personnel who do not want to deal with them or who just do not know how best to interact with them.”

– Participant in Dominica

INVEST MORE, INVEST BETTER

- (1) invest in the healthcare workforce, especially at the primary health care level, including with remuneration, training, retention support, and protection
- (2) work with civil society to identify key areas of investment needs, including in data and knowledge management, digital health, prevention and health promotion
- (3) increase public financing for health, including through innovative mechanisms and taxation

“It is recommended that governments spend at least 5% of its GDP or at least 15% of its annual budget on health but there is lack of political will, misuse of funds... and failure to tap in resources from private sector. The commitment is far from being realized.” – Participant in Malawi

MOVE TOGETHER

- (1) strengthen sustained participation structures for civil society and communities in all stages from planning and budgeting to implementation and evaluation
- (2) integrate mechanisms to include diverse and marginalized groups in health decision-making by investing in knowledge-sharing and capacity-building at the community level

“They expect reports from CSOs but hardly ever account back to them on what is done regarding the information provided to the ministry and their activities and Ministry of Health takes credit for data generated by CSOs but do not speak much on their own activities openly.” – CSO in Eswatini



GENDER EQUALITY

- (1) ensure gender perspectives are understood and integrated in health decision-making
- (2) invest in gender-sensitive health workforce training at all levels, especially primary health care



“Women and girls are very much challenged in accessing health services. They are challenged before going to the health service by family, challenged by doctors when they are at the clinic all because they are women.”

– Participant in Sri Lanka

“Doctors are not trained in [LGBTQI+] care even when there are decades of scientific research. The quality is inconsistent and doctor-dependent, when [all patients should be] treated in a way that is affirming, respectful and suitable.”

– Student advocate in Singapore



EMERGENCY PREPAREDNESS

- (1) increase public investments in health facilities and workforce, especially at the primary health care level
- (2) improve digital health services and technology access
- (3) integrate community engagement and knowledge sharing within and across countries



“We are all living in a world where we live with pandemics, we all need to develop a plan where we can all have a backup, if we face a health challenge globally.”

– Key message highlighted during a focus group in Botswana



RECOMMENDATIONS FOR AMPLIFIED ACTION



- Legislation, regulations, and policies with a redoubled focus on **reducing inequalities and upholding rights** in health care access. The needs of people living with disabilities, young people and adolescents, migrants and refugees, indigenous populations, women and gender minorities, LGBTQ+ communities, and others facing multiple vulnerabilities must be addressed with targeted solutions.
- Increased **public funds for the health sector**, especially allocated to strengthening primary health care, supporting community-based health care, expanding promotion and prevention approaches, and strengthening the health workforce.
- Quality **data generation and sharing** to support evidence-based planning, including in partnership with and through investments in civil society and community groups.