

# Advancing Universal Health Coverage throughout the Commonwealth

Recommendations from  
Commonwealth civil society



SCAN TO READ  
2024 UPDATES



Commonwealth  
Foundation



**Cover image:** Nurses leaving a shift at the Colonial War Memorial Hospital in Suva, Fiji.

## Recommendation 1

# Uphold access to health as a fundamental human right

**The right to health is universally recognised as a fundamental human right.** The achievement of universal health coverage (UHC), through a human rights-based approach is the responsibility of governments, who must ensure that healthcare services are accessible and available to everyone, regardless of their age, ability, gender, sexuality, health status, geographic location, income, financial situation, or social status. Building inclusive and equitable healthcare systems is not only the remit of health ministries and the health sector: a whole-of-government approach is vital and this requires coordination across all relevant ministries and authorities to improve the social determinants of health<sup>1</sup> and to create healthy societies.

## Recommendation 2

# Invest more and better

**In all Commonwealth countries, current levels and modes of spending are inadequate to achieve UHC.** Health expenditure must be seen as an investment and not an expense. The appropriate allocation of resources and high standards of accountability for public money, especially in low-to-middle income countries, are essential. To make progress toward UHC and truly leave no one behind, governments must increase health spending as a proportion of their Gross Domestic Product (GDP).<sup>2</sup> They must invest more to strengthen health systems including primary healthcare and community health systems. Funding should be used to build and maintain health infrastructure, train medical staff, procure medicines and medical equipment, and ensure the availability of diverse and culturally competent healthcare workers who are skilled and well paid. To ensure that quality, essential health services are available for all, funds should be focussed on strengthening the delivery of services that are both geographically closer and more responsive to the needs of individuals.

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<sup>1</sup> The social determinants of health (SDH) are the non-medical factors that influence health outcomes. They are the conditions in which people are born, grow, work, live, and age, and the wider set of forces and systems shaping the conditions of daily life. These forces and systems include economic policies and systems, development agendas, social norms, social policies and political systems.

<sup>2</sup> Civil society is calling for governments to establish a minimum of level of health expenditure at 5% of GDP: <https://csemonline.net/wp-content/uploads/2019/07/WHY-5-of-GDP-1.pdf>



A social worker visiting a grandmother with diabetes and partial blindness at her home in Mombasa, Kenya.

### Recommendation 3

## Engage with communities: involve them in co-creating the structures and processes that will ensure collaborative policy formation and decision-making

**UHC cannot be achieved by governments alone.** It requires genuine collaboration and co-ownership. Adopting a community-based approach is paramount to UHC. Health services must be community-led, people-centred, and they should involve meaningful engagement through consultation mechanisms that are designed by the people and are inclusive of all groups in society. Civil society and community-based organisations play a key role in sensitising local communities about their health rights, empowering them to act and advocating for better policies within the community. Community-led initiatives can help to streamline healthcare systems' preparedness including strategies on detection and diagnosis, prevention, management, and treatment.

### Recommendation 4

## Protect sexual and reproductive health as a key aspect of women's health

**UHC will not be achieved without greater efforts to advance and protect the sexual and reproductive health rights of all women in all their diversity.** Governments should ensure full and unimpeded access to reproductive health services, including the provision of comprehensive sex education, family planning, laws protecting safe sexual behaviours, maternal health and safe abortion services so that women and girls, especially those from vulnerable communities, can make informed decisions about their health. Greater focus and attention through awareness-raising and sensitisation must be given to women's specific health issues—including endometriosis, cervical cancer and health-related aspects of pregnancy and menopause. Sexual and reproductive health services and strategies should be implemented together with actions to protect women and girls from gender-based violence.

## Recommendation 5

### Increase women's representation and participation in decision-making processes related to health policy and planning

**Achievement of UHC requires accelerated efforts to put women in the driver's seat of health policy and planning.** Women's leadership and active participation is critical to the development and implementation of effective, inclusive and fair policies, plans and budgets. Governments should take positive action to make this happen through, for example, using quotas and mandating inclusion requirements in decision-making structures at all levels; encouraging women to assume leadership positions; engaging closely with organisations that are working to advance the health rights and wellbeing of women in all their diversity; and taking measures to ensure that women are leading and participating in research studies and clinical trials. Community-led monitoring should be systematic, women-led and designed to provide information and evidence on what is working and what is not working to ensure the highest standards of care.

## Recommendation 6

### Collaborate and cooperate to achieve global solidarity

**The level of global collective action required to deliver UHC requires greater solidarity between countries and should involve governments, civil society and the private sector.** Outcome-focused dialogue between these stakeholders is essential for the sharing of knowledge, technology, vaccines, medicines, clinical research and technical expertise that is critical to UHC. The Commonwealth is uniquely placed to become a champion of UHC, as well as a valuable point of practical coordination and collaboration. Commonwealth Member States should affirm UHC as a priority for the Organisation and put in place the mechanisms that will enable it to play a strong and effective role, most especially for its small and vulnerable Member States.

## Recommendation 7

### Ensure health policies and practices are evidence-based, intersectional and relevant to the needs of everyone

**The path towards UHC must be guided by strong and reliable evidence.** Policymakers should collect, analyse and benchmark data, which is disaggregated by sex and gender, as well as other intersecting characteristics, to monitor and evaluate progress and to identify and address barriers that prevent diverse groups from accessing health treatment and care. A review and appraisal cycle of existing health policies, legislation, data and research should be systematically carried out to assess results, outcomes and gaps in implementation. This will allow for continuous monitoring of progress towards UHC through coordinated efforts at local and national levels and across the Commonwealth.

## Recommendation 8

### Address discrimination, disparities and stigma

**UHC, by definition, seeks to bring healthcare to everyone, everywhere.** In all countries of the Commonwealth there remain significant disparities in health outcomes within certain groups including, but not limited to, women and girls, young people, people living in poverty; people living with disability; those who risk discrimination because of their sexual orientation or gender identity; older people and rural populations. Disparities in health outcomes means a higher risk of isolation, exclusion, illness and death. Such disparities can be mitigated by strategies that explicitly aim to widen access. Such strategies could, for example, involve the development of new forms of communication; improving physical accessibility; changing attitudes; and strengthening service provider skills, awareness and empathy. They should also focus on changing discriminatory laws and reforming institutions as well as providing legal support and justice. Healthcare workers and communities should be educated to address harmful cultural norms and traditional beliefs to improve knowledge and awareness about health.



Medical students attending a day of clinical teaching at Monash University, Australia.

## Recommendation 9

### Enhance accountability procedures to ensure the quality of health systems

**The health systems required to deliver UHC must be accountable to the people they are established to serve.**

In building stronger health systems, governments should prioritise the establishment of clear, robust and transparent regulatory frameworks that include effective monitoring and evaluation systems. To be credible, accountability procedures and mechanisms must involve civil society and must cover all centres and stages of health practice.

## Recommendation 10

### Build stronger and more resilient health systems to mitigate the risks of climate change

**Climate-resilient universal healthcare systems are critical to achieving equitable and essential protections from the health impacts of climate change.** Many countries within the Commonwealth, especially small and vulnerable states, are disproportionately affected by the climate crisis and it is the most vulnerable communities within these countries who are more likely to experience poor health and restricted access to healthcare services. The components of a climate-resistant health system—including policies, public health infrastructure and facilities—must be carefully monitored, planned and budgeted for. Health workers should be trained to support new approaches which understand and appreciate the health implications of climate change and incorporate this into the planning process and evidence-based decisions.



Health worker checking the blood pressure of a man at a free health check-up camp in Delhi, India.

## Recommendation 11

### **Adopt a life course approach in healthcare priority planning that accounts for the needs of both current and future generations**

**To be truly universal, UHC must benefit everyone, at every point throughout their life journey.** To be sustainable, progress towards UHC must reflect and seek to meet the needs of both current and future generations. Commonwealth governments should—in policy and in practice—explicitly recognise the health needs and rights of people of all ages. Older people should benefit from policies and strategies that emphasise, fund and create structures to: (i) support healthy ageing; and (ii) prioritise appropriate care for older people including primary healthcare, community-based care, long-term care and support, and palliative care.

## Recommendation 12

### **No health without mental health**

**The integration of mental health into UHC supports physical healthcare and helps achieve better overall health outcomes.**

To create healthier societies, it is essential to normalise counselling, therapy and education on mental health and wellness and make such services available to those who need them most. The COVID-19 pandemic highlighted the burgeoning mental health crisis which has affected people across the Commonwealth, many of whom are experiencing concurrent vulnerabilities. Commonwealth countries should integrate affordable and accessible mental healthcare across all levels of health provision—at primary, community, non-specialist hospitals and specialist services— and include those with lived experience at the centre of mental health policy and practice.

# HOW CIVIL SOCIETY FORMULATED THE RECOMMENDATIONS

*Civil society worked together from across the Commonwealth to develop a vision for inclusive and equitable healthcare:*



## FEBRUARY 2023

The Commonwealth Foundation convenes a landmark roundtable with health experts and civil society on 'Advancing Universal Health Coverage Through Gender Equality'.



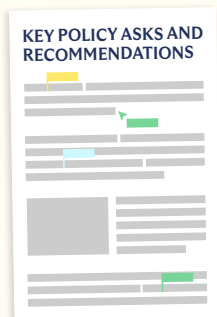
## FEBRUARY 2023

220 health experts and civil society leaders from 35 Commonwealth countries gather online to reflect on progress and barriers to universal health coverage, with a specific focus on gender.



## FEBRUARY 2023

Roundtable attendees prepare key policy asks and recommendations on health to present to Commonwealth Health Ministers during an online workshop.



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#### SURVEY

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#### Advancing Universal Health Coverage throughout the Commonwealth

Key Asks from Commonwealth  
civil society



#### MARCH 2023

Over 300 civil society advocates respond to a survey asking what measures can be taken to make health systems more equitable and inclusive.

#### MARCH 2023

The Commonwealth Foundation collates the Recommendations from the roundtable and the survey into a set of 12 Recommendations. These Recommendations are shared with roundtable attendees for review and amendments.

#### MAY 2023

The Recommendations are shared with Senior Officials and Commonwealth Health Ministers at their annual summit in Geneva to inform the Commonwealth position prior to the World Health Assembly.

# About the Commonwealth Foundation

The Commonwealth Foundation is an intergovernmental organisation, mandated by its Member States to advance the interests of Commonwealth civil society. Upholding a firm commitment to the principles and ideals of the Commonwealth, the Foundation seeks to nurture the growth of vibrant and free societies: championing the active and constructive participation of people in all aspects of governance.

## Continue the conversation online

**Let's continue the conversation  
about healthcare for all.**

Join our new online discussion group for civil society and be part of this global community of advocates building a Commonwealth for all.



Sign up to share,  
listen and learn

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