

HEALTH JUSTICE AND THE COMMONWEALTH

UPDATE ON THE 12 KEY RECOMMENDATIONS FOR ADVANCING UNIVERSAL HEALTH COVERAGE PRESENTED TO COMMONWEALTH HEALTH MINISTERS IN MAY 2023

CIVIL SOCIETY REQUESTS TO COMMONWEALTH HEALTH MINISTERS, AHEAD OF THE 2024 WORLD HEALTH ASSEMBLY

- 1. Their active participation in - and support for – a WHO *resolution on self-care*.**
- 2. Their active participation in - and support for – a WHO-sponsored *Accord on Pandemic Preparedness*.**
- 3. Their active participation in - and support for – a WHO resolution on *Institutionalising Social Participation for Health and Well-being***

Background and context

In 2023, the Commonwealth Foundation convened civil society leaders and activists working in the health space across the Commonwealth to develop a set of recommendations (originally: ‘key asks’) for advancing Universal Health Coverage (UHC) throughout the Commonwealth. These recommendations were presented to the Commonwealth Health Ministers Meeting (CHMM) in May 2023.

During the past year, the Foundation has continued to engage with Commonwealth civil society to secure information and insights into progress against the Recommendations. Have there been any genuine breakthroughs? Where are we seeing examples of good practice that might be replicable elsewhere? Are the Recommendations themselves suitably formulated to capture current and emerging health justice priorities? And how is the Commonwealth—its Member States and institutions—contributing to the realisation of health justice¹ including through advancement of UHC? The Foundation has explored these questions through a series of online events and working groups (regional and Commonwealth-wide); in-depth

¹ The Foundation uses the term ‘health justice’ in recognition of persistent inequities in the provision and quality of healthcare and the obligation of the Commonwealth to acknowledge and seek to address these inequities. Health justice identifies and acknowledges the social determinants of health, as well as the structural barriers that hinder equal access to quality healthcare. UHC is fundamental to realisation of health justice.

discussions with subject-matter experts; and a comprehensive questionnaire that was distributed to more than 200 health leaders.

This update and the future

The information and insights received are summarised in this document. It is very much a work in progress: for further refinement over the coming months as we continue to engage closely with Commonwealth civil society in preparation for the Commonwealth Heads of Government Meeting (CHOGM) and the People's Forum in Samoa, in October 2024. Our goal is to make sure that the voice of Commonwealth citizens is heard by Heads of State and their representatives on all matters related to health and health justice, with UHC central to the discourse.

Through this work, we are seeking to advance Commonwealth values and principles: not only in relation to access to health but also with respect to human rights, equality, and non-discrimination. Our approach seeks to focus Commonwealth efforts towards the realisation of Sustainable Development Goal 3 (*Ensure healthy lives and promote well-being for all at all ages*).

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 health² and to create healthy societies.*

Update and insights:

Taking UHC beyond politics: Many Commonwealth countries will be holding national elections over the next 12 months. This is a critical moment to ensure that health is at the top of the political agenda for future leaders, and that the importance of taking urgent and meaningful action towards UHC is understood by all parties. New administrations can be supported (e.g. through outreach by organisations such as the Commonwealth Parliamentary Association) to advance the UHC agenda as a bipartisan issue and to seek longer-term policy development. Those governments that have not already done so should be encouraged to appoint a dedicated Minister of Health – thereby helping to signal their recognition of health as a fundamental human right.

² *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.*

The Civil Society Engagement Mechanism for UHC2030 has produced an [advocacy guide](#) for civil society to engage in electoral processes, influence the selection of policy-makers who are committed to prioritising the fundamental right to health, and foster a culture where healthcare is a recurring and prioritised electoral issue.

A Commonwealth case study: South Africa's UHC coverage index ranking has improved dramatically over the past two decades. In December 2023, **South Africa** adopted the *National Health Insurance Bill*: a major milestone for the country's journey to achieving equal access to quality and affordable healthcare for all. In shaping the bill, tens of thousands of South Africans attended hearings, made submissions, and commented on the contents and intentions of the Bill. The government is now calling on every interested party to partner with it on rolling out important changes and finding solutions to obstacles that continue to prevent the full realisation of UHC.

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 towards UHC, and truly leave no one behind, governments must increase health spending as a proportion of their Gross Domestic Product (GDP). 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 appropriately paid. To ensure that quality, essential health services are available for all, funds should be focused on strengthening the delivery of services that are both geographically closer and more responsive to the needs of individuals.*

Update and insights (see also Recommendation 4, below):

Self-care as a smart investment: Self-care initiatives (where people are empowered to look after their own health, using the knowledge and information available to them, and with the support of healthcare professionals as needed) are increasingly recognised as an effective and efficient way to deliver healthcare. There is a clear evidenced-based need for the prioritisation of self-care; it requires collaboration and community engagement to succeed; and has proven to be particularly beneficial for sexual and reproductive health, and healthcare needs related to issues of gender-based violence. There is growing evidence that appropriately administered self-care systems lessen the burden on the national health workforce, thereby supporting resilient healthcare systems. Prioritising self-care can also enable communities to continue a basic level of health services during conflict, humanitarian crisis, and post-crisis situations.

A **World Health Organisation** (WHO) resolution on self-care is being developed and Commonwealth Ministers are urged to participate in this process. Adoption of the resolution

would support the implementation of national self-care strategies and provide countries with direction on aligning resources.

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 and people-centred, involving 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 advocate for better policies within the community. Community-led initiatives can help to streamline healthcare systems by contributing to strategies on detection and diagnosis, prevention, management, and treatment.*

Update and insights:

Emerging good practices in the Commonwealth: Recognition of the value of community and stakeholder involvement in policy and decision-making around health appears to be increasing among Commonwealth Member States. ACON, an HIV and LGBTQ+ health organisation based in **Australia**, received government funding to establish a dedicated health service for marginalised communities that demonstrate significant health disparities when compared to the general community due to a lack of sensitive and appropriate care. A business case and detailed feasibility study was developed with assistance from the private sector, and through a high-level health sector working group. The health centre will open in late 2024. Lake Health and Wellbeing, a public health civil society organisation funded by the Commonwealth Foundation, has been working extensively with the Government of **Saint Christopher and Nevis** around policy development and decision-making. They report that officials have been open to collaboration, sharing information and providing resources to support service delivery. (See Recommendation 7, below)

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.

Update and insights:

Self-care as a strategy to protect sexual and reproductive health: As introduced at 2 above, a well-designed and properly supported self-care approach can improve healthcare delivery in remote areas, places of conflict and crisis, or in other situations where external factors compromise women's access to health. Self-care can be an important part of a broader, devolved and community-led approach to delivery of health services. In **India**, for example, expansion of the community midwife model has helped increase capacity and knowledge, thereby contributing to a more resilient primary health system. At Nuwara Eliya hill station in **Sri Lanka**, women workers on tea estates are vulnerable to sexually transmitted infections and unintended pregnancies due to their geographical isolation and dependency on the estate's cooperation for addressing their health needs. Maternity kits containing hygiene and sanitary items and other items tailored to the needs of mothers on the estate were distributed by International Planned Parenthood Federation. Many women wait, in all weather conditions, to meet the mobile clinic that can provide contraceptive implants. While these measures are clearly insufficient to address the broader lack of rights facing this vulnerable group, they do represent an acknowledgement of the fundamental importance of sexual and reproductive healthcare.

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 advance the role of women in health policy and planning. Women's leadership and active participation are 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 and women-led; designed to provide information and evidence on what is working and what is not working to ensure the highest standards of care.*

Update and insights:

Representation of women: An increasing proportion of Commonwealth countries have women Health Ministers. While this does not, on its own, guarantee greater attention to the

health rights of women and girls, it does send a promising signal, especially in countries where the government is also increasing funding for healthcare.

National Action Plans with a gender perspective: Nigeria has developed a Gender and Climate National Action Plan. Pakistan has also produced its own [Climate Change Gender Action Plans](#). Both plans were developed with community consultation. Government and civil society should be actively involved in monitoring the implementation of these plans to identify areas for further refinement.

Gender responsive health systems: UHC2030's latest State of UHC Commitment review shows that UHC processes are largely gender blind. Commonwealth Member States should consider the [declaration on the need for gender responsive health systems](#).

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.*

Update and insights:

Collaboration on pandemic preparedness: Negotiations are currently underway for a WHO-sponsored Accord on pandemic preparedness. Commonwealth Member States should continue their active involvement in the finalisation of this important policy instrument and in its effective implementation: most especially between fellow Commonwealth Member States.

Commonwealth case study of solidarity – an alternative regional health forum: Amref (an international health and development organisation working across Africa) has created an informal caucus for African leaders to come together to discuss healthcare. The forum draws on assemblies that would traditionally take place around a fire, sharing food from the same pot and discussing potential solutions for problems. This initiative provides an alternative forum for close engagement and the opportunity for community leaders to learn from each other.

Commonwealth case study of solidarity – collaboration between India and Maldives on digital health: The Maldives' dispersed islands are a challenge to ensuring equitable and sustainable access to health services throughout the country. Digital health systems (including telemedicine) have been identified as critical to delivering healthcare to remote communities. India has made great progress in development of digital health interventions and has invested in capacity building and training of healthcare workers, including digital literacy and skills

development. The respective governments are currently discussing ways that India can help to strengthen digital health initiatives in Maldives.

Commonwealth case study of solidarity – the Healthy Caribbean Coalition: Formed by a network of CSOs in 2012, this coalition advocates for evidence-based policies to tackle non-communicable diseases. Members of the coalition worked with the Government of Barbados to introduce a school nutrition policy. Member organisations in Saint Christopher and Nevis are now able to reach out to their counterparts in Barbados to hear experiences and insights on how the policy has worked, thereby providing the government with valuable information as it seeks to develop something similar.

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.*

Policy-makers 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.

Update and insights:

Involving target communities through tailored information: In Commonwealth countries of South Asia, teenage pregnancy rates are increasing, despite an overall fall in fertility rates. Research supports the need for more tailored and inclusive health communication campaigns that are informed by young people and aimed at young people. (See Recommendation 3, above).

Disaggregating data for better policies: With support from the Commonwealth Foundation, Lake Health and Wellbeing in Saint Christopher and Nevis has produced gender-disaggregated data which has been provided to the Ministry of Social Development and Gender Affairs and the Ministry of Health to encourage the facilitation of more evidence-based and gender-aware health initiatives.

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 often lead to 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 the skills and awareness of service providers. 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.

Update and insights:

UHC, discrimination and freedom of expression: Freedom of expression continues to be under threat in many Commonwealth countries. The Foundation is working to highlight the link between this fundamental right and its work on health justice, including through preparations for CHOGM and the People’s Forum in October 2024.

Commonwealth case studies of progress and regression: Many Commonwealth countries are reporting strong progress in certain areas of non-discrimination and in women’s rights. As noted elsewhere in this update, women’s representation within government is also increasing; however, there are worrying signs of stalling, or perhaps even a reversal of previous gains. Violence against women and girls is [reported](#) to be at high levels in almost every Commonwealth country; community consultations being used in some Commonwealth countries to tackle the issue of criminalisation of homosexuality have drawn criticism; and in some parts of the Commonwealth, efforts to accelerate the eradication of harmful traditional practices, including female genital mutilation and early, forced and child marriage, are being hindered.

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.*

Update and insights:

Building civil society’s capacity to engage: The provision of accessible information on health and other social development statistics is an important way for governments to demonstrate accountability. Governments should be open to sharing information and data with civil society organisations and recognise that these organisations can be partners in nurturing health-literate communities.

A Commonwealth case study in Kenya: the new government in Kenya recognised the need for public participation in the wave of reforms following recent elections. Amref, an Africa-based international health and development organisation delivering health services and training, is creating new ways to support communities in Kenya to engage with reforms and define what public participation looks like. A new study on this topic will be released in mid-2024.

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.

Update and insights:

Health Ministers participating in climate negotiations: Some Member States of the Commonwealth are now including national Health Ministers in their delegations to international climate talks including the UN Climate Conference. This indicates a growing awareness across the Commonwealth of the critical links between human and planetary health. Civil society has an important role to play in publicly supporting the routine inclusion of health officials in climate delegations.

A Commonwealth case study of climate advocacy: the [Common African Position on Climate Change and Health](#), was recently launched. This initiative seeks to build consensus, share insights, and amplify a common, Africa-wide position on health and climate change, with the ultimate goal of fostering sustainable and comprehensive policies that prioritise both health and the environment.

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.

Update and insights:

Commonwealth case studies for elder care: CommonAge, the Commonwealth Association for the Ageing, joined forces with Standards Wise International and civil society in Brunei Darussalam to host a national meeting on healthy ageing. The meeting, which was attended by Ministers and Senior Officials from five ministries, looked at the issue from the perspective of older people (diagnosis, management and support) and younger people (early intervention).

Promoting social participation for health: Social participation refers to a person's involvement in activities that provide interaction with others in the society or the community. It is recognised as centrally important to healthy ageing. A group of civil society organisations, health groups, and academic specialists is calling for social participation for health in and beyond the United Nations Sustainable Development Goals. Sri Lanka is one of a group of countries leading a resolution on [Institutionalising Social Participation for Health and Well-being](#) at the 2024 World Health Assembly. This resolution will mark a step forward in efforts to move countries towards a genuinely inclusive and participatory approach to achieving UHC. It deserves the support of Commonwealth Member States.

Recommendation 12:

No health without mental health: *The integration of mental health into UHC supports physical healthcare and 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.*

Update and insights:

Young Commonwealth leaders come together: In 2023, youth leaders from across the Commonwealth addressed Health Ministers at an intergenerational dialogue on youth mental health, held on the margins of the 76th World Health Assembly. At the subsequent Commonwealth Youth Ministers Meeting, the need for robust mental health policies was repeatedly highlighted by Member States and other participants.

A Commonwealth case study from Barbados: Barbados has appointed a Commission to review its Mental Health Act. The Commission is expected to identify multiple opportunities

to strengthen the legislative framework around mental health and thereby the delivery of services to a highly vulnerable group.