

Commonwealth Civil Society Policy Forum

Saturday 18 May 2019

‘Universal health coverage: leaving no-one behind’



Commonwealth
Foundation

IDDC International Disability
and Development Consortium

KEY ACTIONS FOR COMMONWEALTH HEALTH MINISTERS

WHAT WE UNDERSTAND BY UHC

The World Health Organisation (WHO) defines universal health coverage as “all people receiving the health services they need, including health initiatives designed to promote better health, prevent illness, and to provide treatment, rehabilitation, and palliative care of sufficient quality to be effective while at the same time ensuring that the use of these services does not expose the user to financial hardship”.¹

The WHO go on to note that a significant number of countries, at all levels of development, are embracing the goal of UHC as the right thing to do for their citizens. UHC, the WHO say, is a powerful social equalizer and contributes to social cohesion and stability. Supporting the right to health and ending extreme poverty can both be pursued through UHC.² The WHO also note that UHC is a critical component of the new Sustainable Development Goals (SDGs) which include a specific health goal: “Ensure healthy lives and promote wellbeing for all at all ages”. Within this health goal, there is a specific target for UHC: “Achieve UHC, including financial risk protection, access to quality essential health care services and access to safe, effective, quality and affordable essential medicines and vaccines for all”.^{3,4}

The achievement of Universal Health Coverage (UHC) is a key aim of the global health agenda, and an important target of the Sustainable Development Goals. There is increasing recognition however that some groups may fall behind in the effort to achieve UHC, including people living with disabilities, women and girls, and young people. Strategies that allow inclusivity will result in improvements in health system equity. Development assistance for UHC needs to be adjusted to specifically target those people who may be left behind as countries move toward UHC.

WHO ARE THOSE WHO MAY BE LEFT BEHIND?

People with disabilities; Women and girls; Young people and children; Older men and women; Carers; People who are poor; People living in isolated rural or remote communities; Other vulnerable groups such as transient populations, refugees and people seeking asylum, people who identify as LGBTQI, people who are homeless, and prisoners.

¹ World Health Organisation. *Tracking universal health coverage: first global monitoring report*. 2015. p.viii. Available from: http://apps.who.int/iris/bitstream/10665/174536/1/9789241564977_eng.pdf

² Ibid p.iv

³ Ibid p.iv

⁴ United Nations. *Sustainable Development Goals. Goal 3*. 2015. Available from: <http://www.un.org/sustainabledevelopment/health/#7e9fb9b0ec8c8e6e6>

A. UHC SYSTEM PLANNING

“Planning without us is against us”

Key Action 1

In developing new, or adjusting existing health systems for the implementation of UHC, Commonwealth Health Ministers in partnership with civil society, as a first step, commit to engaging with those individuals and groups who may be left behind, so their health needs can be met on an equal basis with others and equity of access to quality and affordable health care and services is assured.

B. ESSENTIAL PACKAGE OF CARE

“Those hardest reach need primary prevention services most of all”

Key Action 2

Commonwealth Health Ministers in partnership with civil society, give priority to the development of quality, accessible, affordable and flexible primary health care and rehabilitation services to individuals and groups who may be left behind, for example outreach services, youth friendly services, drop in services, and innovative use of digital technology.

Key Action 3

Commonwealth Health Ministers in partnership with civil society, include consultation with those who may be left behind in the development of any essential package of care, services, and medicines, to make sure their specific health care needs are included.

C. FINANCING OF UHC

“Donor driven development assistance programs don’t prioritise the hardest to reach so they continue to be left behind”

Key Action 4

Commonwealth Health Ministers in partnership with civil society, ensure that mechanisms for the financing of UHC specifically address financial risk for those individuals and groups who may be left behind and enable access to health care.

Key Action 5

Commonwealth Health Ministers, through the Commonwealth Secretariat, engage with ODA donors in order to re-align and re-position development assistance to specifically enable both middle and low income countries to reach out to those individuals and groups who may be left behind in the implementation of UHC.

D. DATA

"If you don't count us, you don't see us, but we are still there"

Key Action 6

Commonwealth Health Ministers request the Commonwealth Secretariat to examine existing data collection tools to identify data gaps particularly in:

- (a) monitoring access to health care by those individuals and groups who may have difficulty accessing health care disaggregated by age, gender, location, type of disability, and out of pocket costs, and
- (b) collecting data in relation to informal carers and the support they receive in their caring capacity

and submit recommendations to the 2020 Commonwealth Health Ministers' meeting about closing the gaps identified.

E. COMMUNICATION AND INFORMATION

"No-one is listening: the blind ones cannot see, the crippled cannot walk, the deaf ones cannot hear the health messages, and still the mad ones, no-one is even interested to treat them - invite them in and let them speak"

Key Action 7

Commonwealth Health Ministers in partnership with civil society, ensure that comprehensive health information across all mediums is provided to those individuals and groups who may be left behind, in consultation with them, so that information is provided in a form that is acceptable and effective. (For example, signs in braille or audio speaker points for people who are visually impaired; information in pictures and symbols for people who are illiterate or who have a learning disability; interpreters who can use sign language for people who have hearing impairments; use of social media, music and drama to engage with young people.)

F. HEALTH WORKER EDUCATION

"Inclusion and human rights becomes the standard for health service delivery and the training of all health workers"

Key Action 8

Commonwealth Health Ministers in partnership with civil society, ensure that initial and ongoing training and education programs for all health workers include sensitisation to individuals and groups who may be left behind and the development of knowledge, attitudes and skill that reduce stigma, prejudice and fear, and enable culturally appropriate non-discriminatory care.

G. LEGISLATION AND POLICY

"One house, same for all"

Key Action 9

Commonwealth Health Ministers enshrine in legislation and policy (if not already in place), the right to health on an equal basis with others without discrimination of any kind for those most likely to be left behind and respect for their human rights.

H. ADDITIONAL ISSUES

Key Action 10

Commonwealth Health Ministers request the Commonwealth Secretariat to provide a report at the 2020 Commonwealth Health Minister's meeting on the implementation of these key actions from the Civil Society Policy Forum and any other key actions generated at the 2019 CHMM.

Key Action 11

Commonwealth Health Ministers commit to the WHO Initiative for the Decade of Healthy Ageing 2020-2030.