



# COMMONWEALTH CIVIL SOCIETY FORUM

policy dialogue

## 2017: PROCESS

- Establishment of a **working group** facilitated by the **Commonwealth Foundation**
- Members of the working group were:
  - **Commonwealth Foundation**
  - **Commonwealth Health Professions Alliance**
  - **Third World Network**
  - **International Community of Women Living with HIV Eastern Africa**

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## 2017: METHODOLOGY

- Decide topics for discussion
  - \* **The politics of wellbeing**
  - \* **Structural violence and its impact on women's health**
  - \* **Funding models for financing universal health coverage**
- Develop policy briefs on 3 topics
- **Online survey** to encourage input from broader civil society across Commonwealth
- Presentation of policy briefs and recommendations at 2017 Civil Society Policy Forum
- **Presentation of recommendations to Commonwealth Health Ministers**

Male = 35

Region  
Commonwealth  
Foundation



Africa = 33

Asia = 20

Caribbean & Americas = 38

Europe = 14

Other = 2

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## 2017: RESULTS OF THE ONLINE SURVEY

### ■ 107 responses

- 72 female ; 35 male
- 33 Africa ; 20 Asia; 38 Caribbean & Americas; 14 Europe; 2 'other'

### ■ The survey asked questions related to:

- UHC
- politics of wellbeing
- effects of structural violence on women's health

### ■ Space for respondents to comment & explain responses

### ■ Policy briefs refined and following recommendations developed

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## 1. THE POLITICS OF WELLBEING

### Recommendation 1.1

Commonwealth Health Ministers should lobby for their national statistics institutes to include **internationally harmonised wellbeing questions in large-scale regular official surveys**, and to report data in a timely fashion

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## 1. THE POLITICS OF WELLBEING

### Recommendation 1.2

Commonwealth Governments commit to using a ‘**wellbeing impact policy tool**’ to quantify the overall subjective wellbeing impact of **all policies**, and **disaggregate policy impacts** for different demographic groups

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## 2. THE IMPACT OF STRUCTURAL VIOLENCE ON WOMEN'S HEALTH

### Recommendation 2.1

Commonwealth Ministers for Health **declare an end to all forms of violence**, both interpersonal and structural, identify and commit to instituting mechanisms to address GBV around a clear and coherent agenda, ensuring social cultural systems, laws and policies are preventing violence and influencing violence free systems and communities

## 2. THE IMPACT OF STRUCTURAL VIOLENCE ON WOMEN'S HEALTH

### Recommendation 2.2

Commonwealth Ministers of Health work with their governments and **remove all financial barriers that limit women and girls from accessing health care services**. Governments should reduce service fees that deter a common person, especially those from poor and war torn countries to have access to care. Removing financial barriers to care must be accompanied by efforts to ensure that health services are appropriate, acceptable, and of high quality to meet the needs of girls and women



## 2. THE IMPACT OF STRUCTURAL VIOLENCE ON WOMEN'S HEALTH

### Recommendation 2.3

Commonwealth Ministers of health ensure there is **substantial investment in primary health care**, that will result in: the continuous availability of essential drugs; prevention services for endemic diseases; immunisation services; treatment of communicable and non-communicable diseases; maternal and child health services; nutritional services; health education; and water and sanitation services. **Women's health services should be integrated as a mandatory part of UHC** and regulations established, monitored, and enforced at all levels to increase utilization and accessibility

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## 2 THE IMPACT OF STRUCTURAL VIOLENCE ON WOMEN'S HEALTH

### Recommendation 2.4

Commonwealth Ministers of Health **adopt indicators** that demonstrate leadership and the implementation of international indicators, progressive laws and policies that **protect women and girls against violence, and enhance equitable health development**

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## 2. THE IMPACT OF STRUCTURAL VIOLENCE ON WOMEN'S HEALTH

### Recommendation 2.5

Commonwealth Ministers **commit budget allocations** to women's health, women's education and empowerment, the **involvement of women in decision making and governance**, and an **understanding of gender** that puts both women and men's unique health needs into consideration

## 2. THE IMPACT OF STRUCTURAL VIOLENCE ON WOMEN'S HEALTH

### Recommendation 2.6

Commonwealth countries pass, adhere, and strictly implement all the **recommendations by the UN, WHO, and other international health agencies** to promote health women's lives and to **protect women's health against the ill effects of structural violence** in order to achieve the Declaration of Alma Ata for sound health for all by 2020

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## 3. FUNDING MODELS FOR FINANCING UHC

### Recommendation 3.1

Commonwealth Health Ministers **involve other Ministries & civil society stakeholders** at the national level in decisions to be made about how UHC is to be provided and financed

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## 3. FUNDING MODELS FOR FINANCING UHC

### Recommendation 3.2

Commonwealth Health Ministers request Commonwealth Secretariat to:

- systematically & critically evaluate funding models of Commonwealth countries that have achieved high degree of UHC, including those Commonwealth countries that use hybrid funding models
- make recommendations as to how this evidence and lessons learned from these models can be transferred to other Commonwealth countries as appropriate
- report their findings to 2018 Commonwealth Health Ministers' meeting



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# THANK YOU