Online Consultation Report

From commitment to action:
Action agenda on universal health coverage from the UHC movement

March 2023

Summary

UHC2030 ran a public, online consultation from 6 January 2023 and 6 February 2023, to inform the development of the Action agenda from the UHC movement. Open to individuals or representatives of countries, organisations, or communities, the consultation gathered **830** responses from **109** countries, including 38 low- and middle-income countries.

The online consultation included responses in English (730), French (33) and Spanish (67). Of these, 295 respondents answered at least one of the open-ended questions, which were used for qualitative analysis in this report. Overall, consultation responses were balanced response by gender, age and country of location. In terms of affiliations, there was a strong response from civil society organizations, consistent with the targeted audience for the consultation. However, there were also responses from government organizations, research institutes, foundations and charities.

There was strong support for each of the eight proposed action areas and the priority actions within each. Online qualitative feedback focused mainly on the addition of more details. As a result, no significant substantive or ordering changes were proposed to the Action Agenda, the priority actions, or milestones.

This online consultation report, produced by Chatham House to inform the work of the UHC Task Force, provides an overview of quantitative responses, responses to ranking and ordering action areas, and includes qualitative analysis. A breakdown of respondents and affiliations is provided in Annex 1, the full online survey is provided in Annex 2.
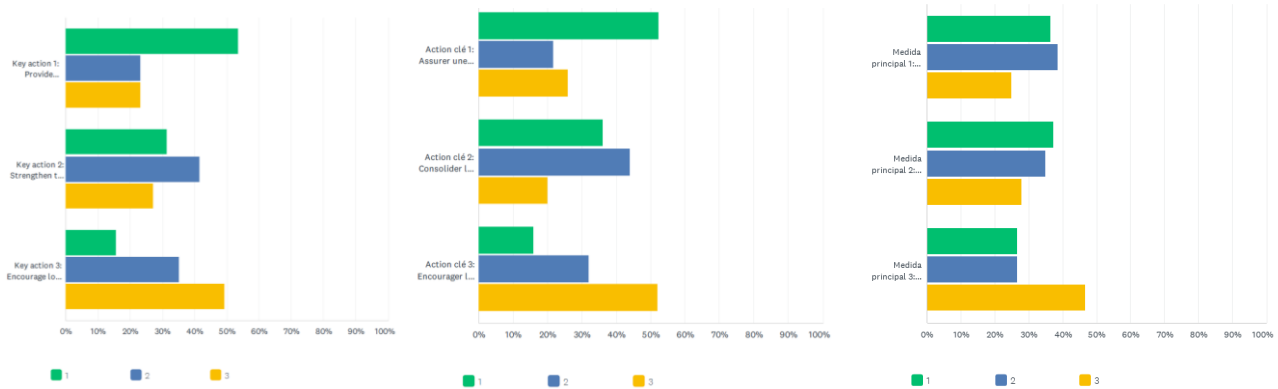
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Action Area 1: Champion Political Leadership for Universal Health Coverage

Overall, there was strong support for this action area and its priority actions.
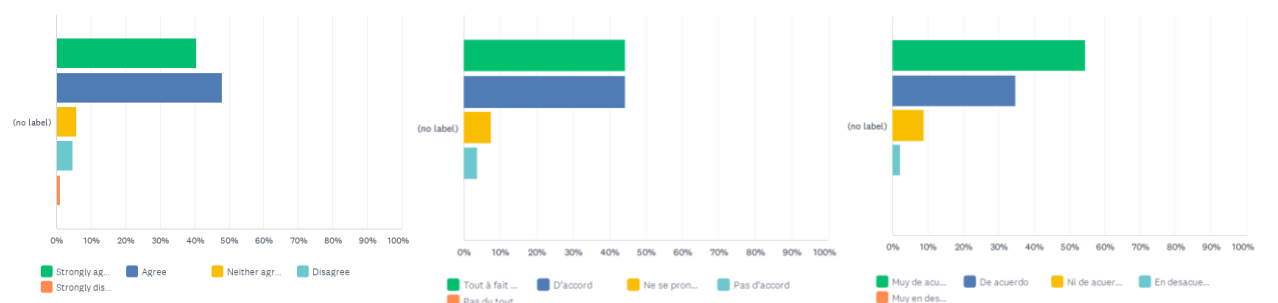
Quantitative Analysis – Three Key Actions[1]
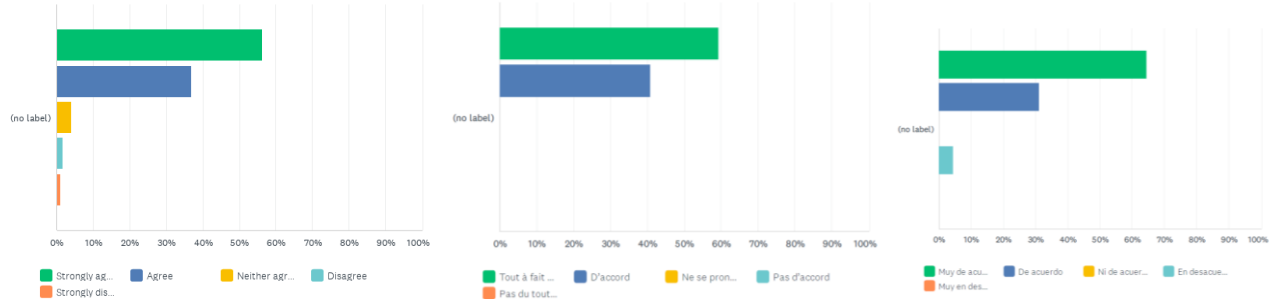
Ranking of three key actions in order of importance

Quantitative Analysis – Milestone
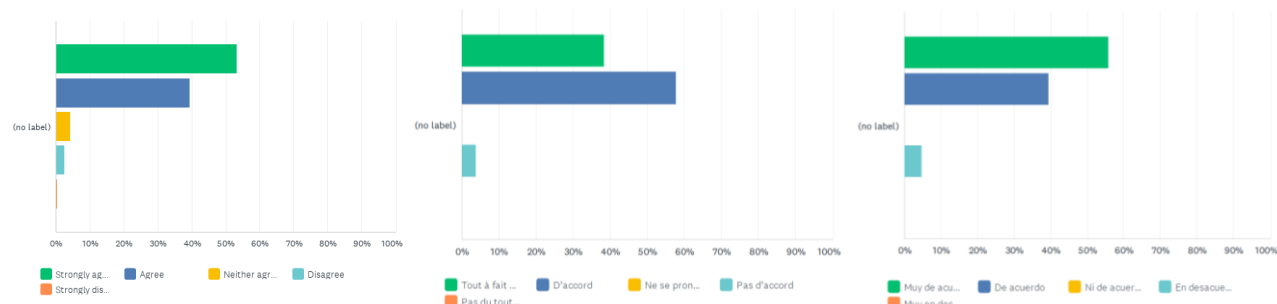

Qualitative Analysis

A small number of respondents (n=4) asked for primary healthcare to be included in this Action Area, including rehabilitation and mental health services. One respondent suggested editing the wording of Key Action 2 to "…determinants of health and health inequities."

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[1] Separate graphs are shown for English, French and Spanish responses. The full set of possible responses are shown in the English-speaking response donut chart. Smaller numbers of responses for French and Spanish- speaking responses are more easily shown in bar charts.
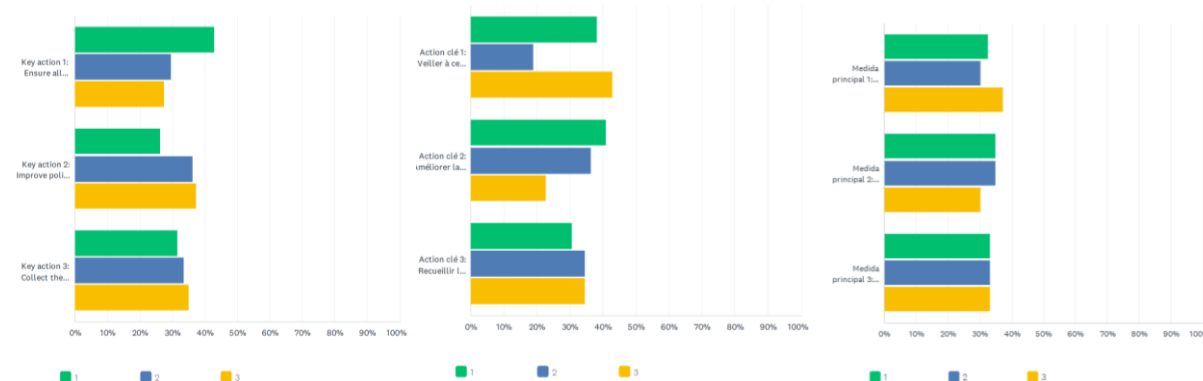
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Action Area 2: Leave No One Behind

Again, there was strong support for this Action Area, priorities and milestone within the Action Agenda.

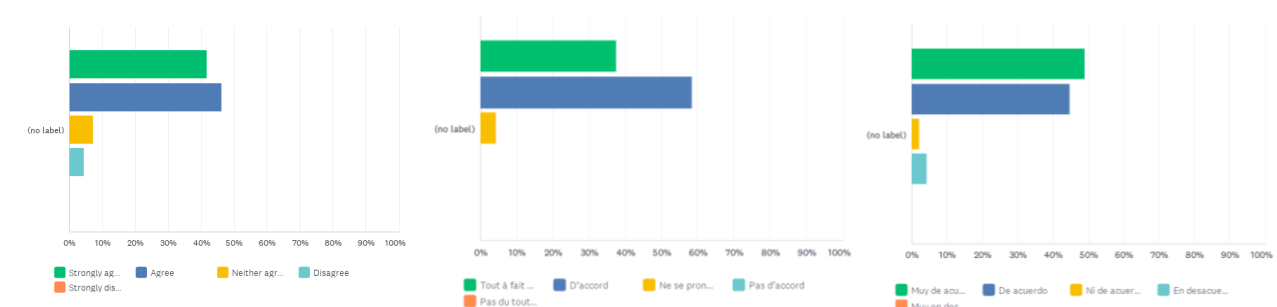### Quantitative Analysis – Three Key Actions

Ranking of three key actions in order of importance
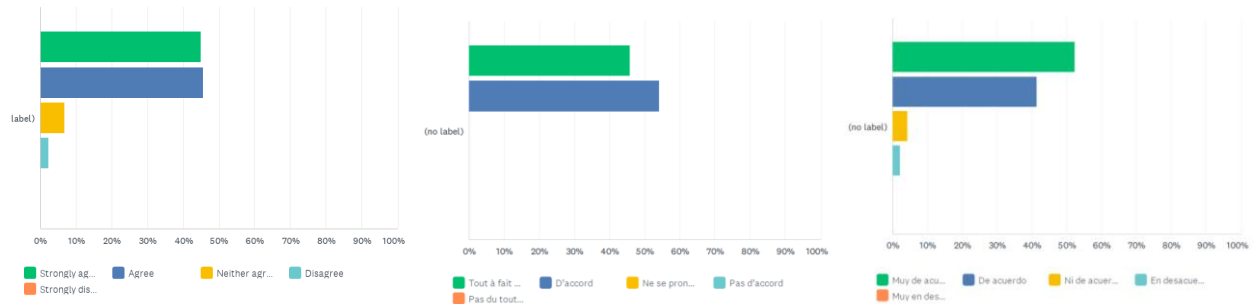

Quantitative Analysis – Milestone

Qualitative Analysis

Many qualitative responses (n=51) highlighted the inclusion of vulnerable groups. Respondents emphasised the impact of social determinants of health and the role of intersectionality in health outcomes such as gender, race, and sexual orientation. To ensure health equity, they asked for the Action Areas to include vulnerable populations. A small number of respondents explicitly mentioned the following groups, to ensure they were not forgotten in the transition to UHC: e.g. the elderly (>1), new-borns and children (>1), the LGBTQI+ community (>6), rural and indigenous communities (>3), refugees and asylum seekers (>3), sex workers (>2), people living with disability (>4), and stigmatised communities due to illnesses such as HIV (>2). Some respondents called for vulnerable groups and people with lived experiences to be involved in the policymaking process.
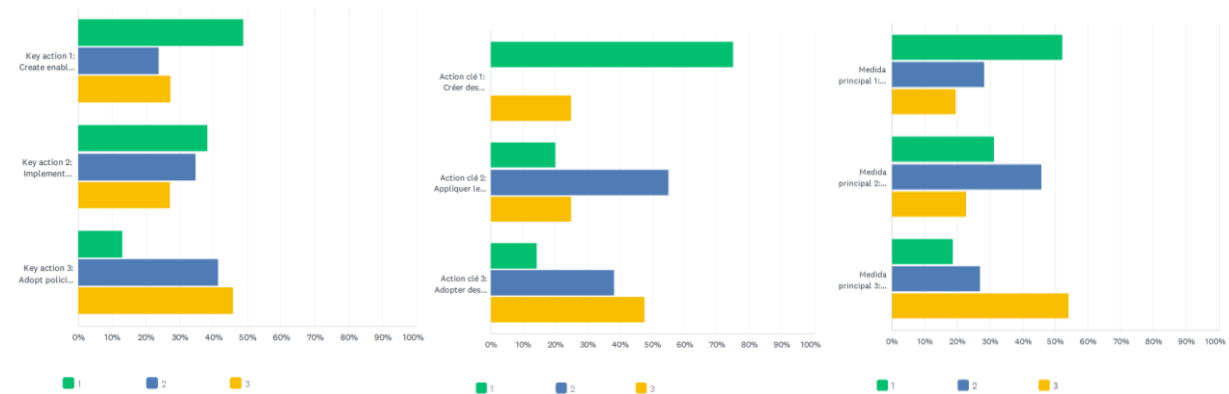
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Action Area 3: Adopt Enabling Laws and Regulations

There was substantial support for the three key actions, and milestone for this Action area.

Quantitative Analysis – Three Key Actions

Ranking of three key actions in order of importance

Quantitative Analysis – Milestone
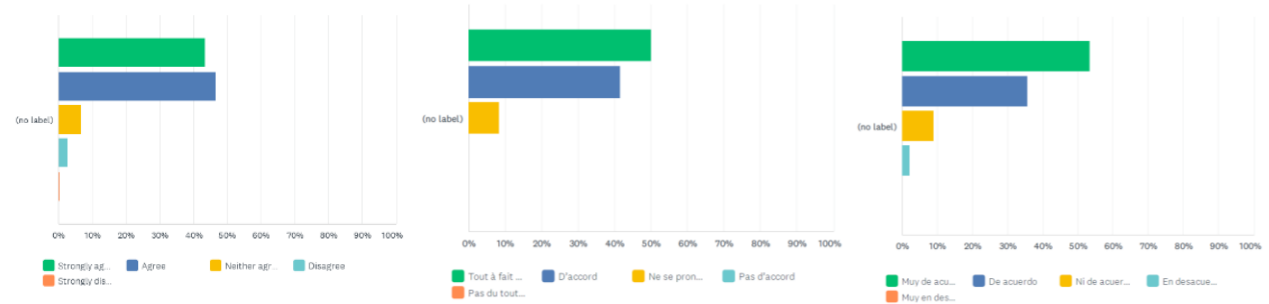
Qualitative Analysis

A small number of respondents (n=17) called for a change of wording of Key Action 1 to: "Create enabling legislative frameworks that meet the contextual needs of the health ecosystem, including for community-level care", Key Action 3 to "…extend UHC, accessibility and quality" and "Harness the power of safe and affordable use of health technologies at all levels of health care, including at the community level, focusing on those that extend UHC and quality, and support health security, such as internet connectivity, common use of digital platforms, and telemedicine."

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Action Area 4: Strengthen the Health and Care Workforce for Quality Health Care

Overall, there was strong support for this updated Action Area, priorities and the proposed milestone.

Quantitative Analysis – Three Key Actions

Ranking of three key actions in order of importance
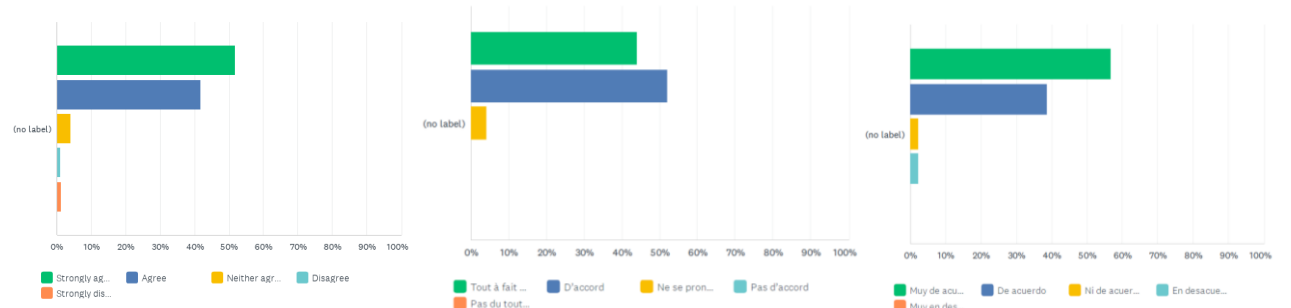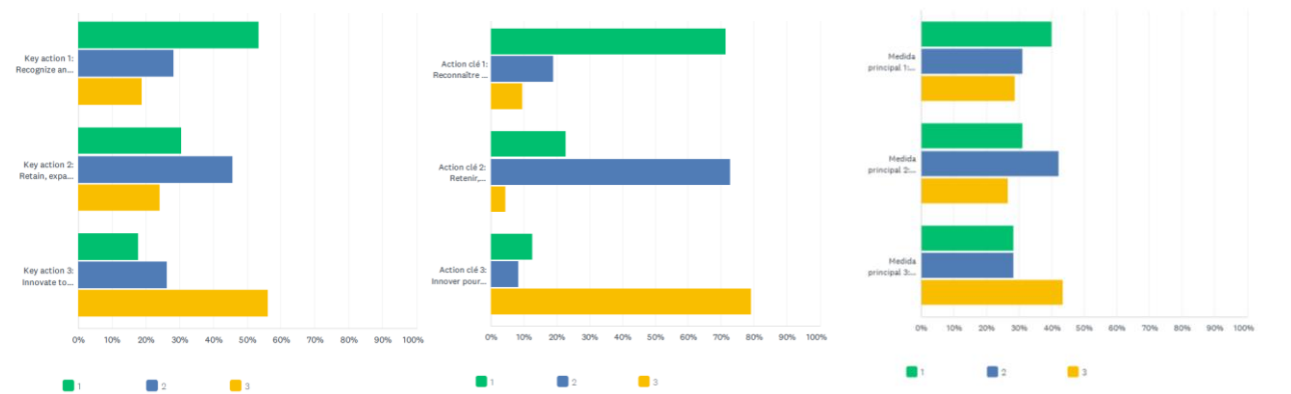

Quantitative Analysis – Milestone
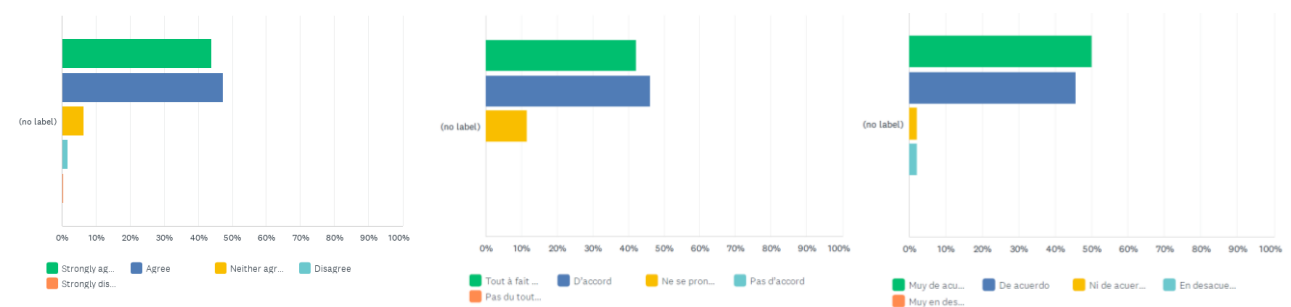
Qualitative Analysis

A number of respondents (n=30) requested for a change of wording ensuring the inclusion and valuing of community and frontline health workers into the health ecosystem. Some respondents asked for Key Actions to include equitable distribution of the healthcare workforce, and specific targets on reducing violence against healthcare worker in conflict settings and engaging with armed groups which hold territory to engage in UHC. One respondent also called for including a specific item on the strengthening of the health supply chain and care workforce for quality healthcare.

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Action Area 5: Invest More, Invest Better

Similar to other Action Areas, there was overall support for Action Area 5.

Quantitative Analysis – Three Key Actions

Ranking of three key actions in order of importance
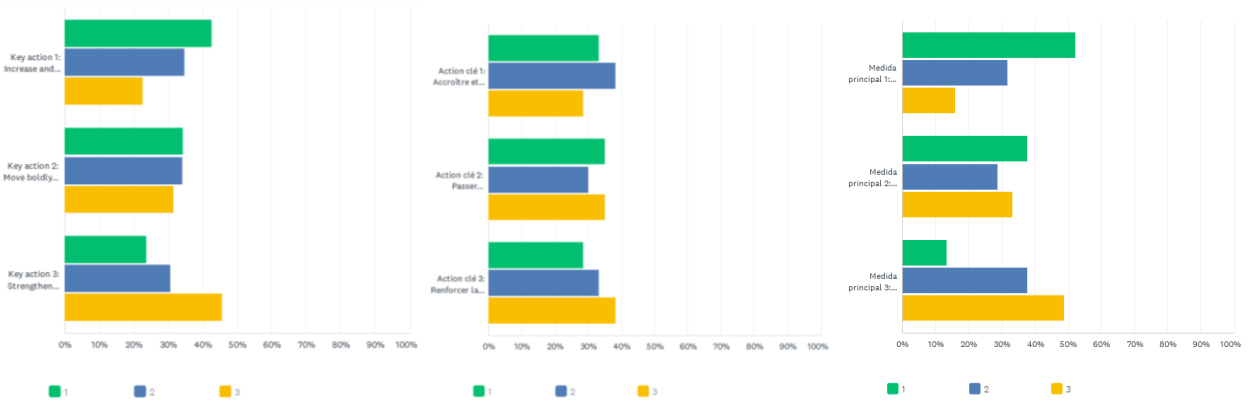
Quantitative Analysis – Milestone

Qualitative Analysis

A small number of respondents (n=8) requested that this Action Area address the role of international cooperation, the need for donors to increase their investments towards health, and how investments should be allocated. Some suggested targeting specific healthcare areas as a way to "invest better", such as primary health care, health promotion and prevention (often called "self-care" by respondents).

Action Area 6: Move Together towards Universal Health Coverage

Overall, this Action Agenda, the priorities and milestone were supported by the majority of respondents.

Quantitative Analysis – Three Key Actions

Ranking of three key actions in order of importance
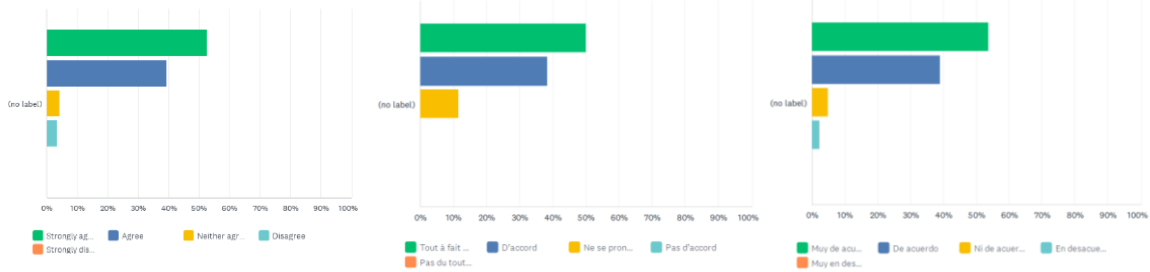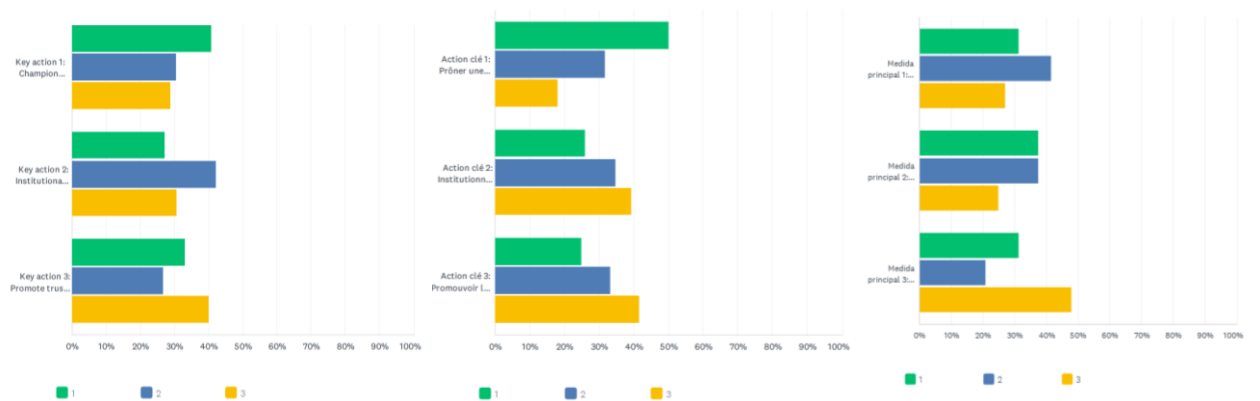

Quantitative Analysis – Milestone
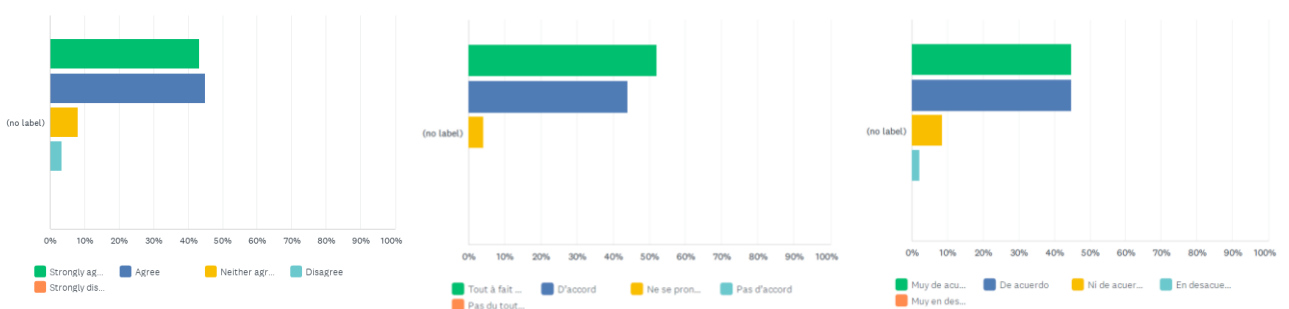
Qualitative Analysis

A small number of qualitative respondents (n=8) asked for this Action Area to reflect "meaningful participation" of organisations, communities and vulnerable populations. They also advocated for participation of the private sector, "being guided/held accountable to agreed principles". They suggested a change in wording of Key Action 3 to "…mechanisms for health governance, addressing barriers to participation, and including…" Partnerships between stakeholders was agreed to play a key role in achieving UHC.

Action Area 7: Guarantee Gender Equality

The refreshed set of priorities in this Action Agenda, and the proposed milestone, were strongly supported by respondents.
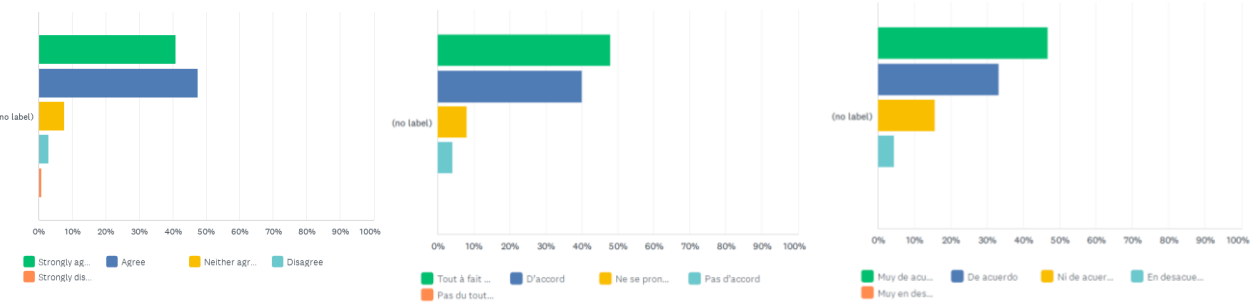
Quantitative Analysis – Three Key Actions
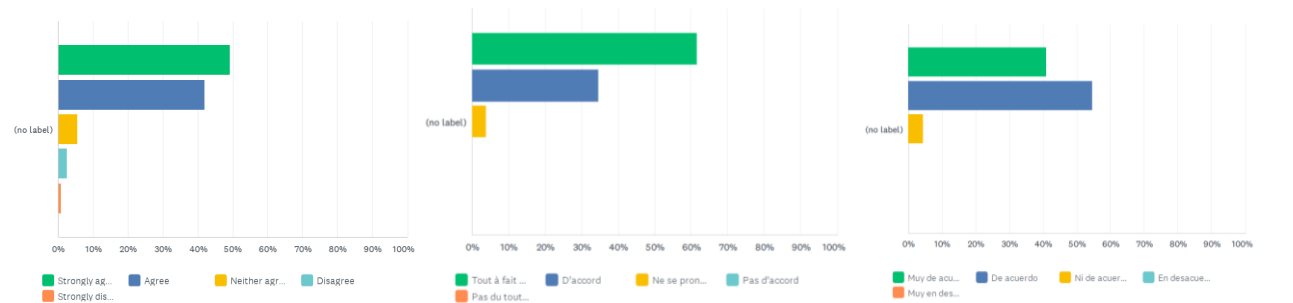
Ranking of three key actions in order of importance
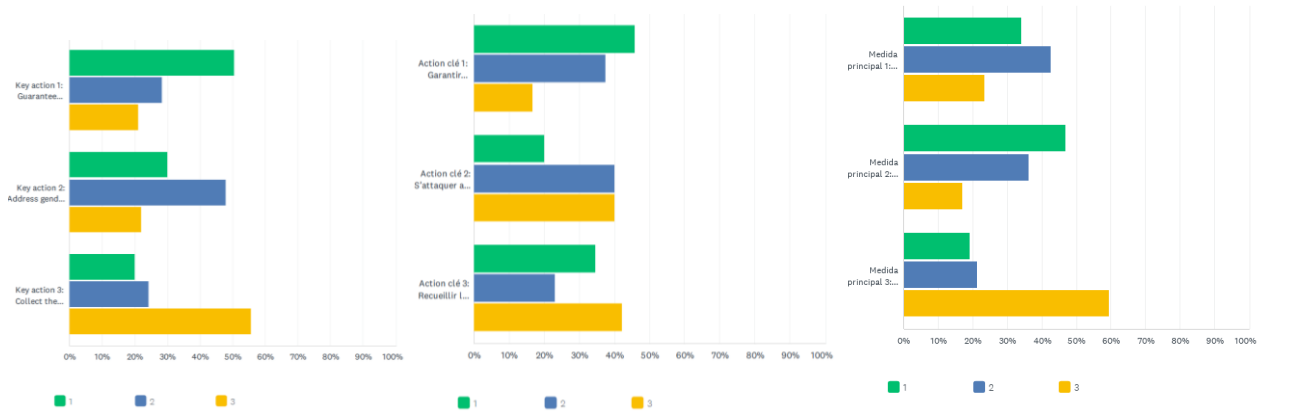
Quantitative Analysis – Milestone
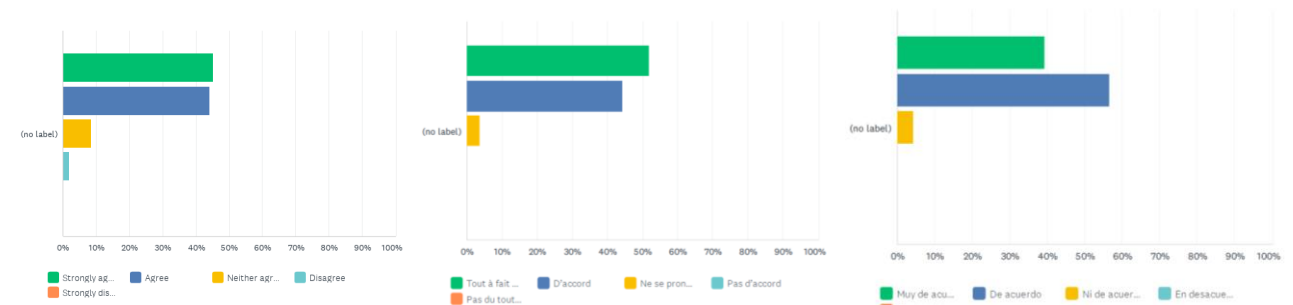
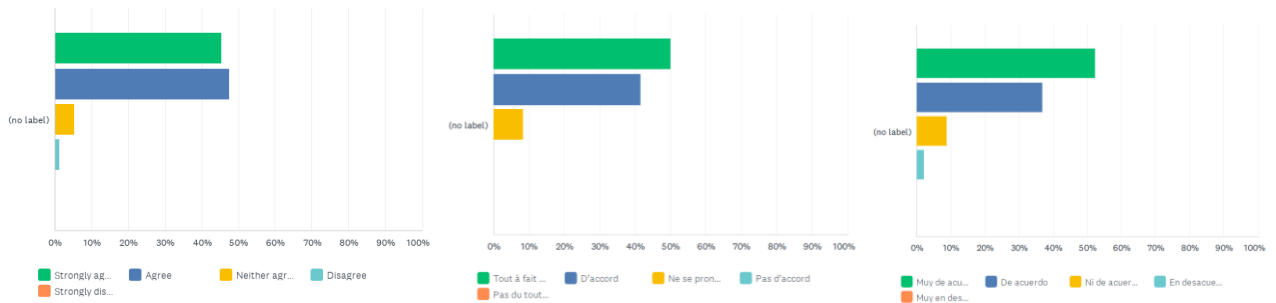### Qualitative Analysis

A small number of respondents (n=20) emphasised the importance of adopting systemic changes tackling gender inequality to better support frontline health workers, including community health workers, and facilitate retention. Others suggested changes in wording included "…addressing gender inequality and intersecting inequalities" (introduction); "gender equity" instead of "gender equality" to reflect intersectionality and that not all individuals were born equal; One respondent emphasised the need to include men and boys in the conversation of gender quality in achieving health.

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Action Area 8: Connect Universal Health Coverage and Health Security

Finally, there was strong support for this Action Area and the priority actions within it across all respondents to the survey.

Quantitative Analysis – Three Key Actions
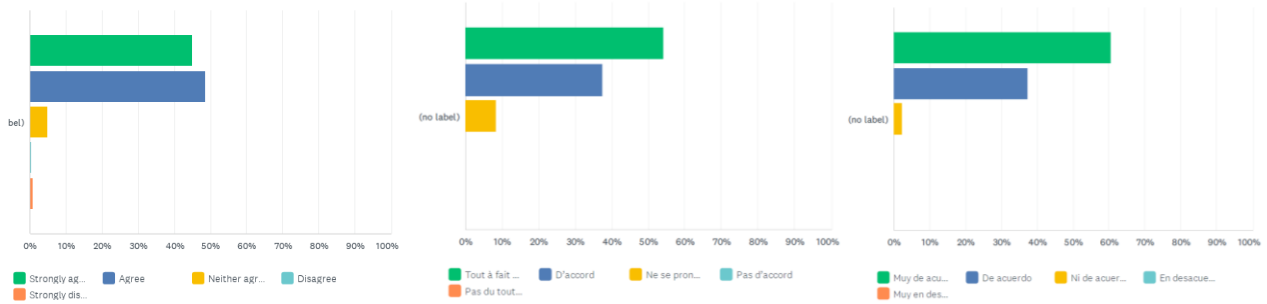
Ranking of three key actions in order of importance
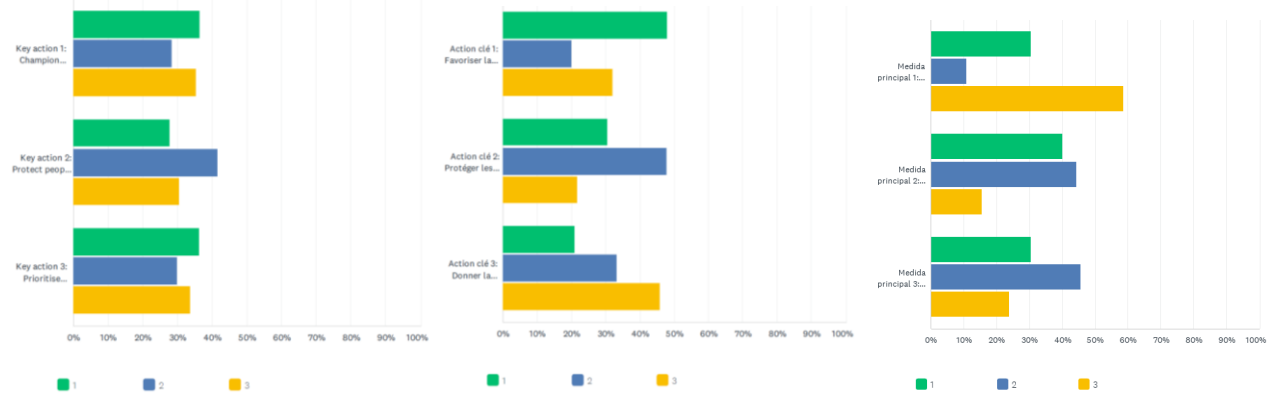
Quantitative Analysis – Milestone
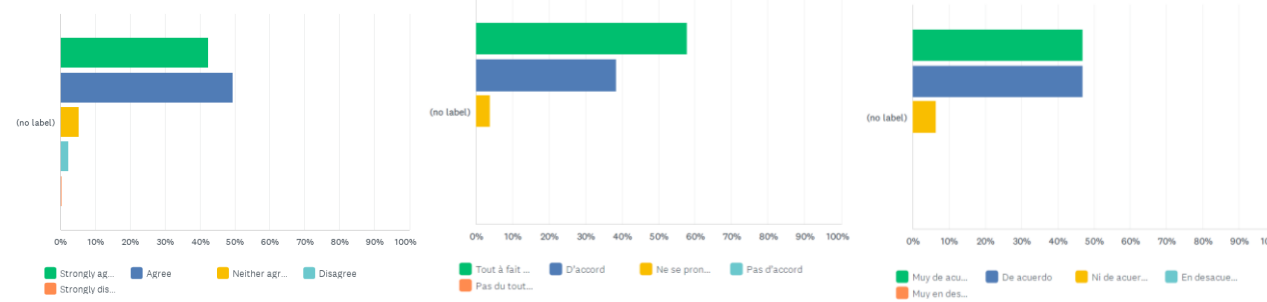
Qualitative Analysis

Some respondents (n=15) asked for this Action Area to be tied to "concrete, integrated financing and accountability targets", including "core investments in pandemic preparedness, global health security, primary healthcare and universal health coverage."

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Ranking of Action Areas

Overall, responses indicated support for the Action Agenda in the order presented, and therefore, there is no recommendations to change the ordering of the Action Areas based on the online consultation.

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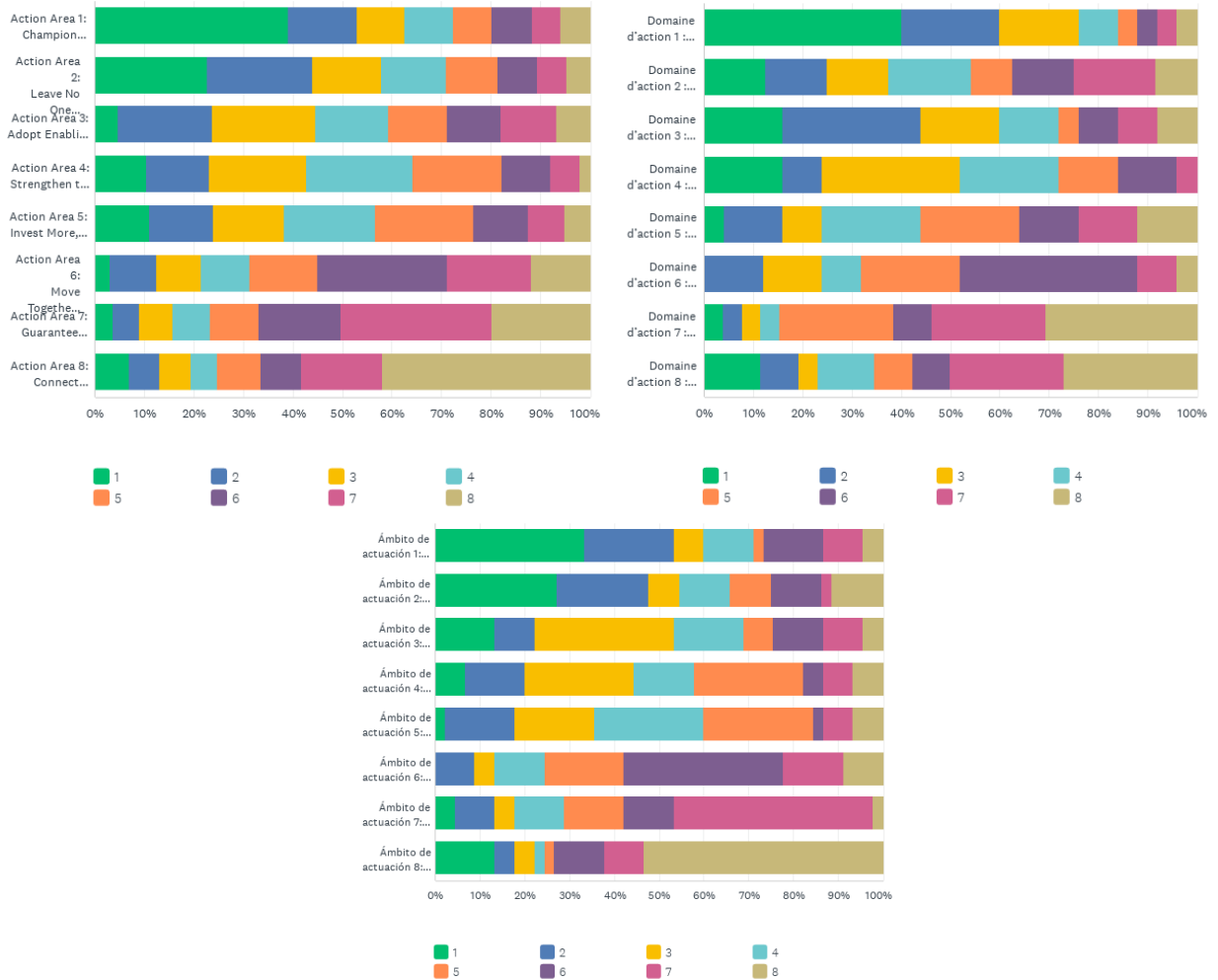
Further Insights from Qualitative Analysis

The survey responses yielded insights which were grouped into themes based on the number of times they were mentioned by respondents.

Key stakeholders in the implementation of UHC

Respondents confirmed the key stakeholders which they believed played an important role in the strategic implementation of UHC in their home countries. The following stakeholders were mentioned most frequently:

- **Holders of legislative power (n=39)**: Respondents emphasised the importance of "leadership," "political will," and "political commitment" in achieving the Action Areas. They believed the first step in executing a transition towards UHC was to implement legislation, and suggested accountability measures and incentives to commit political leaders to implementing such legislation, some respondents even using words such as "forced". The importance of democracy in the installation of UHC was mentioned frequently as a vector for people to access health equally and to protect oppressed communities.

- **The importance of fostering partnerships to achieve UHC (n=31)**: Respondents were well-aware that partnerships were crucial to the achievement of UHC globally, and that in order to achieve UHC, partnerships needed to be built and maintained between the key stakeholders, employing statements and terms such as "unity is strength", "development of teamwork," and "solidarity." However, concerns were raised about private-public partnerships, and the power of the private sector in the health sphere. Respondents called for regulation from the government to ensure that private-public partnerships would not give decision-making power to the private sector with regards to the accessibility of healthcare and guarantee the affordability of healthcare even if these were provided privately.

- **Individuals, Communities and Civil Society (n=30)**: The engagement of individuals, communities and other civil society members were thought of as key to achieving UHC, with terms such as "social participation," "community participation," "grassroots leadership," "youth participation," and "empowering the population" employed by respondents. This seemed to be rooted in the believe that UHC is first and foremost for the people, and therefore should reflect their interests adequately. Some respondents suggested that processes should be implemented allowing civil society and communities to hold governments accountable.

- **Healthcare professionals including community workers (n=21)**: Taking care of the individuals manning the health and social care systems, investing in them by training them and building their skillsets, and ensuring retention was mentioned frequently by respondents. The role of community health workers as key players in achieving UHC was highlighted (n=8), as they have greater access to their local communities.

- **Private Sector (n=6)**: The inclusion of the private sector into the implementation of UHC was seen as inevitable by respondents, notably in the delivery of essential medicines or in cost-sharing through health insurance.

- **International institutions (n=5)**: International organisations such as the WHO, the UN, and the Global Fund were called upon to provide more equitable support to countries in need, and to hold governments accountable to their commitments to transition their healthcare systems towards UHC.

**Policy-oriented Responses (n=107)**

Online respondents also emphasised policy as important:

- **Health services within UHC reforms**: Respondents mentioned different **health services** which should be prioritised if countries were to transition towards UHC. There was an understanding that these areas were interconnected and fed into the other (n=76).
    - Primary Healthcare and integrated care, including self-care, visual care, oral care and rehabilitation (n=26)
    - Maternal Health, Child Health, and Sexual Reproductive Health, including treatment for HIV/AIDS (n=14)
    - Non-communicable diseases, mental health and substance abuse problems including treatment and prevention notably as part of primary healthcare (n=14)
    - Health promotion and prevention including nutrition (n=12)
    - Palliative Health Care (n=10)

- **Appropriate Resource Allocation and Management (n=32)**: It was clear to many respondents that achieving UHC in low-and-middle income countries would not be possible without significant financial commitment and investment, including from the "global north," simultaneously to corruption-fighting measures. Such global financial investments were asked to be aligned with countries' national priorities. Respondents called for a shift in investment from policymaking, considered to be resource-intensive, to renumerating healthcare professionals and funding successful programmes (as proven by evidence).

- **Research, Data Collection and Knowledge Sharing (n=16)**: the importance of creating policies based on evidence and building robust monitoring and evaluation methodologies were highlighted by respondents as important to transitioning towards UHC and achieving the Action Areas. To ensure this would be possible, respondents advocated for knowledge sharing, with legislation ensuring data quality, transparency, and accessibility. Digital transformation (n=3) was also advocated as a possible pathway to better access to quality data.

- **Emergency and Pandemic Preparedness (n=9)**: respondents recognised that in order to achieve UHC, health systems needed to be strengthened to be resilient in the face of emergencies. They advocated for pandemic preparedness, which was preventative, and not reactive to healthcare emergencies. Access and availability of essential medicines, allowing the expansion of immunisation programmes were considered a key part of achieving this resilience.

- **Climate Change (n=7)**: respondents often mentioned the importance of intertwining the role of climate change into the Action Areas, stressing the impact of climate change on health outcomes and its heavy impact in low-and-middle income countries. It was seen by those respondents that achieving UHC would not be possible if climate change was not addressed simultaneously.

Annex 1 – Consultation Response and Representation

While this was an online consultation rather than a representative survey, it is important to note that, overall, balanced response by gender, age and country of location (graphs below). In terms of affiliations, there was a strong response from civil society organizations.

Gender:
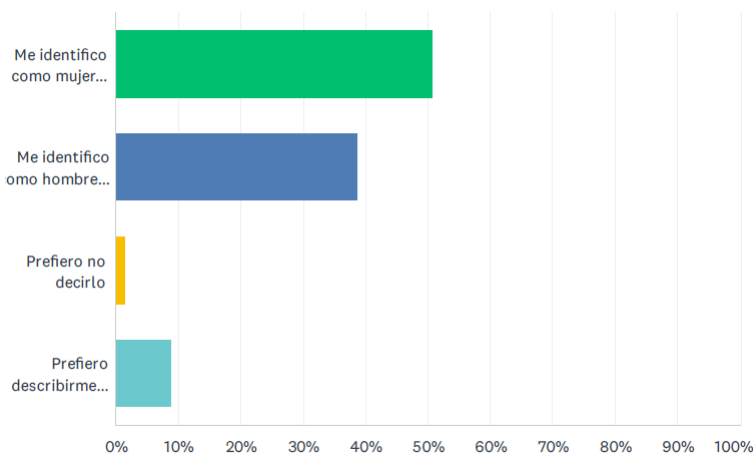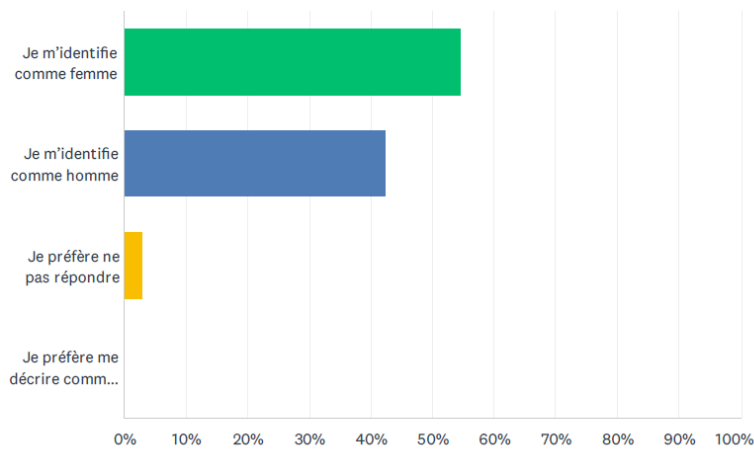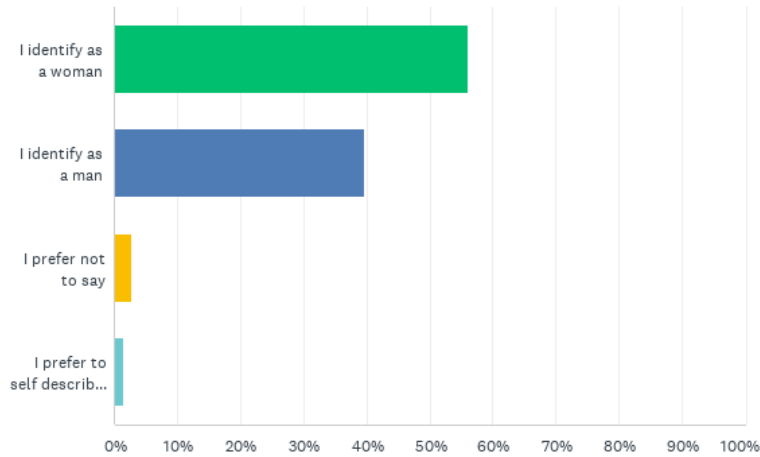
Country where respondent was located:
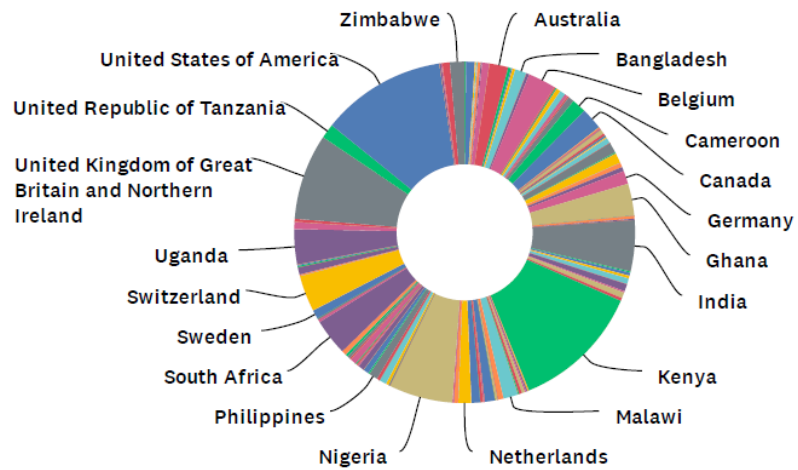
Age:

Affiliation:

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Annex 2 – Online Consultation Instrument
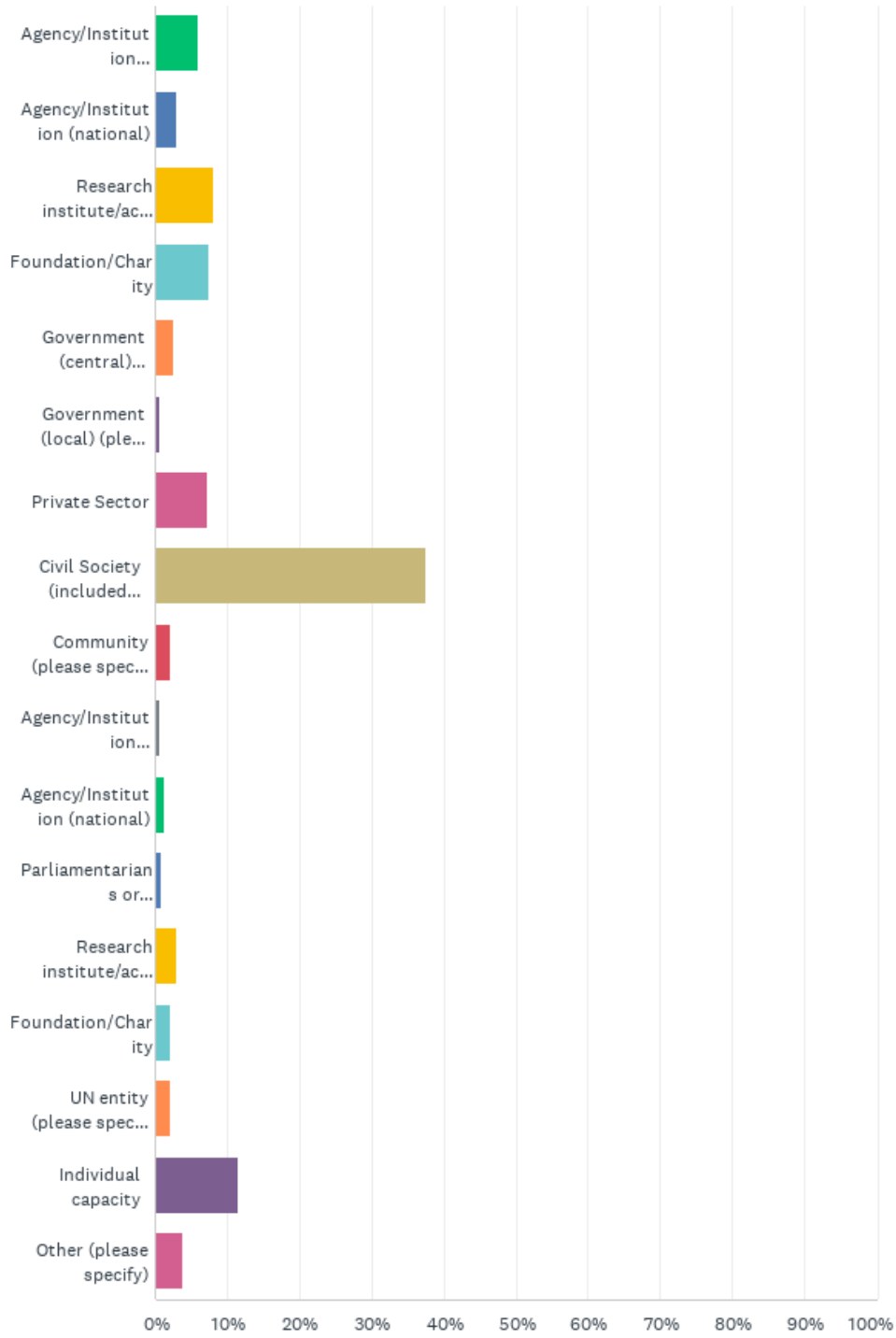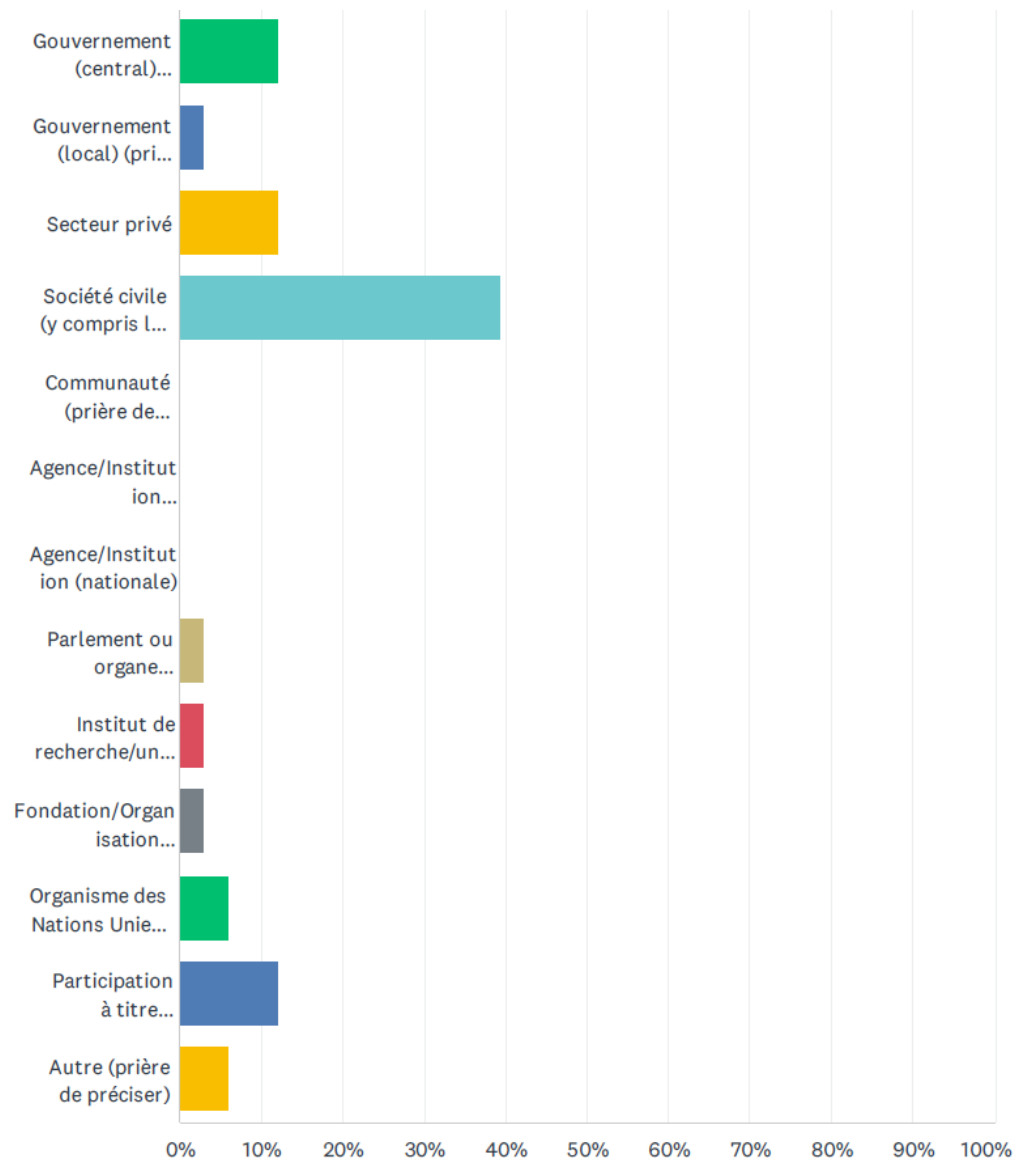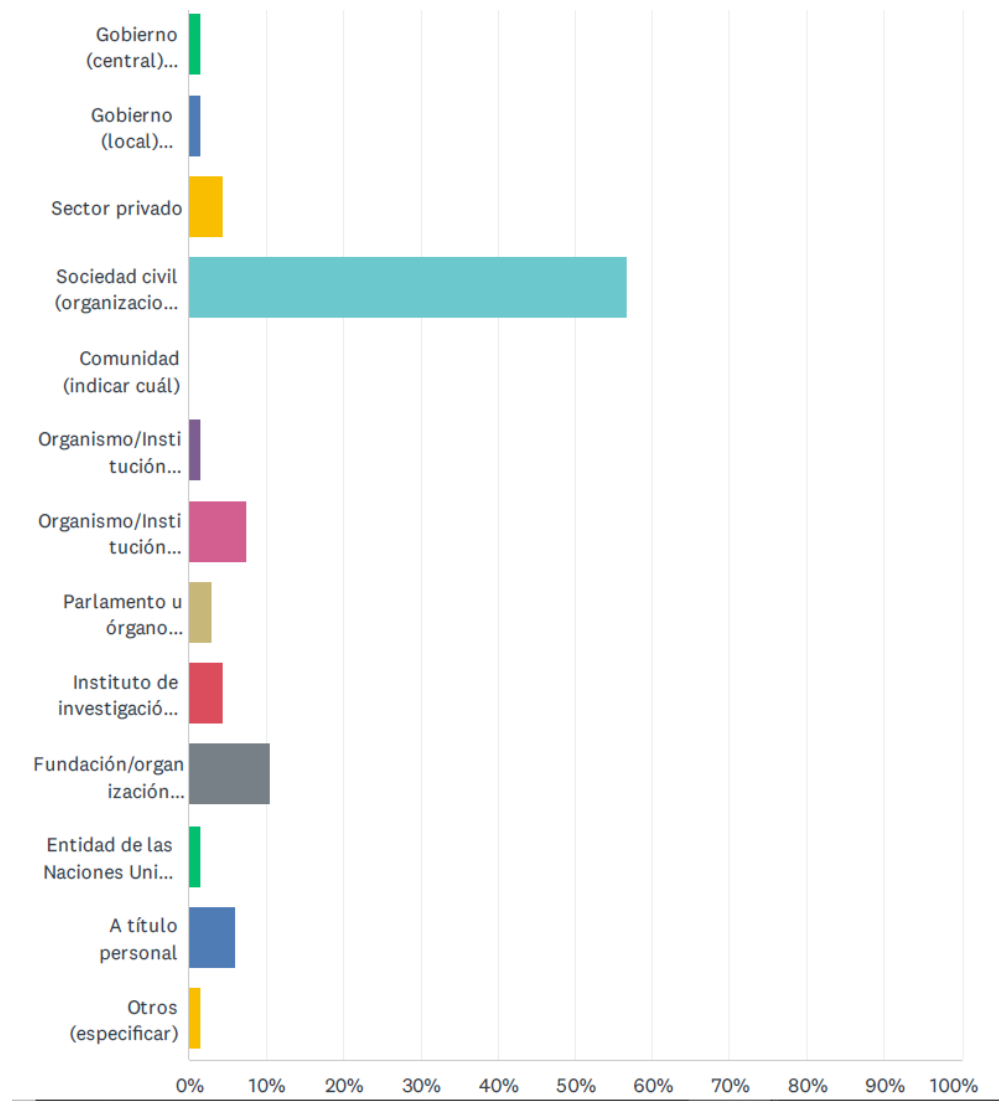
Have your say!

UHC2030 invites you to participate in an online consultation to inform the Action Agenda from the UHC Movement.

You are invited, as an individual or a representative of your country, organisation, or community, to give feedback on key messages and actions.

The consultation should take approximately 10 minutes to complete. It consists of multiple-choice questions for each of the proposed actions, and 3 general questions, including open-ended comments at the end.

The consultation is available in 3 languages: English, French, and Spanish. To access the consultation in additional languages, you can download a translation extension to your browser such as Google Translate.

Click here to add Google Translate to your Chrome web browser.
Click here for detailed instructions for other internet browsers.

To use the extension, highlight or right-click on a section of text in the consultation and click on Translate icon next to it to translate it to your language. Or, to translate the entire page you're visiting, click the translate icon on the browser toolbar.

Your participation is voluntary. Your responses will be kept confidential and anonymous.

The consultation will close on 6th February 2023, 18:00 GMT.

If you have questions about the online consultation, please contact the Chatham House team at globalhealth@chathamhouse.org.

Click here to read more about the Action Agenda.

Information about you

* 1. Do you agree to take part in this survey?

* 2. How would you describe your gender
- I identify as a woman
- I identify as a man
- I prefer not to say
- I prefer to self describe as (non-binary, gender-fluid, agender, transgender, please specify):

* 3. Where are you currently based or what is your nationality?

Please select the answer most relevant for this consultation.

[▼]

* 4. What is your age?
○ Under 18
○ 18-24
○ 25-34
○ 35-44
○ 45-54
○ 55-64
○ 65+

* 5. What is your affiliation?
○ Agency/Institution (multilateral)
○ Agency/Institution (national)
○ Research institute/academia
○ Foundation/Charity
○ Government (central) (please specify the country below)
○ Government (local) (please specify the country below)
○ Private Sector
○ Civil Society (included youth-led organization, women-led organization, etc.) (please specify below)
○ Community (please specify below)
○ Agency/Institution (multilateral)
○ Agency/Institution (national)
○ Parliamentarians or legislative body (please specify the country below)
○ Research institute/academia
○ Foundation/Charity
○ UN entity (please specify below)
○ Individual capacity
○ Other (please specify)

6. Please specify your affiliation below:
[   ]

Questions about the UHC Action Agenda

Please take your time to read each Action Area, the Key Actions and the Milestone. We will 3 ask questions per Action Area.

Time for Action

At least half of the world's population still lacks access to essential health services, rendering the right to the enjoyment of the highest attainable standard of physical and mental health unattainable for far too many people. Each year, around 70 million people are pushed into extreme poverty after paying the cost of essential healthcare out of their own pockets. The COVID-19 pandemic further widened inequities in access to health services that people need, highlighting the need for universal health coverage in times of crisis and calm.

Universal health coverage and health security are two intertwined goals, and universal health coverage is needed now, more than ever before. Universal health coverage means that all people have access to the quality health services they need, when and where they need them, without risk of financial hardship. As the climate crisis deepens, armed conflicts worsen, pandemics occur more frequently and economies suffer, countries with equitable and resilient health systems are better prepared to prevent and respond to threats.

In 2019, world leaders endorsed the most ambitious and comprehensive political declaration on health in history at the United Nations High-Level Meeting on universal health coverage—committing for all people to have access to "quality essential health services and quality, safe, effective, affordable, and essential medicines, vaccines, diagnostics, and health technologies", without experiencing financial hardship and without discrimination by 2030.

Even before the COVID-19 pandemic, alarming trends in universal coverage were evident, and we are now even further away from reaching our goals. While service coverage improved globally until 2019, at least 1.4 billion people incurred financial hardship due to health spending in 2021. The pandemic has severely disrupted health systems and essential health services. With the combined health and economic impacts of COVID-19, many people face greater financial constraints in accessing care. Among those paying out-of-pocket for health services, financial hardship is likely to worsen further, particularly for vulnerable and disadvantaged populations.

Building on the 2019 political commitments to universal health coverage, world leaders have a unique opportunity to reinvigorate progress towards delivering health for all if they take urgent actions for implementation and accountability. Seizing the opportunity of the three United Nations High-Level Meetings on health in 2023 (universal health coverage, pandemic prevention, preparedness and response, and tuberculosis), countries and stakeholders can emphasize the value of universal health coverage to strengthen national and international resilience and improve health security. By making sustainable investments in health systems, prioritizing a primary health care approach, properly resourcing and protecting health and care workers, and working with communities, civil society and the private sector, leaders can address the bottlenecks that are hampering progress towards universal health coverage and health security goals, while also promoting equity, gender equality, accountability, human rights, and economic prosperity.

Action Area 1: Champion Political Leadership for Universal Health Coverage

Political leaders have experienced how important universal health coverage is to their societies and economies, given their experiences during the pandemic and the ongoing impact of conflicts and the climate crisis. Governments have the responsibility to realize people's right to health as part of their social contract.

To do so requires leadership, political will, prioritisation, policy cohesion and resourcing delivered by heads of government, ministers of health, finance, other relevant ministries, and parliamentarians. Leadership—including with civil society and partners across health systems—is more crucial than ever to embed universal health coverage as a goal in national health policy frameworks, to ensure the fulfilment of the right to health becomes a reality for all people, everywhere.

Action Area 1: Key Actions

- **Provide strategic leadership at the highest political level and a whole-of-government approach to champion universal health coverage as a national political priority.** Recognise universal health coverage as a goal in national health policy frameworks, strategically connecting universal health coverage to other health policies including health security and disease-specific policies, as well as broader finance and security policies.

- **Strengthen the essential health benefits package that prioritizes primary health care as a foundation crucial for universal health coverage and health security.** Integrate health promotion and disease prevention programmes and interventions, and address the social determinants of health with universal health coverage, by connecting and financing shared services and capacities.

- **Encourage local and community leadership and support civil society and private sector's mobilization for universal health coverage.** Ensure local ownership, that affirms the primary role and responsibility of governments, civil society, communities, households, and patients to influence their own path towards achieving universal health coverage.

7. Do these 3 actions capture the right priorities for countries to champion political leadership for Universal Health Coverage?

Strongly agree
Agree
Neither agree or disagree
Disagree
Strongly disagree

8. Please rank the three key actions in order of importance

Key action 1: Provide strategic leadership at the highest political level and a whole-of-government approach to champion universal health coverage as a national political priority
Key action 2: Strengthen the essential health benefits package that prioritizes primary health care as a foundation crucial for universal health coverage and health security.
Key action 3: Encourage local and community leadership and support civil society and private sector's mobilization for universal health coverage.

Action area 1: Milestone

By 2025, national health policy frameworks include specific and measurable national goals and targets to increase universal health coverage through an essential health benefits package, financial protection, and

population coverage, including goals and targets for primary health care, consistent with the achievement of the Sustainable Development Goals. Government budgets make the necessary financial provisions to achieve these goals and targets.

9. Does this milestone enable countries to measure progress on championing political leadership for Universal Health Coverage?
Strongly agree
Agree
Neither agree or disagree
Disagree
Strongly disagree

Action area 2: Leave No One Behind

Health is enshrined as one of the fundamental rights of every human being and it is a duty of governments to protect, promote and fulfill the right to health. Countries will also benefit economically and socially by investing in health because universal health coverage makes a significant contribution to reducing poverty and promoting equity and social cohesion. However, while many countries have reduced barriers to health care and financial protection, inequalities for vulnerable and disadvantaged groups, including youth, women, refugees, migrant and displaced populations have grown, including as a result of the COVID-19 pandemic.

This unequal impact will be exacerbated in the context of ongoing crises, including climate change. Ensuring that policy design addresses inequalities across the national health policy framework and engages intersectorally with broader policy and financing measures will improve equitable access to health services and contribute to financial protection for vulnerable and disadvantaged groups.

Action Area 2: Key Actions

- **Ensure all national health policy frameworks support vulnerable and disadvantaged groups who are furthest behind and reflect their priorities.** Commit to universal access to quality health services, without hardship, prioritising an essential health benefits package, and ensuring that the most vulnerable and disadvantaged populations have access to and use the package.

- **Improve policy design to leave no one behind. In all national and local health policy frameworks, incorporate the health needs of vulnerable and disadvantaged groups across the life course and remove barriers based on multiple types of discrimination**. Redesign policies with a focus on anti-discrimination and progressive universalism and ensure alignment with international human rights instruments and other international conventions. Incorporate non-governmental, community-led, and other service providers that specifically address disadvantaged and vulnerable groups into universal health coverage policy design.

- **Collect the best available knowledge and information to design policy and understand progress on universal health coverage to leave no one behind.** Monitor and evaluate progress using core data indicators and analyses, including national SDG indicators, the UHC service coverage index, and a standardised set of disaggregated data focused on access to the essential health benefits package, primary health care, financial protection, coverage. Ensure civil registration is institutionalized everywhere and vital statistics data are routinely collected as well as a core set of population health statistics. Routinely disaggregate data by gender and other social stratifiers (including race, class, sex, geography, age, sexuality and (dis)ability) to ensure no one is left behind.

10. Do these 3 key actions capture the right priorities for countries to Leave No One Behind?

Strongly agree
 Agree
 Neither agree or disagree
 Disagree
 Strongly disagree

11. Please rank the three key actions in order of importance

Key action 1: Ensure all national health policy frameworks support vulnerable and disadvantaged groups who are furthest behind and reflect their priorities.
Key action 2: Improve policy design to leave no one behind.
Key action 3: Collect the best available knowledge and information to design policy and understand progress on universal health coverage to leave no one behind.

Action Area 2: Milestone

By 2025, national health policy frameworks embrace those who are furthest behind across their life course by including anti-discrimination and progressive universalism in their policy design and prioritising universal access to quality health services and products. Together with vulnerable and disadvantaged populations, countries monitor and evaluate progress using agreed SDG indicators, and including analysis disaggregated by gender and other stratifiers focusing on 'leaving no one behind'.

12. Does this milestone enable countries to measure progress on Leaving No One Behind?
Strongly agree
 Agree
 Neither agree or disagree
 Disagree
 Strongly disagree

Action Area 3: Adopt Enabling Laws and Regulations

Strengthening implementation towards universal health coverage is critical and parliamentarians and other policymakers have a key role to play. National health policy frameworks, including essential health benefit packages, must be underpinned by sound legal and regulatory frameworks and institutional capacity, which are crucial for implementing universal health coverage commitments in a way that is responsive to people's needs, consistent with international agreements, and leave no one behind.
Policies, laws, and regulations that integrate universal health coverage and health security and create an enabling environment for the use of health technologies and innovations, will strengthen future economic and social resilience.

Action Area 3: Key Actions

- **Create enabling legislative frameworks.** Enact and implement laws in line with existing international agreements and standards, including human rights instruments, and the International Health Regulations 2005.

- **Implement policies, laws and regulations on the essential health benefits package, financial protection, primary health care and integrated services that support universal health coverage and health security.** Adopt ethical, integrated, and responsive legal and regulatory frameworks that are necessary to create and sustain effective health institutions and health care ecosystems across sectors and spheres of government to accelerate implementation, including for prevention and services focused on determinants of health. Ensure programmes are adequately and sustainably

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resourced, politically prioritised and are delivered in a manner coherent with other priority portfolios using an intersectoral approach.

- **Adopt policies, laws and regulations that strengthen ecosystems for healthcare technology and innovation and accelerate universal health coverage.** Expand the safe and affordable use of health technologies and innovations, focusing on those that extend universal health coverage and quality, and support health security, such as internet connectivity, common use of digital platforms, and telemedicine. To create a sustainable ecosystem, strengthen health intervention and technology assessments, develop legal frameworks for data governance, and promote health literacy, patient access to their own data, and patient involvement in clinical decision-making.

13. Do these 3 key actions capture the right priorities for countries to Adopt Enabling Laws and Regulations?
Strongly agree
 Agree
 Neither agree or disagree
 Disagree
 Strongly disagree
14. Please rank the three key actions in order of importance

Key action 1: Create enabling legislative frameworks
Key action 2: Implement policies, laws and regulations on the essential health benefits package, financial protection, primary health care and integrated services that support universal health coverage and health security.
Key action 3: Adopt policies, laws and regulations that strengthen ecosystems for healthcare technology and innovation and accelerate universal health coverage.

Action Area 3: Milestone

By 2025, laws and regulations have been enacted and strengthened to accelerate the implementation of universal health coverage in line with the SDG targets for universal health coverage and subsequent commitments, and to enable the safe and affordable use of health technology and innovation. Measurable national targets for implementation of the essential health benefits package, financial protection, primary health care and integrated services that support universal health coverage and health security are set in laws and regulations and progress is monitored and evaluated.

15. Does this milestone enable countries to measure progress on adopting enabling laws and regulations?
Strongly agree
 Agree
 Neither agree or disagree
 Disagree
 Strongly disagree

Action Area 4: Strengthen the Health and Care Workforce to Deliver Quality Health Care

The health and care workforce are essential to ensuring healthy citizens, societies, and economies, and play a crucial role during emergencies, including pandemics, conflicts, natural disasters, and other crises. In all situations, women play a prominent role, delivering most of the frontline essential health and care services.

Achieving universal health coverage by 2030 relies on a strong, safeguarded, and protected health workforce delivering quality health and care services. However, one of the greatest threats to delivering universal health coverage is the shortage of health and care workers where they are most needed, and the

challenging work environment and conditions which they face. This is further exacerbated by mobility and migration, from low- and middle-income countries that results in an unequal distribution of health and care workers, within and between countries. w

Action Area 4: Key Actions

- **Recognize and resource the health and care workforce as the foundation of future resilience.**In the context of ongoing conflicts, health emergencies, natural disasters, and climate change, affirm commitment to the Sustainable Development Goals, the Global Strategy on Human Resources for Health, the conclusions of the High-Level Commission on Health Employment and Economic Growth, and the Working for Health 2022-2030 Action Plan.

- **Retain, expand, and protect the health and care workforce.**Develop national workforce action and investment plans that increase and sustain health financing and planning for the recruitment, development, training, and retention of health workforce, particularly in community and primary care settings. Provide healthy, safe, and decent working conditions, ensure diversity, and safeguard and protect the health and care workforce. Ensure gender equity in leadership roles, close the gender pay gap and recognize and remunerate unpaid and underpaid health and care workers, including community health workers. Commit to the WHO Global Code of Practice on International Recruitment of Health Personnel.

- **Innovate to improve health and care quality.**Deliver services that people trust and want to use by ensuring that services are respectful, fully responsive, proactive, and well-managed, with reliable entry points in every community. Invest in institutions that train and educate the health and care workforce for the future and can monitor and evaluate quality of care. Create the environment where ecosystems for healthcare technology and innovation, including for new models of care, can be led by health and care workers and teams, including nurses, midwives, and associated health professionals.

16. Do these 3 key actions capture the right priorities for countries to Strengthen the Health and Care Workforce to Deliver Quality Health Care? w

Strongly agree
Agree
Neither agree or disagree
Disagree
Strongly disagree

17. Please rank the three key actions in order of importance
Key action 1: Recognize and resource the health and care workforce as the foundation of future resilience.
Key action 3: Innovate to improve health and care quality.

Action Area 4: Milestone

Consistent with achieving target 3.c of the SDGs by 2025 national health policy frameworks include national workforce action and investment plans to increase financing, recruitment, development, training, and retention of health workforce, addressing workforce shortfalls, and creating financial plans to properly compensate the health and care workforce and address pay gaps. Countries monitor and evaluate progress, including innovations to improve health care quality.

18. Does this milestone enable countries to measure progress on Strengthening the Health and Care Workforce to Deliver Quality Health Care?

Strongly agree
Agree
Neither agree or disagree
Disagree
Strongly disagree

Action Area 5: Invest More, Invest Better

Allocation of public resources towards health systems is declining, creating health and economic risks for the future, even though universal health coverage is an important foundation for healthy people, societies, and economies, and makes countries more resilient in health emergencies. Expanding universal health coverage must be prioritized in health budgets, broader national plans, and national financing strategies, and by aligning funding from international partners with national health priorities.

Despite the current challenging economic outlook and macro-fiscal context, countries must continue their efforts to expand domestic public finances to invest more and better in their own health systems, using financing approaches that are efficient and effective, that improve population health, and that make health systems more equitable and resilient. w

Action Area 5: Key Actions

- **Increase and protect domestic government health spending for resilient people, societies, and economies.** By 2025, set consistent national spending targets to make health systems more resilient and equitable. Focus spending on universal access to a guaranteed health benefits package, health workers, primary health care and integrated services. Transition towards consistent and sustainable financing through domestic public resource mobilization, including public-private partnership mechanisms. Low- and medium income countries can start by targeting at least 2 per cent of GDP as a first step and align Official Development Assistance to national health priorities, and specifically universal health coverage.

- **Move boldly towards primary health care**: Noting that countries with the smallest GDP require the largest incremental investments, prioritize at least one extra percent of GDP for primary health care to strengthen health systems and scale up services as a critical investment for both universal health coverage and future health security.

- **Strengthen financial protection.** Ensure that current public spending on health is efficiently used to ensure everyone can access the health services they need while minimizing the burden of out-of-pocket payments throughout their life course. Increase domestic government health expenditure and pooled health financing to improve financial protection, using mechanisms such as progressive taxation, and public subsidies to marginalised populations to ensure no one is impoverished because of out-of-pocket payments for essential health care. Distribute essential health services and essential medicines across the country to prioritize the support given to poorer, most vulnerable persons, and communities left behind, including those who are in quasi-legal contexts.

19. Do these 3 key actions capture the right priorities for countries to Invest More, Invest Better?
Strongly agree
Agree
Neither agree or disagree
Disagree
Strongly disagree

20. Please rank the three key actions in order of importance

Key action 1: Increase and protect domestic government health spending for resilient people, societies, and economies
Key action 2: Move boldly towards primary health care
Key action 3: Strengthen financial protection.

Action Area 5: Milestone

By 2025, countries have improved financial protection to ensure everyone can access the health services they need throughout their life course and are monitoring and evaluating financial protection in line with the SDG 3 targets for universal health coverage. All countries have set national targets for increased spending on primary health care by at least one extra per cent of GDP. Low- and medium income countries have set a national health spending target of at least 2 per cent of GDP as a first step, aiming ideally to achieve 5 per cent of GDP or more. Official Development Assistance is aligned to national health and financing priorities, in particular for universal health coverage.

21. Does this milestone enable countries to measure progress on Investing More, Investing Better?
 Strongly agree
 Agree
 Neither agree or disagree
 Disagree
 Strongly disagree

Action Area 6: Move Together Towards Universal Health Coverage

Governments alone cannot achieve universal health coverage, and inclusive opportunities should exist for stakeholders to participate in developing, reviewing, and implementing national health policy frameworks, financial protection strategies and essential health benefits packages. More can be done to strengthen the coordination of multi-stakeholder ecosystems within the health sector, including spheres of government, communities, civil society, and the private sector, to achieve universal health coverage and health security. The systematic participation and coordination of all stakeholders also makes the health system more transparent and accountable, underpins the social contract between a state and its nation, and fosters trust, which can be leveraged in the context of an emergency. w

Action Area 6: Key Actions
- **Champion participatory and inclusive governance**. Coordinate a whole-of-society approach for universal health coverage and health security. Demonstrate political priority by allocating adequate and stable financial resources for social participation and by strengthening the social contract.

- **Institutionalise mechanisms for inclusive health governance.** Adopt policy frameworks that enable and resource social participation through the design and implementation of participatory mechanisms that empower vulnerable and marginalised voices.

- **Promote trust and transparency by strengthening accountability in health governance.** Invest in an independent national accountability body that includes the active involvement of patients, communities, civil society, and the private sector. Redress conflicts of interest, power imbalances and interference from health-harming industries in these processes and curtail the impacts of health-harming industries on individuals and societies. Involve key stakeholders, in accountability mechanisms for health governance, including international partners when relevant. Lead the alignment of political, technical, and financial resources with Government-led priorities. Monitor and evaluate progress towards universal health coverage.

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22. Do these 3 key actions capture the right priorities for countries to Invest More, Invest Better?

Strongly agree
Agree
Neither agree or disagree
Disagree
Strongly disagree

23. Please rank the three key actions in order of importance
Key action 1: Champion participatory and inclusive governance
Key action 2: Institutionalise mechanisms for inclusive health governance.
Key action 3: Promote trust and transparency by strengthening accountability in health governance.

Action Area 6: Milestone

By 2025, national health policy frameworks are built on inclusive contributions and an independent accountability body is established with meaningful engagement from communities, civil society and the private sector, and international partners when relevant. Adequate national resources have been allocated to inclusive health governance, and international resources have been aligned to national governance priorities.

24. Does this milestone enable countries to measure progress on Moving Together towards Universal Health Coverage?

Strongly agree
Agree
Neither agree or disagree
Disagree
Strongly disagree

Action Area 7: Guarantee Gender Equality

Gender equality is critical to achieving the ambitions of universal health coverage and leaving no one behind. Equal rights and equal access to services drive health, wellbeing, and socio-economic development across the life course. Gender-responsive policies and health services, including sexual and reproductive health and rights, are low cost and effective, and are imperative for the achievement of universal health coverage. Women make up the majority of health workers and deliver most of the frontline essential health services. However, there is a lack of representation by women in health and political leadership, and women earn on average 20 per cent less than male counterparts for the same roles.

Proactively addressing gender inequality in health strategies, policies, financing, programmes, and service design will underpin universal health coverage and future health security. Gender-disaggregated data analysis is the key to improving policy design for people of all gender identities.

Action Area 7: Key Actions

- **Guarantee gender equality in healh decision making at all levels, value and appropriately remunerate the role women play in the health workforce, including their role in unpaid care.** Include women from diverse groups in equal numbers to men in universal health coverage design, decision making, accountability and monitoring from community to global levels. Ensure gender-inclusive voices are included when determining rights, leadership, representation, pay, protection, and safe and decent work conditions. Reflect gender-transformative priorities across national strategies and plans and create time-bound targets for leadership and pay equity. Ensure

safe and decent work for health and care workers that protects their fundamental rights and create healthy, safe, and decent work environments free from violence, harassment, and discrimination.

- **Address gender inequalities and discrimination in health services.** Strengthen gender responsiveness of health policies and ensure scale up of gender-responsive health services that address gender-related barriers to health and secure women and girls' equal access. Ensure essential services such as those relating to sexual and reproductive health and rights are resourced and accessed, including by addressing harmful gender norms and other gender-related barriers. Implement gender-responsive budgeting and monitoring for universal health coverage and ensure equitable financing systems that are participatory, accessible, and minimise the greater burden of out-of-pocket payments faced by women over their life course.

- **Collect the best available knowledge and information to design policy and understand progress on gender priorities.** Measure progress by monitoring and evaluating using SDG indicators, and a standardised set of disaggregated data. Routinely disaggregate data by gender and other social stratifiers (including race, class, sex, geography, age, sexuality and (dis)ability) to ensure no one is left behind.

25. Do these 3 key actions capture the right priorities for countries to Guarantee Gender Equality?
Strongly agree
Agree
Neither agree or disagree
Disagree
Strongly disagree

26. Please rank the three key actions in order of importance
Key action 1: Guarantee gender equality in health decision making at all levels, value and appropriately remunerate the role women play in the health workforce, including their role in unpaid care.
Key action 2: Address gender inequalities and discrimination in health services.
Key action 3: Collect the best available knowledge and information to design policy and understand progress on gender priorities.

Action Area 7: Milestone

By 2025, gender-transformative policies, including universal access to sexual and reproductive health services, are mainstreamed in national health policy frameworks, with time-bound targets and accountability mechanisms set for 2030, including targets for leadership, pay equity and healthy, safe, and decent working conditions. Countries monitor and evaluate progress towards universal health coverage, with analysis disaggregated by gender and other stratifiers.

27. Does this milestone enable countries to measure progress on Guaranteeing Gender Equality?
Strongly agree
Agree
Neither agree or disagree
Disagree
Strongly disagree

Action Area 8: Connect Universal Health Coverage and Health Security

Universal health coverage and health security are two intertwined goals that have a strong relationship within the health system in every country. The world faces multiple challenges that impact health,

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including from climate change, pandemics and conflicts, and future health security relies on achieving universal access to health services, starting with primary health care. It is imperative to integrate the lessons from emergencies and crises, including the lessons from the COVID-19 pandemic. Leaders must act now to design and resource integrated approaches that support both universal health coverage and health security within wider efforts to build equitable and resilient health systems. w

Action Area 8: Key Actions

- **Champion resilience through integrated approaches that connect universal health coverage to health security.** Strengthen national health systems by integrating approaches for universal health coverage and national pandemic planning to ensure capacity to anticipate emergencies and responding to outbreaks. For future social and economic resilience, focus on integrated planning and preparedness for service delivery, coverage, and financial protection. Build community trust in science, vaccines, and public health institutions, and improve systems for the surveillance of emerging diseases to minimise risk.

- **Protect people against interruptions in essential health services during emergencies.** In national health policy frameworks, define plans and allocate resources to ensure the continued and sustained provision of essential health services and primary health care, including supply chain continuity, financial protection, and public health functions, during emergencies, in line with humanitarian principles.

- **Prioritise implementation of essential integrated services, starting with primary health care.** In national health policy frameworks, prioritise expansion of integrated health services which deliver for both universal health coverage and health security, especially public health and primary health care services, as well as essential medicines and diagnostic services.

28. Do these 3 key actions capture the right priorities for countries to Connect Universal Health Coverage and Health Security?
Strongly agree
Agree
Neither agree or disagree
Disagree
Strongly disagree

29. Please rank the three key actions in order of importance
Key action 1: Champion resilience through integrated approaches that connect universal health coverage to health security.
Key action 2: Protect people against interruptions in essential health services during emergencies.
Key action 3: Prioritise implementation of essential integrated services, starting with primary health care

Action Area 8: Milestone

By 2025, national health policy frameworks define plans to guarantee universal health coverage is maintained during emergencies, including through liaison with community partners, and integrated approaches are prioritized for investment to support both universal health coverage and health security, with clear, measurable indicators for implementation.

30. Does this milestone enable countries to measure progress on connecting Universal Health Coverage and Health Security?

Strongly agree

Agree
Neither agree or disagree
Disagree
Strongly disagree

Final questions

31. We want to understand your priorities within this Action Agenda. Please rank your priorities from highest to lowest:
    o   Action Area 1: Champion Political Leadership for universal health coverage
    o   Action Area 2: Leave No One Behind
    o   Action Area 3: Adopt Enabling Laws and Regulations
    o   Action Area 4: Strengthen the Health and Care Workforce for Quality Health Care
    o   Action Area 5: Invest More, Invest Better
    o   Action Area 6: Move Together towards universal health coverage
    o   Action Area 7: Guarantee Gender Equality
    o   Action Area 8: Connect Universal Health Coverage and Health Security

32. Is there anything you would like to add in terms of priority actions, political messages, or milestones to accelerate progress on universal health coverage? Please provide your response in the box in no more than 200 words.

33. Any other comments? Please provide your response in the box in no more than 200 words.