A critical player: The role of civil society in achieving universal health coverage

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This article explores how nascent civil society ‘movements’ are working towards achieving universal health coverage (UHC), why the involvement of civil society is essential for delivering a universal and inclusive system as well as how the growing number of civil society voices contributing to this debate conceptualise UHC in future global health governance. It focuses on civil society action on UHC at the global level as well as within Ghana, Thailand and Uganda.

Civil society actors are adding their voices to the debates about UHC and this has powerful implications for the success of defining and achieving it. The authors argue that civil society should strive to define UHC and promote it as part of a global movement committed to health equity and solidarity. Further, that coverage should be framed in a forward-looking dynamic manner, recognising human rights and equity, and the need to embed them into global governance.

INTRODUCTION

The right to health must be central to any future global governance framework. A commitment specifically to universal health coverage (UHC) is key to enshrining this aspirational goal into a state obligation that all people will have access to an essential package of quality health services without the risk of financial ruin associated with paying for healthcare. UHC is critical to promoting equity and social cohesion in countries, based on the principle of solidarity with the poorest and most vulnerable communities. Civil society actors are adding their voices to this agenda and this has powerful implications for the success of defining and achieving UHC. As momentum behind UHC as a goal in the next global development framework continues to grow, it is important to understand the critical role of civil society actors, at the national and global level, in shaping this agenda and acting as a watchdog to monitor its achievements.

This article explores how nascent civil society ‘movements’ are working towards achieving UHC, why the involvement of civil society is essential for delivering a truly universal and inclusive system as well as how the growing number of civil society voices contributing to this debate conceptualise UHC in future global health governance.

As part of the cross-European advocacy network Action for Global Health, we have had a role coordinating work on UHC with civil society globally. A growing informal coalition advocates that governments are responsible for delivering universal access to health with financial risk protection according to their legal commitments to the right to health. This is only possible if national governments and international institutions develop sustainable health financing mechanisms to support strong and equitable national health systems.

Achieving UHC has the strong potential to improve health outcomes, accelerate social and economic growth and contribute to the achievement of sustainable development. Alongside the commitment to UHC in and of itself is the growing
momentum for UHC as part of the global development framework to follow-on from the Millennium Development Goals (MDGs). In the outcomes of the UN’s consultation process on post-2015, UHC has emerged as a critical mechanism for delivering improved health outcomes as well as an important goal in its own right.

This article takes a special focus on civil society action on UHC at the global level as well as within Ghana, Thailand and Uganda.

**The Role of National CSOs in Advancing UHC**

Many developing and middle-income countries that have sought to expand their health service coverage in recent years have seen civil society and communities playing a pivotal role.\(^2\)

The breadth of organisations, including disease-specific NGOs, that have signed the Action for Global Health Civil Society Call to Action on UHC reveals the potential of UHC for uniting health civil society advocacy and providing a basis for a post-2015 development framework that delivers on health holistically. Alvaro Bermejo, Executive Director of the International HIV/AIDS Alliance, said: “Within the post-MDG framework I would like to see improved health outcomes of the poorest and most marginalised communities globally through the provision of universal coverage and access via a rights-based approach. When UHC is being defined by national governments, it is crucial that prevention, treatment, care and support for people living with HIV are included.”\(^3\)

Through their work with communities, civil society organisations (CSOs) are well-positioned to support the government in the delivery of healthcare and remove the barriers which prevent people’s access to health services. James Robertson from India HIV/AIDS Alliance: “UHC in India will only be achieved through systematic collaboration across sectors. Civil society must play an active role, notably to reach marginalized groups.”\(^4\)

Thailand is one country that has become well known for its gains on UHC. Before this laudable achievement however, Thai civil society organised itself into an awareness-raising campaign advocating equal benefits for all and produced their own alternative National Health Security Bill which was submitted with the support of thousands of signatures. In this way, civil society was instrumental in securing Parliament’s commitment to UHC and the roll-out of the policy, evolving from “an external lobby group into a part of the political process.”\(^5\) Due to this involvement, when the National Health Security Act was enacted in 2002 it had very strong support from civil society.

In Uganda, CSOs have been coming together, to engage the government to ensure that quality health care services are provided to the marginalised and poor citizens of the country such as women and people living with HIV/AIDS. Dennis Odwe of the Action Group for Health, Human Rights and HIV/AIDS, said: “CSOs are invited to make presentations before the budget and social services committees of parliament on what the government should do differently to provide quality health services.”\(^6\)

However, the Action Group for Health, Human Rights and HIV/AIDS also highlights problems CSOs face in Uganda, including restrictive laws that hinder their role to build state accountability, such as restrictions on freedom of assembly and expression. He said: “CSOs should continue with advocacy towards UHC. More capacity building is needed though for CSOs to understand the issues around UHC.”\(^7\)
HOW CSOS CAN SHAPE A GLOBAL MOVEMENT TO GET UHC IN THE FUTURE GLOBAL HEALTH GOVERNANCE AGENDA

At the global level, there is room for greater coordination amongst health-related civil society on UHC, and Action for Global Health is starting to play this role in Europe. A truly global movement would bring value, pushing this agenda from one solely on national responsibility to one of global solidarity. South Africa’s announcement of National Health Insurance provides an important example of the global aspect of this agenda and South-South learning as they were influenced by Brazil in this process. International NGO networks and partnerships are, and should be, a key component in fostering these links.

There are differing viewpoints on UHC and how this is defined. The authors of this article, and many of the civil society partners that we work with, see this as a continually evolving debate.

The main areas of concern – and areas where civil society has an important role to play are:

• Countries should not be able to claim an achievement of UHC without having a truly universal system in place, including reaching the poorest and most marginalised. Mexico has been lauded for reaching UHC, and has hugely expanded its reach, but clinics can still be very poor in rural areas and some long-term conditions are still not covered.

Gerardo Cabrera from the Mexican Network of People Living with HIV/AIDS, echoed these concerns when he said: “There is a big risk in Mexico that the law on UHC will not help to address the lack of the universal access to treatment for people living HIV/AIDS.”

• The goal of achieving UHC cannot only be about health financing, but rather has to address a broader definition of UHC to include removing other (non-financial) barriers, such as stigma and discrimination, which often prevent from accessing the services and have the detrimental effect on the social determinants of health.

• UHC should be built on inclusive participatory processes, engaging CSO’s at design, implementation and monitoring of Health Coverage system.

In looking at the position that UHC could have in the next global development framework, the UN System Task Team on the Post-2015 UN Development Agenda raised the concern that UHC “…frames health purely in the context of health services. This misses the point that health is an outcome of policies in many other sectors.” As the post-2015 debate has progressed, the option emerging from the UN’s thematic consultation on health is that the UHC contributes to the achievement of a goal framed around maximising healthy lives and life expectancy.

It is possible to define UHC in such a way so as to address many of the concerns from the UN System Task Team. An example of a broader definition of UHC comes from India’s High-Level Expert Group on UHC. In their report assessing India’s progress in achieving UHC they state:

UHC...moves beyond ‘insurance’ by providing an ‘assurance’ of healthcare for multiple needs and includes health beyond healthcare.....UHC should address health in all of its dimensions and emphasise prevention and primary healthcare,
which are ignored, neglected or even undermined by the usual systems of health insurance. Such an assurance has to be provided by the government, which has to act as the guarantor of UHC and ensure its success and sustainability, by mobilising all societal resources and advance multi-sectoral actions. In this perspective, the UHC is linked firmly to the Right to Health.\footnote{11}

A new health development goal needs to build on the recognition of health as a human right, and the need to embed this into global governance. Looking ahead, we need a truly global commitment to achieve UHC in the context of the next global development framework. We need solidarity and all actors have a role to play, including civil society. UHC will deliver for health on national levels only if it goes hand in hand with global solidarity, particularly in light of some of the difficulties CSOs face, such as the restrictions on freedoms mentioned in relation to Uganda. Without this the poorest and most vulnerable could be left out on the path to achieving UHC.

Additionally, donor governments and multilateral development organisations, through their official development assistance (ODA), have a potentially powerful role in accelerating national movements towards UHC. They should also seek to fill the financing gap as countries move towards achieving UHC. It is worrying then that many donor countries are cutting their development budgets\footnote{12} and deferring to the line that UHC is not an ODA issue. Countries should also be looking at vital alternative financing generating mechanisms such as the Financial Transaction Tax (FTT). The World Health Organisation needs to be properly funded and strengthened so that it can play the pivotal role of providing technical assistance to countries that are moving towards UHC.

Looking forward, through an inclusive and open process, civil society should strive to define UHC and promote it as part of a global movement committed to health equity and solidarity. One ambitious example of the role of UHC in future global governance structures comes from the academic research network Joint Action and Learning Initiative on National and Global Responsibilities for Health (JALI). They have developed their own position on UHC in the post-MDG agenda and how it could include key principles that would lay the groundwork for a legally binding Framework Convention on Global Health in the future.\footnote{13}

Action for Global Health, as a European network with global reach, will itself play a convening role within civil society to further define its position on UHC. It will continue to engage with the UN process to define the next global development framework, including by working with the important civil society platform Beyond 2015, and address the Member States on their responsibility to ensure the right to health. A commitment to UHC in this framework needs to be defined in such a way that countries cannot achieve a certain minimum and then consider themselves to have achieved the goal. Coverage should be framed in a forward-looking dynamic manner, recognising human rights and equity, and the need to embed them into global governance.
A CASE STUDY: GHANAIAN CIVIL SOCIETY INVOLVEMENT IN QUESTIONING AND RESHAPING THEIR HEALTH SYSTEM

The Ghanaian campaign for UHC was launched following the implementation of the Ghana National Health Insurance Scheme (NHIS) in 2003, when complaints about access, quality of healthcare, equity and coverage began to emerge. A number of civil society actors came together in a research consortium in order to better understand the realities on the ground. Their 2011 report concluded that the coverage of the scheme nationwide had been hugely exaggerated and could be as low as 18%. It also found that those excluded from the NHIS were still being forced into poverty by paying user fees in the cash and carry system.14

The report led the Ghanaian campaign to conclude that “the scheme in its current form could not guarantee Universal Access to Healthcare, and that there was the need to abolish the annual premiums and adopt tax based financing alongside other innovative financing mechanisms, to ensure that the poor and marginalised have universal access to basic healthcare in Ghana.”15

The campaign demonstrated their strength and legitimacy when Ghana’s delegation to the World Bank and World Health Organisation’s ministerial meeting on UHC in February 2013 was forced to concede that the figures in their report were correct and that they have a way to go to expand the percentage of the population covered by the NHIS in line with their official aims.16

The Ghanaian campaign, with more than 200 CSOs involved, shows the unifying power of UHC as it is comprised of a number of organisations ranging from the national association of people living with HIV and AIDS, to the Alliance for Reproductive Health Rights, to the Ghana Federation for the Disabled, ISODEC and the Coalition of Health.

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3 Correspondence with International HIV/AIDS Alliance.
4 Correspondence with India HIV/AIDS Alliance.
5 Thailand’s Universal Coverage Scheme
6 Correspondence with Action Group for Health, Human Rights and HIV/AIDS.
7 Ibid.
9 Correspondence with Colectivo Sol.
10 UN System Task Team on the Post-2015 UN Development Agenda, Realizing the Future We Want for All: Report to the Secretary-General, (New York: UN, June 2012). Available at: http://www.unpd.org/content/dam/unpd/library/Poverty%20Reduction/Realizing%20the%20future%20we%20want.pdf
15 Hor Sidua, Coordinator of Ghana Universal Healthcare Campaign, correspondence with AfGH.
16 “Ghana revises figures on NHIS coverage”, Public Agenda Ghana, March 4, 2013