UNIVERSAL HEALTH COVERAGE: *holding countries to account*

RECOMMENDATIONS FOR THE COMMONWEALTH HEADS OF GOVERNMENT AND THE COMMONWEALTH FOUNDATION

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Everyone agrees universal health coverage is a good thing. Governments have committed to UHC as part of the sustainable development goals.

But UHC cannot be achieved without appropriate financing and an adequate health workforce - and if every citizen does not have equitable access, health coverage is not universal.

Three eminent speakers examined universal health coverage from the perspectives of financing, health workforce, and access, and ask how civil society can hold countries to account on achieving universal health coverage”. 
OBJECTIVES

- To share financing options implemented by Commonwealth countries to achieve UHC and propose transparent and accountable measures to monitor UHC.

- To examine health workforce requirements to achieve and maintain UHC.

- To explore essential actions for Commonwealth countries to ensure the move to UHC ‘leaves no-one behind’.
UHC AND SUSTAINABLE FINANCING

1. By 2020, all Commonwealth countries have defined, with stakeholder input, publicly funded ‘high priority’ health services in terms of outcome and cost-effectiveness; prioritizing health services for the poor that provide financial risk protection.

1. By 2020, all Commonwealth countries have developed mechanisms to monitor the usage of ‘high priority’ health services by, but not limited to, the following measures: income group; area of residence; household expenditure on health as % total household expenditure and income; % GDP spent on health (public/private); health outcomes such as infant mortality and life expectancy; and measures of financial risk such as out of pocket expenditures on inpatient and outpatient care by income group.
UHC AND A SUFFICIENT HEALTH WORKFORCE

1. By 2020, all Commonwealth countries have an electronic database of their total health workforce (licensed and not currently licensed) which includes, but is not limited to, information about classification, highest qualification, age, total length of service, and deployment history.

2. By 2022, all Commonwealth countries have developed forward five year projections, including funding requirements, for their total health workforce and an implementation plan to meet those projections for recruitment to education, recruitment to the workforce, and retention in the workforce.
UHC AND EQUITABLE ACCESS

1. By 2020, all Commonwealth governments have developed national UHC plans with clear, concrete, time-bound, costed, and publicly communicated UHC goals and targets using a community-inclusive multi-stakeholder dialogue.

2. All Commonwealth countries present their UHC plans at the annual Commonwealth Health Ministers’ meetings to demonstrate progress and for peer review.