

Research Protocol

State of UHC Commitment 2021-2023

Updated – November 1st 2022

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1.0 Background

In September 2019, at the United Nations High-Level Meeting (UN HLM) “Universal Health Coverage: Moving Together to Build a Healthier World”, world leaders endorsed the most ambitious and comprehensive political declaration on health in history. In endorsing the declaration, they recommitted to ensure that, by 2030, everyone in every country can receive all the quality health services they need without suffering financial hardship. Ahead of the HLM, diverse actors across the UHC movement came together behind an ambitious set of ‘Key Asks’ for accelerating achievement of UHC, plus gender equality as a foundational principle for UHC. Leaders made specific commitments in areas corresponding to these asks: 1. Ensure Political Leadership Beyond Health; 2. Leave No One Behind; 3. Regulate and Legislate; 4. Uphold Quality of Care; 5. Invest More and Better; 6. Move Together. In addition, the COVID-19 crisis highlights the importance of these asks and commitments for both UHC and health security, and of specific emergency preparedness actions to integrate in efforts towards UHC. In assessing the state of UHC commitment at the global and country levels, progress against these specific asks should be measured to hold leaders to account.



[The first review](#) with [193 country profiles](#) was published in December 2020. Findings show that in many countries, poor and vulnerable groups are being further left behind, and inequities are widening due to the COVID-19 crisis. The COVID-19 pandemic is also exposing and exacerbating weaknesses in health systems, showing that many governments neglected to invest in health, social safety nets and emergency preparedness when it really mattered: before a crisis struck. Even countries with stronger health systems could have been better prepared for this emergency. There is still much to be done to ensure adequate support to front-line health workers, to meaningfully engage all stakeholders in decision-making and to ensure gender-

equitable responses. Furthermore, many countries have not adopted measurable national targets, and public awareness of governments' commitments remains limited.

Purpose of the State of UHC Commitment

The State of UHC Commitment aims to provide a multistakeholder consolidated view on the state of global and country commitments to making progress towards UHC by 2030. The review will be more 'political', 'country-focused' and 'action oriented' in nature and so complement the more 'technical' and 'global' UHC monitoring report focusing on UHC indicators on service coverage and financial protection.

Monitoring progress on UHC and holding governments accountable to take the necessary actions may require data that is not be readily collected by national institutions when it comes to political dimensions around rights, governance and equity. It will also involve providing empirical assessments of the experiences of people, especially the vulnerable, in accessing health services rather than taking at face value policy documents which document what ought to be happening. As such, the review aims to provide country stakeholders with the necessary novel information to feed into inclusive and participatory review processes for assessing UHC progress and commitments over time. Such review processes should provide the basis to report into the regular country and global preparatory processes of the SDG Summit, the UN High Level Meeting and the High-Level Political Forum (e.g. Global Sustainable Development Report, SG's Progress Report on UHC, Voluntary National Review, Health Thematic Review, etc.). In addition to the country focused multi-stakeholder reviews, a global component may be added to track actions on related commitments and initiatives made by the global health stakeholders.

Approach of the State of UHC Commitment

The multi-stakeholder review will follow-up on [the UHC Political Declaration's Key Targets, Commitments and Follow-up Actions](#). Targeted users will be beyond health experts and governments, such as civil society organisations, academia, parliamentarians, private sector and media, who will use UHC2030's materials as a source of information to contribute to the formal accountability processes in their countries.

The review is an annual publication consisting of both country profiles and a synthesis report. In 2020, the review presented available data since 2010 to set a baseline of UHC commitments in all countries, rather tracking progress of commitments. From 2021 and on, the review will track progress on the baseline status of commitments presented in 2020. Each year, the primary focus will be UN HLPF Voluntary National Review reporting countries (40-50 every year). This approach allows the review to systematically feed into the country-led multi-stakeholder dialogues on a comprehensive review of Sustainable Development, instead of creating another parallel accountability mechanism for UHC.

Overview of Data Sources

We will update UHC country profiles and a synthesis report based on mixed-methods approach with various data collection methods and analyses. Specifically, data will be collected through a CSO survey, a multi-stakeholder`s survey, country consultations, collation of existing indicators, a policy document review, and in-country media monitoring. We will build on the work already done in 2020 and 2021, centering our data collection around the UHC commitment areas.

The country profiles and synthesis report will draw data from existing databases, with key indicators for UHC selected through a collaborative process. Additionally, holding governments and development partners accountable to their UHC commitments will necessarily involve presenting the perceptions and real stories of people on whether they feel that commitments are being met and where they feel coverage gaps persist. As this type of data is not collected routinely, UHC2030 will conduct an online survey of key stakeholders at the country-level and non-government actors. This survey will focus on the key commitment areas of the UHC political declaration and allow respondents to provide insight into the reality of UHC in their country. The hard data presented in our review will have much more impact when it is accompanied by stories from real life, rather than taking at face value policy documents which document what ought to be happening. These inputs will be compiled and used in country profiles, which anyone will be able to use for national advocacy and social-political accountability actions.

2.0 Objectives of Research Protocol

The main objective of this document is to provide an overview of the research methods for the State of UHC Commitment review in the year of 2021-2023. It begins with an overview of what we understand the “State of UHC Commitment” to mean. It then describes the process of developing and the final list of indicators selected for collection in the year 2021-2023. Finally, we provide an overview of each data collection method including the approach and rationale, relevant indicators, data sources, data extraction, data analysis, and limitations. This is a living document where we may amend our research protocol as needed based on results of surveys and availability of new datasets.

3.0 Analytical framework for 2021-2023

In the process of coming to understand the meaning of the “State of UHC Commitment” and its purpose as a global and national consolidation of progress on UHC, we pinpointed **two key questions** that this review hopes to answer:

1. Have national governments made commitments in line with the Political Declaration on UHC?
2. Have national governments made progress on their UHC commitments?

To answer these questions, the country profiles will present an overview of (1) **national commitments** made in policies, government documents, and verbal statements, and (2) **progress indicators** that demonstrate implementation of commitments or related action on UHC. We acknowledge that the first item does not illustrate much on its own as it cannot demonstrate whether the commitment is being implemented or to what quality. The implementation of commitments is challenging to measure, but nonetheless, this project aims to capture progress on global and national UHC commitments by collecting and analyzing the most suitable global indicators.

Below in Figure 1, we present the analytical framework for the State of UHC Commitment. This was developed in line with the [UN HLM 2019 Key Targets, Commitments, and Actions](#) document that summarizes and organizes the commitments made in the UHC Political Declaration. It presents, at a high level, what each commitment area of UHC means in terms of commitments and actions needed at the national level.

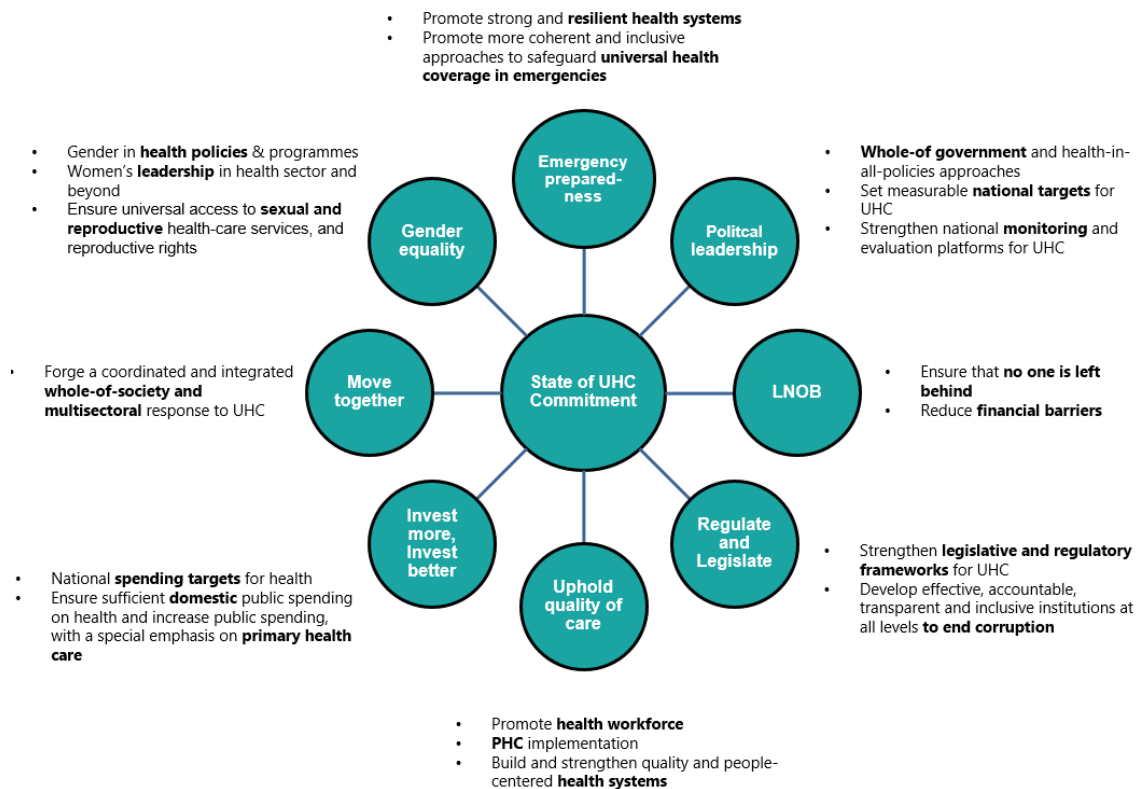


Figure 1. Analytical Framework for the State of UHC Commitment

4.0 Overview of indicators for country profiles

Our approach aims to acknowledge and harness the idea that UHC is dynamic and complex, rather than static and achievable through “one size fits all” approaches. UHC is the ultimate objective, but countries are starting from different places, with very different health problems, health systems, and resources. This year the country profiles and synthesis report aim to conceptualize, showcase, and elucidate the many ways in which UHC is complex, but a goal to which all countries can strive for and achieve through their own means. In this way, we have developed a **core and extended list of indicators**. The core indicators are the indicators that will be displayed for every country, whereas the extended list of indicators are the indicators that are optional and may be collected where feasible and appropriate to complement the existing data for a limited number of countries. The extended indicator list can provide an avenue to showcasing more in-depth data for certain countries to highlight positive examples or a means for exploring new indicators for UHC, which can be added to the core list prior to 2030.

The core and extended indicators were developed through the month of April through the following process:

1. Presentation in task team for early stage feedback on overall approaches
2. Review of 2020 analytical framework and feedback from 2020
3. Review of existing commitment tracking systems
4. Existing literature and political declaration
5. Internal consultation in SwissTPH
6. Small group discussion with interested task team members on proposed framework and indicators
7. Presentation in task team for feedback on selected indicators

The general **selection criteria** for the core¹ indicators are:

- a. **Relevance:** There is a clear relationship between the indicator and the Political Declaration on UHC as described in [UN HLM 2019 Key Targets, Commitments, and Actions document](#). The indicator should capture political commitment or impact of UHC implementation (i.e. quantitative indicators).
- b. **Data availability:** Quantitative indicators are prioritized if they have a well-established methodology and data availability for approximately 50% or more of UN member state countries.²
- c. **Feasibility:** Data can be obtained with reasonable and affordable effort within the one-year timespan of the project, and presented in a useful and digestible format.

In the end, the State of UHC Commitment review 2022-2023 will present **33 indicators in total, with 14 being qualitative and 19 being quantitative**. The qualitative indicators are selected

¹ The criteria also applies to the extended indicator list, except for b, c, and e.

² SDG monitoring framework criteria for Tier I Global indicators. This applies to the indicators from the global repository.

especially to provide more novel data on political dimensions of UHC. The list of indicators across the key commitment areas are as follows:

- Political leadership beyond health - 6 indicators (6 qualitative and 0 quantitative)
- Leave No One Behind - 4 indicators (2 qualitative and 2 quantitative)
- Regulate and Legislate - 5 indicators (2 qualitative and 3 quantitative)
- Quality of care - 3 indicators (1 qualitative and 2 quantitative)
- Invest more, Invest better - 5 indicators (1 qualitative and 4 quantitative)
- Move together - 5 indicators (2 qualitative and 3 quantitative)
- Gender equality - 4 indicators (0 qualitative and 4 quantitative)
- Emergency preparedness -1 indicators (0 qualitative and 1 quantitative)

The revised list of core indicators for review 2022-2023:

Core Indicator
1. Political leadership beyond health (6 indicators)
Existence of a policy commitment to whole of government approach and/or health in all policies in VNR and/or national health policy
UHC recognition and review in VNR
Tracking and reporting on SDG indicator 3.8.1
Tracking and reporting on SDG indicator 3.8.2
Measurable national UHC targets defined
2. Leave No One Behind (4 indicators)
Proof of equity and leaving no one being operationalized
Existence of a policy commitment to reducing financial barriers to health services
SDG Indicator 3.8.2 (Proportion of population with large household expenditures on health as a share of total household expenditure or income)
Related to SDG Indicator 1.1.1. (% of population pushed below the \$1.90 a day poverty line by household health expenditures)
3. Regulate and legislate (5 indicators)
Clear UHC strategy/road map/action plan
Existence of national health policy recognizing UHC as a goal
Existence of UHC law
National health sector plan available
Corruption perceptions index
4. Quality of care (3 indicators)
Existence of policy, strategy or plan for improvement of quality and safety
RMNCH service index (equity disaggregation)

SDG Indicator 3.8.1. (Universal health coverage service coverage index)
5. Invest more, Invest better (5 indicators)
Existence of national spending targets towards health
Health expenditure % GDP
Primary Health Care (PHC) Expenditure as % Current Health Expenditure (CHE)
Recurrent health expenditure (%) by funding source (Government transfers)
Recurrent health expenditure (%) by funding source (OOP)
6. Move together (5 indicators)
Conducted multi-stakeholder engagement in development of national health policies & VNRs
Accountability mechanism for UHC/Health system performance nationally
Civic Space Rating
Open budget Index
Proportion of positive/negative sentiments regarding UHC from Media Monitoring
7. Gender equality (4 indicators)
Proportion of women in decision making positions at the WHA (National delegation to WHA)
SDG Indicator 5.5.1 (Proportion of seats held by women in national parliaments (% of total number of seats))
Proportion of women in ministerial positions
SDG Indicator 3.c.1 (health worker density and distribution by sex – physicians & nurses)
8. Emergency preparedness (1 indicators)
SDG Indicator 3.d.1 (IHR core capacity score index)

5.0 Data collection methods

Note on data collection method indicators and analysis:

In the below section, we provide an overview of each data collection method including the approach and rationale, relevant core indicators, data sources, data extraction, data analysis, and limitations. Please note that we **present only the core indicators** for each data collection method, considering that the extended indicators are optional and will depend on whether it is feasible to collect and whether the data is available. The list of extended indicators for each data collection method can be found in the Appendix.

Further, as some indicators can have multiple sources, we list the indicators only under their **primary data collection method** in this document to avoid confusion. However, this means that additional indicators may be added to that data collection method where seen as feasible. For example, national UHC targets will be reviewed and collected in the policy review and will likely be added as an optional question in the government focal point survey.

We have organized the indicators below according to data collection method as opposed to the UHC key commitment areas considering that various data collection methods are used for each key commitment area.

The data analysis for each of the data collection methods is included where relevant and established; however, this project involves a mixed methods approach necessitating a synthesized data analysis stage that requires analysis across a number of data collection methods. The cross-methods data analysis is to be developed in order to provide a synthesis of the data in the synthesis report and country profiles. Ideas that are being explored and tested are: 1) selecting a few domains and/or indicators to track across the years, such as health financing targets compared to actual spending on health as we are all aware that financial commitments are among the best indicators for prioritizing health; 2) a rating of whether global and/or national UHC targets are being achieved by classifying the data as target achieved, progress but more effort needed, not on track, no data, or not applicable, or a coloured rating could be applied (which could be applied to items in option 1); or 3) a composite numerical score that evaluates many components of commitment and progress of UHC. The development of this progress measuring will depend upon the finalization of the data collection methods as described in this draft research protocol.

Lastly, the indicators will be defined more clearly in the data collection tools being developed for each of the methods. These will include the **operational definitions for the indicators**, whereas herein they may be more general and requiring further narrowing/refining to collect the appropriate, useful data.

5.1 Document and policy review

5.1.1 Approach

The aim of the policy and document review is to identify and synthesize available evidence on select UHC commitment areas and respective indicators (see below table), using a standardized policy and document review methods. The document and policy review will rely on publicly available national health policies, strategies, reports, and plans; national health financing strategies; voluntary national reviews (VNRs) submitted to the United Nations; policies, plans, road maps for UHC; and development policies. The data extraction will be conducted using a detailed protocol including pointed and operational definitions of the respective identified indicators below.

5.1.2 Relevant core indicators

Core Indicators

- Existence of a policy commitment to whole of government approach and/or health in all policies in VNR and/or national health policy
- UHC recognition and review in VNR
- Tracking and reporting on SDG indicator 3.8.1
- Tracking and reporting on SDG indicator 3.8.2
- Measurable national UHC targets defined
- Existence of multisectoral actions taken for health and well-being by national governments
- Proof of equity and leaving no one being operationalized
- Existence of a policy commitment to reducing financial barriers to health services
- Clear UHC strategy/road map/action plan
- Existence of national health policy recognizing UHC as a goal
- Existence of policy, strategy or plan for improvement of quality and safety
- Existence of National spending targets towards health
- Conducted multi-stakeholder engagement in development of national health policies & VNRs
- Accountability mechanism for UHC/Health system performance nationally

5.1.3 Data sources

Data sources will be existing data repositories for national health and development policies, and for Voluntary National Reviews, such as:

- WHO CPCD
- WHO MiNDbank
- VNR database

For the countries where the above sources do not provide the desired document, a targeted word search would be conducted using terms such as “national health policy” or “universal health coverage policy/plan/strategy/road map” or “development policy” with the country name and in the formal written language of the country where possible.

As mentioned above the acceptable data sources are: national health policies, strategies, reports, and plans; national health financing strategies; voluntary national reviews (VNRs) submitted to the United Nations; policies, plans, road maps for UHC; and development policies.

5.1.4 Data extraction

A data collection tool (e.g excel spreadsheet) will be developed to guide the respective researcher/consultant to review a set number of countries, depending on their language skills. Quality assurance will be provided through a comprehensive initial training of the researcher/consultant, including random checks of the extracted data and 2 rounds of data

quality check. Documents in English, French, Spanish, Arabic, and Portuguese will be analyzed by a researcher/consultant proficient in the respective language. There is potential that documents in languages outside this list of languages be analyzed as well.

5.1.5 Data analysis

For the qualitative indicators, we will conduct a thematic and content analysis using the overall analytical framework (described above) as a guiding framework, with the data collection tool providing the methods for content to code and extract. Findings will be presented in country profiles and the synthesis report.

5.1.6 Limitations

A policy review as a research method in itself poses the limitation that it only provides information on the defined goal and specific decisions, plans and accompanying actions in a certain domain/sector. A policy review does not provide any information on the actual status or implementation of a policy. In addition there may be limitation in the conduct of a policy analysis such as: time available to conduct the research, as the approach is very time consuming; language barriers of the research team and consultants (e.g. English, French, Spanish, Portuguese, Arabic); and definitions and scope in terms of national targets given the wide difference in country policies/reporting and in the definitions established around UHC.

5.2 Global repository

5.2.1 Approach

A large number of existing indicators will be used to measure the progress made by the selected countries towards UHC and which are available in global repositories that are open access. This data is easily accessible, the methodologies used to assemble them are clearly described and are standardized allowing for higher degree of comparability despite some inevitable differences across countries' information systems. The indicators available from global repositories pertain to all the Key Commitment Areas except Political Leadership Beyond Health (where none exist).

5.2.2 Relevant core indicators

The table below shows the selected core indicators to be extracted from global repositories, as well as their sources of the data and the data extraction methods used by our team.

Core Indicator	Data source	Link to data source	SoUHCC Data extraction method
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3.8.2 (disaggregated)	WHO global health observatory	https://www.who.int/data/gho/data/themes/topics/financial-protection	Download from public website
Corruption perception index	Transparency International	https://www.transparency.org/en/cpi/2020/index/nzl	Download from public website
Indicator 1.1.1. - % /percentage of households of population pushed below the \$1.90 a day poverty line by household health expenditures	WHO global health observatory	https://www.who.int/data/gho/data/themes/topics/financial-protection	Download from public website
RMNCH equity data	WHO global health observatory	https://www.who.int/data/gho/health-equity/interactive-data-visualizations	Download from public website
Existence of UHC law	WHO global health observatory	https://www.who.int/data/gho/data/themes/topics/health-systems-strengthening	Download from public website
National health sector plan available.	WHO global health observatory	https://www.who.int/data/gho/data/themes/topics/health-systems-strengthening	Download from public website
SDG Indicator 3.c.1 (health worker density and distribution by sex – physicians & nurses)	WHO global health observatory	https://www.who.int/data/gho/data/themes/topics/health-systems-strengthening	Download from public website
SDG Indicator 3.8.1 Universal health coverage (UHC) service coverage index	WHO global health observatory	https://www.who.int/data/gho/data/themes/topics/health-systems-strengthening	Download from public website
Health expenditure % GDP	WHO global health observatory	https://www.who.int/data/gho/data/themes/topics/health-financing	Download from public website
OOP as % CHE	WHO global health observatory	https://www.who.int/data/gho/data/themes/topics/health-systems-strengthening	Download from public website
Recurrent health expenditure by funding source	WHO global health observatory	https://www.who.int/data/gho/data/themes/topics/health-systems-strengthening / Global Health Expenditure Database (who.int)	Download from public website
Civic space rating	CIVIS monitor	https://www.civicus.org/index.php/what-we-do/innovate/civicus-monitor	Download from public website

Open budget index	International Budget Partnership's Open Budget Initiative	https://www.internationalbudget.org/open-budget-survey/about	Download from public website
Indicator 5.5.1: Proportion of seats held by women in national parliaments (% of total number of seats)	SDG database	https://unstats.un.org/sdgs/indicators/database/	Download from public website
Proportion of women in ministerial positions	World Bank gender statistics	https://ourworldindata.org/grapher/proportion-of-women-in-ministerial-positions/ https://datacatalog.worldbank.org/proportion-women-ministerial-level-positions	Download from public website
3.c.1 health worker density and distribution by sex	WHO global health observatory	https://www.who.int/data/gho/data/themes/topics/health-systems-strengthening	Download from public website
IHR Score	WHO global health observatory	https://www.who.int/data/gho/indicator-metadata-registry/imr-details/4409	Download from public website

5.2.6 Limitations

The main limitations of this data collection methods are that not all indicators are available for all countries; however, data availability was considered to the highest degree possible and therefore we include data with higher data availability. Further the different repositories consulted may use slightly different methodologies to assemble the indicators selected.

5.3 Media monitoring – tentative

5.3.1 Approach

We plan to gather information from mass media and social media on the presence of UHC in public discourse and within government messages and commitments in media. Our approach will be both quantitative and qualitative in terms of not only analysing key metrics of frequency of UHC being mentioned by different actors, but also trying to capture part of the content within those messages. We also suggest an element of social media monitoring to complement the above with a more targeted approach to capture verbal commitments to UHC made at the WHA74.

In recent years, social media has proven to be very valuable to get real time information that could inform public health interventions. Widely used in the area of public health emergencies and recovery, media monitoring has been used not only to transmit the right public health messages to the public, but also to understand health related dynamics in different population groups. By use of a combination of strategic keyword and geographical searches, social media

and mass media information can provide ongoing understanding of how UHC is being integrated in public communication and interaction.

Monitoring includes listening, interpreting, and taking action on what people are saying or otherwise conveying. Monitoring can be defined as finding out what is expressed online, for example about a company's products and services, and should be a default social media function. Observing and evaluating interaction in social media needs an open mind. The results of social media monitoring provide a 'snapshot' of a discussion at a particular moment or show developments in a discussion over time.

There are a number of methods that have been developed to monitor or track social media. Primarily coming from the private sector, the main methods are:

- Keyword search: the purpose is to monitor the appearance of specific terms or words using either global search engines (Google) or specific ones like [Real Time Search - Social Mention](#).
- Thematic and sentiment analysis: Classifying the information found into themes or domains is useful to gain an understanding of current or past social media discourse. From traditional manual coding methods to the use of advanced machine learning algorithms, there are a number of approaches that could be used.
- Analysis of spread patterns: A more advanced approach is to evaluate the impact of social media messages, how they spread through the social network and to predict their future behaviour.

The idea of integrating social media monitoring to evaluate the progress in the commitments made by countries towards UHC has an exploratory nature. We will use tools to collect media stories around UHC in the countries of focus for 2021. The purpose of this is to capture national (or sub-national) level UHC debates and discussions, which will be integrated into country profiles. Specifically, this can be used to capture quotes by various stakeholders engaging in the UHC movement.

5.3.2 Relevant core indicators

Core Indicators

- Existence of verbal or written commitment to UHC by Head of State in national political forum (e.g. government document, speech)
- Existence of verbal or written commitment on UHC by Minister of Finance in national political forum (speech, documents)
- Existence of verbal commitment to UHC in global fora by high level political figure
- Content of verbal commitment to UHC in global fora by high level political figure

5.3.3 Data sources

A search strategy will be developed identifying keywords and search terms to be used in different search engines. We will limit the search to statements done during the last year.

Search engines and alert tools that will be used are:

1. Google News, Google Alerts and [Google Trends](#)
2. [Real Time Search - Social Mention](#)

In terms of WHA74, we will include specific search terms related to this in our media monitoring strategy (e.g. hashtags and keywords related to WHA74). If possible, the option to code and analyze verbal statements made at WHA74 related to UHC will be added. In future years, additional high level meetings on UHC could be added, e.g. UN HLM on UHC in 2023.

5.3.4 Data extraction

Forward-looking and actionable commitments will be extracted from social media and WHA74. A forward-looking commitment means a description of current or future UHC plans or initiatives.

Statements that illustrate action being presently taken on advancing UHC or future plans for UHC at the country level will be extracted by the local consultants. The actual quotes or description of the verbal commitment will be transferred to a predefined data extraction template. Details about the date when the quote was made, department/area within the government and place published will also be recorded. Vague statements on the importance of UHC without any forward-looking and actionable commitments will be excluded.

5.3.5 Data analysis

We will conduct a thematic analysis of the content of the verbal commitments using the overall methodological framework described above. Each statement will be coded and basic metrics of frequency will be calculated. Examples of how the data can be displayed are being developed, such as word clouds for each country, a quote by the prime minister/president upon entering the SoUHCC dashboard.

5.3.6 Limitations

Among the limitations of these methods are the complexity of some of the approaches with their potential to be costly, the challenges when interpreting the results, and some ethical and equity considerations.

Monitoring social media discourse is as complex as discourse itself. The rapid growth and fast evolution of messages makes identifying what information to track and developing meaningful

metrics challenging. As a consequence, social media monitoring requires analyzing massive amounts of data which makes this activity resource intensive. This year will serve as trial for the data collection method, however, it has the potential to capture interesting results and has been brought up by task team members as an interesting initiative for verbal commitments and accountability.

5.4 The multi-stakeholders survey

5.4.1 Approach

The multi-stakeholders survey and stories will be used to capture the opinions, perceptions, and experiences of civil society, individuals and other stakeholders in regard to whether they feel that commitments to UHC are being met and where they feel gaps persist. Society at large is the ultimate beneficiary of UHC, and their input on the policies and mechanisms that are being used to progress towards UHC provides valuable information on the impact and acceptability of UHC policies and mechanisms. Collecting data from various stakeholders can also highlight areas of contrast and complement to the governmental data, giving a fuller picture of commitment and progress to UHC within countries. We will collect primary data using two approaches: i) through online multi-stakeholders surveys in the target countries, and ii) through stories with individuals who have faced barriers to accessing healthcare or who demonstrate how progress towards UHC has brought positive change into their lives. The multi-stakeholders surveys will include a mix of short, open- and closed-ended questions to capture qualitative data on perceptions and experiences and simple quantitative measurements of indicator parameters. Stories will be self-reported by individuals using photos with written reflections. Existing data from NSAs on the proposed indicators is scarce and spread across multiple sources. Using online surveys with NSAs will allow us to collect precise data from our target populations in a simplified format and using a standardized format can simplify monitoring of the indicators in coming years. The story approach presents a powerful format to represent the meaning and reality of UHC in individual countries and gives dashboard users the opportunity to qualitatively compare healthcare access, quality, and cost across the globe.

5.4.2 Relevant core indicators

Core Indicators

- Stories of those left behind
- Existence of formal mechanisms to engage patients, civil society, and the private sector in the formulation and implementation of national health policies
- Perception of social participation and social accountability mechanisms for national health policy by CSOs, patients, and multi-stakeholders

5.4.3 Data sources

Different stakeholders who are located or operating in the target countries will be asked to participate in the online survey. Eligible stakeholders who have at least one main aim or program that works directly with UHC or with healthcare access, quality, and financial risk. This includes local governments, private sector, academia, activist groups, charities, NGOs, and religious organizations, among others. For each country, stakeholders will be identified through consultation with CSEM, COPASA, PHM, CIVICUS, A4SD and UCLG to identify as many relevant stakeholders as possible. Wherever possible, data collection through civil society consultation (see 5.6 below) among health NGOs and community groups in country can be considered as a way of generating collective opinions as inputs to the global report and also adding “negotiation power” for civil society in raising their voices for changes they want through their dialogue with government authorities. Other relevant stakeholders are outlined further in survey protocol.

Stories will be solicited from individuals in vulnerable groups who have faced barriers to healthcare or who demonstrate how progress towards UHC has brought positive change to their lives. The focus is on individuals from vulnerable groups who are at risk of being ‘left behind’, such as immigrants, Indigenous people, transgender people, the homeless and others. Individuals will be able to submit their stories to highlight a variety of groups ‘left behind.’

At this stage, we welcome feedback from the task team on what questions would be relevant to private sector actors and whether the same questions/indicators would be relevant for them.

5.4.4 Data extraction

All eligible stakeholders will be asked to complete one survey per organization, to ensure differing CSO perspectives are equally represented in the aggregated country results. The multi-stakeholders survey will be conducted online using a secure, web-based application such as ODK or REDCap. Stakeholders will receive information and an invitation to complete the survey. The surveys will remain open for approximately one month during spring/summer 2022.

The survey will be developed with short, open- and closed-ended questions for each indicator. Relevant questions from the 2021 survey will be included or adapted for the 2022 indicators. There will be word limits applied to ensure feasibility for analysis.

.For UHC stories, individuals will be asked include up to three photos that represent—to them—the barriers or positive change they experienced in regards to access, quality, and financial risk. The photo may be of themselves or of other content. The individuals will be asked to briefly explain why the picture represents the experience. Stories will be submitted by the individual or CSO through a secure online platform that will be open throughout summer 2021.

5.4.5 Data analysis

For the core and extended survey indicators that are yes/no indicators, any positive responses or given examples will count as a Yes for the indicator. For scaled indicators measured as strong/mediocre/weak, pre-defined criteria and keywords will be used to assess the open- and closed-ended responses. For indicators with open-ended responses only, such as Perception of legal and regulatory barriers to UHC, responses will be summarized into a short statement that reflects the stakeholder`s perceptions of the current state of the indicator and graded for progress (e.g. 'needs improvement'). A selection of stories (depending on dashboard space) will be posted directly to the dashboard, following checks of length and content.

5.4.6 Limitations

The participation rate for the survey may be low among stakeholders; we will mitigate this by going through CSEM, COPASA, PHM, CIVICUS, A4SD and UCLG. The sample of multi-stakeholders that participate will not be representative of all of stakeholder`s and civil society in each country, but we will seek out as many eligible stakeholders as possible, including for example groups on primary health care service, sexual reproductive health, HIV groups, to ensure a wide ranger of perspectives. The individual stories are self-selected and are not representative of all vulnerable groups or the average person`s experience with UHC. However, they should be seen as a way to express what UHC means to individual people and to directly involve those with less power in monitoring and progress towards UHC.

5.5 Survey (government actors) – for pilot study only in 2021

5.5.1 Approach

The purpose of the survey to government focal points (FPs) is to obtain data that is not readily available in the public domain, but that can improve our understanding of country-level mechanisms for UHC. It will collect primary data and is a warranted method to do so given the limited understanding of how countries are operationalizing UHC - it can provide more in-depth knowledge of government commitment and action for the wider UHC community. For e.g. CSOs who were found to be largely unaware of their governments' commitments and actions towards UHC in 2020. The facilitation of this communication and information sharing between CSOs and the government is therefore an important follow-up action based on the results of last year.

The goal is to provide a very short survey that can be responded to within 10-20 minutes, with optional questions for more information. The survey will be targeted and limited in scope to avoid reporting burden among national country stakeholders, and improve likelihood of a good response rate. It is important for our mandate to collect this information on UHC since there were considerable challenges in obtaining country information on UHC in 2020, such as measurable national targets for UHC.

5.5.2 Relevant core indicators

Core Indicator
<ul style="list-style-type: none"> • Measurable national UHC targets • Existing forms of multisectoral (whole-of government) actions taken for health and well-being by governments • Level of implementation of multisectoral actions taken for health and well-being (National, National-subnational, ...) • Sectors included in multi sectoral actions taken for health and well-being

5.5.3 Data sources

We will send the survey through UN DESA, Group of Friends of UHC and Global Health, and UHC2030 FPs in Government to reach the appropriate stakeholder in government working on UHC in the target countries (e.g. 43 VNR countries in 2021). The survey will be disseminated at least in English, French, and Spanish. The survey will be hosted on ODK platform.

5.5.4 Data extraction

UHC2030 will disseminate the survey at the end of May. The period in which respondents can reply is end of May until mid to end of July. In 2021, the survey data will be analyzed by the core

SwissTPH team and Translation services to analyze any qualitative data collected will be arranged. Alongside the survey, a short concept brief and explanation of the survey will be provided. An event to disseminate the survey will be discussed; however, as it is a targeted survey for government FPs in VNR reporting countries each year, only events for this audience will be considered, such as events led by GoF and UN DESA.

5.5.5 Limitations

There is potential that we will have low responses especially in times of covid-19 where national governments are overwhelmed with managing the response to the pandemic. It is also the case that much of these complex topics need to be simplified into closed-ended questions, which does not consider, for example, the quality of the said whole of government or UHC mechanism. However, this novel data can spur new research on the quality of these mechanisms for UHC and also further information can be collected on them in subsequent years.

5.6 Country consultations

5.6.1 Approach

Country consultations will be a convening to bring together various actors CSO and community actors working on UHC and health services and mostly targeted at the national level, however with insights at the grassroots and community level. This data collection method will serve to complement the existing data sources and provide more nuanced information at the country level. Currently, it is not established as a primary data collection method for any indicator, but rather, the country consultations should be used to complement existing data on the indicators and be tailored to what is appropriate for the country in question. Country consultations will be conducted in a wide range of countries across all WHO regions with CSEM playing a key role in the development and execution. In 2021, these countries have been selected based on originally on VNR 2021 countries; however, this was adapted to fit the feasibility and networks of partners implementing the consultations. The exact focus and format for the country consultations are under deliberation among a range of various CSOs led by CSEM.

5.6.2 Data sources

Data sources will be the 1-2 page summary documents provided by CSEM and potentially notes taken by partners where possible.

5.6.4 Data extraction

Country consultation data extraction and analysis is being managed by CSEM and partners, and translated by their existing where needed for the SoUHCC analysis.

5.6.6 Limitations

The limitations of this data collection method is that it does not provide a representative view of UHC challenges across all stakeholders in a country and this should be considered in the framing on the dashboard/synthesis report (e.g. not to be represented as the only challenges at the national level). There are various important questions to ask in the development of participant lists for the data collection method and therefore, the resulting data will need to be evaluated based on its appropriateness to be placed on the country profiles.

6.0 Appendix

6.1 Extended Indicators

Data collection method	Extended Indicator
Policy and document review	<ul style="list-style-type: none"> • Government disaggregates data on sex, income, geography for UHC (consider adding other equity dimensions or specific neglected communities) • Conducting health sector reviews with UHC lens • Existence of policy commitment to PHC and/or health needs throughout the life course in national health policy and/or VNR • UHC in Medium term expenditure framework • %GDP to PHC or Primary health care expenditure per capita (\$USD) • Existence of formal mechanisms to ensure that national health policy is gender responsive • Description of formal mechanisms to ensure that national health policy is gender responsive • A national disaster risk reduction strategy with specific provisions for safeguarding the vulnerable and/or UHC
Global repository	<ul style="list-style-type: none"> • % of OOP as informal payments • Indicator 5.6.2 Laws and regulations that guarantee full and equal access to women and men to sexual and reproductive health care, information and education. • Sex-disaggregated data on COVID-19; • Gender-responsive policies to COVID-19.
Media monitoring	<ul style="list-style-type: none"> • N/A
CSO survey & stories	<ul style="list-style-type: none"> • Perceived political commitment and leadership on UHC among CSO • Which health services are free at point-of-care • Existence of a national health insurance scheme that covers the most vulnerable and marginalized • Perception of legal and regulatory barriers to UHC by the public and civil society • Perceptions of CSOs on corruption in health sector • Forms of social accountability mechanisms for the health sector
Government FP survey	<ul style="list-style-type: none"> • Existence of a national pre-paid health insurance scheme • Existence of a dedicated Government agency or committee to implement national UHC strategy/road map/action plan • Existence of a mechanism to ensure that the national health policy is informed by data (and appropriately disaggregated where possible) • Existence of mechanisms to track & monitor progress on UHC targets (e.g. existence of accountability mechanisms for UHC)
Country consultations	<ul style="list-style-type: none"> • N/A