

## B3. Domestic commitments to the right to health and UHC, including constitutional rights and laws, policies, plans and election pledges

National governments are increasingly committing themselves to UHC and the right to health response to both international covenants and agreements and in their countries, through civil society action, media campaigns, political campaigns and commitments in election pledges, policy development and commitments and sometimes even through legislative action and constitutional amendments. The types of actions and the extent to which they reflect the right to health and UHC differ from country to country.

Global experience shows that domestic legal commitments can be crucial to accelerating realization of the right to health and UHC. For instance, health has been made a constitutional right in Brazil, the Islamic Republic of Iran, Mongolia and South Africa; constitutional mandates have been included in directive principles in India, Malawi, the Philippines and Uganda; and laws mandating the right to health or UHC have been passed in Canada, Japan, the Republic of Korea, Thailand and the United Kingdom. In some countries, the legal actions are comprehensive and thereby better reflect UHC, whereas in others they are targeted and partial, which may undermine a universal and inclusive approach to realizing UHC.

National health policies, strategies and plans and the accompanying policy and planning cycle are opportunities for budget-related advocacy. The policy and planning cycle includes a diagnostic phase, in which the health sector is analysed; a strategy formulation phase; a phase for a broad costing exercise to understand the monetary implications of the strategy; a stage in which the costs are translated into health budgets and formatted into the overall national budget; and, finally, an operational planning phase when broad strategic directions are translated into activities (34). The phases are ideally participatory, involving all health stakeholders, giving the opportunity for civil society and others to exchange and provide input. If this is not the case, advocacy for a more transparent, participatory process should apply pressure to ensure that policy-making involves more stakeholders.

Research on the public budget shows how the country has budgeted and spent in the past and how well the spending has corresponded to the objectives stated in policies, strategies and plans. As a single group or organization may not be able to harness the expertise necessary to understand and take part in every step of the policy and planning cycle, partnerships among civil society groups, community and grassroots organizations, the media and the parliament are essential for sharing information and expertise and demonstrating a

common focus on ensuring that the right to health and UHC are anchored in the national health strategy as the orienting vision of the country.

In this sub-section, the facilitator and participants will share experiences in each activity.