



UNIVERSAL HEALTH COVERAGE ADVOCACY GUIDE

A guide to promote health
systems strengthening to achieve
universal health coverage.

DECEMBER 2024



ALL COUNTRIES NEED STRONG HEALTH SYSTEMS

to achieve universal health coverage by 2030.
Everyone, everywhere, should be able to access
and afford quality health services.

UHC2030 PROVIDES A MULTI-STAKEHOLDER PLATFORM

to promote collaborative work on health systems
strengthening at national and global levels.

WE ADVOCAT FOR INCREASED POLITICAL COMMITMENT

to universal health coverage and facilitate
accountability and knowledge sharing.

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CHAPTER 1

UHC2030 FRAMEWORK FOR ADVOCATES:

Aligning your advocacy with the
global movement for health for all.



USER GUIDE

HOW CAN YOU MAKE THE MOST OF THIS GUIDE?

While this guide includes a menu of cross-cutting resources, it does not – and cannot – capture all the potential ways to advocate for universal health coverage. This is because the most successful advocacy strategies and materials are tailored to reach a specific audience.

As such, we encourage you to use this guide as a springboard to develop content and tactics that will resonate with your own communities so that you can more effectively call for universal health coverage.

WHAT CAN YOU LEARN?

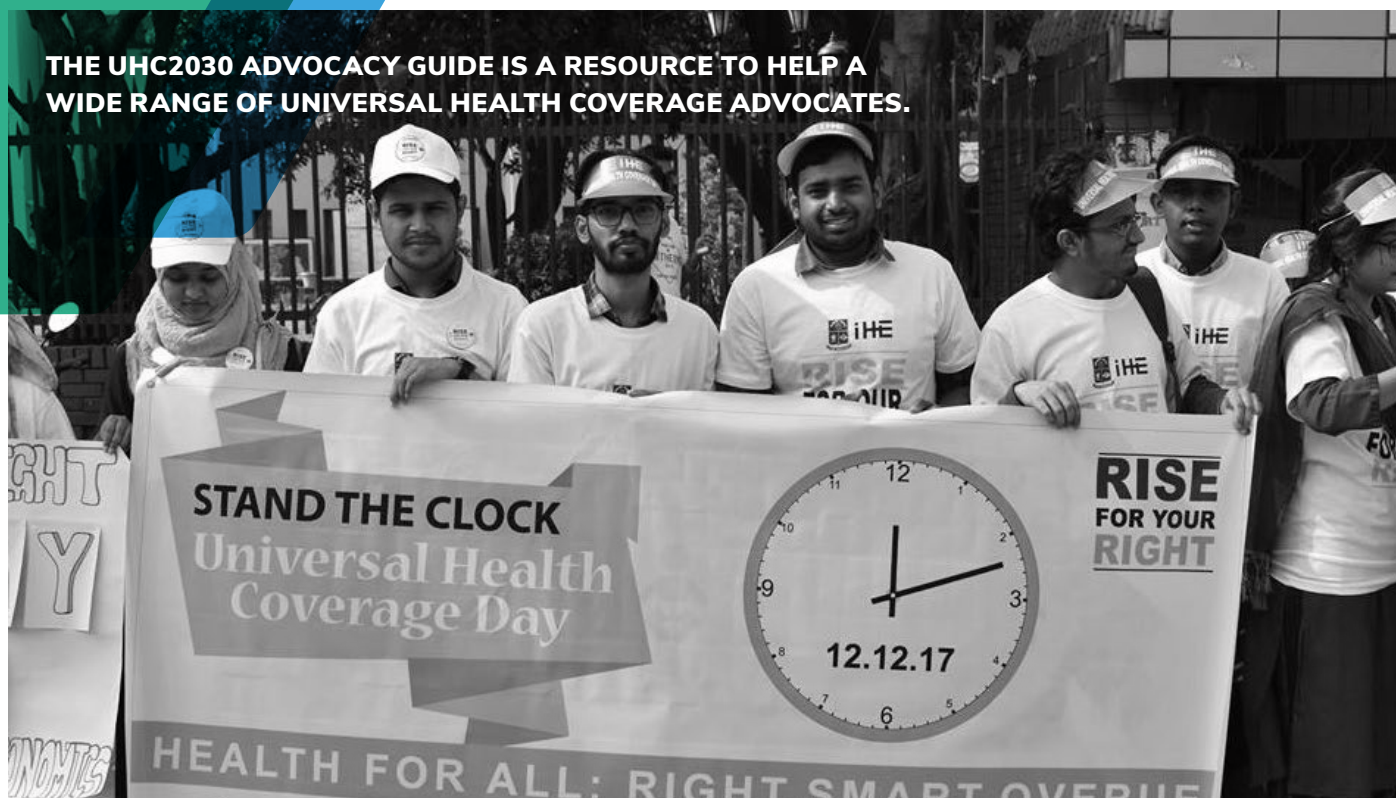
The UHC2030 Advocacy Guide provides an overview of what universal health coverage (UHC) is, why it matters and how you can mobilise bottom-up change at the community level to influence national-level policies and make meaningful health system reforms that leave no one behind.

The guide aims to share specific tools to help you call on policy and decision makers to focus on improving any and all of the three pillars of **Healthy systems for universal health coverage – a joint vision for healthy lives** (joint vision): service delivery, health financing and governance. The intersection of these three pillars aims to create an environment in which UHC is a measurable and achievable goal – something we can all get behind.

WHO IS THIS GUIDE FOR?

The UHC2030 Advocacy Guide is a resource to help a wide range of advocates – spanning government, parliamentarians, academia, civil society, the private sector and more – to conceptualise and execute successful advocacy strategies that advance UHC at community, regional, national and global levels.

THE UHC2030 ADVOCACY GUIDE IS A RESOURCE TO HELP A WIDE RANGE OF UNIVERSAL HEALTH COVERAGE ADVOCATES.



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UHC2030 AND ADVOCACY

As a multi-stakeholder partnership, UHC2030 – along with its partners and related initiatives – nurtures a joint vision for health systems and UHC. It convenes partners to strengthen common messaging, and coordinates strategies and activities to affect positive change for accelerated and equitable progress towards UHC.

UHC2030 advocates for increasing political commitment to UHC and facilitates accountability and knowledge sharing. It frames emerging priorities, identifies bottlenecks and proposes collective recommendations to accelerate progress towards UHC.

UHC2030 has developed **Accelerating Political Momentum for Universal Health Coverage: UHC2030 Framework for Advocates** to support and align diverse stakeholders within and beyond UHC as they conceptualise and execute advocacy initiatives that are grounded in the belief that UHC is the right and smart thing to do.

UHC IS THE RIGHT AND SMART THING TO DO.



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All countries need strong health systems to achieve universal health coverage by 2030. Everyone, everywhere should be able to access and afford quality health services. UHC2030 is a movement that fosters political will to achieve UHC and a platform for multiple stakeholders to exchange knowledge and act collectively to strengthen health systems (box 1).

UHC is an inherently political agenda, and political will is essential to secure and sustain investment in health and drive appropriate health system reforms. That's why UHC2030 aims to build political momentum around **Healthy systems for universal health coverage - a joint vision for healthy lives** and to advocate for sufficient, appropriate and well-coordinated resource allocation to health systems.

BOX 1 UHC2030's mission

UHC2030's mission is to accelerate equitable and sustainable progress towards universal health coverage.

UHC2030 provides a multi-stakeholder platform that promotes collaborative work on health systems strengthening (HSS) at national and global levels. In countries receiving external development assistance, we continue to promote adherence to effective development cooperation principles as the most important way to ensure coordination around HSS.

In endorsing the UHC2030 Global Compact, UHC2030 partners collectively subscribe to the following **key principles** to guide action in prioritising and implementing health systems strengthening:

1. Leaving no one behind: a commitment to equity, non-discrimination and a human rights based approach
2. Transparency and accountability for results
3. Evidence-based national health strategies and leadership
4. Making health systems everybody's business with engagement of citizens, communities, civil society and the private sector
5. International cooperation based on mutual learning across countries and development effectiveness principles

Our advocacy focuses on affecting policy at country, regional and global levels. This means engaging with all our partners and stakeholders, including related initiatives and networks, to facilitate accountability and knowledge sharing.

UHC2030 supports strong accountability frameworks to drive progress toward UHC. That is why UHC2030 aims to facilitate accountability for progress towards health systems strengthening and UHC and contribute to a more integrated approach to accountability for health in the Sustainable Development Goals (SDGs). Together with our partners, we aim to build on lessons learnt from past experiences in order to add value to the existing landscape of initiatives in health and related sectors.

Across the breadth of the partnership at country and global levels, we hope to grow the UHC movement and employ a variety of tactics including lobbying, popular mobilisation and media education to achieve our shared goals of supporting diverse stakeholders as they advocate for meaningful health reforms that leave no one behind (box 2).

**ALL COUNTRIES NEED
STRONG HEALTH SYSTEMS
TO ACHIEVE UNIVERSAL
HEALTH COVERAGE BY 2030.**

BOX 2 What we advocate

1. Continue promoting a strong value case for UHC. While support for UHC is greater than ever before, we must not take this relatively new reality for granted. To mobilise even broader support for our cause and encourage needed policies and investments at the country level, we must keep convincing decision-makers, their constituents, and stakeholders working across health and development that investing in UHC is in their – and everyone's – best interests. Convincing policymakers and diverse communities at all levels to stand up for UHC begins with having the right messengers communicate the right messages at the right milestones. See Chapter 2 for more on how to get started.

2. Support and spotlight progress happening at the country level. To succeed, the movement for UHC must be country-driven. This is because national advocates are best-positioned to define success in their context, build awareness and engagement in their communities and hold leaders accountable for short-term goals. The global movement must find ways to support and celebrate countries' intermediate steps toward health for all and give national champions the recognition they deserve.

3. Earn the support of stakeholders across global health and development. A growing number of organisations across health and development are voicing support for UHC, but this is just a first step. As global and national advocates who care about health, we must all do our part to break down the siloes between topics, sectors and organisations to take stronger action toward our common goal: strong health systems that will deliver health for all.

TO SUCCEED, THE MOVEMENT FOR UNIVERSAL HEALTH COVERAGE MUST BE COUNTRY DRIVEN.



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ABOUT UHC

Universal health coverage (UHC) means that all people and communities receive the health services they need without suffering financial hardship.

ACCESSING HEALTH

More than half of the world's population does not have access to essential health services, and 1.3 billion people are pushed into poverty when paying for health care out of their own pockets.

Essential health services encompass everything from health promotion to prevention, treatment, rehabilitation and palliative care, throughout the course of a lifetime. This includes neonatal, child, adolescent and maternal health, sexual and reproductive health, infectious diseases, non-communicable diseases and much, much more.

PAYING FOR HEALTH

But UHC is not just about being able to access health. It is also about being able to afford it.

One of the most common forms of payment for health is direct, out-of-pocket payment for medicines and health services. All too often, these health expenditures push people below the poverty line or push those who are already poor further into poverty. Universal health coverage protects people against high out-of-pocket expenditures through the extension of progressive pre-paid pooled funds, which can reduce or eliminate the financial risk associated with sudden, unpredictable health costs.

BROADER BENEFITS OF UHC



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UHC's benefits extend beyond just health and have wider, positive effects on society at large. When people are healthier, they are more productive and active contributors to their families, communities, and society at large. When people face less financial risk, families can spend their money on other things, boosting cash flow in the broader economy. When children are healthy enough to attend school, they improve their chances to become active contributors in their communities in the future (box 3).

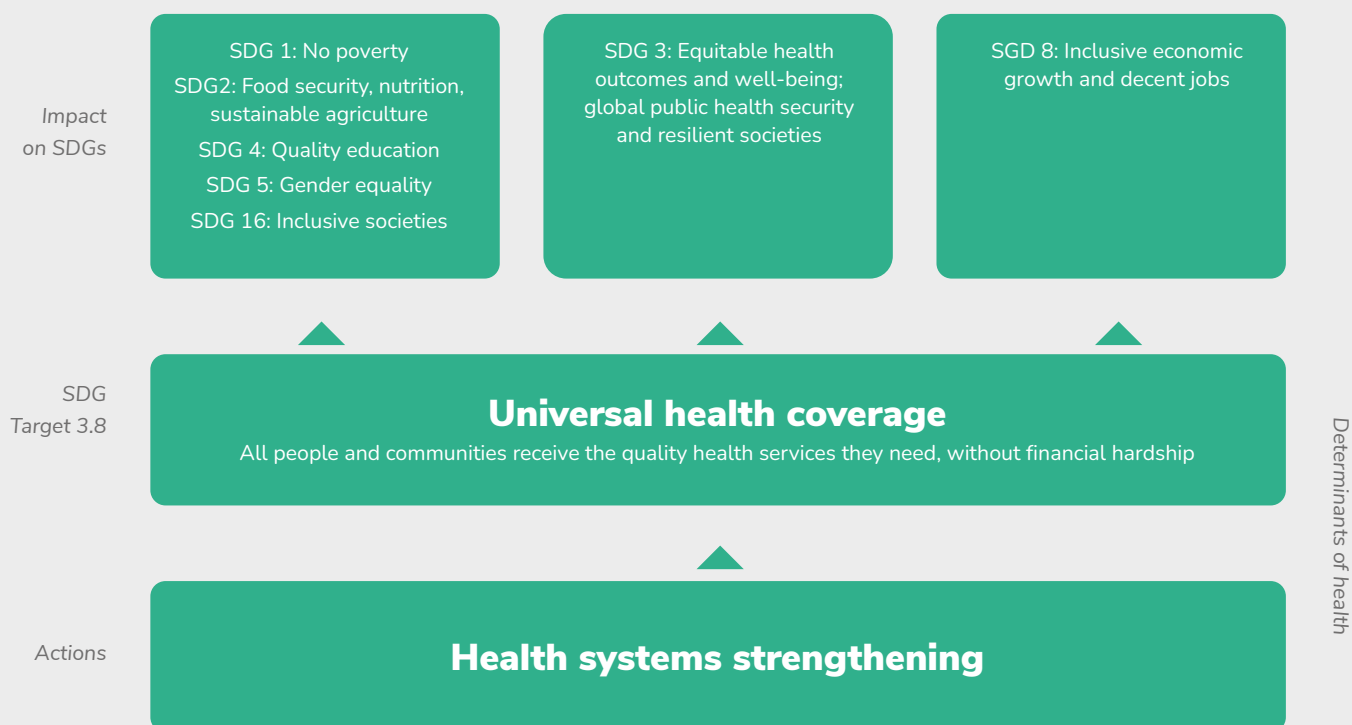
Yet, despite the benefits, progress is slow. UHC2030 is committed to strengthening accountability processes for UHC and our diverse reach and convening power makes us well placed to facilitate multi-stakeholder dialogue for accountability.

BOX 3 Investing in health systems to reach UHC and the SDGs

Besides contributing to Sustainable Development Goal 3 (Ensure healthy lives and promote well-being for all at all ages), UHC also promotes:

- Poverty alleviation (SDG1), as it prevents people from being driven into poverty from high-out-of-pocket health payments.
- Improved nutrition (SDG2), as people receive proper health information and advice to mitigate malnutrition and overnutrition.
- Education (SDG4), as strong health systems ensure that children are healthy enough to attend school and complete their education.
- Gender equality (SDG5), by ensuring access to essential health services for everyone, including the most vulnerable members of the population – often women and children.
- Economic growth and job creation (SDG8) and the reduction of inequality within and among countries (SDG10), because people are healthy enough to obtain and keep jobs and consistently contribute to national economies.
- Peaceful and inclusive societies (SDG16), as healthy populations help build effective, accountable and inclusive institutions at all levels.

FIGURE 1. INVESTING IN HEALTH SYSTEMS TO REACH UHC AND THE SDGS



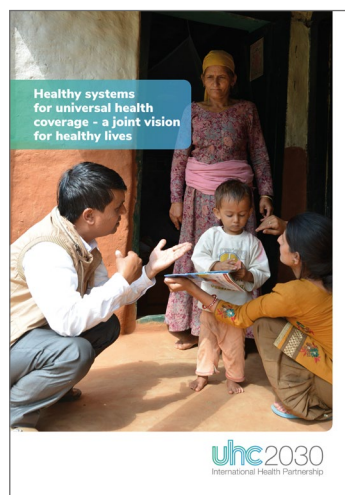
Source: adapted from Kiemy & al., 2017; 95: 537-539 WHO Bulletin

HEALTHY SYSTEMS FOR UNIVERSAL HEALTH COVERAGE - A JOINT VISION FOR HEALTHY LIVES

The inclusion of UHC in the SDGs presents a unique opportunity to promote a comprehensive and coherent approach to health, promoting UHC through health systems strengthening and moving away from the disease focused approach under the Millennium Development Goals. This requires collaboration and action in the interrelated policy areas of service delivery, health financing and governance.

The joint vision is a key reference to inform collaboration on health systems strengthening for UHC. It was developed through a collaborative process involving multiple stakeholders and UHC2030 partners at global and national levels. It outlines health system performance dimensions and policy entry points to promote UHC through health systems strengthening, including critical action for the way forward and principles to guide action.

Improved health system performance requires national, regional, and global action in three interrelated health systems policy areas of service delivery, health financing and governance. Health systems strengthening should focus on five dimensions of health system performance (box 4).



BOX 4 Health systems policy areas and actions

DIMENSIONS OF HEALTH SYSTEM PERFORMANCE

- Equity
- Quality
- Responsiveness
- Efficiency
- Resilience

SERVICE DELIVERY

- Expanding frontline services, particularly primary health care
- Scaling up investment in skilled health workers
- Improving access to medicines and health technologies
- Innovating to meet the health needs of vulnerable and marginalised groups
- Expanding engagement with non-state providers
- Improving patient safety and quality of health services
- Implementing International Health Regulations and service delivery models that promote resilience
- Fostering multi-sectoral action to address the social determinants of health

HEALTH FINANCING

- Mobilising resources through progressive taxation and prioritising health, within a sustainable macroeconomic framework
- Expanding pooling arrangements to improve financial protection for all
- Ensuring strategic purchasing to increase efficiency of health spending, with a focus on public goods and public health

GOVERNANCE

- Fostering citizens' platforms and people's voice mechanisms
- Promoting freedom of information and expanded use of quality data
- Adopting legal frameworks that support access to quality health services
- Developing policy dialogue platforms for multi-sectoral action
- Promoting regional and global mechanisms for collective action and partnership
- Strengthening research and development, including technology transfer mechanisms



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STRATEGIC ADVOCACY PILLARS

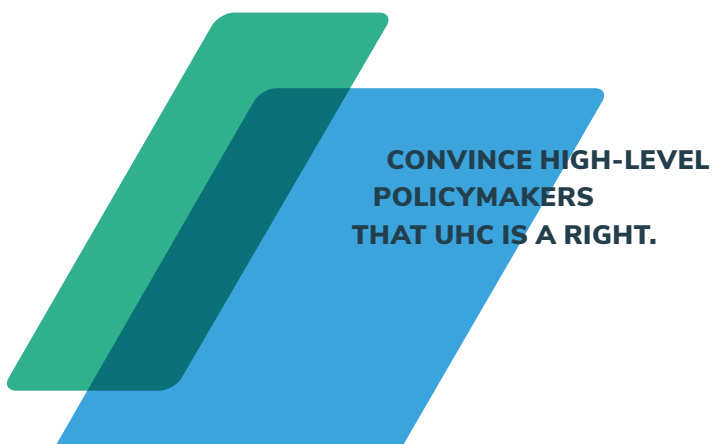
to maximize our impact

Whether you're advocating for UHC at the national or global level, we encourage you to use these three strategic pillars from the [Framework for Advocates](#) to focus your advocacy efforts, and identify and implement effective actions.

PILLAR I

Build political support and grassroots demand for UHC at the country level to motivate policies and investments that leave no one behind.

	COUNTRY LEVEL	GLOBAL LEVEL
Build high-level political support	Convince more in-country, high-level policymakers, especially beyond the health sector, that UHC is a just, smart and affordable investment that yields massive social and economic returns for countries – and wins votes.	Work with in-country advocates to make the case for UHC and ensure that influential global voices continue to name it as a priority for all countries.
Generate grassroots demand	Strengthen public understanding of and demand for UHC by communicating what it would achieve for individuals and communities; create opportunities for citizens and communities to hold their leaders accountable.	Support these efforts by sharing lessons learned, human stories, and messages that have proven effective, and by providing resources for community engagement activities.



PILLAR II

Develop national action plans, define measurable results and celebrate progress.

	COUNTRY LEVEL	GLOBAL LEVEL
Define success in each country	Work to develop or accelerate national action plans or roadmaps for UHC that adapt general principles to specific country contexts, with an emphasis on short-term goals that can be accomplished over two to four years (such as strengthening primary health care, defining and budgeting for essential health benefits packages, and developing a health financing strategy). Seek explicit government commitments to meet milestones outlined in national action plans and roadmaps.	Provide examples of how success on the road to UHC has been defined in other contexts.
Elevate champions and intermediate steps	Spotlight local, national and regional progress toward UHC – especially “intermediate” steps or breakthroughs – and recognise advocates and leaders who help bring about change, as demonstrated by their meeting advocacy metrics established by the UHC2030 accountability strategy.	Share country-level successes in international forums to both give credit and inspire others.

PILLAR III

Support a broad, inclusive and cohesive advocacy community to maximise reach, coordination and impact of UHC advocacy.

	COUNTRY AND GLOBAL LEVEL
Personalise the value case for UHC	Show how investing in strong health systems and UHC supports diverse health and development goals and populations.
Nurture mutually-beneficial partnerships	Partner with other organizations to pool resources and promote joint advocacy strategies for mutually-beneficial policy change.

CHAPTER 2

HOW TO MAKE YOUR CASE FOR UHC

The following section outlines a process based on “[Nine Key Questions for Developing an Advocacy Strategy](#),” a resource to guide advocacy developed by Jim Schultz, founder and executive director of The Democracy Center. It has been adapted here to discuss the advocacy process in the context of UHC.



A STEP-BY-STEP GUIDE

Advocacy is a critical opportunity to raise public support for stronger health systems that leave no one behind. However, it can only be successful when clearly defined goals are supported by effective methods of communication. This section will walk you through the necessary steps to make the best possible case for UHC in your community, region or country.

AUDIENCE

One of the first steps is identifying who you would like to target with your advocacy efforts. Another way to approach this is by asking yourself who the key players are – from individuals to institutions – that have the power to create the change that you would like to see. In the context of UHC, these players may hold direct or indirect power.

Players who hold direct power are often members of government or international organisations who can develop guiding policies and create, sponsor and pass binding legislation to develop stronger health systems. Depending on your immediate objective, these players can sit at the global, national or regional level, as each will need to be engaged on the path to UHC. Certain players may be more instrumental than others, depending on whether your focus is improving service delivery, health financing or governance itself. Think strategically about what you are trying to achieve and who is best suited to help you.

Players who hold indirect power are those who are able to create an enabling environment to encourage, or pressure, those with direct power to pursue UHC. These audiences can be broad, such as large groups of constituents who can use democratic mechanisms to elect new or persuade existing policymakers and leaders to prioritise UHC. These audiences can also be more targeted, such as a select-few high-level influencers who can either personally persuade or leverage a policymaker or leader.

REMEMBER: THESE TOOLS ARE MORE EFFECTIVE WHEN THEY ARE TAILORED TO FIT SPECIFIC NEEDS, SO WE STRONGLY ENCOURAGE YOU TO ADAPT YOUR ADVOCACY TO SPEAK TO YOUR DESIRED AUDIENCE.

MESSAGES

Once you have identified your target audience, you can begin crafting messages that will resonate with that audience. Begin by asking yourself: what does your audience need to hear to spur action? Successful messages are often simple and direct, explaining why UHC matters in a way that will captivate your audience.

How to captivate your audience

You can often captivate your audience in one of two ways: by emphasising why pursuing UHC is the right thing to do or why it is in your audience's self-interest. To emphasise why UHC is a strong moral choice, you could highlight how principles like "leaving no one behind" demonstrate a commitment to equity, non-discrimination and human rights. These are all powerful norms on the international stage that audiences would feel social pressure to adhere to. To emphasise why UHC is in your audience's self-interest, you might focus on other elements, such as the need for efficient health systems, which can deliver financial benefits to both individuals and governments.

Joint messaging

Regardless of the health or development issue you work on, building stronger health systems has great benefits for all. Joining forces with other advocates can serve two purposes. First, it demonstrates the tremendous return on investment that UHC can bring. Second, joint messages can be used to build support from policymakers and influencers who may not exclusively be dedicated to UHC but can appreciate how vital it is to their own interests or areas of expertise.

Furthermore, stronger health systems also promise benefits for areas outside of health. UHC is not only a pathway to better health for all, but also to more equitable social systems and more efficient economies. When you are exploring opportunities for joint messaging, do not limit yourself to only engaging advocates from specific disease areas. Instead, ask yourself if there is also an opportunity to harness the power of movements not directly related to health.

Positive or negative framing

In the context of UHC, both positive and negative approaches to messaging can have utility. You may often find yourself gravitating toward positive messaging, which can energise, empower and inspire audiences to take action. An example of this approach to messaging is emphasising how many lives could be saved by implementing UHC and how it will prove popular with the electorate in the run up to elections.

In certain circumstances, a negative framework can communicate the same point but with increased urgency for action. For instance, you could report the same figure as lives that will be lost if we do not achieve UHC. It is important to use these messages sparingly to ensure they do not introduce an unnecessary alarmist tone.

Primary and secondary messages

First, you will need to develop an overarching message, which will serve as the common thread woven throughout the campaign. This message is often a universal explanation of how UHC is in the best interest of your target audience.

Once you have the audience's attention using a primary message (for example, all people deserve access to strong and affordable health services), you can then use secondary messages and that strengthen your argument with the support of data and concrete examples. These secondary messages allow you to further tailor your argument to your target audience or to multiple sets of target audiences.

ASK YOURSELF: IS THERE AN OPPORTUNITY TO HARNESS THE POWER OF MOVEMENTS NOT DIRECTLY RELATED TO HEALTH?

BOX 5 The message triangle

One way to think through your messages is the message triangle, which introduces the problem or context, offers a solution, and includes a call to action to rally audiences around that solution. This allows you to build a narrative that can be adapted for different audiences.

Imagine your advocacy is targeting a country's government of increase investment in skilled health workers as a means of strengthening health systems.

1. Problem or context: Health workers are the cornerstone of a resilient health system, and the demand for health workers is set to increase as the global economy expands and the world's population grows and ages. However, Country A has a critical health worker shortage of X. This leads to long wait times for patients and increases the risk of burnout for existing health workers.

2. Solution: By investing in training and recruiting

more health workers, the Government of Country A can increase the number of health workers per capita, thereby ensuring that more people can see a health worker when they need to. This will lead to shorter wait times and increased preventive care, as well as a more robust national health system.

3. Call to action: Governments must recognize the value of health workers and invest in them accordingly. Specifically, the Government of Country A must increase the number of health workers from X to Y. They can accomplish this goal by allocating more funds to recruit and equip new health workers, as well as additional funds to train and elevate the skills of existing health workers.



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MESSENGERS

The same message can have a drastically different impact depending on who delivers it. Consequently, asking yourself, “Who is the most credible messenger?” can often be just as important as the content of the message itself.

The answer to this question often changes based on the audience you are attempting to reach and the messages that you are trying to communicate. In some cases, experts with technical knowledge and high credibility are best suited to share your message, as certain audiences will believe them. This particularly holds true in situations where your audience is knowledgeable about the issue and may need concrete evidence to mitigate the risk of taking action. For example, a policymaker may be more easily persuaded to allocate more national funds toward UHC by an economic expert than by a human rights advocate.

In other cases, those who can speak from personal experience – such as someone who was turned away from health services because they could not afford treatment – can be powerful messengers because they have a universal, emotional appeal that can engage broad, public audiences.

Another set of considerations you can take into account when selecting a messenger is purely practical. Harnessing the power of influencers (for example, celebrities) behind the UHC movement could elevate its visibility for both direct and indirect power holders, yet advocates may find themselves limited by logistical challenges of working with highly-visible influencers. Sometimes it is difficult to engage with these influencers, especially under tight timeframes, and a more attainable messenger should be chosen instead.

BOX 6 Have you thought about your messengers?

Additional questions to guide your consideration of messengers

- What has the messenger said or written about this issue?
- Where does the messenger stand in relation to supporting the advocacy issue?
- What level of influence does the messenger have over the target?
- How much does the messenger know about the issue?
- How credible is the messenger in the eyes of the target audience?
- How and when do you interact with messenger?
- Do you have the capacity to engage with the messenger?
- How and when does the messenger interact with the target audience?
- What will the advocacy strategy encourage the messenger to do?
- What are the risks of engaging the messenger?
- What will you encourage the messenger to tell the target?
- Can the messenger deliver the message with clarity and empathy?

DELIVERY

The delivery of messages can take many different forms, ranging from back-channel negotiating to highly-publicised public protests.

Regardless of which delivery method you choose, identifying the best opportunities in time to advocate is a crucial step in the process. The right time to advocate to one audience might not be the right time to advocate to another. If you are looking to leverage the engaged public at the height of its power, introducing UHC to political conversation in the lead-up to and during national elections allows constituents to apply the greatest amount of pressure on their representatives. However, if you are appealing to ministers of finance, it will be important to ensure that you are engaging them at key points in the budget process, when they are able to take your input into account.

RESOURCES

While advocates are encouraged to find new ways and develop new resources to call for UHC, there is no need to start from scratch. You can draw from existing resources, including the materials laid out [on the microsite](#) and the [UHC2030 website](#). This saves advocates time, lends cohesion to UHC advocacy

across a multitude of partners, and makes advocacy efforts more effective, as advocates can learn from other partners' expertise, political intelligence and past advocacy successes and failures.

GAPS

The UHC movement is constantly evolving and expanding as it reaches new communities and geographies. After reviewing what resources are already available to you, we encourage you to ask yourselves what kinds of advocacy materials still need to be developed. In the context of UHC advocacy, these will often be materials that need to be tailored to more effectively speak to certain local or national audiences.

FIRST STEPS

While achieving UHC on a global scale can often seem like a daunting goal, there are often concrete first steps that you can take to set actions in motion. By identifying where to begin work on short-term wins, you can inspire others to join the 'health for all' cause. Though they may be small, these first steps are critical to create a foundation for broader UHC goals.



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POLICY AREAS AND ACTIONS

Be sure to check out the [Healthy systems for universal health coverage – a joint vision for healthy lives](#) to learn more about the five dimensions of health systems performance:

- 1. Equity
- 2. Quality
- 3. Responsiveness
- 4. Efficiency
- 5. Resilience

There are three interrelated health systems policy areas and actions: service delivery, financing and governance.

AREA 1: SERVICE DELIVERY

A renewed focus on service delivery through an integrated and people-centred lens is critical to reaching underserved and marginalised populations to ensure that everyone has access to the quality health services they need.

WHAT SUCCESS LOOKS LIKE	POLICY ACTION EXAMPLE
Expanded frontline services, particularly primary health care	Strengthen community-based platforms, which deliver people-centered frontline services and integrate into the overall national health system.
Scaled-up investment in skilled health workers	Address the global shortage of health skills and scale up quality education and lifelong learning by involving and regulating the private sector and mobilising a community-based workforce.
Improved access to medicines and health technologies	Improve a subsystem to guarantee product quality supported by appropriate legislation and governance structures within the public sector.
Met health needs of vulnerable and marginalised groups	Re-orient health systems to ensure the right balance between health promotion and prevention; strengthen the coordination of services within and beyond the health sector; and engage people and communities to take an active role in their health and social accountability of the health system.
Engagement of non-state providers in service delivery	Promote innovative partnerships to maximise the synergies between the public and private sector, such as health franchising for service contracting and social marketing of health commodities.

AREA 1: SERVICE DELIVERY CONTINUED

WHAT SUCCESS LOOKS LIKE	POLICY ACTION EXAMPLE
Improved patient safety and quality of health services	Standardise and adhere promotion, prevention and treatment protocols and practices; monitor quality of services systematically; strengthen professional associations and regulatory bodies; increase the voice of users to ensure their right to participate and influence; and make governance and accountability systems inclusive in health facilities.
Implemented international health regulations and service delivery models	Equip service delivery models to implement international health regulations and develop a clear sense of the threats.
Increased multisectorial action to address the social determinants of health	Engage and partner with innovative approaches in other social sectors across different levels of governance.

AREA 2: HEALTH FINANCING

Health financing is a complex yet crucial component of UHC, as it spans three financing functions: 1) establishing equitable and efficient resources for the mobilisation of community health systems; 2) pooling investments; and 3) using both resources and investments.

WHAT SUCCESS LOOKS LIKE	POLICY ACTION EXAMPLE
Resources mobilised through progressive taxation that prioritises health, within a sustainable macroeconomic framework	Increase government revenues mostly through efficient and progressive taxation and increase spending on health, considering long-term fiscal space.
Expanded pooling arrangements that improve financial protection for all	Expand pooling arrangements progressively to reorient private spending into pooled financing arrangements; avoid the fragmentation of financing systems into separate schemes with different levels of funding and benefits for different population groups; target resources to remove financial barriers and ensure the poor and most vulnerable can access essential services.
Increased efficiency of health spending through strategic purchasing, with a focus on public goods and public health	Manage public funds transparently for better accountability; allocate resources toward inputs and services that generate better results at lower cost; develop and implement policies and regulations that ensure the efficient use of resources and use incentives in provider payment mechanisms; and strengthen provider autonomy and facility management.

AREA 3: GOVERNANCE

Governance has to do with the processes and institutional contexts through which collective decision making is arranged. It determines key policymaking benchmarks like accountability, capacity, transparency, and people-centred, integrated care.

WHAT SUCCESS LOOKS LIKE	POLICY ACTION EXAMPLE
Support of civil society engagement mechanisms	Introduce mechanisms of voice and community empowerment in health service delivery, and establish civil society platforms to formulate and review national health policies, strategies and plans as well as priority setting and decisions on resource allocation.
Expanded freedom of information and use of quality data expanded	Ensure civil society access to UHC data and information; adopt a core set of indicators to monitor UHC progress and incorporate them in national monitoring and evaluation systems.
Adoption of legal frameworks adopted to support access to quality health services	Provide and enforce fair, transparent and effective regulatory frameworks and accreditation systems to maximise the reach, affordability and quality of health services for all.
Development of policy dialogue platforms for multi-sectoral action	Develop national, whole-of-government, multisectoral plans; establish mechanisms for community mobilisation; coordinate across ministries and other stakeholders; and engage with the private sectors effectively to address health risks and promote health.
Use of regional and global mechanisms for collective action and partnership	Initiate, organise and finance collective action on research, tool development, norms and standards, and promote mutual learning and sharing of experiences on health system strengthening across countries regardless of development status.
Strengthened research and development strengthened, including technology transfer mechanisms	Deliver relevant products with an effective interaction of research and development between public and private sectors, and strengthen regulatory systems and a skilled workforce to use technology transfer effectively.

EVALUATION

A robust evaluation process helps you to understand if your advocacy efforts are working. Evaluation can measure two outputs: your audience's opinions and your audience's actions.

If at any point indicators are showing that your advocacy is not achieving the goals you set out to reach, we encourage you to refine your strategy by re-evaluating your messages, messengers, delivery or target audiences.

Certain indicators, such as how often policymakers reference UHC in their speeches or how much traction #HealthForAll picks up on social media channels can help you measure how well your audience is receiving your messages. However, these values still need to be translated into action. Other indicators, such as budget allocations for UHC-related activities, can help you understand how well your advocacy activities are moving the needle.



uhc2030

Taking action for universal health coverage