



2<sup>nd</sup> October 2018

Dr Tedros Adhanom Ghebreyesus  
Director-General  
World Health Organisation

**Re: Civil Society and the Global Action Plan for Healthy Living and Well-being for All**

Dear Dr Tedros,

We, the Advisory Group of the UHC2030 Civil Society Engagement Mechanism, are following the process around the *Global Action Plan for Healthy Living and Well-being for All* with great interest.

This initiative, through the leadership of Germany, Norway and Ghana, will be a critical contribution to the global health agenda, especially for Universal Health Coverage, and will help to enhance quality and coordination among various global and in-country stakeholders to achieve better alignment, more efficiencies and increased health outcomes. We believe that an effort of this scale necessitates broad participation and engagement from various stakeholders, including Civil Society.

We understand that the first draft of the Global Action Plan will be released at the World Health Summit in Berlin in October, and look forward to hearing further detail about the Action Plan, and in participating in discussions around its development.

We have been able to review and discuss initial plans as to how to approach the Action Plan and would like to share our thoughts with you:

On process

- We commend your commitment to include Civil Society in the consultation process that will inform the outcome of the Action Plan.
- We offer to support this process through **establishing a Civil Society steering group** through which we can ensure that relevant expertise can be taken into account in terms of (i) Civil Society experiences with country level realities, needs, gaps, etc., (ii) Civil Society contributions to service delivery and advocacy on health and (iii) Civil Society experiences in working with the global health institutions both at country and global (governance) level.
- Based on our experience, we note that Civil Society consultation and engagement in the process requires a deliberate and proactive effort and should start sooner rather than later.
- It will be important to ensure that Civil Society engagement in this process is well aligned with and informed by our engagement in other processes, such as the UHC HLM preparatory processes, etc.
- We believe that the UHC2030 Civil Society Engagement Mechanism (CSEM), if capacitated to do so, would be the right entity to take on a coordinating role in realizing substantial and meaningful

engagement. We recognize that CSEM would need to consult broadly with global Civil Society in this endeavor.

#### On content

- There are communities and populations that are disproportionately excluded in global health. We therefore urge all partners working on the Action Plan to put these communities at the heart of this joint effort.
- We have taken notice of early drafts of outlines of the Action Plan, that suggest work to be undertaken on so called accelerators to speed up progress and innovation. In this approach we see the reflection of an ambitious and contemporary (business) approach with the aim to enhance organizing health policy and delivery
- In this context we would like to emphasize the following:  
The accelerators require further discussion to ensure the list is comprehensive and correct. In this context we flag:
  - i. That “promotion and protection of human rights” is not mentioned, whilst there is ample evidence that this is a prerequisite for access to and delivery of inclusive and equitable health services. One could even argue that this is not an accelerator but a ‘conditio sine qua non’.
  - ii. “Community and Civil Society engagement” is currently listed as an accelerator. We strongly believe that this is an understatement of the essential role of Civil Society and communities. There is ample evidence that Civil Society and communities play a critical role in the delivery of health services (including treatment, care and prevention), in reaching the most vulnerable (groups), in ensuring that the voices of people are heard (advocacy on all levels) and in addressing gender and other human rights issues. To fully employ the potential of Civil Society and communities in reaching better health outcomes and increasing impact, strengthening of Systems for Community engagement and service delivery must be a core component of the health response.
  - iii. One of the accelerators concerns sustainable financing. We suggest to explicitly include here the building of scaled, inclusive and human rights-based risk pools that fully employ the opportunities that digitalization can offer. Increased domestic resources are essential in this context, but donor funding in collaboration with the global health institutions can provide critical support and leverage opportunities.
  - iv. In this effort, we encourage you to look beyond global health as such and include an analysis of the impact of the economic realities in which that health is embedded. When the International Community adopted the Alma Ata Declaration in 1978, it agreed that redistribution of wealth and capital available in the world was needed to ensure that essential public services and social protection can be made available to all. To date this is more valid than ever before. The achievement of SDG 3 and other health-related goals is inherently linked to progress towards planetary health and social justice.

The accelerators reflect essential components of your effort to enhance coordination, effectiveness and impact in global health policy and implementation. Care needs to be taken so that the accelerators do not end up being positioned as ‘nice to have’ when funding allows for it (as we have seen with the “critical enablers” in the HIV Investments Framework that was launched a decade ago).

We thank you and your colleagues at WHO for your deep commitment to achieving Universal Health Coverage, and commend your comprehensive efforts to make progress through the Action Plan.

We are enthusiastic to collaborate with you in this important work, and look forward to your response.

Signatories:

Academic and Career Development Initiative Cameroon (ACADI)  
ACON (AIDS Council of New South Wales), Australia  
ACTION  
Action Socio-sanitaire Organisation Secours (ASOS), Madagascar  
Advocacy, Research, Training and Services (ARTS) Foundation, Pakistan  
Africa Health Budget Network (AHBN), Nigeria  
Aidsfonds  
Alliance for Public Health (APH)  
Alliance for Reproductive Health Rights (ARHR)  
Alternative Sante, Cameroon  
Amref Health Africa, Kenya  
APCASO  
ASAPSU, Côte D'Ivoire  
Asociacion Panamena de Cuidados Paliativos  
Association d'Entraide Médico-Sociale ( AEMS-ASBL)  
Association Mauritanienne SOS Femme Rurale (AMSFR)  
Association pour le Bien-être Communautaire (ABICOM)  
BHORE, Nepal  
Cairdeas International Palliative Care Trust, Scotland  
Centre for Supporting Community Development Initiatives, Vietnam  
CHESTRAD Global  
Christ Soldiers Foundation, Ghana  
Christian Aid, Kenya  
Civil Society Coordinating Group for the Global Financing Facility (GFF)  
Civil Society Reference Group (CSRG)  
CN World March of Women, Tunisia  
Coalition Malagasy pour le Renforcement du Système Santé (COMARESS), Madagascar  
Coalition PLUS  
Community Working Group on Health, Zimbabwe  
Concern Health Education Project, Ghana  
Cordaid, Afghanistan  
CORE Group  
Eastern Africa National Networks of AIDS Service Organisations (EANNASO)  
European AIDS Treatment Group (EATG)  
Foundation for Integrated Rural Development, Uganda  
Frontline Health Workers Coalition  
Global Fund Advocates Network (GFAN)  
Global Health South  
Global Health Visions  
Good Health Community Programmes, Kenya  
Health Alert  
Health Poverty Action

Health Promotion Tanzania (HDT)  
Health Reform Foundation of Nigeria (HERFON)  
Health Sector Reform Coalition(HSRC), Nigeria  
Health, Education and Literacy Programme (HELP)  
HIV Young Leaders Fund  
Hope for Future Generations(HFFG), Ghana  
Hospice & Palliative Care Association of Zimbabwe (HOSPAZ)  
Hospice Africa, Uganda  
Humanity First Cameroonbe  
I Will Give, Africa  
India HIV/AIDS Alliance  
Indian Academy of Pediatrics  
Institute for Human Development (IpDH), Bolivia  
Interagency Coalition on AIDS and Development (ICAD)  
International Agency for the Prevention of Blindness  
International Civil Society Support (ICSS)  
International HIV/AIDS Alliance  
International Planned Parenthood Foundation, Kenya  
IntraHealth International  
IOGT International  
Island Hospice and Healthcare, Zimbabwe  
Japan CSO Network on Global Health  
Jhpiego Reproductive Health/Technical Group, Burkina Faso  
JSI Research and Technical Institute Inc.  
Kenya AIDS NGOs Consortium , Kenya  
KHANA  
Kimirina  
Kolkota Rista, India  
krainian Network of People who Use Drugs  
Kuala Lumpur AIDS Support Services Society (KLASS)  
L'Initiative Privée et Communautaire pour la santé et la riposte au VIH/Sida (IPC/BF), Burkina Faso  
Living Goods  
Mbrumaney, South Africa  
Meera Foundation, India  
Muslim Family Counselling Services, Ghana  
Myanmar Health and Development Consortium  
National Coordination of Teachers of the Superior and Researchers (CNEC), Ivory Coast  
NCD Alliance  
Network Movement for Justice and Development (NMJD)  
Nigerian Women Agro Allied Farmers Association (NIWAAFA)  
Oxfam, France  
PAI, USA  
Palliative care Education and Research Consortium (PcERC)  
Partners In Health (PIH)  
PATH, USA  
Patient and Community Welfare Foundation of Malawi (PAWEM)  
People's Health Movement, Tanzania  
Peoples Health Movement, Cameroon

Planned Parenthood Association of Liberia (PPAL)  
Positive Generation, Cameroon  
Promoteurs Objectif Zerosida (POZ), HAITI  
RESEAU EVA, Senegal  
RESULTS UK  
Save the Children, Burkina Faso  
Save the Children, UK  
SMAAJ  
STOPAIDS  
Swasti Health Catalyst, India  
Tendo's World (Arts & Health)  
The Global Network of People Living with HIV (GNP+)  
Via Libre  
WACI Health  
Women's- Health-Development (WHD), Cameroon  
World Hepatitis Alliance  
World Vision, Germany  
Youth Association for Development (YAD), Pakistan  
Youth Coalition for Sexual and Reproductive Rights