



2nd 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