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International Health Partnership

UNIVERSAL HEALTH COVERAGE ADVOCACY GUIDE

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

APRIL 2019

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International Health Partnership

ALL COUNTRIES NEED STRONG HEALTH SYSTEMS

to achieve universal health coverage by 2030. Every person, wherever they are, should be able to access and afford quality health services.

UHC2030 PROVIDES A MULTI-STAKEHOLDER PLATFORM

to promote collaborative working in countries and globally on health systems strengthening.

WE ADVOCATE INCREASED POLITICAL COMMITMENT

to universal health coverage and facilitate accountability and knowledge sharing.

www.UHC2030.org @UHC2030 #HealthForAll

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A LOOK BACK AT 2018

2018 was a significant year for universal health coverage – globally and nationally – in large part due to the unwavering efforts of UHC advocates everywhere. Never have we seen so much political momentum for universal health coverage as we are seeing now.

NEVER HAVE WE SEEN SO MUCH POLITICAL MOMENTUM FOR UNIVERSAL HEALTH COVERAGE AS WE ARE SEEING NOW.

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WHAT DID WE ACHIEVE?

We celebrated the first ever UN-recognized International UHC Day on 12.12.18. Civil society organizations, governments and individuals led hundreds of UHC-focused events around the world around the theme of "Unite for Universal Health Coverage: Now is the Time for Collective Action." UHC2030 supported 57 of those events, which ranged from youth-centered events – like a soccer tournament with health officials in Kenya – to rallies, panels, health fairs and more. UHC advocates raised their voices in op-eds and on social media, reaching millions of people online. UHC2030 partners and others gathered in New York City for a UHC Day panel featuring representatives from the UN, Group of Friends of UHC and civil society.

UHC Day was just one of the significant milestones on the road to health for all this year. We also witnessed world leaders and UHC advocates join forces for World Health Day 2018, the International AIDS Conference, the International Conference on Family Planning, the second-ever Global Conference on Primary Health Care, the World Health Summit to launch the SDG3 Global Action Plan, the Global Symposium on Health System Research, the Global Financing Facility replenishment, UN high-level meetings on tuberculosis and non-communicable diseases and other major global milestones. We also launched an eLearning course on advocacy for UHC in partnership with Open Learning Campus.

As we acknowledge the impressive strides made toward UHC, we are also reminded of the significant work that has yet to be done. At least half the world's population still lacks access to essential health services and about 100 million people are pushed into extreme poverty each year due to their health expenditures.

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THE ROAD AHEAD IN 2019

To continue driving progress toward UHC, we – the advocates and people calling for strong health systems that leave no one behind – must grasp the many opportunities in 2019 to expand the breadth and depth of the UHC movement, particularly by supporting advocacy at the national level.

Here are some key moments that can be harnessed to continue to advocate for health for all.

GLOBALLY CELEBRATED DAYS IN 2019
- World Health Day (7 April)
- International UHC Day (12 December)

MAJOR GLOBAL HEALTH-RELATED MEETINGS
- World Economic Forum Meeting (22-25 January)
- Prince Mahidol Awards Conference (29-31 January)
- African Union Summit (10-11 February)
- 2019 Parliamentary Hearing at the United Nations (21-22 February)
- Africa Health Agenda International Conference (5-7 March)
- C20 Meeting (21-23 April)
- Youth pre-World Health Assembly (16-19 May)
- 72nd World Health Assembly (20-28 May)
- G20 Osaka Summit (28-29 June)
- G7 Summit (25-27 August)
- Tokyo International Conference on African Development (TICAD 7) (28-30 August)
- UN General Assembly (17-30 September)
- UN High-Level Meeting on UHC (23 September)
- UN High-Level Political Forum (24-25 September)
- UN High-Level Dialogue on Financing for Development (26 September)
- ASEAN + 3 Summit (September)
- H20 (September)

For a more comprehensive list of national and global UHC milestones in 2019, please see the annex of this guide.

The UHC2030 Advocacy Guide builds on the recommendations set forth in Accelerating Political Momentum for Universal Health Coverage: UHC2030 Framework for Advocates (Framework for Advocates) to include tactical considerations and resources to help a broad range of advocates across varying sectors conceptualise and execute advocacy initiatives that are grounded in the belief that UHC is the right thing to do and the smart thing to do. This guide will be updated on an annual basis to ensure that existing and emerging advocates continue to have the resources needed to call for UHC. The e-Learning course on advocacy for UHC also offers bitesize online modules to learn about the essence of this guide.

UHC2030 is committed to working with a wide range of advocates to create a world in which everyone can access the essential health services they need without the risk of financial hardship. Together – through strategic and persistent advocacy – we can build the strong health systems needed to make health for all a reality.

2019: A YEAR TO LEVERAGE UNPRECEDENTED MOMENTUM TO ADVANCE UNIVERSAL HEALTH COVERAGE

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 UHC. This is because the most successful advocacy strategies and materials are heavily 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 is, why it matters and how you can mobilise bottom-up change at the grassroots and community level to influence national-level policies and make meaningful health system reforms, ensuring that no one is left 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 universal health coverage advocates – spanning government, parliametarians, 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 (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 thing to do and the smart thing to do.

UHC IS THE RIGHT THING TO DO AND THE SMART THING TO DO.

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All countries need strong health systems to achieve universal health coverage by 2030. Every person, wherever they are, should be able to access and afford quality health services. UHC2030 is a movement that fosters political will to achieve UHC and is a platform for multiple stakeholders to exchange knowledge and act collectively to strengthen health systems (box1).

Universal health coverage 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 advocate for sufficient, appropriate and well-coordinated resource allocation to health systems.

BOX 1 UHC2030's mission

UHC2030's mission is to create a movement for accelerating equitable and sustainable progress towards universal health coverage.

UHC2030 provides a multi-stakeholder platform that promotes collaborative working at global and country levels on health systems strengthening (HSS). 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, members 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 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 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.

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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 communicating the right messages by the right messengers 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 universal health coverage 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 universal health coverage, but this is just a first step. We must all – as global and national advocates who care about health – do our part to break down the illusory siloes between issue communities, sectors and organisations in practice to strive more powerfully 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

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

ACCESSING HEALTH

At least half of the world's population does not have full coverage of essential health services, and each year about 100 million people are pushed into "extreme poverty" (defined as living on US $1.90 or less a day) because they have to pay for health care.

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

PAYING FOR HEALTH

But universal health coverage 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 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.

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BROADER BENEFITS OF UHC

UHC's benefits extend beyond just health and have wider, positive effects on society at large. When people are healthier, they are able to be more productive and active contributors to their families, communities, and society at large. When people have less financial risk, families have less need to save for health costs and 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 according to the 2017 UHC Global Monitoring Report (box 4). 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. To initiate multi-stakeholder review of progress, UHC2030 has compiled commentaries on the findings of the 2017 UHC Global Monitoring Report from a range of civil society partners who voiced concerns about progress being too slow.

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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 both 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), through ensuring that all people receive necessary health services, 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 jobs and consistently contribute to their countries' economies.
- Peaceful and inclusive societies (SDG 16), 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

Impact on SDGs

SDG 1: No poverty
SDG2: Food security, nutrition, sustainable agriculture
SDG 4: Quality education
SDG 5: Gender equality
SDG 16: Inclusive societies

SDG 3: Equitable health outcomes and wellbeing; global public health security and resilient societies

SGD 8: Inclusive economic growth and decent jobs

SDG Target 3.8

Universal health coverage
All people and communities receive the quality health services they need, without financial hardship

Actions

Health systems strengthening

Determinants of health

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

BOX 4 Tracking universal health coverage

The Tracking Universal Health Coverage: 2017 Global Monitoring Report looked at how many people globally lack access to essential health services and how many are pushed into poverty or are spending too much of their household budgets on health care expenses. According to the report, although they may have access to some health services, more than half of the world's 7.3 billion people do not receive all of the essential services they need. Additionally, over 800 million people spend at least 10 percent of their household budgets to pay for health care, and about 100 million people are pushed into extreme poverty due to their health expenditures.

The 17 Sustainable Development Goals outline a broad range of social and economic development issues aimed to end poverty, protect the planet and ensure prosperity for all. One goal, SDG 3, focuses specifically on ensuring healthy lives and promoting well-being for all at all ages.

Each of the SDGs contains various targets that include more guidance on how to achieve each of the respective goals. Target 3.8 of SDG 3, achieving universal health coverage – including financial risk protection, access to quality essential health care services and access to safe, effective, quality and affordable essential medicines and vaccines for all – is the key to attaining SDG 3 as well as the health-related targets of other SDGs.

Target 3.8 has two indicators: 3.8.1 on coverage of essential health services and 3.8.2 on the proportion of a country's population with catastrophic spending on health. This is defined as large household expenditure on health as a share of household total consumption or income. Both metrics must be measured together to obtain a clear picture of those who are unable to access health care and those who face financial hardship due to spending on health care.

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 MDGs. 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 in a collaborative process involving multiple stakeholders and UHC2030 partners at global and national levels during 2017. 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. See Box 5.
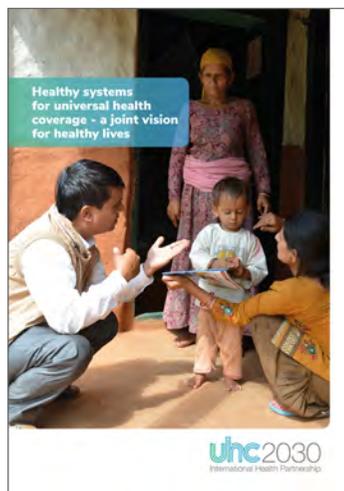
BOX 5 Health systems policy areas and actions

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
- 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 supporting 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, identify effective actions and get to work.

PILLAR I

Build political support and grassroots demand for UHC at the country level to motivate policies and investments that aim to 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 right, 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 achieving this goal would mean 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.

CONVINCE MORE IN-COUNTRY, HIGH-LEVEL POLICYMAKERS THAT UHC IS A RIGHT.

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PILLAR II

Develop national action plans, define measurable results and celebrate steps forward.

	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 (for example, strengthening primary health care, defining and costing essential health benefits packages, developing a health financing strategy). Seek explicit government commitments to meet milestones outlines in national action plans/ roadmaps.	Provide examples of how success on the road to UHC has been defined in other contexts.
Elevate champions and intermediate steps	Country level: 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	Country and global level: show how investing in strong health systems and UHC supports diverse health and development goals and populations.
Nurture mutually-beneficial partnerships	Country and global level: 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 create the change that you would like to see. In the context of UHC, these players may hold direct power 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 if 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.

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MESSAGES

Once you have identified your target audience, you can begin crafting messages that will resonate with that audience. You should 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

It does not matter what health or development issue you work on, building stronger health systems promises great benefits for all. Joining forces with other advocates is an opportunity to integrate your messages that can serve two purposes. First, they demonstrate 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 are not overused or 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 proof points that strengthen your argument with the support of concrete examples. These secondary messages allow you to further tailor your argument to your target audience or multiple sets of target audiences.

IS THERE ALSO AN OPPORTUNITY TO HARNESS THE POWER OF MOVEMENTS NOT DIRECTLY RELATED TO HEALTH?

BOX 7 The message triangle

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

Imagine your advocacy is targeting a country's government to increase investment in skilled health workers as a means to strengthening health systems and taking one step closer to UHC.

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 increased risk of burn-out 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, 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[1].

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 policy maker 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 a more powerful messenger 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 8 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 does the advocate interact with messenger?

- Does the advocate have the capacity to engage with the messenger?
- How and when does the messenger interact with the target?
- What will the advocacy strategy encourage the messenger to do?
- What are the risks of engaging the messenger?
- What will the advocates encourage the messenger to tell the target?
- Can the messenger deliver the message with clarity and empathy?

1 Schultz, Jim. "Strategy Development: Key Questions for Developing an Advocacy Strategy." Democracy Center, http://bit.ly/2EsF9hW.

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 contribute their input.

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. Advocates can draw from existing resources, including the materials laid out in the annex of this Advocacy Guide. This saves advocates time, lends cohesion to UHC advocacy across a multitude of partners and enables advocacy efforts to be increasingly effective, as advocates can learn from other partners' issue-area 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   **4.** Efficiency

2. Quality   **5.** Resilience

3. Responsiveness

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?	EXAMPLE POLICY ACTION
Frontline services expanded, particularly PHC	Strengthen community-based platforms, which deliver people-centered frontline services and integrate into the overall national health system.
Investment in skilled health workers scaled up	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.
Access to medicines and health technologies improved	Improve a subsystem to guarantee product quality supported by appropriate legislation and governance structures within the public sector.
Meet the 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.
Non-state providers engaged with service delivery	Promote innovative partnerships to maximise the synergies between the public and private sector, such as health franchising to contracting of services and social marketing of health commodities.

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AREA 1: SERVICE DELIVERY CONTINUED

WHAT SUCCESS LOOKS LIKE?	EXAMPLE POLICY ACTION
Patient safety and quality of health services improved	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.
International health regulations and service delivery models implemented	Equip service delivery models to implement the international health regulations and develop a clear sense of the types of threats.
Multisectoral action to address the social determinants of health fostered	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 universal health coverage as it spans three financing functions:
1) establishing equitable and efficient community health systems-mobilising resources; 2) pooling investments; and
3) using both resources and investments.

WHAT SUCCESS LOOKS LIKE?	EXAMPLE POLICY ACTION
Resources mobilised through progressive taxation and prioritising 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.
Pooling arrangements expanded to 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 the removal of financial barriers facing the poor and most vulnerable to access priority services.
Efficiency of health spending increased by 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 the key health coverage policymaking benchmarks like accountability, capacity, transparency, patient-centered and integrative.

WHAT SUCCESS LOOKS LIKE?	EXAMPLE POLICY ACTION
Citizens' platforms and people's voice mechanisms fostered	Introduce mechanisms of voice and community empowerment in health service delivery, and establish citizens' platforms to formulate and review national health policies, strategies and plans as well as priority setting and decisions on resource allocation.
Freedom of information and use of quality data expanded	Ensure citizens' access to data and information on UHC freely and adopt a core set of indicators formally to monitor UHC progress and incorporate them in national monitoring and evaluation systems.
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.
Policy dialogue platforms for multi-sectoral action developed	Develop national whole-of-government multisectoral plans, establish mechanisms for community mobilisation and coordinate across ministries and other stakeholders, and engage with the private sectors effectively to address health risks and promote health.
Regional and global mechanisms for collective action and partnership fully used	Initiate, organise and finance collective action on research, tool development, norms and standards, and mutual learning and sharing of experiences on health system strengthening across countries regardless of development status.
Research and development strengthened, including technology transfer mechanisms	Deliver relevant products with an effective interaction of R&D 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.

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.

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.

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ANNEX:
TOOLS, RESOURCES AND EXAMPLE POLICY ACTIONS

SOCIAL MEDIA MESSAGES ABOUT UHC AND ITS CORE ACTION AREAS: SERVICE DELIVERY, FINANCING AND GOVERNANCE

HASHTAGS & HANDLES
o #HealthForAll
o #HLMUHC
o #UHC2030
o @UHC2030

UNIVERSAL HEALTH COVERAGE
o [TWEET] Universal health coverage is about ensuring all people can access quality health services, where & when they need them, without suffering financial hardship. #HealthForAll
o [TWEET] #UHC is a movement for equal opportunity and government accountability – goals we can all get behind. #HealthForAll #UHC2030
o [TWEET] Strong health systems are everybody's business. We all have a role to play in improving access to and quality of health services that leave no one behind. #HealthForAll #UHC2030
o [TWEET] There is no single path to #UHC, but all journeys start with a bold first step. Together, we can achieve #HealthForAll. #UHC2030
o [TWEET] #UHC is about human rights. It is also economically smart & urgently needed for people's & nations' health & well-being. #UHC2030 #HealthForAll

SERVICE DELIVERY
Reaching every person and community with **comprehensive, quality health services** *and people-centered care.*

o [TWEET] Access to quality health services should never depend on who you are, where you live or how much money you have. RT if you believe in #HealthForAll! #UHC2030
o [TWEET] Strong #primaryhealthcare systems that reach every community with quality,

comprehensive care are an essential building block of #UHC. #HealthForAll #UHC2030
o [TWEET] Real people don't experience health issues and costs in silos. Health systems must see the whole person. #HealthForAll #UHC2030
o [TWEET] Well-trained, well-paid #healthworkers are the backbone of a strong health system. We must support them to achieve #HealthForAll, everywhere. #UHC2030
o [TWEET] Universal health coverage means ensuring that everyone, everywhere can access the safe, quality, affordable medicines they need to stay alive & healthy. #UHC2030 #HealthForAll
o [TWEET] Equity must be at the heart of any successful health reform. #UHC reaches the poorest and most marginalized first, not last. #HealthForAll #UHC2030

FINANCING
Mobilizing resources equitably and efficiently to ensure everyone can get the health care they need **without fear of financial hardship**.

o [TWEET] Getting sick should not mean bankruptcy and poverty. That's why protection against financial hardship must be in place to achieve #HealthForAll. #UHC2030
o [TWEET] ~100 million people are pushed into extreme poverty paying for health services every year. That's 100 million too many. It's time to eliminate out-of-pocket costs to ensure nobody goes bankrupt when they get sick. #UHC2030 #HealthForAll
o [TWEET] Health costs prevent millions of people from seeking or getting the care they need. Protecting the right to health means protecting people from financial hardship. #UHC2030
o [TWEET] #UHC is a smart investment & achievable goal everywhere. To deliver on the promise of #HealthForAll #UHC2030, countries can & must increase investments in the health of their own people.
o [TWEET] Lack of affordable, quality health care traps families and nations in poverty – #UHC can ensure that no one has to choose between good

health and other life necessities. #HealthForAll #UHC2030

GOVERNANCE

*Supporting national policies and systems that respond to the voices and needs of the people and protect the human right to health. UHC is first and foremost a **social contract**. By prioritizing investments in health equity, countries can foster stronger economies and more just societies.*

o [TWEET] With strong political will, every country—rich or poor—can build strong, equitable health systems that leave no one behind. #UHC2030 #HealthForAll

o [TWEET] For health systems to benefit everyone, we need to hear from everyone. Community participation can make or break #UHC reforms. #UHC2030 #HealthForAll

o [TWEET] There is no one-size-fits-all approach to #UHC. But every journey should begin with a commitment to human rights, equity & leaving no one behind. #UHC2030 #HealthForAll

o [TWEET] We all have a role to play in holding leaders accountable for #HealthForAll. All voices must be heard. #UHC2030

o [TWEET] Ensuring all citizens and communities have free access to data and information on #UHC is central to accountability. #HealthForAll #UHC2030

MONITORING & ACCOUNTABILITY

Improving monitoring mechanisms in order to hold leaders accountable for progress toward health systems strengthening and UHC.

o [TWEET] Over 800 million people spend at least 10% of their household budgets to pay for health care & at least half the world's people cannot obtain the essential health services they need. #HealthForAll #UHC2030

o [TWEET] Measure what matters. Monitoring of #SDG target 3.8 is incomplete unless it tracks two aspects of #UHC: financial protection AND coverage of essential health services. #UHC2030 #HealthForAll

o [TWEET] Accountability mechanisms are crucial to expose who benefits & who is left behind from policy choices made in the name of #UHC. #UHC2030 #HealthForAll

o [TWEET] Data alone will not achieve accountability – #UHC monitoring must lead to multi-stakeholder review & remedial actions. #UHC2030 #HealthForAll
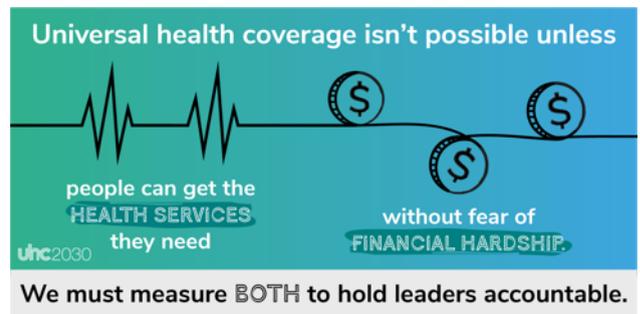
LEAVE NO ONE BEHIND

Ensuring that all people, regardless of race, gender, age, citizenship or ability, are included in the movement to build strong, accessible, equitable health systems.

o [TWEET] #HealthForAll is only possible with strong health systems that leave no one behind. #UHC2030

o [TWEET] Strong, equitable health systems must prioritize the poorest and leave no one behind. #HealthForAll #UHC2030

o [TWEET]Achieving #UHC will drive progress on the #SDGs and ensure that no one is left behind. #UHC2030

SUGGESTED POSTS: UHC IN FRAGILITY

o   [TWEET] The world needs more attention to fragile settings to achieve Member States' commitments to leaving no one behind. Over 1.6 billion people live and 85% of the world's extreme poor are increasingly concentrated in fragile settings. #HealthForAll #UHC2030 #leavenoonebehind

o   [TWEET] USD 26 million is required each year to advance towards SDG3 in fragile settings. Increased flexibility across humanitarian and development health funding is essential to enable both rapid response and systems strengthening. #InvestInHealth #UHC2030 #fragilestates

o   [TWEET] Attacks on health care facilities and medical and humanitarian personnel violate International Humanitarian Law and must be brought to an end. #NotATarget #UHC2030

SUGGESTED POSTS: GENDER EQUALITY

o   [TWEET] Health is a human right, regardless of sex, gender, race, religion, age or any other identifier. #UHC will only be truly universal when everyone, including women & girls, can access the health services they need without discrimination or financial hardship. #HealthForAll

o   [TWEET] Because gender is a key determinant of health, #UHC delivery must consider the different health needs of women and men throughout their lives. Women need an equal say in the health systems that determine their health, rights and wellbeing. #HealthForAll

o   [TWEET] Gender equity includes equitable access to necessary health services. To leave no one behind, #UHC must integrate the sexual and reproductive health of women & girls. #HealthForAll

Download the zipped file of all graphics from here

2019 MILESTONE CALENDAR

SELECT NATIONAL ELECTIONS
- **Thailand general election** (2 March)
- **India legislative election** (1 April)
- **Algeria presidential election** (17 April)
- **Indonesia general election** (20 April)
- **Ukraine presidential election** (April)
- **Mali legislative election** (April)
- **The Philippines legislative election** (13 May)
- **South Africa general election** (21 May)
- **European Union European Parliament** (23 May)
- **Afghanistan presidential election** (May)
- **Malawi general election** (June)
- **Guatemala general election** (22 September)
- **Mozambique presidential election** (15 October)
- **Bolivia general election** (27 October)
- **Botswana general election** (31 October)
- **Uruguay presidential election** (30 November)
- **Tunisia general election** (31 December)

SELECT GLOBAL MILESTONES
- **World Economic Forum Annual Meeting**, Davos-Klosters, Switzerland (22-25 January)
- **Prince Mahidol Awards Conference**, Bangkok, Thailand (29-31 January)
- **WHO Executive Board Meeting**, Geneva, Switzerland (24 January-1 February)
- **African Union Summit**, Addis Ababa, Ethiopia (10-11 February)
- **Africa Health Agenda International Conference (AHAIC)**, Kigali, Rwanda (5-7 March)
- **World Health Day** (7 April)
- **Spring Meetings of the World Bank Group and the International Monetary Fund**, Washington, DC, USA (12-13 April)
- **ECOSOC Forum on Financing for Development (FfD Forum)**, New York, USA (15-18 April)
- **Civil 20 Meeting**, Osaka, Japan (21-23 April)
- **16th Annual World Health Care Congress**, Washington, DC (28 April-1 May)
- **World Health Summit Regional Meeting 2019**, Kish Island, Iran (29-30 April)
- **UN HLM UHC Multi-Stakeholder Hearing**, New York, USA (29 April)
- **SDG3+ Global Action Plan Public Consultation** (30 April)
- **11th Asia Pacific Global Summit on Healthcare**, Tokyo, Japan (8-11 May)
- **2nd International Congress of Health Workforce Education and Research**, Nicosia, Cyprus (9-11 May)
- **Youth pre-World Health Assembly**, Geneva, Switzerland (16-19 May)
- **72nd World Health Assembly**, Geneva, Switzerland (20-28 May)
- **Women Deliver Global Conference**, Vancouver, Canada (3-6 June)
- **F20 Meeting**, Tokyo, Japan (8-9 June)
- **44th UNAIDS PCB**, Geneva, Switzerland (25-27 June)
- **G20 Summit**, Osaka, Japan (28-29 June)
- **High-level Political Forum on Sustainable Development (HLPF)**, New York, USA (9-15 July)
- **WHO AFRO RC69th Session**, Brazzaville, Congo (19-23 August)
- **G7 Summit**, Biarritz, Nouvelle-Aquitaine, France (25-27 August)
- **Tokyo International Conference on African Development (TICAD 7)**, Yokohama, Japan (28-30 August)
- **WHO SEARO RC77th Session**, Pyongyang, Democratic People's Republic of Korea (2-6 September) (Location subject to confirmation)
- **WHO EURO RC69th Session,** Copenhagen, Denmark (16-19 September)
- **International Forum on Quality & Safety in Healthcare,** Taipei, Taiwan (18-19 September)
- **UN General Assembly,** New York, USA (17-30 September)
- **UN High-Level Meeting on UHC**, New York, USA (23 September)
- **UN High-Level Political Forum**, New York, USA (24-25 September)
- **Financing for Development Heads of States Forum,** New York, USA (24-25 September)
- **SAMOA PATHWAY High-Level Midterm Review,** New York, USA (27 September)
- **ASEAN + 3 Summit**, Thailand (September)
- **H20** (September)
- **WHO PAHO RC71st Session.** Washington, DC, USA (30 September-4 October)
- **WHO WPRO RC77th Session,** Manila, Philippines (7-11 October)
- **Global Fund Replenishment Conference**, Lyon, France (10 October)
- **AIHM Annual Conference,** San Diego, California (12-16 October)
- **WHO EMRO RC66th Session,** Teheran, Islamic Republic of Iran (14-17 October)
- **WB/IMF Annual Meeting**, Washington, DC, USA (18-20 October)
- **G20 Health Ministerial Meeting**, Okayama, Japan (19-20 October)
- **Grand Challenges Annual Meeting**, Addis Ababa, Ethiopia (27-30 October)
- **World Health Summit**, Berlin, Germany (27-29 October)
- **World AIDS Day** (1 December)
- **Human Rights Day** (10 December)
- **45th UNAIDS PCB**, Geneva, Switzerland (10-12 December)

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- **International UHC Day** (12 December)

OP-ED TIPS AND INSPIRATION

Opinion editorials (op-eds) are short essays presenting compelling points of view. In the fight to advance UHC, op-eds have been a powerful way to educate the public, build momentum and accelerate advocacy efforts.

When executed well, op-eds can engage new audiences; shed light on crucial and surprising dimensions of UHC; spur meaningful conversation; and convince others to support health for all.

INGREDIENTS FOR SUCCESS

POINT OF VIEW: Op-eds should present one big idea – your argument. Take a strong stance. Show the reader WHY you believe universal health coverage is right and smart and HOW to demand courageous political action.

START STRONG: Your first paragraph should grab readers' attention. A great way to do this is to link your argument to something currently in the news, such as an announcement or milestone. Hooks can range from notable health-related news to something less obvious – and often, the more surprising your hook, the better.

o *Example*: Discovery of water on Mars has spurred excitement about possible life on Mars --> Meanwhile on Earth, people barely appreciate that human health is connected to our changing climate.

WHY NOW? Every op-ed should answer, "Why is this important right now?" Op-eds can highlight UHC Day as a global milestone for UHC advocacy – uniting 1000+ partners behind Health for All.

COMPELLING VOICE: Successful op-eds use the author's own voice to convince an audience with no prior knowledge of or interest in the subject. Be conversational, but establish your unique expertise; challenge yourself to explain complex ideas in simple, powerful and creative language; convey your passion for the issue.

COMMON THEMES

Op-eds may get to the heart of complex problems, but tend to follow simple formulas to keep readers engaged. The most successful storylines often include an element of surprise or an unexpected twist. Examples include:

o **SHOCKING PROBLEM, FEASIBLE PLAN**
Example: Too many people fall into poverty every year paying for health services out-of-pocket. By investing in universal health coverage, we can keep people healthy and end extreme poverty.

o **CONVENTIONAL WISDOM IS WRONG**
Example: In an era of constrained budgets, many assume that "Health For All" is too expensive. But they're wrong. Investments in health produce 10x more economic benefits than costs.

WRITING TIPS

Writing a good quality op-ed takes time. Make sure to build in the necessary hours for thinking and revisions. Have a friend or colleague review your piece and provide feedback. Other tips include:

o **KEEP IT SHORT:** Keep sentences and paragraphs brief and to-the-point. And keep your op-ed short! Effective pieces are between 600 and 800 words.
o **KEEP IT SIMPLE:** Avoid technical/expert jargon and get rid of acronyms. For example, "universal health coverage" is much more powerful and expressive than "UHC" for the average reader.
o **KEEP IT NEW:** Try not to use lazy language, such as "X is a reminder" or "X is an opportunity."
o **KEEP IT LOCAL:** Tailor your op-ed to your country or region to engage readers and local newspapers.

PUBLISH IT!

The final step is to publish your op-ed. Consider your target audience and what is best for your organization.

o **IN THE NEWS:** Choose your preferred media outlet, do some research and make sure your piece is a good fit. Then, pick up the phone or send an email to contact the person who runs the editorial section. Preview your argument in 1-2 compelling sentences and convince them why their readers should care.

o **ON A BLOG:** If your op-ed is not published in a newspaper, you can share your perspective as a blog post. Blog posts are shorter (400-600 words) and can be published on organizational websites.

EVENT TIPS AND INSPIRATION

THEMES
Since UHC is a broad issue, we recommend focusing your event on a specific theme that would resonate most with your stakeholders. Successful events often pair together a "WHY" and a "HOW" of UHC.

Example themes and topics include, but are by no means limited to:

- **WHY SUPPORT HEALTH FOR ALL?**
  o Equity & Human Rights
  o Refugee Crisis
  o Economic Growth
  o Reduced Inequalities in Health Status and Wealth
  o Quality Medicines
  o Non-Communicable Diseases
  o Pandemic Preparedness
  o Gender Equality
  o Social Solidarity and More Harmonious Societies

- **NEXT STEPS**
  o Prioritize the poorest
  o Build political will
  o Invest more, sooner, smarter
  o Strengthen primary health care system
  o Measure what matters
  o Collaborate beyond the health sector
  o Harness the power of innovation

WHO TO INVITE
CO-HOSTS: Join forces with other UHC partners in your country to maximize your impact.
SPEAKERS: Dynamic events often engage speakers with a range of expertise.
AUDIENCE: In addition to inviting key partners and stakeholders to build useful relationships, strive for a diverse audience so that speakers are not preaching to the choir. By engaging everyone from government officials to community members, you can help the conversation spread far and wide after your event.

MEDIA: Invite reporters from local news outlets to encourage them to amplify messages from your event.

TYPES OF EVENTS
PANEL: Featuring 3-4 speakers and a moderated discussion, panels can engage high-level leaders and community advocates to educate attendees on a particular dimension of the UHC movement.
RALLY: March or gather with community members to vocally draw attention to the urgent need for #HealthForAll and hold leaders accountable to the promise of leaving no one behind.
ROUND TABLE: Unite local experts, activists, policymakers and media for an intimate, substantive discussion to exchange diverse perspectives and reach consensus on concrete next steps.
COMMUNITY SERVICE: Celebrate UHC Day by improving local health, from making educational pamphlets, to giving blood, to picking up trash. Last year, partners even offered free health services [e.g., free HIV tests, cancer screenings].
DISCRETE PRIVATE BRIEFINGS OF KEY STAKEHOLDERS: Discuss issues relating to the political economy of UHC with key stakeholders, including promoting the economic benefits of UHC to economic actors and the political benefits to political actors. Given the sensitive nature of these issues, these discussions may best be conducted in private.

OTHER TIPS
CONVENIENT LOCATION: Pick a location that makes sense for your attendees.
ENGAGING MATERIALS: For a panel discussion, engage attendees with programs and speaker information. For a rally, bring banners and posters that boldly support #HealthForAll.
SPREAD THE WORD: Use social media, email, flyers and word of mouth to encourage people to attend. During the event, share photos and quotes with #HealthForAll to connect the event to the global movement.

ADVOCACY EXAMPLES

o **The National Empowerment Network of People Living with HIV/AIDS in Kenya** used UHC Day 2016 to host a roundtable discussion with leaders of the Kenya Health NGOs Network, Kenya Medical Association, KELIN, WACI Health and AIDS Healthcare Foundation Kenya. This event, attended by a Ministry of Health official, laid the groundwork for a national UHC Coalition, which NEPHAK partners are now working to operationalize. They plan to engage the ministry of health, parliamentarians, particularly members of the Parliamentary Committee on Health, the Council of Governors and county-level officials.

o **The Federal Medical Center of Yenagoa, Nigeria** helped raise awareness about UHC in 2016 through a series of interviews broadcast by the Nigerian Television Authority, which led to long-term engagement with the Bayelsa State Commissioner for Health. The Centre helped advocate for the 2017 establishment of the Bayelsa State Health Insurance Scheme, and has been engaging labor unions to increase demand for a social health insurance program.

o **The Indonesian Forum for Budget Transparency (SEKNAS FITRA)** advocates for transparent, pro-poor and gender-responsive budgeting – in cooperation with both local civil society and the Ministry of Finance. For example, it analyzed the regional implementation of Indonesia's 2004 National Social Security System, helping to inform the national health insurance scheme launched in 2014.

o **BHORE and Nepal Health Economics Association** helped develop and launch a national UHC strategy in Nepal.

o **Save the Children and PMNCH** co-published A Common Cause to emphasize the need for interconnectedness between the maternal and child health and UHC agendas.

o **The Rockefeller Foundation** launched The Economists' Declaration on UHC, which **360 economists in 53 countries** signed to tell leaders that investing in UHC makes economic sense.

o UHC advocate **Dr. Sheraz Khan** published an editorial on Pakistan's journey toward UHC, including lessons learned. It was published in the Journal of Ayub Medical College, one of three Pakistani journals indexed by the WHO and PubMed.

o **The Primary Health Care Performance Initiative (PHCPI)** is working to measure the strength of primary health care systems at the country level to equip advocates, donors and policymakers with the information they need to strategically allocate resources and drive improvements.

o In July 2017, **The People's Health Movement of Tanzania** collaborated with **The Elders** and other civil society groups to host a UHC event in Tanzania. The Elders elevated civil society's priorities in their meetings with policymakers, and PHM Tanzania leveraged momentum from the event to launch a joint plan on civil society action on UHC in Tanzania.

EDUCATIONAL MATERIALS

**Nina's happy, healthy family meal**
(available in 6 languages)

eLearning Course on Advocacy for UHC (Open Learning Campus)
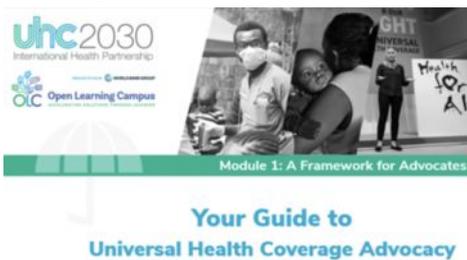
WHO: Universal health coverage - What does it mean?

Essential Health Services – at least half the world is still missing out

WHO: What is people-centred care?

Universal Health Coverage - Message from Japanese Youth

MSF: User fees

WHO: Universal health coverage - the best investment for a safer, fairer and healthier world

Global Health 2035

Walk Together

World Bank: Health Systems Create Healthy Futures: Meet Maya

World Bank: Health Systems Create Healthy Futures: Get Well, Maya

World Bank: Health Systems Create Healthy Futures: Maya's Second Birthday

WHO: The SDGs Health Price Tag: What will a healthier world cost?

What is the Joint Learning Network for Universal Health Coverage?

Making Universal Health Coverage a Reality

Universal Health Coverage: everyone, everywhere

What is Universal Health Coverage? | Cordaid

Health care for all: let's make it a reality

Primary health care throughout our life

VISUAL MATERIALS

UHC AND UHC DAY VISUAL IDENTITY

UHC VISUAL IDENTITY

PRIMARY COLORS

C 0 / M 0 / Y 80 / K 0	R 255 / G 240 / B 66	C 87 / M 60 / Y 47 / K 47	R 35 / G 63 / B 76
C 74 / M 30 / Y 8 / K 0	R 58 / G 147 / B 198	C 78 / M 21 / Y 47 / K 0	R 40 / G 151 / B 145

TRANSITION COLOR BACKGROUND

C 74 / M 30 / Y 8 / K 0	R 58 / G 147 / B 198	
C 78 / M 21 / Y 47 / K 0	R 40 / G 151 / B 145	
C 0 / M 0 / Y 80 / K 0	R 255 / G 240 / B 66	

Download UHC Day Identity Guide here

UHC VISUAL IDENTITY IN SIX UN-OFFICIAL LANGUAGES

GRAPHICS

UHC Day 2018 Graphics

UHC Day 2017 Graphics

UHC Global Monitoring Report 2017 Graphics
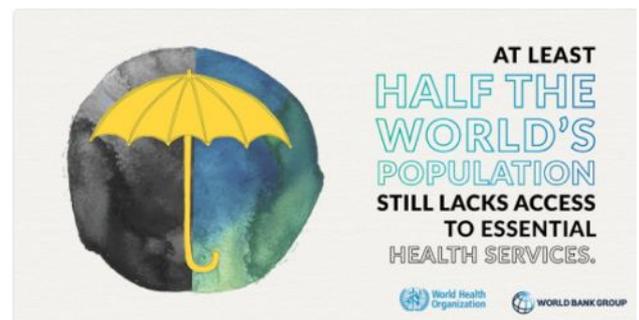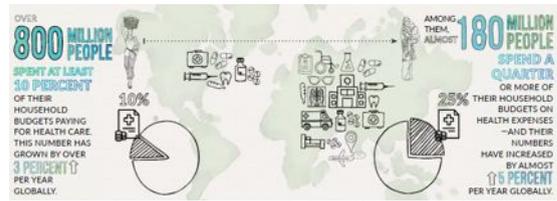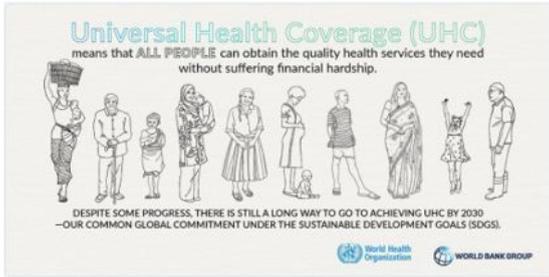
World Health Day 2019

GIFs
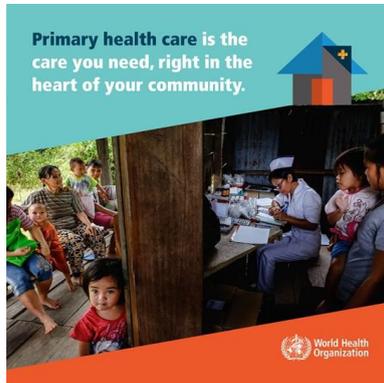
Social Media Cards
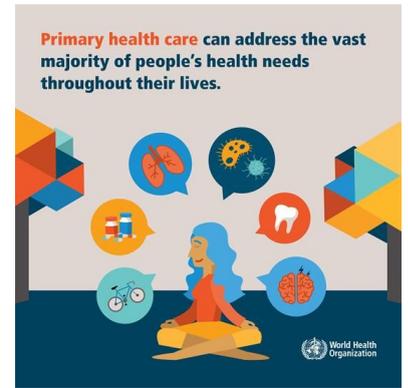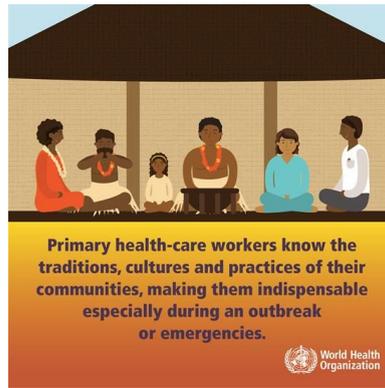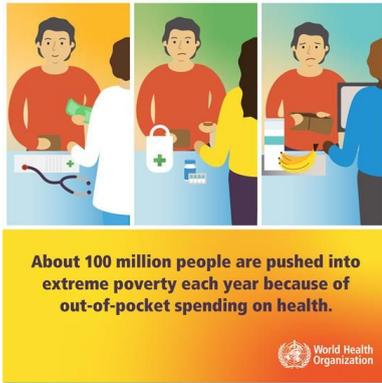
OTHER GRAPHICS

Health For All Social Media Squares

WHO and World Bank GIFs and infographics

Health For All Posters
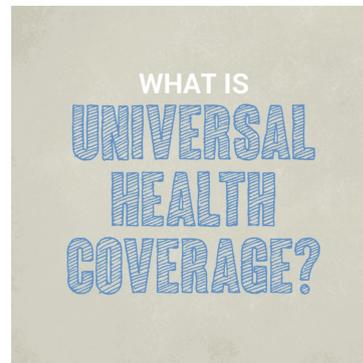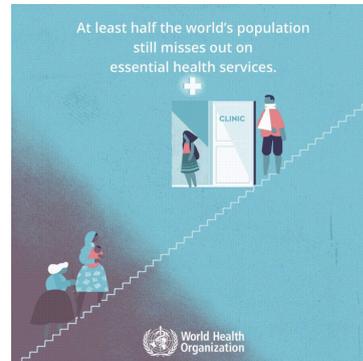
ADDITIONAL RESOURCES

Moving Together to Build a Healthier World: Key Asks from the UHC Movement
To deliver impact at the UN HLM, it is critical to identify how the Political Declaration can create an agenda and set milestones for achieving UHC by 2030.The UHC Key Asks will feed into the UHC Political Declaration and are the foundation for coordinated advocacy efforts that all partners can promote together throughout the preparation of the UN HLM.

Campaign Toolkit: UN High-Level Meeting on Universal Health Coverage
This toolkit is a resource to help all partners in the UHC movement, whether government representatives, parliamentarians, academia, civil society or the private sector, advocate for a strong Political Declaration coming out of the UN High-level Meeting on UHC that advances UHC at the community, regional, national and global levels.

Your Guide to UHC Advocacy – eLearning Course
This e-Learning course on universal health coverage advocacy offers bitesize online modules to learn about the essence of UHC2030 Advocacy Guide.

Universal Health Coverage Data Portal
The UHC Data Portal provides country-specific data on variables such as service coverage and health expenditures to track countries' progress toward UHC. As with any advocacy strategy, quality data and evidence is key to identifying actual health needs and appropriate policy choices in order to bring countries closer to achieving UHC.

National Planning Cycle Database
The Country Planning Cycle Database is an open, online resource that provides a country-by-country overview of the national planning, health programmatic and project cycles, together with information on donor involvement and technical support, for the 195 Member States of the World Health Organization (WHO). The aim of the database is to improve the coordination and synchronization of national health system planning efforts.

Civil Society Engagement Mechanism
Civil society organizations set up the Civil Society Engagement Mechanism (CSEM) of UHC2030 to represent their constituency. The aim is to build strong CSO voices and contribute significantly to UHC2030, ensuring systematic attention is paid to the needs of the most marginalised and vulnerable populations so that 'no one is left behind.'

UHC Coalition
1000+ organizations in 120+ countries advocating for stronger, more equitable health systems that leave no one behind.

Since its launch in 2014, the UHC Coalition has become one of the world's largest and most inclusive global platforms advocating for stronger, more equitable health systems. The Coalition is an engaged, energized community of advocates that is urging governments to accelerate progress toward universal health coverage so that everyone, everywhere can access quality health services without financial hardship.

Global Citizen Petition on UHC
It's Time to Deliver on the Promise of Universal Health Coverage.

Six years ago, on 12 December 2012, every nation in the world declared support for universal health coverage, the goal of ensuring everyone can access quality health care without financial hardship. Join us in calling on world leaders to commit politically and financially to this goal.