

WORLD HEALTH DAY **ADVOCACY TOOLKIT**



UNIVERSAL HEALTH COVERAGE: EVERYONE, EVERYWHERE



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**“ Health is a human right.
No one should get sick and die
just because they are poor,
or because they cannot access
the health services they need.”**

Dr Tedros Adhanom Ghebreyesus,
WHO Director-General

HEALTH FOR ALL IS HISTORY IN THE MAKING

Health for All has been the World Health Organization's (WHO) guiding vision for seven decades, since the Organization's Constitution came into force on 7 April 1948.

In this 70th anniversary year, WHO is calling on world leaders to live up to the pledges they made when they agreed on the Sustainable Development Goals in 2015, and commit to concrete steps to advance universal health coverage (UHC). This means ensuring that everyone, everywhere receives the health services needed without facing financial hardship.

Throughout 2018, we at the World Health Organization aim to inspire, motivate and guide:

Inspire—by highlighting policy-makers' power to transform the health of their nation, framing the challenge as exciting and ambitious, and inviting them to be part of the change.

Motivate—by sharing examples of how countries are already progressing towards universal health coverage and encourage others to find their own path.

Guide—by providing tools for structured policy dialogue on how to advance universal health coverage domestically or supporting such efforts in other countries.

RESOURCES

[Constitution of the World Health Organization](#)



UNIVERSAL HEALTH COVERAGE BY 2030

Countries that invest in universal health coverage invest in the long-term prosperity of their people.

In recent decades, universal health coverage has emerged as a key strategy to make progress towards other health-related and broader development goals. Access to essential quality care and financial protection not only enhances people's health and life expectancy, it also protects countries from epidemics, reduces poverty and the risk of hunger, creates jobs, drives economic growth and enhances gender equality.

We need to get one billion more people to benefit from quality health services and financial protection by 2023 if we are to meet the Sustainable Development Goal (SDG) target 3.8 on achieving universal health coverage by 2030.

Experience shows that universal health coverage happens when political will is strong.

RESOURCES

[Sustainable Development Goals](#)



TOO MANY PEOPLE ARE MISSING OUT ON HEALTH COVERAGE

Data shows that despite some progress, too many people are still missing out on health coverage.

“Universal” in universal health coverage means “for all”, without discrimination, leaving no one behind. Everyone everywhere has a right to benefit from health services they need without falling into poverty when using them.

Here are some facts and figures about the state of universal health coverage today:

- At least half of the world’s people is currently unable to obtain essential health services.
- Almost 100 million people are being pushed into extreme poverty, forced to survive on just \$1.90 or less a day, because they have to pay for health services out of their own pockets.
- Over 800 million people (almost 12 percent of the world’s population) spend at least 10 percent of their household budgets on health expenses for themselves, a sick child or other family member. They incur so-called “catastrophic expenditures.”
- Incurring catastrophic expenditures for health care is a global problem. In richer countries in Europe, Latin America and parts of Asia, which have achieved high levels of access to health services, increasing numbers of people are spending at least 10 percent of their household budgets on out-of-pocket health expenditures.

RESOURCES

[Facts on universal health coverage](#)





SISTER SEMEGNE, ETHIOPIA

“The cleanliness has brought new respect and satisfaction to all at St. Paul’s Hospital.”

Sister Semegne has walked to St. Paul’s Hospital in Addis Ababa every day for the past 20 years. The hospital provides a range of services to patients from all over Ethiopia. It offers orthopaedics, cardiology, oncology and neurology. Moreover, it is the only kidney transplant hospital in Ethiopia.

When Sister Semegne began her nursing career in 1998, her intent was to help relieve the sick from pain. “I loved this profession because I was saving lives and helping people.”

But over time, she grew weary. However hard she worked, patients complained. Because the hospital was not clean. “Waste was not segregated, water supply was poor, there was no ventilation, toilets were not clean if at all they were functioning,” admits Sister Semegne.

No matter how much compassion she showed, she felt her patients were still unsatisfied and uncomfortable. “It didn’t even matter what medical services we offered, people just didn’t want to come. Patients complained about the smell. It was out of my hands,” she adds. She lost hope and wanted to quit.

But then, the Ministry of Health launched the Clean and Safe Health Facility programme in 2014. The aim is to make health facilities clean, safe and comfortable to patients, visitors and staff. Hospitals that have introduced the programme experience fewer patient infections. Quality of care improves.

Interventions include providing safe and sufficient water, sanitation and hygiene; healthcare waste management; better management of visitor crowds; and kitchen and laundry services.

The programme engages hospital leaders and empowers staff through training. Patients recognize the excellence of hospital staff and communities around the hospital “co-own” the nicer hospital gardens which are made available to all.

“The cleanliness of Ethiopia’s health care facilities tell the attitude of their communities,” says H.E Professor Yifru Berhan Mitke, Minister of Health of Ethiopia.

Forty per cent of healthcare facilities in low- and middle-income countries lack safe water and nearly 20% have no sanitation at all. The World Health Organization has been analysing how improved water and sanitation contribute to improving quality of healthcare. Receiving quality health services is an important pillar of the global drive towards universal health coverage.

St. Paul’s launched its programme in 2015 with the moto ‘Clean Care is Safer Care.’ The hospital adopted national standards and an audit tool, set by the Ministry of Health. Since then, healthcare attitudes and skills have improved, patients are aware of the improvements, communities have been engaged and the hospital infrastructure is better.

Moving forward, St. Paul’s Hospital is developing manuals and tools for each ward so that teams can evaluate their activities based on ward needs.

“Patients are now very satisfied,” says Sister Semegne who is currently the coordinator of the out-patient department. “St. Paul’s has become one of the cleanest hospitals in the country. We have green spaces where patients and their family can wait and relax and cleanliness is seen as the responsibility of everybody,” states Sister Semegne. “When I walk to work now, I am proud and happy to be a nurse. The cleanliness has brought new respect and satisfaction to all at St. Paul’s Hospital.”

RESOURCES

[Infographic on the role of water, sanitation and hygiene in achieving universal health coverage](#)

[Facts on universal health coverage](#)

THOMAS YAW BERKO, GHANA

“It makes me feel happy to be useful, to even one person at a time.”

Thomas Yaw Berko sets off on his old bicycle towards Akyiakrom village, cutting 30km across the red road of the Ahafo Ano North district, in Ghana. He needs to get there before noon so he can get back to the Tewa health centre before nightfall.

He has made this journey twice a week for the past 6 months since he joined the Tewa center as a volunteer health worker. There are just two volunteer health workers assigned to the Ahafo Ano North district, and together they are responsible for more than 7000 households. The work they do is critical.

Berko met Shaibu, a 16-year-old boy, four months ago. Shaibu's mother had noticed swelling with an open spot on his left leg. In the beginning, the spot looked more like a mosquito bite. But over the next 2 weeks, the spot grew bigger, to the point where Shaibu could no longer manage the daily 5-mile walk to school.

Berko happened to be in Shaibu's community doing his house visits and he noticed the crusty scab on Shaibu's leg right away. “I took a close look, and I knew that Shaibu had Buruli ulcer,” says Berko. “We had to take action fast to avoid infections to the bone which can lead to gross deformities or even the amputation of limbs.”

In Ghana, patients with advanced Buruli ulcer are hospitalized for more than three months, which means they cannot go to work, to school or take care of household

chores and the family.

Thanks to Berko's early diagnosis, Shaibu was referred to the Tewa health centre for more specialized care which includes antibiotic treatment under direct observation of a healthcare professional.

“Patients presenting with early lesions have good treatment outcomes,” says Dr Richard Phillips, the doctor who treated Shaibu in the Tewa health centre. “Hence, village health volunteers are crucial in the early detection of Buruli ulcer.”

Since 2005, Ghana and other countries where Buruli ulcer occurs have adopted the World Health Organization's policy for early detection and treatment. Under Ghana's National Health Insurance scheme, the government introduced an insurance programme in 2003 which provides financial protection to make access to quality health services affordable for Ghanaians. Children under 18 are exempted from paying a premium; health services are completely free of charge. Since 2003, over 6000 patients have received treatment while being financially protected.

Buruli ulcer is no more a neglected disease in Ghana. The government of Ghana, through different community initiatives, is educating the population about the disease and the importance of early reporting and treatment. It thereby helps to eliminate the stigma attached to the disease.

Today, Berko is teaching Shaibu an exercise to slowly move his legs upwards and downwards in order to prevent disability in the future.

“Shaibu will soon be able to return to school,” says Berko enthusiastically. Community work isn't always easy, he admits. “Sometimes, I find it very difficult to cycle several kilometers just to reach one patient,” he concludes, “but it makes me feel happy to be useful, to even one person at a time.”

RESOURCES

[Facts on Buruli ulcer](#)

[Facts on universal health coverage](#)

SAKINEH MAJIDI, ISLAMIC REPUBLIC OF IRAN

“From the mosque to the neighbourhood, everyone is singing Dr. Jahanian’s praises.”

Sakineh Majidi’s home on the outskirts of Tehran, the Iranian capital, was shaking from the tremors generated by a powerful earthquake rocking Kermanshah, a city over 400 kilometres away.

But it was her speeding heart that worried her most.

“My walls were moving, and my pulse was racing. It was very stressful,” says 63-year-old Sakineh, who suffers from hypertension and pre-diabetes, caused by a diet high in salt, trans fats and sugar. “But we knew what to do. My son came and took me to my doctor.”

The health centre in her district of Shahrivar is one of thousands of facilities across Iran benefiting from the government’s drive, backed by the World Health Organization, to deliver health services to all residents.

Every activity in the health sector is based on the philosophy of universal health coverage.

“Every activity in the health sector is based on the philosophy of universal health coverage,” explains Dr Afshin Ostovar, director of the Department of Noncommunicable Diseases of the Ministry of Health.

One key pillar of universal health coverage is to ensure people are protected financially when it comes to receiving health services. More

than 90% of Iranians are covered by predominantly government health insurance plans, with people paying out of pocket for on average about 10% of their medical costs. Another pillar is to cover people with the quality health services they need. Sakineh’s physician, Dr Bahamin Jahanian, is among thousands of Iranian health professionals trained to meet her country’s most pressing health needs – noncommunicable diseases. Heart and lung conditions, cancers and diabetes, are all on the rise. “We have stepped up health services for people with risk factors like high blood pressure, exposure to tobacco smoke, unhealthy diets and physical inactivity,” she says.

This has not been easy since Iran has a large, scattered rural population. The government has established over 17 000 “health houses” staffed by 32 000 community health workers, called behvaz, trained to deliver essential health services. A referral system links these “health houses” to higher levels of care, including health centres close to where people live, district hospitals and university teaching hospitals.

Universities play a major role not just in training cardiologists, nurses and other health workers, but also in delivering health services. In addition, these higher educational institutions are the custodians of all government healthcare funding and they channel resources to Iran’s many health facilities.

WHO developed a package of essential interventions to prevent and control noncommunicable diseases. Iran followed suit with its own customized package, piloting it in the southern city of Isfahan before expanding it to every rural health care facility in the county.

RESOURCES

[Facts on noncommunicable diseases](#)
[Facts on universal health coverage](#)

BAYARJARGAL NOROV, MONGOLIA

“I know that I need to make healthy living choices now, irrespective of financial challenges.”

“I want to make some healthy life changes,” says Norov Bayarjargal. Behind Bayarjargal, a local herder, lies the vast expanses of the Gobi Desert. “We work hard here, and it will take a long time to make the health changes, starting with financial challenges.”

Bayarjargal is standing in front of a makeshift mobile health clinic in Dersene-Us, his native village in the southern tip of Mongolia. Besides one or two gers - traditional Mongolian yurts - and the occasional herds grazing the land, there is nothing to fix your eyes on for a long while.

A mobile health screening team, or M-Health as they call it in Mongolia, has just arrived in Dersene-Us.

Doctors and nurses from the ‘soum’, the sub-provincial health centre, go door to door to detect early disease or risk factors for disease in remote herder families. The residents are screened for communicable and noncommunicable diseases and signs of high levels of cholesterol and sugar in their blood. They also offer ultrasounds for pregnant women.

A month ago, Bayarjargal was diagnosed with an inflamed gallbladder and kidneys during the mobile screening. He was sent to the nearest local health centre, where a specialist gave him the medicines he needed.

Bayarjargal will have to go back to the health centre one more time, meaning he will have to take a day off from some of his important duties. One of these duties is being the governor of

Dersene-Us. In this role, he meets with residents, explains state policies and listens to people’s grievances. What he often hears is that people have neither the time nor the money to travel to regular health check-ups.

For many people in Bayarjargal’s community, going to hospital can be costly and time-consuming. They only go to the doctor when they have an urgent need, such as for childbirth, injury or serious illness.

In 2015, as part of a drive to increase health coverage, the World Health Organization helped the Mongolian government start the M-Health initiative to bring health screening to people’s homes.

“M-Health is a very suitable and cost-effective approach for delivering health care, particularly in Mongolia, with its populations scattered throughout the vast territory. We are keen to replicate the initiative throughout the country,” says Minister of Health Davaajantsangiin Sarangerel.

In one year of M-Health, more than 14 000 people were screened and thousands received timely medical care. M-Health was able to deliver screening to people in three of the most remote soum health centres free of charge. The plan is to expand to all 14 soums in the province.

In Dersene-Us, Bayarjargal is back after his final checkup. He is happy since the doctor has given him a clean bill of health.

“Because of the mobile health

screening, I was diagnosed early and received timely treatment,” he says. “The health professionals advised me to cut down my salt and animal fat intake. I know that health is wealth and that I need to make healthy living choices now, irrespective of financial challenges.”

RESOURCES

[Facts on noncommunicable, chronic diseases](#)
[Facts on universal health coverage](#)



SANATH KUMARA, SRI LANKA

“Thirty years ago, I was told I would only be able to walk with crutches.”

Sunath Kumara was only 16 when he had an accident and suffered severe injuries to his spinal cord.

Sanath was treated in the Rheumatology and Rehabilitation Hospital in Ragama, Sri Lanka. The hospital is one of the country's leading facilities for rehabilitation of physically 'differently abled' people. It evolved to meet increased needs for rehabilitation after the onset of the civil conflict in the early 1980s resulted in huge numbers of survivors of landmines and improvised explosive devices seeking care.

The hospital's main goal is to optimize and maintain physical, sensory, intellectual, psychological and social functions. Patients receive care from a team of 350 professionals which include medical staff and speech, occupational and physio therapists. One of the objectives is to enable patients to return to work.

As part of his therapy, the staff at the hospital encouraged Sanath to take part in parathletic sports.

“Being an athlete, albeit impaired, not only aided my recovery, it has transformed my life,” he says. Sanath has taken part in the Asian Para Athletic Games both as a power lifter and on the basketball team.

He regularly competes in sports events all over Sri Lanka, harvesting a clutch of medals. Wherever he goes, he sees himself as an ambassador for disabled people in sport.

When he's not competing or training, Sanath works as a mechanic at the rehabilitation hospital repairing wheelchairs for the hospital's patients. In the hospital's workshops, ex-patients and hospital staff design and develop artificial devices like prosthetics to assist the movement of 'differently abled' people.

All Sanath's emergency procedures, surgery and physiotherapy have been paid by the Sri Lankan health system. People with disabilities are among the poorest and most disadvantaged in any Sri Lankan community. Ragama, in which Sanath's rehabilitation hospital is located, provides services 'free at the point of delivery' to people from all corners of the country.

Universal health coverage has been one of the main drivers of Sri Lanka's remarkable health gains since the health reforms in the 1930s. Policies have ensured widespread easy access to medical services for the whole population, including rural areas.

With support of the World Health Organization, Sri Lanka is developing its 'Strategic Framework for Sustainable Development of Health' and 'Sustainable Health Financing Roadmap for Health'. Both will be key to ensure and sustain equitable financing for health, including increased government health spending. In 2015, Sri Lanka's government spending for health amounted to around 55% of total expenditure on health in the country.

Free, comprehensive and continuous rehabilitation care is made available to the population almost exclusively by the state.

“Without Sri Lanka's free healthcare, I would have no idea what would have become of me. Sport has helped me and many others overcome our injuries,” Sanath says.

He is an inspiration to the other patients, offering them encouragement and advice.

RESOURCES

[Facts on disability and health](#)

[Facts on universal health coverage](#)



ROBIA, TAJIKISTAN

“I want to be a therapist...the kind that helps children.”

9-year old Robia walks into the living room where her mother is seated. She sits down on the couch and pulls out a stack of photos. “I have 4 or 5 really close friends,” she muses, pointing to a few of them in the photo, their arms slung around each other’s shoulders.

“In 2010, when Robia was 6 months old, she fell ill, with her legs paralysed. No one was able to identify her disease,” recalls her mother Hosiyat. After a month in hospital, Robia was diagnosed with poliomyelitis (polio) infection which can lead to irreversible paralysis.

The next 3 years were tough. Robia was unable to move her legs, walk or stand on her own, and the hospitals in Dushanbe, the capital of Tajikistan, offered no solution. “We were sent to a rehabilitation centre but nothing much happened there. It was a depressing phase of our life,” says Hosiyat. The long commute to the hospital included changing public transport 4 times, a difficult task for a mother and tiny girl in a wheelchair.

However, things improved notably in 2013. The Tajikistan Ministry of Health, with the support of the World Health Organization, set up a Disability and Rehabilitation Programme to develop national policy, systems and services for rehabilitation.

Over the past five years, the success of the programme led to the formation of a nationwide Tajikistan National Programme of Rehabilitation of Persons with Disabilities (2017-2020). All services are free of charge to

persons with disabilities. Since last year, more than 170 000 men, women and children have benefitted.

Programmes like this contribute towards building a health system that is accessible for everyone, including people with disabilities such as Robia. For the young girl, rehabilitation and assistive products mean an improved quality of life and brighter future prospects.

For the past five years, Robia has been attending the National Rehabilitation Centre for Children in Dushanbe. There she practices walking, strengthening her spine and legs and balance. She has also received orthoses, external devices to support her back and legs, which give her confidence to navigate the gravel and dirt roads on which she walks each day. Robia continues to go to the rehabilitation center twice a week and has made many friends there.

Today, Robia walks the few blocks to school with her neighbour and is doing well academically. Her grade book is covered with high marks from her teacher. In short, her day-to-day life is full of tasks and events that make up a usual day for a young Tajik girl.

In the living room, Robia stands up from the couch and goes over to her computer to show off her graphic design acumen. She holds herself upright in the chair, navigating the keyboard and mouse with both arms stretched in front of her.

When asked what she wants to be

when she grows up, without hesitation she replies, “a therapist... the kind that helps children.” She doesn’t see any reason why this won’t be possible. Robia locks eyes with her mother, and they exchange smiles and nods of agreement.

RESOURCES

[Facts on poliomyelitis](#)

[Facts on universal health coverage](#)

LORENTINA AMARAL, TIMOR-LESTE

“I now know I can get fortified food for my son from the nearest health center.”

Lorentina Amaral lives on top of a hill, with her husband, three children and extended family. The house isn't easy to reach by car; the best and safest way is to walk. But thanks to Timor Leste's efforts to achieve universal health coverage, this is no impediment to visiting healthcare workers.

“My third son was born healthy. He weighed a good 3 kg at birth. But the problems started when he was six months old. He developed fever and symptoms like diarrhoea,” explains Lorentina.

By the time her son Interfenia was three years old, the child had weighed a mere 15 kg, only two-thirds the average weight of a normal toddler his age. Lorentina tried all the local remedies she could think of, but his condition did not improve.

“I didn't know what to make of it until a doctor, a nurse and a midwife from Saúde na Família came to my house. They explained to me that Interfenia is malnourished and the things I need to be careful about.”

Since the country gained independence in 2002, Timor-Leste has totally rebuilt its health system. From the start, leaving no one behind in accessing quality health services has been a core concern of the Ministry of Health and the country's high-level political leadership.

Lorentina's family is one of many that has benefitted from the Ministry of Health's Saúde na Família – or ‘health in the family’ – programme. Since

2015, the programme has seen health workers spread out across the country to bring health services to people's homes.

From high up in the mountains to down on the plains, medical teams collect families' health data and enter it into a database. So when children like Interfenia fall sick, their data is already in the system. This allows the community health centre, municipal managers and national authorities know what they are dealing with. If needed, the family member is referred to a hospital or a rehabilitation centre that offer more specialized health services. The budget for the programme's interventions is based on the needs of the communities.

“In 2014, we identified strengthening human resources for health as a key tool for achieving universal health coverage,” says Dr Poonam Khetrpal Singh, Director for the WHO Regional Office for South-East Asia.

The ‘health in the family’ programme helps retain health workers in rural areas, enhance their healthcare skills and expand the range of health services offered to meet the diverse needs of Timor-Leste's people.

“Ever since I have been associated with this programme,” says Dr Augusta da Costa, a General Practitioner at the Baucau Community Health Center, “I have learned so much more about the problems that communities in rural areas face. I have a better understanding of our people, their problems and needs.”

Lorentina could not agree more. One of the programme's home visits has transformed her life. “I now know I can get fortified food for my son from the nearest health center,” she says. Interfenia is healthy and thriving as her other two children. If he had been left behind, he would not be. The programme has been key to the survival of her youngest child.

RESOURCES

[Facts on malnutrition](#)
[Facts on universal health coverage](#)

EVERYONE HAS A PART TO PLAY

Everyone has a part to play in stimulating conversations and contributing to dialogue towards policies that help a country achieve and maintain universal health coverage.

INDIVIDUALS

Individuals use their voice to demand good health services and financial protection.

CITIZENS

Citizens debate and form collective views they convey to both the legislative and executive branches of government.

POLITICAL PARTIES

Political parties frame their programmes to meet the expressed needs of their supporters.

PARLIAMENTARY HEALTH COMMITTEES

Parliamentary health committees and health groups mediate between those that develop policy and those that execute it.

GOVERNMENT

Government implements policy change to improve health and spur economic growth and social development.

PROFESSIONAL ASSOCIATIONS

Professional associations protect the welfare of the workforce.

CIVIL SOCIETY

Civil society organizations work on the ground to represent the voice and the concerns of different population groups.

THE MEDIA

The media increase understanding of universal health coverage as well as transparency and accountability in policy-making.

To whatever group you belong, you can take a lead, too.



ACTIONS FOR POLICY-MAKERS

RESOURCES

- [Universal health coverage—the best investment for a safer, fairer and healthier world \(video\)](#)
- [Together on the road to universal health coverage – a call to action](#)
- [WHO's draft five-year strategy 2014-2019 the 13th General Programme of Work](#)
- [Tracking universal health coverage: 2017 Global Monitoring Report](#)
- [WHO Director-General keynote address: UN General Assembly side event on universal health coverage](#)
- [United Nations resolution on universal health coverage](#)
- [WHO universal health coverage data portal](#)
- [Strategizing national health in the 21st century: a handbook](#)
- [Policy dialogue: What it is and how it can contribute to evidence-informed decision-making](#)
- [SURE Guides for preparing and using evidence-based policy briefs](#)
- [Framework on integrated people-centred care](#)
- [Joint Learning Network](#)

Universal health coverage is a political choice, requiring careful policy dialogue, tailored to each country's needs and capacity.

The World Health Organization, including its [Universal Health Coverage Partnership](#), is here to help foster dialogue. Here are three steps to drive policy dialogue:

Identify the problem

Is it long waiting lines at the doctor, frequent disease outbreaks, expensive drugs, or dissatisfied health workers? Why do you want to focus on this issue now? What are the barriers for people to receive quality health services? Is it age? Disability? Poverty? Use a wide range of information and data to define the problem.

Develop solutions

What are the potential solutions? An evidence brief for policy lays out policy options to frame a dialogue. It can help develop an understanding of universal health coverage shared by all stakeholders. It can also help identify barriers to access health services and find solutions to ensure universal health coverage. It addresses questions such as what services and populations should be covered; how to pay for universal health coverage; and how to implement it.

Engage stakeholders

Map and analyse stakeholders that should be part of developing the roadmap towards universal health coverage, such as [UHC2030](#). Facilitate dialogue between people with different types of purpose, expertise, perspectives and needs. Bring in potential opposition. How do you engage with them all? Policy dialogue can take many forms such as workshops. Establish a code of ethical conduct for the dialogue. Clarify the common values used in evaluating the pros and cons of policy options. Anticipate and clarify monitoring and evaluation mechanisms to be used while the roadmap is implemented. How do you maintain broad popular support, e.g. through citizen surveys?



ACTIONS FOR CIVIL SOCIETY

You can catalyze commitments towards universal health coverage. If your advocacy is successful, governments will take on your ideas, evidence and proposals to advance Health for All.

Here are three steps to help drive change towards coverage of quality health services and financial protection:

Develop a roadmap

How far has your community and your country come to realize universal health coverage? What is your advocacy goal and the change you are trying to achieve in the long term? Make the goal specific, measurable, attainable, realistic and time-bound. What are your short-term advocacy objectives? Your objectives should make clear who will be reached, what change will be achieved, in what time period the change will be achieved and where. Ask yourself who has an interest or stake in universal health coverage? Who has the power to act? Which messages will you use to reach your target audiences?

Connect with allies

Connect with other groups who are engaged in the movement towards universal health coverage. A good starting point is [UHC2030](#). Create opportunities for others to join the movement. Be inclusive. Plan and host activities that build on your partnerships, for example, health benefit concerts or community health fora that are centred on people's health needs. Connect with champions who have a public presence to create awareness of your issue. Connect with implementers, those that get things done, those that affect the change you want to see. Consider how to keep them all engaged (eg. social media or a newsletter). Share successes.

Rally your community

Rally your community and engage advocacy groups beyond health. Share the benefits of universal health coverage with patient or consumer groups, local associations or a volunteer health worker programme. Help everyone understand their right to health and why it matters.

RESOURCES

[WHO Director-General speaks at opening ceremony of the UHC Forum, Tokyo](#)

[Healthy systems for universal health coverage - a joint vision for healthy lives](#)

[Accelerating political momentum for universal health coverage: UHC2030 framework for advocates](#)

[UHC2030 civil society engagement mechanism](#)

[UHC Coalition Toolkit 2017](#)



ACTIONS FOR INDIVIDUALS

Everyone can take the lead towards universal health coverage, including you!

Make your voice heard, start a local campaign.

Inform yourself

Find out about universal health coverage. Identify a tangible problem within your family, your school, your university, your workplace, your network or your community. Explore why you want to focus on this particular issue and map how to achieve your goal. What are the resources you will need to lead a campaign? What will it take to motivate people around you to engage in your campaign to make it succeed?

Share your story

Communicate your experiences, needs and opinion around you. By sharing your story on social media or local media, you could spark a campaign or a movement. By sharing your story with a civil society organization that is representing your issue, you lend them your voice and credibility.

Take action, demand action

To demand action is to take action. You may, for example, organize a town hall meeting in your community that includes community health officials, educators, patients, parents and community health organizations. Request the presence of a policy-maker or government official. Host a letter-writing workshop at your school or workplace. Address the letters to your community elder or high-level officials. Follow up on the status of these letters until they become a priority. If you have no time, but money, donate money to help a non-profit group advance your cause.

RESOURCES

[Universal health coverage – what does it mean \(video\)](#)

[That's what we call universal health coverage \(infographic\)](#)

[What is people-centred care \(video\)](#)

[Investing in universal healthcare for a better world \(video with Dr Tedros\)](#)

[WHO facts on universal health coverage](#)

[Medication without harm \(video\)](#)



ACTIONS FOR MEDIA

Whether you are a journalist, blogger, TV or radio station, you can help raise awareness of why people need to be able to get healthcare and what happens when they can't.

Following are three things you may wish to do:

Tell their stories

Show what happens when people cannot obtain the services they need or when they go broke because they have to pay for health services out of their own pockets. Highlight smart initiatives and interventions that improve access to quality health services and financial protection for people and communities. Small steps count and add up until everyone, everywhere is covered.

Hold politicians accountable

Hold politicians accountable, e.g. through documentaries on pledges they have made towards universal health coverage, starting with the Sustainable Development Goals (SDGs). Raise awareness of the strengths of current policies as well as their weaknesses, identify policy gaps and describe new challenges to be addressed. Policy dialogue is continuous and iterative. A changing climate, ageing of populations, urbanization, changing lifestyles, noncommunicable diseases on the rise, infectious diseases travelling at airplane speed – policies need to be adapted to ever new realities.

Support dialogue

Create platforms for dialogue between people who have benefitted from quality health services and financial protection, communities, their local representatives, civil society groups and national policy-makers, e.g. through talk shows, interviews, radio debates and social media campaigns. Don't forget to use the hashtag [#HealthForAll](#).

RESOURCES

- [Together on the road to universal health coverage – a call to action](#)
- [Tracking universal health coverage: 2017 Global Monitoring Report](#)
- [SDG monitoring framework and SDG3.8 indicators](#)
- [The SDG price tag \(infographics\)](#)
- [The SDG health price tag: what will a healthier world cost? \(video\)](#)



ABOUT UNIVERSAL HEALTH COVERAGE

What universal health coverage is

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

Universal health coverage enables everyone to access the services that address the most important causes of disease and death and ensures that the quality of those services is good enough to improve the health of the people who receive them.

What universal health coverage is not

Universal health coverage does not mean free coverage for all possible health interventions, regardless of the cost, as no country can provide all services free of charge on a sustainable basis.

Universal health coverage is not only about ensuring a minimum package of health services, but also about ensuring a progressive expansion of coverage of health services and financial protection as more resources become available.

Universal health coverage is not only about medical treatment for individuals, but also includes services for whole populations such as public health campaigns – for example adding fluoride to water or controlling the breeding grounds of mosquitos that carry viruses that can cause disease.

Universal health coverage is not just about health care and financing the health system of a country. It encompasses all components of the health system: systems and healthcare providers that deliver health services to people, health facilities and communications networks, health technologies, information systems, quality assurance mechanisms and governance and legislation.

RESOURCES

[Together on the road to universal health coverage – a call to action](#)



ABOUT WORLD HEALTH DAY 2018

#HealthForAll is a campaign to promote universal health coverage (UHC) by 2030 – we aim to support policy-makers, civil society organizations, individuals and media in the journey to bring universal health coverage to everyone everywhere.

Focus on these key messages:

Universal health coverage is about ensuring all people can get quality health services, where and when they need them, without suffering financial hardship.

Health is a human right. No one should have to choose between good health and other life necessities.

Universal health coverage is key to people and nations' health and well-being.

Universal health coverage is feasible. Some countries have made great progress. Their challenge is to maintain coverage to meet people's expectations.

All countries will approach universal health coverage in different ways: there is no one size fits all. But every country can do something to advance universal health coverage.

Making health services truly universal requires a shift from designing health systems around diseases and institutions towards health services designed around and for people.

Everyone – individuals, communities, cities, health professionals, civil society organizations, media, governments – can play a part in the path to universal health coverage, by taking part in a universal health coverage conversation.



CAMPAIGN MATERIALS

We have developed a series of posters to get the campaign started – in Arabic, Chinese, English, French, Russian and Spanish – WHO's six official languages. Each poster shows people or communities that receive health services and/or provide health services.

Throughout the campaign, we at WHO will be communicating via our social media channels:

-  <https://www.facebook.com/WHO/>
-  <https://twitter.com/who> (@WHO)
-  <https://www.youtube.com/c/who>
-  <https://www.instagram.com/who> (@WHO)

The primary hashtag that we are using is #HealthForAll but look out for posts using #WorldHealthDay as well.

We encourage you to share our materials with your own networks, share your own materials and join conversations on issues related to the campaign.

Thank you!

RESOURCES

[World Health Day 2018 posters in six languages](#) (language tabs are at the upper right corner of the web page).

