





Health Advocacy Coalition Statement on Universal Health Coverage

Introduction

Health Advocacy Coalition (HAC) is an independent research, policy and analytical platform whose mission is to promote a coherent, balanced and inclusive approach to health systems strengthening in the Eastern Europe and Central Asia (EECA) region. We aim to advance the Universal Health Coverage (UHC) agenda in the EECA region, increasing the capacity of communities to participate in relevant processes.

The HAC team has assessed existing data on UHC in the EECA region and globally. It is evident that there is not only a significant lack of data from community members on UHC, but also a lack of data about the region in the global picture of progress.

Throughout 2022, HAC worked to engage organizations in EECA region in UHC work. This led to the creation of a platform dedicated to UHC, by more than 50 organizations in the region working on HIV and for key populations. The platform regularly informs the community on UHC-related news and opportunities. Two online consultations were also held to increase community literacy on UHC issues, with the participation of Professor Michel Kazatchkine and Regional Director of UNAIDS EECA office Eammon Murphy. Four consultations were organized among civil sector representatives in Kyrgyzstan, Kazakhstan, Georgia and Moldova on the Civil Society Engagement Mechanism (CSEM) methodology.

Our UHC priorities

Based on the consultations with representatives of the EECA region in 2022-2023 to develop a consolidated regional position on UHC issues, we wish to highlight in particular the following priorities:

- Stronger commitments by governments to increase national health budgets and reduce the share of patient-funded health spending to 20% by 2026.
- Establishment of national systems to **provide health services for people in situations of humanitarian crisis**. This includes people in conflict zones, migrants, internally displaced persons, refugees, LGBTQ+ people, clients of opioid agonist maintenance therapy prisoners, people with limited mobility and other groups.
- Financial support for, and institutionalization of, community-linked monitoring (CLM) as one
 of the most effective mechanisms for civil society to independently assess the effectiveness of
 UHC progress.
- Increased investment in **decentralization**, bringing services closer to the patient, and changing supply chains.
- Decriminalization and destigmatization of communities.

• Expanded investments in primary care (including HIV/TB/HCV transmission, anti-stigma and discrimination training for medical and support staff, community monitoring, and access to medicines, diagnostics and expendables).

On behalf of civil society organizations in the EECA region working with and for key populations and others living with and affected by HIV, we raise our collective voice to call for urgent action on these priorities in order to achieve the goals of UHC.

HEALTH ADVOCACY COALITION