2017 COMMONWEALTH CIVIL SOCIETY POLICY FORUM

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Civil Society across the Commonwealth, supported by the Commonwealth Foundation, host an annual policy forum addressing the theme of the annual Commonwealth Health Ministers' meeting (CHMM) which is held each year in Geneva on the eve of the World Health Assembly. Through the policy forum, Commonwealth civil society comes together to discuss, debate, and develop consensus positions and recommendations on the policy issues under discussion which are then presented by civil society to Commonwealth Health Ministers at their meeting. The 2017 Commonwealth Civil Society Policy Forum addressed three issues and developed policy briefs and recommendations:

- Funding models to finance universal health coverage;
- The politics of wellbeing;
- Women's voices on structural violence in health care.

1. FUNDING MODELS TO FINANCE UNIVERSAL HEALTH COVERAGE (UHC)

The Policy Brief on funding models to finance UHC notes that while the concept of Universal Health Coverage (UHC) has wide support globally, the challenge is how best to fund it within budgetary constraints. UHC is defined as all people receiving the health services they need of sufficient quality to be effective while at the same time ensuring they are not exposed to financial hardship in using those services. A significant number of countries are embracing the goal of UHC as the right thing to do for their citizens, promoting social equality, social cohesion, and stability. Achieving UHC is also one of the health goals of the Sustainable Development Goals.The most commonly reported models of health financing to achieve UHC are the Bismarck (social insurance) and Beveridge (tax funded) models, however the policy brief also notes that some Commonwealth countries have achieved UHC at a low percentage of GDP by using mixed funding methods. The policy brief suggests that the Commonwealth is in a unique position to examine the financing models of Commonwealth countries who have achieved UHC to identify key characteristics and lessons learned and share these within the Commonwealth. The policy brief on funding models to finance UHC has two recommendations:

Recommendation 1.1

To inform policy decisions on optimal financing of UHC, Commonwealth Health Ministers request the Commonwealth Secretariat to systematically and critically evaluate the funding models of Commonwealth countries that have achieved UHC, including those Commonwealth countries that use hybrid funding models, and make recommendations as to how this evidence and the lessons learned from these models can be transferred to other Commonwealth countries as appropriate; and that the Commonwealth Secretariat report their findings to the 2018 Commonwealth Health Ministers' meeting.

Recommendation 1.2

That Commonwealth Health Ministers in pursuing the goal of achieving or improving UHC in their countries, involve civil society in decisions to be made about how UHC is to be provided and financed.

2. THE POLITICS OF WELLBEING

Over the last two decades, the concept of 'wellbeing' has entered the policy discourse in many countries. Statisticians, policy-makers and politicians around the world have begun to recognise the need for a new understanding of what defines good policy or a successful nation. 'Wellbeing is defined as: "*Individual wellbeing is a sustainable condition that allows an individual to develop and thrive. It is the combination of feeling good and functioning well"*. Positive wellbeing is a strong predictor of future health. A context whereby people's wellbeing is given as much attention as economic growth, could contribute to more people-focused policy. The policy brief on the politics of wellbeing also has two recommendations:

Recommendation 2.1

Commonwealth Health Ministers should lobby for their national statistics institutes to include internationally harmonised wellbeing questions in large-scale regular official surveys, and to report data in a timely fashion.

Recommendation 2.2

Commonwealth Governments should commit to using a 'wellbeing impact policy tool' to quantify the overall subjective wellbeing impact of all policies, and disaggregate policy impacts for different demographic groups.

3. STRUCTURAL VIOLENCE AND IT IMPACTS ON WOMEN'S HEALTH

Equitable access to health care and other social services is a shared aspiration across Commonwealth countries. For most countries however, the deficits in health policy and practice result in patterns of inequity and exclusion that have contributed to structural violence against its socially marginalized citizens.

Many of the main contributing factors to women's morbidity and mortality in both rich and poor countries have their origins in societies' attitudes toward women, which are reflected in the structures and systems that set policies, determine services and create opportunities. Despite considerable progress on health outcome indicators over the past three decades, societies are still failing women at key moments in their lives. Too many girls and women are still unable to reach their full potential because of persistent health, social and gender inequalities and health system inadequacies. Structural violence results in health inequalities; gender based violence; a high incidence of maternal mortality and morbidity; and human rights violations such as forced sterilization, child marriage, and female genital mutilation. The policy brief on structural violence has three recommendations:

Recommendation 3.1

That Commonwealth governments make a declaration to end all forms of violence, identify and commit to instituting mechanisms to address both interpersonal and structural violence around a clear and coherent agenda, ensuring social cultural systems, laws and policies are preventing violence and influencing violence free systems and communities.

Recommendation 3.2

That Commonwealth Ministers of Health work with their governments and remove all financial barriers to accessing health with a special focus on women and girls.

Recommendation 3.3

That Commonwealth governments ensure there is substantial investment in primary health care that will result in: continuous availability of essential drugs; prevention services for endemic diseases; immunisation services; treatment of communicable and non-communicable diseases; maternal and child health services; nutritional services; health education; and water and sanitation services.