



THE PRESIDENT
OF THE
GENERAL ASSEMBLY

9 July 2018

Excellency,

Further to my letter dated 12 June 2018, I have the honour to enclose herewith a letter from H.E. Ms. Katalin Annamária Bogay, Permanent Representative of Hungary, and H.E. Mr. Vitavas Srivihok, Permanent Representative of Thailand, co-facilitators of the informal consultations on the modalities of the high-level meeting on universal health coverage.

In this regard, I am honored to share the final draft of the modalities resolution for the high-level meeting. The final draft is under silence procedure until 12.00 p.m EST on Wednesday, 11 July 2018.

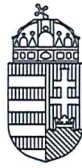
I would like to take this opportunity to extend my appreciation to the co-facilitators for ably leading the consultations and to all parties for their constructive engagement.

Please accept, Excellency, the assurances of my highest consideration.

A handwritten signature in dark ink, appearing to read 'M. Laščák', with a stylized flourish at the end.

Miroslav Laščák

All Permanent Representatives and
Permanent Observers to the United Nations
New York



Permanent Mission of Hungary
to the United Nations



Permanent Mission of Thailand
to the United Nations

9 July 2018

Excellency,

We are pleased to write to you in our capacity as co-facilitators of the intergovernmental consultations and negotiations on the modalities of the High-level Meeting on Universal Health Coverage.

In accordance with the mandate that you conferred upon us, and following an open, transparent and inclusive consultative process, please find attached the final draft for the General Assembly resolution on the scope, modalities, format and organization of the High-level Meeting on Universal Health Coverage. We kindly request your Office to circulate the attached final draft resolution, which will remain under silence procedure until **12.00 hrs. of Wednesday 11 July 2018**.

In this regard, we would like to take this opportunity to express our deep appreciation to all delegations for their active and constructive engagement throughout the process, and to the World Health Organization and the Department for General Assembly and Conference Management for their support and assistance.

Please accept, Excellency, the renewed assurances of our highest consideration.

H.E. Ms. Katalin Annamária Bogay
Ambassador and Permanent Representative of
Hungary to the United Nations

H.E. Mr. Vitavas Srivihok
Ambassador and Permanent Representative
of Thailand to the United Nations

H.E. Miroslav Lajčák
President of the 72nd session of the General Assembly



General Assembly

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FINAL TEXT – 6 July 2018**Draft resolution submitted by the President of the General Assembly****Scope, modalities, format and organization of the high-level meeting on universal health coverage***The General Assembly,*

PP1 *Recognizing* that through the adoption of the 2030 Agenda and its Sustainable Development Goals¹ in September 2015, Heads of State and Government made a bold commitment to achieve universal health coverage by 2030, 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, *Agreed ad ref*

PP2 *Recalling* its resolution [71/159](#) of 15 December 2016, entitled “Global health and foreign policy: health employment and economic growth”, which underlined the primary responsibility of Member States to accelerate the transition towards universal health coverage, *Agreed ad ref*

PP3 *Recalling also* its resolution [72/139](#) of 12 December 2017, entitled “Global health and foreign policy: addressing the health of the most vulnerable for an inclusive society”, in which it decided to hold a high-level meeting in 2019 on universal health coverage, *Agreed ad ref*

PP3 bis *Recalling further* its resolution [67/81](#) of 12 December 2012, entitled “Global health and foreign policy”, which recognized the responsibility of Governments to urgently and significantly scale up efforts to accelerate the transition towards universal access to affordable and quality health-care services, and that effective and financially sustainable implementation of universal health coverage is based on a resilient and responsive health system, and *reaffirming* the primary responsibility of Member States to determine and promote their own path towards achieving universal health coverage, *Agreed ad ref*

¹ See resolution [70/1](#).

PP4 *Recalling further* its resolution 72/138 of 12 December 2017, entitled “International Universal Health Coverage Day”, in which it decided to proclaim 12 December as International Universal Health Coverage Day, *Agreed ad ref*

PP5 *Recognizing* that health is a precondition for and an outcome and indicator of all three dimensions – economic, social and environmental – of sustainable development and that, despite progress made, challenges in global health, including major inequities and vulnerabilities within and among countries, regions and populations, still remain and demand persistent attention, *Agreed ad ref*

PP6 *Emphasizing* the need for the high-level meeting to complement and build on preceding and ongoing health processes and initiatives, including, among others, the High-level Meeting on Ending AIDS held in New York from 8-10 June 2016 and the High-level Meeting on Antimicrobial Resistance, held in New York on 21 September 2016, as well as the High-level Meeting on the fight against tuberculosis and the Third High-level Meeting of the General Assembly on the prevention and control of non-communicable diseases, to be convened in New York on 26 and 27 September 2018, respectively, *Agreed ad ref*

PP6 bis. *Welcoming* the convening of the Second International Conference on Primary Health Care Towards Universal Health Coverage and the Sustainable Development Goals, to be held in Astana, Kazakhstan on 25 and 26 October 2018, in celebration of the 40th anniversary of the Alma Ata Declaration, which may contribute to the debates of the high-level meeting of the General Assembly on universal health coverage. *Agreed ad ref*

1. *Decides* that the one-day high-level meeting on universal health coverage convened by the President of the General Assembly shall be held in New York on the third day of the general debate of the Assembly at its seventy-fourth session, from 10 a.m. to 1 p.m. and from 3 to 6 p.m., consisting of an opening segment, a plenary segment for general discussion, two multi-stakeholder panels and a brief closing segment; *Agreed ad ref*

2. *Also decides* that the overall theme of the high-level meeting will be “Universal Health Coverage: Moving together to build a healthier world”; *Agreed ad ref*

3. *Further decides* that:

(a) The opening segment, to be held from 10 to 10.30 a.m., will feature statements by the President of the General Assembly at its seventy-fourth session, the Secretary-General, the Director General of the World Health Organization, the President of the World Bank Group, as well as an eminent high-level champion of universal health coverage, selected, in consultation with Member States, by the President of the General Assembly, giving due consideration to gender equity; *Agreed ad ref*

(b) The plenary segment, to be held from 10.30 a.m. to 1 p.m. and 3 to 5.30 p.m., will comprise statements by Member States and observers of the General Assembly; a list of speakers will be established in accordance with established practices of the Assembly, and the time limits for these statements will be three minutes for individual delegations and five minutes for statements made on behalf of a group of States; *Agreed ad ref*

(c) The closing segment, to be held from 5.30 p.m. to 6 p.m., will comprise summaries of the multi-stakeholder panels and concluding remarks by the President of the General Assembly; *Agreed ad ref*

4. *Decides* that the organizational arrangements for the two multi-stakeholder panels will be as follows:

(a) Two multi-stakeholder panels will be held in parallel to the plenary segment, one from 11 a.m. to 1 p.m. and the other from 3 to 5 p.m.; *Agreed ad ref*

(b) Each of the two multi-stakeholder panels will be co-chaired by two representatives, one from a developed country and one from a developing country, to be appointed by the President of the General Assembly from among the Heads of State or Government attending the high-level meeting, in consultation with Member States, taking into account gender equity, level of development and geographical representation; *Agreed ad ref*

(c) The themes of the multi-stakeholder panels will take into consideration the direction and outcomes of other preceding health processes and initiatives as well as the interactive multi-stakeholder hearing, with a view to ensuring the most effective and efficient outcomes and potential deliverables and sharing experiences and lessons learned to address remaining implementation gaps; *Agreed ad ref*

(d) The President of the General Assembly may invite parliamentarians, local governments, the heads or senior representatives of relevant United Nations entities, including the World Bank, development partners, civil society, the private sector, academia, medical associations, indigenous leadership and community organizations to serve as speakers on the panels, taking into account gender equity, level of development and geographical representation; *Agreed ad ref*

5. *Further decides* that the high-level meeting shall approve a concise and action-oriented political declaration, agreed in advance by consensus through intergovernmental negotiations, to be submitted by the President of the General Assembly for adoption by the Assembly; *Agreed ad ref*

6. *Requests* the President of the General Assembly, with the support of the World Health Organization and other relevant partners, to organize and preside over an interactive multi-stakeholder hearing, before the end of July 2019, with the active participation of appropriate senior-level representatives of Member States, observers of the General Assembly, parliamentarians, representatives of local government, relevant United Nations entities, non-governmental organizations in consultative status with the Economic and Social Council, invited civil society organizations, philanthropic foundations, academia, medical associations, the private sector and broader communities, ensuring the participation and voices of women, children, youth and indigenous leadership, as part of the preparatory process for the high-level meeting, and also requests the President to prepare a summary of the hearing prior to the high-level meeting; *Agreed ad ref*

7. *Encourages* all Member States to participate in the high-level meeting, including the multi-stakeholder panels, at the highest possible level, preferably at the level of Heads of State and Government and invites all observers of the General Assembly to be represented at the highest possible level; *Agreed ad ref*

8. *Also invites* the United Nations system, including funds, programmes and specialized agencies, including the World Health Organization, regional commissions and relevant envoys of the Secretary-General, to participate in the high-level meeting, as appropriate, and urges them to consider relevant initiatives, such as the International Health Partnership for UHC2030, in support of the preparatory process and the meeting, particularly with regard to sharing evidence and good practices, challenges and lessons learned; *Agreed ad ref*

8 bis *Invites* the Inter-Parliamentary Union to contribute to the high-level meeting; *Agreed ad ref*

9. *Further invites* non-governmental organizations that are in consultative status with the Economic and Social Council with relevant expertise to register with

the Secretariat to attend the meeting as well as the interactive multi-stakeholder hearing; *Agreed ad ref*

10. *Requests* the President of the General Assembly to draw up a list of other relevant representatives of relevant non-governmental organizations, civil society organizations, academic institutions and the private sector who may attend the high-level meeting and participate in the interactive multi-stakeholder hearing and the multi-stakeholder panels, taking into account the principles of transparency and equitable geographical representation, with due regard to the meaningful participation of women, and to submit the list to Member States for their consideration on a non-objection basis;² *Agreed ad ref*

11. *Invites* members of civil society, non-governmental organizations, the private sector, academia, development partners and other relevant initiatives to make a fundamental contribution to the process in terms of raising awareness of the importance of universal health coverage and its contribution towards the achievement of the Sustainable Development Goals; *Agreed ad ref*

12. *Encourages* Member States to consider including ministers from all relevant ministries, as appropriate, in their national delegations as well as representatives such as parliamentarians, mayors and governors, representatives of civil society, including non-governmental organizations, indigenous leadership, community organizations and faith-based organizations, academia, philanthropic foundations, the private sector and UHC networks, with due regard to gender equity; *Agreed ad ref*

13. *Requests* the President of the General Assembly at its seventy-third session to finalize the organizational arrangements for the high-level meeting, in close consultation with Member States, including the themes of the multi-stakeholder panels in line with operative paragraph 4 (c) of the present resolution. *Agreed ad ref*

² The list of proposed as well as final names will be brought to the attention of the General Assembly. Where a name is objected to, the objecting Member State will, on a voluntary basis, make known to the Office of the President of the General Assembly the general basis of its objections and the Office will share any information received with any Member State upon its request.