



THE PRESIDENT  
OF THE  
GENERAL ASSEMBLY

16 May 2019

Excellency,

Further to my letter dated 26 April, and in accordance with resolution 73/131 on the scope, modalities, format and organization of the high-level meeting on Universal Health Coverage, I have the honour to enclose herewith the summary of the interactive multi-stakeholder hearing held on 29 April at the United Nations Headquarters in New York as part of the preparatory process of the high-level meeting on Universal Health Coverage.

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

**MFESPINOSA**  
María Fernanda Espinosa Garcés

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

**Summary by the President of the General Assembly of the Interactive  
Multi-stakeholder Hearing as part of the preparatory process for the United Nations  
High-level Meeting on Universal Health Coverage**

**29 April 2019  
General Assembly Hall  
United Nations Headquarters, New York**

**Overview**

The President of the General Assembly convened an Interactive Multi-stakeholder Hearing on 29 April 2019 as part of the preparatory process for the United Nations High-level Meeting on Universal Health Coverage (UHC), in accordance with resolution A/RES/73/131. The hearing, organized with the support of the World Health Organization and the International Health Partnership for UHC 2030 (UHC2030), provided stakeholders with an opportunity to contribute to the ongoing preparatory process, through a full day of interactive panel discussions. The hearing was attended by Member States, as well as representatives of United Nations entities, civil society, non-governmental organizations, academia, the private sector, among other stakeholders.

The discussion focused on perspectives from stakeholders, sharing their experiences and recommendations for a successful High-Level Meeting on 23 September 2019 and its Political Declaration. The hearing was divided into three thematic panels, which focused on: UHC as a driver for inclusive development and prosperity; Leave No One Behind – UHC as a commitment to equity; Multi-sectoral and Multi-stakeholder Action and investments for UHC.

**Opening Segment**

The President of the General Assembly, H.E. Ms. Maria Fernanda Espinosa Garcés, highlighted that health is a human right, essential to the fulfilment of all fundamental human rights, and that improving health is at the heart of and essential to the delivery of the 2030 Agenda. She noted that at least half of the world's population lacks access to essential health services and that health expenses push over 100 million people into extreme poverty every year, further recognizing that trillions of dollars annually are lost in productivity due to poor health. The President also emphasized inequities in health, stressing that women and girls suffer disproportionately in regard to sexual and reproductive health, as well as in accessing other basic services, and that other vulnerable groups, such as persons with disabilities, indigenous peoples, minorities and those living in rural areas are more likely to have poor health outcomes.

H.E. Ms. Maria Luiza Ribeiro Viotti, Chef de Cabinet of the UN Secretary-General, reiterated UHC as the key to achieving SDGs and recognized the importance of ensuring timely access of women, children and adolescents to health services to build on current progress in improving women and children's health. She expressed the importance of building on previous processes at the UN focused on antimicrobial resistance (AMR), non-communicable diseases (NCDs), HIV/AIDS and Tuberculosis (TB) strong and resilient health systems that, combined with the focus on UHC, contribute to the broader sustainable development agenda.

Dr. Tedros Adhanom Ghebreyesus, Director-General of the World Health Organization, spoke to the General Assembly Hall via video link from the Democratic Republic of Congo (DRC), and was represented in person by Deputy Director-General, Dr. Zsuzsanna Jakab. The Director-General commented about the situation in DRC and stressed the urgency in closing the funding and resource gap to overcome the Ebola outbreak, as well as broader health challenges. He noted that more than 800 million people incur catastrophic health expenditures because they must spend more than 10 per cent of their household budgets on healthcare; more than 50 countries lack the infrastructure needed to provide UHC, such as skilled health workers, quality medicines and medical products, and basic services such as water and electricity. Dr. Tedros stressed that the pace of work on UHC needs to be accelerated for countries to achieve robust, end-to-end primary health systems, to prevent outbreaks and enable health promotion.

Dr. Githinji Gitahi, Co-Chair of UHC2030 and CEO of the Amref Health Africa Foundation emphasized that UHC is a political, as well as a technical, challenge. He presented the UHC Key Asks with the overarching political advocacy message: "Everyone, everywhere should have access to quality and affordable health services. We call on political leaders to legislate, invest and collaborate with all of society to make UHC a reality." He urged governments to commit to actions that include a critical focus on equity and fully supported by an enabling regulatory and legal environment. Dr. Gitahi stressed the critical need to prioritize quality and increased health expenditure and concluded by urging for the establishment and strengthening of multi-stakeholder platforms to drive progress informed by the needs of the people.

Dr. Alaa Murabit, Sustainable Development Goal Global Advocate, shared a personal story on her experience with UHC and linked UHC to broader sustainable development challenges – noting that UHC means recognizing the socio-political and historical forces that mould today's challenges. She noted that UHC has the potential to break the cycle of poverty, ill health and child marriage, noting that today there are over 2.8 million children – refugees – who do not have access to quality health. Dr. Murabit emphasized that UHC means recognizing that human worth cannot be measured and is essential as a human right. She noted that this generation will be judged by how well it addresses health and development challenges.

Dr. Adaora Okoli, medical doctor and Ebola survivor, shared her personal experience contracting the disease during the outbreak in West Africa in 2014. She noted that Nigeria was successful in containing the outbreak because the initial case was brought into a well-resourced facility that was atypical for the country. She stressed primary health care (PHC) as the foundation to UHC, while noting that many people around the world still lack access to it. Dr. Okoli concluded that UHC is the driving force for inclusive development, prosperity and equity and should be a priority agenda for us all.

### **Session 1: Universal health coverage as a driver for Inclusive development and prosperity**

The first session focused on contextualising the achievement of UHC within the broader development agenda and recognizing UHC as not only the umbrella for delivering health targets, but also as a driver of social justice, human rights, and inclusive economic growth. The panel was moderated by Femi Oke, international broadcaster, journalist and author. Stakeholder panelists included: Ms. Amanda Glassman, Chief Operation Officer and Senior Fellow, Center for Global Development and Global Sustainable Development Report 2019 Expert Group; Professor Srinath Reddy, President, Public Health Foundation of India (PHFI); Dr. Khuất Thị Hải Oanh, Executive Director, Centre for Supporting Community Development Initiatives; and Mr. Martin Chungong, Secretary General, Inter-Parliamentary Union.

The panel highlighted UHC as a driver of economic growth, requiring adequate financial and human resources to ensure impact on sustainable development, including the need for a multi-layered and multi-skilled workforce. Panelists stressed that commitments to increased public financing, which prioritize PHC and evidence-based interventions, would be critical.

While recognizing both public and private sector roles in achieving UHC, the panel cautioned against the commercialization of health care and markets motivated by profit rather than the health of people. Panelists emphasized that a strong public sector is needed, with governments acting as guarantor of UHC. In line with this, governments should ensure a strategic framework for UHC that encourages synergies across all parts of the system, promotes clearer incentives for private sector, and provides regulation and oversight to ensure that profit motives do not dominate.

Panelists further delved into the role of governments and stressed the importance of increased health financing and support in accessing services which prioritizes the poorest and most vulnerable first. Parliaments, in particular, have multiple responsibilities that can impact health, including through taxation and financing policy for health, domestic resource mobilization and addressing corruption. The panel also encouraged a strengthened role for civil society and community organizations to be more meaningfully engaged and help to hold governments accountable.

Participants reiterated Key Asks from the UHC Movement developed by UHC2030 and highlighted a number of key issues, including: lack of equitable, sustainable financing based on domestic resource mobilization; fragmented health systems; inadequate levels of quality; financial barriers to accessing essential medicines and products; and the implications of the shifting disease burden and increasing prevalence of NCDs and the growing challenge of antimicrobial resistance. They further stressed the need for well-integrated country plans and a reorientation of health systems based on primary health care, noting the importance of focusing on prevention, promotion of healthy environments, mental health, gender equality and access to sexual and reproductive health services, while addressing risk factors such as tobacco and alcohol and working to improve patient safety. In addition, participants suggested the way forward through policies which promote appropriate incentives, including intellectual property, to enable the development of breakthrough medicines and vaccines; structured inclusion and meaningful youth engagement at the country and regional levels; greater and more strategic investment in health workers in communities of least access, in line with the WHO Guideline on health policy and system support to optimize community health worker program; development cooperation that supports and accelerates national health policies, priorities and systems; and emphasized that strategies which capitalize on the comparative advantages of a broad set of stakeholders will be critical to drive progress.

## **Session 2 – Leave No One Behind – Universal health coverage as a commitment to equity**

This session focused on actions needed to ensure that half of the world's population is not left behind and that marginalized groups have a voice and access to essential health services. The panel focused how to move from commitment to action, improving access to quality health services, and how to ensure social accountability while improving monitoring and feedback.

The session started with an interactive panel discussion facilitated by Ms. Zain Verjee, Co-founder & CEO, Akoma Media. The panelists were Ms. Harriet Adong, Executive Director, Foundation for Integrated Rural Development; Dr. Batool Al-Wahdani, President, International Federation of Medical Students' Association; Ms. Benilda Batzin, Expert on Health Citizenship, Centro de Estudios para la Equidad y Gobernanza en los Sistema de Salud (CEGSS); and Mr. Monthian Buntan, Chairperson of the Division of International Relations and Special Affairs, Disabilities Thailand Association.

The panelists highlighted the relationship between poverty and excessive healthcare costs and the need for quality, accessible and responsive health services. The importance of investing in young health workforce, and of increasing awareness about UHC principles among the youth was also discussed. The panelists called for greater empowerment of young people to join the health workforce, ensuring adequate pay, protection from violence, and good work conditions. Empowering women and ensuring sexual and reproductive rights are upheld were

seen as critical to achieving UHC. The panelists described the importance of culturally sensitive care and people-centered care which is responsive to individual health needs.

The participants discussed the importance of youth participation to contribute to UHC reforms and to hold decision-makers accountable through advocacy, since the youth makes about one quarter of the population. Member states were called upon to ensure inclusive, active and meaningful engagement of young people in the UHC process. The participants also called upon member states to ensure a gender sensitive and rights-based approach to UHC and to protect the rights of adolescents, young women and girls to safe and legal abortion. Participants requested the availability and affordability of effective antibiotics to be made an integral part of the package of UHC. Drawing attention to the marginalized population that is unable to access healthcare services, the participants asked for tailoring of health programs to these populations and to address their specific needs by ensuring access to affordable treatments and services.

### **Session 3: Multi-sectoral and Multi-stakeholder Action and investments for UHC**

This session highlighted how multi-sectoral and multi-stakeholder partnerships can unite partners behind UHC and empower mobilization of domestic resources to ensure everyone is represented in the UHC movement. The interactive panel discussion focused on providing innovative solutions to ensure inclusive and coordinated actions and investments for UHC at both national and global level.

The session was moderated by Ms. Zain Verjee and the panelists included: Ms. Midori de Habich, Economist and former Minister of Health of Peru; Dr. Justin Koonin, the President of ACON; Ms. Aida Kurtovic, Chair of Board of the Global Fund; and Ms. Carmen Villar, Vice-President of Social Business Innovation at Merck & Co.

The panelists highlighted the need for high level commitment to facilitate more frequent policy dialogues on achieving medium and long-term goals between Ministries of Finance and Health. Country ownership and strengthening of national institutions were deemed essential to deliver equitable health coverage. The role of in-country coordination mechanisms in recognizing different voices and their inclusion into the decision-making and delivery of health services was also emphasized by the panelists. The importance of forming successful partnerships was affirmed through the example of combatting HIV transmission by allowing affected communities to decide the best response and working with the government. Communication was identified as the key to align public and private sectors towards achieving UHC goals. Innovative financing models such as development impact bonds were suggested to harness industry innovations for UHC and increase health finance security.

Participants highlighted primary health care as the cornerstone to achieving UHC and advocated for the inclusion of key asks into the draft declaration for the High-level Meeting. Panelists also expressed the need for country led responses through domestic resource

mobilization and progressive taxation to achieve UHC, with spending target such as 5% of GDP on health being suggested by both the panelists and the participants. Civil society needs to hold the government accountable through multi-sectoral collaboration. Grassroots organizations can help formal health systems reach the most vulnerable and marginalized population. Participants also stated that private sector can complement government's capacity in designing public-private collaboration. Private sector was asked to show willingness to check conflicts of interest and accept that public financing and regulation is needed for UHC.

Participants also recognized the need for progressive universalism and the fundamental shift away from out-of-pocket payments to mandatory and fair contributions through tax. Academic institutions must play a role in generating evidence to track the progress in achieving UHC. Participants identified the need to adopt a life-course approach to health to strengthen health systems and reduce both health inequities and expenditure on health. The social determinants of health were suggested as a framework to involve public and private sector, academic institutions, and think tanks to work on UHC.

### **Closing Segment**

H.E. Mr. Kaha Imnadze, Permanent Representative of Georgia to the United Nations commended the event as the greatest milestone on the path towards achieving the universal health coverage in 2030. He acknowledged the spirit and willingness to move together towards building a healthier world. He emphasized that the inclusion of all key stakeholders in the event was an encouraging sign that we all will be able to deliver as one.

H.E. Mr. Vitavas Srivihok, Permanent Representative of Thailand to the United Nations said that voice of participants in the event matters as no government can achieve UHC alone. He stressed that only collective multi-stakeholder actions and meaningful partnerships can take us forward.

H.E. Ms. María Fernanda Espinosa, President of the 73<sup>rd</sup> Session of the United Nations General Assembly, commented that having hundreds of representatives from key health constituencies made a difference, and she was impressed by the quality of the discussions in the Hearing. She underscored that the high-level meeting in September will be crucial to make tangible progress on all the "Key Asks" of the UHC movement. She concluded that, based on what she heard from stakeholders, panelists and Member States in the room, we can make the dream of universal health coverage a reality.