

Zero Draft
Political Declaration of the High-level Meeting on Universal Health Coverage

We, Heads of State and Government and representatives of States and Governments, are assembled at the United Nations on 21 September 2023 to undertake a comprehensive review on the implementation of the political declaration of the high-level meeting on universal health coverage, entitled “Universal health coverage: moving together to build a healthier world”, of 2019, and to identify gaps and solutions to accelerate progress towards the achievement of universal health coverage by 2030, with a view to scaling up the global effort to build a healthier world for all, and in this regard we: *(Source: Based on A/RES/74/2 Paragraph 83)*

- PP1. Reaffirm the right of every human being, without distinction of any kind, to the enjoyment of the highest attainable standard of physical and mental health; *(Source: A/RES/74/2 Paragraph 1 verbatim)*
- PP2. Reaffirm and renew our political commitment to accelerate the implementation of the 2019 political declaration of the High-level Meeting of the General Assembly on universal health coverage, which acknowledges that health is a precondition for and an outcome and indicator of the social, economic and environmental dimensions of sustainable development and the implementation of the 2030 Agenda for Sustainable Development and continues to inspire our action and catalyse our efforts, to achieve universal health coverage, 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; *(Source: Structure based on A/RES/73/2; content based on SDG3.8)*
- PP3. Reaffirm General Assembly resolution 70/1 of 25 September 2015, entitled “Transforming our world: the 2030 Agenda for Sustainable Development”, stressing the need for a comprehensive and people-centred approach, with a view to leaving no one behind, reaching the furthest behind first, and the importance of health across all the goals and targets of the 2030 Agenda for Sustainable Development, which are integrated and indivisible; *(Source: A/RES/74/2 Paragraph 2 verbatim)*
- PP4. Reaffirm General Assembly resolution 69/313 of 27 July 2015 on the Addis Ababa Action Agenda of the Third International Conference on Financing for Development, which reaffirmed strong political commitment to address the challenge of financing and creating an enabling environment at all levels for sustainable development in the spirit of global partnership and solidarity; *(Source: A/RES/74/2 Paragraph 3 verbatim)*
- PP5. Reaffirm the strong commitments made through the political declarations adopted at the high-level meetings of the General Assembly on HIV/AIDS, on tackling antimicrobial resistance, on ending tuberculosis, on the prevention and control of non-communicable diseases, and on improving road safety; *(Source: Based on A/RES/74/2 Paragraph 4)*
- PP6. Recall World Health Assembly resolution 76.X of XX May 2023, entitled “Preparation for the high-level meeting of the United Nations General Assembly on universal health coverage”; *(Source: Based on A/RES/74/2 Paragraph 7, updated)*
- PP7. Recognize that universal health coverage is fundamental for achieving the Sustainable Development Goals related not only to health and well-being, but also to eradicating poverty in all its forms and

dimensions, ensuring quality education, achieving gender equality and women's empowerment, providing decent work and economic growth, reducing inequalities, ensuring just, peaceful and inclusive societies and to building and fostering partnerships, while reaching the goals and targets included throughout the 2030 Agenda for Sustainable Development is critical for the attainment of healthy lives and well-being for all, with a focus on health outcomes throughout the life course; *(Source: A/RES/74/2 Paragraph 5 verbatim)*

- PP8. Recognize that health is an investment in human capital and social and economic development, towards the full realization of human potential, and significantly contributes to the promotion and protection of human rights and dignity as well as the empowerment of all people; *(Source: A/RES/74/2 Paragraph 8 verbatim)*
- PP9. Recognize that universal health coverage implies that all people have access, without discrimination, to nationally determined sets of the needed promotive, preventive, curative, rehabilitative and palliative essential health services, and essential, safe, affordable, effective and quality medicines and vaccines, diagnostics and health technologies, including assistive technologies, while ensuring that the use of these services does not expose the users to financial hardship, with a special emphasis on the poor and vulnerable; *(Source: Based on A/RES/74/2 Paragraph 9)*
- PP10. Reaffirm the importance of national ownership and the primary role and responsibility of governments at all levels to determine their own path towards achieving universal health coverage, in accordance with national contexts and priorities, and underscore the importance of political leadership for universal health coverage beyond the health sector in order to pursue whole-of-government and whole-of-society approaches, as well as health-in-all-policies approaches, equity based approaches and life-course approaches; *(Source: A/RES/74/2 Paragraph 6 verbatim)*
- PP11. Recognize the need to tackle health inequities and inequalities within and among countries through political commitment, policies and international cooperation, including those that address social, economic, environmental and other determinants of health, and further recognize that reported averages of global, regional and national progress on universal health coverage often mask inequalities; *(Source: A/RES/74/2 Paragraph 11 + new language based on SG's Report on UHC, advanced version)*
- PP12. Recognize the fundamental importance of equity, social justice and social protection mechanisms as well as the elimination of the root causes of discrimination and stigma in health-care settings to ensure universal and equitable access to quality health services without financial hardship for all people, particularly for the poorest and most vulnerable; *(Source: Based on A/RES/74/2 Paragraph 14)*
- PP13. Recognize the consequence of the adverse impact of climate change, natural disasters, extreme weather events as well as other environmental determinants of health, such as clean air, safe drinking water, sanitation, safe, sufficient and nutritious food and secure shelter, for health and in this regard underscore the need to foster health in climate change adaptation efforts, underlining that resilient and people-centred health systems are necessary to protect the health of all people, in particular those in vulnerable situations, including those living in small island developing States; *(Source: Based on A/RES/74/2 Paragraph 15);*

PP14. Recognize that food security and food safety, adequate nutrition and sustainable, resilient and diverse nutrition-sensitive food systems are necessary for healthier populations; *(Source: Based on A/RES/74/2 Paragraph 16)*

Progress and Gaps

PP15. Recognize that the level of progress and investment to date remain inadequate to meet target 3.8 of the Sustainable Development Goals, and that at the current pace of progress towards universal health coverage up to one-third of the world's population will remain underserved by 2030, and express deep concern that the expansion of service coverage has slowed compared to pre-2015 gains, and trends in financial protection are worsening, and in this regard note that: *(Source: targets from A/RES/74/2 Paragraph 24, based on SDG3.8)*

- (a) There is a global shortfall of 523 million in providing 1 billion additional people by 2023 with quality essential health services and quality, safe, effective, affordable and essential medicines, vaccines, diagnostics and health technologies; *(Source: WHO)*
- (b) The incidence of catastrophic out-of-pocket spending on health increased from 12.6 per cent in 2015 to 13.5 per cent in 2019 and 4.4 per cent of the global population in 2019 were pushed or further pushed into extreme poverty due to out-of-pocket payments for health; *(Source: WHO)*

SERVICE COVERAGE

PP16. Acknowledge that despite major health gains over the past decades, the world has yet to fulfil its promise of implementing measures to address the health needs of all, noting that:

- (a) Noncommunicable diseases, including heart disease, stroke, cancer, diabetes and chronic lung disease, are collectively responsible for 74 per cent of all deaths worldwide, with 86 per cent of the 17 million people who died prematurely, or before reaching 70 years of age, occurring in low- and middle-income countries; *(Source: WHO Technical Brief on NCDs)*
- (b) Progress varied on communicable diseases in 2021, with an estimated 1.5 million new HIV infections, an estimated 1.6 million deaths from TB and a rise in the TB incidence rate by 3.6 per cent between 2020 and 2021, 247 million malaria cases globally, and 1.65 billion people still requiring treatment and care for neglected tropical diseases; *(Source: Based on SG's Progress Report on SDGs, advanced version)*
- (c) Almost 800 women continue to die every day from preventable causes related to pregnancy and childbirth, with almost 95 per cent of these deaths occurring in low and lower-middle-income countries; *(Source: Based on SG's Progress Report on SDGs, advanced version)*
- (d) Five million children died before reaching their fifth birthday in 2021; *(Source: Based on SG's Progress Report on SDGs, advanced version)*

- (e) 25 million children under the age of 5 years missed out on routine immunization in 2021, a 5 per cent decline from 2019 and the largest sustained decline in childhood vaccinations in approximately 30 years; *(Source: Based on SG's Progress Report on SDGs, advanced version)*
 - (f) Nearly 1 billion people live with a mental health disorder and those with severe mental health conditions die on average 10 to 20 years earlier than the general population, with suicide accounting for approximately 703,000 deaths annually; *(Source: WHO Technical Brief on Mental Health)*
 - (g) More than 8 million deaths a year are linked to substance use and tobacco use, with 80 per cent of deaths in low- and middle-income countries; *(Source: Based on SG's Progress Report on SDGs, advanced version)*
 - (h) There are nearly 1.3 million preventable deaths and an estimated 50 million injuries each year as a result of road traffic crashes; *(Source: Road Safety PD A/RES/76/294 PP6)*
 - (i) Globally, at least 2.2 billion people have a near or distance vision impairment, at least 1 billion of which could have been preventable, with 90 per cent of those with unaddressed vision impairment or blindness living in low- and middle-income countries; *(Source: WHO Technical Brief on Eye Care Interventions to Address Vision Impairment)*
 - (j) Annually, approximately 4.95 million deaths are associated with bacterial antimicrobial resistance and 1.27 million deaths are directly caused by bacterial antimicrobial resistance, with 1 in 5 of these deaths occurring in children under the age of five, often from previously treatable infections; *(Source: WHO + The Lancet: Global burden of bacterial AMR in 2019)*
 - (k) More than 2 million people continue to die every year from preventable occupational diseases and injuries; *(Source: WHO/ILO joint estimates of the work-related burden of disease and injury, 2000-2016: global monitoring report 2021)*
- PP17. Recognize the increasing gap between life expectancy and healthy life expectancy for older persons and note that many health systems continue to be inadequately prepared to respond to the needs of the rapidly ageing population; *(Source: Based on A/RES/74/2 Paragraph 12(d) + WHO Technical Brief on Healthy Ageing)*
- PP18. Recognize that women of reproductive age continue to have inadequate access to sexual and reproductive health care services; *(Source: WHO)*
- PP19. Express concern that persons with disabilities often face health inequities with many likely to die 20 years earlier than others, and experience higher health care costs and gaps in service availability, including for primary care and specialized services; *(Source: WHO Technical Brief on Persons with Disabilities)*

- PP20. Recognize that migrants and refugees often face barriers that limit their access to health services; *(Source: Based on WHO Technical Brief on Refugees and Migrants)*
- PP21. Express concern that the unmet health needs, in particular among households that cannot afford the cost of health services, can result in increased morbidity and mortality due to lack of or delayed accesses; *(Source: Based on WHO EB152 (5) PP15)*
- PP22. Note with deep concern that the COVID-19 pandemic severely disrupted the provision of essential health services in countries, with 92 per cent of countries reporting disruptions during the height of the pandemic resulting in an estimated 14.9 million excess deaths globally in 2020-2021; *(Source: New; Data Source: 3rd Round WHO Global Pulse Survey + WHO Excess Mortality Data)*
- PP23. Express serious concern over the disparity between developing countries and developed countries in terms of the distribution of COVID-19 vaccines, which prevents the entire international community from achieving the complete elimination of COVID-19 as soon as possible and also further hampers progress in the realization of the 2030 Agenda for Sustainable Development, noting that, since the beginning of the vaccine roll-out, the majority of all vaccines administered were concentrated in high-income countries, while low-income countries lagged behind in gaining access to COVID-19 vaccines; *(Source: Based on A/RES/76/175 PP15+PP16)*
- PP24. Recognize the importance of refraining from promulgating and applying any unilateral economic, financial or trade measures not in accordance with international law and the Charter of the United Nations that impede the full achievement of universal health coverage, particularly in developing countries; *(Source: Based on A/RES/70/1 Paragraph 30)*
- PP25. Recognize that health inequalities, within and among countries, continue to be pervasive and can only be countered through global solidarity and concerted action; *(Source: Based on SG Report on UHC, advanced version, Paragraph 11)*
- PP26. Recognize the fundamental role of primary health care in achieving universal health coverage and other health-related Sustainable Development Goals and targets, as envisioned in the Alma-Ata Declaration and the Declaration of Astana, and further recognize that primary health care, including community-based services, brings people into first contact with the health system and is the most inclusive, effective and efficient approach to enhance people's physical and mental health, as well as social well-being, noting that primary health care and health services should be high quality, safe, comprehensive, integrated, accessible, available and affordable for everyone and everywhere, noting the work of the World Health Organization on the operational framework for primary health care; *(Source: Based on A/RES/74/2 Paragraphs 13 & 46 + WHO EB152(5) PP5)*
- PP27. Note that 90 per cent of essential interventions for universal health coverage can be delivered using a primary health care approach, including at the community level, and that an estimated 75 per cent of the projected health gains from the Sustainable Development Goals could be achieved through primary health care, including saving over 60 million lives and increasing average life expectancy by 3.7 years by 2030; *(Source: Based on SG Report on UHC, advanced version + data from WHO)*

- PP28. Recognize the importance of community-based health services as a critical component of primary health care and as a means of ensuring universal and equitable access to health for all which can be instrumental in achieving universal health coverage, particularly when delivered in low-resource areas; *(Source: Based on A/RES/77/287 OP1 + PP14)*
- PP29. Recognize also that primary health care can contribute to raising public awareness and addressing misinformation and disinformation, including during public health emergencies, and in preventing, preparing for and responding to infectious disease outbreaks; *(Source: Based on A/RES/77/287 PP13)*
- PP30. Express concern that 25 per cent of health care facilities lack basic water services, 20 per cent have no sanitation service and 42 per cent have no hygiene facilities at point of care, increasing the spread of infections in settings which promote health and basic hygiene for disease prevention; *(Source: New; data from WHO)*

FINANCING

- PP31. Recognize that the allocation of public and external funds on health worldwide is disproportionate and can be more efficient, considering that:
- (a) On average, more than 33 per cent of national health expenditure is covered by out-of-pocket expenses, while government spending accounts for less than 40 per cent of funding on primary health care in low- and middle-income countries; *(Data source: WHO)*
 - (b) External funding has decreased from 1 per cent to just 0.2 per cent of global health expenditure, whereas low-income countries still rely on aid, which accounts for about 30 percent of their national health spending; *(Data source: WHO)*
 - (c) An estimated 20–40 per cent of health resources are being wasted through inefficiencies, which significantly affects the ability of health systems to deliver quality services and improve public health; *(Data source: WHO)*

HEALTH WORKFORCE

- PP32. Express deep concern at the continued global shortfall of health workers and the projected global shortfall of 10 million health workers in 2030, primarily in low- and middle-income countries, while noting that regions with the highest burden of disease continue to have the lowest proportion of health workforce to deliver health services, and further noting that health worker migration accelerated during the COVID-19 pandemic, with approximately 15 per cent of health and care workers working outside their country of birth or first professional certification; *(Source: SG Report on UHC, advanced version + WHO Technical Brief on Health and Care Workers)*
- PP33. Recognize the need to invest in training, developing, recruiting and retaining a skilled health workforce, including doctors, nurses, midwives and community health workers, as fundamental to strong and resilient health systems, and improve working conditions and management of the health

workforce to ensure the safety of health workers; *(Source: Based on WHO EB152(5) PP8 & PP9 + SDG3.c)*

- PP34. Further recognize that women comprise 70 per cent of health and care workforce, but face a 24 percentage point pay gap compared to men across the health and care sector, and continue to face significant barriers in taking leadership and decision-making roles; *(Source: Based on WHO EB152(5) PP8 + WHO Report on The gender pay gap in the health and care sector)*
- PP35. Recognize that health system resilience and universal health coverage are central for effective and sustainable preparedness, prevention and response to pandemics and other public health emergencies, and recognize also the value of a One Health approach that fosters cooperation between the human health, animal health and plant health, as well as environmental and other relevant sectors; *(Source: WHO EB152(5) PP4 + A/RES/77/275 PP15)*
- PP36. Note that the increasing number of complex emergencies is hindering the achievement of universal health coverage and that coherent and inclusive approaches to safeguard universal health coverage in emergencies are essential, including through international cooperation, ensuring the continuum and provision of essential health services and public health functions, in line with humanitarian principles; *(Source: A/RES/74/2 Paragraph 17 verbatim)*

GOVERNANCE & ACCOUNTABILITY

- PP37. Recognize the role of governments to strengthen legislative and regulatory frameworks and institutions to support equitable access to responsive and quality health services for the achievement of universal health coverage, including through engagement with their respective communities and stakeholders; *(Source: Based on A/RES/74/2 Paragraphs 21 & 55 + WHO EB152(5) PP6)*
- PP38. Recognize that people's engagement and the inclusion of all relevant stakeholders are core components of health system governance that empower all people in improving and protecting their own health, giving due regard to addressing and managing conflicts of interest and undue influence, contributing to the achievement of universal health coverage for all, with a focus on health outcomes; *(Source: Based on A/RES/74/2 Paragraph 20)*

CALL TO ACTION

We therefore commit to scale up our efforts and further implement the political declaration of the high-level meeting on universal health coverage of 2019 through the following actions:

POLITICAL LEADERSHIP & GOVERNANCE

- OP1. Strengthen international collaboration and coordination at the highest political level to accelerate efforts towards the achievement of universal health coverage by 2030 to ensure healthy lives and promote well-being for all throughout the life course, and in this regard re-emphasize our resolve:
- a) To progressively address the shortfall of 523 million people without access to quality essential health services and quality, safe, effective, affordable and essential medicines,

vaccines, diagnostics and health technologies, in order to provide coverage for 1 billion additional people by 2025, with a view to covering all people by 2030;

- b) To stop the rise and reverse the trend of catastrophic out-of-pocket health expenditure by providing measures to ensure financial risk protection and eliminate impoverishment due to health-related expenses by 2030, with special emphasis on the poor as well as those in vulnerable situations;

(Source: Based on A/RES/74/2 Paragraph 24, updated with extended WHO General Programme of Work triple billion targets)

- OP2. Provide strategic leadership at the national level for the achievement of universal health coverage by strengthening legislative and regulatory frameworks, promoting greater policy coherence and ensuring sustainable and adequate financing to implement high-impact policies to protect people's health and comprehensively address social, economic and environmental and other determinants of health by working across all sectors through a whole-of-government and health-in-all-policies approach and by engaging stakeholders in an appropriate, coordinated, comprehensive and integrated, bold whole-of-society action and response; *(Source: Based on A/RES/74/2 Paragraphs 57 & 59)*
- OP3. Ensure that no one is left behind, with an endeavour to reach the furthest behind first, founded on the dignity of the human person and reflecting the principles of equality and non-discrimination, as well as to empower those who are in vulnerable situations and address their physical and mental health needs which are reflected in the 2030 Agenda for Sustainable Development, including all children, youth, persons with disabilities, people living with HIV/AIDS, older persons, Indigenous Peoples, refugees and internally displaced persons and migrants; *(Source: Based on A/RES/74/2 Paragraph 70)*

SERVICE COVERAGE

Strengthen national health plans & PHC

- OP4. Strengthen national health plans based on a primary health care approach to support the provision of a comprehensive, evidence-based, nationally-determined package of health services, with financial protection, to enable access to the full range of integrated, quality, safe, effective, affordable and essential health services, medicines, vaccines, diagnostics and health technologies needed for health and well-being throughout the life course; *(Source: SG Report on UHC, advanced version)*
- OP5. Strengthen referral systems between primary and other levels of care to ensure their effectiveness; *(Source: Based on A/RES/74/2 Paragraph 46)*
- OP6. Implement the most effective, high-impact, quality-assured, people-centred, gender- and disability-responsive and evidence-based interventions to meet the health needs of all throughout the life course, and in particular those in vulnerable situations, ensuring universal access to nationally

determined sets of integrated quality health services at all levels of care for prevention, diagnosis, treatment and care in a timely manner; *(Source: Based on A/RES/74/2 Paragraph 25)*

- OP7. Continue to explore ways to integrate, as appropriate, safe and evidence-based traditional and complementary medicine services within national and local health systems, particularly at the level of primary health care, according to national context and priorities; *(Source: Based on A/RES/74/2 Paragraph 47)*
- OP8. Ensure safety is a key priority for the health and well-being of all patients, and in this regard, note the importance of clean water, sanitation and hygiene in health facilities, including in community health facilities, and infection prevention and control strategies for the prevention of health care-associated infections and for reducing antimicrobial resistance; *(Source: Based on A/RES/77/287 PP12)*

Essential Services & Disease Specific Issues

- OP9. Strengthen efforts to address the specific health needs of all people as part of universal health coverage, building on commitments made in 2019, by advancing comprehensive approaches and integrated service delivery, including for:
- a) HIV/AIDS, tuberculosis, malaria, hepatitis, and neglected tropical diseases, to ensure that challenges are addressed and the achievements are sustained and expanded;
 - b) non-communicable diseases, including cardiovascular diseases, cancer, chronic respiratory diseases and diabetes;
 - c) eye health conditions, oral health, and rare diseases;
 - d) injuries and deaths, including those related to road traffic accidents and drowning, through preventive measures as well as strengthening trauma and emergency care systems, including essential surgery capacities;
- (Source: Based on A/RES/74/2 Paragraphs 32-36)*
- OP10. Take measures to reduce maternal, neonatal, infant and child mortality and morbidity and increase access to quality health-care services for newborns, infants and children, as well as all women before, during and after pregnancy and childbirth; *(Source: A/RES/74/2 Paragraph 29 verbatim)*
- OP11. Improve routine immunization and vaccination capacities, including by providing evidence-based information on countering vaccine hesitancy, and expand vaccine coverage to prevent outbreaks as well as the spread and re-emergence of communicable and non-communicable diseases, including for vaccine-preventable diseases already eliminated as well as for ongoing eradication efforts, such as for poliomyelitis; *(Source: Based on A/RES/74/2 Paragraph 31)*
- OP12. Strengthen multisectoral action to promote active and healthy lifestyles and access to safe drinking water and sanitation and safe, sufficient and nutritious food and enjoy diversified, balanced and healthy diets throughout their life course, with special emphasis to the nutrition needs of pregnant

and lactating women, women of reproductive age and adolescent girls, and of infants and young children, especially during the first 1,000 days, including, as appropriate, through exclusive breastfeeding during the first six months, with continued breastfeeding to 2 years of age or beyond, with appropriate complementary feeding; *(Source: Based on A/RES/74/2 Paragraph 28)*

- OP13. Scale up measures to promote and improve mental health as an essential component of universal health coverage, including by addressing the determinants that influence mental health, brain health, substance use and suicide, and by developing comprehensive and integrated services for the prevention and treatment of mental disorders and other mental health conditions as well as neurological and substance use disorders, while fully respecting human rights, noting that these conditions are major causes of disease burden, human right violations and impeded social and economic development; *(Source: Based on A/RES/74/2 Paragraph 36, updated)*
- OP14. Scale up efforts to promote healthy and active ageing, maintain and improve quality of life of older persons and to respond to the needs of the rapidly ageing population, especially the need for promotive, preventive, curative, rehabilitative and palliative care as well as specialized care and the sustainable provision of long-term care and access to assistive technologies; *(Source: Based on A/RES/74/2 Paragraph 30)*
- OP15. Mainstream a gender perspective on a systems-wide basis when designing, implementing and monitoring health policies, taking into account the specific needs of all women and girls, with a view to achieving gender equality and the empowerment of women in health policies and health systems delivery; *(Source: A/RES/74/2 Paragraph 69 verbatim)*
- OP16. Ensure, by 2030, universal access to sexual and reproductive health-care services, including for family planning, information and education, and the integration of reproductive health into national strategies and programmes, and ensure universal access to sexual and reproductive health and reproductive rights as agreed in accordance with the Programme of Action of the International Conference on Population and Development and the Beijing Platform for Action and the outcome documents of their review conferences; *(Source: A/RES/74/2 Paragraph 68 verbatim)*
- OP17. Increase access to health services for all persons with disabilities, remove physical, attitudinal, social, structural and financial barriers, provide quality standard of care and scale up efforts for their empowerment and inclusion, noting that persons with disabilities, who represent 16 per cent of the global population, continue to experience unmet health needs; *(Source: A/RES/74/2 Paragraph 37 verbatim, updated figure)*
- OP18. Scale up efforts to promote healthier and safer workplaces and improve access to occupational health services; *(Source: Based on A/RES/74/2 Paragraph 38)*
- OP19. Address the particular needs and vulnerabilities of migrants, refugees, internally displaced persons, which may include assistance, health-care services and psychological and other counselling services, in accordance with relevant international commitments, as applicable, and within available resources and national contexts; *(Source: Based on A/RES/74/2 Paragraph 71)*

Access to Medicines & Technologies

- OP20. Promote equitable distribution of and increased access to quality, safe, effective, affordable and essential medicines, including generics, vaccines, diagnostics and health technologies, to ensure affordable quality health services and their timely delivery; *(Source: A/RES/74/2 Paragraph 49 verbatim)*
- OP21. Promote increased access to affordable, safe, effective and quality medicines, including generics, vaccines, diagnostics and health technologies, reaffirming the World Trade Organization Agreement on Trade-Related Aspects of Intellectual Property Rights (TRIPS Agreement) as amended, and also reaffirming the 2001 World Trade Organization Doha Declaration on the TRIPS Agreement and Public Health, which recognizes that intellectual property rights should be interpreted and implemented in a manner supportive of the right of Member States to protect public health and, in particular, to promote access to medicines for all, and notes the need for appropriate incentives in the development of new health products; *(Source: A/RES/74/2 Paragraph 51 verbatim)*
- OP22. Reaffirm the right to use, to the fullest extent, the provisions contained in the World Trade Organization Agreement on Trade-Related Aspects of Intellectual Property Rights (TRIPS Agreement), which provides flexibilities for the protection of public health and promotes access to medicines for all, in particular for developing countries, and the World Trade Organization Doha Declaration on the TRIPS Agreement and Public Health, which recognizes that intellectual property protection is important for the development of new medicines and also recognizes the concerns about its effects on prices, while noting the discussions in the World Trade Organization and other relevant international organizations, including on innovative options to enhance the global effort towards the production and timely and equitable distribution of COVID-19 vaccines, therapeutics, diagnostics and other health technologies, including through local production; *(Source: A/RES/76/257 PP20 verbatim)*
- OP23. Explore, encourage and promote a range of innovative incentives and financing mechanisms for health research and development, including a stronger and transparent partnership between the public and the private sectors as well as academia, acknowledging the important role played by the private sector in research and development of innovative medicines, while recognizing the need for increasing public health-driven research and development that is needs-driven and evidence-based, guided by the core principles of safety, affordability, effectiveness, efficiency, equity and considered as a shared responsibility, as well as appropriate incentives in the development of new health products and technologies; *(Source: A/RES/74/2 Paragraphs 52 & 53)*
- OP24. Promote the transfer of technology and know-how and, encourage research, innovation and commitments to voluntary licensing, where possible, in agreements where public funding has been invested in research and development for health, to strengthen local and regional capacities for the manufacturing, regulation and procurement of needed tools for equitable and effective access to vaccines, therapeutics, diagnostics and essential supplies, as well as for clinical trials, and to increase global supply through facilitating transfer of technology within the framework of relevant multilateral agreements; *(Source: Based on A/RES/76/257 OP11)*

Innovation & Digital Health

- OP25. Promote policies, laws and regulations to build and strengthen an interoperable digital health ecosystem, while addressing the digital divides, to accelerate progress towards universal health coverage, including the safe, accessible, equitable and affordable use of digital health technologies and information and communication technologies, including for people living in underserved communities, rural and remote areas, acknowledging the role of digital health tools in promoting public health information and health literacy, as well as empowering patients by strengthening patient involvement in clinical decision-making with a focus on health professional-patient communication; *(Source: Based on A/RES/74/2 Paragraph 65 + WHO Global strategy on digital health 2020-2025)*
- OP26. Invest in and encourage ethical and public health-driven use of relevant evidence-based and user-friendly technologies, including digital technologies, and innovations to improve the cost-effectiveness of health systems and efficiency in the provision and delivery of quality care, recognizing the need to protect data and privacy; *(Source: Based on A/RES/74/2 Paragraph 66, streamlined)*
- OP27. Strengthen capacity on health intervention and technology assessment, data collection and analysis, while respecting patient privacy and promoting data protection, to achieve evidence-based decisions at all levels on universal health coverage, and to build and strengthen interoperable and integrated health information systems for the management of health systems and public health surveillance; *(Source: Based on A/RES/74/2 Paragraph 65)*
- OP28. Take measures to address the negative impact of misinformation and disinformation on public health measures as well as people's physical and mental health, and to counter mis- and dis-information, especially on social media platforms, in the context of universal health coverage and to foster trust in health systems and vaccine confidence, while recognizing that the effective engagement of stakeholders requires access to timely and accurate information; *(Source: Based on WHA 74.7 Paragraph 32)*

SUSTAINABLE FINANCING

General Health Financing

- OP29. Continue to pursue policies towards adequate and efficient health financing and investments in universal health coverage and health systems strengthening through close collaboration among relevant authorities, including finance and health authorities, to respond to unmet needs and to eliminate financial barriers to access to quality, safe, effective, affordable and essential health services, medicines, vaccines, diagnostics and health technologies, reduce out-of-pocket expenditures which lead to financial hardship and ensure financial risk protection for all throughout the life course, especially for the poor and those in vulnerable situations; *(Source: Based on A/RES/74/2 Paragraph 39)*

Spending targets

OP30. Ensure nationally appropriate spending targets for quality investments in public health services, consistent with national sustainable development strategies, in accordance with the Addis Ababa Action Agenda, and transition towards sustainable financing through domestic public resource mobilization; *(Source: A/RES/74/2 Paragraph 40 verbatim)*

Optimizing Budget for Primary Health Care

OP31. Prioritize and optimize budgetary allocations on health through investing in primary health care and ensure adequate financial resources for a nationally-determined package of health services for universal health coverage, in accordance with national contexts and priorities, while recalling the recommended target of an additional 1 per cent of gross domestic product or more for primary health care and noting that higher government spending is associated with lower reliance on out-of-pocket expenditures and lower prevalence of catastrophic health spending; *(Source: Based on A/RES/74/2 Paragraph 43 + SG's Report on UHC, advanced version + UHC2030 Action Agenda)*

Domestic Financing

OP32. Mobilize domestic public resources as the main source of financing for universal health coverage, through political leadership, consistent with national capacities, and expand pooling of resources allocated to health, eliminate wasted resources and improve health systems efficiency, address the environmental, social and economic determinants of health, identify new sources of revenue, improve the efficiency of public financial management, accountability and transparency, and prioritize coverage of the poor and people in vulnerable situations, while noting the role of private sector investment, as appropriate; *(Source: Based on WHO EB152(5) OP1 (5) + A/RES/74/2 Paragraph 41)*

External Financing

OP33. Strengthen international cooperation to support efforts to build and strengthen capacity in developing countries, including through enhanced official development assistance; *(Source: A/RES/76/257 OP12 verbatim)*

OP34. Provide adequate, predictable, evidence-based and sustainable external finances, while improving their effectiveness, to support national efforts in achieving universal health coverage, in accordance with national contexts and priorities, through bilateral, regional and multilateral channels, including international cooperation, financial and technical assistance, considering the use of traditional and innovative financing mechanisms such as, inter alia, the Global Fund to Fight AIDS, Tuberculosis and Malaria, GAVI, the Vaccine Alliance, the Global Financing Facility for Women, Children and Adolescents, the Financial Intermediary Fund for Pandemic Prevention, Preparedness and Response and the United Nations trust fund for human security, within their respective mandates, as well as partnerships with the private sector and other relevant stakeholders, recognizing that health financing requires global solidarity and collective effort; *(Source: Based on A/RES/74/2 Paragraph 45)*

Maximizing Investments – Health Promotion and Disease Prevention

OP35. Promote and implement policy, legislative, regulatory and fiscal measures, as appropriate, to prioritize health promotion and disease prevention, aiming at minimizing the exposure to main risk factors of non-communicable diseases, and promote healthy diets and lifestyles, consistent with national policies, noting that price and tax measures can be an effective means to reduce consumption and related health-care costs and represent a potential revenue stream for financing for development in many countries, recognizing that investing in prevention is more cost-effective when compared to the cost of treatment and care; *(Source: Based on A/RES/74/2, Paragraphs 27 & 44)*

HEALTH WORKFORCE

OP36. Accelerate action to address the global shortfall of health workers in accordance with the Global Strategy on Human Resources for Health: Workforce 2030 by investing in education, employment and retention, strengthening the institutional capacity for health workforce governance, leadership and planning, and protecting all health workers from all forms of violence, attacks, harassment and discriminatory practices; *(Source: Based on A/RES/74/2 Paragraph 60 + SG Report on UHC, advanced version + WHO Technical Brief on Health and Care Workers)*

OP37. Continue to scale up efforts and strengthen cooperation to promote the training, development, recruitment and retention of competent, skilled and motivated health workers, including community health workers and mental health professionals, guided by target 3.c of the 2030 Agenda; *(Source: Based on A/RES/72/4 Paragraph 62)*

OP38. Encourage incentives to secure the equitable distribution of qualified health workers and community health workers, especially in rural, hard-to-reach and underserved areas and in fields with high demands for services, including by providing decent and safe working conditions and appropriate remuneration for health workers working in these areas, consistent with the World Health Organization Global Code of Practice on International Recruitment of Health Personnel, avoiding active recruitment from the 55 countries facing the most severe health workforce vulnerabilities,¹ while ensuring that bilateral labor agreements entail proportional benefit for both countries of origin and destination and protect migrant health workers, noting with concern that highly trained and skilled health personnel continue to emigrate, which weakens health systems in the countries of origin; *(Source: Based on A/RES/74/2 Paragraph 62 + updated with A/RES/76/257 OP6 and WHO Technical Brief on Health and Care Workers)*

OP39. Provide better opportunities and decent work for women to ensure their role and leadership in the health sector, with a view to increase the meaningful representation, engagement, participation and empowerment of all women in the workforce at all levels, and take measures towards fair employment practices and to eliminate gender biases and address inequalities, including the gender pay gap, by appropriately remunerating unpaid and underpaid health and care workers, including community health workers; *(Source: Based on A/RES/74/2 Paragraph 63 + Technical Brief on Health and Care Workers)*

¹ [WHO health workforce support and safeguards list 2023](#)

HEALTH EMERGENCY PREPAREDNESS

- OP40. Strengthen the resilience of health systems by ensuring that primary health care, referral systems, and essential public health functions are among the core components of preparedness for health emergencies, so as to be able to respond to such emergencies while maintaining the provision of and access to essential health services or to quickly reinstate them after disruption; *(Source: Based on A/RES/75/130 OP2 + OP5)*
- OP41. Enhance emergency health preparedness and response systems, as well as strengthen capacities at national, regional and international levels, including to mitigate the impacts of climate change and natural disasters on health; *(Source: A/RES/74/2 Paragraph 74 verbatim)*
- OP42. Enhance cooperation at the national, regional and global levels for an integrated and systems-based One Health approach, including through health system strengthening, capacity-building, including for research and regulatory capacity, and technical support and ensure equitable access to affordable, safe, effective and quality existing and new antimicrobial medicines, vaccines and diagnostics as well as effective stewardship, and call upon the World Health Organization, the Food and Agriculture Organization of the United Nations, the World Organization for Animal Health and the United Nations Environment Programme to build on and strengthen their existing cooperation, including to implement the One Health Joint Plan of Action (2022–2026), to improve the prevention, monitoring, detection, control and containment of zoonotic diseases and pathogens, threats to health and ecosystems, the emergence and spread of antimicrobial resistance, and future health emergencies, by fostering cooperation and a coordinated approach between the human health, animal health and plant health sectors, environmental and other relevant sectors, and urges Member States to adopt an all-hazard, multisectoral and coordinated approach to prevention, preparedness and response for health emergencies, in the context of the One Health approach; *(Source: Based on A/RES/74/2 Paragraph 76 + A/RES/76/257 OP16)*
- OP43. In accordance with international humanitarian law, respect and protect, in situations of armed conflict, medical personnel and humanitarian personnel exclusively engaged in medical duties, their means of transport and equipment, and hospitals and other medical facilities, which must not be unlawfully attacked, and ensure that the wounded and sick receive, to the fullest extent practicable and with the least possible delay, the medical care and attention required; *(Source: A/RES/74/2 Paragraph 75 verbatim)*

MONITORING, ACCOUNTABILITY AND MULTI-STAKEHOLDER ENGAGEMENT

- OP44. Set measurable national targets and strengthen national monitoring and evaluation platforms, as appropriate, in line with the 2030 Agenda for Sustainable Development, to support regular tracking of the progress made for the achievement of universal health coverage by 2030 at global, regional and national levels; *(Source: Based on A/RES/74/2 Paragraph 79 + WHO EB152(5) OPI(9))*
- OP45. Continue to strengthen health information systems and collect quality, timely and reliable data, including vital statistics, disaggregated by income, sex, age, race, ethnicity, migratory status, disability, geographical location and other characteristics relevant in national contexts as required to monitor progress and identify gaps in the universal and inclusive achievement of Sustainable Development Goal 3 and all other health-related Sustainable Development Goals, while protecting

the privacy of data that could be linked to individuals, and to ensure that the statistics used in the monitoring progress can capture the actual progress made on the ground, including on unmet health needs, for the achievement of universal health coverage, in line with the 2030 Agenda for Sustainable Development; *(Source: Based on A/RES/74/2 Paragraph 67)*

- OP46. Promote strong global partnerships with all relevant stakeholders to collaboratively support the efforts of Member States, as appropriate, to achieve universal health coverage and other health-related targets of the Sustainable Development Goals, including through technical support, capacity-building and strengthening advocacy, building on existing health-related initiatives and global networks such as the International Health Partnership for UHC2030 and the Global Action Plan for Healthy Lives and Well-being, as well as promote global awareness and action on universal health coverage through the commemoration of International Universal Health Coverage Day on 12 December of every year, including by convening multi-stakeholders to support the monitoring of progress and set milestones for the progressive achievement of universal health coverage at the national level, as appropriate; *(Source: Based on A/RES/74/2 Paragraphs 77 & 78, updated to reflect current status)*
- OP47. Strengthen the capacity of national government authorities to exercise strategic leadership and coordination role, focusing on intersectoral interventions, as well as strengthen the capacity of local authorities, and encourage them to engage with their respective communities and stakeholders; *(Source: A/RES/74/2 Paragraph 55 verbatim)*
- OP48. Promote participatory, inclusive health governance for universal health coverage, including by exploring options to promote and institutionalize mechanisms for a meaningful whole-of-society approach and social participation, involving all relevant stakeholders, including local communities, health and care workers, volunteers and other key actors in the design, implementation and monitoring of universal health coverage, to systematically inform decisions that affect public health, so that policies, programmes and plans better respond to individual and community health needs, while fostering trust and improving health system accountability and resilience; *(Source: New based on SG Report on UHC, advanced version and A/RES/77/287 OP2)*
- OP49. Leverage the full potential of the multilateral system, in collaboration with Member States upon their request, and call upon the relevant entities of the United Nations development system, within their respective mandates, primarily the World Health Organization, as the directing and coordinating authority on international health work in accordance with its Constitution, as well as the reinvigorated resident coordinators and the United Nations country teams, within their respective mandates, as well as other relevant global development and health actors, including civil society, the private sector and academia, to assist and support countries in their efforts to achieve universal health coverage at the national level, in accordance with their respective national contexts, priorities and competences; *(Source: Based on A/RES/74/2 Paragraph 80 + WHO reference A/RES/69/132)*
- OP50. Invite relevant United Nations entities, especially the World Health Organization, to continue to provide, in a timely manner, quality and effectively disseminated normative guidance and technical support to Member States, upon their request, in order to build capacity, strengthen health systems and promote financial sustainability, training, recruitment, development and retention of human resources for health and technology transfer on mutually agreed terms, to deal with health

emergencies, with a particular focus on developing countries; *(Source: A/RES/76/257 OP15 verbatim)*

OP51. Request the Secretary-General to continue engaging with Member States to sustain and further strengthen the political momentum on universal health coverage and, in close collaboration with relevant United Nations agencies and other stakeholders, including regional organizations, to strengthen existing initiatives that are led and coordinated by the World Health Organization to provide assistance to Member States, upon their request, towards the achievement of universal health coverage and all health-related targets of the Sustainable Development Goals; *(Source: A/RES/74/2 Paragraph 81 verbatim)*

FOLLOW-UP

As a follow-up to the present political declaration, we:

OP52. Request the Secretary-General to provide, in consultation with the World Health Organization and other relevant agencies, a progress report during the seventy-ninth session of the General Assembly, and a report including recommendations on the implementation of the present declaration towards achieving universal health coverage during the eighty-first session of the General Assembly, which will serve to inform the high-level meeting to be convened in 2028; *(Source: Based on A/RES/74/2 Paragraph 82, updated)*

OP53. Decide to convene a high-level meeting on universal health coverage in 2028 in New York, aimed to undertake a comprehensive review on the implementation of the present declaration to identify gaps and solutions to accelerate progress towards the achievement of universal health coverage by 2030, the scope and modalities of which shall be decided no later than the eightieth session of the General Assembly, taking into consideration the outcomes of other existing health-related processes and the revitalization of the work of the General Assembly. *(Source: Based on A/RES/74/2 Paragraph 83, updated)*