

UHC2030

<u>Website</u>

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UHC role in preparing for a better and healthier future:

Universal health coverage (UHC) is central to better health and well-being for all (SDG Goal 3) and embodies the 2030 Agenda pledge to leave no one behind, and the right of all individuals to the highest attainable standard of physical and mental health. UHC is transformative to the 2030 Agenda – being an umbrella for all health issues, across all populations, in all countries, and playing an essential role in societal inclusion, equality, ending poverty, improving education, economic growth and development, and contributing to stable and peaceful societies worldwide.

The impact of the Covid-19 pandemic has caused global backsliding on SDG and UHC progress. The 2023 UHC Global Monitoring Report shows that 4.5 billion people, more than half of the world's population, lack access to essential health services, and 2 billion people face financial hardship in doing so. In adopting the 2023 Political Declaration at the UN High-level Meeting on UHC, Member States reaffirmed their commitment to accelerate progress towards achieving Health for All, recognizing that meeting the Sustainable Development Goals by 2030 is critical, with UHC playing а transformative role in meeting SDG commitments.

Ensuring UHC for everyone, everywhere, is fundamental to achieving not only health equity, but also gender equality and women's and girls' empowerment. The Covid-19 pandemic demonstrated the impact of a health crisis on all areas of society and that populations are only as well protected as their most vulnerable members. Member States have recognized the role of UHC, based on a primary health care approach, are necessary means for achieving robust and sustainable pandemic prevention, preparedness and response. In a world of interconnected crises, we need equitable and resilient health systems to address people's everyday health needs, even in the face of global shocks such as climate change and humanitarian emergencies.

The World Health Organization has identified climate change as humanity's biggest health threat. Yet, the majority of countries have not addressed climate risks or climate resiliency in health policies. UHC needs to be part of the climate agenda, with UHC references from the 28th session of the Conference of the Parties to the UN Framework Convention on Climate Change further strengthened and built upon.

It is critical that the commitments of the UN High-Level Meeting on UHC be translated into actions and that the world commits to placing health at the forefront of global development, political agendas, and collective actions. By failing to prioritise UHC, we will perpetuate a world of deeply entrenched inequalities and discrimination. In contrast, by listening and being responsive to the needs of populations, particularly the most vulnerable and marginalised, governments can provide an enabling environment for peaceful, equal and prosperous societies.

Submission of Inputs:

Chapeau

Reaffirming the Universal Declaration of Human Rights. Reaffirming also that the right of everyone to the enjoyment of the highest attainable standard of physical and mental health is a human right as reflected in, inter alia, the Universal Declaration of Human Rights, the International Covenant on Economic, Social and Cultural Rights and the Convention on the Rights of the Child and, with respect to non-discrimination, in the International Convention on the Elimination of All Forms of Racial Discrimination, the Convention on the Elimination of All Forms of Discrimination against Women and the Convention on the Rights of Persons with Disabilities, and that the Constitution of the World Health Organization also recognizes the enjoyment of the highest attainable standard of health as a fundamental right of every human being, without distinction of race, religion, political belief, economic or social condition;

Reaffirming the right of every human being, without distinction of any kind, to the enjoyment of the highest attainable standard of physical and mental health and recognize that health is a precondition for and an outcome and indicator of all three dimensions of sustainable development;

Reaffirming the commitment made in United Nations General Assembly resolution 70/1 (2015), entitled "Transforming our world: the 2030 Agenda for Sustainable Development", especially target 3.8 (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), which will contribute to ending poverty and fighting inequality and injustice;

Recalling the outcome of the high-level meeting on universal health coverage, reaffirming its political declaration, entitled "Universal health coverage: moving together to build a healthier world", and recognizing further that universal health coverage implies that all people have access, without discrimination, to nationally determined sets of needed promotive, preventive, curative, palliative and rehabilitative essential health-care services and essential, safe, affordable, effective and quality medicines, vaccines, therapeutics and diagnostics, while ensuring that the use of these services does not expose users to financial hardship, with special emphasis on the poor and other people in vulnerable situations,

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;

Chapter I. Sustainable development and financing for development

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, including extreme poverty, ending hunger, achieving food security and improved nutrition, ensuring inclusive and equitable quality education and promoting lifelong learning opportunities, achieving gender equality and empowering all women and girls, promoting sustained, inclusive and sustainable economic growth and decent work for all, reducing inequalities within and among countries, 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 as was first declared in the political declaration of the high-level meeting on universal health coverage 2019 and reiterated in 2023.

Recognize the fundamental role of primary health care in achieving universal health coverage and other Sustainable Development Goals and targets, as was declared in the Declaration of Alma-Ata and the Declaration of Astana, and further recognize that primary health care, including community-based primary health care, 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, including those who live in remote geographical regions or in areas difficult to access, noting the work of the World Health Organization on the operational framework for primary health care.

Determined to implement the 2030 Agenda and achieve the Sustainable Development Goals by the target year of 2030 and will therefore strengthen health systems based on a primary health care approach to achieve universal health coverage.

Recognize that there are significant gaps in the financing of health systems across the world, particularly in the allocation of public and external funds on health, and that such financing can be more efficient. We further recognize that consistent levels of public spending on health are central to progress towards universal health coverage and all other health-related targets. We commit to ensuring consistent and sustainable financing for primary health care to strengthen health systems. This includes our endeavor to strengthen international cooperation to support national efforts in achieving universal health coverage to build and strengthen capacity in developing countries, including through enhanced official development assistance and financial and technical support.

Recognize that health financing requires global solidarity and collective effort and urge Member States to strengthen international cooperation to support efforts to build and strengthen capacity in developing countries, including through enhanced official development assistance and financial and technical support and support to research, development and innovation programmes;

Chapter II. International peace and security

Recognize that equitable and resilient health systems are the foundation for health security and universal health coverage, especially with a view to increasing threats from pandemics, climate change and humanitarian emergencies.

Recognize that facilitating universal and equitable access to quality health services without financial hardship, in all countries, particularly those with weaker health systems and those affected by conflict, is critical for preparedness and resilience during health emergencies.

Commit to strengthen the resilience of our health systems as an integral part of our preparedness for health emergencies, so as to be able to respond to such emergencies while maintaining access to essential health services or to quickly reinstate them after disruption.

Build strong and resilient health systems that can anticipate and implement adaptation interventions against climate-sensitive disease and health risks, prevent, prepare and respond to pandemics and other health emergencies, and deliver essential life-saving services in humanitarian settings.

Chapter III. Science, technology and innovation and digital cooperation

Commit to investing in and increasing access and availability to digital health technologies, information, and innovations to ensure quality healthcare and treatment services, including to those living in underserved, rural and remote areas, or in areas difficult to access by applying an equity lens to reach the furthest behind first and accelerate progress towards universal health coverage.

Chapter IV. Youth and future generations

Recognize the contribution of universal health coverage to ensure the health and well-being of future generations. Strong and resilient health systems based on a primary health care approach are needed to address the challenges of tomorrow.

In order to prepare for the impacts of climate change, we will transform our health systems to be climate-resilient, low-carbon, sustainable and equitable.

Chapter V. Transforming global governance

Recognize that globally, women comprise approximately 70 per cent of the health workforce, and in some health professions more than 90 per cent, face a 24 per cent pay gap compared to men across the health and care sector, and continue to face significant barriers in accessing leadership and decision-making roles, occupying just an estimated 25 per cent of leadership roles.

Reaffirm our commitment to ensuring women's effective participation and leadership in health policies and health systems delivery. We will therefore create opportunities for women in the health and care workforce that support their full and meaningful participation and representation, including in senior leadership and decision-making roles, while ensuring decent working conditions, including closing the gender pay gap and remunerating unpaid and underpaid work among community health workers.

Further mainstream a gender perspective on a systems-wide basis when designing, implementing and monitoring health policies, taking into account the human rights and specific needs of all women and girls, with a view to achieving gender equality and the empowerment of women and girls.

Appendix

Table of Textual Proposals with Sources

| Chapter | Language | Reasoning | Source |
|---------|---|--|--|
| Chapeau | Reaffirming the Universal Declaration of Human Rights. Reaffirming also that the right of everyone to the enjoyment of the highest attainable standard of physical and mental health is a human right as reflected in, inter alia, the Universal Declaration of Human Rights, the International Covenant on Economic, Social and Cultural Rights and the Convention on the Rights of the Child and, with respect to non-discrimination, in the International Convention on the Elimination of All Forms of Racial Discrimination, the Convention on the Elimination of All Forms of Discrimination against Women and the Convention on the Rights of Persons with Disabilities, and that the Constitution of the World Health Organization also recognizes the enjoyment of the highest attainable standard of health as a fundamental right of every human being, without distinction of race, religion, political belief, economic or social | Reflect commitments under International Human Rights Law on the Right of everyone to the enjoyment of the highest attainable standard of physical and mental health, without discrimination. | Universal Declaration of Human Rights, International Covenant on Economic, Social and Cultural Rights, Convention on the Rights of the Child, International Convention on the Elimination of All Forms of Racial Discrimination, Convention on the Elimination of All Forms of Discrimination against Women, Convention on the Rights of Persons with Disabilities, the Constitution of the World Health Organization |
| | condition, Reaffirming the right of every human being, without distinction of any kind, to the enjoyment of the highest attainable standard of physical and mental health and recognize that health is a precondition for and an outcome and indicator of all three dimensions of sustainable development | Highlights link between the right to health and the SDGs. | Verbatim preamble, A/RES/73/2, |
| | Reaffirming the commitment made in United Nations General Assembly resolution 70/1 (2015), entitled "Transforming our world: the 2030 Agenda for Sustainable Development", especially target 3.8 (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), which will contribute to ending poverty and fighting inequality and injustice; | Reflects commitments made by MS on SDGs and highlights the critical link of UHC in meeting the SDGs. | Verbatim WHA69.1 Strengthening essential public health functions in support of the achievement of UHC, and A/RES/70/1 |

| | Recalling the outcome of the high-level meeting on universal health coverage, reaffirming its political declaration, entitled "Universal health coverage: moving together to build a healthier world", and recognizing further that universal health coverage implies that all people have access, without discrimination, to nationally determined sets of needed promotive, preventive, curative, palliative and rehabilitative essential health-care services | Reflects commitments made by MS at the HLM UHC. | Verbatim A/RES/78/4 |
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| | and essential, safe, affordable, effective and quality medicines, vaccines, therapeutics and diagnostics, while ensuring that the use of these services does not expose users to financial hardship, with special emphasis on the poor and other people in vulnerable situations, | | |
| | 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; | Reflects MS commitments on financing for development | Verbatim A/RES/78/4 |
| | Recalling also the political declarations adopted at the high-level meetings of the General Assembly on HIV and AIDS, on tackling antimicrobial resistance, on ending tuberculosis, on the prevention and control of non-communicable diseases, and on improving global road safety as well as General Assembly resolutions on the control and elimination of malaria; | Acknowledges the importance and interconnectedness of other health-related processes | Verbatim A/RES/78/4 |
| Chapter I. | 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, including extreme poverty, ending hunger, achieving food security and improved nutrition, ensuring inclusive and equitable quality education and promoting | Reflects commitments made by MS on SDGs and highlights the critical link of UHC in meeting the SDGs. | Verbatim para 8, A/RES/78/4, |

| lifelong learning opportunities, achieving gender equality and empowering all women and girls, promoting sustained, inclusive and sustainable economic growth and decent work for all, reducing inequalities within and among countries, 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;Recognize the fundamental role of primary health care in achieving universal health coverage and other Sustainable Development Goals and targets, as was declared in the Declaration of Alma-Ata and | Reflects commitments made by MS on SDGs and highlights the critical role of a PHC approach in achieving UHC and health | Verbatim para 30, A/RES/78/4 |
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| the Declaration of Astana, and further recognize that primary health care, including community-based primary health care, 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, including those who live in remote geographical regions or in areas difficult to access, noting the work of the World Health Organization on the operational framework for primary health care; | for all. | |
| Determined to implement the 2030 Agenda and achieve the Sustainable Development Goals by the target year of 2030 and will therefore strengthen health systems based on a primary health care approach to achieve universal health coverage. | To meet the SDG3 and the Sustainable Development Agenda, member states must achieve universal health coverage by strengthening health systems based on a | Proposed by UHC Movement |

| | | primary health care approach. | |
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| | Recognize that there are significant gaps in the financing of health systems across the world, particularly in the allocation of public and external funds on health, and that such financing must be more efficient | Highlights the existence of insufficient financing for health systems. | Based on para 36, A/RES/78/4 |
| | Further recognize that consistent levels of public spending on health are central to progress towards universal health coverage and all other health-related targets. We commit to ensuring consistent and sustainable financing for primary health care to strengthen health systems. This includes our endeavor to strengthen international cooperation to support national efforts in achieving universal health coverage to build and strengthen capacity in developing countries, including through enhanced official development assistance and financial and technical support. | Consistent and sustainable financing is needed to achieve universal health care. | Action Agenda from the UHC movement |
| | Recognize that health financing requires global solidarity and collective effort and urge Member States to strengthen international cooperation to support efforts to build and strengthen capacity in developing countries, including through enhanced official development assistance and financial and technical support and support to research, development and innovation programmes; | Highlights MS commitments on health financing and the need for international cooperation to build and strengthen global capacities, including financial and technical support. | Verbatim A/RES/78/4 |
| Chapter II. | Recognize that equitable and resilient health systems are the foundation for health security and universal health coverage, especially with a view to increasing threats from pandemics, climate change and humanitarian emergencies. | Strong and resilient health systems are the foundation for health security, especially with a view to today's interconnected crises. | Proposed by UHC Movement |
| | Recognize that facilitating universal and equitable access to quality health services without financial hardship, in all countries, particularly those with weaker health systems and those affected by conflict, is | Reflects commitments made by WHO member states and highlights the critical role of UHC in the context of health emergencies. | Based on WHA74.7 Agenda item 17.3 |

| | critical for preparedness and resilience during health emergencies. | | |
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| | Commit to strengthen the resilience of our health systems as an integral part of our preparedness for health emergencies, so as to be able to respond to such emergencies while maintaining access to essential health services or to quickly reinstate them after disruption. | Highlights the importance of health systems in responding to emergencies while maintaining access. | Based on A/RES/75/130 |
| | Build strong and resilient health systems that can anticipate and implement adaptation interventions against climate- sensitive disease and health risks, prevent, prepare and respond to pandemics and other health emergencies, and deliver essential life-saving services in humanitarian settings. | Links the benefit of strong and resilient health systems to treats to health security s.a. climate change, pandemics and humanitarian disasters. | Based on language from COP28 UAE declaration on climate and health, political declaration of the United Nations General Assembly high- level meeting on pandemic prevention, preparedness and response, and UHC Movement key messaging |
| Chapter V | Commit to investing in and increasing access and availability to digital health technologies, information, and innovations to ensure quality healthcare and treatment services, including to those living in underserved, rural and remote areas, or in areas difficult to access by applying an equity lens to reach the furthest behind first and accelerate progress towards universal health coverage. | Highlights the benefits of digital health technologies in reaching rural areas and achieving UHC | Based on para 79-80, A/RES/78/4, |
| Chapter IV | Recognize the contribution of universal health coverage to ensure the health and well-being of future generations. | Universal health coverage is needed to address future health and global challenges | Proposed by UHC Movement |
| | Strong and resilient health systems based on a primary health care approach are needed to address the challenges of tomorrow. | Strong and resilient health systems based on a primary health care approach are needed to address future health and global challenges | Proposed by UHC Movement |
| | In order to prepare for the impacts of climate change, we will transform our | Resilient Health systems is fundamental to achieving stability and | Based on language from COP28 UAE declaration on climate and health |

| | health systems to be climate-resilient, low- carbon, sustainable and equitable. | international security. In a world of interconnected crises, we need equitable and resilient health systems to address people's everyday health needs, even in the face of shocks such as climate change. | |
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| Chapter V | Recognize that globally, women comprise approximately 70 per cent of the health workforce, and in some health professions more than 90 per cent, face a 24 per cent pay gap compared to men across the health and care sector, and continue to face significant barriers in accessing leadership and decision-making roles, occupying just an estimated 25 per cent of leadership roles. | Gender inequality in health workforce contributes and perpetuates gender inequity. Gender discrimination and inequalities result in system inefficiencies that impede the development of robust workforces which are needed to respond critical health care needs and health or other emergencies. Under representation of women in decision | Verbatim para 40, A/RES/78/4 Based on para 61, A/RES/78/4 |
| | leadership in health policies and health systems delivery. | making positions neglects their unique health needs. Women's voices assist in addressing health inequalities and more responsive health systems. | |
| | Create opportunities for women in the health and care workforce that support their full and meaningful participation and representation, including in senior leadership and decision-making roles, while ensuring decent working conditions, including closing the gender pay gap and remunerating unpaid and underpaid work among community health workers. | Health systems respond better when women's voices are included in leadership and decision making. Promoting women's equitable representation in health leadership tackles root causes of gender inequalities and reshapes power relations towards transformative change. | Based on Agenda Item 15, Art1.9, WHA 74.14, |
| | Further mainstream a gender perspective on a systems-wide basis when designing, implementing and monitoring health policies, taking into account the human | Mainstreaming gender perspectives in health systems is critical to achieving UHC and Health | Based on para 61, A/RES/78/4 |

| rights and specific needs of all women and | equity. Gender |
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| girls, with a view to achieving gender | Mainstreaming |
| equality and the empowerment of women | contributes to gender |
| and girls. | equality and women's |
| 5 | and girls' empowerment, |
| | contributing to access to |
| | education, providing |
| | decent work and inclusive |
| | economic growth, and |
| | eradicating poverty in all |
| | its forms and dimensions. |
| | Inclusion of Women's |
| | voices and perspectives |
| | strengthen health system |
| | governance and good |
| | governance more |
| | broadly. |