

UHC and NCDs agendas inextricably linked: Statement to WHO SEARO meeting

Langue Anglais



Progress on UHC is inextricably linked to progress tackling NCDs, said organisations including NCD Alliance in a statement to the [Regional Committee Meeting of WHO's South-east Asia region](#) [1]. The statement was delivered by Dr. Monika Arora, executive director of the Healthy India Alliance.

Agenda item 8.5: Annual report on monitoring progress on UHC and the health-related SDGs

Thank you for the opportunity to deliver this statement on behalf of [International Alliance of Patient organisations](#) [2] (IAPO), [Indian Alliance of Patient Groups](#) [3] (IAPG), [Dakshayani and Amaravati Health and Education](#) [4] (Dakshama Health), [Healthy India Alliance](#) [5] (HIA) and [NCD Alliance](#) [6] (global).

We congratulate WHO SEARO and Member States for the progress made towards achieving UHC in the Region, with coverage of essential health services now at an average of 57% compared with 44% in 2010. And yet, over 800 million people in this Region do not have full coverage with essential services, and at least 65 million people are pushed into extreme poverty by paying for health care. In order to accelerate progress, we call on WHO SEARO and Member States to:

- Champion NCD prevention and health promotion as core components of UHC packages: While the focus of UHC is often on 'care', provision of support and services to ensure strong primary prevention and public health services and inclusion of mental health care and services is essential to reduce healthcare costs;
- Bring patients and patient groups to the core of policy making: Patients and care partners (often close family members) of people living with NCDs contribute 50%-60% of care, mostly unpaid in SEARO region. This is a critical component that needs to be recognised and included in policies for managing caregiver stress and compensation;
- Leverage existing platforms to provide integrated care: In LMICs alone, 56% of DALYs are now attributable to NCDs. Health systems must be reoriented for the delivery of more integrated care and improved efficiency. There is a heightened need to leverage existing platforms for infectious diseases such as those for HIV and TB, and maternal and child health with NCD and mental health services together with social support mechanisms and coordination across disciplines, and to address shared risk factors across diseases;

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- Ensure adequate and sustainable financing: A blend of domestic resources and ODA are required to support the achievement of UHC. Taxation is applied to products such as tobacco and alcohol, but is also relevant for sugar-sweetened beverages and fossil fuels, in order to levy funds which can be reinvested in health systems.

The UHC and NCD agendas are inextricably linked: Just as the SDG target for reduction in NCD mortality cannot be achieved without the realisation of UHC, NCD prevention and control is also essential for progress in addressing UHC. Ahead of the UN HLM on UHC in 2019, and aligned with the mantra of the SDGs, we commit to supporting governments in ensuring that no-one is left behind.

Post Date: Tuesday, 11 septembre, 2018

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[1] <http://www.searo.who.int/mediacentre/events/governance/rc/71/en/>

[2] <https://www.iapo.org.uk/>

[3] <https://www.facebook.com/IndianAllianceofPatientGroups>

[4] <http://www.dakshamahealth.org/>

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[9] <https://old.ncdalliance.org/fr/node/9340>

[10] <https://old.ncdalliance.org/fr/news-events/news/uhc-an-empty-promise-without-focusing-on-chronic-diseases>