

## **Navigating the diplomatic dance: reflections on UNGA 78 and the High-Level Meeting on Universal Health Coverage**

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**Marijke Kremin, NCD Alliance's New York-based Policy and Advocacy Manager, reflects on UNGA 78 and the evolving dynamics within the UN system, with key takeaways for 2025's High-Level Meeting on NCDs.**

Following the 76th World Health Assembly (WHA) back [in May, I reflected](#) [1] on the potential impacts of the policy developments in Geneva relating to the World Health Organization, and how they might potentially influence the UN processes in New York, specifically, the High-Level Meeting and the Political Declaration on Universal Health Coverage (UHC).

At WHA, several Member States took the opportunity to consider the synergies between NCDs and UHC. I noted in that blog, however, that the Zero Draft of the UHC Political Declaration was released before the WHA even discussed the UHC and NCD Agendas, so the text lacked measures to promote intersectoral policies and did not reflect the discussions that happened in Geneva.

We hoped that Member States would bridge the New York – Geneva divide during the first round of comments and call for the discussions happening at WHA to carry over and be reflected in the new UHC text.

### **Did we see that happen?**

Yes and no. NCD Alliance, like many other officials and advocates, had [a mixed response to the Political Declaration](#) [2]. While the 2019 Political Declaration laid a conceptual baseline for UHC, this year was a missed opportunity to adopt a text that advanced policy and regulatory frameworks to accelerate the agenda's implementation..

It is heartening to see that NCDs including mental health conditions received far more mentions in the 2023 text. Many of them are quite substantive, including recognising the importance of integrating NCD prevention and services across the continuum of care. These additions show an increasing awareness among Member States of the linkages between different global health agendas.

Just tallying “noncommunicable diseases” in the text, however, cannot be the only marker of progress. Regrettably, the language on health financing – a key component to action these political commitments – was not progressed. This leaves Member States with an opportunity to coast in their efforts to implement these commitments, both domestically and through international collaboration.

Recognition of people living with NCDs as a vulnerable group, another key ask, was not included in the Political Declaration text. Within the UN system, outlining vulnerability and vulnerable groups is one way Member States can acknowledge the discriminatory nature of certain structures and institutions within countries that limit the ability to have a group’s human rights fully recognised, protected, and fulfilled based on the context of the document.

Recognising people living with NCDs as a vulnerable population would have meant that Member States committed to pay particular attention to the needs and situations of people living with NCDs in UHC implementation. This omission presents a major challenge to health equity and human rights because of the gap it can potentially create in terms of accessing national health systems.

To illustrate the concept of “vulnerability”, we can look at refugee populations. Allowing refugees access to national health systems is not something that is agreed upon by all Member States, and therefore, isn’t consistently implemented. Some countries, [like Jordan](#) [3], have chosen to extend healthcare access to refugees in their efforts to implement UHC, but without the explicit mention of certain groups, other countries may limit access to or apply uneven financial costs for accessing care. This approach is neither truly universal nor a step in the right direction for strengthening NCD prevention and control given what we know about the correlation between social and economic determinants of health and NCD morbidity.

## Reflections on the High-Level Meeting

The relief that there were approved texts at all seemed to be a prevailing sentiment, with eleventh-hour challenges causing confusion and casting doubt on the processes. Though the negotiation process for the Political Declaration on UHC was reportedly diplomatic, and the co-facilitators received praise for their skilful and considerate moderation, ‘silence’ – the period where Member States do not undergo further conversations on the text – was broken twice, meaning that there were delegations with red line objections and wanted further discussions.

These objections, which included sexual and reproductive health and rights (SRHR), sanctions, and intellectual property (or TRIPS), in addition to procedural complaints, persisted into the High-Level Week. During this time, [a note verbale was sent to the President of the General Assembly](#) [4], stating the signatories of the note intended to object to the adoption of any of the Political Declarations at the High-Level Meetings. This inspired a host of confusion, as the texts were not even slated for formal adoption by the GA during the meeting. While the note can be considered political posturing, it captures a larger, ongoing issue – namely the increased polarisation and politicisation of issues within the UN system by escalating typically sticky issues into stalemates and signalling a decreasing willingness to engage constructively in diplomatic processes.

At the High-Level Meeting itself, several Member States included the prevention and control of NCDs and chronic conditions in their interventions – a number of them came from CARICOM (the Caribbean Community) as well as Bangladesh, Estonia, France, Kazakhstan, Moldova, Senegal, Slovakia, South Africa, Tanzania, the USA, Uzbekistan, and Zimbabwe.

This diverse set of Member States shows that there’s a growing recognition of the links between NCDs and achieving UHC, but also that the political will to take actionable steps on NCD integration is mounting. Looking at the week as a whole, additional High-Level Leadership was shown across NCDs at side and parallel events, notably, the 2nd NCD Global Compact Meeting of Heads of State and Government. This meeting added another dozen plus Member States to the list of countries that are making inroads on NCDs within their UHC initiatives.

## So, what’s next?

Keeping the sticky points from the negotiations this year in mind, there are key lessons for how we, as advocates, can better prepare for the HLM on NCDs in 2025. It’s clear that navigating increasing polarisation among Member States will not be limited to issues like SRHR – it also applies to building consensus despite deepening political divides in multilateral processes to avoid last-minute shake-ups when its NCDs’ turn in two years time!

Practically speaking, I believe that navigating the desire and position of Member States in New York to keep technical discussions in Geneva, and focus on the political and thematic components around health in New York, will require us to approach the HLM process in a way that is tailored and specific to the appetites, interests, and functions of the General Assembly to advance our key objectives. What those are exactly I don't know, but I do look forward to developing them with the inputs and consultations of the NCD Alliance network in the coming months.

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