

## **No time to lose: Universal health coverage and the growing burden of non-communicable diseases**

Submitted by bdesantiago on 18 September, 2023 - 17:38

Language English



Adam Calaitzis

**This week, at the 78th United Nations General Assembly, there will be three high-level meetings (HLMs) on health: pandemic prevention, preparedness and response; universal health coverage (UHC); and tuberculosis. Heads of state and government will convene to reinvigorate progress towards delivering health for all and endorse the political declarations that outline how they will do so. In these declarations, we need leaders to commit to keeping health high on their political agenda, maintaining good health and well-being, and addressing ill health among their populations.**

UHC means that everyone, everywhere has access to the health services they need without financial hardship. It can reduce poverty, accelerate socioeconomic progress, and drastically improve global health. Achieving UHC also supports achieving noncommunicable disease (NCD) targets, because NCD preventive and treatment services are critical components of UHC benefits packages.

### **Achieving UHC and health for all**

Strengthening health systems with a primary health care (PHC) approach is the most efficient and sustainable way to achieve UHC and health security. And when countries achieve UHC, millions of people – including vulnerable and marginalized populations – have access to the health services they need, when they need them, without the risk of falling into or further into poverty. Disease-specific approaches have created silos in health systems, leading to inefficiencies. But when UHC essential health benefits packages are comprehensive and investments and programmes are systematically aligned, resources are used more efficiently and everyone's health needs throughout their life course can be met.

### **Achieving UHC and addressing NCDs**

[NCDs cause 41 million deaths per year, and this number continues to increase](#) [1]. Our health systems, already struggling to handle the current NCD burden, will need to take on more. And the poorest and most vulnerable populations who are disproportionately affected by NCDs will face continuous health expenses due to the chronic nature of NCDs. The lack of financial protection from health care costs frequently traps poor households in cycles of debt and illness, forcing parents to choose between good health, education and food for their children, thus perpetuating a downward intergenerational cycle of poverty and poor health.

Integrated, people-centered approaches – inclusive of tuberculosis; malaria; HIV/AIDS; reproductive, sexual, maternal, new-born, and child and adolescent health and well-being; NCDs; and mental health – will help get NCDs under control and promote cost-effective and sustainable health financing. For example, when people living with HIV go to a health centre for anti-retroviral therapy, they should also be able to have their blood pressure and sugar levels checked and receive the appropriate follow-up care. And women should be screened for cervical cancer, a preventable and treatable NCD that is six times more prevalent among women living with HIV.

Improving people's health is not a cost, but an investment, and achieving UHC helps address inequalities. For instance, with [early education and access to health services, 80 per cent of premature deaths from heart disease, stroke and diabetes can be prevented or delayed](#) [2]. Moreover, [85 per cent of premature deaths from NCDs occur in low- and middle-income countries](#) [3] (LMICs) and more than [60 per cent of people living with cancer, cardiovascular disease and stroke in LMICs spend over 40 per cent of their income on health care](#) [4]. Globally, [NCDs – including their social and psychological dimensions – have been estimated to cost US\\$47 trillion between 2011 and 2030](#) [5], an average of more than US\$2 trillion per year. Alternatively, if governments and funders spend just US\$0.84 per person per year, they could save seven million lives in LMICs. [In terms of social and economic benefits, this is estimated to be worth more than US\\$230 billion](#) [6]. There is a fundamental mismatch between the healthcare needs and rights of people – particularly for the most vulnerable in LMICs – and the resources allocated by national governments and international partners to respond to these needs and rights.

## Call to action

Throughout this [Global Week for Action on NCDs](#) [7] and at the HLMs on health, as the Coalition of Partnerships for UHC and Global Health, we call on world leaders to take responsibility for realizing the fundamental right to health, including for people living with and at risk of NCDs. We urge them to make ambitious, actionable commitments and sustainable investments in equitable and resilient health systems, and to guarantee a whole-of-government and whole-of-society approach to make health for all a reality.

At the HLMs and beyond, leaders should unite behind the [UHC Movement's Action Agenda](#) [8], which provides a blueprint to turn commitment into action and includes areas that cannot be neglected, such as access to essential health services – including for NCD prevention and care across the life course – and leaving no one behind.

We cannot delay. The time to act is now.

### About the authors:

**Ms Gabriela Cuevas**, Co-Chair, UHC2030 Steering Committee;

**Dr Justin Koonin**, Co-Chair, UHC2030 Steering Committee;

**Dr Svetlana Akselrod**, Director, Global NCD Platform;

**Ms Helga Fogstad**, Executive Director, PMNCH;

**Dr. Corine Karema**, Interim CEO, RBM Partnership to End Malaria;

**Ms Katie Dain**, CEO, NCD Alliance

*This blog was originally published on [uhc2030.org](http://uhc2030.org) [9].*

## Featured:

**Search Keywords:** UHC, universal health coverage (UHC), global week for action on NCDs, the moment for caring, HLM UHC

**Related Content:** [2023 Global Week for Action: the Moment for Caring](#) [10]



**Tags:** [universal health coverage](#) [11]

[Global Week for Action on NCDs](#) [12]

[the moment for caring](#) [13]

[UN High-Level Meeting](#) [14]

**Tag feed:** [universal health coverage](#) [11]

## Teaser Image:

**Source URL:** <https://old.ncdalliance.org/news-events/blog/no-time-to-lose-universal-health-coverage-and-the-growing-burden-of-non-communicable-diseases>

## Links

[1] [https://apps.who.int/iris/bitstream/handle/10665/148114/9789241564854\\_eng.pdf](https://apps.who.int/iris/bitstream/handle/10665/148114/9789241564854_eng.pdf)

[2] <https://www.who.int/data/gho/data/themes/noncommunicable-diseases>

[3] <https://www.who.int/data/gho/data/themes/topics/topic-details/GHO/ncd-mortality>

[4] <https://ncdalliance.org/resources/paying-the-price-a-deep-dive-into-the-household-economic-burden-of-care-experienced-by-people-living-with-NCDs>

[5] <https://ncdalliance.org/resources/mobilising-private-investments-to-address-the-ncd-funding-gap>

[6] <https://www.who.int/initiatives/global-noncommunicable-diseases-compact-2020-2030>

[7] <https://actonncds.org/>

[8] <https://www.uhc2030.org/un-hlm-2023/action-agenda-from-the-uhc-movement/>

[9] <https://www.uhc2030.org/what-we-do/voices/the-coalition-of-partnerships-for-uhc-and-global-health/>

[10] <https://old.ncdalliance.org/join-us/2023-global-week-for-action-the-moment-for-caring>

[11] <https://old.ncdalliance.org/taxonomy/term/30>

[12] <https://old.ncdalliance.org/taxonomy/term/919>

[13] <https://old.ncdalliance.org/taxonomy/term/1560>

[14] <https://old.ncdalliance.org/taxonomy/term/639>