

Advocacy Briefing - UN High-Level Meeting on Universal Health Coverage

NCD Alliance response to the Political Declaration

Expanding our ambition for health and well-being
in a post-COVID world



ACT
on NCDs

Global Week for Action on NCDs
14 - 21 September 2023

Bridging the care gap. The moment for caring is now!

This document presents the NCD Alliance response to the UN High-Level Meeting on Universal Health Coverage (HLM UHC) Political Declaration, which is currently in silence procedure and shall be adopted at the UN HLM on UHC on 21 September 2023. It is intended as an Advocacy Briefing to support advocates in their efforts with governments.

Overall message

The NCD Alliance welcomes the recommitment by Member States of the United Nations (UN) to the principles and actions set forth at the first High-Level Meeting on UHC in 2019, but notes with concern a missed opportunity to further develop policy that addresses the needs of people living with NCDs.

We urge stakeholders at all levels to build on this UHC Political Declaration, in order to make greater progress at the 4th UN HLM on Non-communicable Diseases (NCDs) in 2025.

The Sustainable Development Goal (SDG) Target 3.8 of UHC for all can only be achieved through integrating efforts to achieve SDG Target 3.4 of reducing premature NCD mortality by 30%, which in turn cannot be achieved without delivery of UHC for all.

WE WELCOME

the UN Member States' recommitment to achieving UHC through:

- ▶ **Increased references to NCDs, including mental health and neurological conditions**, throughout the text;
- ▶ **Inclusion of additional language for NCDs across the continuum of care** and the importance of NCD prevention in benefits packages and policies;
- ▶ Recombitment to **primary health care (PHC) as the cornerstone for UHC**;
- ▶ Recombitment to **protecting health for all**, particularly those who are poor, vulnerable or in vulnerable situations;
- ▶ Recognition of **increasing out-of-pocket (OOP) costs** and financial burdens;
- ▶ Recognition of the **linkages to environmental, social and economic determinants of health**.

WE EXPRESS

concern at the missed opportunities for further progress:

- ▶ Not including **people living with NCDs as a vulnerable population**, which would also have served to better link the high-level process on Universal Health Coverage (UHC) with Pandemic Prevention, Preparedness and Response (PPPR).¹
- ▶ No specific targets for **investment in health** being set, beyond increasing PHC spending, despite calls for targets of 5% of GDP² or 15% of general government expenditure³ on health spending. Nor is there language to align health spending within the context of UHC health benefits packages to national disease burdens.
- ▶ No further development or strengthening of commitments to **governance and accountability**, particularly by omitting the important role of people living with a wider range of health conditions, including NCDs, in the development of national policies and monitoring implementation as part of a participatory approach to health governance for UHC.

WE RECOMMEND

building on the UN HLM on UHC in advocacy towards the UN HLM on NCDs in 2025.

1 People living with NCDs have been disproportionately impacted by COVID-19 due to major disruptions to essential health services, and they are at higher risk of severe illness and death from COVID-19 and other infectious diseases. More information on: [A Global NCD Agenda for Resilience and Recovery from COVID-19](#). NCD Alliance. 2021.

2 [Action Agenda: From commitment to action](#). UHC2030. 2023.

3 [Abuja Declaration on HIV/AIDS, Tuberculosis and Other Related Infectious Diseases](#). African Union. 2001.

Introduction

In September 2019, Heads of State and Government met at the first United Nations (UN) High-Level Meeting (HLM) on Universal Health Coverage (UHC), adopting “Universal health coverage: moving together to build a healthier world.” Just months later, the emergence of the COVID-19 pandemic emphasized the prioritization of healthcare and healthy populations, while exposing inequalities within and between countries. People living with noncommunicable diseases (NCDs) were hit first and worst; not only being more vulnerable to infection and mortality from COVID-19, but also to the disruption to healthcare services during this time. Primary health care (PHC) and UHC are critical components of the international development response, and it is through this lens that the UN Member States have framed the second political declaration on UHC.

The NCD Alliance called on Governments and Heads of State to uphold their commitments to UHC, ensuring that everyone has access to the healthcare they need, without risk of financial hardship, regardless of where they live or who they are.

We advocated for the Political Declaration of the UN HLM on UHC in 2023 to commit to the **following four priorities**.

1



INVEST in the prevention and control of NCDs through adequate, predictable, and sustained resources for UHC.

2



ACCELERATE UHC implementation by including quality NCD prevention and care services in country UHC health benefit packages.

3



ALIGN development and global health priorities to achieve UHC.

4



ENGAGE people living with NCDs to keep UHC people-centered.

NCD Alliance response to the Political Declaration

WE WELCOME

The NCD Alliance welcomes the recommitment in this new text of UN Member States to the principles and actions set forth in 2019.

Foremost, the NCD Alliance commends Member States for including **additional and enhanced language recognising NCDs** and the role they play in the progressive realisation of UHC, most notably on the role of prevention and the continuum of NCD care in health benefits packages and including NCDs in the text on “advancing comprehensive approaches and integrated service delivery”. This is a welcome step towards the expansion of NCD care in UHC.

The 2023 Political Declaration **reaffirms many of the commitments from 2019 on Primary Health Care (PHC)**, including building and ensuring access to quality and affordable medicines within their benefits packages. Member States also **recognised the continued, worsening trend of increasing out-of-pocket (OOP) expenditures** and the financial hardship this creates, particularly in lower- and middle-income countries (LMICs), and the importance of PHC in lowering these costs. In response, the text recommitts Member States to protecting the health of all people and ensuring financial risk protection, particularly for, “the poor as well as those who are vulnerable or in vulnerable situations⁴” in the implementation of UHC.

The UHC text should be recognised for increasing references around environmental, social, and economic determinants of health, and acknowledging linkages between health and its determinants.

Additional text outlining the synergies with other components of the Sustainable Development Goals (SDGs) serves to benefit health outcomes and overall progress on the 2030 Agenda, as per a health-in-all-policies approach. It should be noted that Member States currently understand commercial determinants of health (CDoH) to be included within “economic determinants,” which limits the UHC text from adequately addressing the influence that health-harming industries and unhealthy commodities have in national policymaking.



⁴ Paragraph 50 reads, “including women, children, youth, persons with disabilities, people living with HIV/AIDS, older persons, People of African Descent, Indigenous Peoples, refugees, internally displaced persons and migrants, and those living in poverty and extreme poverty in both urban and rural areas, people living in slums, informal settlements or inadequate housing.”

WE EXPRESS CONCERN

The 2023 Political Declaration on UHC was a significant opportunity to advance the commitments Member States made in 2019 at the first HLM, strengthening its existing components and expanding the protections of the right to health set forth in the Universal Declaration of Human Rights; the International Covenant on Economic, Social, and Cultural Rights; and other international instruments and principles.

Though the title of the declaration focuses on health in a post-COVID world, Member States settled for safe, **previously agreed language rather than agreeing to new, stretching commitments that would facilitate substantial policy changes** at the national level around PHC and health benefits packages.

While Member States commit several times throughout the text to protecting the health of all people, particularly for, “those who are vulnerable or in vulnerable situations,” the declaration **does not expand the definition of vulnerability in this text to include those living with NCDs**.

Vulnerability and its definitions within UN texts are contextual, and the Political Declaration had the opportunity to strengthen the connection between NCDs and health emergencies, including the parallel Pandemic Prevention, Preparedness and Response UN HLM process.

The NCD Alliance would have liked to see Member States acknowledge the susceptibility to infection and premature mortality of people living with NCDs during health emergencies, as well as the disproportionate effects they experience when routine care and services are disrupted. By omitting people living with NCDs from the vulnerability definitions, there is a **potential gap in coverage and access to care** that is created as Member States seek to implement their commitments.

Despite acknowledging the concerning trend of increased OOP spending and recommitting to increasing spending for PHC by at least 1%, the political declaration **stops short of specifying more concrete targets around health spending**, particularly in the sections addressing the efficient use of resources and calling for the alignment of investment with national disease burdens.

Language encouraging all Member States to re-examine their health spending and development aid with respect to the health challenges faced in each country context would have not only provided an opportunity to boost NCD investment but also to ensure more effective and efficient uses of resources.

The NCD Alliance also notes that the understanding of UHC and the **importance of inclusive and transparent policymaking** has advanced over the past several years, and regrets that the Political Declaration does not include bolder language on engaging people living with health conditions throughout the policy development process.

With respect to other elements of good governance, the text does not set forth targets or commitments for accountability, including measures such as disaggregated data collection, financial reporting, and transparency about industry engagement in policymaking, so **implementation cannot be accelerated to the extent necessary to reach the targets set forth in the 2030 Agenda**.

WE RECOMMEND

While the UN HLM on UHC Political Declaration provides ample entry points for civil society to engage in advocacy at the national level, there are several critical issues relevant to the NCD agenda that should be prioritized in order to advance not only the implementation of this declaration, but also to build momentum for greater progress at the 4th UN HLM on NCDs in 2025.

INVEST

While the text reiterates the call for governments to spend an additional 1% of GDP for PHC, **advocates should engage policymakers and undertake campaigns to build support for increased funding for health in national budgets.** Efforts to hold governments accountable for their commitments should include a focus on tracking the allocation and spending of current and additional resources, and on increased transparency. More in-depth policy asks should seek to align investments with national disease burdens and investments above the 1% funding level, and the development of NCD investment targets within UHC benefits packages and resource mobilization at the international level.

ACCELERATE

Advancing the call to first reach the furthest behind in the progressive realization of UHC and recognising the current environmental, social, commercial and economic determinants of health, **people living with NCDs should be recognized as a vulnerable population group across all UN processes.** There is a need for consistency and alignment across UN and WHO guidance and governance, particularly as the international community works to accelerate progress on the SDGs.

ALIGN

As Member States within the UN system understand CDoH to be part of the economic determinants of health, **greater sensitization is needed at the national level** to understand distinction between the two and related policy implications. Some Member States have progressed these policy perspectives, as seen with SIDS in the Bridgetown Declaration⁵ and with Canada supporting WHO's work in this regard, and consensus should be built for the inclusion of this new language to be added to the 2025 NCD Political Declaration. As a potentially politically sensitive and contentious issue, advocates are encouraged to begin discussions on CDoH at the national level to create the opportunity for inclusion in two years.

ENGAGE

The vulnerability of people living with NCDs was emphasized during the COVID-19 pandemic, demonstrating **the need for inclusive policymaking to ensure the most comprehensive policies are enacted in efforts to deliver stronger, more resilient health systems.** Advocates should continue to call for the inclusion of people with health conditions, including NCDs, in the development and monitoring of national UHC policies.

5 2023 Bridgetown Declaration on NCDs and Mental Health. June 2023. <https://cdn.who.int/media/docs/default-source/ncds/sids-event/2023-bridgetown-declaration-on-ncds-and-mental-health.pdf>

Annex 1 Side-by-side text comparison

2019 Political Declaration	2023 Political Declaration
PHC as the cornerstone	
46 Expand the delivery of and prioritize primary health care as a cornerstone of a sustainable people-centered, community-based and integrated health system and the foundation for achieving universal health coverage, while strengthening effective referral systems between primary and other levels of care;	51 Strengthen national health plans and policies based on a primary health care approach to support the provision of a comprehensive, evidence-based, nationally-determined and costed package of health services with financial protection for all, to promote and 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.
Additional relevant paragraphs	
39, 43, 47, 48	48, 52, 54, 55, 60, 88, 99

Health financing	
40 Scale up efforts to ensure there are nationally appropriate spending targets for quality investments in public health services, consistent with national sustainable development strategies, and transition towards sustainable financing through domestic public resource mobilization;	87 Scale up efforts to ensure nationally appropriate spending targets for quality investments in public health, consistent with national sustainable development strategies, in accordance with the Addis Ababa Action Agenda, and transition towards sustainable financing through domestic public resource mobilization;
Additional relevant paragraphs	
41, 42, 43, 44, 45	88, 89, 90, 91, 92, 93

Specific language on NCDs	
33 Further strengthen efforts to address non-communicable diseases, including cardiovascular diseases, cancer, chronic respiratory diseases and diabetes, as part of universal health coverage;	57 Strengthen efforts to address the specific physical and mental 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 and striving to ensure that challenges are addressed and the achievements are sustained and expanded, including for: (...) <p style="margin-left: 20px;">b). non-communicable diseases, including cardiovascular diseases, cancer, chronic respiratory diseases, diabetes, mental health conditions and psychosocial disabilities, and neurological conditions, including dementia.</p>
Additional relevant paragraphs	
31, 44, 36	58, 60, 61, 93



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