Universal Health Coverage (UHC) is one of the world’s greatest opportunities to bring better health to people everywhere, significantly reduce poverty, and create a much more equal world. People living with NCDs and other NCD advocates brought their voices to the UHC discussion at two events held on 9 May in New York.

The first event, a UN multistakeholder hearing on UHC [1], collected ideas from diverse stakeholders — including people living with NCDs — on actions and investments in health that are urgently needed to speed up progress towards achieving UHC by 2030, the end date of the Sustainable Development Goals (SDGs). Nupur Lalvani, an NCD Diarist [2] and Our Views, Our Voices [3] advisory board member, spoke on the panel, calling for governments to invest resources in inclusive health systems that leave no one behind.

“In many countries, legal barriers prevent certain communities, such as migrants, people with disabilities, people living with HIV, sex workers, indigenous people, people with mental health issues, and ethnic minorities, not only from participating in decision-making but also from accessing health services,” said Nupur. “Governments should put in place legal frameworks to institutionalise social participation and empowerment of people, communities and civil society to participate in and influence decision-making processes for health.”

The second event, Enabling the right to health through UHC for people living with NCDs, was organised by the NCD Alliance and partners alongside the hearing on UHC. It gathered advocates to explore ways to integrate NCDs into the upcoming High-level Meeting on UHC and bring the experiences of people living with NCDs to the UN.

The event was co-hosted by the Permanent Mission of Bangladesh to the UN, the Permanent Mission of Jamaica to the UN, WHO Office at the United Nations, and The Leona M. and Harry B. Helmsley Charitable Trust. Speakers there included NCD Alliance Policy and Advocacy Director Alison Cox, NCD Alliance President-Elect Monika Arora, people living with NCDs, experts from civil society, and WHO representatives.
“Countries must work towards achieving Universal Health Coverage, including investment in quality NCD prevention and care services in country UHC health benefit packages. Healthy populations and strong health systems will support resilience in the face of any future pandemic threat.” - Alison Cox, NCD Alliance Policy and Advocacy Director

NCDA’s policy brief on advocacy priorities for the HLM on UHC [4] notes that although NCDs are the leading cause of death and disability and account for 74% of deaths globally, many countries are lagging behind on integrating NCDs into UHC health benefit packages and are not on track to attain the SDGs. Although severely limited, globally available data on the inclusion of NCD prevention and care in UHC packages shows wide gaps in coverage for NCD services between countries, and that more than half of countries are likely to miss SDG target 3.4 on NCD mortality reduction.

NCDA advocates for quality primary health care as the basis of strong and resilient health systems that are able to deliver UHC across the full continuum of care, from health promotion and prevention to diagnosis, treatment, rehabilitation and palliation. Yet, many inequalities persist in terms of NCD risk, access to services, and health outcomes, too often pushing households into cycles of poverty due to out-of-pocket spending on health.

Governments need to recognise the needs of people living with NCDs, invest in the prevention and control of NCDs through adequate, predictable, and sustained resources as part of their UHC plans, and include NCD prevention and care services across the continuum of care and life course in their UHC health benefits packages. By doing so, they will be able to address the two intertwined goals of UHC and health security and move towards sustainable development.
NCD voices take centre stage at Universal Health Coverage events in New York

Published on NCD Alliance (https://ncdalliance.org)


Teaser Image:

Links
[8] https://ncdalliance.org/taxonomy/term/403
[10] https://ncdalliance.org/taxonomy/term/390