

NCD Alliance messages

Zero Draft Political Declaration of the High-level Meeting on Universal Health Coverage 2023

Even though NCDs are the leading cause of death and disability and account for 74% of deaths globally, with 85% of deaths (from NCDs) before the age of 70 occurring in low- and middle-income countries, many countries are lagging on the integration of NCDs into UHC health benefits packages.

This document provides NCD Alliance's main messages to the Zero Draft of the Political Declaration of the High-level Meeting on Universal Health Coverage 2023 ([available here](#)). This is accompanied by a more detailed document with a series of textual comments. The following messages draw on NCD Alliance Advocacy Priorities For the 2023 UN High-Level Meeting on Universal Health Coverage ([available here](#)).

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

 **We applaud** reference to the transition towards sustainable financing through domestic public resource mobilization, supported by national spending targets for quality investments in public health that prioritise primary health care, utilising tax measures as a potential revenue stream for financing, built around an efficient and transparent public financial management while referring to strengthening international cooperation via enhanced official development assistance.

 **We recommend** that national spending targets are consistent with the [Abuja Declaration](#) goal of 15% government expenditure on health and that domestic resource mobilisation for universal health coverage draws on the Appendix 3 of the World Health Organization's Global Action Plan for the Prevention and Control of Non-communicable Diseases 2013-2030, while ensuring efficiency in public financial management through routine disaggregated data analysis and enhanced official development assistance is aligned with universal health coverage and supports integrated health care systems.

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

 **We applaud** reference to the scale up efforts for promotive, preventive, curative, rehabilitative and palliative care, promotion of equitable distribution of and increased access to quality and affordable essential medicines, strengthen health information systems via timely and reliable data collection.

 **We recommend** considerations about scaling-up efforts across the continuum of care – specifically health promotion, prevention, diagnosis, treatment, care, rehabilitation, and palliative care – can be further strengthened by including legal and regulatory measures to promote intersectoral policies, access to rehabilitative and palliative care, access to quality essential medicines and products to be ensured by inclusion in essential drug and diagnostics lists within nationally-prioritized and costed health benefits packages. Additional calls for data disaggregation to capture information on the status of existing chronic conditions will also further strengthen implementation and accountability measures.

3. Align development and global health priorities to achieve UHC.

 **We applaud** the recognition of health system resilience and universal health coverage for effective and sustainable preparedness, prevention and response to pandemics and other public health emergencies, given the disruption of the provision of essential health services by the COVID-19 pandemic, as well as the need to ensure that no one is left behind by empowering those in vulnerable situations.

 **We recommend** aligning universal health coverage with health security efforts to ensure resilient health systems are based on strong primary health care, adopting a people-centred approach that ensures people are treated holistically throughout their life course, and avoiding the disruption of essential health services in times of crises, while identifying people living with multiple chronic conditions, such as non-communicable diseases, as vulnerable populations.

4. Engage people living with NCDs to keep UHC people-centred.

 **We applaud** the mention of the promotion of inclusive health governance for universal health coverage that institutionalises mechanisms for a meaningful whole-of-society participatory approach in the design, implementation, and monitoring of policies and programmes that better respond to individual and community health needs while fostering trust and improving health system accountability and resilience.

 **We recommend** this to be further strengthened by explicit reference to the engagement of patients and people living with chronic conditions such as NCDs, as well as considerations for managing and dressing conflicts of interest, power imbalances, and undue influence from health-harming industries.