

Rev 1: Political Declaration of the High-level Meeting on Universal Health Coverage (UHC) Summary of NCD Alliance's Advocacy Asks

People living with NCDs must be recognized as a vulnerable population

Ref. PP11, PP45, OP3, OP21, OP41, OP45

Furthering the call to reach the furthest behind first in the progressive realization of UHC, and recognizing the current disproportional economic burden of out-of-pocket (OOP) spending on health for people living with NCDs compared to those living with other health conditions, we call on Member States to identify people living with NCDs as a vulnerable population within this Political Declaration. 85% of premature mortality for NCDs occurs in Low- and Middle-Income Countries (LMICs) and current population coverage for basic NCD health services across the continuum of care is low e.g. only 10% of people living with diabetes in LMICs receive appropriate care.^{i,ii}

Funding allocated to diseases should be proportional to country disease burdens

Ref. PP38, OP39, OP41, OP45

The situation outlined above has arisen because not all diseases are proportionately or adequately resourced with respect to their country-specific disease burden. Nationally prioritized, costed packages of health services should look to ensure financial protection against common health conditions within that country. Any external financing and development aid for health programmes should reinforce and support national priorities and funding. Currently however, the onus is placed on people living with NCDs and their households to pay for care OOP, in contrast to infectious diseases, despite the fact 74% of deaths globally are caused by NCDs. This Political Declaration has the opportunity to emphasize that funding for disease packages within UHC must take into consideration the disease burden within the country and be allocated proportionally.

Ensure an aligned approach to NCDs

Ref. OP10b, OP13, OP56

Current inaction on NCDs is impeding social and economic development and there is a need for consistency across UN and WHO processes, recognizing the 5x5 approachⁱⁱⁱ which has been adopted by the UN General Assembly. This Political Declaration can be further strengthened to support action by explicitly recognizing the link and comorbidity between NCDs and communicable diseases as demonstrated through the COVID-19 pandemic and with HIV/AIDS.^{iv,v}

Strengthen governance and accountability for UHC

Ref. PP12, PP47, OP2, OP29, OP41, OP59, OP60

There is an opportunity to strengthen governance and accountability through stronger emphasis on addressing and managing conflicts of influence and undue influence. In addition, to ensure UHC remains person-centered, Member States must also explicitly recognize the role of people living with health conditions, including NCDs within participatory approaches to health governance for UHC.

NCD REV1 Text Recommendations

PP11. Recognize that universal health coverage implies that all people have access, without discrimination, to nationally determined sets of the needed quality promotive, preventive, curative, rehabilitative and palliative essential health services and essential, safe, affordable, effective and quality medicines and vaccines, diagnostics and health technologies and procedures, including assistive technologies, while ensuring that the use of these services does not expose the users to financial hardship, with a special emphasis on the poor and those in vulnerable situations, including women, children, youth, persons with disabilities, people living with **chronic health conditions including non-communicable diseases and HIV/AIDS**, older persons, Indigenous Peoples, refugees and internally displaced persons and migrants;

PP38. Recognize that there are significant gaps in the financing of health systems across the world, particularly in the allocation of public and external funds on health, and that such financing can be more efficient, considering that:

(a) On average, in low- and middle-income countries more than one third of national health expenditure is covered by out-of-pocket expenses, leading to high levels of financial hardship, and government spending accounts for less than 40 per cent of funding for primary health care; (Source: Global spending on health: a world in transition. Geneva: World Health Organization; 2019)

(b) External funding represents just 0.2 per cent of global health expenditure but plays important role in funding health care in low-income countries, which accounts for about 30 per cent of national health spending on average; (Source: Global spending on health: a world in transition. Geneva: World Health Organization; 2019)

(c) An estimated 20–40 per cent of health resources are being wasted through inefficiencies, which significantly affects the ability of health systems to deliver quality services and improve public health; (Data source: WHO)

(d) Roughly 67% of deaths in lower- and middle-income countries are from non-communicable diseases, but receive less than 1% of total health funding. (Data source: Institute for Health Metrics and Evaluation; 2018)

PP45. Recognize that humanitarian emergencies and armed conflicts have a devastating impact on health systems, leaving people, especially people in vulnerable situations **and living with health conditions such as non-communicable diseases**, without full access to essential health care and exposing them to preventable diseases and other health risks;

PP47. Recognize that people's engagement and the inclusion of all relevant stakeholders, **particularly those with lived experience of health conditions such as non-communicable diseases**, are core components of health system governance, including monitoring and reporting, that empower all people in improving and protecting their own health, giving due regard to addressing and managing conflicts of interest and undue influence **from health-harming industries and learning from experiences of the Framework Convention on Tobacco Control (Article 5.3)**, contributing to the achievement of universal health coverage for all, with a focus on equitable health outcomes;

OP2. Increase and sustain political leadership at the national level for the achievement of universal health coverage by strengthening legislative and regulatory frameworks, promoting policy coherence and ensuring sustainable and adequate financing to implement high-impact policies to protect and promote people's health, including by providing financial risk protection, and comprehensively addressing social, economic, **commercial**, environmental and other determinants of health by working across all sectors through health-in-all-policies approach, and by engaging stakeholders in an appropriate, coordinated, comprehensive and integrated, whole-of-government and whole-of-society action and response to increase public accountability, inclusiveness and social participation, **giving due regard to addressing, managing and redressing conflicts of interest, power imbalances and undue influence**;

OP3. Ensure that no one is left behind, with an endeavour to reach the furthest behind first, and address the physical and mental health needs of all, while promoting respect for human rights and the dignity of the person and the principles of equality and non-discrimination, as well as empowering those who are in vulnerable situations, including women, children, youth, persons with disabilities, people living with **health conditions including non-communicable diseases and HIV/AIDS**, older persons, People of African Descent, Indigenous Peoples, refugees, internally displaced persons and migrants, regardless of migratory status, and those living in poverty and extreme poverty, in both urban and rural areas, people living in slums, informal settlements or inadequate housing, and people living in conflict and post-conflict situations;

OP5. Strengthen referral systems between primary and other levels of care **and strengthen integrated health-care delivery** to ensure their effectiveness;

OP10. 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 ensuring that health challenges are addressed and the achievements are sustained and expanded, including for:

- (a) HIV/AIDS, sexually transmitted infections, tuberculosis, malaria, hepatitis, neglected tropical diseases, and other emerging and reemerging infectious diseases with high impact on public health;
- (b) non-communicable diseases, including cardiovascular diseases, cancer, chronic respiratory diseases, diabetes, mental health and neurological conditions, including dementia **including through drawing on guidance contained in Appendix 3 of the World Health Organization Global Action Plan for the Prevention and Control of Non-communicable Diseases 2013-2030**;
- (c) eye health conditions, hearing loss, musculoskeletal conditions, oral health, and rare diseases;
- (d) injuries and deaths, including those related to road traffic accidents and drowning, through preventive measures as well as strengthening trauma and emergency care systems, including essential surgery capacities and anesthesia care;

OP13. Scale up efforts in primary and specialized health care and services for the prevention, treatment and control of non-communicable diseases and mental health conditions throughout the life course **as an essential component of universal health coverage**, including access to safe, affordable, effective and quality essential medicines, vaccines, diagnostics and health technologies, and palliative care, and understandable and high-quality, patient-friendly information on their use as part of the health promotion policies **and noting that these conditions may cause and contribute to disease burdens, and have comorbidities with, communicable diseases, while current inaction is impeding social and economic development**;

OP15. Scale up efforts to develop, implement and evaluate policies and programmes that promote healthy and active ageing, maintain and improve quality of life of older persons and to identify and respond to the diverse needs of the rapidly ageing population, especially the need for continuum of care, including promotive, preventive, curative, rehabilitative and palliative care as well as specialized care, **including through the promotion and implementation of legislative and regulatory measures**, and the sustainable provision of long-term care, including home and community care services, and access to assistive technologies, taking note of the plan of action for the United Nations Decade of Healthy Ageing (2021-2030);

OP21. Address the particular needs and vulnerabilities of migrants, refugees, internally displaced persons, which may include assistance, health-care services and mental health and psychosocial support and other counselling services **for existing health conditions including non-communicable diseases**, in accordance with relevant international commitments, as applicable, and within available resources and in line with national contexts;

OP29. Explore, encourage and promote a range of innovative incentives and financing mechanisms for health research and development, including a stronger and transparent partnership between the public and the private sectors as well as academia and the scientific community, acknowledging the important role played by the private sector in research and development of innovative medicines, while **addressing and managing conflicts of interest and undue influence and** recognizing the need for increasing public health-driven research and development that is needs-driven and evidence-based, guided by the core principles of safety, availability, affordability, effectiveness, efficiency, equity and accessibility, and considered as a shared responsibility, as well as appropriate incentives in the development of new health products and technologies;

OP39. 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 **that align national health challenges and priorities with adequate financing**;

OP41. Mobilize domestic public resources **and fiscal measures, including the menu of policy options within Appendix 3 of the World Health Organization's Global Action Plan for the Prevention and Control of Non-communicable Diseases 2013-2030**, as the main source of financing for universal health coverage, through political leadership, consistent with national capacities, and expand pooling of resources allocated to health, eliminate wasted resources and improve health systems efficiency, address the environmental, social, **commercial** and economic determinants of health, identify new ways to progressively raise public sources of revenue, improve the efficiency of public financial management, accountability and transparency, **including with routine analysis disaggregated by stratifiers, better align funding strategies and priorities with disease burdens and domestic health challenges**, and prioritize coverage of the poor, vulnerable and underserved populations and people in vulnerable situations, **including those living with multiple chronic conditions, women and girls, people with disabilities and Indigenous Peoples**, while noting the role of and the risks associated with private sector investment, as appropriate;

OP44. Provide **aligned**, adequate, predictable, evidence-based and sustainable external finances, while improving their effectiveness, to support national efforts in achieving universal health coverage, in accordance with national contexts and priorities, through bilateral, regional and multilateral channels, including international cooperation, financial and technical assistance, debt swap and debt relief, considering the use of traditional and innovative financing mechanisms such as, inter alia, the Global Fund to Fight AIDS, Tuberculosis and Malaria, Unitaaid, Medicines Patent Pool, Gavi, the Vaccine Alliance, the Global Financing Facility for Women, Children and Adolescents, the Pandemic Fund, the Coalition for Epidemic Preparedness Innovations (CEPI), **the United Nations Multi-Partner Trust Fund to Catalyze Country Action for Non-Communicable Diseases and Mental Health (Health4Life)** and the United Nations Trust Fund for Human Security, within their respective mandates, as well as partnerships with the private sector and other relevant stakeholders, while recognizing the need for transparency and accountability and to avoid duplication and foster synergies and complementarity to make global health partnerships more efficient, effective and resilient;

OP45. Promote and implement policy, legislative, regulatory and fiscal measures, as appropriate, to prioritize health promotion, health literacy and disease prevention at all levels, aiming at minimizing the exposure to main risk factors of non-communicable diseases, including tobacco, and promote healthy living conditions, healthy diets and lifestyles, consistent with national policies, noting that price and **fiscal tax** measures (**Including taxation and the phase-out of subsidies on unhealthy commodities such as tobacco and alcohol, unhealthy food, fossil fuels**) can be an effective means to reduce consumption and related health costs and represent a potential revenue stream for financing for development in many countries, recognizing that investing in prevention is often more cost-effective when compared to the cost of treatment and care;

OP56. Continue to strengthen health information systems and collect quality, timely and reliable data, including vital statistics, disaggregated by income, sex, age, race, ethnicity, migratory status, disability, geographical location and other characteristics **including existing health conditions** relevant in national contexts as required to monitor progress and identify gaps in the universal and inclusive achievement of Sustainable Development Goal 3 and all other health-related Sustainable Development Goals, while protecting the privacy of data that could be linked to individuals, and to ensure that the statistics used in the monitoring progress can capture the actual progress made on the ground, including on unmet health needs, for the achievement of universal health coverage, in line with the 2030 Agenda for Sustainable Development;

OP57. Promote strong global partnerships with all relevant stakeholders to collaboratively support the efforts of Member States, as appropriate, to achieve universal health coverage and other health-related targets of the Sustainable Development Goals, including through technical, **scientific and legal** support, capacity- building and strengthening advocacy, building on existing health-related initiatives and global networks such as the International Health Partnership for UHC2030 and the Global Action Plan for Healthy Lives and Well-being, as well as promote global awareness and action on universal health coverage through the commemoration of International Universal Health Coverage Day on 12 December of every year, including by convening multi-stakeholders to support the monitoring of progress and set milestones for the progressive achievement of universal health coverage at the national level, **to establish and strengthen nationally-prioritized health coverage strategies, plans and programmes** as appropriate;

OP59. Promote participatory, inclusive approaches to health governance for universal health coverage, including by exploring options to promote and institutionalize mechanisms for a meaningful whole- of-society approach and social participation, involving all relevant stakeholders, including local communities, health and care workers, volunteers, civil society organizations and youth **and people with lived experience of health conditions** representatives in the design, implementation, monitoring and review of universal health coverage, to systematically inform decisions that affect public health, so that policies, programmes and plans better respond to individual and community health needs, while fostering trust and improving health system accountability and resilience;

OP60. Leverage the full potential of the multilateral system, in collaboration with Member States upon their request, and call upon the relevant entities of the United Nations development system, within their respective mandates, recognizing the key role of the World Health Organization as the directing and coordinating authority on global health within the UN System and in accordance with its Constitution, and the United Nations country teams, under the leadership of the reinvigorated resident coordinators, within their respective mandates, as well as other relevant global development, health and humanitarian actors, including civil society, faith-based organizations, the private sector and academia, to assist and support countries, including those affected by protracted humanitarian crises and emergencies, in their efforts to achieve universal health coverage at the national level, in accordance with their respective national contexts, priorities and competences **while giving due regard to addressing, managing and redressing conflicts of interest, power imbalances and undue influence**;

ⁱ NCD Alliance. Paying the Price: A deep dive into the household economic burden of care experienced by people living with noncommunicable diseases. 2023. Access here: <https://ncdalliance.org/resources/paying-the-price-a-deep-dive-into-the-household-economic-burden-of-care-experienced-by-people-living-with-NCDs>

ⁱⁱ The Lancet. Diabetes: a defining disease of the 21st century. 2023. Access here: <https://www.thelancet.com/series/global-inequity-diabetes>

ⁱⁱⁱ The “5x5 approach” focuses on five major NCDs (cardiovascular disease, cancer, diabetes, chronic respiratory disease and mental health conditions and neurological disorders) and five modifiable risk factors (tobacco use, physical inactivity, harmful use of alcohol, unhealthy diets and air pollution)

^{iv} NCD Alliance. A Global NCD Agenda for Resilience and Recovery from COVID-19. 2021. Access here: <https://ncdalliance.org/resources/a-global-ncd-agenda-for-resilience-and-recovery-from-covid-19>

^v NCD Alliance. From Siloes to Synergies: Integrating noncommunicable disease prevention and care into global health initiatives and universal health coverage. 2021. Access here: <https://ncdalliance.org/resources/policy-brief-from-siloes-to-synergies-integrating-noncommunicable-disease-prevention-and-care-into-global-health-initiatives-and-universal-health>