NCD Alliance

13th June 2023

NCD Alliance Comments
Political Declaration of the United Nations General Assembly High-level Meeting on Universal Health Coverage
ZERO DRAFT – Compilation

This document provides NCD Alliance's key recommendations for the Zero Draft of the Political Declaration of the High-level Meeting on Universal Health Coverage 2023 (available here), drawing on NCD Alliance Advocacy Priorities for the 2023 UN High-Level Meeting on Universal Health Coverage (available here).

 **We applaud and encourage Member States to retain language related to:**		
• ***Recognition of the need to transition towards sustainable financing for UHC, through domestic public resource mobilization and supported by national spending targets for quality investments in public health that prioritise primary health care***. We applaud the ***calls for utilision of 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 seen.	PP2 PP4 PP8 PP31	OP1 OP29 OP35
• ***Specification of the need to scale up efforts for UHC across the continuum of care (including promotive, preventive, curative, rehabilitative and palliative care)*** and the extended focus on UHC to further include health promotion and prevention.	PP9 PP13 PP14 PP16	OP14
• Calls for the ***promotion of equitable distribution of, and increased access to, quality and affordable essential medicines and diagnostics***, including via strengthened health information systems throughout the text are also applauded. Language specific to NCDs is strongly supported and should be retained and further strengthened according to the recommendations detailed below.	PP5 PP16	OP9
• ***Clear connections made between UHC and emergencies including Pandemic Prevention, Preparedness and Response (PPPR)*** throughout the text. Efforts related to emergency prevention, preparedness, response and recovery, in particular those related to pandemics, must be supportive of the progressive realisation of UHC and vice versa. ***Healthy populations and strong health systems will support resilience in the face of any future climate, conflict, and pandemic threat.***	PP35	OP40 OP41

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To support progressive realization of UHC we recommended Member States enact the following edits to the draft Political Declaration text

1) INVEST in the prevention and control of NCDs through adequate, predictable, and sustained resources for UHC by:

• ***Including calls for costed national UHC health benefit packages and national spending targets that support domestic resource mobilisation for universal health coverage and draw on recommendations set out in the Appendix 3 of the World Health Organization's Global Action Plan for the Prevention and Control of Non-communicable Diseases 2013-2030***
This could be included as a new paragraph after OP24, OP29 and/or OP30.
• National spending targets should include a minimum allocation of five percent Gross Domestic Product to public health or 15% of government budgets for public health in line with the Abuja Declaration.[1,2]
• Existing text on "tax" measures in OP35 can be strengthened by referring instead to fiscal measures, including taxation and phase-out of subsidies on unhealthy commodities such as tobacco and alcohol, unhealthy foods and fossil fuels.
• Within these paragraphs there is opportunity for additional language on:
  ○ Ensuring efficiency in public financial management through routine analysis of disaggregated data.
  ○ Aligning official development assistance with national UHC health benefit packages in order to support integrated and aligned health care systems.
	PP31	OP2
		OP4
		OP30
		to
		OP35

• ***Including within PP15 further detail on the current economic burden of out-of-pocket spending on health which is unevenly distributed amongst people between and within countries*** will further strengthen rationale for the recommendations above. 44% of health spending is from out-of-pocket payments in low-income countries (LIC) compared to just 21% in high-income countries (HIC) and out of pocket spending for NCDs are estimated to be twice as high per visit to a health facility than for infectious diseases.[3]	PP15	

[1] https://au.int/sites/default/files/pages/32894-file-2001-abuja-declaration.pdf
[2] https://www.who.int/publications/i/item/9789241506236
[3] https://ncdalliance.org/resources/paying-the-price-a-deep-dive-into-the-household-economic-burden-of-care-experienced-by-people-living-with-NCD

 **2) ACCELERATE UHC implementation by including quality NCD prevention and care services in country UHC health benefit packages by:**		
• ***Including essential NCD prevention and care services in costed national UHC health benefit packages by drawing on the guidance contained in Appendix 3 of the World Health Organization Global Action Plan for the Prevention and Control of Non-communicable Diseases 2013-2030, and aligning with the "5 x 5 agenda" for NCDs*** as adopted in the 2018 Political Declaration on NCDs	PP16	OP9, OP13 OP14 OP19.
• ***Further strengthening language related to the scale up of costed national UHC health benefit package inclusions throughout the life course and across continuum of care (specifically health promotion, prevention, diagnosis, treatment, care, rehabilitation, and palliative care)***	PP12, PP22 PP37	OP1 OP4 OP5 OP6 OP7 OP14
• ***We recommend the following text is included:***		
○ The human right to a clean, healthy and sustainable environment as per A/HRC/RES/48/13 and A/RES/76/300 in PP13.	PP13	
○ Commercial determinants of health recognised alongside social, economic and environmental determinants of health with PP11, OP2 and OP32. Commercial determinants are recognised as key determinants of health that require monitoring and action in the recently adopted WHO global framework for integrating well-being into public health, the recently noted WHO Operational Framework for Monitoring Social Determinants of Health Equity, and by the WHO Council on the Economics of Health For All.	PP11	OP2 OP32
○ The importance of health-promoting food systems and environments and recognition of the need to address malnutrition in all its forms, including under nutrition as well as obesity and diet-related NCDs, within PP14 and OP12.	PP14	OP12
○ Quality essential medicines, vaccines, diagnostics and health technologies including assistive technologies, to be included in essential drug and diagnostics lists and within costed national UHC health benefits packages as well as specific mention of "availability" within PP9, OP4, OP20, OP21 and OP23.	PP9	OP4 OP20 OP21 OP23

• ***Calling for data disaggregation to capture information on the status of existing chronic conditions alongside age, ethnicity, disability, geographic location will also further strengthen implementation and accountability measures***		OP1 OP2 OP32 OP44 OP45 OP46.
• ***Including need for legal and regulatory measures to promote intersectoral policies and partnerships***, including in relation to access to rehabilitative and palliative care. Potentially also, for example, within a new paragraph after OP3	PP37	OP14, OP25 OP27 OP28 OP46 OP47
• ***Further developing considerations for managing and addressing conflicts of interest, power imbalances, and undue influence from health- harming industries***, building on lessons learnt from existing international agreements and standards such as WHO Framework Convention on Tobacco Control and International Code of Marketing of Breast-Milk Substitutes	PP38	OP2, OP23 OP49

3) ALIGN development and global health priorities to achieve UHC by:

• ***Continuing to strengthen alignment of UHC with emergency prevention, preparedness, response and recovery, in particular those related to pandemics, 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***. This should include for example recognition of: ○ Increasing prevalence of NCDs amongst populations affected by natural and man-made emergencies within PP13 and PP20. ○ The need to underpin health considerations within both climate change mitigation and adaptation efforts e.g. also aiming for sustainable (low-carbon) health systems in PP13.	PP13 PP20	

• ***Strengthening the definition and specificity of vulnerable groups by including "persons with health conditions such as noncommunicable diseases"***. The COVID-19 pandemic has shown that the prevalence of underlying conditions such as NCDs increases the vulnerability of populations to pandemics in HIC and LIC as already recognised in A/RES/74/306. It is estimated that 60 to 90% of COVID-19 mortalities are attributable to people who had one or more of these comorbidities. At the same time, emerging data suggests that people living with NCDs also experience worse health outcomes from these existing conditions during emergencies as a result of service disruptions, delays and cancellation of essential health services. People living with multiple chronic conditions, such as non-communicable diseases, are also recognised as vulnerable populations within A/RES/75/284 (P34).	PP12 PP13 PP17 PP22	OP3 OP4 OP6 OP14 OP19 OP29 OP32

 **4) ENGAGE people living with NCDs to keep UHC people-centred by:**		
• ***Strengthening mechanisms to promote the inclusive health governance for UHC coverage by specifying need to engage people living with chronic conditions such as NCDs within the design, implementation and monitoring of policies and programmes***. This is in coherence with the 2019 Political Declaration on NCDs and the Global NCD Compact 2020-2030 as well as A/RES/75/284 and the UHC2030 Action Agenda and will ensure UHC better responds to individual and community health needs while fostering trust and improving health system accountability and resilience.	PP38	OP2, OP28 OP34 OP46 OP47 OP48