



Zero Draft

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

Version 22nd May 2023

Changes to wording from the World Medical Association

General comments:

A shorter and more focused outcome document, concentrating more on general principles how to implement UHC would be more helpful to achieve UHC.

We appreciate:

- that the political leaders of the world take up the challenge to commit to deliver UHC
- the emphasize on how critical the situation of the health workforce with severe shortage, poor working conditions and unequal distribution is, as well as a clear message that the health workforce is the core component of each health system.
- to highlight the involvement of whole of society into the leadership and governance of UHC.
- to in-cooperate the WHO Operational Framework for Primary Health Care concept to reach out to the community level in multi-disciplinary teams with the aim to offer equitable high quality health services to all people. This involves as well the close link of promotion, prevention, curative, rehabilitation and palliative care as well as specialized care.
- to stress the adverse impact of climate change, natural disasters, extreme weather events as well as other environmental determinants of health.
- to underline the special situation of migrants, refugees, internally displaced persons.
- to accentuate the severely disrupted provision of health services due to COVID pandemic.

Missing in the document:

- the paragraphs on health workforce OP 36-39 stay quite vague how to improve the working conditions for the health workforce. We think it is important to give clearer guidance how to implement this. The WHO Global Health and Care Worker Compact, which includes obligations on preventing harm, ensuring inclusivity, providing support and safeguarding rights is a core document on improving working conditions and should be named in the document.
- the need to extend public financing for UHC and consider funding across sectors to foster whole in government approach.
- Overcome siloed approaches of vertical and other parallel health programs.
- mention of the youth workforce and in-training workforce and their special challenges.

- to include all vulnerable groups, such as indigenous people, minority groups (ethnicity, sexual orientation, etc) and not only migrants, refugees and displaced people. We would appreciate a comprehensive and inclusive wording throughout the document.

Proposed change of wording:

New: **in bold and underlined**

Deleted: ~~erossed~~

New after PP6

Recognising the resolution WHA 74.14 (2021) on protecting, safeguarding and investing in the health and care workforce, which calls for a clear set of actions for accelerating investments in health worker education, skills, employment, safeguarding and protection to 2030. The resulting Working for Health 2022–2030 Action Plan was adopted for implementation with resolution WHA 75.17 (20221)

Recalling the Global health and care worker compact, which provide technical guidance on how to protect health and care workers and safeguard their rights, and to promote and ensure decent work, free from racial and all other forms of discrimination and a safe and enabling practice environment.

PP11. Recognize the need to tackle health inequities and inequalities within and among countries through political commitment, policies, ~~and~~ international **and intersectoral** cooperation, including those that address social, economic, environmental and other determinants of health, and further recognize that reported averages of global, regional and national progress on universal health coverage often mask inequalities; **Call upon member states to collect data and measure inequalities within countries and regions.**

PP13. Recognize the consequence of the adverse impact of climate change, natural disasters, **zoonoses**, extreme weather events as well as other environmental determinants of **planetary** health, such as clean air, safe drinking water, sanitation, safe, sufficient and nutritious food and secure shelter, for health and in this regard underscore the need to foster health in climate change adaptation efforts, underlining that resilient and people-centred health systems are necessary to protect the health of all people, in particular those in vulnerable situations, including those living in small island developing States;

SERVICE COVERAGE

PP17. Recognize the increasing gap between life expectancy and healthy life expectancy for older persons and note that many health **and social** systems continue to be inadequately prepared to respond to the needs of the rapidly ageing population;

PP19. Express concern that persons with disabilities often face health inequities, **stigmatization and discrimination and** ~~with~~ many likely to die 20 years earlier than others, and experience higher health care costs and gaps in service availability, including for primary care and specialized services;

PP20. Recognize that migrants, and refugees **and internally displaced persons** often face barriers **of legal, cultural, linguistic and institutionalized discrimination** that limit their access to health services;

PP21. Express concern that the unmet health needs, in particular among households that cannot afford the cost of health services, **face poor transportation opportunities, poor housing, work absenteeism policies and/or cultural/discrimination barriers** can result in increased morbidity and mortality due to lack of or delayed **or episodic care** accesses;

PP23. Express serious concern over the disparity between developing countries and developed countries in terms of the distribution of the COVID-19 vaccines, which prevents the entire international community from achieving the completion elimination of COVID-19 as soon as possible and also further hampers progress in the realization of the 2030 Agenda for Sustainable Development, noting that, since the beginning of the vaccine roll-out, the majority of all vaccines administered were concentrated in high-income countries, while low-income countries lagged behind in gaining access to **equal standard** COVID-19 vaccines;

PP25. Recognize that health inequalities, within and among countries, continue to be pervasive and can only be countered through **intersectoral governance**, global solidarity and concerted action;

PP26. Recognize the fundamental role of primary health care in achieving universal health coverage and other health-related Sustainable Development Goals and targets, as envisioned in the Alma-Ata Declaration and the Declaration of Astana, and further recognize that primary health care, including community-based services, brings people into first contact with the health system and is the most inclusive, effective and efficient approach to enhance people's physical and mental health, as well as social well-being, noting that primary health care and health services should be high quality, safe, comprehensive, integrated, **timely**, accessible, available and affordable for everyone and everywhere, noting the work of the World Health Organization on the operational framework for primary health care;

PP28. Recognize the importance of community-based **high quality** health services **delivered by multi-disciplinary teams** as a critical component of primary health care and as a means of ensuring universal and equitable access to health for all which can be instrumental in achieving universal health coverage, particularly when delivered in low-resource areas; *(source WHO & UNICEF Operational Framework for Primary Health Care – Transforming Vision Into Action)*

HEALTH WORKFORCE

~~PP31 c (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)– This is wild guessing without any solid proof and worse any differentiation if the waste is avoidable or not. Further as it is written it immediately triggers the reflex that no further investment is necessary.~~

PP33. Recognize the need to invest in **education**, training, developing, recruiting, and retaining, a **competent**, skilled, **and motivated** health workforce, including doctors, nurses, midwives and community health workers, as fundamental to strong and resilient health systems, and improve working conditions and management **and planning** of the health workforce to ensure the safety, **well-being and protection** of health workers;

PP34. Further recognize **gender and youth disparities and inequalities in particular** that women comprise 70 per cent of health and care workforce, but face a 24 percentage point pay gap compared to men across the health and care sector, and continue to face significant barriers in taking leadership and decision-making roles;

POLITICAL LEADERSHIP & GOVERNANCE

OP1B. To stop the rise and reverse the trend of catastrophic **effects of** out-of-pocket health expenditure by providing measures to ensure financial risk protection and eliminate impoverishment due to health-related expenses by 2030, with special emphasis on the poor as well as those in vulnerable situations;

SERVICE COVERAGE

Strengthen national health plans & PHC

OP4. Strengthen national health plans **providing a comprehensive evidence based nationally determined package of health services supported by a** ~~based on~~ primary health care approach to support the provision of a comprehensive, evidence-based, nationally determined package of health services, with financial protection, to enable access to the full range of integrated, **high** quality, safe, effective, **timely**, affordable and essential health services, medicines, vaccines, diagnostics, and health technologies needed for health and well-being throughout the life course;

OP6. Implement the most effective, high-impact, quality-assured, people **and patient** -centred, gender- and disability- responsive and evidence-based interventions to meet the health needs of all throughout the life course, and in particular those in vulnerable situations, ensuring universal access to nationally determined sets of integrated **high** quality health services at all levels of care for prevention, **health promotion**, diagnosis, treatment, **rehabilitation** and care including **palliative care** in a timely manner;

~~OP7. Continue to explore ways to integrate, as appropriate, safe and evidence-based traditional and complementary medicine services within national and local health systems, particularly at the level of primary health care, according to national context and priorities; ***Medicine has developed out of traditional care by adding evidence and science. What is evidence based therefore is part of medicine. And what is evidence based is not 'complementary' but scientific medicine. Therefore, this paragraph is misleading and should be deleted.***~~

OP8. Ensure safety is a key priority for the health and well-being of all patients **and the health and care workforce**, and in this regard, note the importance of clean water, sanitation, and hygiene, **sterilization technology, effective management of healthcare waste and continuous energy supply** in health facilities, including in community health facilities, and infection prevention and control strategies for the prevention of health care- associated infections and for reducing antimicrobial resistance;

Essential Services & Disease Specific Issues

OP9b. 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 **and emergency** surgery **and anesthesia** capacities;

OP15. Mainstream a gender perspective on a systems-wide basis when designing, implementing and monitoring health policies, taking into account the specific needs of all women and girls, with a view to achieving gender equality and the empowerment of women in health ~~policies~~ **governance** and health systems delivery;

OP17. Increase access to health services for all persons with disabilities, remove physical, attitudinal, social, structural and financial **and language** barriers, provide quality standard of care and scale up efforts for their empowerment and inclusion, noting that persons with disabilities, who represent 16 per cent of the global population, continue to experience unmet health needs;

OP18. Scale up efforts to promote healthier and safer workplaces and improve access to occupational health services, **to promote healthier and safer workplaces, reduce occupational hazards, prevent work-related illnesses and injuries, and improve the overall well-being of workers;**

OP19. Address the particular needs and ~~vulnerabilities~~ **sensitivities** of **vulnerable groups such as** migrants, refugees, internally displaced persons, **indigenous people, minority groups (ethnicity, sexual orientation, etc)** which may include assistance, health-care services and psychological and other counselling services, in accordance with relevant international commitments, as applicable, and within available resources and national contexts

Innovation & Digital Health

OP26. Invest in and encourage ethical, **equitable,** and public health-driven use of relevant evidence-based and user- friendly technologies, including digital technologies, and innovations to improve the cost- effectiveness of health systems and efficiency in the provision and delivery of quality care, recognizing the need **for equitable, and responsible health data governance, while safeguarding data privacy, ownership, and security** ~~to protect data and privacy;~~

OP27. Strengthen capacity on health intervention and technology assessment, **standardized and transparent** data collection, **sharing** and analysis, while respecting patient privacy, **confidentiality** and ~~promoting~~ **ensuring** data protection, to achieve evidence-based decisions at all levels on universal health coverage, and to build and strengthen interoperable and integrated health information systems, **around a set of common standards for the governance of health data,** ~~for the management of health systems and public health surveillance;~~

OP28. Take measures to address the negative impact of misinformation and disinformation on public health measures as well as people's physical and mental health, and to counter mis- and disinformation, especially on social media platforms, in the context of universal health coverage and to foster trust **in those who provide health and care**, the health **care** systems ~~and vaccine-~~ **confidence,** while recognizing that the effective engagement of stakeholders requires access to timely and accurate information;

Maximizing Investments – Health Promotion and Disease Prevention

OP35. Promote and implement policy, legislative, regulatory and fiscal measures, as appropriate, to prioritize health promotion and disease prevention, aiming at minimizing the exposure to main risk factors of non-communicable diseases, and promote healthy diets and lifestyles, consistent with national policies, noting that price and tax measures can be an effective means to reduce

consumption and related health-care costs, **when implemented within a package of interventions (such as educational campaigns, community involvement, increase access to healthy foods)** and represent a potential revenue stream for financing for development in many countries, recognizing that investing in prevention is more cost-effective when compared to the cost of treatment and care;

HEALTH WORKFORCE

OP37. Continue to scale up efforts and strengthen cooperation to promote **education and** training, development, recruitment and retention of competent, skilled and motivated health **and care** workers, including community health workers and mental health professionals, guided by target 3.c of the 2030 Agenda;

OP38. Encourage incentives to secure the equitable distribution of qualified health workers and community health workers, especially in rural, hard-to-reach and underserved areas and in fields with high demands for services, including by providing decent and safe working conditions and appropriate **and timely** remuneration for health workers working in these areas, consistent with the World Health Organization Global Code of Practice on International Recruitment of Health Personnel, avoiding active recruitment from the 55 countries facing the most severe health workforce vulnerabilities,¹ while ensuring that bilateral labor agreements entail proportional benefit for both countries of origin and destination and protect migrant health workers, noting with concern that highly trained and skilled health personnel continue to emigrate, which weakens health systems in the countries of origin;

New between OP 38 and 39

Develop, implement, monitor, finance and enforce the necessary laws, regulations, and policies to implement decent working conditions for health and care workers, which includes to protect and safeguard their health, safety, and human rights; offer supportive and enabling work environments with life long learning and career development, adequate and timely remuneration, equipment and manageable workload and ensure their participation in the regulatory and governance process.

OP39. **Address gender and youth disparities and inequalities within the health and care workforce.** Provide better opportunities and decent work for women to ensure their role and leadership in the health sector, with a view to increase the meaningful representation, engagement, participation and empowerment of all women in the workforce at all levels, and take measures towards fair employment practices and to eliminate gender biases and address inequalities, including the gender pay gap, by appropriately remunerating unpaid and underpaid health and care workers, including community health workers;

MONITORING, ACCOUNTABILITY AND MULTI-STAKEHOLDER ENGAGEMENT

OP44. Set measurable national targets and strengthen national monitoring and evaluation platforms, as appropriate, in line with the 2030 Agenda for Sustainable Development, to support regular tracking of the progress made for the achievement of universal health coverage **and the health workforce** by 2030 at global, regional and national levels; **particularly data that enable to reflect within country inequalities.**

OP51. Request the Secretary-General to continue engaging with Member States to sustain and further strengthen the political momentum on universal health coverage and, in close collaboration with relevant United Nations agencies and other stakeholders, including regional organizations, to strengthen existing initiatives that are led and coordinated by the World Health Organization to provide assistance to Member States, upon their request, towards the achievement of universal health coverage and all health-related targets of the Sustainable Development Goals; **and to support/provide guidance on intersectoral collaboration and policies.**

