

“Resilient, Sustainable, Integrated, and Fully Resourced Systems for Health” 3 HLMs. One Region. And This is Our Vision.

Statement of Asia-Pacific Communities and Civil Society on the 2023 High Level Meetings on Pandemic Prevention, Preparedness and Response (PPPR), Universal Health Coverage (UHC), and Tuberculosis (TB)

Preamble

We, representatives of country, regional, and global community and civil society organizations working on health in the Asia Pacific region, gathered in Jakarta, Indonesia, and defined our vision for the three United Nations (UN) High-Level Meetings (HLM) on Universal Health Coverage (UHC), the Pandemic Summit, and Tuberculosis (TB). Our collective decades of experience and expertise working with and representing key and vulnerable populations and communities in the Asia-Pacific region, and contributing towards better responses to TB, UHC, and COVID-19 has enabled us to identify these gaps and facilitate the prioritization of our needs. The three-day regional dialogue that took place in Jakarta is aligned with the global aspirations and the regional engagement and national actions that set the tone for our joint statement for the 3 HLMs.

UN Member States are meant to set new political commitments and targets on UHC, pandemic prevention, preparedness and response (PPPR), and TB in the three HLM scheduled around September 2023 at the UN headquarters in New York. Recognizing that the UN HLM Political Declaration are expressions of the world governments’ collective vision, political commitment, and priorities, we appeal for a stronger, target-specific, and more progressive language in the upcoming political declarations for people-centered, equitable, gender transformative, and rights-based approach UHC, PPPR, and TB approaches and responses.

Overarching Principles

This statement and call to action are guided by the below overarching principles :

- A people-centered approach that focuses on responses and systems centered on the health needs of individuals and communities and is grounded on universally held values and principles such as human rights, dignity, non-discrimination, participation and empowerment.
- A just and equitable approach that focuses on the absence of unfair, avoidable or remediable differences, in which everyone has a fair and just opportunity to attain their highest level of health.
- A gender transformative approach that addresses and seeks to eradicate systemic forms of gender-based inequality and discrimination by creating and strengthening equitable gender norms, dynamics and systems that support gender equality.
- A rights-based approach to support better and more sustainable development outcomes and one that develops the capacity of duty-bearers to meet their obligations and encourages rights holders to claim their rights.
- The meaningful participation and leadership of socially, economically, and politically marginalized communities and civil society in decision making foras that respect diversity, and are safe and enabling for various forms of engagement.
- An accountability mechanism that adheres to the principles of transparency with the meaningful participation of communities and civil society.

Overarching Processes Asks:

In the spirit of transparency and accountability, and in accordance with people-centered approaches, we call for:

- Representation of civil society and communities in national delegations;
- Inclusion of civil society and community representatives as speakers and/or co-chairs in related panels



- Institutionalization of civil society and community-led monitoring mechanisms as integral component of national accountability mechanisms to track progress of government commitments on the 3 HLMs
- Participation of civil society and communities in government monitoring and decision-making platforms designed to track progress towards achieving national commitments to the 3 HLMsThe World Health Organization (WHO) to formalize the participation of civil society and communities in decision-making processes within the agency, as well as in current and future intergovernmental processes related to the 3 HLMs

Calls to Action

PPPR HLM

The official death toll due to the COVID-19 pandemic stands at 6.8 million people^[1]. An estimated 21 million more lives have been lost and gone unreported^[2]. The unimaginable human suffering, loss of life, and devastation to people's livelihoods must never be forgotten. In ensuring that the world is better prepared for any future pandemic, we call on world leaders to:

1. **Strengthen systems for health and establish national frameworks for PPPR.** Governments, with meaningful participation of civil society and communities as key decision-makers, should develop National PPPR strategies with fully-resourced operational plans. To ensure uninterrupted essential health and non-health services during pandemics, Governments should allocate a dedicated budget for PPPR and not divert essential financial, human and other resources from existing health programs during pandemics.
2. **Equitable access to health innovation, technologies, and pandemic medical products and equipment including vaccines, therapeutics and diagnostics.** Governments should support regional mechanisms that share technology and know-how, in order to harness local innovations and strengthen local manufacturing capacity. Governments must likewise waive relevant intellectual property rights on pandemic medical products.
3. **Involve communities in public health surveillance systems.** Governments should invest in community health care that builds trust with communities as communities often serve as early warning and response systems for outbreaks of diseases.
4. **Include social protection and related mechanisms to mitigate social and economic impacts on communities during public health emergencies.** Governments should review existing social protection systems and policies and that everyone, including marginalized, disenfranchised, most affected and vulnerable populations, is covered, and that these systems remain functional and accessible during pandemics.
5. **Establish protective mechanisms for people vulnerable to gender-based violence during public health emergencies.** Governments should maintain and set up, where absent, community response centers during public health emergencies so that people subject to or vulnerable to gender-based violence have access to immediate support system.

UHC HLM

UHC is achieved when all people can receive quality health services whenever needed without facing any financial hardship from having to pay for them. While the majority of countries recognise UHC as a goal and are reflected in laws and national plans, there is a lack of concrete operational steps and inadequate public financing for health. Considering the situation, we call on world leaders to:

1. **Strengthen community systems for health.** Governments should recognize and leverage community systems as part of an integrated whole-of-society system for health, and create an enabling environment that promotes alignment with UHC.



2. **Promote allocative efficiency, innovative financing, and domestic resource mobilization.** Governments and donors should invest in evidence-based interventions that eliminates financial burden of communities by exploring innovative financing mechanisms to increase and mobilize domestic resources for health.
3. **Integration of mental health services.** Governments should integrate quality and rights-based mental health services in UHC national plans to include adequate human resources, sustained funding and recognition of community-led interventions.
4. **Enhance equity in UHC.** Governments should improve their UHC performance by implementing differentiated service delivery strategies and address existing inequities in accessing health services by prioritizing marginalized communities.
5. **Establish inclusive and participative governance for UHC.** Governments should actively engage communities and civil society in all stages of national and sub-national policy-making; facilitate their participation in planning, and budgeting of UHC interventions; and promote civil society and community-led monitoring of progress towards achieving commitments on UHC.

TB HLM

TB is the world's top infectious disease killer claiming close to 4,400 lives a day. It remains the leading killer of people with HIV and a major contributor to antimicrobial resistance related deaths^[3]. Worsening socio-economic conditions from the impact of TB and the pandemic does not only fuel the epidemic but also inequalities. In light of this situation and aligned with previous calls to action^[4], we call on world leaders to:

1. **Change the paradigm in global, regional, and country responses to end TB by addressing social determinants of health.** Governments, technical agencies, donors, and other decision-makers should ensure meaningful participation of civil societies and communities to overcome systemic barriers including poverty, undernutrition, overcrowding, poorly ventilated living and working environments, and stigma that limit access to TB prevention and care services.
2. **Increase investments to close gaps in funding for community-led advocacy and human rights interventions.** Governments and donors at the regional and country levels should increase investments for advocacy that will address social determinants of health, and effectively address stigma, discrimination, and human rights violations faced by people affected by TB in accessing quality TB prevention and care services.
3. **Establish and strengthen the linkage of efforts between the TB program and UHC.** Governments, technical agencies, donors, and other stakeholders should scale up coverage of healthcare facilities that optimize innovative technologies and people-centered approaches in prevention and care; integrate services to address co-morbidities, risk factors and side effects; and provide, monitor, and evaluate social protection measures to eliminate catastrophic costs.
4. **Prioritize financing and capacity building of human resources in the TB program.** Governments, donors, and other decision-makers should finance capacity building of TB service providers, including community and civil society service providers. Resources should be allocated to ensure safety of health workers in public and private healthcare facilities, as well as community healthcare workers and volunteers.
5. **Utilize holistic, human rights-based and people-centered strategies for equitable and sustainable access to TB prevention, treatment and care.** Governments, technical agencies, donors, and other stakeholders should scale-up non-discriminatory TB prevention, diagnosis, treatment, and care.



OVERARCHING ASKS

While our asks are specific to each of the HLM, we demand governments to address overarching issues that impede the realization and operationalization of the responses to TB, UHC and PPPR. These overarching calls to action will provide the impetus to allow for a people-centered, just, equitable, gender-transformative, community and civil society-inclusive, and accountable response to take place. We demand world leaders to:

1. **Shift from “resilient and sustainable systems for health” to “resilient, sustainable, and integrated systems for health”.** Governments should integrate TB health and non-health related services as part of the UHC system; build the foundations for UHC to become resilient during pandemics; and allow national PPPR to sustain UHC and TB responses in times of pandemics.
2. **Address social determinants of health that influence and impact people’s access to quality healthcare.** Governments should strengthen enabling systems and policies, remove barriers, and align programs and interventions that respond to long-term and systemic issues that impact people’s right to health.
3. **Improve financing for TB, UHC, and PPPR.** Governments should increase investments from domestic resources to fund responses for TB, UHC, and PPPR, particularly in the area of R&D. Governments should also allocate specific investments for communities and civil society in supporting community-led responses and in their participation in TB, UHC, and PPPR decision making and governance.
4. **Strengthen "whole of society" approach to TB, UHC, and PPPR through intersectoral movement-building.** Governments, civil society, and technical partners should broaden and enhance interlinkages between and among various sectors and movements to address emerging and acute challenges in the context of TB, UHC, and pandemics.
5. **Recognise socially, economically, and politically marginalized, key and vulnerable populations as key to achieving 3 HLM targets.** Governments should recognize that communities that have been systemically and historically marginalized exist, and that addressing their needs is imperative in achieving the targets of the 3 HLMS.

^[1] WHO COVID-19 dashboard. 29 March 2023. Accessed from: <https://covid19.who.int/>

^[2] Our World in Data dashboard. 29 March 2023. Accessed from: <https://ourworldindata.org/covid-deaths>

^[3] Global TB Report 2022. 29 March 2023. Accessed from <https://www.who.int/teams/global-tuberculosis-programme/tb-reports/global-tuberculosis-report-2022>

^[4] A Deadly Divide: TB Commitments vs. TB Realities. 04 April 2023. Accessed from http://stoptb.community/wp-content/uploads/2021/09/The_Deadly_Divide_TB_Commitments_vs_TB_Realities_FINAL_HLM_Report.pdf

