

Taking Action for Universal Health Coverage

Universal Health Coverage: expanding our ambition for health and well-being in a post-COVID world



BACKGROUND ▶▶

Universal Health Coverage (UHC) means that, “All people have access to the full range of quality health services they need, when and where they need them, without financial hardship. UHC covers the full continuum of essential health services, from health promotion to prevention, treatment, rehabilitation and palliative care across the life course.”¹

The United Nations General Assembly High-Level Meeting (HLM) on UHC was held on 21 September 2023 in New York. A Political Declaration (PD) on Universal Health Coverage was adopted by heads and representatives of member states and governments in that HLM. Of the 109 paragraphs in the 2023 PD on UHC, 39 are focused on the following eight action areas²:

- 1 Enable political leadership for UHC beyond the health sector (paras 9, 47, 49, 75, 86, 103, 104, 105)
- 2 Leaving no one behind (paras 11, 22, 23, 24, 48, 64, 104)
- 3 Strengthening legislative and regulatory frameworks for UHC (paras 44, 47, 79, 90)
- 4 Ensure quality of care (paras 38, 39, 40, 91)
- 5 Invest more, invest better in essential health services (paras 18.b, 30, 49, 86, 87)
- 6 Move together towards UHC by 2030 (paras 9, 33, 45, 56, 104, 82)
- 7 Mainstream gender equality in implementing UHC (paras 51, 61, 93, 95, 104)
- 8 Strengthen emergency preparedness (paras 19, 27, 28, 81, 82, 96, 97, 98)

THE CIVIL SOCIETY JOURNEY ▶▶

In March 2023, APCASO and partners convened a historic gathering of 80 civil society organizations across 19 countries in Jakarta, Indonesia to collectively strategise and plan for the upcoming HLMs on Tuberculosis (TB); Universal Health Coverage; and Pandemic Prevention, Preparedness, and Response (PPPR). The regional civil society position was encapsulated in the statement “Resilient, Sustainable, and Fully Resourced Systems for Health,”³ which identified joint priorities or key asks as region. Subsequent post-HLM meetings were held in Bangkok in July 2023 to share updates on the progress of the negotiations and to further strengthen collaborations towards the upcoming HLMs.

APCASO and civil society partners carried the momentum to New York where the PDs on health were negotiated and adopted by the UN member states. The PDs adopted in September 2023, though not legally binding, were significant because they reflect the political commitments of countries on UHC, pandemic preparedness, and in ending TB at the national level and globally.

This advocacy brief is aimed at increasing awareness about the UHC PD to accelerate its progress by 2030. It highlights the five-point key asks from civil society stakeholders in the region to achieve UHC and the health-related Sustainable Development Goals and our overarching asks to governments and world leaders about responses to UHC, PPPR, and TB. The brief outlines priority actions that can be taken by CSOs to ensure fulfillment of the HLM PD on UHC.

MAIN COMMITMENTS IN THE 2023 PD ON UHC ▶▶

The UN HLM on UHC recognised that presently, “more than 4.5 billion people worldwide lack coverage for essential health services, and over 2 billion experience severe financial hardships when paying out-of-pocket for necessary medical treatment,”⁴ and thus the PD was a response to this situation. The following table presents the eight action areas in the UHC commitments⁵ with key observations on what were committed to in the HLM by member countries.

Action Areas	Commitments in the UHC 2023 Political Declaration
1 Enable political leadership for UHC beyond the health sector	<ul style="list-style-type: none"> ■ Endorse national ownership and primary role and responsibility of governments towards achieving UHC, and strengthen political leadership—nationally and internationally—and to adopt a whole-of-government approach (para 9); and increase and sustain political leadership at the national level for the achievement of UHC (para 47). ■ Strengthen national health plans and policies based on a primary health care approach to support the provision of a comprehensive, evidence-based, nationally-determined and costed package of health services with financial protection for all (para 49). ■ Increasing transparency of prices and costs relating to health products through improved regulations and building constructive engagement and a stronger partnership with relevant stakeholders, in accordance with national and regional legal frameworks and contexts, to address the global concern about the high prices of some health products (para 75). ■ Emphasis on prioritizing and optimizing budgetary allocations on health through investing in primary health care and ensuring adequate financial resources for a nationally determined package of health services for UHC (para 86). ■ Strengthen the capacity of national and local government authorities to exercise strategic leadership and coordination role, focusing on intersectoral interventions, and encourage them to engage with their respective communities and stakeholders (para 103). ■ Promote inclusive and participatory health governance for UHC (para 104). ■ Leverage the multilateral system and other relevant global health actors, including civil society to achieve UHC at the national level (para 105).
2 Leaving no one behind	<ul style="list-style-type: none"> ■ Prioritising the health needs of those who are vulnerable or in vulnerable situations throughout their life courses (paras 11, 22, 23, 24, 48, 64, 104).
3 Strengthening legislative and regulatory frameworks for UHC	<ul style="list-style-type: none"> ■ Strengthening legislative and regulatory frameworks and institutions to support equitable access to quality service delivery to achieve UHC (paras 44, 47); and promotion of fiscal measures to prioritise health promotion, literacy, and disease prevention at all levels (paras 79, 90).
4 Ensure quality of care	<ul style="list-style-type: none"> ■ Emphasis on the importance of a strong global health workforce; highlights the need to invest in training, developing, recruiting, and retaining a skilled health workforce; and recognition that women comprise approximately 70% of the global health workforce and must be protected from all forms of violence (paras 38, 39, 40). ■ Emphasis on the need to accelerate action to address the shortfall of health workers through “nationally-costed health workforce plans in accordance with the Global Strategy on Human Resources for Health: Workforce 2030” and this includes investment in education, employment, and retention, and strengthening institutional capacity (para 91).
5 Invest more, invest better in essential health services	<ul style="list-style-type: none"> ■ Prioritising primary health care in budgetary allocations to improve health system efficiency and it must be affordable (paras 18.b, 30, 49, 86); and mobilise domestic public resources as a major source of financing for UHC (para 87).
6 Move together towards UHC by 2030	<ul style="list-style-type: none"> ■ Promote participatory, inclusive approaches to health governance for UHC, including by exploring modalities for enhancing a meaningful whole-of-society approach and social participation, involving all relevant stakeholders (paras 9, 33, 45, 56, 104, 82).
7 Mainstream gender equality in implementing UHC	<ul style="list-style-type: none"> ■ Mainstreaming a gender perspective on a systems-wide basis when designing, implementing, and monitoring health policies (paras 51, 61, 93, 95, 104).
8 Strengthen emergency preparedness	<ul style="list-style-type: none"> ■ Enhance emergency health preparedness and response systems, strengthen capacities and resilience of health systems at national, regional and international levels, and enhance coordination, coherence, and integration (paras 19, 27, 28, 81, 82, 96, 98).

OVERARCHING ASKS FROM ASIA PACIFIC CIVIL SOCIETY ►►

While the five-point key asks of CSOs in this brief are specific to UHC PD, our approach was to find the interlinkage to the other two HLMs on health, PPPR, and TB. The CSOs have overarching asks on issues that impede the realisation and operationalisation of the responses to UHC, PPPR, and TB. These overarching asks were the principles that we wanted to see in the PDs. This means that the responses to UHC, PPPR, and TB should be integrated, people-centered, just, equitable, gender-transformative, community and civil society-inclusive, and accountable.

When we looked at the interlinkages according to our overarching asks, we noted that they were not in the PDs. The “value of One Health approach” and “multisectoral approach in health” were mentioned in the PDs. However, there was no definitive statement and action point in the three HLMs with regard to an integrated approach to UHC, PPPR, and TB. We see this as a missed opportunity to provide countries with an entry point

to further develop a framework for integration on UHC, PPPR, and TB in order to maximise their interlinkages.

CSOs and APCASO considered the absence of an integrated framework for UHC, PPPR, and TB a critical gap that needs to be addressed, and thus we call on governments and world leaders to:

- **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.
- **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.

- **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 research and development. 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.

- **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.
- **Recognise socially, economically, and politically marginalised key and vulnerable populations as key to achieving the 3 HLM targets.** Governments should recognise that communities that have been systemically and historically marginalised exist and that addressing their needs is imperative in achieving the targets of the 3 HLMs.



KEY ASKS FROM ASIA PACIFIC CIVIL SOCIETY ▶▶

The representatives of country and regional civil society organizations in Asia Pacific region had five key asks on UHC, including community systems for health, integration of mental health services, financing, equity and governance, and overarching principles on UHC, PPPR, and TB. The table below provides an analysis of the elements in the UHC PD that are responsive to the key asks of civil society organizations and the perceived gaps in the commitments pledged by member countries at the UN HLM.⁶

Key Asks from Civil Society	Commitments in the 2023 UHC PD	Gaps in the UHC PD
<p>1 Strengthen community systems for health</p>	<ul style="list-style-type: none"> ■ Promotion of primary health care (PHC) approach to achieve UHC and other SDGs and community-based health services as a critical component of PHC (paras 30, 31, 32). ■ Acknowledge the potential role of community-led initiatives and community engagement in building trust in health systems (para 33). ■ Strengthen national health plans and policies based on a primary health care approach, including international cooperation and global solidarity at the highest political level (paras 46, 49, 50, 51, 52, 53, 78). ■ Encourage incentives to secure the equitable distribution of qualified health workers, including community health workers, especially in rural, hard-to-reach, and underserved areas and in fields with high demands for services (para 93). 	<ul style="list-style-type: none"> ■ Community systems for health or community systems strengthening (CSS) is not mentioned at all in the 2023 PD, which essentially should be a component of primary health care, whole-of-government and whole-of-society approach as espoused in para 47. ■ There is no clarity on what the PD meant by “community-led initiatives and community engagement,” and there are no action points on how the role of communities will be harnessed in the health systems. ■ There is reference in para 103, “to strengthen the capacity of local authorities, and encourage them to engage with their respective communities and stakeholders”, which is relevant to CSOs key ask to “strengthen community systems for health.” However, it is not clear in the PD how this commitment will be put into action.
<p>2 Promote allocative efficiency, innovative financing, and domestic resource mobilisation</p>	<ul style="list-style-type: none"> ■ Prioritising and optimising budgetary allocations on health through investing in primary health care and ensuring adequate financial resources for a nationally determined package of health services for UHC is a recurring commitment in the UHCPD (para 30, 49, 51, 86). ■ There is reference to strengthening of national health plans and policies based on PHC to support the provision of a comprehensive, evidence-based, nationally-determined and costed package of health services with financial protection for all (para 49). ■ Reliance on out-of-pocket expenditures and lower prevalence of catastrophic health spending (para 86). ■ Mobilise domestic public resources as a major source of financing for universal health coverage, through political leadership, consistent with national capacities, and expand pooling of resources allocated to health (para 87). 	<ul style="list-style-type: none"> ■ Although financial protection is mentioned, there is an overall lack of concrete actions in the 2023 PD on how this will be operationalised. ■ While reference was made in “the level of progress and investment to date remain insufficient to meet target 3.8 of the Sustainable Development Goals, and trends in financial protection are worsening, with the incidence of catastrophic out-of-pocket spending on health” (para 18.b and c) and in “mobilise domestic public resources as a major source of financing for universal health coverage, through political leadership,” (para 87) there is little or vague reference to the use of public spending to ensure stable, resilient, and sustainable health systems.
<p>3 Integration of mental health services</p>	<ul style="list-style-type: none"> ■ Promotion of mental health, its integration in PHC, and hiring of competent mental health professionals are emphasised in paras 92, 93. ■ Specific references on mental health as part of UHC are included in PD 2023 and the need to scale up efforts and measures to address the determinants that influence mental health (paras 55, 59). 	<ul style="list-style-type: none"> ■ Reference is made to “the right of everyone to the enjoyment of the highest attainable standard of physical and mental health” in para 13, but there are no specific statements on how this will be attained at the national and subnational levels.

<p>4 Enhance equity in UHC</p>	<ul style="list-style-type: none"> ■ Leave no one behind with references to prioritizing the health needs of those who are vulnerable or in vulnerable situations throughout their life courses are stated in paras 11, 22, 23, 24, 48, 64 and 104. ■ Particularly cited in para 14 is the fundamental importance of equity, social justice and social protection mechanisms as well as the elimination of the root causes of discrimination and stigma in health-care settings, and this is further underscored in paras 48 and 51 emphasising people-centered, equitable, and evidence-based health approaches. ■ Promote increased access to affordable, safe, effective and quality medicines, including generics, vaccines, diagnostics and health technologies, reaffirming the World Trade Organization Agreement on Trade-Related Aspects of Intellectual Property Rights (TRIPS Agreement, para 71). 	<ul style="list-style-type: none"> ■ There is no mention of sexuality, control over sexuality, gender rights, or the LGBTQIA+ community, and comprehensive sexuality education was omitted in the PD. ■ The provisions on gender transformation were minimal, focusing on mainstreaming gender approaches and overlooking people of diverse sexuality. While vulnerable populations were mentioned, there is no specific reference to the inclusion of all communities considered vulnerable at the ground level. ■ The reference to human rights was more of a general statement with inadequate alignment to desired approach in the context of UHC, and there is a lack of provisions for developing the capacity of Duty Bearers and supporting rights holders.
<p>5 Establish inclusive and participative governance for UHC</p>	<ul style="list-style-type: none"> ■ There is emphasis in the language of the PD about the promotion of participatory, inclusive approaches to health governance for UHC, including by exploring modalities for enhancing a meaningful whole-of-society approach and social participation, involving all relevant stakeholders (paras 9, 33, 45, 56, 104, 82). 	<ul style="list-style-type: none"> ■ Although people’s engagement is mentioned in the PD, the term “engagement” is not explicitly defined. ■ While there is reference to inclusive approaches to health governance, enabling statements on institutionalising mechanisms to ensure inclusive governance are not included. ■ There is an absence of a clear, transparent, and community-involved accountability mechanism in the 18 pages and 109 paragraphs of the political declaration, with the term mentioned only once in the context of countries being accountable for the responsible use of domestic finances.

WHAT COMMUNITIES AND CIVIL SOCIETY CAN DO ►►

- **Review and analyse** the HLM PD on UHC in the context of your country and identify priority areas for policy changes and investments.
- **Launch** Learning Campaigns on the HLM PD on UHC to deliver key messages on their significance to the country, communities, and organizations.
- **Translate** the HLM PD on UHC in the local language to better understand the commitments on UHC.
- **Build** public and media awareness on the HLM PD on UHC to secure their support in making governments fulfill their commitments.
- **Convene** a Post-HLM dialogue series with CSOs and communities; donors; and governments to identify areas of collaboration and to strengthen partnerships in implementing commitments in the UHC PD.
- **Adapt and roll out** the Health Accountability Scorecards on UHC, PPPR, and TB commitments that will be developed by APCASO as one of the mechanisms to track the state of the 3 HLM commitments and to support implementation of the PDs.
- **Advocate** for the full implementation of the PDs on UHC, PPPR, and TB in an integrated approach as consolidated in the Overarching Asks from Asia Pacific Civil Society.



ENDNOTES

- ¹ 2024-2027 Strategic Framework, UHC2030, p.4. April 2024. <<https://www.uhc2030.org/who-we-are/governance/2024-2027-strategic-framework/>>.
- ² Adopted from the eight action areas in UHC PD used by UCH2030. <https://www.uhc2030.org/fileadmin/uploads/uhc2030/2_What_we_do/2.1_Elevating_voices/2.1.4_State_of_UHC_Commitment/2023/2023_SoUHCC_Synthesis_EN.pdf>.
- ³ Statement of Asia-Pacific Communities and Civil Society on the 3 HLMs. <<https://apcaso.org/resilient-sustainable-integrated-and-fully-resourced-systems-for-health-civil-society-and-communities-statement-on-the-3-hlms/>>.
- ⁴ Countries Reaffirm Commitment to UHC and Pandemic Preparedness, Ending TB. 27 September 2023. <<https://sdg.iisd.org/news/countries-reaffirm-commitment-to-uhc-and-pandemic-preparedness-ending-tb/>>.
- ⁵ 2023 UN Political Declaration on Universal Health Coverage. <<https://www.un.org/pga/77/wp-content/uploads/sites/105/2023/09/UHC-Final-Text.pdf>>.
- ⁶ Some aspects of the analysis were based on the presentation of RD Marté, APCASO Executive Director during the 3 HLMs Post-Mortem: What Happened? What’s Next? An Asia-Pacific Regional Civil Society Convening, 6 December 2023 Bangkok, Thailand; and the CSEM Analysis of 2023 UHC PD, October 2023. <<https://csemonline.net/wp-content/uploads/2023/10/Analysis-of-the-2023-Political-Declaration-on-Universal-Health-Coverage-compared-to-the-Action-Agenda-on-UHC-from-the-UHC-Movement.pdf>>.



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