From commitment to action: political leadership and overall approach
From commitment to action: political leadership and overall approach

This paper has been prepared to inform the discussion of the Steering Committee during Session 1 – From commitment to action: political leadership and overall approach. It provides an overview of how UHC2030 will contribute to action and results as follow-up on the UN High-level Meeting on UHC.

Session objective:
Agree a shared UHC2030 post-HLM vision and how we contribute to taking forward the Political Declaration commitments.

For Steering Committee consideration:
Steering Committee feedback and steer is requested on the following issues:

1.1 Reflecting on HLM outcomes: i) Political Declaration vs. Key Asks; ii) ‘Hitting the Targets’ and health partnerships/initiatives coming together
   - Acknowledge the contribution of UHC2030 in promoting coherent messaging and mobilizing a range of partners across health
   - Reflect on lessons learned from the process
   - Understand formal follow-up to HLM and UHC2030 opportunities to contribute.

1.2 Our post-UNGA vision: “from asks to action”
   - Confirm that the Key Asks provide our framing strategy and targeted outcomes, and our approach of ‘voices’, ‘working better together’ and ‘knowledge and networks’ to work towards these.
   - Tracking the HLM commitments: steer/agree the proposed approach for a UHC2030 State of UHC Commitment Report (see separate document UHC2030/SC6/2019/08)

1.3 Sustaining the momentum and ensuring political commitment:
   - Agree to establish a UHC Movement Political Advisory Panel (see separate document UHC2030/SC6/2019/06)

Background information:

1.1 UN HLM outcomes & UHC2030 contribution to HLM

The UN High Level Meeting on the “Universal Health Coverage: Moving Together to Build a Healthier World” was a hugely significant achievement. World leaders endorsed the most ambitious and comprehensive political declaration on health in history.

By reaching agreement on this declaration, Member States signalled their readiness to make the political choice of UHC. Moreover, analysis of the declaration itself (see below) shows that the Key Asks of the UHC Movement are strongly reflected in the HLM outcome commitments. In addition, alongside the HLM there was a powerful coming together of different health constituencies and partnerships around a common shared agenda and goals.

UHC2030 partners and constituencies can feel proud to have contributed to these achievements. Since the beginning of 2019, UHC2030 helped prepare for the meeting working with partners and a broader range of health stakeholders who collaborated to produce and promote the Key Asks from the UHC Movement. This process provided a basis for coordinated advocacy efforts and coherent messaging. The Key Asks were brought into sharp focus by over 600 non-state organisation representatives who shared their views and determination for action for the UN HLM and beyond during the Multistakeholder Hearing on 29 April. They also fed into the Political Declaration to a great extent.
UHC2030 helped the UN President of the General Assembly to mobilise partners in the preparation for the UN HLM. To ensure as many partners as possible could get their voice heard, UHC2030 collected statements from participants both for the Multi-stakeholder Hearing on 29 April and the UN HLM itself on 23 September and disseminated online.

UHC2030 organised two post-UN HLM follow-up events with other health partnerships and the Group of Friends of UHC and Global Health respectively, which both demonstrated strong willingness to have a united front across the UHC movement and other health-related partnerships and commitment to work better together to accelerate progress towards UHC.

For further information:
- 1,460 days left: countdown to 2023 - the mid-point of the SDGs: www.uhc2030.org/news-events/uhc2030-news/1-460-days-left-countdown-to-2023-the-mid-point-of-the-sdgs-555301/

1.2 Our post-UNGA vision: from asks to action

For immediate reflections on HLM outcomes and post-HLM strategic approach, UHC2030 initiated follow-up discussions at the Rockefeller Foundation on 25 September and gathered Steering Committee members and a broader range of partners with whom we have worked closely in the lead up to the UN HLM.

There was consensus among participants about i) continuing to use the key asks as a strategic framework, ii) focusing follow-up on ensuring HLM commitments (reflecting the key asks) translate into action, iii) the opportunity to build on the HLM by promoting greater coherence around health and UHC goals and stronger coordination across the global health architecture, and iv) promoting inclusive participatory monitoring and accountability approaches in countries.

Reflecting the feedback at this meeting (see Annex 1), the Core Team proposes that UHC2030 focuses its future work on “realization of the key asks”. The Key Asks will therefore be our framing strategy and targeted outcomes – and our approach of ‘voices’, ‘working better together’ and ‘knowledge and networks’ will be how we contribute towards these (also see UHC2030 workplan and results framework, updated for 2020).

**UHC Political Declaration – analysis and promotion of Key Targets and Commitments**

In line with this approach, the Core Team has prepared an analysis and summary of the key targets, commitments and follow-up actions included in the UHC Political Declaration and how these relate to the Key Asks (Annex 2). This analysis will inform and guide UHC2030’s future work, and provide an important basis for multi-stakeholder advocacy and accountability follow-up to the HLM.

For example, UHC Day on 12 December is an important early opportunity to champion these commitments. The theme of this year’s celebration is ‘Keep the Promise’, which aims at encouraging political leaders and partners to sustain the political momentum and translate political commitment into action. All campaigners are encouraged to use this summary document and associated campaign materials to disseminate outcomes of the UN HLM across the world. To connect and amplify these campaigns they have also been invited to share information about their events on an online global map.

For further information:
- Summary of key discussion points, UHC2030 Strategic Meeting on HLM Follow-up (Annex 1)
- **UHC Political Declaration - Key Targets, Commitments & Follow-up Actions** (Annex 2)
- More information on the UHC Day available at: www.uhcday.org
State of UHC Commitment Report

The UHC Political Declaration has raised high expectations. Member States will have to report back to the UN in 2023 on the progress they have made, and citizens in countries around the world will be able to use the Political Declaration as a basis for holding their governments accountable. To enhance this accountability and tracking of progress on HLM commitments, UHC2030 proposes to collaborate with its constituencies and prepare a biannual State of UHC Commitment Report.

The report would provide a multi-stakeholder consolidated view on the state of global and country commitments to making progress towards SDG target 3.8 on UHC, drawing on the Political Declaration. It would support the advocacy and accountability efforts of the UHC Movement and be explicitly political, country-focused and action-oriented – complementing the global UHC monitoring report that focuses on UHC indicators (i.e. Service Coverage and Financial Protection). It would also support social accountability by providing country stakeholders with additional evidence to feed into inclusive and participatory review processes.

1.3 Sustaining the political momentum

During the UHC2030 Strategic Meeting on 25 September, the Secretariat was asked to propose how UHC2030 could further leverage political processes to sustain high-level momentum on UHC and ensure follow-up on the UHC Political Declaration. Unlike other health-related partnerships (e.g. Partnership for Maternal, New Born and Child Health, Scale Up Nutrition, STOP TB Partnership, Sanitation and Water for All), UHC2030 does not explicitly engage with a group of political representatives/champions. Closer collaboration with politically influential figures would open up opportunities to enhance UHC messages in top-level political forums and bring diverse stakeholders’ views into relevant political processes.

Moreover, delivering on the HLM promises and high-level political commitments on health requires sustained political momentum – especially to seize upcoming opportunities between now and 2023, the mid-point of the SDGs. We therefore propose to establish a political advisory panel whose main role would be to provide guidance to the Steering Committee on strengthening political support for UHC. This would be a lean and informal mechanism, with 5-6 members selected on the basis of personal capacity to connect and leverage relevant political processes and institutions. This grouping could meet in person once a year (e.g. at the UN General Assembly or the High Level Political Forum), with virtual meetings as required, and champion UHC issues (and UHC2030) in and around relevant international forums.

For further information:
- Proposed TORs for the political advisory panel UHC2030/SC6/2019/06

Further background: official process for HLM follow-up
Milestones anticipated between 2020 and 2023 include:

<table>
<thead>
<tr>
<th>Year</th>
<th>Location</th>
<th>Event Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>2020</td>
<td>Geneva, Switzerland</td>
<td>146th WHO Executive Board (HLM feedback discussions)</td>
</tr>
<tr>
<td>May 2020</td>
<td>Geneva, Switzerland</td>
<td>73rd World Health Assembly</td>
</tr>
<tr>
<td>2020–21</td>
<td>New York, USA</td>
<td>SG’s UHC Progress Report (in 75th UNGA)</td>
</tr>
<tr>
<td>2020–21</td>
<td>New York, USA</td>
<td>Scope &amp; Modalities resolution for the HLM on UHC in 2023 (by 75th UNGA)</td>
</tr>
<tr>
<td>2022–23</td>
<td>New York, USA</td>
<td>SG’s report on implementation of UHC political declaration (in 77th UNGA) with recommendations</td>
</tr>
<tr>
<td>2023</td>
<td>New York, USA</td>
<td>High-level Meeting on UHC</td>
</tr>
</tbody>
</table>
Annex 1

UN High-level Meeting on UHC: Key outcomes & UHC2030 role in follow-up

Summary of strategic discussion with UHC2030 stakeholders at Rockefeller Foundation, 25 September 2019
Political declaration: outcome targets

Accelerate efforts towards the achievement of UHC by 2030:

• Progressively cover 1bn additional people by 2023 & all people by 2030

• Reverse trend of catastrophic OOP health expenditure, eliminate impoverishment due to health expenses by 2030

[para. 24]
### Political declaration: follow-up, accountability

<table>
<thead>
<tr>
<th><strong>Global follow-up</strong> (paras 82, 83)</th>
<th><strong>National accountability</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>• Progress report in 2020/21</td>
<td>• Engage all stakeholders in development, implementation and evaluation of health- and social-related policies and reviewing UHC progress (p54)</td>
</tr>
<tr>
<td>• Report with recommendations on political declaration implementation in 2022/23</td>
<td>• Set measurable national targets and strengthen national monitoring and evaluation platforms (p79)</td>
</tr>
<tr>
<td>• HLM in 2023 – scope &amp; modalities to be decided in 2020/21</td>
<td></td>
</tr>
<tr>
<td>Ask 1. Political leadership beyond health</td>
<td></td>
</tr>
<tr>
<td>-----------------------------------------</td>
<td></td>
</tr>
<tr>
<td>Wider determinants (p26)</td>
<td></td>
</tr>
<tr>
<td>Govt capacity to lead (p55)</td>
<td></td>
</tr>
<tr>
<td>Whole of govt &amp; society (p59)</td>
<td></td>
</tr>
<tr>
<td>UHC &amp; emergencies (p73)</td>
<td></td>
</tr>
<tr>
<td>UNSG &amp; member states political momentum (p81)</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Ask 2. Leave no one behind</th>
</tr>
</thead>
<tbody>
<tr>
<td>Access to medicines etc (p51)</td>
</tr>
<tr>
<td>HCW training to meet needs of vulnerable groups (p61)</td>
</tr>
<tr>
<td>Health info, disagg. data (p67)</td>
</tr>
<tr>
<td>Health systems to reach vulnerable people (p72)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Ask 3. Regulate &amp; legislate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Effective institutions (p56)</td>
</tr>
<tr>
<td>Legislative frameworks &amp; policy coherence (p57)</td>
</tr>
<tr>
<td>Regulatory (p58)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Ask 4. Quality of care</th>
</tr>
</thead>
<tbody>
<tr>
<td>Quality needs-based interventions (p25)</td>
</tr>
<tr>
<td>PHC (p46)</td>
</tr>
<tr>
<td>People-centred, safety (p48)</td>
</tr>
<tr>
<td>Health workforce (p62)</td>
</tr>
<tr>
<td>HTA capacity (p65)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Ask 5. Invest more + better</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nationally appropriate spend targets (p40)</td>
</tr>
<tr>
<td>Sufficient public spending (p41)</td>
</tr>
<tr>
<td>Adequate finances, use effectively (p45)</td>
</tr>
<tr>
<td>Innovative R&amp;D financing (p52)</td>
</tr>
<tr>
<td>Invest in ethical tech. (p66)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Ask 6. Move together</th>
</tr>
</thead>
<tbody>
<tr>
<td>Private sector innovation (p53)</td>
</tr>
<tr>
<td>Multi-stakeholder platforms (p54)</td>
</tr>
<tr>
<td>Whole of govt &amp; society (p59)</td>
</tr>
<tr>
<td>Global partnerships incl. UHC2030 (p77)</td>
</tr>
</tbody>
</table>

Mainstream systems-wide gender perspective + needs of women & girls (p69)
Next steps for UHC2030: Global

**UHC2030 Core Team will explore and where appropriate develop proposals to:**

1. Compile and disseminate key statements and messages from the HLM.
2. Convene agencies, partnerships, etc. to identify respective roles and **stronger coordination across the global health architecture** for more coherent UHC messaging and action.
3. (Co-)develop and/or promote a **single accountability framework across different health reporting processes** (at global level and potentially with regional blocs).
4. Develop guidance and experience-sharing for evidence-based **participatory monitoring and accountability with parliaments and civil society**. [Also see country-level #2]
5. Produce a ‘**state of UHC commitment and action’ report**, framed around the key asks.
6. Together with UHC2030 stakeholders, develop compelling **messaging around benefits/impact of UHC and key actions that political leaders can take**.
7. Work more explicitly on making the **political case for UHC**, including at the highest levels, e.g. identify partners to co-develop a roadmap/checklist for building and sustaining commitment.
8. **Promote gender equality** across these actions, and ensure gender dimensions are included in political commitment and action for UHC.
Next steps for UHC2030: Country-level

**UHC2030 Core Team will explore and where appropriate develop proposals to:**

1. Support the **institutionalization of multi-stakeholder platforms**, working closely with the UHC-Partnership (incl. validation of guidance to countries, support to implementation and tracking of progress).
2. Support **participatory governance**, working with parliaments [also see global #3].
3. Promote **pooled or coordinated support across agencies for CSO engagement and advocacy** in countries. Identify ways to use existing resources better and mobilize new sources of funding (e.g. non-traditional donors, philanthropies).
4. Strengthen the UHC movement by **building more explicitly on social movements and activism** approaches – and put youth at the centre.
In September 2019, world leaders endorsed the most ambitious and comprehensive political declaration on health in history at the United Nations High-Level Meeting (UN HLM) on Universal Health Coverage (UHC).

We all have a critical role to play in ensuring that leaders are held accountable to their promises, and that their words translate to action. The first step is knowing exactly what leaders committed to during the UN HLM.

This document summarizes the key targets, commitments and follow-up actions contained within the UHC Political Declaration for the UN HLM in 2019, in relation to the Key Asks from the UHC movement.

By bringing together the key asks and political declaration commitments in this way, this document provides an outline for strategic multi-stakeholder advocacy and accountability to help translate UN HLM commitments into action.

Key Asks from the UHC Movement

The Key Asks from the UHC movement (UHC Key Asks) were developed over a three-month period in consultation with all actors of the UHC movement: parliamentarians, civil society, the private sector, agencies, networks and academia. The UHC Key Asks fed into the UHC Political Declaration as the foundation for coordinated advocacy efforts that all partners promoted together throughout the preparation of the UN HLM.

‘Everyone, everywhere should have access to quality and affordable health services. We call on political leaders to legislate, invest and collaborate with all of society to make UHC a reality.’
**Political Declaration of the UN High-level Meeting on UHC**

“Universal Health Coverage: Moving Together to Build a Healthier World”

The political declaration is an historic commitment by leaders that places UHC at the heart of the 2030 Agenda for Sustainable Development.

---

**KEY TARGETS**

The political declaration identifies key action areas to frame the political objectives, guide implementation and accelerate action toward UHC. It also includes several targets that form a strong basis for tracking progress.

‘We therefore commit to scale up our efforts and further implement the following actions’:

**Access and financial risk protection:** 24. Accelerate efforts towards the achievement of universal health coverage by 2030 to ensure healthy lives and promote well-being for all throughout the life course, and in this regard re-emphasize our resolve:

a. To progressively cover 1 billion additional people by 2023, with a view to covering all people by 2030;

b. To stop the rise and reverse the trend of catastrophic out-of-pocket health expenditure and eliminate impoverishment due to health-related expenses by 2030;

**Resource mobilization:** 42. Expand quality essential health services, strengthen health systems and mobilize resources in health in developing countries, noting that, according to World Health Organization estimates, an additional 3.9 trillion dollars in total by 2030 could prevent 97 million premature deaths and add between 3.1 and 8.4 years of life expectancy in low- and middle-income countries;

**Public spending on health:** 43. Optimize budgetary allocations on health, sufficiently broaden fiscal space, and prioritize health in public spending, while ensuring fiscal sustainability, and adequately increase public spending, as necessary, with a special emphasis on primary health care, where appropriate, in accordance with national contexts and priorities, while noting the World Health Organization recommended target of an additional 1 per cent of gross domestic product or more;

**Health workforce:** 60. Take immediate steps towards addressing the global shortfall of 18 million health workers and addressing the growing demand for health and social sectors which calls for the creation of 40 million health worker jobs by 2030.
**Ensure Political Leadership Beyond Health**

Commit to achieve UHC for healthy lives and well-being for all at all stages, as a social contract.

**Health-in-all-policies:** 26. Implement high-impact policies to protect people's health and comprehensively address social, economic and environmental and other determinants of health by working across all sectors through a whole-of-government and health-in-all-policies approach;

**Prioritize public health:** 27. Prioritize health promotion and disease prevention, through public health policies, good governance of health systems, education, health communication and health literacy, as well as safe, healthy and resilient cities;

**Leadership capacity:** 55. Strengthen the capacity of national government authorities to exercise a strategic leadership and coordination role, focusing on intersectoral interventions, as well as strengthen the capacity of local authorities;

**Strategic political leadership:** 59. Provide strategic leadership on UHC at the highest political level and promote greater policy coherence and coordinated actions through whole-of-government and health-in-all-policies approaches, and forge a coordinated and integrated whole-of-society and multisectoral response;

**UHC in emergencies:** 73. Promote more coherent and inclusive approaches to safeguard UHC in emergencies, including through international cooperation;

**UNSG and political momentum:** 81. Request the Secretary-General to continue engaging with Member States to sustain and further strengthen the political momentum on universal health coverage;

**Milestone:**

79. Set measurable national targets and strengthen national monitoring and evaluation platforms, to support regular tracking of the progress made for the achievement of universal health coverage by 2030;

**Leave No One Behind**

Pursue equity in access to quality health services with financial protection.

**Reduce financial barriers:** 39. Pursue efficient health financing policies, to respond to unmet needs and to eliminate financial barriers to access, reduce out-of-pocket expenditures leading to financial hardship and ensure financial risk protection for all throughout the life course, especially for the poor and those who are vulnerable or in vulnerable situations;

**Access to medicines and health products:** 49. Promote equitable distribution of and increased access to quality, safe, effective, affordable and essential medicines, including generics, vaccines, diagnostics and health technologies to ensure affordable quality health services and their timely delivery;

**Health workforce:** 61. Develop, improve, and make available evidence-based training that is sensitive to different cultures and the specific needs of women, children and persons with disabilities, and expand community-based health education and training in order to provide quality care for people throughout the life course;

**Vulnerable/excluded people:** 70. Ensure that no one is left behind, with an endeavour to reach the furthest behind first, empower those who are vulnerable or in vulnerable situations and address their physical and mental health needs, including all children, youth, persons with disabilities, people living with HIV/AIDS, older persons, indigenous peoples, refugees and internally displaced persons and migrants;

**Resilient health systems:** 72. Promote strong and resilient health systems, reaching those who are vulnerable or in vulnerable situations, and capable of effectively implementing the International Health Regulations (2005);
Regulate and Legislate

Create a strong, enabling regulatory and legal environment responsive to people’s needs.

Transparency of prices: 50. Improve availability, affordability and efficiency of health products by increasing transparency of prices across the value chain, including through improved regulations and building constructive engagement and a stronger partnership with relevant stakeholders, including industries, the private sector and civil society, in accordance with national and regional legal frameworks and contexts;

Effective institutions: 56. Build effective, accountable, transparent and inclusive institutions at all levels to end corruption and ensure social justice, the rule of law, good governance and health for all;

Regulatory capacities: 58. Improve regulatory capacities and further strengthen responsible and ethical regulatory and legislative system that promotes inclusiveness of all stakeholders, including public and private providers, supports innovation, guards against conflicts of interest and undue influence, and responds to the evolving needs in a period of rapid technological change;

Milestone:

57. Strengthen legislative and regulatory frameworks and promote policy coherence for the achievement of universal health coverage, including by enacting legislation and implementing policies that provide greater access to essential health services, products and vaccines, while also fostering awareness about the risks of substandard and falsified medical products, and assuring the quality and safety of services, products and practice of health workers as well as financial risk protection;

Uphold Quality of Care

Build quality health systems that people and communities trust.

Quality needs-based interventions: 25. Implement the most effective, high-impact, quality-assured, people-centred, gender- and disability-response, and evidence-based interventions to meet the health needs of all throughout the life course;

Primary health care: 46. Expand the delivery of and prioritize primary health care as a cornerstone of a sustainable people-centred, community-based and integrated health system and the foundation for achieving universal health coverage, while strengthening effective referral systems between primary and other levels of care;

Safe, quality, people-centred health systems: 48. Scale up efforts to build and strengthen quality and people-centred health systems and enhance their performance by improving patient safety, built on a foundation of strong primary health care and coherent national policies and strategies for quality and safe health services;

Health workforce: 62. Scale up efforts to promote the recruitment and retention of competent, skilled and motivated health workers, and encourage incentives to secure the equitable distribution of qualified health workers especially in rural, hard-to-reach and underserved areas and in fields with high demands for services;

Evidence-based decisions: 65. Strengthen capacity on health intervention and technology assessment, data collection and analysis, while respecting patient privacy and promoting data protection, to achieve evidence-based decisions at all levels, acknowledging the role of digital health tools in empowering patients, giving them access to their own health-care information, promoting health literacy, and strengthening patient involvement in clinical decision-making with a focus on health professional-patient communication;

Innovation and technology: 66. Invest in and encourage ethical and public health-driven use of relevant evidence-based and user-friendly technologies, including digital technologies, and innovation to increase access to quality health and related social services and relevant information, improve the cost-effectiveness of health systems and efficiency in the provision and delivery of quality care;

Milestone:

24. Reemphasize our resolve to progressively cover one billion additional people by 2023 with quality essential health services and quality, safe, effective, affordable and essential medicines, vaccines, diagnostics and health technologies, with a view to cover all people by 2030;
Nationally appropriate spending targets: 40. Scale up efforts to ensure there are nationally appropriate spending targets for quality investments in public health services, consistent with national sustainable development strategies, and transition towards sustainable financing through domestic public resource mobilization;

Public financing: 41. Ensure sufficient domestic public spending on health, where appropriate, expand pooling of resources allocated to health, maximize efficiency and ensure equitable allocation of health spending, while noting the role of private sector investment, as appropriate;

External financing: 45. Provide adequate, predictable, evidence-based and sustainable finances, while improving their effectiveness, to support national efforts in achieving universal health coverage, through domestic, bilateral, regional and multilateral channels, including international cooperation, financial and technical assistance, considering the use of traditional and innovative financing mechanisms, as well as partnerships with the private sector and other relevant stakeholders, recognizing that health financing requires global solidarity and collective effort;

Invest in new technologies and innovation: 66. Invest in and encourage ethical and public health-driven use of relevant evidence-based and user-friendly technologies, including digital technologies and innovation, to increase access to quality health and related social services and relevant information, improve the cost-effectiveness of health systems and efficiency in the provision and delivery of quality care;

Establish multi-stakeholder mechanisms for engaging the whole of society for a healthier world.

Private sector innovation: 53. Recognize the important role played by the private sector in research and development of innovative medicines;

Whole of society approach: 59. Forge a coordinated and integrated whole-of-society and multisectoral response, while recognizing the need to align support from all stakeholders to achieve national health goals;

Global partnerships: 77. Revitalize and promote strong global partnerships with all relevant stakeholders to collaboratively support the efforts of Member States, including through technical support, capacity-building and strengthening advocacy, building on existing global networks such as the International Health Partnership for UHC2030, and in this regard take note of the upcoming presentation of the global action plan for healthy lives and well-being for all;

Milestone:

43. Optimize budgetary allocations on health, sufficiently broaden fiscal space, and prioritize health in public spending, while ensuring fiscal sustainability, and adequately increase public spending, as necessary, with a special emphasis on primary health care, where appropriate, in accordance with national contexts and priorities, while noting the World Health Organization recommended target of an additional 1 per cent of gross domestic product or more;
Gender Equality

Emphasize gender equality, redress gender power dynamics and ensure women’s and girls’ rights as foundational principles for UHC.

Women’s empowerment in the health workforce: 63. Provide better opportunities and working environments for women to ensure their role and leadership in the health sector, with a view to increasing the meaningful representation, engagement, participation and empowerment of all women in the workforce, addressing inequalities and eliminating biases against women, including unequal remuneration while noting that women, who currently form 70 per cent of the health and social workforce, still often face significant barriers in taking leadership and decision making roles;

Sexual and reproductive health: 68. Ensure, by 2030, universal access to sexual and reproductive health-care services, including for family planning, information and education, and the integration of reproductive health into national strategies and programmes, and ensure universal access to sexual and reproductive health and reproductive rights;

Gender perspective in all policies: 69. 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 and health systems delivery;

‘Everyone, everywhere should have access to quality and affordable health services. We call on political leaders to legislate, invest and collaborate with all of society to make UHC a reality.’

To learn more about the UN HLM: uhc2030.org/un-hlm-2019/