

# List of statements submitted from participants of the UN High Level Meeting on Universal Health Coverage



Constituency/ Institution	Written Statement
<b>Alliance for Gender Equality for UHC</b>	<p>Universal Health Coverage must prioritize gender equality and girls’ and women’s health and rights. The Alliance for Gender Equality and UHC, with 107 civil society organizations from more than 40 countries across all continents, was founded on that premise. Today’s political declaration is the first step but cannot be the last. We are pleased that the declaration commits to advance gender-responsive health services throughout the life course, women in the health workforce, and girls’ and women’s full participation in health leadership and governance. It reaffirms commitments to universal access to sexual and reproductive health and reproductive rights. Gender-responsive health services—particularly SRH interventions—are low cost, cost-effective, and health promotive. They are crucial to fulfilling the right to health, especially for women, girls, and adolescents. A gender lens to UHC helps leave no one behind. It addresses entrenched inequalities and norms that prevent transformative change in health care and outcomes. As governments turn this declaration into action, they must:</p> <ul style="list-style-type: none"> <li>* Uphold girls’ and women’s rights, including sexual and reproductive rights</li> <li>* Integrate comprehensive sexual and reproductive health services and education</li> <li>* Invest in decent work for female health workers and remunerate women’s unpaid work</li> <li>* Collect and use data that promotes equity in health; and</li> <li>* Ensure affordable and accessible health care to all girls and women.</li> </ul> <p>UHC must prioritize gender equality and girls and women’s health and rights to leave no-one behind.</p>
<b>Ambivium Institute</b>	<p>Secretary-General of the UN, Director-General of WHO, Excellencies, as it may be recalled, the 2030 Agenda have made proposal that call for the global community to come together and work for making the world. These goals being promoted</p>

	<p>as 17, may seem simple but to achieve this Health for All, should call for developing countries to invest in better infrastructure that does not see that individuals are left to the caretake of others. Each country, should be able to provide the least care that are the result of better management, costs and sharing the knowledge across platform that sees the world move forward together. Excellencies, the driver and equity of making sure that the world delivers on health is political. As member states may be aware, migrants crossing borders are often viewed in the lens of how healthy they are and therefore it put a pause in inclusivity if health is not prioritized. Excellencies, as a stakeholder in this room, I speak for the voiceless and I encourage members states and organizations alike to leave no one behind. Developing countries need to invest in better hospitals, train the young to understand the linkages of health and society. I thank you.</p>
<p><b>Association for the Protection of Women's Children's Rights (APWCR)</b></p>	<p>We of the APWCR in contributing significantly to UHC2030, and ensuring that systematic attention is paid to the needs of the most marginalized and vulnerable populations so that 'no one is left behind' like in the situation of the English – Speaking North West and South West Regions of Cameroon in Central Africa. Insuring that quality primary health care (PHC) which remains a backbone of UHC and to further create trust in public institutions, the government of Cameroon is requested to immediately seize fire by ending the ongoing war declared on the beautiful people of the North West and South West regions of Cameroon since November 2017. The war according to human rights watch has caused the death of more than 2,000 people and 500,000 people forced away from their own homes. Majority of their homes burnt as they now live in the forest and thousands internally displaced! The situation according to UNHCR more than 30,000 people with 80% women and children fled the war and are now refugees in Nigeria! Release unconditionally thousands of men and women who continuously are arbitrarily arrested and abducted in some cases, tortured and still detained in many detention facilities in Cameroon and free all their leaders imprisoned.</p>
<p><b>Budi Kemuliaan Health Institution and Indonesia Medical Association</b></p>	<p>The role of civil society in organizing UHC is essential, civil society as a learning organization should be involved in the system of thinking, starting from agreeing on a road map that contains policies (regulatory framework), governance, business process, capability, information, communication and education. Civil society is able to jointly participate in removing obstacles in governance, service delivery and health financing, and strengthen the community to participate in the implementation of UHC based on equity and quality, mobilization practices, with a top down approach must be replaced with a participatory dialogue approach, bottom up, not in a hurry, rationally, gradually following the learning of UHC achievements from other countries, where the phases are basic, strengthening and transforming. It is believed that decision making based on valid data by utilizing IT for monitoring and evaluation and involving civil society is a must. Above of all, the political will and leadership of the government are needed.</p>
<p><b>Center for Global Development</b></p>	<p>To achieve SDG3, the global community must acknowledge fiscal constraints and trade-offs with other SDG goals, and act to maximize health impact and financial protection for the poor within resources available. Governments face an expanding menu of health technologies coupled with rapidly growing demand for healthcare, forcing difficult tradeoffs within the health sector, and between health and other important SDG goals like education, water/sanitation, and infrastructure. Simultaneously, many low-income countries are transitioning to middle-income status and away from donor aid, putting pressure on already-constrained health budgets. To maximize health and equity, there is an urgent need for fair, ethical, transparent and evidence-based processes to set high-value priorities for scarce public and aid spending on health (see iDSI). If treatment cannot be afforded, adequate financing and provision of palliative care is an ethical imperative. Failure to set explicit priorities will mean health inequities and unnecessary suffering. Further, understanding and adapting "what works" from countries like Thailand and Peru that have used evidence-based policies to rapidly deliver better health outcomes</p>



	<p>should inform the path to UHC (see Millions Saved). Progress towards UHC can only be met if the allocation of public monies is driven by science, economics, ethics, and the public interest.</p>
<p><b>Centre for Public Health</b></p>	<p>Centre for Public Health is a nongovernmental organization in Nigeria working towards reducing the high mortality rate in the developing countries especially Nigeria, through health education, promotion, and advocacy. Centre for Public Health is demanding action from political leaders to connect all the dots of the different healthcare systems in their countries. We should leave no one behind by creating inclusive-papillomavirus equal access to healthcare services devoid of geographical or financial barriers irrespective of religious, political or tribal/ethnic differences. We also demand inclusion of Human Papillomavirus (HPV) vaccine in all the national program on immunization, compulsory cervical screening of all women, free distribution of sanitary pads to all girls who cannot afford it to achieve good menstrual hygiene.</p>
<p><b>Chamber of Medical Diagnostic Institutions</b></p>	<p>The Argentine health system formally provides universal health coverage to all inhabitants, but it is inefficient, inequitable and with access and quality problems, although the total expenditure is close to 10% of GDP. The extreme segmentation of financing and its organization generate an unfair fragmentation of people's rights. In addition, other reforms deepened the differences according to people's income. For example: in social security the use of the mandatory contribution as part of payment to private insurance is allowed. Additionally, in such a segmented system the instances of citizen participation are diluted and without effective capacity to influence. A reform is required to ensure sufficient and similar coverage in access, opportunity and quality for all people, discriminating according to their needs, but never for their income, employment or place of residence. Our proposal is based on strengthening the role of the Nation in the governance of the system, which in addition to financing effective universal health coverage, and which includes drug policy, technology evaluation, a fund for financing for high-priced benefits, and networks public-private services provision. The policy must promote the effective assurance that, organized in the jurisdictions (Provinces), provides explicit guarantees for all inhabitants and protection through care lines.</p>
<p><b>Children's Cancer Center of Lebanon</b></p>	<p>Chairperson, distinguish participants, colleagues: The Children's Cancer Center of Lebanon (CCCL), is a center of excellence in the Arab region that treats children with cancer without any discrimination or financial burden on their parents. On behalf of many of the regional NGOs advocating to ensure the achievement of the Universal Health Coverage in the region, we congratulate co-facilitators and governmental representatives for declaring the key asks that could be summarized in 6 main titles:</p> <ol style="list-style-type: none"> <li>1. Reinvigorate the political leadership commitments;</li> <li>2. Leave no one behind by ensuring financial coverage for the treatments;</li> <li>3. Access to best quality treatment;</li> <li>4. Create regulations and policies to ensure the peoples' needs are met;</li> <li>5. Invest better in the health system and resources;</li> <li>6. Engage multi-stakeholder for better and healthy society;</li> </ol> <p>From the most prestigious political and forum stages, the Children's Cancer Center of Lebanon stand here to call on the international community to act by incentivizing and encouraging discussions among governmental, and Non-governmental institutions in addition to patient groups. We invite a multi-sectorial and non-health ministries to be actively involved in realizing the key asks that will pave the way to healthy communities and to ensure quality treatment for all. At the Children's Cancer Center of Lebanon, we are so proud of our partnership and constant conversation with the Lebanese Ministry of the public Health, private sector and non-health ministries that allow the total coverage of 200 children annually, a 30% of all childhood cancer incidence of which 20% are of non-Lebanese and refugees in Lebanon. The CCCL is aware that achieving</p>



	<p>the UHC 2030 requires multi-sectorial collaboration, in all its forms such as policy adaptation by governments, building partnerships that will deliver effectively on priorities identified through multi-sectorial negotiations and partnerships and hence call on all present at the high level meeting to lobby to their government to:</p> <ol style="list-style-type: none"> <li>1. Ensure a continuous multi-sectorial discussion including private sector such as the pharma industry;</li> <li>2. Put people first in any policy making/changes;</li> <li>3. Implementing existing non-communicable diseases including prevention, awareness and control policies and laws;</li> <li>4. To include pediatric cancer treatment and support care within UHC policies.</li> </ol> <p>Thank you</p>
<p><b>Civil Society Advisory Group for the Global Action Plan (GAP) for Healthy Lives and Well-being for All</b></p>	<p>The Civil Society Advisory Group of the Global Action Plan for Healthy Lives and Well-being for All warmly welcomes the commitment of Member States to accelerate progress towards Universal Health Coverage. Yet this is a first step, and simply convening a high-level meeting is not enough. While words spoken in New York and Geneva are important, what counts in the final reckoning are the actions undertaken in Soweto, Islamabad, Yaounde, La Paz and beyond. Without measurable, concrete commitments at the country level, words are hollow. For this meeting to be the transformative moment it needs to be, we call on Member States to accept real accountability for their promises. We call on the signatory agencies to the Global Action Plan to commit to supporting and resourcing civil society to assist governments and hold them accountable for these promises. And we call on civil society to step out of silos, uniting in a global movement for Health for All. We have the resources to do this. The question is – do we have the political will? The fifty percent of the world’s population who do not have access to the health services they need have waited long enough. Their time is now.</p>
<p><b>Civil Society Engagement Mechanism (CSEM) Advisory Group</b></p>	<p>The UHC2030 Civil Society Engagement Mechanism Advisory Group warmly welcomes the commitment of member states to accelerate progress towards Universal Health Coverage. But we are deeply concerned about the current state of UHC. As the Global Monitoring Report shows, more than half of the world’s population lacks essential coverage, and financial protection is deteriorating. We are concerned, moreover, that the Political Declaration lacks the necessary concrete commitments and accountability mechanisms to be truly transformative. If Member States are not categorical in their support for SRHR, and for the rights of the most marginalised, such as migrants, people of diverse sexuality and gender and many others, they will not deliver UHC. If the weak targets in the Declaration around domestic resource mobilisation are not significantly exceeded, many countries will not come close to achieving UHC by 2030. And if civil society and other stakeholders do not set aside competition and silos, and work together under the umbrella of Health for All, our impact will be muted. We must be ambitious. History must look back on this meeting as not just another moment when good things were said, but the moment when all actors changed their actions to achieve UHC by 2030.</p>
<p><b>Communities at the Heart of UHC Campaign, Frontline Health Workers Coalition, and the Community Health Impact Coalition</b></p>	<p>I am honoured to speak at the High-Level Meeting on Universal Health Coverage (UHC) on behalf of three member-based partnerships working on ensuring all communities have access to quality essential health services: The Communities at the Heart of UHC Campaign, the Frontline Health Workers Coalition, and the Community Health Impact Coalition. We applaud the Political Declaration’s call to scale up efforts to promote recruitment and retention of competent, skilled, motivated, and digitally empowered health workers where they are most needed. We promote incentive packages to secure equitable distribution of diverse, qualified health workforce teams in under-served areas and high-demand fields. Expansion and integration of community-based primary health care products and services are the foundation for achieving UHC. We call for community health workers to be fully accredited, paid a living wage; supported by nurses, midwives, and other health workers and the national supply chain; and accountable to their communities to deliver high-quality services. Putting</p>



	<p>communities at the center, we can make the Political Commitment actionable and build health systems that achieve UHC. We commit to working with all stakeholders to ensure we Leave No One Behind.</p>
<p><b>Community of persons living with a rare disease worldwide represented by Rare Diseases International and EURORDIS-Rare Diseases Europe</b></p>	<p>The rare disease community strongly supports the UN Political Declaration on UHC and welcomes the opportunity to make a joint statement at this High-Level Meeting represented by Rare Diseases International and EURORDIS-Rare Diseases Europe. Each rare disease affects a small number of patients in each country but, when considered all together, the 6000+ rare diseases are affecting a minimum of 4% of the population in each country and 300 million people worldwide. Rare diseases are genetic disorders, rare bacterial or viral infections, rare poisonings and rare cancers. In 70% of cases, rare genetic disorders appear during childhood. Rare diseases are chronic, complex, progressive, disabling, and life-threatening. Many people affected live in the margins of society, often undiagnosed, unrecognized, and unable to access services available to common conditions. These factors have a huge impact on family finances and mental health and are detrimental to their active participation in society. As such, people living with a rare disease constitute a vulnerable and neglected population, mostly invisible to the system regardless of their own socio-economic circumstances, and of the level of development of the country. However, the rare disease community has developed strategies and solutions which can translate into better inclusion in society, better health outcomes and survival (even within existing resources), and the reduction of social and economic inequities. The inclusion of rare diseases within UHC, taking a human rights approach, will be an opportunity to scale up these strategies and ensure that truly no one is left behind.</p>
<p><b>Countdown 2030 Europe</b></p>	<p>It is my honour to deliver this statement on behalf of Countdown 2030 Europe, a consortium of 15 European CSOs working to ensure advancement of SRHR and Family Planning for all. Today, 4.3 billion people suffer from inadequate reproductive health services, leading to increased inequalities, poverty, ill-health and death. Each year, millions of girls and women who want to avoid pregnancy lack access to modern contraception methods; 25 million unsafe abortions take place and nearly 2 million new HIV infections occur. If SRHR services, information and education for all are not integrated as key components of UHC, neither the achievement of UHC nor the fulfilment of the right to health will be possible. We welcome the adoption of this political declaration and the commitment by member states on ensuring SRHR is a key component of UHC. This is critical to realise the right to health, sustainable development and a precondition for gender equality, non-discrimination and ending poverty. Countdown 2030 Europe calls on all Member States to deliver on the SRHR commitments made in the declaration and to make sure a human rights-based approach is prioritised in the design and implementation of UHC models and programmes.</p>
<p><b>CSEM Argentina</b></p>	<p>The 51 CSOs participating at the Argentinean Country Advocacy Meeting, reaffirm the urgency to develop and implement public policies based on evidence, human rights and a participatory and inclusive process to achieve UHC. Here, as in most of Latin-American countries, system fragmentation, unaddressed social determinants, exclusion, and unstable economic situation underpin huge inequities impeding human and social development. We urge to reposition a strong Ministry of Health, increasing its stewardship role and resources, redirecting health spending to PHC and to prevention and promotion, including CSO participation at all level, ensuring transparency, accountability and stability of policies, with an interdisciplinary, gender and intercultural perspective including migrants. We are concerned about the increasing reliance on private health insurances and the unbearable increase of out of pocket expenditures as a key poverty driver. Families must cut on food and schooling to bear the cost of illness and life-saving healthcare. UHC is more than just coverage, it demands equitable, universal and inclusive access with a gender, diversity and social justice perspective. Sustainable financing with a solidarity base is as important as health systems and services organization, capable and sufficient human resources for health, health technology and supplies, quality of care and patient safety.</p>



<b>Dakshayani and Amaravati Health and Education</b>	<p>www.dakshamahealth.org www.iapg.org.in</p> <p>Dakshayani and Amaravati Health and Education Statement UN UHC High-Level Meeting Political Declaration of the High-level Meeting Universal Health Coverage: “Universal Health Coverage: Moving Together to Build a Healthier World” Dr. Ratna Devi, CEO Dakshayani and Amaravati Health and Education, 23 September 2019 Your Excellencies, Health Leaders, Health Policymakers, Patients, Health Professionals, non-State actors and all other universal health coverage champions Dakshayani and Amaravati Health and Education is the Secretariat for Indian Alliance of Patient Groups with over 45-member cross disease patient organisations in India. We welcome the Political Declaration of the High-Level Meeting and strong commitment to Universal Health Coverage: “Universal Health Coverage: Moving Together to Build a Healthier World”. Achieving UHC requires a global paradigm shift to recognize that UHC is an overarching umbrella for the achievement of healthy lives and wellbeing for all at all ages. We also believe that it is the right of every human being to enjoy the highest attainable standard of physical and mental health, everytime and at all times. We concur with the Political Declaration and stress that health is important across all the goals and targets of the 2030 Agenda on Sustainable Development. We endorse the need for holistic approaches and do not want to leave anyone behind and urge we reach the furthest behind first in our societies. We emphasize that delivering universal health coverage means that every State needs to take a comprehensive approach so that all people and communities can use the health services they need, of sufficient quality to be effective, across the care continuum pathway, while also ensuring that the use of these services does not expose individuals and families to financial hardship. We, want to bring to your attention the World Health Assembly resolution adopted by your Health Ministers at the Seventy-Second World Health Assembly: WHA 72.6 Agenda item 12.5 Global action on patient safety (28 May 2019), and would like to emphasize that patient safety and quality go together and have to be ensured at all levels of healthcare. We congratulate you for supporting this Declaration and urge that we accelerate high impact, cost effective interventions and ensure that together with expert patients and carers we implement the most effective, people-centred, and evidence-based interventions that are accessible to all irrespective of gender, location or financial status. Thank you for your attention.</p>
<b>Eastern Mediterranean NCD Alliance</b>	<p>Eastern Mediterranean NCD Alliance (EM-NCDA) is a regional network of over 35 national NGOs and NCD alliances from more than 20 countries in Eastern Mediterranean Region working together to alleviate NCD agenda at regional level. NCDs account for the largest burden of morbidity, disability and mortality in the region, putting enormous pressure on weak health systems. People living with NCDs often struggle to get access to care and essential medicines, in particular in low income countries and countries with political instability and humanitarian crises. EM-NCDA echo NCD Alliance Advocacy priorities for 2019 UNHLM on UHC and UHC 2030’s key Asks. We call on Government of EMR to integrate NCD care in UHC benefit packages that ensure affordable, quality NCD care and prioritize preventive and early intervention as essential for healthcare sustainability and socioeconomic development. We emphasize the need to strengthen PHC services focusing on early screening and quality management for NCDs. There is a need to improve accessibility and affordability of essential health care for PLWNCDs in the region in particular, countries with humanitarian crises. EM-NCDA is committed to support Member states making UHC a reality and meet the needs of everyone.</p>
<b>EMERGENCY - Life Support for Civilian War Victims ONG ONLUS</b>	<p>Building on 25 years experience and over 10 million patients treated in 18 countries including Afghanistan and Sudan, EMERGENCY has come to believe that for healthcare systems to be effective and sustainable, they must be founded on three principles: equality, quality and social responsibility. Access to quality healthcare should not be a privilege for the few but a right for all. International cooperation shall be oriented towards creating equal opportunities, without discriminations. Healthcare services across the world should be free-of-charge, based on community needs and up to date with the</p>



	<p>achievements of medical science. Achieving UHC means strengthening comprehensive and resilient health systems with accessible secondary and tertiary level facilities. This will guarantee delivery of appropriate services, promote scientific knowledge and allow qualified training, reversing the brain drain of local professionals. Capacity building triggers long-term development and equips national health systems to deal with complex health conditions. We call for the political leadership, at national and international level, to prioritise investments, resources mobilisation and multi-actors partnership in the health sector, based on scientific sound best practices. Achieving UHC is feasible and is essential to build a peaceful and inclusive society where no one is left behind.</p>
<p><b>European Society for Medical Oncology</b></p>	<p>The European Society for Medical Oncology (ESMO) has a global network of over 23,000 oncology professionals in 156 countries. We support the UN Political Declaration on Universal Health Coverage (UHC) because health is a human right, not a privilege, and no cancer patient should be left behind without access to affordable quality cancer and palliative care services. We call on governments to show strong, sustainable political will to:</p> <ul style="list-style-type: none"> <li>• Prioritize high-impact investments in cancer care by accelerating the implementation of the 2017 ‘Cancer Resolution’ (WHA 70.12).</li> <li>• Offer, and pay for, comprehensive essential cancer services within national UHC packages, currently lacking in many countries.</li> </ul> <p>We invite governments to draw upon ESMO resources for cancer that can support achieving the 3 dimensions of UHC:</p> <ul style="list-style-type: none"> <li>• The ESMO-ASCO Global Curriculum in Medical Oncology supports training the necessary workforce to ‘increase population coverage’.</li> <li>• The evidence-based ESMO Clinical Practice Guidelines and Pan-Asian Adapted ESMO Guidelines can guide decisions to cost-effectively ‘expand essential health services’.</li> <li>• The ESMO-Magnitude of Clinical Benefit Scale can help prioritize cancer medicines to frame appropriate use of limited public and personal resources to ‘reduce the financial burden of health services’.</li> </ul> <p>ESMO is proudly supporting WHO projects that can facilitate UHC and the inclusion of cancer services in national UHC packages. Thank you.</p>
<p><b>Forum of International Respiratory societies</b></p>	<p>The Forum of International Respiratory Societies (FIRS) represents respiratory professionals, who care for patients and advise primary-care providers. Many factors go into Universal Health Coverage, but FIRS would like to comment on three:</p> <ol style="list-style-type: none"> <li>1. “Universal Health Coverage” must mean effective and universal medical care, which starts with strengthening the healthcare workforce, a potential solution to many global health problems.</li> <li>2. Prevention is an essential part of Universal Health Coverage. Reducing risk factors, such as tobacco use and air pollution and promoting vaccinations, is effective, cost effective, and gives universal benefit. A new paper by FIRS shows that decreasing air pollution can benefit health in a surprising short time (1).</li> <li>3. The continuous availability and affordability of essential medicines is also part of universal health coverage. Gaps in medicine for asthma can be life threatening and gaps in medicine for TB could cause a major societal problem of drug-resistant tuberculosis.</li> </ol> <p>Reference 1. Health Benefits of Air Pollution Reduction. Schraufnagel DE, Balmes JR, De Matteis S, Hoffman B, Kim WJ, Perez-Padilla R, Rice M, Sood A, Vanker A, Wuebbles DJ, on behalf of the Forum of International Respiratory Societies Environmental Committee. Accepted for publication Annals of American Thoracic Society</p>
<p><b>Free Space Process</b></p>	<p>I speak on behalf of a group of organisations and networks representing the voices of marginalised people across several regions. The political declaration on UHC is unforgivably weak on the right to health and inclusion of criminalized</p>



<p><b>(Including ITPC, GATE, MPact, INPUD, NSWP), Global Network of People Living with HIV (GNP+), Partnership to Inspire, Transform and Connect the HIV response (PITCH)</b></p>	<p>populations - these being gay men and men who have sex with men, people who use drugs, sex workers and transgender people - and fails to establish inclusive health systems that are accessible to all. Meeting the targets in the HIV Prevention 2020 Road Map[i] will be impossible if we are excluded. Neither will UHC be truly universal if the barriers of stigma, discrimination, violence, and criminalization remain unchallenged.</p> <p>We call on Member States to support our rights in the commitments made at this High-Level Meeting and in follow-up accountability mechanisms, by pledging:</p> <ol style="list-style-type: none"> <li>1. That UHC must offer access to affordable, quality health care for key and vulnerable populations, including gay men and other men who have sex with men, sex workers of all genders, people who use drugs, transgender people, people living with HIV, and adolescent girls and young women.</li> <li>2. To implement international human rights law on the right to the highest attainable standard of health, to SDG 3, and to respect, protect, promote, and fulfil the rights of key and vulnerable populations.</li> <li>3. That putting the last mile first is the only way to achieve full UHC and the 2030 Agenda for Sustainable Development, and ensure key and vulnerable populations are not left behind.</li> </ol>
<p><b>Global Alcohol Policy Alliance (GAPA), West African Alcohol Policy Alliance (WAAPA) and Vision for Alternative Development (VALD)</b></p>	<p>Data on alcohol exposure published in The Lancet recently indicates global adult per-capita consumption has increased and is projected to continue rising – far off track to reach the goals set forth in the SDGs and NCD process. New research demonstrates the role alcohol harm plays in health inequalities with marginal and disadvantaged people suffering more harm than better off consumers. It also demonstrates the extent to which the transnational alcohol producers rely for sales and profits on alcohol consumed in very heavy drinking occasions, which underpins their conflict of interest. Prevention is key, integration of evidence-based alcohol control measures in UHC packages will reduce and stop the over burden on health systems and accelerate progress on the NCDs alcohol specific target of 10% reduction by 2025. However, for many LMICs, if prevention is not a focus, demand for curative services will always outstrip demand. To complement UHC, it is recommended Member States consider the development and implementation of a Framework Convention on Alcohol Control (FCAC) to protect present and future generations against the harms caused by alcohol use. Developing countries with inadequate investment in health infrastructure, services will benefit from UHC prevention measures, we commend Member States for prioritizing UHC.</p>
<p><b>Global Coalition for Circulatory Health (partial)</b></p>	<p>Thank you for the opportunity to deliver this statement by the World Heart Federation, supported by the International Diabetes Federation and World Stroke Organization. At the 2017 WHA, the “best buys” document on NCDs was adopted. When implemented, these best buys can support countries in reaching both SDG targets 3.4 and 3.8. How, you may ask? By implementing the best buys, governments can protect health, make populations more productive, save on health-care costs, and—when they implement taxes on tobacco, sugary drinks, and alcohol—generate revenues that can be ploughed back into financing UHC. The World Bank Group has identified fiscal policies, particularly on tobacco, as win-win policy measures that achieve public health goals and raise domestic resources by expanding fiscal space for UHC priority investments. We congratulate you on having recognized the importance of fiscal policies for health in Paragraph 44 of the Political Declaration, and we now call on Ministries of Health to engage more productively with their colleagues in Ministries of Finance to see them implemented. We pledge to do more to help you to make the case for fiscal policies, and to demonstrate that health expenditure is an investment, not a cost. Thank you.</p>
<p><b>Global Health Council,</b></p>	<p>The Global Health Council, VillageReach, and the American Academy of Pediatrics thanks you for the opportunity to provide this statement. We recognize at the heart of achieving Universal Health Coverage (UHC) is a strong health system that can</p>





<p><b>American Academy of Pediatrics, and VillageReach</b></p>	<p>address the needs of the population it serves and leaves no one behind. We urge Member States to emphasize the need for a life-course approach and scale-up equity-focused programming that provides comprehensive and integrated health services across the continuum of care. This will require a new approach on how we provide and finance health services. We will need whole of society solutions that bring together government, the private sector, and civil society, including local partners and other communities who have a wealth of knowledge in addressing complex health challenges. We urge Member States to create new models of collaboration to ensure that actions and investments are aligned and coordinated. We urge Member States to use health systems evaluation to identify gaps in the system’s ability to provide accessible, affordable, and quality health care. We ask that Member States partner with local community organizations to design effective, targeted interventions and measure progress in reaching all populations, especially those often most vulnerable and likely to be “left behind.”</p>
<p><b>Global Health Initiatives (joint statement)</b></p>	<p>Today’s High-Level Meeting on Universal Health Coverage is a defining moment to achieve inclusive development and prosperity, as envisioned in the 2030 Agenda and its 17 goals.</p> <p>To ensure that countries and all partners deliver on equity and the right to health, we call for:</p> <ul style="list-style-type: none"> <li>• Prioritising Primary Health Care system as the foundation of equitable, affordable and sustainable UHC. Evidence- and human-rights based, gender responsive and quality PHC enables inclusive and sustainable economic development.</li> <li>• Reaching the most underserved, vulnerable and marginalised first with quality, affordable and accessible high impact services. This requires their meaningful participation and engagement as co-developers of health responses so no one is left behind.</li> <li>• Strengthening policy coherence for sustainable financing for health with increased domestic resource mobilisation and the prioritization of health investments to maximize allocative efficiency. We are fully committed to intensify our collaboration through the Global Action Plan for Healthy Lives and Well-being for All. In particular, leveraging our comparative advantage, we are working closely together on the Sustainable Finance Accelerator to help countries rapidly improve the generation, allocation and use of funds for health. Gavi, GFF and The Global Fund are committed to working in partnership to support country efforts to ensure sufficient investments are available to achieve their UHC ambition, and to strengthen their health and financing systems to achieve health for all. Thank you.</li> </ul>
<p><b>Global Health South Alliance</b></p>	<p>Global Health South, a 211-member strong informal alliance hosted by CHESTRAD Global, welcomes the global solidarity and commitment presented in the Political Declaration on Universal Health Coverage. We request all countries to urgently take this forward to measurable actions and accountable investment and call for joint action to ensure that:</p> <ol style="list-style-type: none"> <li>1. Essential Health Services are country determined, delivered using the PHC approach and strong national health systems that are linked to investments in social protection</li> <li>2. Ambitious needs-based country health budgets are 100% financed from public budgets and more including financing by the private sector, organized philanthropy, social impact investments and traditional official development assistance. This should draw on innovations in sustainable financing and financial protection</li> <li>3. Good health governance, transparency and accountability requires voices of communities and non-state actors as equal partners whose participation must be institutionalized, resourced and tracked to assure meaningful and impactful engagement</li> </ol> <p>We note the reporting requirements in one year and in 2023 to review progress. We request for deeper cooperation between Permanent Resident Missions, legislative committees and all of government including non-state actors, private sector and social enterprises, to ensure a robust reporting and review process</p>



<p><b>Global Initiative for Children's Surgery</b></p>	<p>The Global Initiatives for Children’s Surgery (GICS) would like to express our strong support for the initiatives of this meeting on Universal Health Coverage, and appreciation to be included in these transformational discussions.</p> <p>GICS is a consortium of providers, institutions, and stakeholders from over 40 low- and middle-income countries (LMICs) and high-income countries (HICs) around the globe. We envision a future where every child has access to high-quality surgical care, and our mission is to support the provision of children’s surgery in resource-poor regions of the world. Our programs are closely aligned with many key themes of this initiative on UHC, namely to recognize the role of surgical care and that no one should be left behind, including the vulnerable population of children.</p> <p>We would like to emphasize three points in discussions at this Multi-Stakeholder meeting. First, the surgical care of children is a key component of functioning health care systems around the world. Over half the population in many LMICs is composed of children, and an estimated 1.3 billion children under the age of 15 years do not have access to surgical care worldwide. Without support of all health needs for children, including surgical care, we cannot successfully build complete health systems which provide equitable access to basic health care. Second, many areas of surgical care for children are extremely cost-effective, on par with other basic health programs, including bednets for malaria prevention and childhood vaccinations programs. Third, the financing of surgical care for children remains challenging around the world, with broad macro- and micro-economic impacts of impoverishing costs to families and communities. These costs are often born by individuals, and are independent drivers of many families into poverty. Surgical care is a strong driver of economic growth and development around the world, and requires inclusion within basic UHC schemes to support this essential development. As a basic health right, national and international health finance policy should ensure equitable access to all components to functioning health care systems, including children’s surgical care, and include these basic rights within their UHC packages.</p>
<p><b>Health Systems Advocacy Partnership (HSA)</b></p>	<p>JOINT Statement at the UN HLM on UHC:</p> <p>We call for prioritizing the building of quality health systems that people and communities trust. This requires that teams of well-trained, well-paid, culturally and gender-sensitive primary care health workers at the first level of care, are available because, access by all to skilled health workforce is the rate-limiting factor for the extension of geographical coverage and reaching the most marginalized and hard-to-reach populations, so as to ensure that reforms and actions for health development “Leave No One Behind.”</p> <p>In order to build the responsive health workforce for moving towards universal health coverage (UHC), we call for a mind-set change, to ensure political leadership beyond health and mandatory, strong intersectoral technical action, all committed to achieving healthy lives and wellbeing for all, in their homes, in their work-places and at all stages of the human life cycle, as a social contract.</p>
<p><b>Human Rights and Health Institute</b></p>	<p>In the 60s, the drop of milk was born in Lima, a supplementary feeding program for children. Common jobs were in civil construction for men, and informal food trade for women, being the migrant woman in many cases the head of the family. So-called Comedores populares were born in the 70s, as urban survival strategies and gradually policies formalized Human Settlements and programs such as the Vaso de Leche This process was accelerated and entailed a social construction that, in health, had as relevant experiences the Health Promoters, and initiatives such as the National Vaccinations with coverage of 90% and the Oral Rehydration Centers eliminating death due to acute dehydration in infants. In the 21st century, Lima is a city of entrepreneurs, since 70% of the workforce is in Small Businesses and 50% of these are headed by women, but still with processes of accelerated urbanization, the city is overcrowded. Thus, TB reappeared, also obesity and diabetes among non-communicable diseases, and teenage pregnancy and substance abuse. This situation exacerbated by collapse of health</p>



	services and generalized corruption, make Community participation and Local Systems necessary, in the framework of Human Rights.
<b>International Alliance of Patients Organizations</b>	Your Excellencies President of the 74th United Nations General Assembly and Co-chairs of UN High-Level Meeting on universal health coverage: The International Alliance of Patients' Organizations (IAPO) is an alliance of patient organisations in special consultative status with UN ECOSOC and in official relationship with the WHO representing the interests of patients worldwide. We have over 270 member organizations based in over 70 countries covering over 50 different disease areas. We welcome this bold Political Declaration of the High-level Meeting on Universal Health Coverage: "Universal Health Coverage: Moving Together to Build a Healthier World". We concur with the High-Level Meeting on the Draft of the Declaration. It is the right of every human being to enjoy the highest attainable standard of physical and mental health, without distinction of any kind. We do not want to leave anyone behind and urge we reach the furthest behind first in our societies. We, however, reemphasise the importance of commitments made in resolution WHA 72.6 Agenda item 12.5 Global action on patient safety (72nd World Health Assembly 28 May 2019). We congratulate you all for supporting this Declaration and urge that we accelerate implementation high impact interventions together with patient expert participation globally. Thank you for your attention
<b>International Association for Dental Research</b>	The International Association for Dental Research (IADR) thanks the United Nations for its open and transparent process in developing the Political Declaration on Universal Health Coverage, including the Multi-stakeholder hearing in April of this year. At that hearing, the IADR and several other civil societies articulated strong arguments for inclusion of oral health in the final political declaration. Oral diseases, including dental caries, periodontal diseases and oropharyngeal cancer are the most common diseases in the world with the 2016 Global Burden of Disease Study estimating that untreated oral diseases affect half the world's population. Oral health is essential to a person's overall health and well-being and there are strong associations between oral health and general health. Yet, oral health coverage is often quite separate from the rest of the health care delivery systems in many countries. Therefore, the IADR applauds the final revised draft political declaration, as distributed on September 10, which includes in Article 34, a call to strengthen efforts to address oral health as part of universal health coverage. Further, the IADR is pleased with Articles 52 and 53 on the important role of health research and development, from public and private sectors, in achieving universal health coverage.
<b>International Association for Hospice and Palliative Care</b>	My name is Ebtessam Ahmed. I am a Palliative Care Clinical Pharmacist who teaches at St. John's University, as well as in Egypt, Guatemala, Kyrgyzstan and serves on the board of The International Association for Hospice and Palliative Care. I see people suffer agonizing pain and symptoms because palliative care medicines are not available in most of the world, and where they are, few health providers know how to use them. For Universal Health Coverage to meaningfully include palliative care, as the Political Declaration stipulates it must, palliative care medicines must be available and affordable, and providers must be trained to use them appropriately. Palliative care ensures that serious health related suffering is prevented, allowing member states to fulfill their human rights obligations and protect the dignity of all persons with no discrimination. IAHP is available to help with palliative care education programs as well as policy development and implementation. For Universal Health Coverage to be truly universal, and to leave no one behind, it must cover all of us at all times, including when we are most vulnerable -- from the time to be born, to the time to die. I thank you.
<b>International Coalition on Advocacy for Nutrition</b>	Honourable Member States, this statement is delivered by CARE USA on behalf of the International Coalition for Advocacy on Nutrition. Preventing and treating malnutrition in all its forms, especially during the first 1,000 days, is critical to realize Universal Health Coverage (UHC), meet the World Health Assembly 2025 nutrition targets and deliver the Sustainable Development Goals. Undernutrition, overweight, obesity and related non-communicable diseases (NCDs) underlie 45% of all



	<p>child deaths, and 71% of global deaths. Affecting every third person, malnutrition disproportionately affects the poorest and most vulnerable, aggravating intergenerational cycles of ill-health and poverty. High-impact, low-cost essential nutrition services like breastfeeding and dietary counselling, hygiene promotion, wasting treatment, deworming and micronutrient supplementation promote healthy development, protect from infection and illness and prevents NCDs. We urge Member States to prioritize nutrition in national UHC plans and commit to:</p> <ul style="list-style-type: none"> <li>- Integrate, scale-up and resource nutrition interventions in primary health care, focusing on women and girls, and prioritizing the most vulnerable;</li> <li>- Train and support community health workers to deliver key nutrition services;</li> <li>- Ensure essential medicines include products to prevent and treat malnutrition;</li> <li>- Coordinate UHC and multi-sectoral nutrition plans to work across sectors to end malnutrition in all its forms.</li> </ul>
<p><b>International Council of Nurses</b></p>	<p>Thank you for the opportunity to speak on behalf of the International Council of Nurses (ICN) and the over 20 million nurses worldwide. As the largest health profession in the health workforce, nurses are intrinsically linked to the ability of countries to achieve universal health coverage (UHC) and the Sustainable Development Goals. They work across the life course and in all settings and work beyond health to uphold human rights, fight to reduce inequalities and empower people and communities. UHC will not be achieved without bold and innovative approaches to educate, develop and retain the health workforce. As such, ICN encourages Governments to heavily invest in a competent health workforce with a focus on nurses and midwives. This includes quality education, recruitment and retention strategies and assurance of decent work and fair pay. ICN strongly supports the recognition of the Political Declaration that Primary Health Care (PHC) is the most effective approach to ensuring UHC. Nurses are the principal healthcare provider in PHC systems and are leading the development of innovative PHC initiatives worldwide. ICN calls on States and Government to transform PHC into the foundation of their health systems to deliver integrated and people-centered services. ICN firmly believes that health is the foundation for prosperous people, communities and economies. Achieving UHC requires political leadership beyond that of the health sector and we urge States and Governments to drive political leadership for UHC in all sectors.</p>
<p><b>International Dental Federation</b></p>	<p>FDI World Dental Federation welcomes the long overdue commitment to strengthening oral health in the Political Declaration on Universal Health Coverage. Oral health is one of the most neglected areas of global health, so we applaud world leaders for their breakthrough commitment today. It is now vital that the Declaration be converted into concrete, sustainable action at the national level. Oral health is essential to general health and well-being at every stage of life, yet poor oral health is a silent epidemic afflicting 3.58 billion people – more than half the world's population. It is unacceptable that basic oral healthcare remains out of reach for millions of people around the world. UHC provides a unique opportunity to improve access to essential oral health services and address substantial out-of-pocket expenses associated with oral healthcare in many countries. The integration of essential oral health services into UHC will help improve health outcomes and reduce fundamental inequalities in access to care. We therefore urge countries to integrate oral health into their national UHC strategies. UHC cannot be achieved unless primary healthcare integrates oral health.</p>
<p><b>International Disability and Development Consortium (IDDC)</b></p>	<p>On behalf of the International Disability and Development Consortium (IDDC), a global consortium of 40 organizations supporting disability and development work in more than 100 countries. IDDC welcomes the UHC declaration and calls decision makers' attention to the concrete steps to ensure that today's Declaration, SDG 3.8, and the "leave no one behind" principle becomes a reality for all including the 1 billion persons with disabilities worldwide. Persons with disabilities often encounter barriers to accessing health services, including significant financial barriers and have a 50 per cent higher risk, compared to persons without disabilities, of facing catastrophic healthcare costs. IDDC calls on decision makers to:</p>



	<ul style="list-style-type: none"> <li>• Ensure the meaningful participation of persons with disabilities and their representative organizations in the design, implementation, monitoring and evaluation of UHC policies and programming.</li> <li>• Take ambitious steps to increase domestic resource mobilisation for health financing, with a particular focus on vulnerable populations, to prevent impoverishment from out-of-pocket payments.</li> <li>• Explicitly include disability-specific health, rehabilitation, and assistive devices within all levels of healthcare. For this purpose, support and catalyse innovation, in order to increase accessibility and affordability for those most in need.</li> <li>• Provide accessible and inclusive information about health coverage systems for all.</li> </ul>
<b>International Federation of Pharmaceutical Manufacturers &amp; Associations</b>	<p>Thank you for the opportunity to speak on behalf of IFPMA and its members, who work to discover, develop and deliver medicines and vaccines that improve the life of patients worldwide. As a partner of the UHC 2030 global movement, IFPMA and its members reinforce the private sector’s commitments to achieving universal health coverage and fully support the Key Asks and the Global Compact, which outlines five key principles to guide collective action towards UHC. IFPMA and its members strongly believe that an enabling environment is fundamental to UHC – one that works towards strengthening quality primary health care, investing more and better in health and improving access to affordable and quality-assured essential health products. IFPMA firmly believes that collaborative and innovative action on UHC is needed to meet our shared goals of expanding patient access to medicines and achieving the long-term sustainability of the health sector. Together, UHC and life sciences innovation promotes continued global health progress and well-being for all. We remain committed to playing our part to help Member States achieve UHC and look forward to constructive and inclusive dialogue to ensure implementation.</p>
<b>International Society of Nephrology, American Society of Nephrology, European Renal Association-European Dialysis and Transplant Association</b>	<p>The ISN supported by the ERA-EDTA and the ASN welcomes the Political Declaration on UHC. We urge member states to truly uphold to their commitment to ‘leave no-one behind’. On NCDs, the declaration stresses mainly 5 disease groups without recognising that 55% of the global NCD burden arises from other NCDs, which often co-exist with and amplify the morbidity of the big 5. With 850.000.000 people affected worldwide, kidney disease is a key contributor to the global NCD burden as both a cause &amp; consequence of other major NCDs and the leading cause of catastrophic health expenditure. If not addressed, it’s projected to become the 5th most common cause of YLL globally by 2040. Multi-morbidities, shared disease clusters &amp; social determinants are creating significant challenges for patient access to prevention &amp; care as health systems are still configured to treat individual diseases. We call on member states to implement UHC plans which:</p> <ul style="list-style-type: none"> <li>- strive for health systems that deliver people-centered, integrated, multisectoral and comprehensive services aimed at prevention, early detection and treatment of all NCDs and their risk factors, leaving no disease behind</li> <li>- secure sustained human &amp; financial resources to ensure a comprehensive and holistic response to NCDs</li> </ul>
<b>International Union Against Tuberculosis and Lung Disease</b>	<p>The goal of UHC goes hand-in-hand with the Sustainable Development Goal to end the global TB epidemic by 2030. At last year’s UN High Level Meeting on Tuberculosis, member states pledged by 2022 to: treat 40 million people including 3.5 million children; provide TB prevention to 30 million people, including 4 million children under 5; provide at least US\$13 billion for TB care and US\$2 billion for research and development; and support comprehensive approaches based on human rights. The UN Political Declaration on UHC reaffirms these commitments. We support member states’ commitments to “advancing comprehensive approaches and integrated service delivery and ensuring that no one is left behind.” We affirm the call to deliver comprehensive TB care, which includes its comorbidities with HIV, diabetes and tobacco use, and for TB survivors with long term health problems. This would best be achieved using integrated approaches, particularly through</p>



	<p>primary health care. At the same time, we emphasise the need to preserve the specialised functions and funding required for TB surveillance, monitoring and supervision, training, operational research and other managerial functions implemented through national TB programmes, which are critical for sustaining quality of care and monitoring progress toward reaching the SDGs.</p>
<p><b>ISPOR - The Professional Society for Health Economics and Outcomes Research</b></p>	<p>ISPOR, the professional society for health economics and outcomes research is a global not-for-profit organization representing 20,000 health economists, outcomes researchers and other stakeholders globally. We know that universal health coverage (UHC), defined by the World Health Organization as healthcare for all, is comprised of two dimensions, service coverage and financial protection that avoids catastrophic and impoverishing health expenditures. (1) In many countries, poorly functioning healthcare systems present or are forced to present financial restrictions can bar access to healthcare, leading to an increase in out of pocket expenditures, the impoverishment of the population, among other unfortunate results. “Well-functioning health systems improve population health, provide social protection, respond to legitimate expectations of citizens and contribute to economic growth”. (2) We support joint action that provides access to quality and effective healthcare while preventing catastrophic expenditure. ISPOR acknowledges healthcare cannot be universal without access equity and we believe better support of the translation of outcomes research into healthcare decisions is critically important. We are proactively educating and building capacity for good health economics and outcomes research practices worldwide. Finally, ISPOR supports the WHO in their goal to ensure healthy lives.</p>
<p><b>Jhpiego</b></p>	<p>Jhpiego believes that Universal Health Coverage will only be achievable through intersectoral collaboration promoting community self-reliance, as well as strong primary healthcare (PHC) systems which serve as the first point of contact of essential care. PHC affords the most effective, efficient approach to ensure equitable access to health care. Our vision is to empower clients and communities to be active, from the current status where the control and power rests with health systems. This will enable delivery of care that is people-centered, community owned, integrated, continuous, comprehensive and equitable. The asymmetry of information and power between the communities and program managers must be overcome through strategic investments to ensure clients as healthcare consumers have access to full information, and that we harness the use of technology and other innovative solutions towards improved and sustained health outcomes.</p>
<p><b>Joint Learning Network for Universal Health Coverage (representing participants from 34 member governments)</b></p>	<p>Mobilizing and effectively allocating resources for health to build primary health care systems and support UHC is more than just a matter of knowing what to do -- it’s also a matter of knowing how to do it. So how can we develop this know-how? Technical assistance alone won’t get us there – we all know from experience that active engagement is better than passive learning. We must therefore also bring policy makers and technical leaders together to share what works and what doesn’t in UHC reforms, to co-produce knowledge, and to use what they have learned and the networks they have created to build stronger, more equitable, more efficient health systems in their countries. And so the Joint Learning Network for UHC calls upon the UN High-level Meeting to recognize the importance of investment in joint learning to achieve UHC. We furthermore encourage governments in both the global North and South to support and encourage their staff and leadership – in health ministries, finance ministries, national health insurance agencies, and other UHC-related instances – to engage in global peer-to-peer learning that will yield real time benefits and create and maintain the practical skills and knowledge needed to successfully implement the UHC agenda.</p>
<p><b>Kenya Hospices and Palliative Care Association and</b></p>	<p>Organization-Kenya Hospices and Palliative Care Association My name is Zipporah Ali, a palliative care physician working with Kenya Hospices and Palliative Care Association in Kenya. Over the 32 years that I worked as a doctor, I have witnessed so much pain and suffering of patients and their families when they are faced with a life-threatening illness. In Kenya, Palliative Care is included in the right to health, yet, it is not easily accessible to all in need; not yet fully integrated in all</p>



<b>International Children's Palliative Care Network</b>	<p>levels of care; oral morphine stock-outs is still a reality-thus, patients, both adults and children, continue to suffer severe pain that can easily be controlled using the WHO pain management ladder that includes oral morphine for control of moderate to severe pain for both children and adults. UHC emphasizes a right to basic health care for all-thus leaving no one behind, yet palliative care patients are highly ignored in many countries across the world. We are asking that Persons living With Palliative Care Needs across all ages should have their needs included in UHC; that they should be included in strategies/frameworks and any policies on health, and that we pay attention to their voices and needs and let them also speak for themselves. Not only should we add days into their lives, but life into their days by addressing their holistic pain (physical, social, emotion, spiritual and of course FINANCIAL). We want a society in which patients with Life-threatening illnesses and their families lead a comfortable life. We must unite to leave no one behind. certainly, none of us wants to be left behind when our time comes.</p>
<b>Lancet Migration</b>	<p>Honorable Chair, Distinguished Delegates, Ladies and Gentlemen, I am speaking today on behalf of Lancet Migration. Lancet Migration is a new global collaboration among The Lancet, academic institutions and multilateral agencies to contribute to advancing migration &amp; health as a priority agenda for global health. Our first report, the UCL-Lancet Commission on Migration and Health, was published in The Lancet in December 2018. It was launched in Marrakesh at the Intergovernmental Conference on the Global Compact for Migration. The report outlined the urgency of addressing health aspects of migration as both a global health and a migration priority. Despite evidence that migrants overall have a positive benefit to societies, many men, women and children who migrate are excluded from universal health coverage and by failing health systems. This exclusion is occurring despite the pledge made by States to leave no-one behind in achieving the SDGs. Migrants are often particularly marginalized, and yet it is they who are often most exposed to health risks. Universal health coverage will not be achieved unless the hundreds of millions of migrants globally are included in health strategies during all stages throughout their journey. Marginalization of population groups, for whatever reason, has never been a sound public health strategy. We urge international and regional bodies, Member States, and civil society to:</p> <ol style="list-style-type: none"> <li>1. Dedicate courageous leadership, political capital as well as financial and human resources to include migrants in universal health coverage, including the tracking of its progress through robust monitoring and accountability mechanisms.</li> <li>2. Ensure that healthcare and public health interventions are made available to all migrants at every point in the migration process, and that there are no impediments to their access, be it financial or lack of documentation.</li> <li>3. Ensure non-discriminatory access to healthcare and all determinants of health. No migrant should be denied access, or provided differential access to care based on wealth, ethnicity, color, gender, age or documentation.</li> <li>4. Provide acceptable and high-quality health services to migrants. This means culturally, linguistically, and socially appropriate healthcare, using evidence-based approaches to delivery. During this Universal Health Coverage High Level Meeting, we all share the unique opportunity to firmly embrace a global and explicit commitment towards all migrants, regardless of their legal status. We share a commitment to ensure equitable and unhindered access to healthcare, so that migrants will not be the ones left behind during this historic time. At Lancet Migration, we will continue to undertake research and policy analysis that will allow international and regional bodies, Member States, and civil society to undertake evidence-based action to improve health coverage for migrants. Thank you.</li> </ol>
<b>Living Goods</b>	<p>I am honoured to speak at the High-Level Meeting on Universal Health Coverage on behalf of Living Goods, an organization working with governments and partners to support digitally empowered community health workers to cost-effectively deliver high-quality, impactful health services. Living Goods applauds the Political Declaration's call to scale up efforts to promote the recruitment and retention of competent, skilled and motivated health workers, including community health</p>



	<p>workers, and encourage incentives to secure the equitable distribution of qualified health workers in rural, hard-to-reach and underserved areas with high demands for services. Additionally, we support the commitment to invest in evidence-based and user-friendly technologies, including digital technologies, and innovation to increase access to quality health services, improve the cost-effectiveness of health systems and efficiency in the provision and delivery of quality care. We continue to call for community health workers to be fully accredited and, like any accredited health cadre, paid a living wage, regularly stocked from the national supply chain, and linked to supported health worker teams and facilities. Together, we can make the Political Commitment actionable and build stronger, digitally-empowered health systems that achieve for UHC.</p>
<b>Medical IMPACT</b>	<p>Medical IMPACT welcomes the UHC political declaration, promoting multilateralism and multi-stakeholder approaches in order to truly achieve UHC and leave no one behind, working together to achieve common goals. The SDGs promise to be the most ambitious and effective health initiatives in history because they promise to achieve such huge changes in access to health, gender equality, and sustainable development through strong political will. Without our collective commitment to the goal of healthy lives for all, this is a long shot. We are all to be held accountable to turn today's commitments into tomorrow's actions, let us achieve UHC together.</p>
<b>Medicus Mundi International- Network Health for All!</b>	<p>We congratulate governments for their political commitment to achieve UHC by 2030. We support the emphasis on PHC as a cornerstone for integrated health systems and on addressing the global shortfall of 18 million health workers. We applaud the focus given on regulation, legislation and political leadership beyond health, including the need for international solidarity and cooperation. Nevertheless, we draw your attention to two elephants in the room. 1. The “multi-stakeholder” paradigm in the UHC discourse tends to disguise the adverse impact of financialisation, privatisation and commercialisation of health services on health equity. We insist on the responsibility and leadership of governments as main duty bearers. We call for strong public systems for both health care financing and delivery. 2. MMI calls for development cooperation that supports and accelerates democratic health policies and systems. However, international cooperation is often not aligned with national public health priorities. This agenda is captured by the political and economic interests behind development finance, including the commercialisation of health care and the securitisation of health as a global risk. The international solidarity called for is not matched by concrete international public finance required to attain UHC in low-income countries. A critical reflection is much needed.</p>
<b>Merck &amp; Co Inc</b>	<p>At MSD we believe that all people should be able to access quality and effective essential healthcare. That is why MSD stands with the global health community to applaud the adoption of the political declaration Universal health coverage: Moving Together to Build a Healthier World. [link] Today at least half of the world's population lack access to essential health services and out of pocket expenses drive almost 100 million people into poverty each year. In low and middle-income countries where the challenge is especially pronounced, the low quality of the health services and products that are available may result in suboptimal care and adverse events and may deter patients from seeking healthcare. A new approach to bringing health coverage to everyone is clearly needed. Measurable investments and acceleration of measures to promote access to quality healthcare the world are critical to achieving Universal Health Coverage (UHC), a cornerstone of the Sustainable Development Goals, by 2030. No single organization or sector can achieve UHC on its own. This endeavor will require a diversity of resources, knowledge, and experience, and establishing meaningful partnerships among stakeholders. The private sector, which already delivers up to 60% of healthcare services in some countries, will be a key partner for achieving UHC.</p>





	<p>For more than a century, MSD has been inventing for life, bringing forward medicines and vaccines for many of the world's most challenging diseases. We are proud to be a steadfast global health ally to governments, international organizations and other partners serving patients in need. Our people work relentlessly to strengthen healthcare systems, ensure product quality, reinforce supply chains, and enable access to our medicines in low resource settings through differential pricing, product donations and financial assistance programs. To cite a few examples:</p> <ul style="list-style-type: none"> <li>• Since 1987, our donation program for river blindness has been helping partners roll back this debilitating tropical disease <a href="#">[link]</a></li> <li>• MSD for Mothers works with private sector partners to streamline quality standards and tools for maternity care, integrating those standards into quality assurance systems <a href="#">[link]</a></li> <li>• We have robust access programs to expand the reach of our vaccines and our medicines for HIV and family planning <a href="#">[link]</a></li> <li>• Our investments into research and development look to a future of even better ways to prevent and treat disease worldwide <a href="#">[link]</a></li> <li>• We work with a range of partners to advance an ecosystem that enables our innovations to reach those who need them <a href="#">[link]</a> Private sector investments into UHC will have the most impact when supported by regulatory and legal systems that set ethical frameworks, ensure quality of health products and services, promote responsiveness and inclusiveness of all stakeholders, and support the incentives for future innovation. Public sector stakeholders can catalyze contributions from other partners by prioritizing health through policy tools, enhanced budget allocations, and appropriate financing targets that minimize out-of-pocket payments by patients. MSD congratulates the World Health Organization and the governments of the world and other dedicated stakeholders for their unwavering commitment to these principles and goals as laid out in the High-Level Meeting on Universal Health Coverage. We pledge to continue our work saving and improving the lives of patients all over the world by serving as a dedicated partner in global health to achieve and sustain Universal Health Coverage.</li> </ul>
<p><b>Middle East North Africa Coalition on HIV and Human Rights</b></p>	<p>We, the communities working on HIV and AIDS in the MENA region urge our governments:</p> <ul style="list-style-type: none"> <li>- To roll out UHC in the context of a multi-sector response and address social, structural and legal drivers aligning with the SDGs.</li> <li>- Define UHC packages that include preventive, curative, HIV-related services (NCDs), and remove structural barriers, such as poverty, criminalizing penal codes and policies against LGBT populations, people who use drugs, sex workers and others.</li> <li>- Take advantage of the TRIPS agreement flexibilities reaffirmed in the Doha declaration to reduce the price of medicines and remove intellectual property barriers to access affordable medicines.</li> <li>- Consider shadow reports on UHC by CSOs as an accountability mechanism for documentation of human rights violations to uphold quality of care as well as availability.</li> <li>- Ensure no discrimination is practiced on the basis of age, color, race, ethnicity, religion, gender identity, sexual orientation, nationality, economic status, disability, expression, or displacement status and ensure inclusive development on the basis of equity. Leave no one behind.</li> <li>- Deconstruct patriarchy creating inequalities and the excuses to abuse of rights, to GBV and deaths of women and young girls, victims of rape, forced marriages, human trafficking, FGM, child labor, non-evidence-based rehabilitation, forced sterilization and genital mutation of trans individuals, marginalization of sex workers and high vulnerability to HIV. We, the MENA communities on HIV and AIDS commit ourselves to a full partnership with our Governments and all development</li> </ul>



	partners to move together in achieving the recommendations of this document towards our common goal of ending HIV/AIDS by 2030.
<b>NCD Alliance</b>	<p>[Excellencies,] NCD Alliance, a global civil society network of 2000 organisations, urges leaders to translate promises into progress. In our lifetimes, we have witnessed how countries and lives can be transformed when political will exists. But, while people are living longer, more years are spent in poor health, with multiple chronic conditions, including mental. Most countries are failing on your commitment to reduce the toll of NCDs. It is your responsibility to bridge the unjust and unjustifiable gaps between promises and progress: [We ask you to, please]</p> <ul style="list-style-type: none"> <li>* Put people most affected by NCDs at the heart of decision-making</li> <li>* Deploy proven measures to reduce NCD mortality to meet commitments for 2025 and 2030</li> <li>* Include NCD care in UHC benefit packages and</li> <li>* Ensure no one is pushed into poverty by their health needs</li> </ul> <p>Today must be transformative, for every country and person. Health for All includes rights of women to govern their [own] sexual and reproductive health - rights which have been attacked throughout negotiations. The rights and needs of migrants, indigenous peoples, the oldest and youngest in every society must be respected.</p> <p>UHC is the most powerful tool to improve lives, ensure fairness and stability, create opportunities for economic growth and sustainable development. Please go beyond promises to action. [Thank you.]</p>
<b>NCD Child</b>	<p>On behalf of NCD Child, a global multi-stakeholder coalition championing the rights and needs of children, adolescents, and young people living with or at risk of developing NCDs, we urge Member States to ensure UHC prioritizes the integration of NCD prevention and control services within national health care systems. Recognizing the existence of strong maternal-child care platforms and HIV care and treatment programs, NCD Child urges Member States to work with local, national, and global health systems to integrate NCDs care and treatment into established health programs. This seeks to ensure a cost-effective way to providing high quality care, strengthening health systems, and supporting access to health care for young people as a basic human right. UHC means people of all ages will have equal access to primary health care, consistent with nationally determined plans, to reduce premature deaths, promote positive youth development, prevent NCDs, and stabilize household finances. Young people will play a unique role on the road to achieving UHC and must be appropriately and consistently engaged as the Political Declaration is put into practice.</p>
<b>NGO in Humanitarian Health / NGO from Indonesia</b>	<p>40 years ago, we gathered at Alma-Ata, promised to achieve health for all by 2000. Go back on our words, we remain living in injustice and unequal world, where one in two people does not have rights to essential health services. Country-wise, this exact condition happened in Indonesia five years ago, before we passed the law and structurally establish the system. As an NGO, we have been tirelessly trying to cover health gaps. Reaching out people -who are financially, geographically, and socially- disadvantaged. Helping those who needed the most with our scarce resources. We run out of fuel and may not exist tomorrow to serve. Today, we gather at one of the most sacred places -where our commitments will be watched- by people and God. We ask our leaders to choose UHC now because health is a political choice. It is difficult, opposed by many parties, but it is the right thing to do. UHC will strengthen our health system, improve well-being and productivity, and reduce poverty. UHC gives NGO the energy to provide sustainability care for people. Health for all is not only for us who live today. But, is there any future without UHC?</p>
<b>Nigerian Women Agro Allied Farmers</b>	<p>Nutrition is for a good life and having agreed that women constitute 75% of work force to food production in developing Countries and having in mind that the term Leave no one Behind is a target yet to be met, We are presenting a joint communique as arrived at in a meeting recently in preparation of the UHC HLM Multi-stakeholder meeting. Recognizing the</p>



	<p>different roles of each stakeholder and the multiple effects of health and health related issues to all stakeholders, and need to look for local solutions. Taking into consideration the key element to health is well-being, and noting that Agriculture provides resources to support health budgets proposals and the urgency to put in place a more robust monitoring and evaluation to support optimal utilization. Need to carry every stakeholder along with the decisions on health and needs. Countries need to increase health Budgets. These will lead us to achieve the desired goal of Universal Health Coverage. And leaving no one behind.</p>
<p><b>Older people and their representative civil society organisations and networks. Statement to be delivered by HelpAge International on behalf of this constituency</b></p>	<p>I thank the President of the United Nations General Assembly for the opportunity to make this statement. Universal Health Coverage is essential for ensuring health and care systems are fit for an ageing world and we urge those here today to commit wholeheartedly to making UHC a reality for all at all ages. UHC presents a critical opportunity to re-orient health and care systems to address the chronic health conditions and complex health and care needs of older people. We welcome the Political Declaration’s efforts to ensure older people are not left behind, including commitments to scale-up efforts to promote healthy and active ageing and respond to older people’s promotive, preventive, curative, rehabilitative, palliative and specialized care needs, and to the sustainable provision of long-term care. For UHC to be achieved and relevant for all generations, older people must be included. Approaches must address the specific barriers older women and men face, including those related to the cost of essential medicines, lack of transport, inadequate health provider skills and age discrimination; and all older people must be protected from financial hardship. This applies equally to sustainable development and to humanitarian contexts. To measure progress, upper age caps must be removed from data sources underpinning efforts to monitor UHC. Scaled-up investment in health is needed without delay and we urge Member States to provide the resources necessary to make UHC for all at all ages a reality.</p>
<p><b>Operation Smile, Inc</b></p>	<p>Operation Smile is a global medical charity known for its provision of free, reconstructive surgical care to children with congenital conditions of cleft lip and cleft palate. For nearly 40 years, we have delivered safe and effective surgical solutions to patients in low- and middle-income countries. We believe that no matter where you live, safe surgery is an essential component of health care that should be accessible to all. And yet, access to surgery that is safe, affordable and timely is not possible for nearly 5 billion people, with the bulk of those living in low-resource environments in south Asia and central, eastern, and western sub-Saharan Africa. Contained within this number are the estimated half-million people living with untreated cleft conditions, a number that increases daily. There is a tremendous burden of preventable human suffering that can be alleviated with surgery. Investments in surgical care can yield a 10-fold return on productivity, helping transform lives and communities, and delivering on the promise of UHC. Surgical care as component of UHC is not a luxury. Operation Smile calls on all political leaders to commit to a bold UHC platform that includes essential and emergency surgical, obstetric, trauma and anaesthesia care.</p>
<p><b>P4H Network</b></p>	<p>“Accelerate multi-sectoral and multi-stakeholder actions and investments for achieving UHC”: Universal Health Coverage (UHC) falls under the responsibility of governments, but requires shared efforts of the state, civil society and the private sector. Lessons learned over the last years have shown that political leadership beyond ministries of health is essential when moving towards UHC. It requires sustainable financing and collaboration across the whole of government, especially health, finance, and labor. Yet, there is also a strong case for multi-sectoral coordination on health financing between development partners contributing to sustainable health financing for UHC in lower income countries. In light of the rising number of global health actors and increased funding, often focused on fragile countries with weak governance structure, the principles of alignment, harmonization and ownership of the development effectiveness agenda remain more important than ever. The P4H initiative, launched in 2007 by France and Germany was a response to these challenges. This platform provides essential</p>



	<p>instruments for supporting coordinated action around health financing, both at national and global level. Over the last 12 years, many partners, including middle-income countries and research institutes, have joined the P4H network. Since its establishment, P4H and its partners have contributed to developing more sustainable health financing towards the realization of the human rights to health and social protection in more than 20 countries. We therefore call on all stakeholders to support effective country-led coordination to improve sustainable financing for UHC and SDG 3.</p>
<b>Partners In Health</b>	<p>If UHC is to be truly transformative and lead to the fulfillment of the right to health for all, it must address the full extent of health needs of all people, with special attention to the most vulnerable. UHC will not be achieved without significant and sustained external funding, and in an era of globalization, there needs to be an increasingly globalized notion for who bears responsibility for protecting and fulfilling the right to health. Wealthy countries need to put in their fair share. There are many who are equating UHC to health insurance and promoting the commodification of care. This will only increase health inequities. Unfortunately, these special interest groups have deeply informed the declaration, so that at best it represents an empty promise for achieving the right to health, and at worst advances the privatization of health care and different selective “sets” for different people based on local resources, without any recognition of the hegemony, racism, and structural violence that created, sustains, and is increasing global inequities. As a global community, we can achieve the right to health for all through truly transformative UHC, but it will require vision, commitment, solidarity, and a rejection of the status quo.</p>
<b>People's Health Movement</b>	<p>We believe that “nationally determined sets” could be interpreted as limited range of health services by governments, whereas, the state’s obligation is to address the full extent of health needs of the population, in fulfilment of health as a human right. We are concerned at the attempts to subsume PHC, which represents a much broader articulation of health, under UHC. We believe that the for-profit private sector should not be present at the policy table or be involved in assessing health and other social policies, as suggested in the declaration. We reiterate that access to sexual and reproductive health and rights must be ensured and that gender equality and realization of human rights must be recognised without any compromise through qualifying them. The political declaration fails to recognize the adverse impacts of ‘free’ trade agreements and profiteering corporates on health and the failure of global aid to address the resource gap meaningfully. Significantly, there is no commitment to strengthening government health services. This is of grave concern as the failure of the global community to call for and provide assistance to strengthening the delivery of public sector services is one of the main reasons behind the current healthcare crisis.</p>
<b>Primary Health Care Strategy Group</b>	<p>The UN High-level Meeting on universal health coverage must be a political turning point towards health equity and access to high quality, essential health services on the road to achieving universal health coverage. The Primary Health Care Strategy Group calls on member states to take action to: Increase public health financing for essential health services and reduce then eliminate out-of-pocket payments. Promote multisectoral solutions for health and well-being, recognizing the social determinants of health and optimize resources and expertise of government, private sector and civil society. Foster community participation mechanisms in local health systems, to improve transparency, and accountability. Foster inclusion, non-discrimination and access to essential health services. Invest in primary health care workforce, including paid community health workers. Integrate universal access to comprehensive sexual and reproductive health care into national UHC strategies and policies, protect all individuals’ rights to bodily integrity and autonomy, and provide access to services in support of this right. Improve quality of, access to and use of data to inform investments and improvements for people-centered primary health care systems and health outcomes. Promote equity in UHC and prioritize the most vulnerable populations by investing in a community-based primary care system that bridges geographic, cultural, and financial barriers.</p>



<p><b>Public Awareness for Healthful Approach for Living (PAHAL)</b></p>	<p>We need equitable distribution of health resources especially in the backwards regions of World and for this we need that all nations should spend at least 6 % of their GDP on Health. At present in most developing countries it is meager around 1% with all consequences of poor health coverage. We need equitable health coverage for all the people especially for those living in under developed areas, especially in the developing world. For this, developing world countries must allocate at least 6% of their GDP in the Health Sector, that at present is meager at around 1% in most of them. The sub centers at 1 thousand population level needs to be strength with adequate skilled man power and approved diagnostic kits as per the diseases prevalent in the area. Health Promotion and Disease Prevention should be given due importance at the sub centre level.</p>
<p><b>Rabin Martin</b></p>	<p>In the spirit of UHC 2030 Ask 6 (Move together) and paragraphs 54, 55, 59, and 77 of the UHC Political Declaration, we offer two recommendations as countries continue to implement strategies for universal health coverage:</p> <ul style="list-style-type: none"> <li>• Even in countries with robust public health systems, people still use private health services extensively. There is growing recognition of the potential of the private sector’s contributions to UHC. The question is not whether the private sector should be involved in helping to reach UHC, but how. Achieving UHC will thus require strong public capacity to steward mixed health systems and engage private sector partners to deliver high-quality health services at all levels of the health system.</li> <li>• There are no simple or universally applicable solutions available to respond to the country-specific complexity found on the road to UHC.</li> </ul> <p>Each country will chart a unique path. Deliberative, multistakeholder processes to identify solutions through shared analysis and structured dialogue are the best way to navigate these complex factors and yield new forms of engagement. This approach, tailored for local contexts, offers countries the opportunity to incorporate the diverse range of private sector capabilities in addressing the challenges of expanding delivery of essential health services to all.</p>
<p><b>Rare Disease International</b></p>	<p>Rare Disease International welcomes the UN declaration on UHC and the opportunity to make a joint statement on behalf of 300 million people with rare diseases. Because the patient population within each of 6,000-plus diseases is very small, many live in the margins of society, often undiagnosed, unrecognized, and unable to access services available to common conditions. People with rare diseases constitute a vulnerable and neglected population, mostly invisible to the system regardless of socio-economic development level. Pursuit of UHC, within a human rights approach and driven by the principle to “leave no one behind”, will have significant impact but many with rare diseases will still be excluded. While conditions are varied, persons with rare diseases experience similar and disproportionate health, social and economic inequities due to:</p> <ul style="list-style-type: none"> <li>• chronic, complex, progressive, disabling, and life-threatening nature of most diseases;</li> <li>• small number of patients affected by each disease; consequently, limited expertise, delayed or misdiagnosis, and lack of appropriate healthcare impacting family finances and emotional health.</li> </ul> <p>The rare disease community commits to achieving UHC for all while calling for explicit documentation of rare diseases. The rare disease community shares challenges and has evolved mutual strategies and solutions. As a strong, well-established civil society, we are prepared to drive articulation and implementation of UHC not just for rare diseases but for all vulnerable and marginalised peoples. Thus, we can truly ensure we “leave no one behind”</p>
<p><b>Royal National Lifeboat Institution</b></p>	<p>Drowning is a serious but neglected public health problem worldwide and we welcome its inclusion in the Political Declaration on Universal Health Coverage. The World Health Organization estimates that 320,000 people drown each year worldwide and drowning is a leading killer of children over the age of 1 in every region of the world. Drowning affects the</p>



	<p>most vulnerable first and worst; almost all drowning deaths occur in low- and middle-income countries where many people need to live and work near water for their livelihoods or go to school, facing everyday risks of drowning. Providing care for people with disabilities resulting from non-fatal drowning can greatly burden resource-limited health systems. The burden of care is often shouldered by families and communities. Drowning prevention and emergency response must feature in health system policies, planning and budgets, alongside other injuries. The health sector has a critical role to play, including:</p> <ul style="list-style-type: none"> <li>• Ensuring that data collection and health information systems used to monitor universal health coverage can provide more accurate data on mortality and morbidity from all causes, including drowning;</li> <li>• Health workers raising awareness of the risks of drowning and how to prevent it with parents, families and communities</li> </ul>
<p><b>Save the Children</b></p>	<p>Governments &amp; partners must make today a transformational moment to drive progress on UHC. We commend countries that are making progress. But are concerned that far too many people still lack access to essential services. Our projections show that in 2030, 1.2 billion people will spend at least 10% of their household budget on healthcare. Greater domestic investment is needed to address this. Our new report, Health for all within reach, shows that if countries spend 5% of GDP on health, even low-income countries could significantly reduce the funding gap to deliver UHC. We urge Member states to:</p> <ul style="list-style-type: none"> <li>• equitably increase public health spending towards a target of 5% of GDP through progressive taxation</li> <li>• eliminate user fees, prioritising vulnerable populations and key services</li> <li>• strengthen primary healthcare with a focus on quality health and nutrition services in reach of all communities as a 1st step towards UHC, removing financial and non-financial barriers</li> </ul> <p>Donors and development partners to:</p> <ul style="list-style-type: none"> <li>• ensure their funding supports nationally-driven UHC plans and increased domestic fiscal space for health and nutrition</li> <li>• support progress to leave no one behind, focusing on the most deprived and marginalised communities</li> </ul> <p>We call for strong accountability mechanisms to monitor progress, with meaningful civil society engagement.</p>
<p><b>SHIFA4U and Family Education Services Foundation</b></p>	<p>SHIFA4U is honored to participate as a stakeholder and present recommendations at this High-Level meeting on Universal Health Care through our collaborative partnership with FESF, an education NGO, leading the path in disability inclusion in Pakistan. We recognize that at least half of the world's population lacks access to essential healthcare. We believe technology is the key solution in addressing the 3 major issues in healthcare (Access, Affordability and Awareness). And that's exactly what American TelePhysicians is working on with its projects Shifa4U and SmartClinix. Our work and partnerships with organizations like FESF align to meet Goal 9, target 1; Goal 3, target 8; Goal 9, targets 4, 5 and 9B and Goal 17, target 6 &amp; 8 of The Agenda 2030. SHIFA4U and SmartClinix establish 360-degree digital healthcare eco-systems by interlinking both patients and healthcare service providers. SHIFA4U focuses on patients needs and not only educates them but also connects them with right provider at right cost, whereas SmartClinix focuses on upgrading healthcare providers infrastructure by providing digital healthcare record system, telemedicine and data analytics and is also being used by non-for-profit healthcare organizations to improve their capabilities of healthcare delivery.</p>
<p><b>Sigma Theta Tau International Honor Society of Nursing</b></p>	<p>Statement of Sigma Theta Tau International Honor Society of Nursing (Sigma), in special consultative status with the United Nations Economic and Social Council. Universal health coverage: accelerating multi-sectoral and multi-stakeholder action and investments Sigma Theta Tau International Honor Society of Nursing (Sigma), with more than 135,000 members in more than 100 countries around the world, advances world health and celebrates nursing excellence in leadership, scholarship and service. Sigma advances world health through our affiliation with the United Nations and we thank you for this opportunity. Today we address the topic 'Accelerating multi-sectoral and multi-stakeholder action and investments.</p>



	<p>According to the WHO Report of the High-Level Commission on Health Employment and Economic Growth ‘Working for health and growth: investing in the health workforce’, the returns on investment in health are estimated to be 9 to 1. One extra year of life expectancy has been shown to raise Gross Domestic Product per capita by about 4%. Clearly economic growth and development depend on a healthy population. Nurses represent one half of the world’s healthcare workforce. By investing in the nursing healthcare workforce, locally and globally, nurses will have more capacity to prevent diseases, manage diseases, and promote healthy lifestyles which has can produce large returns, both in terms of health gains and economic growth. Universal health coverage will not be achieved without the support of the 20 million nurses and nurse leaders. Sigma, the global voice for nurse leaders around the world, is well-positioned to engage these leaders in this endeavor.</p>
<p><b>Stop TB Partnership Affected Communities &amp; Civil Society Delegations</b></p>	<p>I am speaking as a tuberculosis survivor. TB, like other neglected diseases, is fundamentally an issue of social injustice and inequality. There is no other explanation for why a curable disease been allowed to become the world’s leading infectious disease killer – with over 1 million people dying annually. We need strong accountability ensuring interventions are funded and implemented for every person affected, especially those most vulnerable Including: children, indigenous populations, mobile, migrants, drugs users, prisoners, miners, sexual minorities, PLHIV. Otherwise, Heads of State will fail on their promise to diagnose and treat 40 million people with TB by 2022 and double current TB financing to \$13 billion a year. UHC essential services must include the interventions designed to reach these groups. The TB community, in solidarity with you, demand greater promotion and protection of human rights, the end of stigma and discrimination, the realisation of gender equality, increased investment in R&amp;D, the removal of socio-economic barriers facilitating universal access and the empowerment of affected communities. Also, that world leaders follow through on the political declaration on UHC, ensure we achieve the UNHLM on TB targets by the end of 2022 for being on course to end preventable and curable diseases like TB by 2030. Thanks.</p>
<p><b>Stopping Tobacco Organizations and Products</b></p>	<p>Hello, I am Rebecca Perl, a Vice President of Vital Strategies and a partner in STOP. Thank you for the opportunity to speak on behalf of Stopping Tobacco Organizations and Products or STOP, a watchdog comprised of the Global Center for Good Governance on Tobacco Control, The Union, the University of Bath and Vital Strategies. We would like to call this body’s attention to new challenges that the tobacco industry poses as we strive for Universal Health Coverage. We are greatly concerned that the tobacco industry is using the United Nations and the Sustainable Development Goals to advance the notion that it can be a partner in public health by funding partnerships that promote its interests. Associations with UN bodies like the UNCTAD, ILO, and UNGA, and mention of the SDG’s, in tobacco corporate marketing, lend credibility to an industry that lures young people to an addiction. Meanwhile, the industry continues to challenge policies that save lives. No doubt, during the UNGA, the tobacco giant Philip Morris International, for instance, will be reaching out to global leaders in an attempt to gain legitimacy. Tobacco industry partnerships and research funding are intended to make the world forget that its products kill up to 8 million people a year while its business leads to a USD 1.4 Trillion annual loss to the world economy. In line with the Framework Convention on Tobacco Control, we ask this body to build on WHO’s public rejection of the Foundation for a Smoke-free World and any other such schemes by the tobacco industry and its allies. And we urge Member States, to reject any invitation or any language that could open the door for partnerships with an industry that brings vast and needless death, disease, disability and poverty. Thank you sincerely.</p>
<p><b>Sumitomo Chemical</b></p>	<p>Despite historic progress against malaria in recent decades, there is consensus that the critical path to eradicate malaria will be through innovation. Given the continuous evolution of mosquito-borne transmission –if we are not continuing progress toward eradication we risk massive malaria resurgences, which would quickly overwhelm fragile health systems and put UHC</p>



<b>Company, Limited</b>	<p>at risk. Malaria innovators in the Private Sector are actively developing new generations of diagnostics, medicines, vector control, vaccines and new, smarter ways to target and deliver these interventions. Partners in the campaign to end malaria have experience in bringing innovations to scale to reach the most remote places and vulnerable people. These activities strengthen health systems. This is our primary role and contribution to UHC and the SDGs. The Global Action Plan is addressing common innovation bottlenecks with bold vision. Better end-to-end planning, linking R&amp;D with country priorities and access considerations at early stages of development, will increase predictability and bring more responsive innovation for health -- especially for diseases like malaria that affect the poorest people in the world most severely. Health Partnerships provide the necessary platforms for candid problem-solving discussions among all partners. From a Private Sector point of view, increasing dialogue among stakeholders will make effective tools available more quickly and efficiently. Institution: Public Awareness for Healthful Approach for Living (PAHAL)</p>
<b>Swasti Community Coalition</b>	<p>Swasti is honoured to represent the voice of 107 community organisations for women in sex work, MSM, transgender people, 300,000 garment workers, 2000 small farmers groups and 10,000 urban poor families. We ask that UHC should ensure not only health but well-being while empowering people to overcome challenges, fulfil their aspirations to thrive. To achieve UHC, we must eliminate barriers to well-being for vulnerable communities and enable equitable access to care, social support and financial inclusion. It is paramount that people and their aspirations of well-being are core to primary care, rather than the conditions that affect them. We must also adopt the SDG approach of collaboration and address the physical, mental, occupational, socio-cultural, environmental and financial aspects of wellbeing using technology as an enabler at home, the workplace and in communities. Ensuring quality primary care for vulnerable communities will be fundamental to achieving UHC. Given the global health workforce shortage, we must look beyond traditional doctor-led models and leverage the collective expertise of all qualified health workers to deliver empathetic and respectful care to the most marginalised. As we move together to build a healthier world by 2030, let's also create a 'well'thier world for everyone, everywhere.</p>
<b>T1International</b>	<p>Insulin is like water for people with type 1 and many with type 2 diabetes: absolutely essential. Yet insulin is unavailable and unaffordable to 50% of those who need it, causing deaths worldwide. Even people in high-income countries like the USA are rationing and dying because they cannot afford a nearly 100 years old medicine. Why? Three companies control over 99% of the global insulin market by value, allowing them to charge exorbitant costs; often greater than people's annual incomes. The pharmaceutical industry's power and influence is obvious. Many of the events and programs related to universal health care are funded by pharma. This means the global health community is less likely to hold them accountable. Full access to insulin, diabetes supplies, and care is an essential step towards universal health care. Patients must be meaningfully included at every level of policy making, particularly when it comes to universal health care initiatives. We implore UN Member States not to forget patients. It is vital that governments, the WHO and UN agencies engage with patient groups that are free from conflicts of interest. T1International does not accept money from pharmaceutical companies or any other body that we feel might influence our ability to stand up for the rights of people with diabetes. Patients and advocates supporting #insulin4all are eager to work with you in pursuit of innovative yet pragmatic solutions that ensure affordable access to insulin and diabetes supplies within a universal health care system.</p>
<b>The George Institute for Global Health</b>	<p>The success of this first, High-Level Meeting on Universal Health Coverage hangs on the political will of the leaders gathered here today. But at The George Institute, we believe the translation of that will into measurable progress towards equitable, affordable, quality health care for all requires the involvement of the research community. First, researchers can work with governments to ensure that scarce resources are directed fairly, towards measures that will yield the greatest benefits for patients and communities. Health Technology Assessment programs make this happen by institutionalising the use of timely,</p>





	<p>high-quality evidence into the decision-making process. Second, researchers can co-produce evidence with communities and civil society, in line with local priorities, and help to hold governments to account by providing timely and robust evaluations of health policies and practices. And third, research can ensure that policies are equitable, by focusing on under-served populations. Disaggregated data analyses not only support effective, targeted interventions, but help to ensure no one is left behind. Individual countries will ultimately need to find their own path to UHC. But in each case, getting the right evidence to realise this goal will involve partnerships between government, providers, development partners, civil society, communities - and researchers.</p>
<p><b>The Global Alliance for Surgical, Obstetric, Trauma, and Anaesthesia Care (The G4 Alliance)</b></p>	<p>Five billion people worldwide lack access to safe, timely, affordable surgical and anaesthesia care. Annually, 17 million die because they cannot get lifesaving surgical care. Surgery isn't a luxury. Surgical care provided by frontline health workers saves and transforms lives. It revitalizes communities and countries. Young, old, rich, poor — many will need lifesaving surgical care. Untreated obstructed labor, fistula, cleft lip/palate, burns, fractures, and other conditions can lead to lifelong disabilities, social isolation, and death. Surgery saves lives. It will help save the lives of 3,000 people who die each day from road traffic crashes. It can prevent the needless deaths of the 830 women who die in childbirth every day. Each year, 81 million people around the world face catastrophic expenditure trying to access surgical care; many are forced into bankruptcy. Smart investments in surgical care yield a 10-fold return on productivity. Sadly, \$12.3 trillion in GDP will be lost by 2030 without adequate, coordinated investment in surgical capacity and appropriate surgical metrics to track our progress. The G4 Alliance strongly supports Universal Health Coverage. We call on political leaders to commit to a bold UHC platform that fully includes surgical, obstetric, trauma, and anaesthesia care.</p>
<p><b>The Humanitarian-Development expert group on UHC in Fragile Settings</b></p>	<p>Over 1.6 billion people live in areas affected by fragility and conflict, comprising 85% of the world's poorest and most vulnerable populations. Protracted conflicts and/or weak governance prevent many countries from delivering essential social and health services to all. To achieve SDGs and inclusive economic growth, we must ensure people in fragile settings fulfill their rights and best unleash their potential as healthy, active members of society. We appreciate Member States' acknowledgement in the political declaration of a need for strong and resilient health systems to ensure access for all and be protected from epidemics. Yet, we need more concrete actions to see positive changes. We need more investment in health to reach refugees, internally displaced people, migrants and other people on the move and prevent gender-based violence for no one left behind. We need joint, concerted efforts to maximize the impact in the most cost-effective way. Solidarity and humanity are key beyond organizational boundaries. To leapfrog deep-rooted challenges in fragile settings, we need capital, innovative business models and technologies from all partners; public sector, private sector, international partners, civil society and health workers, including in the community. We must move together. No one is healthy until everyone is healthy.</p>
<p><b>UHC2030 (for panel 1)</b></p>	<p>On behalf of UHC2030, it cannot be stated frequently enough that UHC means that everyone, everywhere should have access to quality and affordable health services. It is clearly a political choice and central to the SDGs. We like to highlight that political decisions beyond health are needed. This is why this HLM is important to draw attention to the political determinants of UHC and the political choices that heads of states and governments need to make often in very controversial political contexts. We have heard from those leaders that have made this choice how it is benefitting their societies and economies. Governments have the primary responsibility to ensure people's health as a social contract at all levels of development. It means bringing society together as an expression of solidarity between people who have the resources to pay and those who do not, people who are healthy and those who are not, people who are young and people who are old. Globally too it is a social contract because the present level of funding is insufficient. It implies redistribution, social justice</p>



	and rights, ensuring that the most vulnerable and marginalised groups are included. And it implies that the rights and the contribution of women are fully recognized. This is why the six Key Asks from the UHC Movement call on political leaders to legislate and to invest; and to collaborate with all of society to make UHC a reality for all citizens. We must move together now to implement the historical political consensus this HLM has achieved. The UHC2030 movement will do its utmost to accelerate progress.
<b>UHC2030 (for panel 2)</b>	UHC is an affordable dream. We know that it is both technically and financially feasible. What remains to be done? Governance. For example, mobilizing domestic resources to increase public spending needed to achieve UHC is about tax payers' money. Therefore, it is important to ensure people can express their voice in policy making and express how they want their money to be used. Civil society organisations and communities play an important role in amplifying individual voices and connecting political leaders, policymakers and providers to the communities they serve, making health services more responsive to the specific needs of different population groups. Participatory governance and whole of society approaches are part of the UHC road to success. There are a variety of mechanisms for fostering dialogue, which not only empower communities, but also help to hold governments accountable for their commitments. This HLM is a unique opportunity to secure social participation as a core principle of health system reforms. This is why the Key Ask of the UHC movement include a call to establish multi-stakeholder mechanisms for engaging the whole of society. We need to ensure that everyone's voice is heard, particularly the vulnerable and marginalised. This is why another Ask is about strong regulatory and legal environments that are responsive to people's needs. Let's make our power count for UHC.
<b>UHC2030 Private-Sector Constituency</b>	<p>UHC2030 Private Sector Constituency is the convening platform for private sector entities wishing to collaborate and exchange knowledge and experience in UHC. The constituency aims to build trust, develop mutual understanding of UHC, the role of the private sector and motivate private sector thought leadership, interest and commitment towards UHC goals. The private sector is well-positioned to contribute to UHC efforts and already provides health products and services for many millions of people and communities globally. The for-profit private sector offers a diverse range of health and related products, services, and innovation. It provides over 60% of health services in some countries. This statement highlights how the private sector can effectively contribute to UHC and work together with other stakeholders to achieve better health and well-being for all people at all ages:</p> <ol style="list-style-type: none"> <li>1. Offer quality products and services that consider the needs of people in low and middle-income countries, and make these affordable, accessible and sustainable</li> <li>2. Incorporate UHC principles, including to leave no one behind, in core business models and objectives and in any philanthropic activities</li> <li>3. Develop, test and scale up innovative business models that align with UHC goals</li> <li>4. Create, adapt and scale up innovation</li> <li>5. Help strengthen the health workforce, responding to local context, priorities and needs</li> <li>6. Contribute to efforts to raise the finance available for UHC</li> <li>7. Engage in, champion, and build capacities for relevant policy dialogue and partnerships with government and other stakeholders</li> </ol>
<b>UN Agency Constituency of UHC2030</b>	I make this statement on behalf of UN members of UHC2030: UNICEF, UNAIDS, UNFPA, UNDP, ILO and IOM. Access to healthcare for all is recognised in the Universal Declaration on Human Rights. However, billions of people do not enjoy this right, or are impoverished in the pursuit of good health and quality healthcare. The commitments made in the comprehensive declaration on UHC adopted today should dramatically improve the health of the world's most vulnerable people, and the



	<p>health services available to them. We welcome and commend the declaration. An overarching theme of the 2030 Agenda for Sustainable Development is progressive universalism. In achieving UHC, we must first prioritize those at greatest risk, including children, youth and the elderly; women and girls; the disabled or chronically ill; indigenous people and minorities and all remote, mobile and migrant populations. Their health is a determinant, outcome and indicator of sustainable development. To overcome the multiple risks to good health, physical and financial barriers to healthcare and widespread knowledge asymmetry, we recommend and commit to supporting coherent, whole-of-government and whole-of-society approaches to UHC, explicitly involving civil society and community representatives, with appropriate accountability mechanisms. These approaches should include a variety of health financing strategies, including social protection and domestic prioritization of health. As the declaration recognizes, “Moving together for a healthier world” will require Member States to leverage the full potential of the multilateral system. As entities of the UN system, we are ready to support countries in their efforts to achieve UHC.</p>
<p><b>UN Secretary-General’s Independent Accountability Panel</b></p>	<p>The UN Secretary-General’s Independent Accountability Panel for Every Woman Every Child Every Adolescent (IAP-EWEC) welcomes the High-level Meeting Declaration on Universal Health Coverage. It calls for accountable and transparent institutions to ensure social justice, rule of law, good governance and ending corruption. This is an accountability agenda for a healthier, more secure world. The IAP-EWEC, the only independent SDG accountability mechanism so far, recommends that governments and stakeholders:</p> <ol style="list-style-type: none"> <li>1. Ensure an independent accountability mechanism for UHC, building on the IAP-EWEC, based on: <ul style="list-style-type: none"> <li>o resources, rights and results</li> <li>o monitoring, independent review, remedy and action</li> <li>o holistic, people-centred and life course approaches</li> <li>o evidence, inclusiveness and transparency</li> <li>o equity, ethics, efficiency and effectiveness.</li> </ul> </li> <li>2. Make UHC the umbrella for health accountability. Sociopolitical accountability for UHC would cover non-communicable and communicable diseases, emergencies and other health priorities.</li> <li>3. Prioritize the health of women, children and adolescents, and others left furthest behind. They are hardest hit by ill-health, inequities, financial and environmental challenges.</li> <li>4. Focus on country needs, mechanisms and impact. Effective UHC accountability – with governments, UN and international development agencies, multisectoral and multistakeholder partners including UHC 2030 and PMNCH – should align with established national review mechanisms for health, rights and SDG impact.</li> </ol>
<p><b>United Nations Foundation</b></p>	<p>The UN Foundation is firmly committed to the achievement of the SDGs, including Universal Health Coverage; we cannot achieve the SDGs without UHC. Primary health care must be a cornerstone of strong UHC systems. The unfinished business of the MDG era, including preventing childhood deaths through immunization, universal access to family planning and sexual and reproductive health and rights, and tackling the big three diseases (HIV/AIDS, tuberculosis, and malaria) will depend on strong primary health care systems. We know UHC is ultimately about equity. Leaving no one behind, including the world’s most marginalized and vulnerable, is paramount if we are going to deliver on the promise of health and well-being for all in a real and tangible way. The UN Foundation believes that a strong, effective and efficient United Nations system is an essential component of achieving the global goal of UHC. The UN Foundation is dedicated to continuing our work of connecting people, ideas, and resources to make the vision of universal access to affordable, quality health services a reality.</p>



	We reaffirm our commitment to mobilizing and fostering political commitment, financial resources, and new forms of partnership to make UHC possible.
<b>Uniting to Combat NTDs</b>	We are delighted to participate in this high-level political forum on UHC, representing over 100 strong partners working to beat neglected tropical diseases. We are pleased to see such strong focus on equitable access to quality services for the most marginalised individuals on our planet. A significant group of people that we need to collectively act for are people affected by neglected tropical diseases. These are people that continue to be plagued by diseases we know how to treat and prevent. 1.6 Billion men, women, boys and girls continue to be robbed of their dignity by these debilitating and disabling diseases. Without specific, measurable, commitments towards these individuals affected by NTDs, we simply will not achieve UHC. The time to act is now! The World Health Organisation is currently working with member states on a new roadmap on neglected tropical diseases setting out what is needed to achieve SDG 3 target on NTDs by 2030 and to lift the 1.6B people out of poverty. This new roadmap will require, political and financial commitments. We at Uniting to Combat NTDs believe that NTD interventions can deliver a measurable win for UHC. We urge the international community to join with us and prioritise ending NTDs as an essential component of UHC.
<b>Universitas Gadjah Mada</b>	Co-facilitators and Excellencies, accelerating efforts towards the achievement of UHC by 2030 cannot be achieved without effective implementation of proven interventions. Research thus plays a critical role in achieving such goal. The final draft of the UHC political declaration rightfully highlighted the importance of research in developing new interventions on paras 53 and 54. However, developing new interventions won't suffice to accelerate UHC. Many promising interventions have been shown to fall short of expectations when delivered in routine setting, suggesting considerable implementation challenges. This underscore the need for implementation researches to improve policies, programme delivery, and knowledge translation. Implementation research can be used to assess the feasibility, acceptability and adoption of interventions and their coverage, costs, and sustainability. To accelerate UHC, all countries should thus be producers of implementation research as well as consumers. Taking into account limited resources, systems are much needed to develop national implementation research agendas, to strengthen research capacity, to raise funds, and to make appropriate and effective use of research findings. Implementation research for universal health coverage therefore requires national and international support. We call on multilateral agencies, governments and civil societies to build capacities for implementation research for accelerating efforts toward UHC by 2030.
<b>Updating medicina del lavoro</b>	Statement by: Dr. Lucio Fellone Coordinator of Updating medicina del lavoro Thank you Chair and thank you everybody here. This is an honour for me. As stated by SDGs [1], point 38 and others from the political declaration [2], it seems to be essential global implementation, strengthening and involvement of occupational health services (OHS) in order to achieve Universal Health Coverage promoting equality. In less developed countries it is necessary to include no cost access to OHS as a minimal health standard in each context and territory [3] thanks to the well-known experience about occupational and other health actions at workplace on small homogeneous group of workers and on local communities and leaders. Regular and close relationship between "ethical" [4] occupational physicians and Local Health Services can surely help in prevention and health promotion campaigns eliminating disparities [5,6,7,8,9,10,11]. In developed countries OHS can contain occupational and resurgent poverty diseases and it can improve social inclusion for immigrants, marginalized, discriminated and all vulnerable workers [12].



	<p>In order to achieve these objectives it is surely necessary the political will and the legislative support but it is also urgent to reinforce the health workforce globally [23].</p> <p>Thank you [*].</p>
<b>White Ribbon Alliance</b>	<p>White Ribbon Alliance (WRA) is a locally-led, globally connected network whose mission is to activate a people-led movement for reproductive, maternal, and newborn health and rights. We are comprised of diverse individual and organizational members with chapters in 14 countries. WRA welcomes the focus on equity and “leaving no one behind” as vital to the attainment of Universal Health Coverage (UHC). However, reaching vulnerable populations with health care is not enough. Women, girls, people living with disabilities, and refugees, among others, must be central to informing UHC and empowered to hold leaders accountable. Meaningful engagement of marginalized groups must be more than a talking point. That is why WRA launched that global What Women Want campaign that heard from 1.2 million women and girls across 114 countries about their top demand for quality reproductive and maternal healthcare. Top responses are respectful and dignified care; water, sanitation and hygiene; and medicines and supplies. Women and girls want basic infrastructure and decency; they want this more than any individual service. While continuing to aim high, the health community and UHC efforts must also focus on meeting the rudimentary needs of vulnerable women and girls. We must hold ourselves accountable to that.</p>
<b>WHO CSTF - Civil Society Task Force</b>	<p>- If we agree health is a human right for everyone, at every age; if we know a 100 million people are pushed into extreme poverty each year because of out-of-pocket spending on health, we, members of the Civil Society Task Force for the W.H.O., understand universal access to health is the goal to each country. A contributive, out-of-pocket coverage concept is excluding the greatest majority of the world population, living in poverty. - Brazil has built, along decades, a Universal Health System (SUS) based on the principles of universality, integrality and equity. SUS is fully funded with Brazilian tax payers’ money, with contributions from the treasures of three levels: federal, state and municipal. SUS provides universal access to all people in Brazil regardless of their income: from primary care to high complexity interventions and treatment, free of charge. - UHC has to guarantee universal access and elimination of catastrophic costs in TB and other disease of the poor. - Scientific evidence shows social protection covering TB patients compensates catastrophic expenditure and reduce treatment drop-out, especially for the poorest. - We urge governments to create the environment to speed up multi-stakeholders actions to implement UHC.</p>
<b>WHO, UNFPA, PMNCH and Plan International</b>	<p>It is my honour to deliver this statement on behalf of PMNCH, Plan International, UNFPA, UNICEF, Child Health Initiative, WHO and the UN Major Group for Children and Youth. There are nearly 1.2 billion adolescents worldwide. In some countries, adolescents represent as much as a quarter of the population and their number is expected to rise, particularly in low- and middle-income countries. In 2016, there were over 1.1 million adolescent deaths. While the majority of adolescent health and well-being issues are preventable or treatable, adolescents, especially girls, face multiple barriers in accessing health care and information. UHC’s promise to leave no one behind calls on governments to recognize and realize everyone’s fundamental right to health, including adolescents. Investment in adolescents can derive a “triple dividend” by improving health now, enhancing it throughout the life course and contributing to the holistic development of the future generations. We welcome the adoption of this political declaration with its commitment to ensuring adolescent health and well-being is a key component of UHC and call on Member States to deliver these ambitions. It is time to invest; it is time to partner with young people; it is time to adapt our health systems to their health, growth and developmental needs.</p>



<b>Women in Global Health</b>	<p>At this historic High-Level Meeting on Universal Health Coverage (UHC), Women@theTable note men and women are not equally represented at the global health decision making table. UHC is losing women’s voices and leadership.</p> <ul style="list-style-type: none"> <li>• In 2018, less than one third of health ministers and less than one quarter of Chief Delegates to the World Health Assembly were women.</li> <li>• In 2017, 69% heads of 140 leading global health organisations were men. Women are underrepresented in the leadership of organisations controlling significant resources and shaping UHC.</li> <li>• Women’s limited opportunity to enter leadership in health is compounded by intersection with factors such as race, religion and caste which further disadvantage women with marginalised identities. UHC decision making from global to community levels is lacking women’s perspectives, particularly women from the Global South.</li> </ul> <p>Gender gaps in health leadership result from power imbalances, stereotyping, discrimination and structures that we can change. Our Gender Responsive Assemblies Toolkit supports inclusive assemblies, gender balanced delegations, meaningful participation of women in decision making, and gender equality in agendas and outcomes. We can fix the absence of female leadership and talent from UHC and achieve global health for all. A woman’s place is at the decision-making table.</p>
<b>Women in Global Health global network</b>	<p>At this historic High Level Meeting on Universal Health Coverage, Women in Global Health has three messages for Member States:</p> <ol style="list-style-type: none"> <li>1) urgent action is needed on the global health worker shortage. 18 million additional health workers are needed to deliver UHC.</li> <li>2) women hold 70% of health worker jobs but are clustered into lower status, lower paid roles. Women health workers face an unacceptable burden of bias, discrimination and sexual harassment. Women earn significantly less than men. Indeed, half the US\$3trillion women contribute to global health annually is unpaid work.</li> <li>3) policies to address gender inequity exist that will enable governments to recruit and retain the health workers needed to meet future demand. The majority of those health workers will be women. The good news is that by investing in decent work for women in health, governments will fill the jobs needed to reach UHC, increase gender equality - and in turn, those new jobs created will fuel economic growth. Gender equality benefits everyone.</li> </ol> <p>Inequalities that undermine women health workers, undermine the health systems they serve and in turn, undermine UHC. We call on member states to invest in female health workers because when enabled, women will deliver UHC.</p>
<b>World Hepatitis Alliance</b>	<p>WHA welcomes the inclusion of hepatitis within the UHC Political Deceleration but as one of the leading causes of death worldwide we must ensure viral hepatitis is a top priority for countries in their UHC responses. Evidence shows that viral hepatitis elimination strengthens health systems, reduces mortality, engages underserved populations and is cost effective. WHA champions the role of civil society to strengthen health systems and encourages UN Member States to engage with the affected community in the development and implementation of their viral hepatitis services. Programmes can be efficiently and effectively integrated into HIV/AIDS, tuberculosis and primary care programmes as well as used as a tool to engage vulnerable communities. Viral hepatitis disproportionately affects some of the most underserved communities, by making hepatitis a pillar of UHC countries can engage with these communities and ensure that no one is left behind. With a vaccination and effective treatments for hepatitis B and a cure for hepatitis C we have the tools for elimination. In doing so we will drastically reduce future health care costs and mortality from liver cancer, cirrhosis and other hepatitis related illnesses. WHA members stand ready to work together to make UHC a reality around the world.</p>
<b>World Obesity Federation</b>	<p>The World Obesity Federation welcomes commitments towards achieving Universal Health Coverage. However, commitments alone will not achieve our goals. When defining UHC packages, we strongly urge Member States to include</p>



	<p>obesity. Obesity is both a disease and a serious risk factor for other NCDs, putting enormous pressure on health systems and jeopardising global prosperity. We must work together to address the economic, social, commercial and environmental determinants of health and reorient primary healthcare towards NCD prevention. The goal of health for all will be unattainable if we do not address the current projections that 2.7 billion adults will be overweight or living with obesity by 2025, with impacts predicted to cost up to \$1.2 trillion per year. Childhood obesity is rising in every country and requires urgent action. Yet across the world people living with obesity often struggle to get a diagnosis, to access care from trained providers, incur substantial expenses for treatment and struggle to manage their weight due to environmental and commercial factors. Governments must consider the prevention and treatment of obesity a priority when designing UHC policies. This HLM has the potential to be a transformative moment, but only if governments go beyond commitments and take action.</p>
<p><b>World Organization of Family Doctors</b></p>	<p>WONCA represents more than 500,000 family doctors in more than 150 countries working at the frontline of primary health care. To the doctors we represent, and the people we care for, the outcomes of the UN high-level meeting on UHC are of the utmost importance. Universal Health Coverage cannot be achieved without comprehensive, integrated, person-centered primary care services. And comprehensive primary healthcare cannot be achieved without qualified primary care teams led by family doctors. WONCA urges countries to invest in the training of skilled family doctors through the development of academic capacity at the medical school level, effective recruitment and retention policies, postgraduate training programs and continuous professional development, matched by support for training of all the members of the primary health care workforce. We recognize that membership of primary care teams will differ from country to country, depending on their particular health demographics, their geography and their health needs and their funding arrangements. But all members of the primary care team should be trained and qualified in delivering community based, person-centered primary care. WONCA is ready and willing to offer technical and policy support to any country which wants to incorporate qualified family doctors into the primary healthcare team.</p>
<p><b>Worldwide Hospice Palliative Care Alliance</b></p>	<p>DrStephen Connor, for Worldwide Hospice Palliative Care Alliance. In March, Joseph Egolet, a man living with rectal cancer from Uganda talked in Kampala about the reality of palliative care and UHC. Joseph’s cancer meant that his health issues affected his daily life. Unable to get a colostomy bag, he was using a plastic bag and tape which leaked and smelt, and he was in pain. He was ashamed but talked openly about his story because he wanted better care for others. Hospice Africa Uganda helped him access what he needed to live his life with dignity until he sadly died in June. Unable to travel, Joseph gave permission for his story to be told in a statement at the April civil society UHC hearing. But the statement was not called and his story remained hidden. We talk now in memory of him, of his dignity and his solidarity with millions around the world. We call on heads of state and ministers of health to not leave people like Joseph behind. UHC means access to essential palliative care for all with serious conditions as a fundamental part of the healthcare continuum. We ALL matter until the very end of our lives.</p>
<p><b>Youth Coalition on Noncommunicable Diseases</b></p>	<p>The Youth Coalition on Noncommunicable diseases-a platform convened by UNMGCY to strengthen the youth NCD movement, welcomes the draft UHC Political Declaration. We support the UN's commitment to achieve UHC by 2030, with a view to scaling up the global effort to build a healthier world for all. UHC and NCDs are a mutually reinforcing agenda. About 100 million people are pushed into extreme poverty every year due to out-of-pocket payments -much of which is due to NCDs. We encourage MS to implement WHO Best Buys -only possible by enhancing cooperation; improving financial risk protection; expanding social protection schemes, and by exploring multisectoral solutions and PPPs while excluding real and perceived conflicts of interest. We urge MS to recognise the role of prevention and to integrate services such as access to</p>



	<p>HPV vaccine and cervical cancer screening into existing programmes for women and girls. We also support the urgent appeal of IAP for EWEC and urge MS to push for increased investments in adolescent health, including mental health, to secure a healthier future for the next generation. A UHC framework inclusive of NCDs offers a chance to build durable, high-quality health systems and financing mechanisms that ensures health for all.</p>
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