

Annex 1: REFERENCES OF THE UHC KEY ASKS

References	Direct quotes for Key Asks
1. Ensure Political Leadership Beyond Health	
<p><u>WHO: Declaration of Astana (2018)</u></p>	<p>‘Convening on the fortieth anniversary of the Declaration of Alma-Ata, we reaffirm our commitment to all its values and principles, in particular to justice and solidarity, and we underline the importance of health for peace, security and socioeconomic development, and their interdependence.’</p> <p>‘We will address economic, social and environmental determinants of health and aim to reduce risk factors by mainstreaming a Health in All Policies approach. We will strive to avoid or mitigate conflicts that undermine health systems and roll back health gains.</p>
<p><u>Global Public Health: An International Journal for Research, Policy and Practice: Universal health coverage may not be enough to ensure universal access to sexual and reproductive health beyond 2014 (2014)</u></p>	<p>‘Universal health coverage is important, but it alone is not enough to guarantee access to health services and improve health. Instead, we need a goal that focuses on improving the health of all people, with targets that address the diversity of barriers to care as well as the specific health needs of women, adolescents and the most marginalized. To achieve this goal, it must be coupled with a strong dose of political will and resources adequate to the task of achieving it.’</p>
<p><u>Medicus Mundi: MMI input to UHC2030 ‘Key Asks’ Survey (2019)</u></p>	<p>‘It goes without saying that poor countries cannot be left alone in this task, but regulation and redistribution are challenges for global solidarity within and beyond Development Cooperation – and related instruments. The ultimate ambition of universality should reach beyond the national borders and limitations.’</p>
<p><u>EBB144.R10: Preparation for the HLM of the UNGA on UHC (2019)</u></p>	<p>‘Recognizing that health is a precondition for and an outcome and indicator of all three dimensions – economic, social and environmental – of sustainable development’</p>
<p><u>Accelerate progress – sexual and reproductive health and rights for all: report of the Guttmacher – Lancet Commission (2018)</u></p>	<p>‘Countries must (also) take actions beyond the health sector to change social norms, laws, and policies to uphold human rights. The most crucial reforms are those that promote gender equality and give women greater control over their bodies and lives.’</p>
<p><u>Feedback to the draft UHC2030’s Key Asks from UHC2030 FS TWG (2019)</u></p>	<p>‘We must achieve sustainable and equitable UHC to promote physical and mental health and wellbeing, and to extend life expectancy for all, leaving no one behind due to ethnicity, color, gender, or socio-economic, religious, political and legal status, or any other factors.’</p>
<p><u>CSEM: Civil Society Declaration for the HLM on UHC (2019)</u></p>	<p>‘Achieving universal health coverage (UHC) is a global health priority embedded in the Sustainable Development Goals.</p>

A/RES/70/1 para 26	We must achieve UHC to promote physical and mental health and well-being, and to extend life expectancy for all.
A/RES/72/139, OP8	Unite the international community and global health partners, as well as regional and national stakeholders, to support Member States in carrying out their primary responsibilities to accelerate the transition towards UHC.
2. Leave No One Behind	
The UCL – Lancet Commission on Migration and Health: the health of a world on the move (2018)	<p>‘Migrants should be explicitly included in UHC commitments.’</p> <p>‘Universal and equitable access to health services and to all determinants of the highest attainable standard of health within the scope of universal health coverage needs to be provided by governments to migrant populations, regardless of age, gender, or legal status.’</p>
IOM: Health of migrants: Resetting the agenda (2017)	<p>‘UHC only exists if health systems account for all of its community members, including migrants.’</p> <p>‘Addressing the health of migrants and mobile populations is (therefore) critical to global health security.’</p> <p>‘Regional and global stewardship requires policies and interventions that focus specifically on migrant and mobile populations. These include the harmonization of health-care strategies, the establishment of surveillance along mobility pathways, and the sharing of data and resources for efficient inter-government responses. Advancing a health security agenda linked to human mobility and migration requires global health diplomacy efforts and responsive foreign policy.’</p> <p>‘(There is a) need to emphasize the positive contribution that migrants make to local communities, and to challenge the incorrect perception that they compete for local resources.’</p>
EBB144.R10: Preparation for the HLM of the UNGA on UHC (2019)	<p>‘Recalling the Constitution of the World Health Organization, which recognizes that the enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, political belief, economic or social condition’</p> <p>‘to continue investing in and strengthening gender-sensitive health care services that address gender-related barriers to health and secure women and girls’ equitable access to health, in order to realize the right to the enjoyment of the highest attainable standard of health for all and achieve gender equality and the empowerment of women and girls’.</p>
A71/4 Draft thirteenth general programme of work, 2018-2023: Report by the Director General (2018)	‘Ensuring healthy ageing is central to universal health coverage ’

	<p>'The Secretariat will support Member States to promote healthy ageing through the actions defined by the Global Strategy and Action Plan on Ageing and Health (2016), as well as through the Decade of Healthy Ageing that is planned for the period 2020–2030.'</p>
<p><u>WHO: Anchoring universal health coverage in the right to health: what difference would it make? (Policy brief) (2015)</u></p>	<p>'While the right to health is defined in a way that acknowledges that it may be impossible for governments to provide all forms of health care to all people at once, it does impose the obligation that whatever forms of health care a government provides, it must provide them to all people who need them, without discrimination, and that includes discrimination on financial grounds.</p>
	<p>'The focus on health systems that deliver quality services in line with national priorities echoes the demands of the right to health. The right to health entails a right to health care that responds to the priority needs of people, which may or may not be the priorities identified by the international community, depending on the context. In addition, the right to health requires that these services be accessible, available, locally acceptable and of quality (AAAQ).'</p>
	<p>The International Covenant on Economic Social and Cultural Rights (ICESCR) is clear that the state is the primary duty bearer responsible for realizing rights: if the state relies on private providers, it must ensure these providers fulfil their role on behalf of the government.</p>
	<p>'If some governments are unable (not unwilling) to provide this minimum level (of the right to health), the international community must step in and provide assistance. International assistance is not a substitute for domestic investment.'</p>
	<p>Many of the drivers of health inequity cannot be addressed through the health sector alone and require a broader multisectoral approach, including addressing the role of trade and education...</p>
	<p>'Monitoring health outcomes to identify gaps due to discrimination requires monitoring and evaluation systems that are designed to identify gaps in coverage that arise from multiple types of discrimination that may stem from factors outside the health system ... "[e]fforts to realize rights necessarily extend beyond services and commodities and draw attention to other social determinants of health and issues of discrimination within the health system'</p>
<p><u>Feedback to the draft UHC2030's Key Asks from UHC2030 FS TWG (2019)</u></p>	<p>'Achieve UHC based on a resilient, responsive and inclusive health systems that provide an essential package of services based on PHC principles and equitable financing, everywhere in a country, including remote and insecure areas, with an emphasis on uninterrupted quality of care for populations at higher risks of being left behind and on ensuring the safety of both health workers and service users.'</p> <p>'Incorporate the health needs of all populations, in regional, national and local health strategies, policies, plans and guidelines.'</p>

	‘Strengthen institutional capacities and create health systems models for equitable and sustainable health service delivery, and provide effective management, capacity building and support to a professional health workforce for the delivery of culturally and gender sensitive and non-discriminatory health services, regardless of socio-economic and legal status. ’
A/RES/67/81 para 9	Achieve UHC based on a resilient and responsive health system that provides comprehensive primary health care, with extensive geographical coverage, including in remote and rural areas, and with a special emphasis on access to populations most in need
A/RES/73/12 para 72 A/CONF.231/3 para 31	Incorporate the health needs of vulnerable populations in fragile settings in national and local health care policies and plans, by strengthening capacities for service provision, facilitating affordable and non-discriminatory access, reducing communication barriers, and training health-care providers on culturally sensitive service delivery.
3. Regulate and Legislate	
WHO: World Report on Health Policy and Systems Research (HPSR) (2017)	‘HPSR (can) guide changes in the design of provision and financing of health services... enable the continuous improvement that is needed in systems striving to provide UHC... help address locally defined problems.’
The Lancet: Sugar, tobacco, and alcohol taxes to achieve the SDGs (2018)	‘As part of a broader public health approach to promote a life-course approach to prevention and to address commercial determinants of health, it is now time for governments to adopt sugar, tobacco, and alcohol taxes (STAX). ’
Medicus Mundi: MMI input to UHC2030 ‘Key Asks’ Survey (2019)	‘Health financing and budgeting should correspond with (democratically) agreed health national policies and strategies. The responsibility to generate and pool the resources needed is with the respective health authority (at all levels).’
	‘It is of the utmost relevance and a requirement in the “UHC asks” to refer to and call for international Debt restructuring mechanisms in Low-income countries and debt sustainability/ reduction in Middle-Income countries. ’
WHO: Tackling NCDs: ‘best buys’ and other recommended interventions for the prevention and control of NCDs (2017)	‘ Integrate very cost-effective NCD interventions into the basic primary health care package with referral systems to all levels of care to advance the universal health coverage agenda’
A/RES/69/313 AAAA para 77	Encourage a better alignment between GHIs, and encourage them to improve their contribution to strengthening health systems

4. Uphold Quality of Care	
<u>IHEED: Achieving Universal Health Coverage: Technology for Innovative Primary Health Care Education (2016)</u>	<p>‘Well-trained health care professionals (who) will build the strong PHC systems that are necessary for UHC.’</p>
	<p>‘Due to the continuing spread and evolution of information and communications technology (ICT) in health care and education, ICT should be considered as an essential tool for innovative primary health care education.’</p>
	<p>‘Cooperation between primary and secondary care is essential for delivering the best care to patients and communities. It should not be a matter of choosing between primary and secondary care, but rather of recognising and adequately supporting the unique attributes and skillsets that each has to offer.’</p>
	<p>‘For the delivery of primary care to be effective – and lead to the achievement of universal health coverage – the composition of the primary care team should reflect the demography and health needs of the local population.’</p>
<u>Foundation Botnar, PATH, Women Deliver and (PMNCH): Leveraging AI, digital and frontier technologies to achieve UHC by 2030: ‘Fueling a movement towards action & leaving no one behind’</u>	<p>‘Reduce the gap between the advancement of technologies and realities of countries/governments/populations -- particularly for people and vulnerable groups in resource-poor settings.’</p>
<u>WHO guideline on health policy and system support to optimize community health worker programmes (2018)</u>	<p>‘Addressing health workforce shortage, maldistribution and performance challenges is essential for progress towards all health-related goals, including universal health coverage.’</p>
<u>BMJ: Artificial intelligence (AI) and global health: how can AI contribute to health in resource-poor settings? (2018)</u>	<p>‘Moving from pilot to scale (in these settings) will require addressing several issues and must be grounded in the experience of the beneficiaries of these powerful tools.</p> <p>‘(w)ide-scale deployment will need to be guided by a robust research agenda.’</p>
<u>Medicine Quality & Public Health (MQPH): The Oxford Statement (2018)</u>	<p>‘We call on governments, national and international organisations and funders to prioritise human capacity and financial investment to ensure effective, efficient and consistent quality assurance by all National medicines Regulatory Authority (NMRAs), including improved data sharing and harmonisation, with linked efficient procurement and supply systems leading to equitable access and improved global health.’</p>
<u>Tokyo Declaration on Patient Safety (2018)</u>	<p>‘(we) reaffirm our commitment to improving patient safety in order to reduce all avoidable harm and the risk of harm to all patients and people during their interactions with health care systems, whoever they are, wherever they live, by 2030’</p>

	<p>‘Recogniz(e) that patient safety is one of the most important components of health care delivery, which is essential to achieving universal health coverage (UHC), and moving towards UN Sustainable Development Goals (SDGs)’</p> <p>‘Acknowldg(e) that though health care systems differ from country to country, many threats to patient safety have similar causes and often similar solutions; thus signifying the need for cooperation among countries and institutions from the sharing of information and learning from patient safety incidents to the implementation of safe practices’</p> <p>‘Affirm our strong commitment to maintain a high level of political momentum on “Global action on Patient Safety” worldwide’</p>
<u>WHO: Tackling NCDs: ‘best buys’ and other recommended interventions for the prevention and control of NCDs (2017)</u>	<p>‘Develop and implement a palliative care policy, including access to opioids analgesics for pain relief’</p>
<u>IIED: Evaluation: a crucial ingredient for SDG success (2016)</u>	<p>‘National policy evaluation is essential in the review and follow-up process (of achieving SDGs).’</p> <p>‘Evaluation builds evidence for claims about the value of policies, programmes and strategies.’</p> <p>‘Evaluative thinking is a critical element in building the capacity of policymakers and parliamentarians to make informed decisions about success in achieving the SDGs.’</p>
<u>The Lancet: Sugar, tobacco, and alcohol taxes to achieve the SDGs (2018)</u>	<p>‘International and academic institutions as well as civil society should expand efforts to monitor and respond to industry interference in the formulation and implementation of STAX. These actors should also assess and share best practices that codify normative guidelines on STAX, including knowledge of how STAX can reduce inequities in alignment with wider taxation policy, especially for lower socioeconomic groups, and how STAX can support the implementation of other public health interventions.’</p>
<u>Chatham House: Shared responsibilities for health, a coherent global framework for health financing: final report of the Centre on Global Health Security WG on Health Financing (2014)</u>	<p>‘Every government should consider improved and innovative taxation as a means to raise funds for health. Promising policies include the introduction or strengthening of excise taxes related to tobacco, alcohol, sugar and carbon emissions, and these should be combined with measures to increase tax compliance, reduce illicit flows and curb tax competition among countries. Other sources of government revenue, particularly in countries rich in natural resources, should also be explored.’</p> <p>‘High-income countries should commit to provide external financing for health equivalent to at least 0.15 per cent of GDP. Most upper-middle-income countries should commit to progress towards the same contribution rate</p>

<p><u>Letter of Motivation, KEPHCA (2019)</u></p>	<p>‘UHC means that all people and communities can use the promotive, preventive, curative, rehabilitative and palliative health services they need, of sufficient quality to be effective, while also ensuring that the use of these services does not expose the user to financial hardship’</p> <p>‘Commit to ensure an essential package of palliative care is included within National Universal Health Coverage package to address serious health-related suffering by 2030’</p> <p>‘Budgets should strengthen health systems to allow for integration of prevention, promotion, treatment, rehabilitation, and palliative care. They should not perpetuate the disease centered, “rescue medicine” model that leaves millions behind in severe health related suffering each year.’</p>
<p><u>Better Performance and Quality through Focused Innovation: The Eleven Year Journey of Manila Doctors Hospital in Institutionalizing Climate Change Mitigation Actions (2017)</u></p>	<p>‘Total wellness cannot be achieved without recognizing the importance of responsible environmental stewardship’</p>
<p><u>A71/4 Draft thirteenth general programme of work, 2018-2023: Report by the Director General (2018)</u></p>	<p>‘Universal health coverage includes appropriate access to affordable and quality-assured medicines, vaccines and health products (including diagnostics and devices, as well as blood and blood products).’</p>
<p><u>Feedback to the draft UHC2030’s Key Asks from UHC2030 FS TWG (2019)</u></p>	<p>‘Commit to produce reliable and representative data for SDG 3.8.1 and 3.8.2 indicators, including attacks on health care, even in insecure and challenging environments, for the assessments and monitoring of the quality, safety, efficiency, accessibility, effectiveness and people-centeredness of the health services provision.</p> <p>‘Strengthen civic engagement to enable them to monitor service delivery and create mechanisms to reinforce their participation and build trust, especially in extremely difficult and insecure settings.’</p>
<p><u>A/RES/71/313 annex</u></p>	<p>Commit to produce data for SDG 3.8.1 and 3.8.2 indicators and ensure access to and freedom of use of data for accountability purposes.</p>
<p><u>A/RES/66/288 para 85</u> <u>A/RES/67/81 para 13</u></p>	<p>Commit to contributing to HLPF voluntary national review (VNR) and thematic review processes with multi-stakeholder involvements in the preparation for and closer alignment with domestic health sector review processes.</p>

5. Invest More, Invest Better	
<u>CSEM: Civil Society Declaration for the HLM on UHC (2019)</u>	‘Countries should reach the targets set in the Abuja Declaration, which calls for 15% government expenditure on health. ’
<u>Feedback to the draft UHC2030’s Key Asks from UHC2030 FS TWG (2019)</u>	<p>‘Urge all countries to invest in strong essential public health functions and address social and environmental determinants of health, to improve their prevention of communicable and non-communicable diseases and their preparedness for public health events by incorporating measures for enhanced national health security in an effort to achieving UHC.’</p> <p>‘Seek appropriate context specific funding and innovative, flexible and inclusive financing solutions to address specific challenges to deliver quality health services and facilitate social protection for all.’</p>
<u>A/RES/69/313 para 12</u>	Commit to set nationally appropriate spending targets for quality investments in health, consistent with national sustainable development strategies, while improving the use of pooled funds more efficiently
<u>SDG3 Global Action Plan p17 and p21</u>	Optimise country investments by the development of country investment cases using standardised methodologies, and shift emphasis the highly cost-effective frontline health systems, building on existing services.
<u>A/RES/69/313 AAAA para 77</u>	Enhance international coordination and enabling environments at all levels to strengthen national health systems and achieve UHC, building on the Statement on sustainability and transition from external funding (i.e. develop policies on transition from external funds in the context of UHC; direct efforts towards sustaining or increasing effective coverage of quality priority interventions.)
<u>A/RES/69/313 para 69</u>	Encourage consideration of how existing international financing mechanisms might be replicated to address broader development needs.

6. Move Together	
<u>WHO: World Report on Health Policy and Systems Research (HPSR) (2017)</u>	'Greater efforts are needed to strengthen the resilience of health systems to foster equity and efficiency in refugee health . Another priority is developing the evidence base for intersectoral approaches to the health care of displaced populations , also addressing social determinants of health'
<u>The UCL – Lancet Commission on Migration and Health: the health of a world on the move (2018)</u>	'International and regional bodies and states should re-balance policy making in migration to give greater prominence to health by inviting health representatives to high level policy making forums on migration . Health leaders and practitioners should fully engage in dialogues on the macroeconomic forces that affect population mobility and participate in multisector budgeting and programme planning for migrants '
	' Racism and prejudice should be confronted with a zero tolerance approach . Public leaders and elected officials have a political, social, and legal responsibility to oppose xenophobia and racism that fuels prejudice and exclusion of migrant populations.'
<u>Civil Society Meeting: Promote health, keep the world safe, serve the vulnerable: HIV, Viral Hepatitis, Tuberculosis, Sexually Transmitted Infections and UHC (2018)</u>	' Community health workers should be adequately recognized and remunerated for their work and universal health coverage should be used as an opportunity to challenge an over-reliance on volunteers that exists in various settings and situations. '
<u>EB144/CONF./4: Community health workers delivering primary health care: opportunities and challenges (2019)</u>	'(s)trengthen the relevance, effectiveness and implementation of the WHO Global Code of Practice on the International Recruitment of Health Personnel , including cooperation with health ministries, civil service commissions, and employers to deliver fair terms for health workers and a positive practice environment to enable their effective deployment, retention and adequate motivation to deliver high-quality care and build a positive relationship with patients '
<u>Women in Global Health: Gender equality and women's rights in UHC drive better health for all. This is everybody's business (2019)</u>	'Acknowledge the role of women as 70% of the health workforce , in delivery of UHC.'
	'Women's voice and leadership is critical to the UN HLM process'
	' Include women in equal numbers to men in UHC decision making at all levels from community to global and adopt a gender transformative approach to design, delivery and leadership of UHC.'
<u>Medicus Mundi: MMI input to UHC2030 'Key Asks' Survey (2019)</u>	'There are different roles for governments, civil society and other actors. Governments , as main duty-bearers, are expected to lead health policies and their implementation in a democratic and responsive way and therefore in a structured dialogue with their people / civil society . Other actors are called to align, contribute, and respect regulation . People and their organizations shall be supported in any way to claim and defend their

	health related rights within and beyond the health sector. In any dialogue among those actors, the role must be clearly defined. '
<u>Africa Health Agenda International Conference (AHAIC) 2019 Youth Pre-Conference</u>	<p>'Policy frameworks need to include capacity strengthening of youth to provide a platform for meaningful engagement of young people in UHC.'</p> <p>'It is an obligation of Governments to ensure adequate investments into health services that are youth friendly including investments in human resources for health.'</p>
<u>IFMSA: Position paper of the IFMSA to the UN HLM on UHC (2019)</u>	<p>'Member States acknowledge and provide technical, material and financial support to youth-led work that propels the achievement of UHC at the local and national level.'</p> <p>'Members States take the responsibility to create accessible spaces for community grassroots participation, including youth, and facilitate the engagement of young people in order to ensure population's ownership of healthcare.'</p> <p>'Young people should be given a voice in all official proceedings, including the involvement of youth speakers that represent larger youth constituencies.'</p> <p>'Financial and logistical support should be made available for young people to attend the HLM, recognising that lack of funding is one of the major obstacles for meaningful youth engagement in UN processes.'</p>
<u>UHC and the private sector: Opportunities and engagement, Notes from UHC private sector consultation at Africa Health 2019</u>	<p>'Building trust is crucial to the inclusion of the private sector in UHC.'</p> <p>'The private sector should work together for a shared understanding of the common issues and work together to bring these issues to the government in a collective manner. This will also ensure transparency and avoid duplication of efforts.'</p> <p>'"Doing good and doing good business" should not be mutually exclusive. The private sector should have the sustainable development goals at the core of their mission.'</p>
<u>Feedback to the draft UHC2030's Key Asks from UHC2030 FS TWG (2019)</u>	'Leverage innovative partnerships beyond the exclusive public-private divide to harness context relevant, adaptive, locally owned and socially inclusive solutions, data and expertise to deliver more effective and responsive services, to meet the precise needs of the population, especially in fragile and conflict-affected settings. These solutions shall feed into the development of more resilient, flexible and innovative health systems to achieve more efficient, transparent and accountable health systems governance as well as social inclusion. '

	‘Strengthen collaboration between humanitarian and development actors, national and local authorities, informal economies, indigenous entrepreneurs and community-based organizations and where appropriate with peacebuilding and security actors, for joint health systems analysis, joint planning, coordinated implementation of an essential package of health services, and joint monitoring, with more flexible funding modalities to facilitate long-term outcomes, including health systems resilience.
A/RES/72/139 para 21	Encourage all member states to endorse the UHC2030 Global Compact towards progress towards UHC and take forward its principles and joint vision on healthy systems for universal health coverage.
SDG3 Global Action Plan	Welcome a stronger focus on UHC by the SDG3 Global Action Plan for better cross-agency collaboration.
A/RES/72/139 para 11	Strengthen multi-stakeholder dialogue with civil society, academia, private sector to maximize their efforts in implementing health goals. Also, promote and strengthen dialogue with other stakeholders to maximize engagement in and contribution to the implementation of health goals and targets through an inter-sectoral and multi-stakeholder approach, while at the same time safeguarding public health interests through the promotion of policy coherence.
A/RES/73/12 para 23 A/CONF.231/3 para 18 A/RES/71/353 para 35	Strengthen collaboration between humanitarian and development actors for joint analysis, implementation of an essential package of health services, and monitoring, with more flexible funding modalities to facilitate long-term outcomes.