

Written inputs from participants of the UN HLM on UHC Multistakeholder Hearing, 29 April 2019, New York



Pre-submitted Written Statement	
Academy of Dentistry International	Submitted - see below File name: Oral Diseases Joint Statement to Multistakeholder Hearing on UHC - Final.pdf As four independent civil society organizations representing an array of health professionals, academic institutions, corporations, and concerned individuals, forming a global network reaching 80+ member states, dedicated to the improvement in the oral health and quality of life for all people, collectively we call for the inclusion of oral health (preventive and treatment) into UHC, particularly for children and those at-risk for other NCDs, given the preventable nature of oral diseases. Scale of Problem Untreated decay in permanent teeth is the single most prevalent disease globally. Oral diseases affect 3.9 billion people, 1 billion more since 1990. The economic burden estimate is \$544.4 billion (for 2015). The annual indirect costs, including absenteeism from school and work, are more than US\$187.6 billion, ranking the indirect costs among the top 10 causes of death. Solution Noting that oral diseases are preventable through addressing common NCD risk factors of sugar, tobacco, alcohol, and clean water, primary care could provide early intervention for at-risk communities. Commonly, dental care is excluded from primary care. We call upon member states to include preventive and oral health treatment services in UHC: 1. access to community and individual fluoride agents, 2. reductions in sugars, 3. routine oral healthcare to relieve pain and restore function. General health is compromised until the global oral health burden is addressed, leaving no one behind.
Aceso Global	The global push for UHC is coinciding with many donor transitions in health. An increasing number of countries are now, or soon will be, ineligible to receive donor funding due to rising national incomes and declining disease burden. There is no



	<p>guarantee that countries will fill the void left by donors' withdrawal. This is worrisome as diseases such as HIV and TB are often concentrated among marginalized groups and those traditionally outside of government reach. Without international funding these groups stand to lose access to essential services, making them prone to higher incidence rates, social exclusion, and lower levels of wellbeing. Governments risk exacerbating existing equity gaps if past donor contributions for marginalized groups are not substituted with public funds. Financial commitments, however, are not enough to prevent equity gaps. Determining the most effective delivery channels to reach underserved populations without donor support is equally critical. In many countries, donor-funded civil society organizations are bridging access and coverage gaps. Ensuring that these organizations continue to have access to funding to finance their work in the post-transition era is critical. A strong focus on strengthening domestic financing mechanisms to support the work of CSOs is therefore needed.</p>
<p>Adolescent Health & Universal Health Coverage</p>	<p>Adolescence represents a window of opportunity for effective prevention and health promotion. Yet adolescents have failed to experience the improvements seen by other age groups. Progress towards UHC requires keeping adolescents healthy. Investment in adolescents delivers a “triple dividend” - improving health now, enhancing throughout the life course and contributing to the health of future generations. Progress towards UHC requires keeping adolescents healthy. Investment in adolescents delivers a “triple dividend” - improving health now, enhancing throughout the life course and contributing to the health of future generations.</p> <ol style="list-style-type: none"> 1. Strengthen Service Delivery Includes: prioritise adolescents in UHC benefits packages, tackling the full spectrum of issues from SRH to injuries; implement legal frameworks guaranteeing access to services; act beyond the health sector addressing the wider determinants of adolescent health for prevention. 2. Enhance Financing Includes: increase spending on adolescent health; acknowledge the benefits of adolescent health to inform financing decisions; cover all adolescents with mandatory, prepaid, pooled funding for health services; and leave no adolescent behind, prioritising the vulnerable/marginalised. 3. Improve Governance: engage adolescents in policy and delivery; monitor through national data systems; report on disaggregated adolescent indicators; evidence-based action targeting adolescent groups.
<p>AFRICAN CENTRE FOR GLOBAL HEALTH AND SOCIAL TRANSFORMATION (ACHEST)</p>	<p>Availability and access to teams of, well-trained, well-paid, culturally and gender-sensitive primary care health workers at the first level of care for communities, is the rate-limiting factor for the extension of geographical coverage and reaching the most marginalised and hard-to-reach populations so as to ensure that reforms and actions for health development “Leave No One Behind.” This is essential, in particular, to track progress with addressing the gap in maternal and reproductive health outcomes between income groups in countries with a low resource base. A specific “Ask” for and means (indicator) for tracking progress with adequacy funding to provide a health workforce that is accessible to communities are essential. Further to this, community participation is central to ensuring responsiveness and resilience of the health workforce effort. Regrettably, the SDG framework currently has no UHC indicator that explicitly monitors community participation for health, a need that must be addressed now. These proposals raise the urgent need to reframe the CSO “Ask-framework.” Aligning the framework to practical approaches that facilitate objective planning and action by countries will be critical for an impactful resolution framework from the HLM of the UN.</p>
<p>Afro Global Alliance</p>	<p>Despite being curable, tuberculosis remains the top infectious killer disease globally, taking over 4000 lives every day. Each of those deaths is needless and preventable, reminding us why the world needs Universal Health Coverage. If the world can't get its act together to stop millions of deaths from a disease that's been curable for nearly 50 years, we have no hope of achieving UHC. We in TB Community at large have learned many lessons from the 2018 UNHLM on TB, but given the time constraints I will share just one. Promises made here will quickly be forgotten without sustained pressure from communities, people affected by the disease and advocates back home. This is why we need strong accountability which ensures that interventions and actions are funded and implemented for every single person affected, especially those most</p>



	<p>vulnerable,Otherwise , Heads of State and all stakeholders will fail on their promise to diagnose and treat 40 million people with TB by 2022. The TB community demands that world leaders agree an ambitious political declaration on UHC in September that puts people first and puts the world on course to end preventable and curable diseases like TB by 2030. Thank You.</p>
AIDS Healthcare Foundation	<p>When moving towards the goal of UHC for all, the disparity of access to health services between urban and rural communities is a formidable challenge. Countries where unfettered poverty creates slums and communities lacking the most basic infrastructure for providing clean water, health services, maternal care, and access to prevention, testing and treatment for HIV and other sexually transmitted diseases, run the risk of continuing the neglect of forgotten individuals and families who daily face and negotiate socio-economic disparities. Millions of people still have no access to life saving drugs to treat HIV and the high price of ARVs continues to be a barrier to countries who desire to address the epidemic which globally disproportionately affects young girls and women. Social and cultural attitudes towards girls that encourage or are indifferent to gender based violence must be addressed when seeking the high standard of care proposed for comprehensive UHC. How do we ensure that governments are responsible for allocating 5% of their GDP towards their health budgets and the goal of reaching UHC for all regardless of race, gender, sexual orientation or income level? True equity means the human rights of all individuals must be secured for true UHC.</p>
American Academy of Pediatrics	<p>On behalf of Global Health Council, American Heart Association, NCD Child, the NCD Roundtable, American Academy of Pediatrics, Advancing Synergy, Global Alliance for Behavioral Health and Social Justice, we support implementation of UHC and stress the critical need to prioritize primary health care, through integrating NCDs prevention and treatment for cancer, cardiovascular disease, diabetes, respiratory diseases, and mental disorders. Our opportunity to save lives is now! To generate national health revenue, we suggest Member States implement WHO's "Best Buys", use technology-based solutions and digital technology, to reduce premature deaths due to NCDs by 1/3, by 2030. NCDs are leading causes of death, a cause and consequence of poverty - posing greater threats to global economic development than natural disasters, crime, and corruption. Most NCD deaths (75%) occur in low- and middle-income countries where 15 million people are dying prematurely. Depression is a leading cause of disability among adolescents, and NCDs kill over 1.5 million young people annually. UHC will reduce premature deaths, prevent chronic illnesses, stabilize household finances, and improve national economies. To ensure equitable, universal access to care and services - we ask Member States to develop strong fiscal policies, ensuring UHC as a fundamental right for all.</p>
American Heart Association	<p>Governments can protect health and make their populations stronger and more productive, they can save on health-care costs, and when they implement taxes on tobacco and sugary drinks generate revenues that can be reinvested into health. Recently the Task Force on Fiscal Policy for Health, co-chaired by Michael Bloomberg who is also the United Nations Ambassador for NCDs, reviewed the evidence on the impact of these tax policies on consumption, health and revenue. They concluded that these taxes are underutilized as a policy tool. Raising taxes on tobacco can do more to reduce premature mortality than any other single health policy. Moreover, raising taxes on sugary beverages is prudent because they can incentivize healthier diets and address the growing burden of disease from obesity and diabetes. In closing, we strongly encourage governments to employ this useful policy tool to raise valuable revenues. The American Heart Association pledges to do more to support Member States and leaders in Ministries of Health to make the case for fiscal policies and to help demonstrate that health expenditures on CVDs and other NCDs is an investment, not a cost. Thank you for your consideration.</p>
APCASO / Activists'	<p>Tuberculosis remains one of the top 10 causes of mortality globally with 1.3 million deaths in 2017 and millions falling ill with TB</p>



Coalition on TB - Asia Pacific (ACT! AP)	<p>each year. Among people living with HIV, TB remains the number one killer with 300,000 deaths a year. To end this epidemic, just last year, Member States committed to a Political Declaration to end TB. While part of this commitment is to improve policies and systems to be able to cover TB services under UHC, experiences of communities most marginalized and affected by TB and TB-HIV says otherwise. In my region, Asia Pacific, while TB diagnosis and treatment are supposedly covered by UHC, only 75% of people with TB in Viet Nam and only 44% of medical costs in the Philippines are covered by the national health insurance schemes. Non-medical costs are shouldered by people with TB who live in poverty, making it difficult for them to complete their treatment. Stigma, discrimination, and criminalization of populations most affected by TB, as well as HIV, such as sex workers and people who use drugs, further exclude our achievement towards universal access. If we are serious in leaving no one behind and achieve universal access through UHC, we must strengthen our systems for health by adopting policies that cater to the intersectional needs of people beyond health. Member States must also finally commit to decriminalize sex work and drug use.</p>
ARCAD-SIDA Mali	<p>ARCAD-SIDA Mali is a key actor in the fight against HIV / AIDS at the national and subregional levels through Coalition Plus Platform for West Africa. At the national level we run three community clinics with an integrated health offer for the most marginalized populations: men having sex with men, transgender, female sex workers and people who use injectable drugs. At the sub-regional level, Coalition Plus West Africa Platform under the leadership of ARCAD-SIDA brings together 21 associations from 8 countries around the community expertise that we have developed in delivering sexual health services and differentiated antiretroviral therapy with the involvement of peer educators and psychosocial counselors beneficiaries and actors from the community. The platform is part of a process of south-south capacity building, sharing and exchange of experience around good practices. This know-how must serve to the effectiveness of universal health for all key and vulnerable populations who face multiple challenges in accessing healthcare. We must work towards the integration of sexual health services to universal health coverage for all these populations. The universal health coverage should take into account the human rights issue for stigmatized population since the constitution of all these countries enshrines the right to health as a fundamental right.</p>
Arogya World	<p>The impact of NCDs is huge. Arogya World's 10,000 women's study on the Impact of NCDs confirmed that. 1/4 of the women spent 25% of the family income on NCDs. One in 10 women said it is 50%. That is unsustainable. Surely in the SDG era we can do better than that. 40% of the women paid for healthcare out-of-pocket, borrowing money from friends and family. The grassroots data from our study scream for UHC. We believe UHC is not just the government's responsibility. When countries like India show they have the political will to start Ayushman Bharat, we have an ASK - Build cross-sectoral mechanisms for co-ordinated action and investment in UHC. Civil society matters. Remove unnecessary regulatory hurdles and work with NGOs like Arogya to take prevention to people where they live, learn and work, literally to the last mile. NCDs are daunting. Funding is scarce. UHC has given us a much-needed focal point of consensus. Whether we work in HIV, women's health, NCDs or mental health, we all agree UHC is needed. Everyone, everywhere, deserves to lead a healthy life. We genuinely believe in #HealthforAll. Health is a human right. And it is our collective responsibility to make sure the world delivers on it.</p>
Associação Brasileira de Cirurgiões-Dentistas	<p>The Brazilian Association of Dentists – ABCD recognize that Universal Health Coverage (UHC) means that every person, everywhere has access to the health services they need without the risk of financial hardship when paying for them. ABCD also defends that UHC encompasses the full spectrum of essential, quality health services, from health promotion to prevention, treatment, rehabilitation and palliative care ABCD asks that The Political Declaration for the HLM on UHC must address the following priorities in order to improve oral health and UHC: 1) Integrate oral health into primary healthcare and UHC • Add essential oral health services to national essential packages of health services. • Commit to provide at a minimum the World</p>



	<p>Health Organization (WHO) Basic Package of Oral Care, which includes access to emergency care and pain relief, affordable fluoride toothpaste and tooth decay management. • Ensure access to adequately trained oral health professionals and strengthen oral health systems based on a people-centered healthcare approach as a part of primary healthcare. 2) Strengthen health surveillance systems to monitor oral health • Commit to improve data collection and surveillance systems for noncommunicable diseases (NCDs) that integrate oral health indicators. • Commit to produce data for SDG 3.8.1 (Coverage of essential health services) and go beyond the list of tracer topics to include oral health. 3) Increase investment in NCDs, oral health and UHC • Recognize that investment in NCDs including oral health is critical to achieving UHC. • Encourage the implementation of taxation on unhealthy products — such as tobacco, alcohol, and sugar-sweetened beverages — to assist in financing UHC. The Brazilian Association of Dentists (ABCD) is an independent and recognized voice of oral health professionals in Brazil. "We are dedicated to public health, ethics, science, sustainable development and the progress of oral health professionals through advocacy, education and research.</p>
AVAC/GHTC	<p>As part of the SDGs, the world has committed to achieving universal health coverage (UHC) by 2030, but without the mobilization of resources and scientific expertise, we do not currently have the tools to reach these goals. The SDG3 targets include drastic reductions to maternal mortality, ending preventable deaths of newborns and children, and ending the epidemics of AIDs, TB, malaria, and neglected tropical diseases. These targets will not be achieved without research and development (R&D) to develop new health technologies— such as new and improved drugs, vaccines, diagnostics, and other critical innovations. GHTC calls for greater public funding for R&D for universal access to health technologies. The public sector plays a critical role, not only in the development of new tools for poverty-related and neglected diseases where commercial market profits are limited, but also de-risking and incentivizing investment from the private sector. In addition to increased public funding for R&D, GHTC also encourages all countries to increase their commitment to capacity-building, including strengthening clinical trial capacity, developing more robust laboratory systems, and enhancing regulatory frameworks. These capacities are not only good for enabling R&D but also serve to strengthen the health system overall, which is vital to achieving UHC.</p>
Business Council for the United Nations (BCUN)	<p>The Business Council for the UN (BCUN) comprises multi-national corporations that are interested in collaborating with the UN to advance shared goals including the SDGs. We applaud the UN's leadership for setting such a bold vision and high standard for Universal Health Coverage. The Secretariat of the BCUN wishes to convey that business stands ready to help achieve the goals set forth for UHC through the unique elements of healthcare that they contribute, as each is able. We applaud the Key Asks which are comprehensive and inclusive. We are interested to: • ...work with UN leaders and other experts to continue finding innovative solutions – in all geographies and sectors, and across a range of industries - to improve the feasibility, efficacy, equality and sustainability of providing healthcare to all; • ...see partnership mechanisms established or strengthened globally and, in all countries, that could support joint planning, cross-sectoral collaboration, sharing of best practices and aligning resources for maximum impact; • ...participate in opportunities for dialogue with Member States and others to ensure a declaration that is embraced by all stakeholder groups as a shared guide for our work together toward the vision and attainment of UHC. Thank you.</p>
CHESTRAD Global	<p>'The focus on PHC as foundation for UHC movement is pivotal. We note 'Asks' of the CSEM UHC2030 among others. We consider these well positioned to achieve our shared aspirations. We call attention of the Secretary General and the co-facilitators to complementary 'Asks' from country advocates for 'articulation of guidelines towards domestic resource mobilization to deliver rights based, country determined essential services and systems interventions to improve health and well-being for everyone, led by public financing, and robustly supported by aligned resources from all sources (Private Sector,</p>



	<p>Philanthropy, Social Impact Investments and Traditional Official Development Assistance)'. We identify that globally driven financing targets based on percentage of budget allocation, per capita expenditure or per capita of GDP have serially failed Africa, across all sectors. Rethinking this globally determined percentage driven approach is an imperative for equitable and sustainable financing to achieve the health goals and UHC. We further note that good governance in health includes voices of communities, who must be at the center of our actions. Therefore we call on the UHC movement to deepen the global solidarity to leave no one behind and harness the strength in our diverse context, burdens and the response capacities of our economies</p>
<p>Children's HeartLink</p>	<p>Children's HeartLink calls on governments to support by 2030 the inclusion of care for children with heart disease in benefits packages in universal health coverage and social protection platforms so that patients and their families will be protected from catastrophic expenses related to their care. Children's HeartLink's is committed to strengthening health systems by building capacity and advocating for high-quality care for children with heart disease. The success and sustainability of pediatric heart care in low- and middle-income countries is dependent on integrated health systems, quality training programs, surveillance and research, and sustainable financing. Affordability is a key factor to increasing access, which includes UHC considerations for chronic diseases, such as heart disease, affecting children. As we all prepare for the high-level meeting on UHC of the UN General Assembly in September 2019 we call for political commitment and request member states consider the following points:</p> <ul style="list-style-type: none"> • Mobilize increased financing at domestic and international levels to meet the need of scaling up surgical and anesthesia care in LMICs. • 85% of children with CHD can survive into adulthood when pediatric cardiac care is incorporated into a health system's full continuum of care. A better coordination and integration with existing and successful maternal and child health programs and UHC inclusion, will strengthen the life-course approach to heart disease in children. • Close the data gap - surveillance of pediatric heart disease and economic modelling of scaling up treatment would be critical to assure the life-threatening conditions of millions of children worldwide are not being overlooked in health policy decisions.
<p>Commonwealth Medical Trust</p>	<p>Universality is common to the 2030 Agenda for Sustainable Development and Universal Health Coverage with 'Leave no one behind' as a fundamental component for each. Sexual and reproductive health and reproductive rights are integral to both; when it comes to implementation, however, they may be invisible. Health concerns identified as requiring action as part of UHC include maternal and infant mortality; access to family planning; and sexually transmitted infections, including HIV. Failure to address them constitutes a denial of the right to health. Particularly affected populations may include women who are hard to reach with services, such as migrant and refugee women and those who live in remote rural areas. Marginalised populations including LGBTQI+ may be affected. And, women and girls below the age of 15 or over 49 may also be excluded, as they are not included in demographic household surveys. Early pregnancy and gynaecological complications can occur outside these age limits. A comprehensive approach to UHC that includes information, education and a full range of services for sexual and reproductive health and rights is therefore an imperative for ensuring that no one is left behind and that their needs for these vital services are met.</p>
<p>Communities at the Heart of UHC Campaign, Frontline Health Workers Coalition, and the Community Health Impact Coalition</p>	<p>I am honoured to speak at this High-Level Meeting on Universal Health Coverage on behalf of three partnerships working toward universal health coverage in complementary areas: the Communities at the Heart of UHC Campaign to generate high-level political will for including community health programs as an integral part of national health strategies, the Frontline Health Workers Coalition to urge greater and more strategic investment in health workers in communities of least access, and the Community Health Impact Coalition to catalyze the adoption of high-impact community health program design and implementation.. Together we echo UHC2030's Key Asks to:</p> <ol style="list-style-type: none"> 1. Invest more, invest better. Specifically, to improve accessibility, timeliness, and equity of care, we call for sustainable financing of community health and the removal of point-of



	<p>care user fees. 2. Regulate and Legislate. Specifically, we call for community health workers to be fully accredited. Like any accredited health cadre, community health workers ought to be: - paid a living wage, - required to meet a minimum standard before carrying out their work, - regularly stocked from the national supply chain, and - linked to supported health worker teams and facilities. 3. Uphold Quality of Care. Specifically, we call for national community health strategies in line with the WHO CHW Guideline to be in place and for those strategies to include: - proactive case detection by CHWs, - 1-on-1 coaching by dedicated supervisors, and - public sector data feedback loops to improve performance. We believe that only by prioritizing quality community health delivery in building stronger health systems for UHC, can the global community ensure we Leave No One Behind. Together, we affirm our commitment to working together to do so.</p>
Community Transcultural Support Services	<p>Universal health coverage is not only a written principle, but more than a guide. The Universal Health Cover should be in form of related health information resources and community funding resources distributed to ethno-cultural health support communities. The distributed resources reach to individuals in all communities with health education information resources in various languages, providing self-health knowledge and practice skills to allow individual understand and raise awareness of self-health important actions. From the given self-health knowledge and skills in funded health support communities, individuals may have informed health information that allow individuals choose their preferred ways of self-health care practices according to their ethno-cultural and linguistic sense and understanding. The individuals’ preferred health care practices would meet the highest level of person-centered performance concentrated on the dimensions of self-motivated access to health equity, reach to optimal self-health quality, increased health responsiveness and efficiency and resilience. Individuals’ self-health promotion may enhance community (public) health development goal, reduce health costs in global, national, provincial and local levels.</p>
Development and Relief Foundation	<p>Non-Profit and charitable organizations provide efficient and more affordable healthcare. Governments should provide them with enough financial resources and legislation facilities so they can carry on their work.</p>
Drugs for Neglected Diseases initiative (DNDi)	<p>The Drugs for Neglected Diseases initiative (DNDi) is an international nonprofit research and development (R&D) organization created in 2003 [1] that uses an alternative, needs-driven model to discover, develop, and deliver affordable and adapted treatments for neglected patients. Since its creation, DNDi has delivered eight new treatments for five diseases that are already in the hands of millions of patients. Needs-driven R&D is an often-overlooked dimension of universal health coverage (UHC). As was recognized recently by WHO Member States [2], the UHC agenda cannot be achieved without addressing the technology gaps that hinder the effective treatment of patients. Such technologies are required to address the unmet medical needs of millions of people, ensure the sustainable elimination of certain infectious diseases – for example, NTDs – and tackle the growing global challenge of antimicrobial resistance. A key measure of UHC will be the extent to which it ensures the development and delivery of health tools to enable quality health care for the most vulnerable: the poor, children, those with neglected or stigmatized diseases, and other marginalized populations. We ask UN Member States to ensure that the UN High-Level Meeting on UHC addresses measures that:</p> <ul style="list-style-type: none"> • Include indicators measuring progress in meeting the specific needs of neglected populations; • Accelerate the availability and accessibility of existing essential medicines; • Support public-interest R&D [3]; and • Take measures to identify and accelerate priority products already in pipelines and support public-health driven innovative R&D to ensure evolving needs are continually met. <p>[1] Created by Doctors Without Borders/Médecins Sans Frontières (MSF) and five public research organizations, including the Indian Council of Medical Research, the Oswaldo Cruz Foundation of Brazil, the Kenya Medical Research Institute, the Malaysian Ministry of Health, and the Institut Pasteur of France. [2] That is “needs-driven, evidence-based, guided by the core principles of affordability, effectiveness, efficiency and equity and considered a shared responsibility” as per WHO Executive Board, 144th Session, Agenda item 5.5, EB144/CONF./5Rev.1,</p>



	February 1, 2019. Preparation for the high-level meeting of the United Nations General Assembly on universal health coverage. Draft resolution available at http://apps.who.int/gb/ebwha/pdf_files/EB144/B144_CONF5Rev1-en.pdf (accessed April 24, 2019). [3] Ibid.
Duke University	Global Initiative for Children’s Surgery Statement at Multi-Stakeholder meeting in support of the UN High-Level Meeting on Universal Health Coverage 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. 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. 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.
Education as a Vaccine	As highlighted in UHC2030 Key Ask 1 from the UHC Movement, to deliver on the promise of Universal Health Coverage (UHC) and transform the lives of all people, including adolescents and young people in all their diversity, governments must make UHC their primary responsibility. Civil society urges governments to achieve inclusive development, prosperity and fairness, which requires political decisions that go beyond the health sector. Governments should invest in a comprehensive approach to health service delivery that is tailored to the national and local context and represents the needs of the populations they serve. This means including those who are not prioritized, such as adolescents (especially those who are out of schools, without parents or caregivers) or members of population groups which are often criminalized, abused or excluded from society. As emphasized in UHC2030 Key Ask 3, governments should create an enabling environment for UHC through legal and regulatory frameworks that ensure that quality health services are available to all people. These frameworks must center around the rights of all people no matter their age, gender, or status and provide oversight in all health sectors even in cases where countries rely on private healthcare providers.
Equal Right to Life	"Equal Right to Life" is a non-governmental Russian organization launched by the country's leading oncologists. Our primary objective is to develop and ensure that people have equal and unhampered access to solutions related to prevention, early detection, and treatment of oncological diseases. We foster and enrich collaborative efforts with governments, scientific community, private sector, and civil society. Our statement focuses on multi-sectoral and multi-stakeholder actions and investments for UHC. We want to stress the leading role of NGOs and the civil society, along with the governments,



	<p>pharmaceutical companies and clinical service providers. An important area of engagement is the prevention of NCDs. The World Economic Forum calculated that over the next two decades 47 trillion USD would be spent on the treatment of NCDs globally. We believe this will heavily affect the implementation of UHC, especially in low to middle-income countries. This burden can be reduced if Member States explore and update their regulatory and legislative solutions aimed at NCD prevention, including the regulation of potentially carcinogenic consumer products. Furthermore, MS could increase opportunities for and mandate positive contributions from the private sector by scaling up information campaigns, such as inspiring consumers to shift to alternative products with lower levels of carcinogens.</p>
<p>European Society for Medical Oncology</p>	<p>The European Society for Medical Oncology (ESMO) is a global network of over 20,000 oncologists from more than 150 countries. We support Universal Health Coverage (UHC) because health is a human right, not a privilege, and no cancer patient should be left behind without affordable quality cancer and palliative care services. Cancer causes 1 in 6 deaths globally. We should focus on preventing the 30-40% of cancers that are preventable, and build up workforce and treatment capacity for the millions of people whose cancers are not preventable. Therefore, we request the UN Political Declaration on UHC state “Country governments must guarantee their entire population UHC benefit packages that ensure financial protection, and include a core set of comprehensive, safe, affordable, effective and high-quality services for the prevention, diagnosis, treatment and palliative care of all NCDs, including cancer, delivered by an adequate, and well-trained workforce.” This will reduce cancer deaths by:</p> <ul style="list-style-type: none"> • Promoting prevention and enabling early, accurate diagnosis • Securing timely access to affordable quality treatment • Providing survivorship care • Ensuring palliative care, including opioids for pain control <p>This requires:</p> <ul style="list-style-type: none"> • Strengthening of primary care for early diagnosis, screening, and supportive and palliative care • Referral services across the continuum of care to ensure timely access to secondary and tertiary facilities where cancer treatment is received • Making population-based disease registries mandatory, ensuring they include the comprehensive incidence, relapse (crucial for advanced/metastatic cancers) and mortality data required for evidence-based healthcare planning, measuring national health policy effectiveness, and demonstrating the number of lives saved. <p>ESMO is committed to sharing its expertise to support making UHC a reality and positively affecting the health and life of everyone.</p>
<p>Faculty of Medicine, Public Health and Nursing</p>	<p>Co-facilitators and Excellencies, the UHC imperative of leaving no one behind requires countries to make difficult decisions within the limit of national resources. Inevitably, there will be trade-offs and hard choices to make between including more services in the basic package or covering equitably more people. In making these decisions, authorities clearly must be accountable to the population they serve and ensure their participation in the policy deliberations. Thus, moving forward requires countries to establish an inclusive policy deliberation process, coupled with an independent monitoring and evaluation system. Without independent monitoring and evaluation system, it is difficult to determine impartially who is left behind and what impact UHC policies have ultimately on the health of a population. Moreover, a strong monitoring and evaluation system could also assist in resolving the challenge of costing for UHC, as it is difficult to predict exactly how much UHC will cost in advance. Such system will also allow the global community to systematically learn from failures and successes on the path to UHC. Therefore, we call on governments to work with civil societies and academia in ensuring an inclusive policy deliberation process for UHC, coupled with an independent monitoring and evaluation system. Thank You.</p>
<p>Forum of International Respiratory Societies</p>	<p>“Universal Health Coverage” is a call for more effective and universal medical care. This starts with strengthening the health workforce, which is a potential solution to many of the health problems. Promoting prevention by reducing major risk factors, such as tobacco use and air pollution is effective, cost effective, and gives universal benefit. The continuous availability of essential medicines is also part of universal health coverage. Gaps in medicine for asthma could be life threatening and gaps in medicine for TB could evolve into persons with drug resistance TB that could spread into the larger society. The Forum of</p>



	International Respiratory Societies represents professional respiratory societies, all of which are involved in tuberculosis and most of which are also involved in critical illness and the overwhelming infection that may accompany it. Stemming antibiotic resistance is critical for these very sick persons and should be an essential part of Universal Health Coverage plans.
Foundation For Human Horizon	As a manager to Uninsured population screening project at the New Jersey Department of Health last year we screened 14,317 women for breast cancer and 8,754 for cervical cancer. Till today our program helped to save 536 women detecting invasive breast cancers, 155 of which were early stage. During the same time period, a total of 27 invasive cervical cancers were diagnosed, 10 of which were of the early stage. A total of 98 cases of prostate cancer and 35 cases of colorectal cancer have been diagnosed to date. And this is happening in the world super power status country-America. I was born as an “untouchable” in small village in India, my parents were farm workers, and we lost everything during my fathers unexpected sickness, every single thing which has some monetary value was sold in care of covering medical bills for my father. My brother who was doing his Bachelor in Sciences, dropped out of his last year during exam as there was no money, two other sisters were forced to get married as my parents were unable to support family of 8 and I was on the streets. These two examples provide all the arguments why Universal Health Care should be the fundamental right of every citizen. It doesn’t matter if the country is developed or developing, the last person in the line is always suffering.
Framework Convention Alliance for Tobacco Control	This statement is being delivered on behalf of the Framework Convention Alliance for tobacco control, a global alliance of over 200 organisations from over 100 countries working together to accelerate the implementation of the world's first global public health treaty - the Framework Convention on Tobacco Control. The FCTC requires Parties to adopt a comprehensive range of measures designed to reduce the devastating health and economic impacts of tobacco use. As part of today's discussions, FCA would like to emphasize the critical importance of preventive measures as part of Universal Health Coverage. As stated by the World Health Organization, UHC means that all individuals and communities receive the health services they need without suffering financial hardship. FCA emphasizes that small investments in preventive measures - such as scaled-up national implementation of the provisions of the FCTC - can help to prevent future increases in disease burden and postpone the need for a rapid scale-up of treatment services in the future. This makes preventive measures highly cost-effective. In the case of tobacco control, perhaps the biggest investment that governments can make in preventive services is to increase tax rates, which are not only highly effective at reducing tobacco use prevalence, but can create the fiscal space needed to finance UHC and other aspects of sustainable development – a win-win for health. In line with UHC2030 ask 5, FCA asserts that tobacco taxes can be an important tool to increase public financing for UHC, and are an investment that more than pays for itself almost immediately.
FrontlineAids	UHC is a human right. All governments are obliged to ensure that their whole population can access the health services they need without impoverishment, discrimination or exclusion. We need this UHC High-Level Meeting to be transformative and catalyse real change for the health of poor and marginalised people. This meeting must establish a clear consensus for a fundamental shift - away from private, voluntary and out-of-pocket payments to mandatory and fair contributions through tax. All governments must commit to work towards 5% of GDP as minimum government expenditure on health as the only way to eliminate out-of-pocket payments, impoverishment and exclusion of the poor. Aid should grow to help the poorest countries build comprehensive health systems. UHC must commit to leave no-one behind and ensure that the poor and marginalised are brought into coverage first and discrimination on any grounds is outlawed. Universal Primary Health Care must be the foundation of UHC with high-quality services available to the whole population. Health services must be people-centred and responsive to citizens. Civil society and communities must be engaged at all levels to ensure that people know their right to health and can hold their governments and decision-makers to account.



GATE	<p>GATE Statement Across the world, intersex, trans and gender diverse people are disproportionately affected by socio-economic injustice. Stigma, discrimination, oppression and violence exist within structural frameworks including institutionalized legal pathologization, unconsented and unnecessary medical interventions and/or outright refusal to provide essential healthcare. These experiences can be compounded by other factors such as race, ethnicity, religion, imprisonment, homelessness, engagement in sex work, living with disabilities, HIV status, socio-economic status, and/or migration status. Addressing these inequalities by engaging with and including our communities in actions for change is essential for achieving universal health coverage. To fully realize UHC, Member States must:</p> <ol style="list-style-type: none"> 1. Respect, protect and fulfill the fundamental human rights of intersex, trans and gender diverse people. 2. Repeal laws that pathologize intersex, trans and gender diverse people, including removal of pathologizing requirements, in particular psycho-medical diagnosis, for accessing legal gender recognition and healthcare coverage. 3. Ban coercive medical procedures and torture, including all unconsented and unnecessary medical interventions on intersex people, and forced sterilization of trans people. 4. Address HIV incidence among intersex, trans and gender diverse people by implementing guidelines based on positive interactions between ARVs and hormonal treatments and providing funding for community-led primary prevention service delivery.
Gavi, The Vaccine Alliance	<p>Interactive Multi-stakeholder Hearing for the UN High-level Meeting on Universal Health Coverage, New York, 29 April 2019 Statement by Gavi, the Vaccine Alliance on behalf of GHIs in the multilateral organisations (Gavi, Global Financing Facility, Global Fund) constituency of UHC2030 Session 1: UHC as a driver for inclusive development and prosperity</p> <p>A global agreement to accelerate progress on Universal Health Coverage will be a defining moment to achieve inclusive development and prosperity, as envisioned in the Agenda 2030 and its 17 SDGs. We, as a group of global health financing organisations, offer three considerations for realising that ambition:</p> <ul style="list-style-type: none"> • First, universal access to PHC reduces the risk of financial hardship. It is the foremost and a necessary step towards equitable, affordable and sustainable UHC. Evidence and human rights based, gender responsive and quality PHC enables inclusive economic development. • Second, UHC can help drive policy coherence in national plans, improve the generation, allocation, and use of funds for health with a focus on primary health care. With this, countries will have more resources available to attend to all people’s health needs across the life course and systematically address the broader determinants of health. • Last but not least, to ensure that UHC delivers on equity, social justice, and the right to health, we need to first reach those who are most underserved, vulnerable and marginalised with quality, affordable and accessible services. And we need to ensure their meaningful participation and engagement as co-developers of health responses in order to ensure no one is left behind. We look forward to supporting a successful High-level Meeting on Universal Health Coverage. Thank you.
Global Alliance for Behavioral Health and Social Justice	<p>The Global Alliance for Behavioral Health and Social Justice (GA) supports universal health coverage (UHC) that is accessible and implemented equitably across all nations. As a contributor to social justice, UHC must equally recognize mental and behavioral health (MH/BH) from a life course approach - inclusive of prevention, early-intervention, and treatment - as critical to delivering the human right to health. Mental health problems, including alcohol abuse, are among the ten leading causes of disability in both developed and developing countries. About 1 in 4 people globally will experience a mental health condition in their lifetime, and persons with mental health problems are more likely to develop diabetes, heart disease, stroke, HIV/AIDS, other chronic conditions. Inclusion of MH/BH in UHC is critical to addressing gaps in treatment for mental health services (75% to 90% in LMICs, and 40% - 70% in developed countries), and insufficient education and training, which can lead to the inadequate use of evidence-based intervention. The right to the highest attainable standard of health demands nothing less. Therefore, the GA respectfully calls upon UN Member States to reaffirm your commitment to the WHO Mental Health Global Action Plan 2013-2020 (MHAP) as the roadmap for country-led policies and plans that are resourced and implemented using</p>



	<p>evidence-driven interventions. We further call on States to reaffirm the WHO Mental Health Gap Action Program (mhGAP) , with goals of scaling up mental health services in non-specialized health settings to achieve universal health coverage, reducing the mental health treatment gap, and enhancing the capacity of States to provide services that are available and adaptable to specific country and cultural contexts. Our global membership will support Member States and national leaders in developing and implementing policies that ensure UHC as a fundamental right for all, inclusive of mental health and behavioral health, and as an investment in strengthening community and country-level health and wellbeing.</p>
<p>Global Alliance for TB Drug Development</p>	<p>We face a collective challenge in ensuring that everyone—regardless where they live or their economic status—has access to the health services they need. We cannot achieve the six asks of the UHC movement—specifically quality of health care, without recognizing the need for appropriate, available, and affordable products to address the largest global health challenges including TB, HIV, malaria, neglected tropical diseases, and AMR. Our current tools—drugs, diagnostics, and vaccines are woefully inadequate or nonexistent to serve the most vulnerable patients. Therefore, to improve quality of care for all patients, we must invest in research and product development for new and better drugs and regimens, diagnostics, and effective vaccines that are accessible to people who need them. For example, in line with the goals of the UN high level meeting on TB that occurred one year ago, we must hold governments accountable to close the \$1.3 billion annual funding gap in TB R&D and invest their fair share. Today, we ask Member States and Ministries of Health to recognize the need for public health and patient-focused research and product development and to make strong commitments to its financing in the declaration.</p>
<p>Global Health Council</p>	<p>Global Health Council, on behalf of our over 80 members, thanks you for the opportunity to provide this statement. At the heart of UHC is a strong health system that: provides primary health care services that are integrated, comprehensive, and people-centered; and addresses health promotion, prevention, treatment, and palliative care. It meets the needs of people like that of an expectant mother who can rest assured her child receives necessary vaccinations and a patient living with HIV and TB who can obtain lifesaving treatment; recognizes and addresses the growing burden of NCDs; and reduces out-of-pocket expenditures to relieve financial burden on those who access care. But UHC won't be realized without addressing other critical parts of the health care system. This means frontline health workers who are equipped with appropriate training, tools, and technology; health facilities that have adequate clean water, sanitation, and hygiene; and support for the research and development of new tools and technologies to combat endemic and emerging health threats. We urge Member States to emphasize the need for a life-course approach and the scaling up of equity-focused programming that provides comprehensive and integrated health services across the continuum of care.</p>
<p>Globethics.net Foundation</p>	<p>Your Excellencies and esteemed colleagues. My name is Roy Tin and I represent Globethics.net as an advisor in social investing. Currently in the U.S., healthcare is the fastest growing industry with over \$250 billion invested in 2018 with a projection of reaching \$500 billion by 2030. As the modern society become more conscious and aware of healthcare related issues, private sector has tremendous motivation to create innovative, affordable healthcare solutions to serve the general public. However, the sector is experiencing a major hurdle when it comes to implementation in developing countries. Over-diversification, within the healthcare industry, there are five major trends, Cancer Immunotherapy, Digital Therapeutics, Cell and Gene Therapy, Computational Bioinformatics, and Artificial Intelligence. With these cutting-edge technology, we have lowered drug prices and grasped a better understanding at sophisticated subjects such as human genetics. Yet, according to a 2017 W.H.O. report, over half of the world's population lacks access to essential healthcare services and over 100 million people are in extreme poverty due to health expenses. We urge all stakeholders to maintain open dialogues to create a sustainable healthcare investment framework where technology and investment can be properly implemented globally in an ethical fashion to levitate this humanitarian crisis.</p>



Health Education Literacy Programme	Primary Health Care should have a minimum quality assurance with feedback from recipients of care. Involvement of community members in their Primary Health Care is imperative”
Health Education Literacy Programme	"As Member of the Gavi CSO Constituency, we welcome the Statement made by Gavi,GF, GFF on UHC achieving inclusive development and prosperity. The statement lays emphasis on reaching underserved, unreached populations and implies the participation of CSOs/NGOs and recognises the importance of engaging them as ‘co- developers of health responses’ in this demanding outreach for unreached populations. We agree and appreciate this Statement"
HelpAge International	<p>The High-Level meeting on UHC provides an important opportunity to recommit to the achievement of universal health coverage and drive action at the country level. All people have the right to the highest attainable standard of physical and mental health. Efforts towards UHC provide a pathway to ensure that right is met for all people, irrespective of age, gender, disability, or other status. As populations become older, their health and care needs are likely to become increasingly complex. To date, health systems have responded inadequately to the changing requirements of older people and many older people are faced with prohibitive costs for health care. Furthermore, current efforts to monitor progress on UHC exclude older people, especially those over the age of 70. For UHC to be achieved, older people must be included. Help Age and its supporting partners therefore call on UN Member States to:</p> <ul style="list-style-type: none"> • Develop models of UHC that are holistic and person-centred. • Ensure essential health service packages include those most needed to address health challenges common in older age. • Close gaps in health insurance coverage and other support schemes to ensure access and affordability of service. • Remove upper age caps from data sources underpinning efforts to monitor UHC.
Hope Ek A.S.H.A.	<p>Questions for the Hearing CONCEPT NOTE ON "DEMENTIA VILLAGE" AT NEW DELHI - INDIA By President of NGO “Hope Ek A.S.H.A.” Our NGO “Hope Ek A.S.H.A.” is caring for Alzheimer disease patients and their caregivers for the last 18 years. We are holding hands of family caregivers who are taking care of their beloved Alzheimer patients. Our Mission is to build "DEMENTIA VILLAGE" to give comprehensive support services to people suffering with Dementia and their families who have immense stress as caregivers and are the bread winners of the family in many cases, in a safe and supportive environment. "DEMENTIA VILLAGE" will involve Healthy Old Aged willingly Senior Citizens as volunteers who have a knack of compassion. "DEMENTIA VILLAGE" IS THE NEED OF THE HOUR. Proposed Model with Activities For Patients Medical, Para Medical, Yoga, Meditation, Recreation, Entertainments and Structured Activities. For Caregivers Caregiver meets, Social interactions, Seminars, Group discussion, Police / legal Aid and Hand on training especially who want to adopt their career as Professional caregivers in the field of “ELDER CARE” and “ALZHEIMER CARE”. Impact on Society Ø Eradicate social stigma attached to the illness. Ø Make elders more respectable and acceptable in the society. Ø Involving willingly healthy elderly to give them purposeful life. Ø Help seniors to lead a quality and dignified old age. Ø Relief to working families who may not have anyone to look after their dementia patients at home. "DEMENTIA VILLAGE" will cost \$ 3 Million which will include cost of land, building, capital expenses, operational expenses for three years. Appeal My Question is, if anyone or as a group, is willing to contribute / donate for "DEMENTIA VILLAGE" in my country India at Delhi for this pilot project. THIS WILL BE FIRST OF ITS KIND IN THE CAPITAL OF INDIA.</p>
Humanity & Inclusion (HI - Formerly Handicap International)	On behalf of the International Disability and Development Consortium (IDDC): There are approximately one billion persons with disabilities globally, with numbers rising due to ageing populations and increases in chronic and mental health conditions. Ensuring access to health for persons with disabilities is essential to achieve SDG3. UNCRPD Article 25 requires that State Parties take all appropriate measures to ensure persons with disabilities access disability and gender-sensitive health services, including rehabilitation and provide free or affordable health services covering the same range and quality as those provided to others. In reality, persons with disabilities often encounter physical, communication, attitudinal and financial barriers, as well



	<p>as lack of information in accessing health services. As countries work towards achieving UHC, the lack of gender, age and disability disaggregated data is a major challenge for monitoring the equity gaps in health status and access to services. IDDC recommends to: 1)Improve the availability and use of gender, age and disability disaggregated data on health status and access to services; promote data dissemination to ensure appropriate planning and policies for equitable access to health. 2)Provide and adapt health services for persons with disabilities ensuring accessible and affordable services and meaningful participation of persons with disabilities.</p>
INDIAN MEDICAL ASSOCIATION	<p>Indian Medical Association works for synergies between private and public sector, provides inputs in health governance, helps in service delivery particularly in fragile populations. Health service delivery should focus on deployment of highly skilled health workers and recruitment of partially trained/untrained personnel to be discouraged. Effective financing mechanisms to allow efficient procurement or reimbursement systems should incorporate direct public health funding instead of insurance based systems. Supply side and demand side moral hazard which is the hallmark of insurance driven schemes should be regulated by gate keeping. Governance arrangements and regulatory strategies should follow a consultative approach. The Universal health care mechanisms should focus on comprehensive outpatient care and should not restrict its role in providing secondary and tertiary inpatient care. There should be areas of convergence and consensus to overcome technical, managerial and political barriers.</p>
Indian Medical Association	<p>Universal Health coverage is the need of the day. It should be implemented in each and every country. Concerned Governments should take the responsibilities. Patients should be benefitted directly and there should not be any involvement of Insurance Companies. Whenever needed there might be a Public Private Partnership Module. Health Budget of every Nation should be adequate to meet the need of the people of the country. Like Universal Guidelines of treatments of certain ailments, cannot there be a Universal Health Policy for Universal Health Coverage, as only a Healthy Nation can progress and a Nation can be healthy only if their citizens are healthy. Moreover is it not true that by increasing Budgetary Allocation in health, if people of the nation can be kept health, then in one hand it will decrease the expenditure on many other heads and on the other hand the productivity of the nation will increase leading to more revenue generation?</p>
International Agency for the Prevention of Blindness	<p>Universal Health Coverage (UHC) means leaving no one behind. It means progression towards the human right to health for all, that every person and every community has access to strong and effective health systems. The International Agency for the Prevention of Blindness acknowledges that advancing UHC can deliver significant benefits for the estimated 2 billion people around the world that have poor vision, the majority of whom do not have access to basic eye care services. Eye health is a universal population health problem that requires a universal response from all Governments. A response that prevents vision loss and restores sight; enabling children to gain an education, working age adults to get and keep a job and older persons to remain connected to the economic and social fabric of their communities while also improving equity for women and girls. We call on UN Member States to affirm and commit to the progressive expansion of coverage of quality health services and financial protection to include eye health in national essential service packages: from health promotion to prevention, from treatment to rehabilitation – and to monitor progress by gathering national data and reporting on appropriate tracer indicators.</p>
International Association for Dental Research	<p>The Mission of the International Association for Dental Research (IADR) is to advance research and increase knowledge for the improvement of oral health worldwide. The IADR is one of just two oral health-related NGO's in official relations with the World Health Organization. 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 divorced from the rest of the health</p>



	<p>care delivery systems in many countries. Health systems without oral health fail on the health system performance dimensions of equity, quality, responsiveness, efficiency and resilience. Health system strengthening for UHC must be inclusive of oral health care services and financing mechanisms that prevent and treat oral diseases must be in place. Further, IADR agrees with the WHO/World Bank UHC 2030 Joint Vision for Healthy Lives that data, implementation research, R&D for priority health needs and strong technology transfer mechanisms are important for enabling progress towards UHC.</p>
<p>International Association for Hospice and Palliative Care</p>	<p>My name is Dr. Ebtesam Ahmed. I am a Clinical Professor at St. John's University College of Pharmacy, where I teach pain management, palliative care, ethics, and end of life care. I also serve on the IAHP. IAHP thanks the Chair and requests member states to ensure that "palliative care" is included in the spectrum of UHC as an essential service that fulfills the human rights to health and to be free from cruel and inhuman treatment. We request governments to ensure that essential palliative care medicines on the WHO Model List be made available as they provide substantial therapeutic benefits for many patients. Morphine, an essential medicine for pain management costs almost nothing, and in some countries as little as three cents a dose, yet policy and other barriers to manufacture, distribution, and prescription prevent it from reaching millions of people around the world, leaving them to live and far too often die in agony. This is not a natural disaster like an earthquake, it is a result of deliberate, often well-intentioned, but short-sighted and unbalanced drug policies that neglect to prioritize the wellbeing of patients. Governments that integrate palliative care into their healthcare systems are more likely to achieve the goals and targets of Agenda 2030. They can reduce extreme poverty, promote gender equality, support education and decent employment, and improve access to essential medicines.</p>
<p>International Children's Palliative Care Network</p>	<p>Palliative care is an essential component of Universal Health Coverage and must be considered in the role out and development of UHC globally. UHC aims to deliver on the right to health as well as the broader human rights agenda. Children with life-limiting and life-threatening conditions have the right to high quality palliative care and pain control, yet of the more than 21 million children globally needing palliative care, it is estimated that only about 5% have access to such care; and where palliative care is available it is often not integrated into primary health care. Take for example, Dheo, a young boy with progressive HIV-related cancer in Indonesia. He is struggling with terrible symptoms, particularly that of breathlessness and pain. He is one of the lucky ones as the team from Rachel House Children's Hospice are able to support and care for him at home, getting advice on his care from experts from around the world so his symptoms can be properly attended to. However, for every boy like Dheo who is receiving palliative care there are thousands of others who are not...who are suffering needlessly. Even though they have a right to universal health coverage, and access to pain and symptom management they are not receiving it - they are being left behind. The rights of children must be taken into account, we must relieve the unnecessary suffering of the 20 million children globally without access to proper pain and symptom management. Care must be provide across the continuum of care, including as part of primary health care for children. The time to act is now, thus the call for UHC must consider their needs, ensuring that all children have access to appropriate, essential care and medicines, through a publicly financed UHC package.</p>
<p>International Council of Nurses</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. Making up approximately half of the health workforce, nurses are intrinsically linked to the ability of countries to achieve UHC and the SDGs. ICN strongly believes that strengthening Primary Health Care (PHC) is the most effective approach to ensuring UHC and as such, calls for health systems to integrate quality, people-centered PHC. As a partner of the UHC2030 global Movement, ICN strongly supports the Key Asks put forth. Nurses play a significant role in this action agenda – examples include addressing health needs of vulnerable populations, improving health literacy, and empowering communities through a PHC approach. ICN particularly wishes to highlight that upholding quality of care through progress towards UHC is essential</p>



	and requires investment 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 firmly believes that health is the foundation for prosperous people, communities and economies. Ensuring health and wellbeing through UHC requires political action beyond that of the health sector. Together with all partners of the UHC Movement, we call on Leaders to legislate, invest and collaborate with all of society to make UHC a reality.
International Council of Women (ICW-CIF)	UN Interactive Multi-stakeholder Hearing on Universal Health Coverage – 29 April 2019 Statement of the International Council of Women (ICW-CIF) The action agenda for universal health coverage (UHC) must include responsive and inclusive health systems that are accessible to all and incorporate the right to health for all including vulnerable populations across the life course, such as women and children, and those with mental and neurological conditions. Health systems need to be established that promote equity, reduce stigma, and remove barriers based on discrimination. Data collection should focus on including age, sex, geographical location, and income level for all health conditions. Disease prevention, services, and research should include parity between physical and mental and neurological disorders in order to address the needs of the whole person. Nationally appropriate targets need to be developed for investments in health that are consistent with the costs of the burden of communicable and non-communicable diseases which are adjusted periodically to reflect growing demands. For example, depression and mental and neurological diseases are projected to be the number one burden of disease, globally, by 2030 according to WHO, yet receive less than one percent investment of total health funding in low and middle income countries, with significant disparities in higher income countries. Promoting equity in access to healthcare increases the productivity, resilience, global economic and psychosocial well-being for countries. Note: The International Council of Women is the oldest women’s rights organization globally, established in 1888 with National Councils (country level organizations) in 64 countries. The statement to be delivered by Dr. Elizabeth Carll - Main Representative to UN, NY
International Dental Federation	UHC cannot be achieved unless primary healthcare integrates oral health. Poor oral health is a silent epidemic affecting billions of people worldwide. More than half of the world’s population (3.5 billion) suffer from untreated oral diseases, which can result in pain, infection, tooth loss and loss of productivity. Oral health is essential to general health and well-being at every stage of life, yet essential oral health services remain out of reach for millions of people. The integration of essential oral health services into UHC will help improve oral health outcomes and reduce inequities in access to care. We request that the outcome document for the UHC high-level meeting: <ul style="list-style-type: none"> • acknowledges that every person everywhere should have access to essential oral health services; • recommends that countries provide at a minimum WHO’s Basic Package of Oral Care, which includes access to emergency care and pain relief, affordable fluoride toothpaste and tooth decay management; • encourages countries to add essential oral health services to their national essential package of health services; and • commits to produce data collection and surveillance systems with time-bound commitments for SDG 3.8.1 (coverage of essential health services) and go beyond the list of tracer topics to include oral health.
International Federation of Psoriasis Associations	The International Federation of Psoriasis Associations welcomes the upcoming High-level meeting on Universal Health Coverage and hopes that it will be a milestone towards achieving the Sustainable Development Goals. The achievement of Universal Health Coverage is the primary way to reduce the burden of disease for those suffering from chronic incurable non-communicable diseases, such as psoriasis and psoriatic arthritis. As it’s the case for other life-long conditions, psoriasis and psoriatic arthritis do not occur in isolation but are associated to an increased risk of developing other life-threatening conditions. According to the WHO Global Report on Psoriasis, there is a lack of knowledge about psoriasis and its related co-morbidities that occurs especially at a primary healthcare level, and it’s causing needless suffering for those living with psoriasis as a result of mismanagement and delayed diagnosis. Therefore, we strongly support the efforts to strengthen primary



	healthcare and we encourage the involvement of multiple stakeholders, including patient associations, and of innovative healthcare solutions, such as telemedicine, in the process of training a competent health workforce that has people in focus.
International Health Policy Program (IHPP), Ministry of Public Health, THAILAND	"1. Thailand had convened multi-stakeholder public hearing on UHC in April, 9th 2019. These are recommendations for inclusion to the political declaration at the UNGA HLM UHC. A. Well-being is a fundamental human right. Advancing UHC will enrich human right. B. Government is legitimate to spend more on health of the people using sustainable domestic resources. C. Extensive geographical coverage of primary health care is the cornerstone of UHC, as the case of Thailand and others. D. Primary health care needs adequate number of committed and qualified health personnel; E. Free trade agreements shall not hamper access to medical products F. Engagement all key stakeholders are crucial to ensure UHC is accountable and responsive to people. G. UHC still need more effort to deal with many challenges such as vulnerable groups, NCDs, aging society. 2. In addition, we will submit the other three inputs from ASEAN Health Ministers, HTAsiaLink and policy brief on UHC of the Think Tank 20 for G20 as inputs for inclusion into the political declaration of UHC HLM. Thank you chair. "
International Labour Organization	Universal health coverage is an economic and social necessity, essential for decent work, social justice and sustainable development. Despite significant advances in extending health coverage, it is unacceptable that more than half of the world's population still lacks effective access to essential health care, and that millions of people are being pushed into extreme poverty each year because of their out-of-pocket expenses on health. The world can break this vicious cycle by stepping up efforts to reach universal health coverage (SDG 3.8) and build universal social protection systems, including floors (SDG 1.3). Both measures together are essential to realize the human rights to health and social security, prevent poverty and reduce inequalities. Governments need to ensure universal protection, financed through a combination of taxes and contributions, in a way which reflects the principles of risk sharing, equity and solidarity in a fiscally, economically and socially sustainable way. Sustained commitment is required to leave no one behind. The global partnerships to promote universal health coverage (UHC2030) and universal social protection (USP2030) are important platforms to mobilize jointly political support and accelerate the achievement of Agenda 2030, as a centrepiece of a human-centred agenda for the future.
International Network of People who use Drugs	Universal Health Coverage presents both a significant opportunity and risk for the global health landscape. Lessons from the past demand we take the opportunity to embrace health equity for all and change the politics of privilege. People who use drugs cannot continue to be rendered invisible and allowed to languish on the very margins of society. To achieve health equity for all, UHC must be anchored in principles of human rights, gender equality and meaningful participation and involvement. Unless this is done people who use drugs, as a key population, are the people most likely to be excluded in the UHC narrative and agenda. Less than 1% of people who use drugs live in countries with high coverage of life-saving harm reduction services. Governments criminalise us, health professionals stigmatise and discriminate against us, wider society shuns us. For women who use drugs, these outcomes of criminalisation and social exclusion are compounded by gender inequality. So how do we anchor UHC in principles of human rights? Health coverage can only be truly universal if grounded in notions of progressive universalism: those most excluded from mainstream health services must be prioritised and placed front and centre. From the very outset, UHC packages should include harm reduction interventions, including overdose prevention. We must also learn from the HIV movement, which successfully shifted power dynamics in policies and practice. In the lead up to the HLM UHC in September, the global community faces a political choice: Whether people who use drugs get the UHC we need, whether human rights are protected, whether access to health remains a privilege for a few, rather than right for all, is a political choice. We must learn the lessons of the past in making the most of the opportunity presented by UHC, and commit to alchemizing rhetorical aspiration into reality.
INTERNATIONAL	Universal Health Coverage (or UHC) will not be truly universal, nor SDG Target 3.8 achieved unless health services coverage and



ORGANIZATION FOR MIGRATION	<p>financial protection measures in all countries progressively include migrants, especially those marginalized or in situations of vulnerability. The 2018 Declaration of Astana and this High-Level Meeting on UHC set the stage for ambitious multisectoral national policies and people-centered health systems that can respond to changing demographics and disease patterns, both influenced by population mobility. These milestones should be considered also in connection with SDG target 10.7 on facilitating orderly, safe, regular and responsible migration, as well as the Global Compact for Safe, Orderly and Regular Migration (GCM) for national migration policies to duly consider all aspects of well-managed migration, including health. Universal Health Coverage (or UHC) will not be truly universal, nor SDG Target 3.8 achieved, unless health services coverage and financial protection measures in all countries progressively include migrants, especially those marginalized or in situations of vulnerability. The 2018 Declaration of Astana and this High-Level Meeting on UHC set the stage for ambitious multisectoral national policies and people-centered health systems that can respond to changing demographics and disease patterns, both influenced by population mobility. These milestones should be considered also in connection with the SDG target 10.7 on facilitating orderly, safe, regular and responsible migration, as well as the Global Compact for Safe, Orderly and Regular Migration (GCM), for national migration policies to duly consider all aspects of well-managed migration, including health. The concept of progressive universalism will be critical to Leave No One Behind on the path towards Universal Health Coverage, to build health systems that promote equity, reduce stigma and remove barriers based on multiple types of discrimination. Improving health outcomes for migrants can be achieved by emphasizing whole-of-society and whole-of-government actions for promoting the health of migrants, and involvement of migrants, including health workers, as co-developers of health services. IOM hopes that promoting the health of migrants can be an integral part of the action-oriented political declaration approved at this High-Level Meeting.</p>
International Society of Nephrology	<p>Honorable chair, distinguished delegates, We welcome today's efforts to ensure UHC is truly advanced in all health systems. From the kidney health community perspective, this is a fundamental step to ensure that inequality is minimized across all sectors, strong health systems are implemented and equity is maximized through integrated care. Approximately 850 million people worldwide live with some form of kidney disease. Delivery of dialysis and transplantation consumes a disproportionate 2–3% of the annual health-care budget in high-income countries, and induces catastrophic expenditure in over 90% of patients in lower income settings. Over 2 million people die every year because of lack of access to treatment. Kidney disease is also intricately linked to increased morbidity and mortality from other diseases including cardiovascular disease, diabetes and hypertension; infections such as HIV, malaria, TB and hepatitis; and climate change. We thus call on member states and all stakeholders to strive to implement the following key policies to advance UHC: 1. Advance financial protection (e.g. development of innovative public and/or private funding and increased efforts towards affordable and equitable treatment) 2. Develop and strengthen comprehensive and integrated healthcare services (e.g. continuum of care that spans from health promotion and prevention to screening, diagnosis, treatment, rehabilitation and palliative care as well as implementation of management programmes which address co-morbidities) 3. Improved focus on early prevention (e.g. Population-based approaches and implementation of WHO Best Buys: including screening of at-risk populations, universal access to essential diagnostics, increased use of generics, availability of affordable basic technologies & essential medicines and task shifting from doctors to front-line healthcare workers.) 4. Implement whole of government, whole of society, health in every policy (e.g. Multisectoral actions involving the elaboration of high-level policies across the environmental, agriculture, finance, trade, transport, urban planning, education, and sport departments) Thank you</p>
International Union Against Tuberculosis and	<p>At last year's UN High Level Meeting on Tuberculosis, member states endorsed a political declaration on ending global tuberculosis, which committed to specific targets for expanding TB diagnosis, treatment and prevention, including new</p>



Lung Disease	<p>commitments for reaching children who have been widely neglected in the TB response. With 36 percent of people with tuberculosis going undiagnosed, or 90 percent of the children who died from TB last year were untreated, there is no doubt that the goal of UHC goes hand-in-hand with the Sustainable Development Goal to end the global TB epidemic by 2030. We highlight the importance of ensuring the 2019 political declaration on UHC synergizes with previous political declarations on TB and other disease areas. We would like to see the UHC declaration endorse the need to scale up care for TB and other “SDG diseases” through primary healthcare—including training the health workforce to deliver care. However, we would like to see a commitment that national health systems will preserve the specialized functions and funding needed to conduct TB surveillance, program monitoring and supervision. Maintaining these specialized functions is critical for quality of care and for monitoring progress against TB and other epidemics toward reaching the SDGs.</p>
International Women's Health Coalition	<p>Ensuring the highest attainable standard of physical and mental health for every person – and leaving no one behind – depends upon ensuring the sexual and reproductive health and rights of every person, in particular, women, girls and adolescents. States have an obligation to respect, protect and fulfill those rights. Achieving universal health coverage depends upon it. To do this, governments must guarantee access to a core set of sexual and reproductive health services to meet both individual and public health goals and fulfill human rights standards. As was agreed at the ICPD 25 years ago, these services must include contraception; safe abortion and post-abortion care; antenatal, delivery and postnatal care; prevention and treatment of infertility, reproductive tract infections, sexually transmissible infections, including HIV, and reproductive cancers; vaccines; and services to address gender-based violence. These services are cost-effective and should be integrated to primary care service and UHC benefits packages. Contraception and abortion are often overlooked, but are essential to achieve women’s rights to health, as evidenced by the data, and need to be covered as urgently as comprehensive maternity care. UHC policies and program can and must also drive progress to break down persistent gender-related barriers to care that are interconnected with social norms and patriarchal culture, and which are also violations of women’s’ and girls’ human rights. We have an opportunity now to ensure that UHC policies and programs not only aspire to support healthy lives, but are also transformative – if we put human rights at their center. Let’s take this unique opportunity.</p>
International Women's Health Coalition	<p>UHC should be driven by the people it serves. Too often women and adolescent girls are left out of decision-making during the design, implementation and monitoring of policies and programs. Women are 51% of the population and must have equal voice in UHC. But the category of women is not monolithic; intersecting identities in terms of race, ethnicity, age, ability, migrant status, gender identity or expression, indigeneity, class or caste play an important role in access, influence and health results. The most marginalized are often left out of discussions and planning, resulting in health systems and services designed to fail. For UHC to be transformative in shaping equitable, inclusive and effect health systems, services and outcomes, it must be developed with the principle of participatory planning and include women in all their diversity through meaningful, not tokenistic, participation. As a step toward overcoming pervasive social and cultural norms that entrench unequal power dynamics and maintain institutional discrimination, gender-based violence and resource inequities, governments should: *provide formal opportunities to input; *engage at community and household levels, including in local languages; *reach out to health workers in the formal and informal, paid and unpaid sectors; *undertake gender budgeting; and *elicit the expertise and experience of women and girls on their own health priorities. UHC policies and programs must engage in creating leadership pathways for women, adolescents and marginalized peoples in design and deliver, from community and municipality to national and international levels.</p>
IOGT International	<p>In the era of the SDGs, we are calling for a paradigm shift to achieve health and well-being for all. It starts with a pivot to prevention of health risk factors, such as tobacco and alcohol, as well as a systematic strategy to curb health determinants, such</p>



	<p>as health harmful industries. Preventing health problems from occurring or expanding represents by far the best approach to reaching health for all – especially considering the ever-increasing burden of health risk factors fueling both infectious diseases and the NCDs epidemic. Secondly, shift to understanding health spending as investments, not expenditures. Consider the potential of addressing alcohol harm: Alcohol adversely affects 13 of 17 SDGs. Alcohol use is the number one risk factor for death in the age group 15 to 49 years – typically the most productive years of our lives. This can be modified and prevented. A \$1 investment in the alcohol policy best buy measures generates a return of \$9 dollars. Committing to such actions means investing in human capital and potential, in community resilience and thriving economies. And thirdly, domestic resource mobilization through health promotion taxation holds largely untapped potential. Already in 2010, the World Health Report said: “Raising taxes on alcohol to 40% of the retail price could have an even bigger impact [than a 50% increase in tobacco taxation]. “Estimates for 12 low-income countries show that consumption levels would fall by more than 10%, while tax revenues would more than triple to a level amounting to 38% of total health spending in those countries. “ Alcohol taxation, like other health promotion taxes, is pro-poor, pro-sustainable development and pro-Universal Health Coverage. These three elements of the paradigm shift we are calling for illustrate the potential of addressing health risk factors for building multi-stakeholder, cross-sectorial actions, mobilize resources and generate returns on investments to reach health for all and leave no one behind.</p>
Ipas	<p>Sexual and reproductive health and rights (SRHR) are at the core of the right to health and of sustainable development and are a necessary precondition for gender equality and non-discrimination. The recognition of SRHR as a key and priority component of UHC will play a strong role in ensuring progress for both. UHC is grounded in the principle of leaving no one behind, but to achieve this it is critical that the specific needs of girls and women, especially their sexual and reproductive health and rights, are fully addressed and included within an essential package of UHC interventions. Gender-responsive UHC encompasses SRHR for all and understands SRH is a part of girls’ and women’s healthy life course. Long-term, sustainable and equitable access to SRH can only be achieved when access to a full range of SRHR interventions, including safe abortion care, are provided in a comprehensive, respectful, and integrated way. Safe abortion care is an essential health care service, with approximately 56 million induced abortions occurring each year globally. Investing in SRHR is both inexpensive and cost effective: The estimated costs of providing a package of high-priority SRHR interventions are modest and affordable at only \$8.56 per person per year. Achieving UHC is only possible if all women and girls have access to information and services and the self-efficacy to make their own decisions regarding their SRH.</p>
ISDEN	<p>ALL PEOPLE HAVE RIGHTS. Governments have a duty to guarantee this right to health coverage, especially to the most vulnerable populations. The social organizations of Peru are working for many years on that.</p>
ISPOR - The Professional Society for Health Economics and Outcomes Research	<p>Universal health coverage (UHC), defined as healthcare for all, it comprises two dimensions, the service coverage and the financial protection that avoids catastrophic and impoverishing health expenditures. In places with ostensibly universal healthcare systems as many low- and middle-income countries, financial restrictions can bar access to such services, leading the increase in out of pocket expenditure to seek healthcare and the impoverishment of the population. “Well-functioning health systems improve population health, provide social protection, respond to legitimate expectations of citizens and contribute to economic growth”. Joint action is needed to guarantee access to quality and effective healthcare while preventing catastrophic expenditure. ISPOR – The professional society for health economics and outcomes research, acknowledges the concern that healthcare cannot be universal without access equity and supports the WHO in their goal to ensure healthy lives and promote well-being for all at all ages through 1 billion people benefiting from Universal Health Coverage.</p>
Jhpiego	<p>"Jhpiego is committed to strengthening client-centered, equitable, effective primary healthcare as a critical pathway to UHC.</p>



<p>#healthforall"</p> <p>Joint statement from the UN System (UNICEF, ILO, IOM, UNAIDS, UNFPA, UNDP)</p>	<p>Health is a determinant, outcome and indicator of sustainable development. Access to healthcare and a standard of living adequate for health and well-being are included in the Universal Declaration on Human Rights. A large majority of health contacts and influences occur at community level. Primary health care is thus a foundation of UHC, and should be explicitly included in country approaches to SDG3.8. Moreover, the Declaration on, and definition of PHC disseminated in Astana reflected two key concepts. First is progressive universalism, which prioritizes the most vulnerable and at risk communities, including migrating, unstable or newly settled populations, and promotes the achievement of UHC with equity – that is, LNOB. Second is the engagement of communities in inclusive people-centered health systems, and in protecting health and well-being from non-health-sector and environmental influences. Community participation and inclusive health governance are imperative to assure service access, particularly for girls and women, to prevent stigma and discrimination and to ensure service quality and accountability. Civil society and community groups represent local interests and the under-served, and should be involved in independent monitoring of health. Last week the Lancet published new analysis of global health financing, confirming large resource gaps and inequities in the health sector. In order to LNOB, these gaps must be addressed urgently, both through domestic financing solutions that reflect equity, risk sharing and solidarity, and through international development assistance and agreements targeting the achievement of UHC. Use of scarce health resources must be efficient, effective and ethical. Social protection schemes are also needed to prevent poverty, reduce inequality and address key health determinants. Finally, in the spirit of the SDGs and as also included in the Astana Declaration on PHC, the UN System notes that achieving UHC with equity must involve coherent multisectoral responses to address social, structural and legal influences on well-being. In this regard we welcome the six Key Asks developed by UHC2030, which call on political leaders to prioritize PHC, to invest broadly in protecting health, and to collaborate with all sectors and the whole of society to achieve UHC</p>
<p>Kazakhstan First DPR</p>	<p>"Mr. Chairman, Today's dialogue is very timely as we prepare for the UN General Assembly High-Level Meeting in September this year. We often describe Universal Health Care as the overall coverage of basic services that protect people from diseases. At the same time, Primary Health Care serves as the foundation or key to healthy living. Committed to this concept, Kazakhstan last year held a landmark Global Conference on Primary Health Care (PHC), with the aim of bringing the international community to strengthen primary health care to achieve universal health coverage, which in turn, will promote Sustainable Development Goals. As many know, the Conference adopted what is commonly known as the 2018 Astana Declaration with its new whole-of-society approach. It was adopted by more than 2,100 distinguished experts, including foreign delegates from 146 Member States of WHO, many being at the level of Health Ministers, vice-ministers, and heads of international organizations. Thus, obviously, this Declaration carries enormous significance as a guidepost for the future. Without any doubt, this Declaration of Astana is most timely, and comes at a time of great momentum of calls for massive investment in primary health care as a response to achieving universal health coverage. What is unique about the Declaration is that it advocates for a strong comprehensive health system to close the gap for several billions around the world, rather than focus on single disease interventions. Mr. Chairman, We need to gain momentum for the High-Level Event in September, and obviously 2030. Kazakhstan believes that goals will remain as mere aspirations unless they have deadlines. However, we do have the deadlines but the challenge is to make our The further dissemination of the Declaration of Astana will be crucial for what we want to achieve. Kazakhstan is ready to be an active catalyst in achieving our multilateral goal of providing primary health care for all, which is the fundamental right of all human beings. Thank you"</p>
<p>Kenya Hospices and Palliative Care</p>	<p>Two weeks ago I met Joseph in Uganda. He has rectal cancer. Because he couldn't access a colostomy bag from his local health center, he was taping a plastic bag to himself. This did not always work causing him extreme anxiety and embarrassment.</p>



Association (KEHPCA)	Thankfully, palliative care workers at Hospice Africa Uganda have now provided what he needs so can live his life with dignity. But most people like Joseph do not get the care they need. Palliative care is a crucial part of a strong primary health care system for people throughout their lives. It is cost effective and supports people with the highest health needs. As a Kenyan palliative care nurse and advocate, I am pleased to bring 3 asks to this hearing: 1. Commit to increase public health financing and financial protection for strong health systems throughout our lives - promotion, prevention, treatment, rehabilitation and palliative care. 2. Uphold quality of care by measuring progress on UHC through the achievement of equitable and effective coverage including palliative care 3. Commit to ensure that an essential package of palliative care is included within all national UHC packages by 2030 Do not leave people like Joseph behind.
KMET	Member States must ensure that universal health coverage adopts a gender-responsive, right-based approach that specifically considers the rights of adolescents and young people, in order to guarantee that no one is left behind. Young people, especially young women and girls, face specific structural barriers to accessing health services that member states must address, including, but not limited to: restrictive laws, lack of information about their own health; limited accessibility to health services; limited bodily autonomy; and stigmatization of certain essential services. These barriers lead to higher rates of adolescent pregnancy, child and early marriage, and maternal mortality, particularly for the most marginalized young people. Member states must ensure that sexual and reproductive health services and information, including for young people, are an essential component of UHC in terms of financing for health commodities, training health workers, de-stigmatizing SRH, and ensuring quality and accessibility. Allocating sufficient funding and centralizing young people’s SRHR and gender equality in UHC would greatly contribute to ensuring young people all over the world are empowered and can realise their rights and attain their full potential.
Liverpool School of Tropical Medicine	Recognise and integrate community health systems into the formal health system according to the principles of equity and participation in the Primary healthcare agenda. Involve the private for-profit healthcare providers in a way so that the disadvantaged segments of the population are not left out. Promote coverage of all population groups and strengthen the epidemiological and health information system to identify existing and emerging diseases and health conditions for making essential healthcare available. Take special measures with designated task force for securing healthcare for people in disadvantaged socioeconomic and demographic conditions in urban and remote rural locations, with full participation of these populations in decision-making and mechanisms to increase accountability for service provision. Customize the process for generating healthcare fund considering economic and employment status of populations. Emphasize pre-payment mechanisms and affordable user-charge and integrate all funds under a common social health insurance scheme. Re-design several sectors to promote health and prevent ill-health to reduce disease burden, need for curative healthcare and financial burden. International and national policies and measures should be installed and supported to protect women from sexual harassment and violence, and to guarantee access to reproductive health services throughout the life course for both women and men.
Management Science for Health	Building resilient, responsive and equitable health systems is essential to leaving no one behind on the road to UHC. One of the greatest challenges is to ensure inclusion of people affected by fragility rooted in economic and political crises, natural disasters, disease outbreaks, or armed conflicts. Over 1.6 billion people live in fragile settings, comprising 85% of the world’s poorest and most vulnerable populations, including the forcibly displaced. Fragility can also affect populations in high income countries. Governments of affected countries must exercise effective leadership in building institutional capacity, delivering equitable basic services to all, through effective and protected health workforce, ensuring inclusive social accountability mechanisms, and increasing public financing for health. More flexible external funding and better use of existing domestic resources are essential to sustain progress as countries transition out of fragility towards a better future. Civil society



	<p>organisations must be fully supported for reducing inequities and including vulnerable populations. A well-regulated private sector can play important roles in the process, investing capital to expand service capacity, adapting new technologies, and participating in market-based solutions. Working together, governments, development partners, civil society, communities and the private sector can travel the last mile to achieving truly universal health coverage.</p>
Management Sciences for Health	<p>The Joint Learning Network for Universal Health Coverage (JLN) facilitates knowledge sharing and knowledge co-production among leaders, policymakers and implementers from different countries to help them build stronger, more equitable and more efficient health systems that bring us closer to our shared goal of achieving universal health coverage. Mobilizing more resource for health and using them equitably and efficiently, including for primary health care, is more than just a matter of knowing what to do, it is also a matter of knowing how to do it. Facilitating exchange on topics of mutual importance among the people charged with leading, planning and implementing health care reforms allows this know-how to spread, to be used by others, refined, and shared again. This sharing helps people lead change and do their jobs more effectively. We therefore call upon the UN High-level Meeting to recognize the importance of investments in joint learning and capacity building of practitioners 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 insurers, and other UHC-related agencies – 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>
"Mandela Erhiopia Doctors Amref Youth Advisory Parilament"	<p>As a Medical Doctor in Ethiopia, i have had a patient my age (27) who had lost 8 pregnancies and passed away on the 9th. She came too late. I always feel like it's the structural violence that killed her, among the many factors a husband who wouldn't let her go to a hospital and her not having an income generating job to do so herself. It's for women like her that i advocate for UHC with gender lens at the center. I had made a promise to myself that her voice would reach decision making tables.</p>
MCCL Global Outreach	<p>The World Health Organization recently passed a resolution stating, “To promote physical and mental health and well-being and to extend life expectancy for all, we must achieve universal health coverage and access to quality health care. No one must be left behind.” (EB138.R5) It is imperative that when we say “leave no one behind” that we show we truly mean it by our actions. All human beings from conception until natural death should have access to health care—with extra protection for those who are most vulnerable. A wealth of research has demonstrated the importance of the first 1,000 days of life—the period from conception to the second birthday. Mothers and babies especially need quality health care through pregnancy and delivery. Far too many women and babies are still dying from lack of health care. People are also vulnerable as they approach the end of life. They must have access to the health care resources they need, including life affirming hospice and palliative care and community support to live out their days without abandonment or pressure to die. No one should be left behind. Every human being deserves care—during every stage of their life course. Thank you.</p>
Medical IMPACT	<p>Your Excellencies, Ladies, and Gentleman Great efforts have been made worldwide to increase vaccination of preventable diseases, women's health, sexual & reproductive health and equality as well as access to healthcare in order to achieve Universal Health Coverage, however, it is still not enough This meeting should mark a turning point to boost political support and multi-stakeholder engagement as we celebrate the first UNHLM on UHC. But, will the promises made in the political declaration turn into actions? The patients who completely lack access to health, the pregnant woman who has to walk miles and miles to receive medical attention, the patients who suffer intense discrimination and stigma from having tuberculosis, the patients who suffer or die from malaria because our efforts, although good, have not been enough. Therefore, this meeting is not only about urging heads of state to take action, about a political declaration, it is about them, we have to take action</p>



	<p>altogether through multi-stakeholder, person-centered approaches that have human dignity on the top of the page, diseases respect no borders, we must seek for intergovernmental & inter-sectorial collaboration, we must include a strong or independent accountability mechanism to ensure progress to translate ambition into action. Let us take action together to end the suffering Let us make sure that every government finds the will and resources to honor the promise Let us achieve Universal Health Coverage once in for all. Thank you</p>
<p>Medicus Mundi International</p>	<p>We support the UHC2030 “Key Asks”: Indeed, if properly designed and well implemented, UHC is the key contribution of the health system to achieving universal access to health. We support the attention given to regulation and legislation and to political leadership beyond health, but draw your attention to two blind spots: 1. The “multi-stakeholder” paradigm in the discourse on UHC tends to neglect/disguise the adverse impact of financialization, privatisation, commodification and commercialisation of health services on universal access to health care. We insist on the responsibility and leadership of governments as main duty bearers that goes beyond regulation and stewardship. We call for strong public systems for both health care financing and delivery. 2. Many members of Medicus Mundi International are active in the field of development cooperation. We call for development cooperation that supports and accelerates national health policies, priorities and systems. However, the aid agenda is often not aligned with national public health policies but captured by the political and economic interests behind development finance, including the commercialisation of health care services and the securitisation of health as a global risk for richer countries. A critical reflection on policies, structures and practices of development cooperation is much needed.</p>
<p>Migrant Clinicians Network</p>	<p>Universal Health Care is a critical issue for the 10,000+ constituents I represent as the Chief Medical Officer for the Migrant Clinicians Network. My colleagues and I work daily to meet the medical needs of many of the most vulnerable members of the communities where we live. The inability to access basic primary care for manageable health conditions such as diabetes and hypertension makes each day a struggle to survive when simple testing and treatment can eliminate unnecessary morbidity, such as the loss of limbs, or premature mortality. Universal health care would also make my work as hospital physician more successful. Due to fear that the cost of a health care visit, patients defer care for many days, months, and even years. When the situation has become so dire that they must seek care it is frequently at an emergency room where care is units of magnitude more costly, and by nature only focus on the acute care need before them. We can dedicate ourselves to universal health care for any of three reasons: enlightened self- interest so that we are surrounded by other healthy individuals; cost savings – by dealing with health concerns early in the more easily managed moment; or humanitarian concern – each of us deserves to live the healthiest life possible. Whatever the motivation, the time is now. Laszlo Madaras, MD, MPH, SFHM Chief Medical Officer, Migrant Clinicians Network WellSpan Summit Hospitalist Medical Director of Educational Affairs, WellSpan Summit Health Campus Pennsylvania Dept of Health Tuberculosis Control Clinical Assistant Professor of Medicine, Penn State College of Medicine</p>
<p>MOTUS HEALTH INITIATIVE</p>	<p>Comprehensive inclusive healthcare may be seen as an utopian ideology by most people especially those from low and middle income countries, albeit an achievable goal through sustained and properly structured collaborative action. Sustainable framework required to drive actions in accordance with progressive universalism shall be developed in strategic alignment to equitable standardisations for upholding key primary healthcare principles. This shall facilitate the birthing of an inclusive healthcare system wherein developmental health targets will be synchronously achieved by the poor and rich alike, while established development metrics shall aid in measurement, evaluation and optimization of health system performance assurance. Going forward, we shall introduce hyper-responsive innovative designs of solution-oriented health service delivery models which shall accelerate the most widescale engagement of International Development Organisations, thereby generating</p>



	<p>fitting operational leverage enhancing their alliances and synergistic dynamics with Non-Governmental Organisations. This shall help in channelling valuable resources to required places where structured concerted actions will be effectively executed in order to adequately fill healthcare needs gaps of un-served, underserved and vulnerable people in fragile settings. Certainly Universal Health. Coverage is a necessity not only due to human rights but also inspired by helpful care of elephants for vulnerable entities.</p>
<p>MPact Gay Men's Health and Rights</p>	<p>Ensuring Universal Health Coverage (UHC) for People Living with HIV (PLHIV), Lesbian, Gay, Bisexual, Transgender and Intersex (LGBTI) People, People Who Use Drugs (PWUD), and Sex Workers The 2030 Agenda reminds us that the only way to ensure that no one is left behind is to begin by reaching those most marginalized first. Across the world, PLHIV, LGBTI people, PWUDs, and sex workers are criminalized and experience violence, stigma, and discrimination. These experiences are often compounded by other factors related to one's health status, age, race, ethnicity, religion, sexual orientation, gender identity, socioeconomic status, and migration status. Addressing inequities is a prerequisite to achieving UHC. For UHC to be effective, Member States must respect, protect and promote all people's human rights, including the right to health, and not merely focus on strengthening health systems. Additionally, full realization of UHC requires Member States to:</p> <ol style="list-style-type: none"> 1. Repeal laws that criminalize HIV non-disclosure, exposure, and transmission, consensual same-sex behavior, gender expression, drug use and possession, and sex work. 2. Ensure health insurance plans include clauses to protect marginalized and vulnerable populations from discriminatory practices in health care delivery. 3. Ban coercive medical procedures, including forced anal exams, conversion therapies, corrective rape, female and intersex genital mutilation, compulsory drug rehabilitation, and forced sterilization of women and trans people. 4. Ensure public institutions are responsive to the needs of our communities through training and sensitization of government officials, law enforcement, and health professionals. 5. Tailor health programs to our specific needs by ensuring access to affordable: HIV and TB treatments; comprehensive sexual and reproductive health services; mental health services; opioid substitution therapy and evidence-based drug dependence treatment; and hormone therapy. 6. Address HIV incidence for those at highest risk with prevention programming inclusive of: condoms, lubricants, and pre-exposure prophylaxis; STI testing and treatment; and harm reduction. 7. Protect the confidentiality and privacy of client data, including information about sexual practices and sexual orientation, sex work, gender identity and expression, and drug use; 8. Engage and consult our communities as key partners in the development, implementation and monitoring of UHC plans; 9. Utilize all UN reporting mechanisms, including the Voluntary National Review of the SDGs, Universal Periodic Review, and Global AIDS Monitoring, to document progress towards and challenges in achieving UHC; and 10. Make resources for UHC easily available to communities, so that we may realize our roles as active and equal partners in health.
<p>NCD Alliance</p>	<p>The NCD Alliance and the Union for International Cancer Control urge Member States to ensure the outcome of the HLM on UHC adopts a lifecourse approach to health that spans the continuum of care, strengthens health systems and helps reduce inequities and catastrophic financial expenditure on health. We urge Member States to:</p> <ul style="list-style-type: none"> - Prioritise prevention as essential for UHC, as it is crucial for improving health outcomes and more cost effective than focusing solely on treatment and care. - Ensure primary health care is the foundation of UHC, supported by strong referral networks to specialised care, as it offers the greatest potential to detect high-risk individuals and improve health. - Save lives by improving equitable access to quality, affordable essential medicines and products. - Increase sustainable financing for health and improve efficiency in investments, by increasing domestic investment and allocating more public financing for health, and aligning investments with the burden of disease. - Enable meaningful community engagement and empowerment in UHC design, development and accountability. The lived experiences of people who interact with the health system, and especially of those people living with multiple conditions, must shape UHC systems to meet the needs of people and populations.



NGO Committee on Mental Health	<p>In 2013, the World Health Organization launched a comprehensive Mental Health Action Plan that recognized a long-neglected problem. It called for an end to discrimination, stigma and lack of services for mental health. A landmark achievement it highlighted prevention, a life long approach, and integrated universal health coverage. The NGO Committee on Mental Health, a global coalition of academia, private and civil society in consultative status with the UN, supports inclusive health care coverage that incorporates mental health care coverage. There can be no health without mental health for vulnerable people who struggle daily to function. High levels of global conflict, violence and migration are producing traumatized populations. Chronic diseases such as cancer and heart disease as well as the invisible disabilities of anxiety, depression and stress disorders have been linked to exposure to violence. Children exposed to adverse psychosocial experiences are known to have enduring, emotional, immune and metabolic abnormalities. The benefit of culturally sensitive, trauma informed, ethical treatment can serve to enhance social justice, sustainable employment and equitable economic growth. SDG targets 3.4 and 3.5 address mental health and substance abuse. Primary care, integrated with mental health expertise, will ensure that universal healthcare will leave no one behind.</p>
Nigerian Women Agro Allied Farmers Association.	<p>Based on our theme, leave no one behind and judging from the UHC focus on leaving no one behind and looking at the problems confronting our Communities especially where our constituents reside. We found out the need that members of our Communities are really not carried along and the urgency of capturing our voices to the health budgets and to be captured in our various Countries during budget planning, Approvals and spending's. We are asking for an equitable inclusion of our Communities in Health Budgets and other Government planning.</p>
Nigerian Women Agro Allied Farmers Association.	<p>Taking into consideration that key element to health is well being, and noting that Agriculture provides Nutrition 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 mate, We are presenting a joint communique as arrived at in a meeting recently in preparation of the UHC HLM Multi-stakeholder meeting..Recognizing the different roles of each stake-holder and the multiple effects of health and health related issues to all stakeholders, and need to look for local 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 stake-holder along the decisions on health and need for Countries to increase health Budgets. All these are leading us to ask, When will we achieve Universal Health Coverage.</p>
Options Consultancy Service Ltd	<p>While there is agreement that national ownership and transitioning to domestic financing is essential to achieving UHC, it is now time to translate this commitment into action and real investment. Through our work, we have found that significant progress can be made by supporting strategic and context specific interventions that are nationally driven. It is important that countries are supported to provide leadership to making their financing of UHC: - Predictable: Funding of Primary Health Care (PHC) requires more stable flows, ensuring flexible and responsive funding that is responsive to the changing needs of all population groups. - Sustainable: Supporting countries in meeting the policy and technical requirements to achieve UHC whilst making a smooth transition to much lower levels of external funding, requires new approaches with health systems approaches at their core. - Transparent: Evidence based decision making on UHC enables effective prioritisation of domestic investments into areas where most progress can be made. In also ensures decision making is transparent which is a cornerstone for accountability. - Equitable and fair: Health financing mechanisms need to be designed to expand population coverage while ensuring that the poor and vulnerable are not left behind, ensuring progressive expenditure of UHC funds.</p>
Options Consultancy Service Ltd	<p>There is agreement that national ownership and transitioning to increased domestic financing is essential to achieving UHC - it is now time to translate this commitment into action and real investment. At Options, through our work, we have found that significant progress can be made by supporting strategic and context specific interventions that are nationally driven. In this it is</p>



	<p>important that countries are supported to provide leadership to making their financing of UHC predictable, prioritized, equitable and sustainable. There needs to be stable and predictable financing of primary health care, that is responsive to the changing needs of all population groups. There is need for evidence based prioritisation of domestic investments into areas where most progress can be made (this includes SRHR, as a particular cost-effective intervention) and progressive expenditure on health.</p> <p>Finally, transitioning to increased domestic funding can be an opportunity towards achieving UHC, but this requires agreement of what transition means, including new approaches to providing development support and setting of realistic goals and timelines</p>
Partners In Health	<p>Health is a human right. We are here today to collectively advance this fundamental human right through Universal Health Coverage (UHC). UHC represents high-quality, comprehensive care for all. As such, we must stand in clear opposition to the commercialization of care promoted by those who see UHC as primarily about ‘financial protection’ as this will only undermine the key principles of quality and equity. The importance of the public provision of care in achieving quality and equity, and the responsibilities of Member States and the global duty bearers must be enshrined in the political declaration. For centuries, massive amounts of resources – natural resources and human capital – have been extracted from the Global South. We must take action to address the structural violence and inequalities that are the legacy of a dehumanizing history of colonization and imperialism. In doing so, the global community must be held accountable for fulfilling the right to health for all. The belief that the same global economic forces and power relations that created enormous inequality will also solve the problems of health inequity is wrong. If we are to learn from the tragic mistakes of the past, we must clearly outline the collective global responsibility for respecting, protecting and fulfilling the right to health. This includes committing global resources to close the gap between what countries can mobilize domestically and what is required for high-quality health care for all in low- and middle-income countries.</p>
PATH	<p>Broadening civic engagement and amplifying citizen voice are critical in translating PHC and UHC commitments into effective programs. Mobilized communities inform stronger policies, budgets, programs and services to improve health and well-being, and to foster accountability. Individuals are the experts of their own needs, both as consumers and increasingly as providers through self-care and caregiving. By underscoring the connections between personal experiences and larger PHC systems, communities can mobilize to demand and co-create accessible, high-quality PHC to help achieve UHC. Effective digitization of healthcare puts better information into the hands of decision makers, healthcare providers and informed consumers. Digitization of health is improving the quality and continuity of care in communities around the world when implemented as part of a holistic approach to strengthening PHC. Evidence of what works is increasingly targeted to local context, ensuring the greatest impact and best use of resources. Finally, we will not achieve UHC with the health technologies we have today. Strong support for innovation to provide quality products that address the world’s most critical health needs to populations that need them, without delay, should be central to UHC efforts.</p>
People's Action for Social Service	<p>Our Organization name is People’s Action for Social Service (PASS) established in India in 1987. It has been working for the empowerment of the disadvantaged, marginalized and vulnerable groups of the society in areas of economic, leadership, social educational, psychological and primarily on health development sector over the last 23 years. Our ongoing projects in the health sector are: Geriatric care: Mobile Medicare Unit for the aged: Organization provides medical treatment to the elderly people, therapy, counseling, provide required medicines to the elderly people. No of beneficiaries: 860 15 Bedded Drug De-Addiction: Provide preventive and rehabilitate services for the drug addicts and provide need-based support and rehabilitation. No of beneficiaries: 450 HIV/AIDS – Female Sex Workers: Provide advocacy, health care, condom distribution, and livelihood</p>



	<p>option. No of beneficiaries: 3200 Slum Child Development: The organization provides food and nutrition, safe drinking water and sanitation facilities, education support and recreation facilities to the disadvantaged children. No of beneficiaries: Children: 350 Pregnant Women: 1000 Core issues are – Health and food & Nutrition & sustainability Projects Support: • Department of Women Development Central Social Welfare Board Government of India • Ministry of Social Justice & Empowerment Government of India • Lebara Foundation-Chennai, India</p>
<p>Program in Global Surgery and Social Change, Harvard Medical School</p>	<p>On May 26 2015, the World Health Assembly unanimously adopted the Resolution WHA68.15 “Strengthening emergency and essential surgical care and anaesthesia as a component of universal health coverage”, acknowledging the vital need for surgical systems strengthening around the world. Nevertheless, little has been done to act upon this. It is inhumane that, in 2019, five billion people STILL lack access to timely, safe, and affordable surgical, anesthesia, and obstetric care when needed. Every year, 18 million people die from preventable and treatable surgical conditions, over five times as many as HIV, TB, and malaria combined, and one-third of the global burden of disease is attributable to surgically treatable conditions. A cumulative investment of \$350 billion by 2030 can provide access to safe surgical care for all; a lack thereof will cost low- and middle-income countries a loss of \$12.3 trillion in economic growth. It is paramount for the global community to realize that, without integrating surgical, anesthesia, and obstetric care as a component of equitable and holistic health systems, we can never attain all Sustainable Development Goals. Surgical care saves lives, prevents disability, and promotes economic growth, and, in turn, is indispensable for UHC and the SDGs.</p>
<p>Program on Global NCDs and Social Change, Harvard Medical School</p>	<p>On behalf of the Program on Global NCDs and Social Change at Harvard Medical School – and in support of the Lancet Commission on Reframing NCDs and Injuries for the Poorest Billion – we call on the UN and member states to enact a UHC political statement that addresses NCDs and injuries among the poorest billion (NCDI Poverty), one of the largest financing and delivery gaps for UHC. Severe NCDs and injuries – including conditions like Type 1 diabetes, advanced rheumatic heart disease, and trauma – disproportionately impact the poorest people in the world, largely children and young adults living in rural sub-Saharan Africa and South Asia. This population has been “left behind” in UHC policy frameworks to date. In order to address this inequity, we must: 1. Support UHC indicators and country-led priority-setting processes that consider the full range of medical and surgical NCDI interventions across the full burden of disease 2. Invest in delivery of packages of related services by integrated care teams at primary, secondary, and tertiary levels 3. Ensure that financing is not a barrier to implementing these interventions; increased external financing will be needed to address NCDI Poverty by 2030 A UHC framework that addresses NCDI Poverty offers a chance to build durable, high-quality health systems and ensure health care as a human right for the world’s poorest.</p>
<p>Project 1948 Foundation</p>	<p>Today, on behalf of civil society, Project 1948 Foundation provides a joint statement with CURA for the World as a commitment to equity, non-discrimination and most importantly, an evidenced-based health and human-centered approach to Universal Health Coverage. Currently, vulnerable countries in which we serve have been marked as the very last to achieve the 2030 Agenda. We believe healthcare is a fundamental human right and pillar for a more equitable future. We strongly believe in a quad-fold approach on aligning investment to needs, which can be achieved by integrating Artificial Intelligence with Geofencing Technologies and Telemedicine with Pharmaceutical Access by public and private sector investment. Lastly, we need data sharing platforms in real-time grid format and we must ensure the safety and protection of on-ground humanitarians. We strongly urge resolution 72/139 be recognized as a shared responsibility by member states to fully support and drive efforts to accelerate the transition towards universal access to affordable, quality services for resilient, equitable, and responsive health-care in support of non-governmental organizations. To make health care accessible to all, we strongly emphasize the need for multilateral investment in Bosnia and Herzegovina and Democratic Republic of the Congo</p>



	ensuring no one is left behind.
Rabin Martin	<p>Dr. Jeffrey L. Sturchio Chief Executive Officer, Rabin Martin & Visiting Scholar, Institute for Applied Economics, Global Health, and the Study of Enterprise, The Johns Hopkins University UHC 2030 Ask 6: Move Together – Establish multi-stakeholder mechanisms for engaging the whole of society for a healthier world In recent discussions and analyses of how countries can accelerate progress along the path to universal health coverage (UHC), the role of the private sector has been relatively neglected. In the spirit of UHC 2030 Ask 6 (Move Together – Establish multi-stakeholder mechanisms for engaging the whole of society for a healthier world), I offer perspectives from a recent volume on The Road to Universal Health Coverage: Innovation, Equity and the New Health Economy, co-edited with Ilona Kickbusch and Louis Galambos (Baltimore: Johns Hopkins University Press, 2019). The Road to Universal Health Coverage offers three recommendations for consideration as countries continue to implement strategies and plans for UHC:</p> <ul style="list-style-type: none"> • Policies that foster UHC in a country (such as health systems strengthening) need to be context-specific and complementary to other policy priorities. Despite broad political commitment and international activities, there has been a lack of acknowledgement of the importance of economic dynamics behind the push for UHC. For too long, health has been considered to be a cost factor more than anything else. The importance of health as a macroeconomic factor is beginning to gain relevance. The drive toward universal health coverage will further boost the supply and demand for health and health-related services and goods. How should policy makers think about the dynamism, the opportunities, and risks of this new health economy? What range of capabilities and growth opportunities are private companies bringing to the challenges of expanding delivery of essential health services to all? • Even in countries with large, robust public health delivery systems, people still use private health services extensively and there is growing recognition of the potential of the private sector’s contributions to universal health coverage.. Achieving UHC will thus require strong public capacity to steward mixed health systems and engage private sector providers to deliver high-quality health services along the value chain from primary health care throughout the system. • There are no simple or universally applicable solutions available to provide appropriate responses to such country-specific complexity on the road to UHC. Each country will have a unique path. Deliberative, multifaceted processes that raise awareness and identify solutions through analysis and structured dialogue – such as today’s hearing -- are the best way to navigate these complex factors and yield new forms of engagement. Both public sector leaders and private sector actors can initiate these kinds of processes and tailor them for their national contexts.
Rare Disease International	<p>Rare Disease International is grateful for the opportunity to provide a joint statement on behalf of 300 million people living with a rare disease. While each disease affects fewer than 1 in 2,000 people, worldwide, there are more than 6,000 rare diseases. As individuals, many live in the margins of society, often undiagnosed, unrecognized, and unable to access the healthcare and other services available to common conditions. Collectively, people with rare diseases constitute a vulnerable and neglected population, nearly invisible to the system regardless of the level of socio-economic development. Pursuit of UHC, within a human rights approach and driven by the principle to “leave no one behind”, will have significant impact but the very small patient populations may still be missed. While their conditions are highly varied, persons with rare diseases experience mutual and disproportionate health, social and economic inequities due to:</p> <ul style="list-style-type: none"> • the often chronic, highly complex, progressive, severely disabling, and life-threatening nature of the disease; • the small number of patients affected by each disease within a country; consequently, limited expertise, delayed or mis-diagnosis, and lack of appropriate healthcare can affect the family’s finances and emotional health. <p>The rare disease community wholeheartedly commits to achieving UHC for all vulnerable populations while calling for explicit documentation of rare diseases, a population historically left aside. As a community with mutual challenges, rare diseases are in fact amenable to shared strategies and solutions; indeed, we constitute a strong, well-</p>



	<p>established civil society that can help 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,” Thank you very much</p>
ReAct Africa	<p>UHC Intervention Thank you chair, ReAct – Action on Antibiotic Resistance is grateful for the opportunity to speak today. No health system will be sustainable without effectively working antibiotics. Access to many of the miracles of modern day medicine – from cancer chemotherapy to organ transplant and everyday surgeries like C-sections – would no longer be safely available. The cost of healthcare would increase, with increased morbidity, mortality and extended hospitalization costs. We therefore ask that availability and affordability of effective antibiotics be made an integral part of the package of universal healthcare. Planning pooled, public sector procurement and government-coordinated production can help ensure healthcare systems reliably supply effective antibiotics, diagnostics and vaccines. Antimicrobial Resistance should become a substantive part of the work on UHC and needs a measurable accountability mechanism. The World Bank projects that 24.1 million people could fall into extreme poverty by 2030 because of antimicrobial resistance. Most of these people would come from low- and middle-income countries falling into poverty. The WHO called antimicrobial resistance one of the Top 10 threats to Global Health in 2019. Yet the SDGs and the WHO/World Bank UHC Monitoring mechanism do not take into account Antimicrobial Resistance sufficiently.</p>
Red PaPaz	<p>On behalf of Red PaPaz, Colombia’s largest organization of parents and caregivers, I want to underscore the importance of advancing on Universal Health Coverage. To the date, significant results have been attained in this front. However, this effort must necessarily be accompanied by evidence-based actions aimed at preventing diseases, particularly non-transmissible diseases. Promoting healthy environments, especially among children and adolescents in Colombia, is key to this objective and in accordance with the Sustainable Development Goals. This involves, among other actions: (i) preventing the use of psychoactive substances, alcohol, tobacco, (ii) shifting towards natural and healthy diets, and (iii) preventing sexual violence, bullying, cyberbullying and other conducts that may harm mental health of children and adolescents. Furthermore, the prevention of diseases, particularly non-transmissible diseases, requires the adoption of cost-effective measures. Amongst these Red PaPaz has been working on: (i) imposing specific taxes on alcohol, tobacco and nicotine related products, as well as on sugary beverages and other ultra-processed products, (ii) adopting restrictions on advertisement targeting children, (iii) providing complete information on the content of ultra-processes products, and (iv) fostering maternal breastfeeding. All of these actions will positively further health protection and will certainly complement Universal Health Coverage.</p>
REDE-TB, Brazilian TB Research Network	<p>- We, members of the WHO Civil Society Task Force believe only a concerted multisector action can End TB. - Guarantee of UHC and elimination of catastrophic costs in TB are indispensable tools to recuperate the citizenship, integrate and recuperate productivity of people and families affected. Investing in TB has a direct impact in development and country prosperity! - The participation of community representatives in defining and evaluating policies is key to identify the appropriate mechanisms for reduction of catastrophic costs of the TB treatment. - A meta-analysis shows social protection covering TB patients can provide means to compensate catastrophic expenditure and reduce treatment drop-out, specially for the poorest. - Other study revealed patients beneficiary of cash transfer programs such as Bolsa Familia in Brazil had a positive effect for cure in ~8% and reduced drop-out and death by ~7%. - Social protection can be implemented by means of material incentives, cash transfers, food/nutrition programs. Also, psychological support, education approaches, social mobilization and training of volunteers to act as patients’ supporters. - We urge to guarantee the maintenance of existing benefits and programs and promote the intersectoral approach, expanding UHC associated with social protection to achieve sustainable development and prosperity.</p>
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<p>Reproductive Health Supplies Coalition</p>	<p>The Reproductive Health Supplies Coalition (RHSC) is a global partnership of more than 480 public, private, and non-governmental organizations dedicated to ensuring that all people in low- and middle-income countries can access and use affordable, high-quality supplies to ensure their better reproductive health. The RHSC shares the vision of Universal Health Coverage (UHC) that ensures equitable access to quality health services, and mitigates the risk associated with out-of-pocket payments. Dramatic equity gaps persist in reproductive health, particularly among youth and rural populations. Over 200 million women have an unmet need for modern contraception, despite the fact that family planning remains one of the smartest investments for achieving the SDGs, rendering \$120 in health and economic benefits for every dollar spent. As demonstrated in UNFPA's "State of the World Population 2019" report, contraceptive prevalence is generally lower among the poorest 20% of the population and highest among the richest 20%. Our own 2019 Costed Commodity Gap Analysis reveals that out-of-pocket payments make up 82% of the total spending on family planning supplies in low-and-middle-income countries. This can compromise equity of access and prevent the poorest women from purchasing the products they need. The consequences are devastatingly high, with unwanted pregnancies resulting in increased maternal mortality. Including family planning as a core indicator within UHC reinforces the notion of a continuum of care of which reproductive health is an integral part. We call on governments, donors and all stakeholders to make sure reproductive health supplies form an integral part of the basic packages included in UHC reforms.</p>
<p>Restless Development</p>	<p>There are 1.8 billion young people, aged between 10 and 24. The UHC agenda must prioritize the needs of young people and mainstream their meaningful engagement in its design, delivery and review to achieve the goal of leaving no one behind. Without young people, UHC becomes ineffective and inadequate. Adolescence and youth is a key time period which sets up the future health of an individual, and if the unique health needs of young people are not addressed effectively we are setting UHC up for failure. Unfortunately, in our work on youth-led accountability, Restless Development have seen reports from the communities we work in which indicate that health services are not currently delivering on services that advance the right to health for young people. To ensure the success of UHC, Restless Development firmly believes that young people should be included in the design, development, implementation and monitoring of health systems in order to ensure these systems are built to address their needs, including sexual and reproductive health. It is also necessary for national level health systems to ensure the inclusion of adolescent-and-youth-friendly health services in budgeting and planning, and the adequate provision of training for health workers on the delivery of youth-friendly health services. Young people need to benefit from and be leaders in establishing UHC.</p>
<p>RESURJ - Realizing Sexual and Reproductive Justice</p>	<p>We stress the need for governments to prioritize policies and programs that guarantee universal access to the full spectrum of health services, including rights-based sexual and reproductive health, and to allocate the necessary public financing through</p>



	<p>gender responsive and progressive budgets for health. Governments have a responsibility to uphold the right to health for all people. States must halt and reverse the privatization of social protection and health systems to ensure they remain a public good and will reach those most in need. Private health schemes and service charges as well as financing models that only cover basic health interventions, are impeding women and girls living in poverty to access essential health services while leaving important economic and social costs to people and their families in the context of health care. The medicalized approaches continue to dominate the health responses, so principles such as civil society participation and human rights-based approaches must be put in place. We demand accountability and transparency in budgeting & accounting in all levels in the UHC debates. Poorly regulated financialized globalization and tax avoidance by the private sector further exacerbates inequities depriving us from resources essential for the provision of health services. States must initiate progressive tax systems, curb illicit financial flows, address tax evasions by the private sector and resist trade agreements that impact access to medicines and commodities, pushing out low-cost generic producers, increasing the financial burden on marginalized groups. Threats such as nationalism, backlash on multilateralism and the risk of systemic debt default, will impede achieving the SDG 3 and this landscape must be addressed in the UHC debates or the right to health won't be guaranteed for all.</p>
<p>Royal National Lifeboat Institution</p>	<p>Drowning is a significant and largely overlooked public health problem that should be included within current efforts towards achieving universal health coverage. Drowning is a leading global killer. WHO estimates that over 320,000 people die from drowning each year, with children and young people representing the majority of lives lost. Drowning is a leading cause of adolescent deaths globally and the number one cause of child mortality in many countries across South East Asia and the Western Pacific. Drowning affects the most vulnerable first and worst; almost all drowning deaths occur in low- and middle-income countries where many people, including children, need to live and work near water to have livelihoods or go to school, but lack effective support to do so safely. The scale of drowning mortality and the burden that drowning related morbidity places on health systems worldwide is not widely recognised. More focus must be given in the drive towards universal health coverage to prevent injuries such as drowning, alongside efforts to address NCDs and promote healthy lives. Preventing drowning requires multi-sectoral action, the health sector has a role to play, including;</p> <ul style="list-style-type: none"> • Strengthening data collection and health information systems to monitor universal health coverage will also provide more accurate information on mortality and morbidity from all causes, including drowning; • Health workers who are trained to educate parents about child and adolescent health can raise awareness of the risks and provide advice on how to avoid drowning.
<p>SEND GHANA</p>	<p>The PHC Strategy Group advocates to strengthen primary health care (PHC) systems, by promoting health equity and access to quality, essential health services on the road to achieving universal health coverage. We call on Member States to:</p> <ol style="list-style-type: none"> 1. Increase public health financing for a country-determined essential health services and eliminate of out-of-pocket payments. Ministries of Finance and Health must work closely on costing, allocating, and tracking accountability of spending for PHC services. 2. Promote multisectoral solutions for health and well-being, recognizing the social determinants of health. Optimize resources and expertise of whole of government as well as private sector and civil society. 3. Implement mechanisms for community participation in local health systems to foster transparency and accountability and give people a voice in health-related decision-making. 4. Foster inclusion, non-discrimination and access to essential health services, addressing most vulnerable populations first and ensuring no one is left behind. 5. Invest in primary health care workforce, including paid community health workers and a progressive career pathway for the frontline health workforce. 6. Improve quality of, access to and use of data to inform investments and improvements for people-centered primary health care systems and health outcomes.
<p>Sigma Theta Tau</p>	<p>Universal health coverage: moving together to build a healthier world presented by P. Sessler Branden, PhD, RN, CNM. Sigma</p>



<p>International Honor Society of Nursing</p>	<p>Theta Tau International Honor Society of Nursing (Sigma) with more than 135,000 members in 92 countries around the world, advances world health and celebrates nursing excellence in leadership, scholarship and service. Our members are nurse leaders from all specialties — clinicians, educators, researchers, and administrators, from different walks of life all over the world. Sigma advances world health through our affiliation with the United Nations and we thank you for this opportunity. Today we address Theme B: Leave No One Behind – UHC as a commitment to equity, Sub-theme: Addressing the determinants of health and reaching every person and community with quality integrated and person-centered primary health care. The social determinants of health are defined as “the conditions in which people are born, grow, work, live, and age, and the wider set of forces and systems shaping the conditions of daily life.” https://www.who.int/social_determinants/en/ Nurses address the social determinants of health with their clients, patients, colleagues, families and communities. Addressing the determinants of health and reaching every person in every community with quality integrated, person-centered primary health care will only be achieved by harnessing all resources possible. In addition to political will, community engagement, financial, scientific, and system support, nurses are required to provide coverage and care. 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>Society of Catholic Medical Missionaries</p>	<p>Health is a human right. The Director General of WHO said “100 million people every year are pushed into extreme poverty due to out of pocket health coverage,” while another 800 million pay 10 to 20 % of their family budget. We urge the Member States to provide Health coverage to all by allocating adequate finance in their National budget. It must be part of the Social Protection Systems, including Floors which everyone must be entitled to. Living in stressful environment requires special efforts to maintain the balance between body and mind. Mental health is foundational for wholistic health which is dependent on many factors: strong social systems, good nutrition, and healthy biosystems. Finally, we urge the international community to recognize and control the unethical medical practice of over prescription of medicines under the pressure of pharmaceutical companies which further cause illnesses. People living in poverty are adversely affected by lack of access to health care and treatment. Wholistic health, to include making available traditional health practices and treatments, can be more widely achieved with the promotion of local community health workers for universal health coverage. After all, the health of a person is the wealth of the Nation.</p>
<p>SOMMERCY HEARTFELT FOUNDATION</p>	<p>Background In accordance with UN General Assembly resolution 72/139 and 73/131, a high-level meeting (UN HLM) on universal health coverage (UHC) will be convened on 23 September 2019 with the overall theme: Universal Health Coverage: Moving Together to Build a Healthier World. As part of the preparations leading to UH HLM, the President of the General Assembly (PGA) was requested to convene, with support from the World Health Organization (WHO) and the International Health Partnership for UHC 2030 (UHC2030), an interactive multi-stakeholder hearing (Hearing) to ensure the inclusive, active and substantive engagement of multi-stakeholders in the process (A/RES73/131).II. Introduction UHC means that all people and communities receive the quality health services they need, without financial hardship. Key barriers to UHC achievement include poor infrastructures and availability of basic amenities ,out of pocket payments and catastrophic expenditures, shortages and mal-distribution of qualified health workers, prohibitively expensive good quality medicines and medical products, low access to digital health and innovative technologies, among others. Each of these barriers has solutions that not only lead to UHC but also boost the economy and have an important impact on other SDGs. For example, Goal 1 (end poverty), Goal 4 (quality education), Goal 5 (gender equality), Goal 8 (decent work and economic growth), Goal 9 (infrastructure), Goal 10 (reduce inequality), Goal 16 (justice and peace), and Goal 17 (partnerships). UHC is a catalyst for socio-economic development and a key contributor to equity, social justice and inclusive economic growth. UHC delivers on the human right to health as well</p>



	as the broader human rights agenda Primary healthcare.
Stop TB Partnership	Despite being curable, tuberculosis remains the top infectious killer disease globally, taking over 4000 lives every day. Each of those deaths is needless and preventable, reminding us why the world needs Universal Health Coverage. If the world can't get its act together to stop millions of deaths from a disease that's been curable for nearly 50 years, we have no hope of achieving UHC. We in TB Community at large have learned many lessons from the 2018 UNHLM on TB, but given the time constraints I will share just one. Promises made here will quickly be forgotten without sustained pressure from communities, people affected by the disease and advocates back home. This is why we need strong accountability which ensures that interventions and actions are funded and implemented for every single person affected, especially those most vulnerable, Otherwise, Heads of State and all stakeholders will fail on their promise to diagnose and treat 40 million people with TB by 2022. The TB community demands that world leaders agree an ambitious political declaration on UHC in September that puts people first and puts the world on course to end preventable and curable diseases like TB by 2030. Thank You.
STOPAIDS	STOPAIDS highlights three key areas that must be addressed in the Declaration to make UHC a reality and to drive inclusive development and prosperity. First, we have to recognise the need for system-wide change to the whole R&D process and expand delinked R&D efforts for new medicines, vaccines and diagnostics. These efforts must be needs-driven, evidence-based and guided by the principles of affordability, effectiveness, efficiency, and take place alongside the promotion and increased uptake of the use of TRIPS flexibilities. Second, there must be a rethinking by bilateral and multilateral donors around how they decide where they work and provide support: Eligibility and allocation criteria for ODA must be more nuanced to target support to the poor and marginalised first, wherever they are. When transitions happen, they must be fundamentally grounded in and driven by the sustainability of development outcomes. External donors must collaborate to ensure shared clear transition plans, tools and approaches and work together with national stakeholders, including civil society, to ensure shared ownership. Third, civil society and communities are critical in making a person-centred and human-rights based UHC a reality. Therefore, the Declaration must: Commit to invest in and support community-based and led health services, advocacy and mobilisation, And ensure and resource meaningful involvement of civil society and community in UHC governance at all levels.
The Access Challenge	Achieving UHC necessitates mobilizing different government agencies and leaders in a coordinated way - from the Ministry of Local Government to the Ministries of Finance and Health. It is therefore critical to include all sectors of government and to promote cross-ministerial coordination for an achievable and sustainable UHC roadmap. Ultimately, this comprehensive approach can only be achieved with active, personal Head of State engagement. Mobilizing African Heads of State to commit to UHC is an essential step to start the process of implementing UHC across Africa. Various African countries such as Kenya, Rwanda, and Ethiopia have set an example in Africa and paved the way for UHC within their countries through active head of state commitment and engagement. The importance of this high-level engagement is mirrored by the first item on the UHC 2030 movement key asks: Ensure political leadership beyond health. On that front, The Access Challenge in partnership with the Former Tanzanian President H.E. Kikwete have launched the One by One: Target 2030 Campaign to conduct high profile political advocacy to inspire all African leaders to implement policies and mobilize domestic resources to invest in UHC. One by One, we aim to secure and sustain commitments from all African heads of states to commit to UHC.
The Arab Foundation for Freedoms and Equality	We, the communities working on HIV and AIDS in the MENA region urge our governments: 1. That UHC be rolled out in the context of a multisector response and address social, structural and legal drivers aligning with the SDGs. 2. 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. 3. Take



	<p>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. 4. Consider shadow reports on UHC by CSOs as an accountability mechanism for documentation of human rights violations. 5. Ensure no discrimination is practiced on the basis of color, race, ethnicity, religion, gender identity, sexual orientation, nationality, economic status, disability, expression, or displacement status and ensure youth engagement and coverage. 6. 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 labour 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 partners in achieving the recommendations of this document towards our common goal of ending HIV/AIDS by 2030.</p>
<p>The Frontline Health Workers Coalition</p>	<p>Without immediate and strategic investments, the health workforce shortage is expected to more than double to 18 million by 2030.</p> <p>The Frontline Health Workers Coalition believes UHC commitments must focus on service delivery in communities of least access if health for all is to be achieved by 2030. Central to this is a commitment to ensure the education, training, decent work standards, and support systems necessary for frontline health workforce teams to deliver UHC. Member states must urgently prioritize the Workforce 2030 milestones, and make a multi-sourced and coordinated financial commitment to the health workforce as agreed to in the WHO-ILO-OECD Working for Health Five-Year Action Plan.</p> <p>For these investments to be effective:</p> <ul style="list-style-type: none"> • The SDG3 Global Action Plan’s frontline accelerator should include specific targets for workforce development and expansion that address gaps in health worker education, training, recruitment, retention, connectivity and safety. • Multilateral and bilateral agencies must greatly improve coordination on human resources by aligning investment, ensuring equity of access, improving program design and ensuring health workers are trained and supported to address the health issues affecting their communities and kept safe from occupational hazards and deliberate attacks.
<p>The George Institute for Global Health</p>	<p>On behalf of the Taskforce on Women and Non-Communicable Diseases, we call for the political declaration on UHC to include concrete, actionable measures and accountability mechanisms to ensure the right of all women to access affordable, quality healthcare at every stage of their lives. First, to ensure that UHC investments are aligned to needs, women must be involved as decision-makers in every step of the design and delivery of health services. Women are uniquely impacted by NCDs - as patients, mothers and caregivers - and can be change agents in increasing the equity of health systems. Second, the declaration must promote a rights-based, life-course approach to health systems strengthening. NCD services – such as access to the HPV vaccine and cervical cancer screening – should be integrated into existing programmes for young girls, adolescents, and women, while new services target older women and those who are not mothers. Finally, we must commit to the routine collection of data disaggregated by gender, age, ethnicity, and socioeconomic status. Only then can we design effective, targeted interventions and measure progress in reaching all populations – including women and girls in low-income countries, who are often most vulnerable and likely to be ‘left behind’.</p>
<p>The George Institute for Global Health</p>	<p>There is no blueprint for Universal Health Coverage. Decision makers weighing policy options to suit local contexts will be faced with competing claims from many different stakeholders, and the path towards UHC will inevitably be contested. Evidence has a crucial role to play, by giving decision makers the tools they need to select the best policy options, and confidently make the trade-offs required to optimise benefits to communities. Health Technology Assessments enable decision makers to evaluate medicines and healthcare interventions in terms of both cost effectiveness and community preferences, in order to choose which should be covered by health insurance or government-funded benefit packages. Monitoring households’</p>



	<p>financial protection from the costs associated with illness and access to care highlights disparities within a community along gender, ethnic or socioeconomic lines, supporting greater accountability and enabling inequities to be addressed. Evidence must underpin the design of primary health care systems and the development of financing models alike, in order to ensure services are comprehensive and well-integrated, as well as adequately and sustainably resourced. Academic institutions, working with governments, communities, the private sector and civil society, have a critical role to play in generating the evidence needed to prevent UHC from being derailed.</p>
<p>The Global Alliance for Surgical, Obstetric, Trauma, and Anaesthesia Care (G4 Alliance)</p>	<p>The Global Alliance for Surgical, Obstetric, Trauma, and Anaesthesia Care (G4 Alliance), a coalition of more than 300 professional, academic, and nongovernmental organizations from more than 160 countries welcomes the opportunity to make a statement at this auspicious meeting. We are truly excited. We welcome this effort. For decades, members of the Alliance have risen to the call of caring for the world’s most marginalized and vulnerable- the neglected surgical patients. Unaddressed, UHC will be a mere aspirational goal for they will have been left behind. We speak for the up to five billion people with unguaranteed access to safe, affordable, quality, and timely surgical, obstetric, trauma, and anaesthesia care; the two million children living with an untreated cleft lip and palate, 18 million individuals blind from cataracts, one million children with clubfoot, 200 million individuals with hernia, two million women living with obstetric fistula, and the millions more injured from accidents, burns, and violence. We urge the global community to name them as Neglected Surgical Diseases (NSDs), include them formally in the UHC framework as a matter of surgical equity, and partner with us to end disability from NSDs as a proud symbol of the promise of UHC and what it can offer to the future. Thank you.</p>
<p>The Global Network of People Living with HIV</p>	<p>This Position Statement outlines the priorities that we, as people living with HIV, want to see addressed within the Declaration, alongside all other processes and plans related to Universal Health Coverage at national, regional and global levels GNP+ demands Universal Health Coverage that:</p> <ol style="list-style-type: none"> 1. Puts the last mile first – placing the needs of the poorest and most marginalized members of society at the start and centre, and transforming ‘leave no one behind’ from rhetoric to reality. The logic, and moral obligation, is clear. If Universal Health Coverage works for the poorest and most marginalized – including people living with HIV and other key and vulnerable communities (who are directly and disproportionately affected by diseases and poor health) – it will work for everyone. 2. Supports community-based, people-centered systems for health – a holistic approach that maximises and resources the unique role, reach and impact of community responses. Community responses complement other sectors. They bring unique added value – notably their reach to, and acceptability among, most marginalized and vulnerable, who have specific needs that are unmet by others. Community responses are dynamic – able to respond to immediate challenges and actual needs, and to make the best use of available resources. 3. Embodies rights and equity – with legal and policy frameworks that address the full range of, and barriers to, social determinants of health, especially for key and affected communities. Universal Health Coverage should be founded in the understanding that health is a human right, not a ‘commodity’ or a ‘privilege’. It is a right of each and every person, regardless of their social or political status, or their ability to pay. This includes community members who, throughout the world, are systematically denied their rights, such as due to being criminalised or lacking legal recognition 4. Puts key and affected communities in the driving seat – listening to their needs, respecting their experience, and providing concrete opportunities to shape plans, packages and fiscal mechanisms. Universal Health Coverage requires a broader approach to health services delivery that emphasises the interconnection of health conditions. However, it would be a backwards step – and cost lives - to discard the hard-fought gains of decades of focused responses to health concerns. In developing effective UHC plans, there is much to be learned from the HIV response of the past 30 years.
<p>The International</p>	<p>IFPMA Statement: Multi-stakeholder Hearing for UN High-Level Meeting on UHC [Note: Linked to all UHC Key Asks but</p>



<p>Federation of Pharmaceutical Manufacturers & Associations (IFPMA)</p>	<p>particularly 3, 4 and 5. Adapted from Joint Vision on Healthy Systems for UHC: “Access to medicines and health technologies needs improvement] IFPMA stands together with the global health community to support Member States in accelerating efforts to UHC and investments toward universal access to essential medicines, vaccines, technology and emergency preparedness. We support responsive and inclusive regulatory and legal systems that upholds quality of care and facilitates innovations through evidence based policies adapted to local needs. Effective policy systems must be in place to ensure appropriate selection of medicines and health products for coverage under UHC, for primary care and beyond. Effective financing mechanisms must be in place to allow efficient procurement or reimbursement systems to minimize out-of-pocket payments by patients. Supply chains have to be robust, both to ensure delivery of products to the patient and to prevent diversion or entry of substandard and falsified products. Institutional capacity must enable appropriate, managed interaction with the private sector to supply quality products, while avoiding corruption. Systematic assessment and effective regulation of health technologies is a critical component of every country’s health system and ensures that high-quality, safe and effective health technologies reach the people who need them. Ensuring appropriate prescribing and use of medicines will improve the quality of care and health outcomes as well as reduce waste and inefficiency in the system. Last but not least, policies should promote appropriate incentives, including intellectual property, to enable the development of breakthrough medicines and vaccines that are essential to address unmet medical needs.</p>
<p>The Junior Doctors Network</p>	<p>The World Medical Association and Junior Doctors Network represent 9 million physicians worldwide. As doctors we strongly support the global move towards UHC and endorse the vision for healthy lives of UHC2030. We took an oath to make our patients our first priority, we believe that everyone should have access to high quality services without fear of financial hardship. Physicians are engaging alongside other health professionals to help make UHC a reality for patients and we commit to continue. Closing the health workforce gap is essential to achieving UHC. Today, there are 76 countries with less than 1 physician per thousand people and 3 billion people without access to a health professional. It is unacceptable that the patient with cancer in Sierra Leone cannot get the care they need because there is no oncologist in the country or that the woman with obstetric fistula has to suffer because there is no gynaecologist. We call on governments to present concrete policies and financial commitments, in September, for investment in the health workforce and closing the global 18 million health professional shortage, in addition to ensuring safe and dignified working environments, where they can thrive without fear of violence or coercion.</p>
<p>The Organization for Research and Community Development</p>	<p>Discussing Universal Health Coverage alludes to an integral solution within the global development agenda. Achieving it is a complex process which requires the consideration of systematic reforms. Since 2015, an increasing amount of countries have integrated the necessary to achieve UHC. Their efforts on this journey have transcended into key lessons such as: 1. The most significant lesson derives from the pursuit of equity in access to health services. For this, it is essential to search for key stakeholders – public and private—in order to achieve and extend services to the most vulnerable, poor and marginalized populations. 2. It is crucial to consider financing strategies based on results. Likewise, all resources need to be monitored through transparency and accountability. 3. An integral part of service delivery and high-quality medical care is determined by the guarantee of effective coverage of all required resources from the supply side of services. 4. It is essential to understand the importance of improving quality in the continuum of health care, and in particular in the actions of the first level of care..</p>
<p>Training for Health Equity Network [THEnet]</p>	<p>Achieving Universal Health Coverage requires people-centered health systems powered by adequate numbers of trained, competent and motivated health workers ready to practice where most needed. UHC requires multisectoral collaboration and action that promotes health equity by addressing the social determinants of health. Recognizing the multiple commitments of</p>



	<p>member states toward UHC: Global Strategy on HRH and Commission on HEEG, Training for Health Equity Network [THEnet], and The Network: TUFH call for policies and actions that:</p> <ul style="list-style-type: none"> • foster social accountability as the conceptual framework and organizing principle for health workforce education institutions within lifelong learning systems; • enable members of each cadre of the health workforce to acquire locally relevant competencies and skills that match the health needs of populations and can work to their full potential; and • connect competencies and performance measurement through national accreditation systems <p>Recommendations:</p> <ul style="list-style-type: none"> • plan, implement and evaluate socially accountable workforce education and training programs linked to service delivery; • ensure health workforce education curricula are adapted to the evolving health-care needs of their communities; • support educational institutions that use targeted admissions policies to increase the socio-economic, ethnic and geographical diversity of students; and • support implementation research, cost-effectiveness and cost-benefit analysis of investments.
Trust for Youth and Child Leadership TYCL International	<p>Over 800,000 people die by suicide annually, representing 1 person every 40 seconds. The global suicide rate is 11.4 per 100 000 populations. Puducherry (Where I'm from) has the highest suicide rate in India — four times the national & global average. In fact, it's the highest rate in the world. 76% of global suicide occurred in low- and middle-income countries 39% of which occurred in the South-East Asia Region. For every 1 suicide, 25 people make a suicide attempt. Globally, the 2nd leading cause of death for older adolescent girls. 135 people are affected by each suicide death. This equates to 108 million people grieving by suicide worldwide every year. Suicide prevention programmes face ongoing challenges including:</p> <ul style="list-style-type: none"> • Insufficient resources • Ineffective coordination • Limited access to surveillance data on suicide and self-harm • Lack of enforced guidelines • Lack of independent and systematic evaluation <p>Suicide prevention and positive mental health programs are not part of the mainstream health care system. It requires collaborative multi-level cohesive approach within the between disciplines. The current situation of limited resources increases the risk and vulnerability of mental health issues at all age groups, particularly among youth. If you ever like to ensure universal health for all, Mental health of young people should be the priority action. Let's together act and invest locally to ensure positive mental health for all.</p>
Tulane University School of Public Health and Tropical Medicine	<p>"On behalf of the Tulane University School of Public Health and Tropical Medicine, the oldest school of public health in the Americas, training health professionals from all continents, and with a long tradition of health research around the world:</p>
Union for International Cancer Control (UICC)	<p>UICC and the NCD Alliance welcomes the emphasis on bringing all voices to the table as UHC is premised on the delivery of equitable, people-centred care. National cancer and NCD responses have benefitted significantly from the use of multisectoral national committees and we see an opportunity to draw on the lessons learned from these experiences including:</p> <ul style="list-style-type: none"> • The value of having national stakeholders around the table for the entire cycle of work - from planning, through implementation to evaluation and policy review - to bring perspectives from NGOs, professional societies and people living with NCDs to the process. We have an opportunity to leverage these groups during the UHC prioritisation process to facilitate ownership, community support and coordinated implementation. • Recognising the role that different actors can play, multisectoral engagement must include clear mechanisms to identify, manage and avoid conflicts of interest, particularly where the actions of partners, often private sector bodies, are detrimental to health or are not consistent with the aims of UHC. • The value of utilising WHO 'Best Buys' and other recommended actions to prioritise interventions during the budgeting process, and the opportunity to leverage taxation to shape healthy behaviours and support resource mobilisation as part of a broader domestic strategy.
United Nations Foundation	<p>UHC is essential to reaching the SDG targets, including the reduction of cases and deaths from AIDS, TB, and malaria. To achieve UHC we must adopt a 'last mile first' approach which ensures that vulnerable and most-at-risk populations are prioritized. In</p>



	<p>this approach, we must ensure access to quality community-based interventions for prevention, diagnosis, and treatment, acknowledging the importance of community-based care and interventions. We must also recognize that developments in other sectors may increase or reduce health risks. Effective UHC, therefore, requires multisectoral strategic information and action. Financing UHC relies on the critical roles of both domestic financing and ODA, with the aim of reducing out-of-pocket and catastrophic costs. Domestic funding for UHC should be linked to each country's GDP. Yet with inadequate fiscal space for domestic financing for health in some countries and limited domestic financing for community interventions, significant risks exist to maintaining earlier gains in the fight against the three diseases. ODA, including the Global Fund to Fight AIDS, TB and Malaria, and other major financing initiatives must continue to play a role in filling gaps in support of essential systems for health. Finally, improvements in the coverage and effectiveness of HIV, TB, and malaria interventions should be regularly tracked as a key measure of progress toward UHC, as these diseases disproportionately affect the most marginalized and vulnerable people.</p>
Uniting to Combat NTDs	<p>Neglected Tropical Diseases affect the poorest and most marginalised people, trapping communities in a continuous cycle of poverty. These diseases are often forgotten in global development priority setting, meaning 1.6 billion people are at risk of being left behind. Yet, 'leaving no one behind' means these individuals can no longer be neglected. This is why we welcome this commitment to UHC. NTDs are diseases of poverty and NTD interventions are a marker for equity in health care. Our progress towards UHC should promote equity, reach the least well-off and by virtue, be pro NTD elimination. NTD platforms are often the community's primary contact with health services and embolden local community ownership. For each of the last three years, these platforms have reached over 1 billion people in need and can be leveraged for the delivery of simple but essential packages of healthcare. There are few interventions globally that continuously reach so many people with essential services, whilst collecting vital community level data that is used to deliver to those in need, to hold leaders accountable and reporting. Uniting to Combat NTDs, the umbrella partnership for NTD actors, believes that NTD interventions can deliver a measurable win for UHC! (https://unitingtocombatntds.org/africa).</p>
Universidad de Costa Rica Postgrado en Medicina Palliativa	<p>In 1941, thanks to the collaboration of our forefathers, Costa Rica established Universal Health Care. Since then, our country has reached important landmarks in healthcare. Among those, are our long life expectancy and our social healthcare system that covers around 90% of the population. During the same period, our country's most important University, the University of Costa Rica, was established. With close collaboration, the University and the national health system have been the forces that have driven our success in this field. It is estimated that in the coming years, between 60 and 80% of our population will require palliative care. This epidemiological change requires a transformation in Costa Rica's health service delivery model; therefore, it is necessary to train doctors, nurses, social workers, and counselors to face the growing demand of Palliative Care. In 2009, a Palliative Medicine (PM) Residency was approved in the University, the first of its kind in Latin America. Since 2010, 21 specialists have completed the program, and more specialists are on track to graduate. The aim of the Palliative Medicine Residency program is to train specialists with the necessary skills to correct the medical, physical, spiritual and psychological needs of the palliative population, improving their quality of life regardless of the stage or prognosis of the disease, favoring and contributing to the UHC To uphold our country's UHC quality of care, we hope to train a health workforce conscientious of the need of Palliative Care as a fundamental principal of primary health care, so nobody left behind.</p>
Vital Strategies	<p>Vital Strategies is a global health organization that believes every person should be protected by a strong public health system. We urge governments to adopt promising interventions at scale, as rapidly as possible. We also ask Member States to ensure</p>



	<p>the outcome of the HLM on Universal Health Coverage (UHC) includes strong and sound measures to increase UHC financing. Access to health care should be a universal human right, yet half the world’s population lacks essential medical services. This is unacceptable. Where applicable, we believe that one way to fund universal health coverage is to tax unhealthy products that can cause noncommunicable diseases (NCDs) -tobacco, sugar-sweetened beverages and alcohol. This measure can help finance health care costs and reduce NCDs--the major cause of death worldwide--at the same time. Too few countries use taxation to reduce consumption of products unequivocally linked to disease and premature deaths. Government inaction leads to tens of millions of preventable deaths from NCDs. We join the global call for universal health coverage and emphasize the need to implement taxes on the products that most directly affect adverse health outcomes. And we urge governments to stand up to industry interference and support policies that can save millions of lives.</p>
WaterAid	<p>Honourable delegates, this statement is delivered by WaterAid, on behalf of the International Coalition for Advocacy on Nutrition. Preventing and treating malnutrition, especially during the first 1000 days, is a critical pathway to realising UHC. Affecting every third person, malnutrition and related NCDs underlie almost half of all child deaths, and 71% of global deaths. Malnutrition disproportionately affects the poorest and most vulnerable, aggravating the intergenerational cycle of ill-health and poverty. Essential nutrition services like breastfeeding and dietary counselling, hygiene promotion, wasting treatment, and vitamin and micronutrient supplementation promote development, reduce NCDs, and increase immunity and resiliency to infection. Investing in these high-impact, low-cost interventions will support the achievement of UHC. We urge Member States to prioritise nutrition in the HLM outcome document as a determinant of UHC and commit to: - Integrate nutrition interventions and health promotion in PHC, focusing on the poorest and most marginalised, especially women and girls; - Train and support community health workers to deliver key nutrition services; - Ensure essential medicines include health products to prevent and treat malnutrition; - Allocate greater financing for and ownership of nutrition by health decision makers, in collaboration with other stakeholders including WASH, education, agriculture and social protection.</p>
White Ribbon Alliance	<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. “I am going to give birth to a new human, I want a bed to myself,” demanded Shakeila, 30, Pakistan. “I need sex education so that I can know more,” responded Blessing, 18, Nigeria. “I want to be treated humanely and confidentially,” said Sarah, 53, Kenya. These are the voices that should drive the UHC dialogue. We must hold ourselves accountable to that.</p>
White Ribbon Alliance (WRA) Kenya	<p>The Global Action Plan is a joint initiative of 12 global health and development agencies committed to advancing collective action and accelerating progress towards the health-related Sustainable Development Goals (SDGs). Through the initiative, the 12 agencies are seeking to strengthen synergies and foster new ways of working together. A Civil Society Advisory Group was created to advance the inclusion and engagement of civil society, in furtherance of the Global Action Plan’s objectives. Advisory group members note that civil society organizations (CSOs) and communities have historically fulfilled unique roles in improving health equity, though barriers still persist limiting their effectiveness and impact. Proper and coordinated mechanisms to meaningfully convene and engage CSOs and community organizations at global, regional and country levels</p>



	<p>have been absent. Engaging CSOs and communities is key, to ensure that health investments are optimized towards inclusive health systems that respond to people’s needs. Advisory group members believe that Universal Health Coverage (UHC) will only be achieved if global health organisations work closely and collaboratively to ensure No One is Left Behind. We call on governments and partners to support the Global Action Plan and commit to more harmonized approaches to health that effectively leverage the unique role of communities and CSOs, including policy formulation, service delivery and accountability, to reach our goal of UHC and broader health-related SDGs.</p>
Women Deliver	<p>We stress the critical need for Member States, as guarantors of the right to health, to ensure gender equality and women’s rights are central to UHC. To reap the full health, economic, and social benefits of UHC, we need health systems that are gender responsive so that girls and women in all their diversity are able to access comprehensive quality and affordable healthcare throughout their lives. This includes, but goes beyond, their sexual and reproductive health and rights. Girls and women are 51% of the world’s population and face higher poverty rates than males for much of their lives. Women are also 70% health workforce, yet inequities—including the disproportionate burden of unpaid care—affect how they can leverage their role in health delivery to drive health and prosperity for all. Research shows that girls’ and women’s health drives health and prosperity for families and communities: the health of families is intimately linked with the health of the mother; women invest more in the health of their children; and SRHR interventions have a 9:1 return on investment. UHC must address these realities head on, or it cannot drive sustainable development and prosperity.</p>
Women in Global Health	<p>On behalf of Women in Global Health, supporters from 90+ countries, 6 member organizations. Evidence demonstrates that gender equality and women’s rights are critical drivers of health, well-being and socio-economic development. The latest estimates show a loss of \$160 Trillion in human capital due to gender inequities. To have a cross cutting impact on gender and gain from the triple gender dividend- health, gender and development and achieve UHC, we must: 1) Collaborate with education, labour, finance, trade to invest and ensure Decent Work in the health workforce to support resilient health systems. 2) Value the health workforce by protecting their fundamental rights, providing fair income and ensure a safe work environment free from violence, harassment and discrimination. 3) Compensate the health workforce, 50% of health and social care is unpaid and provided by women--widening inequities and limiting quality. We must integrate unpaid health and social work done, into the formal labour marker and end the practice unpaid and underpaid work, so that we can ensure quality UHC. 4) Invest in women’s leadership and creating enabling environments, so women from diverse groups are represented in equals numbers to men in UHC design, decision making and monitoring will result in smarter global health.</p>
Women in Global Health	<p>The Alliance for Gender Equality and UHC urges Member States, as guarantors of the right to health, to make gender equality and women’s rights central to UHC for the following reasons: To leave no-one behind, UHC policies must address gender-related determinants of health, as well as discrimination and inequalities resulting from race, caste, class, sexuality, disability, age and immigration status that create barriers to health, particularly for marginalised communities. UHC policies and programs must guarantee a full range of SRH services, including safe and quality abortion services, by implementing global agreements that promote sexual and reproductive health and rights. We must not allow political expediency to dictate policies that retreat on girls’ and women’s and transgender people’s health and rights. 70% of healthworkers are women. The majority, however, are in low status jobs and around half women’s health work is unpaid. Investing in decent work for women healthworkers and bringing unpaid work into the formal economy will fill the 18 million healthworker jobs essential for UHC. UHC is our opportunity to change the lives of over a billion people who lack access to quality, affordable health services. Prioritizing gender equality and women’s rights is crucial to getting us there.</p>
Women in Global Health	<p>The Alliance for Gender Equality and UHC urges governments, as guarantors of the right to health, to make gender equality and</p>



	<p>women’s rights central to UHC. To leave no-one behind, UHC must address gender-related determinants of health throughout the lifecourse, as well as multiple and intersecting forms of discrimination and inequalities that result in barriers to the full enjoyment to the right to health, particularly for women and girls and the most marginalised. 70% of healthworkers are women. The majority are in low status jobs and around half of women’s health work is unpaid. Investing in decent work for women healthworkers and bringing unpaid work into the formal economy will fill the gap of 18 million jobs essential for UHC. Sexual and reproductive health and rights are core to health for all. SRH interventions have a 9:1 return on investment—they are cost-effective and feasible to implement as part of UHC. UHC must uphold global agreements and ensure benefits packages cover a full range of SRH services as well as safe and quality abortion services. We must not allow political expediency to dictate policies that ignore or retreat on girls’ and women’s health and rights. UHC can change the lives of over a billion people who lack access to quality, affordable health services. Prioritizing gender equality and women’s rights is essential.</p>
World Economic Forum	<p>The private sector constituency of UHC2030 views UHC as a long-term investment that contributes to economic development and benefits the whole society by ensuring access to quality healthcare services without financial risk while upholding the value of social solidarity. We must focus on UHC as an investment in a country’s future, not an economic cost. The private sector contributes to UHC in many ways. Two examples: 1. Implementing innovations at scale that meet local needs: The private sector has the global footprint, networks and solutions to deploy innovations at scale. It has the unique ability to understand patients as customers and accelerate the consumer-centric healthcare transformation. 2. Designing sustainable business models and building capacity for public private cooperation: Private sector players such as banks, private equity firms, and health companies bring diverse perspectives on innovative business models. Private sector players can complement governments’ capacities in designing public-private collaborations where both parties have to share common values and potential risks. The UHC2030 Private sector constituency will build on these examples to develop a comprehensive Multi-stakeholder Statement on the role of the private sector in UHC together with the World Health Organization, the World Bank and UHC2030 partners. Going forward, the UHC2030 Private-Sector Constituency, hosted by the World Economic Forum, will continue to serve as the “go to” platform for engagement with the private sector on all issues related to UHC.</p>
World Health Organization TB Civil Society Task Force	<p>During the two minutes of my statement, at least 6 children, women and men are dying across the world, from a delay in diagnosis and management of TB, because they are poor, vulnerable, and lack appropriate social protection to access quality health care and support services. More than 95% of the 1,6 millions TB deaths, in 2017 occur in low- and middle-income countries. In these countries, people experiencing financial hardship because they must pay for care. Investing more in TB will be good proxy for measuring gap of UHC as the disease affects the poorest the most. In Nigeria, a TB High burden countries, TB patients and their households experienced total costs that were above 71%% of their annual income. Without financial and social protection to limit catastrophic costs in TB including, free TB care policy, Community-based care and public health insurance coverage, we will move away more from the End TB Goal by 2030 and the SDG 3.3 (End the epidemics of AIDS, tuberculosis, malaria and neglected tropical Diseases). It's time for countries to take the lead, with support of technical partners to implement effective TB care and prevention as a core integral part of systems for health towards universal health coverage: In addition, TB care and control should also fulfil key attributes of universal health coverage (access, quality and financial and social protection) in a coherent and complementary manner.</p>
World Heart Federation	<p>The Coalition for Access to NCD Medicines and Products has three priorities: 1. Ensure NCD prevention and control is a priority for UHC. NCDs are the leading cause of death and disability worldwide and investing in UHC is vital to reduce this burden. NCDs have critical implications for UHC, demanding a reorientation of health systems based on primary health care. 2. Scale up efforts to ensure equitable access to essential medicines and products. Despite being a WHO NCD ‘best buy’,</p>



	<p>essential medicines and products often remain unavailable or unaffordable. Increasing access and adherence to proven treatments by minimizing their out-of-pocket costs will reduce millions of preventable deaths. 3. Strengthen multi-stakeholder responses to UHC. The Coalition is made up of members from NGOs, academia, the private sector and governments. Capitalizing on the comparative advantages of a broad set of stakeholders is critical to drive progress. Thank you.</p>
World Heart Federation	<p>Thank you for the opportunity to deliver this statement by the World Heart Federation, supported by the International Diabetes Federation, World Stroke Organization, International Society of Nephrology, World Hypertension League, NCD Alliance, and Framework Convention Alliance. At the 2017 WHA, the “best buys” document on NCDs was adopted. These best buys, when implemented, can support countries to reach both SDG targets 3.4 and 3.8. You may ask yourself how. By implementing these best buys, governments will 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 also identified fiscal policies, particularly on tobacco, as win-win policy measures that achieves both public health goals and raises domestic resources by expanding fiscal space for UHC priority investments and programs. We call on Ministries of Health to engage more productively with their colleagues in Ministries of Finance. We pledge to do more to support you, our friends in the Ministries of Health, to make the case for fiscal policies and to help you demonstrate that health expenditure is an investment, not a cost. Thank you.</p>
World Obesity Federation	<p>Civil society plays a vital role in the drive for UHC, and the World Obesity Federation is delighted to have the opportunity to deliver this statement on behalf of its 53 national member associations representing high-, middle- and low-income countries. Obesity is both a disease and a serious risk factor for other NCDs, putting enormous pressure on fragile health systems. People living with obesity often struggle to get a diagnosis, to access care from trained HCPs, incur substantial expenses for treatment and struggle to manage their weight due to wider social, environmental and commercial factors. Achieving UHC requires cross-government and cross-sector frameworks and investment to address these diverse issues. Addressing these issues and UHC should be underpinned by policies/investment in addressing social, commercial and environmental determinants of health, promoting health across whole populations, supporting primary health care, and ensuring efficacy of treatment. This requires significant cross-department efforts and is vital for preventing obesity in vulnerable groups including children and lower socio-economic populations, who are most susceptible to these wider determinants. Commitments to achieving UHC must include strong accountability mechanisms for all sectors and stakeholders, nationally and globally – monitoring prevention, management and treatment actions, as well as evaluating progress towards existing global NCD, nutrition and obesity targets. We therefore call upon Member States to consider the following key issues in their negotiations on the outcome document in preparation for the high-level meeting:</p> <ul style="list-style-type: none"> • Cross-government and cross-sector frameworks and investment for achieving UHC • Strong accountability and monitoring frameworks for tracking progress towards global health targets • Investment in prevention, particularly actions which address the social, commercial and environmental drivers, ensuring the most vulnerable are prioritised • Recognising the vital role that civil society plays in achieving health for all
World Organization of Family Doctors	<p>Strong Primary Health Care (PHC) is the essential cornerstone to achieving health equity. WONCA reminds the world of the importance of Family Doctors, who are trained to give comprehensive care across the lifecycle in a person-centered way. Our specialty is cost-effective because Family Doctors can address the emerging needs of ageing populations and the increase of non-communicable diseases at the PHC level. They can also lead and guide other members of the PHC team with their diagnostic and management skills. WONCA urges countries to invest in the training of a skilled health workforce that can provide excellent quality of medical, nursing, and community oriented primary care in a person and community-centered way</p>



	<p>across all aspects of the lifecycle. To achieve this goal, PHC teams need to have a special focus on trained family doctors, nurses, community midwives and community health workers. The development of PHC capacity needs to start in all health professions schools and include effective recruitment and retention policies, postgraduate training programs and continuous professional development. There needs to be support for the training of all the members of the primary health care workforce; PHC reform to aim for high quality and safe clinical services; and relevant research and new technologies which will underpin high quality clinical care. Working conditions, including safe spaces, remuneration, and appropriate equipment must also be present for all members of the primary healthcare team to provide the comprehensive care required at this level. remuneration, and appropriate equipment must also be present for all members of the primary healthcare team to provide the comprehensive care required at this level.</p>
<p>Worldwide Hospice Palliative Care Alliance</p>	<p>How many people in this room find it difficult to think and talk about people who need palliative care? I suspect many and this is partly why 90% of the people who need it don't get it. People with palliative care needs are often not included in health system planning, implementation and budgets creating avoidable suffering for some of the world's most vulnerable. They are also particularly susceptible to out-of-pocket impoverishing healthcare costs. Care duties fall on family and community members, mostly women and girls, without support, medicines or equipment. At the same time, unnecessary and unwanted hospitalisations cost the health system money. Not having palliative care as part of a strong, primary health care system is a lose/lose/lose situation for the person affected, families and community carers and the health system. Multi-sectoral action is needed. Academics have costed the essential palliative care package and communities are actively delivering care. But the palliative care needs of millions of people including our own families and ourselves will not be addressed without increased commitments to public financing for UHC. As Lucy Watts, a palliative care patient and leader in the UK, says, "Just because there is no cure, does not mean you can't give good care." We know it can be difficult to talk about but we must be bold and increase public financing and financial protection so that health systems support people throughout their lives. Thank you</p>
<p>WSMI</p>	<p>The Role of Self-Care in Universal Health Coverage Self-Care should be an integral part of Universal Health Coverage (UHC). According to WHO, Self-care will ease the burden of the overstretched health systems, reduce cost and increase its effectiveness, all of which facilitate efforts in achieving universal health coverage. Self-care is characterized by people who take proactive roles in managing their health conditions to optimize their overall physical health and psychological well-being. Responsible self-care represents a significant form of healthcare access, as people can obtain medications with limited or no supervision by a healthcare professional. Thus, the use of self-care empowers the person to decide what is best, or take advantage of the healthcare shared decision-making model, if the patient decides that it is needed. The cost savings associated with self-care are beneficial to the whole of society – to the patient, the healthcare system, and the broader economy. As the world's population ages, healthcare systems are becoming increasingly concerned with sustainability. Self-care reduces the need for clinic visits, thereby making more physician time available that can be directed to more urgent or severe cases. In healthcare systems that have long waiting lists for physician visits and procedures, self-care allows many common conditions to be managed without time spent in a formal healthcare setting.</p>
<p>Youth Coalition for Sexual and Reproductive Rights</p>	<p>For health systems to succeed, we need to hear from those who are direct beneficiaries, including young people. Youth participation can highly and effectively contribute to UHC reforms. Young people make up around one quarter of the global population, making imperative to integrate the meaningful contribution of young people in relevant areas of decision-making and policy on UHC processes. The need for young people to hold decision-makers accountable through advocacy not only presents a critical need for capacity building to facilitate access to the national, regional and international platform but also a guarantee for sustainability, monitoring and evaluation of Universal Health Coverage. We would like to call on Member states</p>



	<p>to: Ensure inclusive, active, and meaningful engagement of young people in the UHC process. Develop new partnerships across sectors engaging young people including initiatives led by them and youth-serving organizations. Connect and work alongside community-level young people’s voices with national, regional and global decision-makers to play a significant role in UHC Support sub-national, district and community levels where young people are engaging in UHC. Identify ways in which young people can contribute to the strengthening and ensuring accountability of health systems that help improve both universal health coverage and access. Empowerment of young population is key to equitable health systems. The young people of today will be the main drivers, planners, and implementers of the current UHC movement towards the achievement of “UHC by 2030”. We have to make sure that there is YOU(th) in UHC.</p>
Youth4UHC movement	<p>Statement on behalf of AHAIC Youth4UHC movement, IFMSA, IADS, GASNN, JDN - Views for the UN Multi-Stakeholder Hearing on Universal Health Coverage Youth are currently estimated at 1.8 billion people, the highest ever in the history of humanity. It is for this reason that 65 of the 169 Sustainable Development Goals (SDG) targets make reference to this group, which must be well prepared to deliver on these expectations. The youth have prioritized UHC2030 Ask 6: Move Together, as below: 1. Policy frameworks and decision making at global, regional and country level should include processes for structured inclusion and meaningful youth engagement in the UHC process, which should be documented and tracked to ensure that youth views and voices are taken into serious consideration. 2. UHC cannot be achieved without the availability, accessibility, acceptability and quality of health workforce. We need larger investments in the creation of jobs in the health sector, supported by interprofessional and socially accountable education. We need action and commitment to gender and youth transformative action to enable decent working conditions and a safe workplace free of violence and coercion for all. Partnering with young people is an investment in the future. As present and future leaders, we commit to play our role in accelerating progress towards UHC locally and globally.</p>

Questions from participants of the UN HLM on UHC Multistakeholder Hearing, 29 April 2019, New York

- How do you envision the gender dimensions of health, including sexual and reproductive health, being included in the High-Level Declaration on UHC? It's been overlooked before, yet it's key to health.
- To leave no one behind, UHC must address gender-related dimensions of health throughout the life course, including but not limited to SRHR. How do we make sure that UHC prioritizes gender equality?
- We must not forget that sexual and reproductive rights are human rights. How can we ensure and fight the backlash?
- How can we ensure an integrated system of care, that includes both infectious diseases and noncommunicable diseases common to people of all ages?
- Youth and students play a pivotal role in the future workforce and in delivering UHC. How can we support them in their capacity to contribute to relevant processes?
- UHC will not be achievable without addressing the gender/power dimensions of accessing health services, in particular SRHR for women and girls. How can we prioritize this issue in the UHC agenda?
- How will we address social determinant of health that are key to ensure, not only health coverage but health access?



- How can we ensure that UHC efforts includes refugees, IDPs and migrants, particularly the 32 million girls and women - and counting - in need of lifesaving sexual and reproductive health services?
- Sexual reproductive rights often don't make it to the agenda paper. How do we make everyone realize that sexual reproductive rights are actually human rights?
- How do we ensure disabled persons and people with mental health issues have the access and quality care they need when planning for UHC? Where is GENDER in the 6 asks and 4 priority actions?
- Growing up in my village of Nyanza District Rwanda we heard of Alma ata, Abuja Declaration, Gobi and other great ones. They ended up being empty promises. What makes this UHC movement any different?
- How will WHO support the development of the health workforce - from pediatricians to community health workers to social workers - to achieve UHC?
- The UHC debates must center the rights and needs of women and girls in all their diversity. How do we ensure that gender justice is addressed in this forum and beyond?
- Some people can be criminalised just for accessing health services specifically LGBTQI, sex workers, & people who seek abortion. How can we ensure they are not left behind in UHC?
- How do we ensure that UHC goes beyond prioritizing one health issue over another but actually ensure access for health for all no matter what the issue, gender, age, status etc
- Young people, especially young women and girls, face specific structural barriers to accessing health services that member states must address, what can we all do to put their agenda on the table?
- As we strengthen health systems towards #Health For All, how can we ensure that the health system is INCLUSIVE of oral health, vision, hearing, and mental health - (services often overlooked)?
- From a practical standpoint, how do we help accelerate the use of evidence to guide UHC policy to assure that all components of functional health care systems are supported?
- How do we plan and ensure people living in humanitarian and fragile states also have UHC?
- How can we ensure lifetime affordable access to essential lifesaving medication such as insulin in every country in the world?
- Are there any Member State representatives here to listen?
- What role do innovations in health technology and service delivery have in achieving UHC? How can we leverage new, more efficient approaches/technologies such as self-care?
- Dental caries is the worlds most common chronic disease affecting 3.9billion people. How do we make sure that preventive oral health is included in all countries' primary healthcare plans?
- Noting that oral diseases affect 3.9 billion people, and that these are preventable and share common risk factors with other NCDs, can we be sure of inclusion of prevention and treatment in UHC?
- Can we put the mouth back in the body? Why are oral diseases and dental preventive and treatment services often excluded from PHC? Orals diseases are a huge burden globally - over \$500 billion/year!
- How can we ensure decision makers use evidence to select the best policy options, in terms of both cost effectiveness and community preferences, in order to optimise benefits to communities?
- Given that the criminalization of same-sex relationships, sex-work, HIV and drug use are major barriers to care, what will be the strategy to ensure the most marginalized are included in UHC?
- How can we convince governments to understand that civil society engagement is necessary to attain UHC?



- Dr. Gitahi said we are not here for organizations. We are here for the individuals, those whose voices are not being heard. How do you listen and attend to the voices of the least privileged among us?
- UHC must include oral health care measures due to the evidence on oral systemic links. As a result, I ask the question, why is oral health not considered in health measures.
- Let's not forget vulnerable populations be they young or old , those with mental illness , the LGBTQ+ , prisoners. How do we ensure all means all ?
- What role do technology-based innovations and solutions have in leveraging limited resources in underserved communities to advance health equity and achieve UHC for all?
- According to WHO: "Depression is the leading cause of disability worldwide, and is a major contributor to the overall global burden of disease." How can we ensure mental health integration into PHC?
- Given that a young child with dental decay is likely to be the obese teenager, the diabetic young adult, developing CVD in midlife, cancer in later life, can UHC change this trajectory? YES!
- What will persuade govts to shift from out-of-pocket payments to taxing people fairly to pay for health care?
- In the spirit of leaving no one behind. How do we ensure that gender equality gets addressed comprehensively within UHC?
- How to move this discussion from more requests for different diseases, to bringing practical solutions to government on UHC?
- Please make identity of speakers, backgrounds transparent.
- RE the taxation issue, why do we always focus on african corruption when the US and IS-backed corporations DEMAND tax incentives in the name of "free trade"
- How can we overcome inherent ageism to insure that older persons have access to UHC?
- How can we ensure that high-quality, integrated and financially sustainable community health programs are prioritized in the UHC agenda?
- When purchasing services from private sector, how do we balance the need for regulation of private sector with the fact that regulations increase inefficiencies & risk market failure. Good Examples?
- Given that 1 in 4 people worldwide will experience mental health problem and mental health MUST be integrated into primary healthcare, how do you see mental health access be highlighted in UHC?
- How can governments ensure that UHC drives inclusive development and prosperity for women and girls in a world where women are the majority of the world's poor?
- How do you envision the integration of nurses in the development of sustainable, cost effective health care access systems for diverse populations to achieve quality health care for all?
- As a young dentist I ask - why are governments restricting their people from Universal Health Coverage where also Oral Health is included?
- How do we develop systems and mechanisms that reach the most marginalised and most likely to be left behind first?
- Even developed country governments avoid public health accountability - how can accountability be improved?
- Even if governments show the political will to tackle UHC (eg India and it's Ayushman Bharat) how can we ensure they leverage civil society, to reach the last mile and make UHC a real success.
- Without addressing the myriad of barriers accessing comprehensive sexual reproductive health n gender based violence UHC policies will fail no matter how well they are financed or rolled out
- The IFRC strongly believes that we must put the last mile first. Can you talk about how community-based health programmes can be an essential means to reaching the most left behind? (session 2)
- How do national governments incentivize professional physician organizations to support policy change that permits professional nurses to practice at the TOP of those education and training?



- Without global equity in the availability of health inputs there is no equity. What is not available cannot be purchased NY the rich or made available without financial hardship by the poor
- How do we get health to be part of every government departments set of priorities?
- Should UHC integrate traditional medicine and other non traditional medical practices while creating a UHC basic service package?
- Cultural sensitivity and gender equality - are really included in this call for action?
- What is being done to engage nurses as the leaders they are in health care and interprofessional collaboration?
- In High-Level Declaration: how to ensure govts create & sustain environments where right to health for civilian populations & health workers respected amidst political, economic or armed conflict?
- On the 1st panel discussion which is ongoing at present youth representation is missing ?? We need to be inclusive to move to a healthier world for all and youth need to have voice at the table !
- Children with oral diseases do not grow as fast as those who are orally healthy, do not achieve as much academically. So easy to prevent! What's the problem, why excluded from UHC?
- How do we ensure accountability after UHC HLM?
- how can we build responsive and resilient health systems to make sure that the most vulnerable have access to services?
- Kenya is a Friend of UHC, 4 counties piloting UHC, success will be determined by the same government. UHC is meant to look like a magic wand, is it really?
- Padmini Murthy How can the policy makers / politicians put aside partisan politics to work on making universal health care for a reality???
- 1,300 NGOs urged gov'ts in the 2018 HLM on NCDs to stress binding regs to promote prevention based on the best available evidence & conflict of interest safeguards. Should UHC do so, too?
- UHC might present danger of exclusions of civil society in the decision-making process. How can we ensure civil society engagement in this process?
- What should be the message from Minister of Health to Minister of Finance?
- It is revolutionary to learn that Japan went for UHC 50years ago because of resource constraints. How can UHC2030 facilitate a learning process from Japan for political decision makers in LMICs?
- Human resource crisis cannot be addressed in the world's poorest countries without massive expansion in global (not only country-level) investments.
- How do we make sure that the role of women in the design and delivery of UHC, and their role in the health workforce (delivering UHC), is being addressed?
- Do we really need more evidence in places with no health workers, no drugs ? The evidence is that medical care works! We just need to provide care.
- What is being done to ensure that the role of gender as a determinant of health is being addressed in UHC?
- What UHC strategy will bridge the constant struggle between health equity and economies of scale for health budgets in LMIC?
- Human rights to health: how the need for community health system is recognized along with public health system, to allow all population to access health, incl. criminalised, stigmatised populations?
- Lots of questions here about sexual & reproductive health. Will this include the SRH needs of older women?
- How we will address the criminalization of HIV, which currently is a major barrier to HIV testing, treatment and care; even wherein services are available and affordable?
- As an on ground Dr in Uganda, Tanzania, DRC, and Peru I found technology vital. Any roles for UHC to create portals for Data Entry, Geofencing data sharing, Bulk Medication access ? #HEALTHFORALL
- Older people face prohibitive costs for healthcare services. What will governments do to close the gaps in health insurance coverage to ensure access & affordability of services for older people.
- How are older people being included in efforts to achieve UHC, both in terms of financing and quality service provision?



- How do we build local policy and systems capacity to influence regional and national governments to act according to the uhc2030 recommendations and action agenda?
- How can we ensure that Heads of State and Heads of Government attend the HLM? The purpose of an HLM is to get the highest level of political buy in.
- Is patriarchy the biggest obstacle to UHC? Even among health professionals, more men are doctors and more women as nurses or paramedics. How can you change this reality?
- The achievement of health for all requires the establishment of a global pooled funding mechanism. Why are we not talking about the responsibilities of global duty bearers in closing the funding gap?
- If UHC is truly about "leaving no one behind," how will we as the privileged participants in this room hold ourselves accountable to ensuring that UHC reforms address the needs of marginalized groups?
- As we are talking about leave no one behind, gender equality, and marginalized community, no single speakers from Transgender community is present.
- Accountability for UHC dictates that both consumers and suppliers play a key role towards each other. Where is the consumer voice in accountability in the current UHC discussions?
- How do we ensure that voices of women at the community level and their asks for UHC reach the decision making tables?
- As a physician my burning question how can the health care providers be protected from violence when trying to do their work ? we just lost a colleague who was brutally murdered when working !
- What steps are being taken to mobilize communities and civil society at the country level to shape the agenda for UHC?
- One panelist discussed using an implementation-research approach to develop sustainable UHC systems. How do we develop such collaborations to formulate this approach to the challenge of achieving UHC?
- Providing oral health in UHC will yield benefits2 gen health - 2-way pathways compromise healthy pregnancy, good outcomes in CHD, Diabetes, Alzheimers etc. Can we put the mouth back in the body?
- How do we encourage and support crossdisciplinary work between researchers, policy makers, parliamentarians, healthcare workers, and academic institutions when siloed approaches have been the norm?
- With less than 10 African countries having universal health care, what can we do to keep Africa on its toes and not left behind? Understanding the disease burden like diabetes in the continent is high
- UHC issues can't only be resolved with the political commitment at the country level. Fulfilment of basic rights is needed (sanitation, adequate housing, and food security).
- Oral health must be included in primary care in order to control costs in Secondary and tertiary care. Tooth decay and periodontal disease can be controlled by primary care measures
- There is broad agreement that there is need to transition towards increased domestic funding of UHC. How should the international development community support this transition process?
- Conditional foreign aid to developing countries by developed countries affects health sector funding prioritization. The Geo political power dynamics need to be adressed for UHC to be sustainable
- UHC should move beyond the binaries of men and women and include the health of all people in all their diversity n include transgender n LGBTQI
- Where are the young people? Meaningful youth engagement as a means to achieving UHC means the UN needs to include youth voices on every panel.
- How do we balance the need for government support (political and financial) for UHC, and the possibility that that same government may have policies that are antithetical to achieving UHC for all?



- How do you control the commercialization of health, and over prescription by some medical professionals when health care is a primary responsibility of governments?
- How do we ensure that people in the informal sector are covered under the UHC?
- UHC should promote equity participation, gender equality accountability, human rights accommodate the needs and voices of excluded groups like Queer and transgender
- How do we address the corruption in the health sector? People living in extreme poverty cannot access health services provided by the government especially due to corruption. Cynthia Mathew
- Investments in new health technologies will be vital to achieving UHC. How do we ensure greater resource mobilization for R&D?
- AGYW are at accelerated risk for unplanned pregnancy, HIV, STI's. However, there's an absence of Comprehensive Sexuality Education, youth inclusive services and access to quality SRHR. What do we do?
- How can we work together to encourage donors collaborate to ensure shared clear transition plans, tools and approaches which result in sustainable transitions?
- Leaving no one behind should not leave behind sex worker, MSM, Drug users and transgender community who are criminalised in Africa.
- What efforts are being made to ensure the inclusion of those with end-of-life and palliative care needs within UHC packages and financing models?
- How best to address the 12 trillion USD loss in LMIC economic growth, caused by lack of access to surgery impacts on the health status of current and future workforce? Eg a child with cleft palate...
- In the drive towards universal health coverage how do we ensure that focus is also given to count & prevent injuries, such as drowning, alongside efforts to address NCDs and promote healthy lives?
- With regard to UHC Ask 3, "Regulate and Legislate," how do we ensure that profits are not prioritized over patients? Profiteering around drug prices is a huge problem in the US.
- Establishing a comprehensive UHC system is a complex process. How is the IPU assisting countries in doing so? Is it providing technical global health legislative assistance?
- When we talk about health as a human right, are we talking about an obligation to respect, protect, or fulfill? There are different needs in different countries, so different approaches are needed.
- How can the adequate resources available worldwide be invested for social responsible UHC that specifically avoids profit for the special interest groups?
- The private sector is key in health service delivery in many countries as they try to bridge health gaps. How do we plan to extend the UHC vision to this sector and enforce UHC policies forthwith.
- Given that we know that Primary Health Care is the backbone of UHC, how can we strengthen community health systems at the national and subnational levels?
- PHC is not new. What have we learned about what works and what does not work to take us go well beyond another global campaign or movement to knots and bolts of sustainable services in each household?
- Young people make up one quarter of the global population. How can we ensure inclusive, active, and meaningful engagement of young people in the UHC process?
- How do we ensure that even as we champion for UHC, quality of health care is not compromised!?
- To what extent are UHC models taking into account the complex and long-term health and care needs of older people?
- What is the panel's view on capacity to sort out the need for surgical care as a fundamental part of primary care and UHC? For example headache or abdominal pain? Both may or may not need surgery.
- How to bring about actionable commitment from member states during the HLM and ensure its implementation.



- A few of the introductory remarks highlighted the importance of person-centred UHC. What steps are being taken to ensure that models of UHC being developed and promoted are holistic & person-centred?
- How can faith-based organizations best contribute to achieving UHC?
- Lots has been said today about leaving no-one behind & ensuring equity. I have heard lots about youth, women etc. yet nothing has been said about older people. How can we ensure they are included?
- How can we ensure that the Member State delegations to the HLM are gender balanced and women have an equal say in decision making on UHC from community to global?
- How do we address corruption at the health care provided by the government and how do we make the government accountable to tackle it
- Citizens don't know they have a right to health , so let's ensure that governments institutionalize accountability in Sept!
- As a trained physician my question is why isn't CAM ie complementary and alternative medicine being included in UHC discussion, this is necessary isn't it?
- For Ms. Benilda Batzin, can she elaborate on the issue of obstetric violence in health facilities? ¿Puede hablarnos más del problema de la violencia obstétrica en los establecimientos de salud?
- From trauma to Cesarean delivery to dental services, primary health is healthy only when surgery is available and affordable as WHA resolution 68.15 states- surgery & anaesthesia are integral to UHC.
- How will UHC address the gendered effects of structural violence on Women's health ?
- political will is contingent on knowledge about the issues. most of our politicians are...well uneducated. how can we make them understand the complexity of these issues and get them agree and commit?
- How can we ensure that UHC reaches the most vulnerable and also fosters social cohesion in conflict settings?
- The people that know how to achieve UHC is still missing in important parts of the huge implementation chain (from making policy to delivery and viceversa). How ca we change that?
- Increasing population affects UHC coverage and cost yet sexual and reproductive health ajd rights remains largely ignored in UHC narrative. Panelists what are your thoughts on this?
- CAN WE TALK ABOUT HOW UHC CAN BE ATTAINED BY PROMOTING HEALTHY LIFESTYLES? CHECKING UNHEALTHY FOODS, DANGEROUS MEDICINES, CONNECTING TO NATURE, CUTTING OF PREVENTABLE CAUSES OF DISEASES? CAN WE?
- Like the fight to end poverty,UHC wont be sustainable if focus isnt put on prevention: Sanitation,nutrition,sanitation and CSE are a must! Also..end wars and conflicts. Thoughts of the panel?
- WHO called the elimination and control of neglected tropical disease a 'litmus test if universal health coverage': how can we overcome bottlenecks in reaching high numbers of vulnerable people?
- Can we entrust Ministers of Health to deliver UHC? They can build hospitals, but can't keep the healthy healthy. Should ministers of education, commerce, technology take the leadership roles?
- We have 31 orgs that have signed guiding principles, in case anyone speaking wants to reference the Alliance for Gender Equality and UHC and its members
- Developing countries are loosing health professionals to rich countries when their own citizens are in critical need of it,how can the governments stop this and give better pay?
- The panel comment that tertiary care should be prioritized over PHC is shocking. How can we ensure prioritized PHC financial allocation in Sept?
- The current Health Insurance in Nigeria does not take into account the needs of service recipients as it has been determined by the employer and fail to cover specific SRHR needs. What can be done?



- The current Health Insurance in Nigeria does not take into account the needs of service recipients as it has been determined by the employer and fail to cover specific SRHR needs. What can be done?
- According to Lancet analysis only 1.6% of development health financing is allocated to adolescents. This group is essential to achieving the SDGs but is being left behind. How can this be justified?
- What can be done locally, regionally, and nationally to empower all health care professionals and workers with the knowledge and tools to move from theory to action focused on achieving UHC for all?
- In some countries rolling out UHC has led to having to get specific ID Numbers, How do you deal with the issue of undocumented immigrants and minorities that don't have access to documentation?
- How you work with community health workers to encourage people to seek prevention, care and support services without delay. can we recognize their work as major players in UHC?
- The challenge of involving private sector is that most governments in low and middle income countries have limited capacities to regulate private sector to ensure quality and safety.
- Can we build finance and access mechanisms that allow teenagers to autonomously access sexual & reproductive health without parental interference or age barriers?
- Why UN took decades to take Universal health Care as priority issue ?
- Good governance and accountability are critical steps for UHC. what do you think
- We must ensure and resource meaningful involvement of civil society and community in UHC governance at all levels - what are the opportunities to be seized to achieve this?
- How can we address the high costs of insurance premiums which go up every year and the increasing deductibles which deter people from seeking health care in countries such as US
- How to have a complete health coverage and not only financing models that only cover a minimum package of health interventions since these generate an out-of-pocket expense to people?
- How can we drive system-wide change to the whole R&D process and expand delinked R&D efforts for new medicines, vaccines and diagnostics - which will be vital for achieving UHC?
- How can we ensure effective financing mechanisms to allow efficient procurement or reimbursement systems which incorporate direct public health funding instead of insurance based systems?
- How can we prevent politicization of health care?
- What is the role of prevention in reaching health for all & what can and should be done for investment in evidence-based prevention to make up a more significant share of overall healthcare spending?
- Agree with Mrs. Glassman and Dr. Reddy, Awareness in How to translate Outcomes Research in Policy decision should be a commitment by all involved in UHC
- How this global parliamentary committee is linked with Parliamentary platform for TB?
- UHC might present danger of exclusions of civil society in the decision-making process. How can we ensure civil society engagement in this process?
- Cómo organizan los estados sus prioridades en salud.?, cómo debe ser el crecimiento y dirección de las acciones a seguir para mejorar la salud y organizar el presupuesto de salud?
- Is privatization of public health services a solution for achieving UHC? How can we make our political leaders accountable to invest more in public health care services
- How we can ensure improve access to controlled substances, pain medicine for adults and children who are suffering from life-limiting illnesses? increase access to palliative care services?



- How can implementation of goals of UHC with coverage for all, ever be accomplished without addressing the need for lower cost of drugs globally?
- How can academic institutions actively contribute to UHC, become more community-engaged and socially accountable?
- Como podemos ayudar nuestras comunidades a hacer mas conciencia sobre el papel de la alimentacion en la salud?
- How can we ensure quality of services and medicine, while accelerating scaling up of UHC?
- Let's not forget multi morbidity
- The big question looms: How do we finance UHC especially to convince those countries frightened about adopting UHC because of the money issue. One country's government fell because of this!
- What must we do to meaningfully empower communities as advocates for policies that promote and protect health and well-being and to play their full role as co-developers of health?
- Health is your right, how can you ensure people's rights in avoiding unnecessary investigations and over prescription by unethical and greedy health professionals?
- Can we implement UHC at District Level in a country?
- How do countries better plan for, and budget for, community-led and peer-led responses to ensure no-one is left behind?
- Care provided should not vary in quality based on gender, ethnicity or social economics. Everyone should be eligible for UHC services - From Young Women Leader in Kenya
- How will UHC address the gendered effects of structural violence on Women's health ?
- Are there any considerations being made to the 'unorthodox medicines' and standardisation of these health service delivery models in the UHC2030 vision
- How we can shift the conversation from health systems, to systems for health and meaningfully acknowledge the critical role of community-led responses in the co-production of health
- We have not talked about how disruptive technology can impact and accelerate UHC. How can we use technology such as simulation training, GIS and other to be included in the UHC?
- Oral histories are equally as important as scientific researches when it comes to living with chronic illnesses like diabetes. A doctor's perception of non adherence can be loss of job, depression
- Medical devices & technology as well as essential medicines are critical in the health service delivery value chain, how can UHC principles be enforced on private stakeholders providing these services
- Equity and subsequently quality are essential, but we need to think now also about patient rights. Are there such standards in development for global recommendation?
- To Ms. Amanda Glassman. How do you think scientists can best communicate their science to the public to promote UHC and debunk issues such as the safety of vaccination?
- What actions are needed to accelerate progress towards UHC

