

Civil society feedback on the Zero Draft of the 2023 Political Declaration on UHC

Introduction

The 2023 UN High-Level (HLM) Meeting on Universal Health Coverage (UHC) provides countries and all stakeholders with the opportunity to not just recommit to UHC but take concrete actions toward building resilient and equitable health systems. While some progress has been made since the 2019 HLM on UHC that resulted in a comprehensive Political Declaration, more than half of the world's population still lacks access to essential health services. The situation was further exacerbated by the COVID-19 pandemic. As the [UHC2030 Co-Chairs recently stated](#) in their reflection on the [UHC Political Declaration 2023 Zero Draft](#), Member States must show political leadership and “move from commitment to action”. Following the release of the zero draft of the political declaration, the Civil Society Engagement Mechanism (CSEM) launched a survey to collect feedback from civil society to identify priorities for strengthening the zero draft, and ultimately, the Political Declaration. Over the span of three days, the survey collected over 100 responses from 34 countries across 6 continents. While the feedback we received cannot be generalized as representative of the views of all civil society organizations, it highlights key areas of the zero draft that need further strengthening and consideration. **We encourage civil society to continue to use the [UHC2030 Action Agenda](#) and the priorities below in their ongoing advocacy efforts at the country, regional and global level.**

Priorities

Civil society call on Member states to consider strengthening the zero draft text in the following areas:

Political Leadership and Governance:

1. Commit to repeal existing harmful laws that continue to criminalize and marginalize the poorest and most vulnerable populations (OP2). (In line with Action Area 1 of the UHC2030 Action Agenda)
2. Include women in all their diversity as a population group often left behind (OP3) given the devastating impact COVID-19 had on the health workforce (made up of 70% women) and the increase in gender-based violence. (In line with Action Area 2 and 7 of the UHC2030 Action Agenda)

Service Coverage

3. Include programming (training, remuneration, and career path) for community healthcare workers in “[strengthening] national health plans based on a primary health care approach” to enable equitable access as they deliver health information and care services to the hardest to reach populations and are most trusted by those communities. (OP4) (In line with Action Area 4 of the UHC2030 Action Agenda)
4. Include palliative and rehabilitative services explicitly as part of essential services (OP9) as they benefit all health disease specific areas including those living with HIV, TB, Malaria, NCDs, NTDs, mental health, disabilities, rare diseases etc. (In line with Action Area 3 of the UHC2030 Action Agenda).
5. Include surgical care particularly maternal health services that require surgical interventions “to reduce maternal, neonatal, infant and child mortality and morbidity” (OP10) (In line with Action Area 3 of the UHC2030 Action Agenda)
6. Highlight that currently medicines and technologies are not accessible to most people living in poverty and fragile settings, people living with disabilities and rare diseases, and the elderly (OP20) and that Member states must use the same urgency seen during the COVID pandemic to address this gap. (In line with Action Area 2 of the UHC2030 Action Agenda)
7. Emphasize the need to meaningfully engage with communities in the design process of innovations to build trust and acceptance among the populations they are intended to reach. (OP25) (In line with Action Area 3 of the UHC2030 Action Agenda)

Sustainable Financing

8. Specifically commit to increasing and sustaining health spending ideally at least 5% of GDP or more (OP29) (In line with Action Area 5 of the UHC2030 Action Agenda)
9. State that external financing should be given through aid and not loans to prevent LMICs from building catastrophic debt (OP35) (In line with Action Area 5 of the UHC2030 Action Agenda)
10. Invest in community-led responses to health including periodic monitoring and reporting on the engagement and reach of most marginalized communities (In line the 2021 Political Declaration on HIV)

Health Workforce

11. Explicitly state that health workers including community health workers will be prioritized and protected during health emergencies (OP36) (In line with Action Area 4 of the UHC2030 Action Agenda)
12. Increase awareness of the health need of vulnerable communities and reducing stigma as key aspects of health worker training (OP37) (In line with Action Area 4 of the UHC2030 Action Agenda)

13. Recognize and remunerate unpaid and underpaid health and care workers including community health workers (OP38) (In line with Action Area 4 & 7 of the UHC2030 Action Agenda)

Health Emergency Preparedness

14. Integrate mental health, rehabilitation, and assistive technology as part of PHC to ensure access to these services during health emergencies (OP40) (In line with Action Area 4 of the UHC2030 Action Agenda)
15. Recognize that mental health is a major side effect of health emergencies particularly among health and care workers and, as such, should be a critical part of emergency planning. (OP40)
16. Ensure communities, civil society and health and care workers are engaged in national pandemic planning and receive the appropriate training in surveillance and testing among other topics to respond to health emergencies (OP41) (In line with Action Area 4 of the UHC2030 Action Agenda)

Monitoring, Accountability and Multi-Stakeholder Engagement

17. Emphasize the need for timely and transparent sharing of information particularly in times of emergency (OP46) (In line with Action Area 6 of the UHC2030 Action Agenda)
18. Equip and support civil society and communities in monitoring and evaluation of UHC strategies, policies, reforms and./or programs (OP46) (In line with Action Area 6 of the UHC2030 Action Agenda)
19. Establish a country-level multi-sectoral accountability framework to monitor progress towards achieving UHC 2030 (OP46) (In line with Action Area 6 of the UHC2030 Action Agenda)