

WHA77 Constituency Statement on Agenda Item 11.1: Universal Health Coverage

The non-State actors (NSAs) supporting this constituency statement include:

1. Global Health Council (GHC)
2. Figo
3. Global Self-Care Federation
4. Handicap International Federation (Humanity & Inclusion)
5. HelpAge International
6. International Association for Suicide Prevention
7. International Confederation of Midwives
8. International Federation Of Ageing
9. International Federation of Biomedical Laboratory Science (IFBLS)
10. International Rescue Committee
11. International Society of Physical and Rehabilitation Medicine (ISPRM)
12. IntraHealth
13. Medicines For Malaria Venture
14. Save The Children
15. Sightsavers (The Royal Commonwealth Society for the Blind)
16. UN Foundation
17. WaterAid
18. Women Deliver
19. World Organization of Family Doctors (WONCA)
20. Worldwide Hospice Palliative Care Alliance

To make health for all a reality, governments must take an equity and human rights-based approach to:

1. Prioritize primary health care and provide a comprehensive, inclusive, integrated health benefits package that addresses the continuum of prevention and care across the life course. This package should include early childhood development, comprehensive sexual and reproductive health services, life-course vaccination, mental health care, nutrition, infectious diseases, NCDs, rehabilitation, assistive technology, palliative care, and long-term care and support, among others. These services must be offered to all people free of stigma and discrimination.
2. Strengthen the health and care workforce by increasing the number of health and care workers, including those able to offer specialized care. Also, governments must ensure equitable gender representation in health systems leadership and decision-making at all levels; create safe, free-from-violence and dignified working conditions; close the gender pay gap; and recognize and remunerate unpaid and underpaid caregivers and health and care workers, including community health workers and midwives.
3. Increase public health investments that prioritize primary health care and are equitably distributed to ensure health services reach marginalized communities. These investments should expand coverage and quality of healthcare and include investments

in the health workforce. Taxing unhealthy products is one way to generate funds for health investments.

4. Strengthen health data by collecting disaggregated data that provides more information on populations most left behind. Governments should also strengthen data governance by developing and endorsing a global framework that articulates common regulatory standards, to inform national legislation and govern health data sharing.
5. Institutionalize and fund social participation mechanisms, especially for civil society, youth and affected communities, to design, implement and monitor health programs, policies, and reforms. This ensures health policies are inclusive, focus on the needs of vulnerable populations and result in equitable health policies and frameworks that are informed by the needs of populations.

These actions will build trust among communities, reduce poverty, and promote equity, social cohesion and resilience, in line with the 2030 pledge to leave no one behind.