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2023 High-Level Meeting on Universal Health Coverage: Call for UK Actions and Commitments

Universal health coverage (UHC) is the idea that everyone can access quality essential healthcare services without suffering financial hardship. Its goal is for everyone to have access to a full range of essential health services, including promotive, preventive, curative, rehabilitative and palliative care, based on need and not on ability to pay.

UHC is the central component of achieving Sustainable Development Goal (SDG) 3 - to ensure healthy lives and promote wellbeing for all at all ages. As the COVID-19 pandemic has highlighted, access to healthcare and good health is also foundational to achieving other SDGs, including education, livelihoods and gender equality.

On 21st September 2023, the United Nations will host a High-Level Meeting (HLM) on UHC. This meeting will bring together heads of state, political and health leaders, policy-makers, civil society and UHC champions to advocate for health for all at all ages.

The meeting will aim to garner financial and political commitments from countries. The meeting will also result in a political declaration on UHC, negotiated by Member States and endorsed by Heads of State. The text for this political declaration is currently being negotiated by Member States, and will build on the 2019 Political Declaration on UHC.

The HLM is a unique opportunity to galvanise global commitment and action to accelerate progress towards UHC globally. We encourage the UK to leverage this opportunity through the following 10 recommendations:

- **Political Leadership**
- **Champion Health Equity**
- **Involve Civil Society & Communities in Decision-Making, Monitoring and Evaluation**
- **Connect UHC and Climate Action**
- **Prioritise Primary Health Care and Community Health Systems**
- **Increase and Foster the Global Health Workforce**
- **Strengthen Health Systems in Fragile and Conflict-Affected Settings**
- **Increase Health Financing**
- **Maximise Integration of Service Delivery**
- **Foster Investment in Equitable Access to Health Tools**

These recommendations are outlined in more detail below.

1. Political Leadership

Prime Minister Rishi Sunak, Chancellor Jeremy Hunt, Foreign Secretary James Cleverly, Health & Social Care Secretary Steve Barclay and Development Minister Andrew Mitchell should represent the UK at the HLM on UHC and make a strong statement committing to champion and support UHC.

The UK should publish a cross-government global health strategy, outlining a clear roadmap for the UK's role and contribution to delivering UHC globally.

Achieving UHC requires political leadership and whole-of-government approaches. The UK Government should play a leading role as a strong voice and champion of UHC at this meeting, particularly as a nation with decades of experience delivering publicly-funded healthcare which is free at the point of use.

A public, cross-government global health strategy would display the UK's prioritisation of UHC. Launching the strategy at the HLM would bolster the UK's role as a champion of global health to external stakeholders and leverage commitments from other countries.

The former Chief Medical Officer Dame Sally Davies recommended that the UK government 'publish a set of shared global health objectives as soon as possible and publish a renewed shared global health strategy' in her final report.

The UK Parliament's International Development Committee reiterated this call, calling on the UK to develop 'a coherent cross departmental Global Health Strategy, with clearly defined targets and delivery plans'.

2. Champion Health Equity

The UK should ensure achieving health equity is at the heart of the Political Declaration and the UK's statement at the HLM, including ensuring non-discrimination, progressive universalism and inclusive health financing to eliminate the barriers that communities experiencing marginalisation face in realising their right to health.

The UK should ensure the political declaration explicitly addresses and acknowledges the structural barriers for marginalised populations accessing healthcare services. This includes addressing social determinants of health, such as poverty, discrimination, and lack of access to education and employment opportunities. By acknowledging these barriers, policies and programs can be developed to address them and provide more equitable access to healthcare services.

The UK should continue to prioritise strengthening public health systems as key to achieving Universal Health Coverage over utilising private, for-profit healthcare firms to 'plug gaps'.

UHC must be truly universal, meaning that everyone, regardless of age or circumstances, must have access to quality health facilities, services and tools (including medicines, vaccines and diagnostics) without discrimination or price barriers. The right to health should be framed in terms of availability, affordability, accessibility, acceptability and quality of health care. Therefore, UHC should be based on universal design principles to ensure universal accessibility for all people across the life course, especially those who face structural barriers to accessing healthcare.

This necessitates robust, sustainably funded and fully resourced public health services that are patient centred and free at the point of use. There is substantial evidence indicating that private, for-profit healthcare is often out of reach of those on the lowest incomes, and the UK's increasing reliance on private financing institutions such as British International Investment (BII) poses a serious concern in the context of UHC.

Addressing structural barriers to accessing healthcare includes implementing non-discriminatory policies and reforming punitive laws. Reforming punitive laws is important for achieving UHC because it can create an environment that encourages marginalised populations to access healthcare services without fear of stigma or punishment.

With support from the Japan Trust Fund for Reproductive Health, the Togolese Association for Family Welfare (ATBEF) developed a pioneering cervical cancer screening therapy in Togo. This community-led intervention prioritises ending discrimination in several ways:

Gender-based discrimination: Cervical cancer is the second most common cancer among women in Togo[1], and the lack of access to screening and treatment services further exacerbates gender-based discrimination. By providing community-led cervical cancer screening and treatment services, ATBEF is addressing this gap and promoting gender equity.

Socioeconomic discrimination: Before the ATBEF programme, the only way to get screened was to attend a private clinic at a high, often prohibitive cost. By providing these services at a low cost, ATBEF ensures that all women, regardless of their socioeconomic status, can access the services they need.

Discrimination based on health status: Women living with HIV are at four to five times greater risk of developing cervical cancer[2]. By linking cervical cancer and sexual and reproductive health services, ATBEF is providing an opportunity to offer testing, treatment, and support for HIV and other STIs, thereby reducing discrimination based on health status.

ATBEF's approach is inclusive and low-cost, ensuring that no one is left behind in preventing and detecting cervical cancer. Their example demonstrates how focusing on health equity can make significant steps towards achieving universal health coverage nationally and globally.[3]

1 https://www.scirp.org/journal/paperinformation.aspx?paperid=115272#:~:text=In%20Togo%2C%20cervical%20cancer%20is,in%20constant%20contact%20with%20women
2 https://www.thelancet.com/journals/langlo/article/PIIS2214-109X(20)30459-9/fulltext
3 This case study was adapted from the STOPAIDS UHC Factsheet.

3. Involve Civil Society & Communities in Decision-Making, Monitoring and Evaluation

The UK should formalise the participation of communities and civil society within the UK's delegation to the HLM on UHC - including intersectional perspectives, youth, women and girls, patients and healthcare workers.

The UK should identify, develop, and formalise opportunities (with sufficient and consistent resources) for social participation in UHC, including governance and decision-making roles for communities and civil society across policies, programmes, and resource allocation.

The UK should work with countries to develop a national accountability body that is transparent and inclusive, and includes the active involvement of patients, communities, civil society, academic institutions and the private sector.

Governments cannot achieve UHC on their own; a whole-of-society approach involving the entire community is essential. The full, meaningful and formal participation of civil society and communities in decision-making, governance and accountability mechanisms is a key element of achieving health equity. The 2019 Political Declaration on UHC acknowledged the importance of enabling community engagement and empowerment in the development, implementation and review of national health policy frameworks, financial protection strategies and essential health benefits packages. A more transparent and human-centred healthcare system results from the systematic involvement of all stakeholders.

"My name is Shanmukam and I am a person affected by leprosy. I'm determined to ensure that people know about leprosy, and that they are diagnosed quickly so they don't face the trauma I experienced. In The Leprosy People's Association, whatever our faith, language or culture, we all work together.

I've learnt a lot about leprosy through first-hand experience and further training. Through my interest and encouragement the public health inspector (PHI) has become more motivated and enthusiastic in finding new cases and supporting people affected by leprosy. When I spot the signs of leprosy, I refer people to the PHI. I've detected half of the people reported in the whole district of Batticaloa so far this year. I also support the PHI by visiting people to check they are taking their medication properly. I know there are many, many more hidden cases and unless we take action then these people are going to be disabled and experience needless suffering.

I feel proud that The Leprosy People's Association are working to achieve the WHO plans for our country. We will do anything we can to help defeat this disease.".[4]"

4 The Leprosy People's Association, is a civil society organisation in Sri Lanka, formed by persons with lived experience of leprosy to combat stigma, provide peer support and to raise awareness of the disease. They are working with district public health teams to scale up leprosy detection and treatment.

4. Connect UHC and Climate Action

The UK should prioritise climate-resilient and climate-sensitive health systems, especially in low- and middle-income countries, to ensure that populations experiencing marginalisation, including youth, women, older people and people with disabilities, have access to essential services during climate-related disasters and as climate impacts change the scope of everyday healthcare needs.

The UK should promote inclusive and community-led research and decision-making that anticipates and responds to the health impacts of climate change, on mitigation and adaptation responses and their co-benefits and co-risks.

The UK should promote greater collaboration between health and climate sectors and ensure that climate action and global health equity are connected and integrated across all areas of the Political Declaration on UHC and in the UK's own global health and climate policy frameworks.

Climate change poses a significant threat to global health equity and UHC, and is being felt on every continent, but LMICs suffer the most. This can be due to limited resources to adapt to heatwaves and other extreme weather events, limited and/or weak public health and healthcare infrastructure, food and water insecurity, and growing prevalence of non-communicable diseases (NCDs) including chronic respiratory disease, cardiovascular disease, neurological conditions and mental health conditions. Addressing climate change and health together is key to ensuring health equity and fulfilling the right to health and a healthy environment, with the latter now recognised by the UN General Assembly as of July 2022.

Over the last year we've seen a staggering global cholera crisis, reversing years of declining infections. Climate change is now recognised as a major contributing factor in the resurgence of the deadly disease. There are not only more outbreaks, but they affect more people and are deadlier. Mitigation against the impact of climate change can be improved through resilient water, sanitation and hygiene services in healthcare facilities and homes.[5]

5 WaterAid Statement: https://www.wateraid.org/uk/media/world-put-on-highest-health-alert-after-global-cholera-outbreak#:~:text=%22Climate%20change%20is%20now%20recognised,2021%20experienced%20outbreaks%20in%202022

5. Prioritise Primary Health Care and Community Health Systems

The UK should recognise and champion the importance of community health systems and prioritise investment in primary health care, with a focus on equity, to ensure that all populations have access to quality health services across the life course.

The UK should lead in the way in catalysing progress to ensure all community healthcare settings have adequate access to water, sanitation and hygiene.

Strong primary health care helps narrow health inequities through its emphasis on prevention, management across the life course, and reduced medical costs. Strong primary health care systems have the capacity and resilience to address the needs of the populations they serve and embed the flexibility to pivot to specific contexts and demands as necessary, particularly in fragile and conflict-affected settings or in the face of infectious disease outbreaks. By improving primary health care, engaging and empowering communities and strengthening community health systems, populations can have improved access to health services, regardless of their ability to pay or where they live.

Water, sanitation and hygiene (WASH) services and behaviours in communities and healthcare facilities are a prerequisite for infection prevention and control (IPC), for the safety of health service users and health workers, and fundamental for strong and resilient health systems that can deliver quality healthcare during times of crisis.

Every year, millions of women die from heart disease, stroke and complications of diabetes, with the greatest number of deaths occurring in low-resource settings, such as parts of rural India.

The George Institute India has collaborated with Oxford University to develop Smarthealth Pregnancy, which is a low-cost, tablet-based system that supports clinical decision-making with affordable point of care diagnostics and electronic clinical decision support based on local guidelines.

SmartHealth Pregnancy supports community health care workers – often women themselves – to identify pregnant and postnatal women with high-risk conditions and refer them to primary care. Uniquely, the women are also followed after a high-risk condition, to screen for risk factors for future cardiometabolic conditions.[6]

6 https://www.georgeinstitute.org.uk/projects/smarthealth-pregnancy-improving-womens-life-long-health-in-rural-india

6. Increase and Foster the Global Health Workforce

The UK should prioritise the recruitment, retention, remuneration and security of health workers globally and address the critical lack of healthcare specialists.

The UK should prioritise the establishment of a strong network of community health workers - integrated into national health systems - trained and empowered to do basic diagnosis and provide health education to strengthen the links between communities and health facilities.

The UK should prioritise consistent training and establish standard protocols and guidelines that align with a country's essential package of health services (where available) and help governments to respond better to the changing health landscape and health needs of their populations.

The UK should prioritise workplace safety and ensure all healthcare facilities have access to water, sanitation and hygiene to facilitate infection, prevention and control.

UHC will be unattainable without significantly increasing health workforce capacity in low- and low-middle income countries and adequately supporting health workers to deliver their vital work. The WHO has stated that an additional 10 million health workers will be required by 2030. Additionally, healthcare workers often receive little or no remuneration and formal training to deliver their work. The reduction of the skill gap in the health workforce is crucial to ensure access for all.

Many health workers are working in unsafe environments. They are unable to wash their hands before and after touching patients, increasing the risk of infections spreading. Ensuring all healthcare facilities have access to these most basic of services would not only improve workplace safety but would also address the specific needs of women, who form 70% of the health and social sector workforce, such as menstrual hygiene management.

In 2021, 56,105 midwives were surveyed in 101 countries to hear directly about their needs and wants. 33% of midwives around the world desire to work in an environment where they have access to basic needs that should be afforded any health provider: space, equipment, clean water, and medicines to treat the women in their care. This is their second highest demand - second only to calls for more human resources.[7]

7 https://whiteribbonalliance.org/resources/midwives-demands-global-report/

7. Strengthen Health Systems in Fragile and Conflict-Affected Settings

The UK should ensure that humanitarian interventions are planned and implemented in a way that contributes to long-term health systems for populations at risk, while meeting immediate health needs.

The UK should recognise health workers' resilience in highly challenging circumstances and take practical measures to improve security, provide support post-conflict/crisis, improve retention in hard-to-serve areas and have appropriate policies on deployment and incentives.

The UK should put a greater emphasis on well-coordinated efforts into ensuring 'Essential Health Services Package' delivery, based on contextual evidence and prioritisation by the local actors and including often left-out topics such as nutrition and essential drugs provision.

Approximately 1.8 billion people currently live in fragile and conflict-affected settings. This is 23% of the world's population and represents over 75% of the total number of people living in extreme poverty. By 2030, this number is expected to increase to more than 2.2 billion, driven by growing violence, inequality and persisting acute and chronic conflicts, resulting in population displacement and systems breakdown. Achieving UHC in these contexts will require greater attention. In 2018, the under-five mortality rate in fragile contexts was almost twice the global average, and the maternal mortality rate is four times higher than in non-fragile contexts.

The number of people living with non-communicable diseases (NCDs) in natural and human-caused disasters is also growing. In Ukraine, a war-torn country, 90% of all deaths in 2019 were the result of an NCD, and many more people still require services for NCD treatment and care.

8. Increase Health Financing

The UK should protect and increase financing for Primary Health Care (PHC) services, including the protection and full dispersal of pre-existing financial commitments, frontloading of commitments to respond to acute crises, and where necessary prioritising the commitment of new financial resources.

The UK should utilise key moments in 2023 to call for the unlocking of financial resources for essential services and advocate for increased investment in human development and PHC amongst donor and implementing governments.

The UK should strongly urge multilateral development finance institutions to release further funding through adaptable and flexible financing in support of holistic and integrated approaches towards UHC.

Efforts to achieve UHC will be undermined without significant increases in financing in PHC services, combining increased domestic resources and additional support from external donors. Currently, access to basic healthcare remains chronically underfunded with expenditure in low- and low-income countries far short of the minimum requirements to attain a basic package of PHC services. With national and donor resources having been diverted away from essential service delivery during COVID-19 and global prices increasing, countries find themselves under increasing pressure to finance essential health services.

To address these shortages, renewed political will for financing PHC and human development from both donor and implementing governments are critical. Maximising efficiencies and return of investment on available financing will also require a rights-based approach to external donor support including ensuring adequate coordination and meaningful participation of implication countries, affected communities and CSOs to efficiently utilise external financial assistance.

9. Maximise Integration of Service Delivery

The UK should work with countries to provide funding and technical support to health systems to enable cross-sector coordination and the design and delivery of integrated approaches, to overcome the systemic barriers to integration.

The UK should ensure the Political Declaration on UHC contains specific commitments from member states to supporting all countries in the development of integrated strategies to reach those facing multiple deprivations.

Integrated service delivery offers an opportunity to improve efficiencies, reduce the cost of repeated visits to health facilities, streamline service delivery to reduce pressure on healthcare workers and reach communities with the full, comprehensive package of services (promotive, preventive, curative and palliative).

Communities missing out one essential health service, such as immunisation, often face multiple deprivations. Integration should therefore be considered a cornerstone of accelerating progress towards the attainment of UHC and equitable access to quality health care.

Polio vaccination campaigns have supported the treatment of malnutrition through vitamin A supplementation, whilst integration of immunisation campaigns and WASH services have also led to improvements in hygiene behaviours and decreases in diarrhoea prevalence, as well as improved uptake of vaccines and vaccination programme efficiencies.

10. Foster Investment in Equitable Access to Health Tools

The UK should foster national and international investment in medical R&D by financing existing regional initiatives like WHO mRNA Technology Transfer Hubs and encouraging research collaborations.

The UK should commit to equitable access to vaccines, tests and treatments needed for responding to pandemics and public health emergencies by supporting systemic measures to remove intellectual property barriers and mandate the sharing of data and know-how to upscale manufacture of critical health tools.

Access to affordable medicines, vaccines and diagnostics is vital to achieving UHC, and is driven and sustained by government decisions. The COVID-19 pandemic has laid bare critical gaps in our current system, with voluntary sharing of IP being late and far too limited. This has led to massive inequities in global access to vaccines, tests and treatments, with just 26% of people in low-income countries having received one vaccine dose. It is critical that the UK continues to foster public investment in medical R&D and contributes to reforming the health innovation model to respond better to public health needs and deliver products at prices that patients and health systems can afford.

Public funding for end to end medical R&D is critical to the production of health tools. The UK government has an opportunity to demonstrate its commitment to equitable access to these health tools, particularly in LMICs, by financing and resourcing collaborative initiatives, such as the WHO mRNA Technology Transfer Hubs.

WHO mRNA Technology Transfer Hubs: These hubs were launched in June 2021 with the Medicines Patent Pool. The initiative aims to increase local manufacturing of health technologies in lower-income countries and support in ending barriers to the sharing of know-how and technology.

At present, Africa imports around 90% of the vaccines it uses. While capacity for research and manufacturing exists, it has been focused on simpler technologies, like those for yellow fever and tetanus shots. mRNA technology is invaluable for various public health issues. The South African hub has already developed an mRNA vaccine for COVID-19 too, but the hubs are facing pushback from pharmaceutical companies, including refusing to share technology and refusing patent applications.

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