#HealthforAll @UHC2030
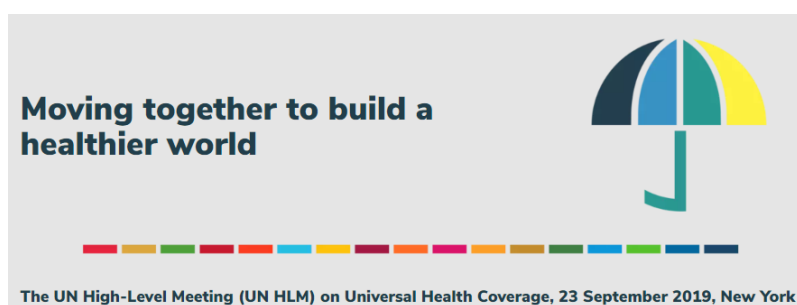

By Dr Rachael Thomson

In preparation for the [UN General Assembly high-level meeting (UN HLM)](#) on universal health coverage, taking place on 23rd September 2019, the President of the General Assembly, with the support of the World Health Organization and UHC2030, convened an interactive multi-stakeholder hearing on 29th April 2019 at the United Nations in New York. The overall theme of the meeting later this year is: *Universal Health Coverage (UHC): Moving Together to Build a Healthier World*.

The one-day hearing focused on core themes around UHC, noting that UHC is a catalyst for social-economic development and a key contributor to equity, social justice and inclusive economic growth. Investing in health systems for UHC drives progress on all health-related targets as well as across several [Sustainable Development Goals](#) beyond the health sector, including Goal 1 -no poverty, Goal 2 -food security, nutrition and sustainable agriculture, Goal 4 -quality education, Goal 5 -gender equality, Goal 6 -clean water and sanitation, Goal 8 -decent work and economic growth and Goal 16 -inclusive societies.

Prior to this consultation meeting, [6 Key Asks on UHC](#) for Political Commitment from the UNHLM September meeting have been prepared:
1. Ensure political leadership beyond health
2. Leave no one behind
3. Regulate and legislate
4. Uphold quality of care
5. Invest more, invest better
6. Move together

To develop these Key Asks, the UHC2030 committee conducted three-month consultations with all actors of the UHC movement – parliamentarians, civil society, the private sector, agencies, networks and academia. The UHC Key Asks will feed into the UHC Political Declaration and are the foundation for coordinated advocacy efforts that all partners can promote together throughout the preparation of the UN HLM, the Financing for Development Forum and the SDG Summit as well as other regional or economic fora in 2019.

The stakeholder hearing opened with powerful keynote speeches highlighting coverage acceleration, focus on health coverage as a driver for development and prosperity, equitable health systems and finally, increasing & enhancing multisectoral action. The speakers all called for action. The Director-General of the [World Health Organisation](#), **Tedros Ghebreyesus**, participating via video link from the Democratic Republic of Congo, emphasised response from all of society was needed to achieve success and 'move from surviving to thriving'. "Half of the world population do not have access to quality services: 800 million people spend more than 10% of their household expenditure on health care – catastrophic costs. UHC provides financial protection", he added.

AMREF Health's CEO and Co-Chair of UHC 2030, **Dr Githinji Gitahi** asked governments to commit at least 5% Gross Domestic Product on public health spending as UHC is not a technical problem but a social and ethical one. 'Make your power count today!' he advocated. **Dr Alaa Murabit**, a Sustainable Development Goals Global Advocate explained that UHC is not just medical treatment or medical provision but is a definition of human security – environmental, safe clean workplaces, equal opportunity, recognising social political and historical forces. She added that UHC breaks cycles of poverty, ill-health and child marriage.

The structure of the meeting was three panel discussions interspersed with certain organisations asked to present their two-minute statements on UHC. There was an interactive 'pigeon hole' app where the audience could submit and vote on questions for the panel.

Panel 1: Session 1: UHC as a driver for inclusive development and prosperity
The focus of this panel was discussion of health as a human right. **Amanda Glassman** highlighted the Disease Control Priority project which compared cost effective interventions, with a quarter of all economic growth coming from investments in health. Professor Srinath Reddy of Public Health Foundation of India explained that investing in strong primary care is necessary to ensure health systems deliver the services that people need. He called on governments to increase investments in public health care with key emphasis on primary health workers such as nurses and community health workers. He asked that they be administratively empowered and technically enabled, to deliver essential primary care services.

Panel 2: Session 2. Leave No One Behind – UHC as a commitment to equity
The panel discussed social accountability and UHC as a commitment to equity. It was highlighted that we need to move from commitment to action. The question was asked: 'How do we ensure that one billion more people have access to health care'?

In response to the 18 million shortage of health workers to reach UHC, it was suggested that youth be empowered and involved in this process. Women and girls should no longer be considered as a marginalised group because when women are empowered, so is the community. Making sure that UHC works for communities means everyone's involvement and there is the need to promote the right to health and citizen participation. It was highlighted that 15% of the world's population who live with disabilities are unable to access the health care they need. UHC needs to be built on inclusive health systems. There was also a call for progressive universalism which prioritises the most vulnerable.

Session 3. Multi-sectoral and Multi-stakeholder Action and investments for UHC
This panel focused on how much progress has been made in certain areas such as through increased funding via the Global Fund and its use of multisectoral partners at all levels. It highlighted the need for inclusion of different groups during all stages of decision-making.

Key Observations from the Audience:
DFID expressed a need for better prioritisation using an integrated approach to UHC and quality of patient safety.

There are 18 million jobs needed to achieve UHC and a strong call, led by Women in Global Health and others, suggested that women can fill these especially as gender equality and women's rights are drivers of health. There was a strong call for a 7th 'Ask' on gender equity and reproductive rights addressing the following:
- Prioritise the health needs of the most marginalised women and girls.
- Address the gender determinants of health that drive risk and ill health for all genders

- Ensure that UHC programmes and policies are inclusive of sexual and reproductive health interventions
- Acknowledge the role of women as 70% of the health workforce and ensure decent work
- Integrate the unpaid health and social care work done by women into the formal labour marker
- Enable women from diverse groups to be represented in equal numbers to men in UHC

While there was no discussion on NTDs from any of the panel discussion members, audience member, **Thoko Pooley** of [Uniting to Combat NTDs](#), highlighted that NTDs are diseases of poverty and NTD interventions are a marker for equity in health care. She expressed that progress towards UHC should promote equity, reach the least well-off and by virtue be pro-NTD elimination'.

Reflections for LSTM and COUNTDOWN

For me, adding this 7th Ask seems vitally important. There has been a lot of social media action especially on Twitter calling for this to be added. The authors of the consultation document have listened and plan to include it, which is a huge progress.

The concept of progressive universalism is very powerful and while there was little discussion on how to do this, it seems that this is an area that [LSTM](#) and [COUNTDOWN](#) can support in order for equitable access for all to be achieved.

Few academic groups attended this meeting and were not represented on the panels or keynotes. Of the 31 groups called upon to read out their messages, none were from an academic institution. There was a strong sense that Implementers and Policy makers know what they need to do. However, little or no discussion was had on how to do it. Whether or not implementers do have the required knowledge, tools and information to make this happen remains uncertain, especially in relation to challenging contexts. Therefore, in order to be heard in the UHC discourse, implementers, Policy Makers and Academics need to shift the focus from proof of concept studies examining 'what', to implementation research studies discovering 'how'.