

## Preparations for the High-Level Meeting of the UN General Assembly on UHC International Planned Parenthood Federation

### Key Asks

As defined in the Universal Declaration of Human Rights (article 25) and the ICESR (article 12) everyone has the right to a standard of living adequate for the health and well-being of her/himself and of her/his family, including food, clothing, housing and medical care and necessary social services.

The fulfilment of this right must be the foundation and guiding principle of any health system or service if we are to achieve Universal Health Coverage (UHC). UHC builds on the fundamental principles of equity, equality, and the right of all individuals to access quality health services regardless of their ability to pay. It plays a pivotal role in achieving the SDGs and has the potential to transform health systems and health services to ensure that every person has access to quality, affordable health services.

Attaining health and staying healthy is often determined by social, cultural and economic norms and practices, which can represent barriers for women and girls to enjoy their human rights and fundamental freedoms. Too often, gender inequalities, harmful social, cultural and traditional practices result in unequal opportunities for individuals to enjoy and realize fully their rights, including the right to health.

Sexual and reproductive health and rights (SRHR) are an integral part of the right to the highest attainable standard of health. The lack of comprehensive SRHR affect entire communities. Each year, millions of women wanting to avoid pregnancy lack access to modern contraception methods; 25 million unsafe abortion take place; over 350 million women and men need treatment for curable sexually transmittable infections; there are nearly 2 million new HIV infections; and approximately 266,000 women die from cervical cancer - however decades of research have shown the profound and measurable benefits of investing sexual and reproductive health services (Guttmacher-Lancet Commission). Weak health outcomes are strongly interrelated with gender inequalities, inequities, discrimination, violence, and lack of access to SRHR information, education and services.

The goal of reaching UHC is only possible if women and girls have the means and the tools to decide freely if, when, and how many children to have as well as access to information and services. Comprehensive and integrated SRH services must be provided as part of UHC to protect gains and accelerate progress towards other SDGs.

At the heart of IPPF's interest and service delivery model are the people it serves, especially the poor, the most marginalized and vulnerable. While recognizing the importance of the renewed commitments on strengthening primary health care and health systems (Declaration of Astana), we are concerned that the right to health for all, on which UHC should be grounded, has not been at the centre of discussions on UHC.

We welcome the preparations for the UNGA High-Level Meeting on UHC and the opportunity to provide strategic directions towards achieving UHC. In this regard, we call on governments, donors and partners to ensure that:

1. **Human Rights:** The **right to the highest attainable standard of physical and mental health for all is respected, protected and fulfilled**, regardless of wealth, gender, colour, race, sexual orientation or gender identity, HIV status, marital status, or any other ground. **Governments and implementation partners must define and implement people-centred UHC programs grounded on a human-rights based approach which is gender transformative and youth centred;**

2. *Inclusiveness and Non-Discrimination:* Principles of inclusiveness, non-discrimination, non-violence, social justice and solidarity are embedded in UHC. It cannot be achieved without **additional global and local efforts to tackle inequalities, including gender inequality, and social determinants of health**, in particular for women, adolescents and girls, and marginalized communities;
3. *UHC package:* **Governments must include a comprehensive package of SRHR interventions as an integral part of UHC national strategies, policies and programmes of action** - Comprehensive and integrated SRH services are health promotive, preventive, low cost and cost effective. As such UHC policies, programmes and efforts need to ensure that SRHR are an integral part of reformed health systems and primary health care services;
4. *Physical & social-cultural barriers:* **Governments and health systems must address local barriers to accessing health services**, such as discrimination; laws that criminalize certain services; or require third party authorization, such as parental or spousal consent; lack of information, education, and decision-making power; services which are not culturally sensitive and health care workers that refuse care on the basis of their personal beliefs;
5. *Health Care Force:* **Governments must commit to strengthening health care work forces, particularly community health workers and to provide non-discriminatory and high-quality services**, ensuring that women and marginalized populations employed in the health sector enjoy equal opportunities, social protection, ongoing training, and can advance to leadership positions; Governments need to factor in agreed minimum standards for the provision of health services as well as adequate systems for quality assurance and supervision;
6. *Financial Protection:* **Governments must minimize out-of-pocket healthcare expenditures in order to not expose individuals, in particular women, girls, the poorest and marginalized groups, to financial hardship and do not threaten their living standards.** This requires meeting women, girls and adolescents' unique needs, including access to SRHR services, information and education; and ensuring that the most marginalized do not fall through due to a lack of resources, autonomy, power, or information;
7. *Domestic Funding:* We call on **governments to increase public investments in health expenditure towards a target of 5% of GDP** and to strengthen monitoring mechanisms of funds allocated for health , to ensure that UHC is achievable through service provision at the community level, particularly in remote and deprived areas where usually people are left behind;
8. *Community Engagement:* **Communities should be actively engaged as their participation is key to building health services that are responsive to the local needs of communities.** Engaging individuals and community organisations including community health promoters, volunteers, and youth through consultation, planning and evaluation/research is key to better understand barriers to services, and ensure that investments are optimised towards inclusive health systems and responsive health services;
9. *Accountability:* **Governments should adopt strong accountability frameworks as well as effective monitoring and evaluation mechanisms to guide the development of policies and strategies towards achieving UHC with active participation of relevant stakeholders, including local communities;**
10. *Evidence-based Approach:* **Governments should improve and strengthen high-quality, timely and reliable research and routine data systems shaped by technology**, providing data disaggregated by income, gender, age, race, ethnicity, migratory status, disability, geographic location and other

characteristics so that information on essential health services<sup>1</sup>, as defined in Agenda 2030's indicators, are available.

## Annex

### Intergovernmental Agreed language on key priorities

#### HLM on UHC

- **Right to Health:**

**Universal Declaration for Human Rights, Article 25.1:** Everyone has the right to a standard of living adequate for the health and well-being of himself and of his family, including food, clothing, housing and medical care and necessary social services, and the right to security in the event of unemployment, sickness, disability, widowhood, old age or other lack of livelihood in circumstances beyond his control.

**International Covenant on Economic, Social and Cultural Rights, article 12.1:** The States Parties to the present Covenant recognize the right of everyone to the enjoyment of the highest attainable standard of physical and mental health.

**WHO constitution:** The enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, political belief, economic or social condition

#### **Astana Declaration on Primary Health Care (2018)**

We strongly affirm our commitment to the fundamental right of every human being to the enjoyment of the highest attainable standard of health without distinction of any kind. Convening on the fortieth anniversary of the Declaration of Alma-Ata, we reaffirm our commitment to all its values and principles, in particular to justice and solidarity, and we underline the importance of health for peace, security and socioeconomic development, and their interdependence.

#### **WHO's 13<sup>th</sup> Programme of Work (2018)**

**Para 21** - An example of the values underpinning WHO's **human rights-based approach to ensuring healthy lives is the right to the highest attainable standard of health as enshrined in the WHO Constitution**. This right is connected to a wide range of civil, political, economic, social, and cultural rights including the right to an adequate standard of living, adequate and healthy food, clothing, housing, and safe drinking water and sanitation, and to the continuous improvement of living conditions. WHO has used human rights principles to argue for public health measures to address issues ranging from climate change and tobacco control to mental health.

#### **General Assembly 72/139 (2017) on Global health and foreign policy: addressing the health of the most vulnerable for an inclusive society**

**Op3** - Urges Member States to respect, protect and promote the right to the enjoyment of the highest attainable standard of physical and mental health, with particular attention given to the health needs of the most vulnerable, and to consider health in a holistic manner, including in the formulation of foreign policy;

**Op8** - Calls upon the international community and global health partners, as well as regional and national stakeholders, to support Member States in carrying out their primary responsibilities to accelerate the transition towards universal health coverage, and tackle social, economic and environmental determinants of health, as well as demographic challenges, including population ageing, provide social protection and **adopt integrated, people-**

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<sup>1</sup> Essential health services (defined as the average coverage of essential services based on tracer interventions that include reproductive, maternal, newborn and child health, infectious diseases, non-communicable diseases and service capacity and access, among the among the general and the most disadvantaged population)

**centred, community-based and gender-responsive health services based on human rights**, which will help to empower those who are vulnerable or in vulnerable situations, enhance health equity and equality, end discrimination and create a more inclusive society;

[General Assembly Resolutions 70/183 \(2015\) on Global health and foreign policy: strengthening the management of international health crises + 71/159 \(2016\) Global health and foreign policy: health employment and economic growth + 72/139 \(2-17\) on Global health and foreign policy: addressing the health of the most vulnerable for an inclusive society + 73/132 \(2018\) on Global health and foreign policy: a healthier world through better nutrition](#)

Pp2 - Recalling also the Universal Declaration of Human Rights, international humanitarian law, the International Covenant on Economic, Social and Cultural Rights and the Constitution of the World Health Organization,

[General Assembly Resolutions 68/98 on Global health and foreign policy, + 70/183 on Global health and foreign policy: strengthening the management of international health crises + 73/132 on Global health and foreign policy: a healthier world through better nutrition](#)

**Pp4** - Reaffirming the right of every human being, without distinction of any kind, to the enjoyment of the highest attainable standard of physical and mental health and to a standard of living adequate for the health and well-being of oneself and one's family, including adequate food, clothing and housing, and to the continuous improvement of living conditions

[Mexico City Political Declaration on Universal Health Coverage \(2012\):](#)

**PP1** - Reaffirm the WHO constitution and its preamble stating that "the enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, political belief, economic or social condition", the Declaration of Alma-Ata, which in paragraph 5 affirmed the responsibility of governments for the health of their peoples and in paragraph 6 declared that primary health care should be made universally accessible, and the principle of the Universal Declaration of Human Rights, which in paragraph 1, article 25 affirms that "everyone has the right to a standard of living adequate for the health and well-being of himself and of his family, including food, clothing, housing and medical care and necessary social services";

**Op6** - Recognize that increasing the awareness and health literacy of the population on the Right to enjoyment of the highest attainable standard of health as one of the major components of the achievement of universal health coverage.

- **SRHR**

[144<sup>th</sup> Session WHO Executive Board \(2019\) resolution on Preparation for the high-level meeting of the United Nations General Assembly on universal health coverage](#)

**Pp6** - Recognizing also that Heads of State and Government committed to ensuring, by 2030, **universal access to sexual and reproductive health care services**, including for family planning, information and education, and the integration of reproductive health into national strategies and programmes;

[General Assembly 73/132 \(2018\) on Global health and foreign policy: a healthier world through better nutrition + General Assembly 72/139 \(2017\) on Global health and foreign policy: addressing the health of the most vulnerable for an inclusive society](#)

**Pp5** - Reaffirming the commitment to fully and effectively implement the Beijing Platform for Action,<sup>4</sup> the Programme of Action of the International Conference on Population and Development<sup>5</sup> and the outcomes of their review conferences, including the commitments relating to **sexual and reproductive health and the promotion and protection of all human rights**,

[WHO's 13<sup>th</sup> Programme of Work \(2018\)](#)

**Para 36** - Primary health care is indispensable to progress towards UHC and remains central to the unfinished agendas for communicable diseases, and for maternal, newborn, child, and adolescent health. In addition, all health

systems, including those in the poorest countries, have to tackle and overcome the growing burden of noncommunicable diseases. Without strong primary health care this will not be possible. While strengthening its support to countries on noncommunicable diseases and mental health, WHO will continue to support communicable disease prevention and control efforts, including those for vaccine-preventable diseases, HIV/AIDS, tuberculosis, malaria, viral hepatitis, neglected tropical diseases and other vector-borne diseases such as yellow fever, dengue, chikungunya, and Zika virus disease. WHO will continue its undivided commitment to the eradication of polio, making sure that the world is kept polio-free and that gains made with the implementation of polio eradication activities are not lost in the post-polio transition process. In order to sustain gains in maternal and child survival, WHO will continue efforts to improve access to safe, good-quality services in order to prevent newborn deaths, which account for almost half of under-five mortality, and will improve treatment of key causes of child mortality, such as pneumonia and diarrhoea. WHO will work to ensure **universal access to sexual and reproductive health care services**, including for family planning, information and education, and the integration of reproductive health into national strategies and programmes, in line with **SDG target 3.7**; and to **ensure universal access to sexual and reproductive health and reproductive rights** as agreed in accordance with the Programme of Action of the International Conference on Population and Development and the Beijing Platform for Action and the outcome documents of their review conferences, in line with SDG target **5.6**. There is also a need to increase the availability of safe and effective surgery.

**Para 54** - WHO aims to serve the most **vulnerable populations**, particularly in fragile and conflict-affected countries. This includes women, children, the elderly, people with disabilities and people who are poor, all of whom are disproportionately affected in such settings. These countries account for a large proportion of high-impact epidemics and unmet SDG need, thus providing a natural overlap between emergencies, UHC, and healthier populations. Populations that have been forcibly displaced are especially vulnerable. The WHO Secretariat will work with national authorities and partners to ensure that essential life-saving health services, including health promotion and disease prevention, mental health and psychosocial support, and nutrition services including support for exclusive breastfeeding, reach the people most in need. The Secretariat will support the integration of vaccination and other epidemic prevention campaigns during humanitarian emergencies (such as joint polio, cholera and malaria campaigns) for affected groups. The implementation of WHO's new vector control strategy will also be an important element of this work. WHO will work to **ensure universal access to sexual and reproductive health care services, including for family planning**, information and education, and the integration of reproductive health into national strategies and programmes, in line with SDG target 3.7; and to **ensure universal access to sexual and reproductive health and reproductive rights** as agreed in accordance with the Programme of Action of the International Conference on Population and Development and the Beijing Platform for Action and the outcome documents of their review conferences, in line with SDG target 5.6.

**Para 68** - **Special emphasis will be placed on addressing SDG targets 3.7** (on universal access to sexual and reproductive health care services) **and 5.6** (on universal access to sexual and reproductive health and reproductive rights) **in relation to gender equality and women's economic empowerment**. WHO will work to ensure universal access to sexual and reproductive health care services, including for family planning, information and education, and the integration of reproductive health into national strategies and programmes, in line with SDG target 3.7; and to ensure universal access to sexual and reproductive health and reproductive rights as agreed in accordance with the Programme of Action of the International Conference on Population and Development and the Beijing Platform for Action and the outcome documents of their review conferences, in line with SDG target 5.6. Fig. 5 shows how a strategic, integrated set of evidence-based interventions delivered at critical points, with the engagement of individuals, families and communities, could increase human capital throughout life.

**Gender equality, health equity and human rights, Para 81** - By basing GPW 13 on the SDGs, WHO commits to leave no-one behind. The right to the highest attainable standard of health as expressed in WHO's Constitution underpins all WHO's work. **WHO commits, at all levels of engagement, to the implementation of gender equality, equity and rights-based approaches to health that enhance participation, build resilience, and empower communities**. WHO commits to gender mainstreaming including not only sex-disaggregated data,<sup>1</sup> but also bringing a gender lens to needs analysis and programme design. It will work for the rights of people with

disabilities,<sup>2</sup> and marginalized or vulnerable groups (such as migrants, internally displaced persons, and refugees), and for freedom from discrimination.<sup>3</sup> Responding to the recommendations of the High-level Working Group on the Health and Human Rights of Women, Children and Adolescents, WHO and the Office of the High Commissioner for Human Rights recently signed a Framework of Cooperation that spells out several ways in which the two agencies will strengthen their collaboration, including building capacity at country level to implement rights-based approaches, and strengthening the way in which health issues are considered by existing human rights mechanisms. WHO will seize opportunities to advocate for mainstreaming SDG 5 (achieving gender equality and empowering all women and girls). It will work to end all forms of discrimination against women and girls everywhere; to eliminate all forms of violence against all women and girls in the public and private spheres; and to eliminate all harmful practices, such as child, early and forced marriage and female genital mutilation. It will also ensure that all work on UHC recognizes that a majority of health workers are women and that most informal care is provided by women.

**[General Assembly 72/139 \(2017\) on Global health and foreign policy: addressing the health of the most vulnerable for an inclusive society](#)**

**Op14** - Urges Member States to **ensure universal access to sexual and reproductive health and reproductive rights**, as agreed in accordance with the Programme of Action of the International Conference on Population and Development<sup>5</sup> and the Beijing Platform for Action<sup>4</sup> and the outcome documents of their review conferences;

**[General Assembly 71/159 \(2016\) Global health and foreign policy: health employment and economic growth](#)**

**Op9** - Urges Member States, in accordance with their obligations under relevant provisions of international human rights law, including the right to the enjoyment of the highest attainable standard of physical and mental health, to promote equal access to health services and the development and attainment by Member States of resilient and sustainable health systems capable of responding effectively to outbreaks and emergencies and of implementing an effective response to the broader dimensions of outbreaks and emergencies that include access to basic health-care services, including maternal, newborn and child health and **sexual and reproductive health**, as well as food security and nutrition, housing and education;

**[General Assembly 72/139 \(2017\) on Global health and foreign policy: addressing the health of the most vulnerable for an inclusive society](#) + [General Assembly 71/159 \(2016\) Global health and foreign policy: health employment and economic growth](#) + [General Assembly Resolution 70/183 \(2015\) on Global health and foreign policy: strengthening the management of international health crises](#)**

**Pp32** - Underscoring the need for far-reaching partnerships for global health to support the promotion of, inter alia, gender equality and women's empowerment and ensure **universal access to sexual and reproductive health and women's and girls' full enjoyment of all human rights**, so as to contribute to the eradication of poverty and to economic and social development, including improved health outcomes;

**[General Assembly 72/139 \(2017\) on Global health and foreign policy:](#)**

11. Recognizes that the provision of **universal health coverage requires full and effective implementation of the Beijing Platform for Action, the Programme of Action of the International Conference on Population and Development<sup>6</sup> and the outcomes of their review conferences, including the commitments relating to sexual and reproductive health and the promotion and protection of all human rights** in this context, and emphasizes the need for the provision of **universal access to reproductive health, including family planning and sexual health, and the integration of reproductive health into national strategies and programmes;**

- **[Gender Equality](#)**

**[144<sup>th</sup> Session WHO Executive Board \(2019\) resolution on Preparation for the high-level meeting of the United Nations General Assembly on universal health coverage](#)**

**Pp4** “Acknowledging that the Sustainable Development Goals are aimed at **realizing the human rights of all**, leaving no one behind and reaching those farthest behind first by, inter alia, **achieving gender equality and empowerment of women and girls**;

**Pp25** Recognizing the fundamental role of primary health care in achieving universal health coverage and other health-related Sustainable Development Goals and targets, as envisioned in the Declaration of Astana from the Global Conference on Primary Health Care (Astana, Kazakhstan, 25 and 26 October 2018), and in providing equitable access to a comprehensive range of services and care that are **people-centred, gender-sensitive**, high quality, safe, integrated, accessible, available and affordable, and that contribute to the health and well-being of all”;

**Op6** - to continue investing in and **strengthening gender-sensitive health care services** that address gender-related barriers to health and secure women and girls’ equitable access to health, in order to realize the right to the enjoyment of the highest attainable standard of health for all and achieve gender equality and the empowerment of women and girls;

**General Assembly 73/132 (2018) on Global health and foreign policy: a healthier world through better nutrition**

**Pp8** – Recognizing that women and girls play a vital role as agents of development, acknowledging that achieving gender equality and the empowerment of all women and girls and the elimination of all forms of violence against women and girls are crucial to the full implementation of the 2030 Agenda for Sustainable Development, and recognizing also that nutrition and other related policies should be sensitive to the needs of women and empower women and girls, thereby contributing to women’s equal access to social protection and resources, including income, land, water, finance, education, training, science and technology, and health services, thus promoting food security and health,

**Astana Declaration on Primary Health Care (2018)**

**Section V: Build sustainable primary health care** - PHC will be implemented in accordance with national legislation, contexts and priorities. We will strengthen health systems by investing in PHC. We will enhance capacity and infrastructure for primary care – the first contact with health services – prioritizing essential public health functions. We will prioritize disease prevention and health promotion and will aim to meet all people’s health needs across the life course through comprehensive preventive, promotive, curative, rehabilitative services and palliative care. PHC will provide a comprehensive range of services and care, including but not limited to vaccination; screenings; prevention, control and management of noncommunicable and communicable diseases; care and services that promote, maintain and improve maternal, newborn, child and adolescent health; and mental health and **sexual and reproductive health**. PHC will also be accessible, equitable, safe, of high quality, comprehensive, efficient, acceptable, available and affordable, and will deliver continuous, integrated services that are people-centred and gender-sensitive. We will strive to avoid fragmentation and ensure a functional referral system between primary and other levels of care. We will benefit from sustainable PHC that enhances health systems’ resilience to prevent, detect and respond to infectious diseases and outbreaks.

**General Assembly 72/139 (2017) on Global health and foreign policy: addressing the health of the most vulnerable for an inclusive society**

**Pp14** - Recognizing that women and girls play a vital role as agents of development, and acknowledging that realizing gender equality and the empowerment of all women and girls is crucial to making progress across all Sustainable Development Goals and targets,

**General Assembly 71/159 (2016) Global health and foreign policy: health employment and economic growth**

**Pp 19** - Recognizing also that unpaid and informal care roles are performed mainly by women and girls, that women constitute the majority of those employed in the health and social sectors, that women are important contributors to economic development, as well as to public health, and that investments in the health sector could enhance women’s economic empowerment and participation, transform unpaid and informal care roles into decent work and promote opportunities for skills enhancement and measures to retain and promote women into leadership positions, and recognizing further the importance of policies and strategies that eliminate gender biases and inequality and

empower and strengthen the representation, engagement and leadership of women to maximize their significant contribution to the sustainable development agenda and targets related to women's participation and empowerment in the economic workforce,

**[General Assembly Resolution 70/183 \(2015\) on Global health and foreign policy: strengthening the management of international health crises](#)**

**Pp31** - Recognizing the need to integrate a gender and life-course perspective in the international response to health crises, and recognizing also the key role of women as primary care providers in the community,

**[General Assembly Resolution 68/98 \(2013\) on Global health and foreign policy](#)**

**Pp17** - Underscoring also the need for far-reaching partnerships for global health to support the promotion of, inter alia, gender equality and women's empowerment, sexual and reproductive health and women's and girls' full enjoyment of all their human rights, so as to contribute to the eradication of poverty and to economic and social development, including improved health outcomes,

**[Mexico City Political Declaration on Universal Health Coverage \(2012\):](#)**

**Op3** - Realize equal access to necessary health care services that are acceptable, affordable, accessible and of quality as a central objective, particularly for women and girls

- **[Discrimination](#)**

**[General Assembly 73/132 \(2018\) on Global health and foreign policy: a healthier world through better nutrition](#)**

**Pp27** – Acknowledging that the promotion of **health equity and the elimination of stigma and discrimination in health-care settings** are important for achieving the Sustainable Development Goals and building a more inclusive society whereby those who are vulnerable or in vulnerable situations, especially women and girls, older persons, indigenous peoples, persons with disabilities, persons living with mental health conditions or psychological disabilities, and those living with, at risk of or affected by communicable diseases, including HIV/AIDS, tuberculosis and cholera, and non-communicable and other diseases, will have a better quality of life and well-being, and in this regard taking note of the joint United Nations statement on ending discrimination in health-care settings,

**[General Assembly 72/139 \(2017\) on Global health and foreign policy: addressing the health of the most vulnerable for an inclusive society](#) + [General Assembly 71/159 \(2016\) Global health and foreign policy: health employment and economic growth](#)**

**Pp7** - Reaffirming the right of every human being, without distinction of any kind, to the enjoyment of the highest attainable standard of physical and mental health and to a standard of living adequate for the health and well-being of oneself and one's family, including adequate food, clothing and housing, and to the continuous improvement of living conditions, with particular attention to the alarming situation of millions of people for whom access to medicines remains a distant goal, in particular vulnerable populations and destitute people

**Op12** - Calls upon partnerships for global health to support Member States, including low-income countries, in carrying out their primary responsibility to accelerate the transition towards universal health coverage, which implies that all people have equal access, without discrimination of any kind, to nationally determined sets of quality promotive, preventive, curative, rehabilitative and palliative basic health services needed and essential, safe, affordable, effective and quality medicines, while ensuring that the use of such services and medicines does not expose the users to financial hardship, with a specific emphasis on the poor, vulnerable and marginalized segments of the population;

**[General Assembly 72/139 \(2017\) on Global health and foreign policy: addressing the health of the most vulnerable for an inclusive society](#)**

**Pp22** - Recognizing that coordinated health, social and economic policies are needed to address the health of the most vulnerable and marginalized, who are often victims of inequity, inequality, discrimination, stigmatization, social

exclusion and violence, and are the most exposed to health risk factors, owing mostly to their living conditions, poor health literacy and lack of access to health care and other relevant services,

**Op6** - Calls upon Member States to accelerate progress towards the goal of universal health coverage, which implies that all people have equal access, without discrimination of any kind, to nationally determined sets of quality promotive, preventive, curative, rehabilitative and palliative basic health services needed and essential, safe, affordable, effective and quality medicines, while ensuring that the use of such services and medicines does not expose the users to financial hardship, with a specific emphasis on the poor, vulnerable and marginalized segments of the population;

**[General Assembly Resolution 70/183 \(2015\) on Global health and foreign policy: strengthening the management of international health crises](#)**

**Op3** - Calls upon partnerships for global health to support Member States in carrying out their primary responsibilities to accelerate the transition towards universal health coverage, which implies that all people have equal access, without discrimination of any kind, to nationally determined sets of quality promotive, preventive, curative, rehabilitative and palliative basic health services needed and essential, safe, affordable, effective and quality medicines, especially through the promotion of primary health care, while ensuring that the use of these services does not expose the users to financial hardship, with a specific emphasis on the poor, vulnerable and marginalized segments of the population;

**[General Assembly 72/139 \(2017\) on Global health and foreign policy:](#)**

10. Acknowledges that **universal health coverage implies that all people have access, without discrimination**, to nationally determined sets of the promotive, preventive, curative and rehabilitative basic health services needed and essential, safe, affordable, effective and quality medicines, while ensuring that the use of these services does not expose the users to financial hardship, with a special emphasis on the poor, vulnerable and marginalized segments of the population;

- ***Equity***

**[General Assembly 73/132 \(2018\) on Global health and foreign policy: a healthier world through better nutrition](#)**

**Pp10** – Recognizing that health is a precondition for and an outcome and indicator of all Sustainable Development Goals, that, despite progress made, challenges in global health still remain, with special regard to inequities and vulnerabilities within and among countries, regions and populations, and that investments in health contribute to sustainable, inclusive economic growth, social development, environmental protection, eradication of poverty and hunger, achieving gender equality and reducing inequalities,

**Pp15** - Recalling the World Health Organization Global Strategy and Plan of Action on Public Health, Innovation and Intellectual Property, designed to promote medicinal innovation, build capacity and improve access to medicines, encouraging further discussions on access to medicines, and reiterating that health research and development should be needs-driven, evidence-based, guided by the core principles of affordability, effectiveness, efficiency and **equity** and considered a shared responsibility, recalling the report of the High-level Panel on Access to Medicines, including its recommendations,

**Pp26** - Recognizing also that coordinated health, social, economic and nutrition-related policies are needed to address the health of the most vulnerable and marginalized, who are often victims **of inequity, inequality, discrimination, stigmatization, social exclusion and violence**, and are the most exposed to health risk factors, owing mostly to their poor living conditions, poor health literacy and lack of access to health care and other relevant services,

**[General Assembly 72/139 \(2017\) on Global health and foreign policy: addressing the health of the most vulnerable for an inclusive society](#)**

**Pp23** - Acknowledging that the promotion of **health equity** and the elimination of stigma and discrimination in health-care settings are important for achieving the Sustainable Development Goals and building a more inclusive society whereby those who are vulnerable or in vulnerable situations, especially women and girls, persons with disabilities, persons living with mental health conditions or psychological disabilities, and those living with, at risk of or affected by HIV/AIDS, as well as tuberculosis, cholera and other diseases, will have a better quality of life and well-being, and in this regard taking note of the joint United Nations statement on ending discrimination in health-care settings

**[General Assembly Resolution 68/98 \(2013\) on Global health and foreign policy](#)**

**Pp5** - Noting with particular concern that, for millions of people, the right to the enjoyment of the highest attainable standard of physical and mental health, including access to quality medicines, remains a distant goal, that, especially for women, the most vulnerable, children and those living in poverty, the likelihood of achieving this goal is becoming increasingly remote, that millions of people are driven below the poverty line each year because of catastrophic out-of-pocket payments for health care and that excessive out-of-pocket payments can discourage the impoverished from seeking or continuing care,

**[Mexico City Political Declaration on Universal Health Coverage:](#)**

**Op 12** - Consider that although countries have realized important achievements, all countries have scope for further improvements in their health financing policies to enhance and sustain more efficient, equitable, inclusive and high-quality health systems for their populations.

- **[Social determinants of health](#)**

**[WHO's 13<sup>th</sup> Programme of Work \(2018\)](#)**

**Para 20** - The **response to social, environmental and economic determinants of health requires multisectoral approaches anchored in a human rights perspective**. Multisectoral action is central to the SDG agenda because of the range of determinants acting upon people's health, such as socioeconomic status, gender and other social determinants. The Second International Conference on Nutrition provides the multisectoral policy framework and the United Nations Decade of Action on Nutrition provides the opportunity to fulfil these nutrition commitments. Other determinants include the protection and fulfilment of people's human rights, policies in other sectors such as agriculture, climate, transport, housing, finance and education, and the environment in which people live. The Declaration of Alma-Ata on Primary Health Care (1978), the Ottawa Charter for Health Promotion (1986), the Rio Political Declaration on the Social Determinants of Health (2011), the Helsinki Statement on Health in All Policies (2013), and the Shanghai Declaration on promoting health in the 2030 Agenda for Sustainable Development (2016) all provide useful guidance on an integrated response

**[Mexico City Political Declaration on Universal Health Coverage \(2012\):](#)**

**Op2** - Accept that to progressively realize this right, governments should also focus on the social determinants of health through a variety of means, including policies and actions to achieve sustainable and equitable socio-economic development and population well-being, and to have effective social protection systems in health that commit to financial protection and to prevention, promotion, care and rehabilitation of the population.

- **[Accountability](#)**

**[General Assembly 72/139 \(2017\) on Global health and foreign policy: addressing the health of the most vulnerable for an inclusive society](#)**

**Op7** - Encourages Member States to promote the effective, full and meaningful participation of all, in particular those who are vulnerable or in vulnerable situations, in the design, implementation and monitoring of law, policies and programmes relevant to realizing the right of everyone to the enjoyment of the highest attainable standard of physical and mental health and to implementing the health-related Sustainable Development Goals, including strategies for universal health coverage;