Written statements - Universal Health Coverage Multi-Stakeholder Hearing

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Organization	Statement
Aalem for Orphan and Vulnerable Children,Inc.	Increasing quality of care and confidence in the health system Outreach services can also increase the quality of care provided in remote areas. Sharing experiences on practice and the transfer of technologies and know-how has a positive impact on the quality of care. Increased access to new technologies for diagnosis and treatment will also enhance the quality of care, by improving the reliability of results.
Academic/CSO - Duke Center for Global Surgery and Health Equity	We are an interdisciplinary group dedicated to supporting academic global surgery and health equity around the world. We envision a world where safe, effective, and affordable surgical, anesthesia, and obstetrical care is accessible to everyone. We also recognize the profound burden out-of-pocket (OOP) health expenditures have on families, particularly for those already in impoverished households. A study from 89 countries suggested that worldwide, 150 million people suffer financial catastrophes every year due to OOP medical costs, with the highest severity among LMICs. In this context, poor households are left with the hard choice of seeking care risking impoverishment, or not seeking care at all. Given that up to 50% of the population in LMICs are children and many of these children have surgical conditions, the financial impact of surgical care for children on families and communities has enormous global consequences. Without investing in surgical and anesthesia care in LMICs, approximately $12 trillion will be lost to the global economy between 2015-2030 due to untreated surgical conditions. In addition to these macroeconomic impacts, surgical care affects individual families and communities at a microeconomic level. Approximately half the world's population is at risk of catastrophic expenditures for surgical care if they do not have comprehensive financial risk protection. We found that the risk of catastrophic and impoverishing expenditures related to OOP expenditures for surgical care in children in LMICs is high. In addition, we found that a large majority of the population would be pushed below the poverty lines if surgical care was needed for their child across

	all areas, but most notably in rural areas among the poorest wealth quintiles. Reducing OOP expenses for surgical care to 30% would protect families in the richest wealth quintiles, while minimally affecting the risk of catastrophic expenditure and impoverishment for those in the lowest wealth quintiles, particularly those in rural areas. These findings suggest that the poorest of the poor in the most remote areas remain the least protected, even if OOP costs are substantially reduced. This suggests that in addition to reduction of OOP costs for surgical care, alternative funding streams are required to protect these communities, including universal health coverage frameworks. Expanding basic surgical coverage through health insurance is an important adjunct for improving health care utilization and protecting households from catastrophic expenditure and impoverishment from OOP expenses. For surgical care for children, the breadth of UHC should include financial risk protection from OOP plus national healthcare protection, including free healthcare and adequate insurance provisions. Health financing is an intrinsic part and core function of universal health coverage. Health financing significantly influences both the extent to which the population can access health services, as well as the extent to which they face financial hardship in the process. In a strong health financing system, there are no financial barrier to access; and out of-pocket (OOP) health spending is not a source of financial hardship. When contributing to health financing, OOP health spending should not be carried disproportionately by the poor and not at all by the poorest. In general, health systems that require lower OOP payments for health care offer better protection to the poor against catastrophic spending. All UN Member States have recognized the financial burden associated with health care and have implemented UHC as part of the SDGs for 2030. Although OOP expenditures for health care are often cited as the main driver of impoverishment, we found wide disparities in the impact of reduction of OOP payments, with the poorest of the poor remaining at high risk of impoverishment for surgical care. Our findings strongly suggest that comprehensive financial protection is required to prevent risk of catastrophic expenditures impoverishment in these communities. We suggest several policy recommendations to protect families with children with surgical needs from the risk of financial

	catastrophe. First, financial risk protection mechanisms beyond reducing OOP costs for the poorest communities and needed. Second, we recommend incorporating surgery-specific provisions into universal health care plans and priorities for children, particularly focusing on rural communities, Lastly, we recommend including pediatric surgical provisions into financial protection and universal healthcare movements. Providing financial protection through UHC for the poorest of the poor, particularly for the vulnerable population of children, should be our highest priority.
ACH-VOK. Association of community health volunteers in Kenya	CHWs at grassroot we perform the following roles Create connections between vulnerable populations and healthcare providers. Help patients navigate healthcare and social service systems. Manage care and care transitions for vulnerable populations. What are you doing so that we are professionalized, institutionalised and PAYED and digitised? THERE NOTHING FOR US WETHOUT US BEING INVOLIVED
Action Against Hunger	Community Health Worker's impact as one of the primary back bones of UHC and their recognition beyond volunteer and part of the health system; moreover, the majority of Community Health Workers being females, they are disproportionately affected by high workloads and not compensated appropriately.
Action for Health Initiatives, Inc. (ACHIEVE)	Financing requirements for UHC remain to be a critical issue in many countries and this is the case in my country, the Philippines. How can the international community provide support to countries who are struggling to roll-out their UHC because of resource constraints?
ADD International Bangladesh	Persons with mental health and psychosocial disabilities are the most vulnerable and marginalized groups in Bangladesh and the other LMICs. Mental health issues are most neglected in Bangladesh, both by the government and civil society. There are huge gaps between demands and available services in the country, especially at the community level. Professional mental health services are available only in the capital and some divisional and large cities. There are only a few professionals (psychiatrists, psychologists, and mental health nurses) available in the country. Hardly four hundred psychiatrists and 600 clinical psychologists are available to serve 170 million people. Only 0.5% of the total health budget is allocated for mental health, which is like a drop of water in the ocean, which is just the opposite

	direction of the commitment to "leave no one behind". People in rural communities and in urban slum areas cannot get mental health services. The government has no available data on the persons with lived experiences of mental health in the country. The lack of accountability and coordination with CSOs, NGOs, and multi-sectoral initiatives jeopardized the access of vulnerable communities to services. Therefore, our government must have the political commitment to create a strong, enabling regulatory and legislative environment that promotes human rights, is responsive to people's mental health needs, and contains monitoring and accountability mechanisms. As a member state, our government was agree to increase mental health service coverage by 50% by 2030 according to the WHO Comprehensive Mental Health Action Plan 2013-2030. We need to know the progress of the implementation of those commitments and actions for future.
Africa Center for Inclusive Development	Universal health coverage is a fundamental right to a citizen by his/her government but what are the fundamental challenges to this universal health coverage implementing through. innovative approach
Africa Health Budget Network	Countries are moving on different pace towards UHC based on different factors and their contexts; political will being one of the factors. What efforts are being made beyond country commitments to ensure that come 2030, the narratives would have changed significantly.
African Medical and Research Foundation, Inc.	Primary Health Care is a foundational element for UHC. A number of countries from the African region are considering and working towards PHC systems that are more responsive and effective in service delivery to communities. We continue to engage with communities as civil society where they point out that prioritisation of their needs must be included in system design, additionally, there must be consideration for how to sustainably and strategically increase domestic resources towards not only UHC but more specifically to Primary Healthcare systems. In light of the COVID-19 pandemic, and as a cross-cutting anchor for health systems, how do we ensure that these investments and promises at a global level are translated into national and regional frameworks, policies, and institutional approaches for engagement on Primary healthcare for UHC.

African Palliative Care Association	How can the UN ensure that members states are accountable and provide updates on the journey towards universal health coverage
AGENCE PANAFRICAINE POUR LA PROMOTION DE LA FRANCOPHONIE ET DE LA FRANCOPHONIE ET DE LA LANGUE FRANÇ	Quelle Politique pour la question d'accès aux soins dans les pays en voie de développement au 21è siècle
AHOA - Afrihelath Optonet Association	Health is directly related to Nutrition and nutrition depends on several socioeconomic factors. We need a composite programme to address the issues under UH Coverage.
AIDS AND RIGHTS ALLIANCE FOR SOUTHERN AFRICA (ARASA)	Collectively and individually, States are at various levels of UHC, the Covid pandemic also reversed some of the gains, 7 years to the finishing line towards the SGDs, what are the realistic targets that we need to achieve taking cognisance of the various levels countries are at. Is it in terms of years (when we might achieve them) or we ought to define what achievement looks like in different communities.
AIDS PREVENTION SOCIETY	Universal Coverage in Economically disadvantaged situations and geographically inaccesie areas like hills
American Association of University Women	While it is not common, we do work in places where essential drugs are in serious short supply or unavailable, while these are often in conflict areas- what are some of the strategies- both longer term and short term to ensure continued access to essential drugs.
American College of Cardiology	Greetings from the American College of Cardiology, the world's largest cardiovascular society with 56,000 members worldwide devoted to creating a world where innovation and knowledge optimize cardiovascular care and outcomes for all. With only 7 years left to achieve SDG 3.8 it is critical that we invest now in NCD prevention and control by aligning global development efforts around proven interventions that create sustainable capacity for equitable health delivery. It is essential to support health workforce development to ensure equitable access to care for chronic and acute conditions. In support of these aims, ACC has developed free resources for clinical care delivery worldwide including our NCD Academy initiative that provides high quality training for the primary care workforce and our Global Heart Attack Treatment Initiative which standardizes treatment for heart

	attacks across dozens of low- and middle-income countries. These efforts strongly complement the WHO's recent NCD Facility Based Monitoring Guidance. We thank WHO for providing essential resources to those interested in building capacity across the health care system and we are eager to collaborate with WHO, governments, and partners across civil society to create a future where CV disease is no longer the world's leading cause of morbidity and mortality. We are very proud of our partnership with both the World Heart Federation and NCD Alliance and appreciate the WHO convening this hearing to further focus worldwide efforts to achieve UHC. Finally, we endorse the statement made by the NCD Alliance. Thank you.
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American College of Cardiology	The American College of Cardiology President Dr. Hadley Wilson requests to make a statement on behalf of ACC. During the statement ACC will describe its mission to transform cardiovascular care and improve heart health and the importance of integrating NCDs in UHC planning.
American Heart Association, Inc.	Universal health coverage must consider the health of all persons living with a chronic illness. It's integration at the primary health care level will be critical to advancing the vision and the Political Resolution on NCDs issued in 2011. We can no longer ignore the tsunami of chronic illnesses that will impact the economies and well-being of the countries worldwide. We need to implement evidence based policies and clinical interventions that are cost effective. Civil society is prepared to support Member States on this mandate and promises to avail its support to achieve SDG target 3.4.
Americas TB Coalition	UN Public Hearing on UHC, May 9, 2023 Trust is one of the best predictors of successful health outcomes. Rich or poor, people must have trust in public health systems or else they won't use them. To build trust, we must turn to those who are trusted: local actors. People are more willing to trust their neighbors and facilities in their communities. The Americas is the most unequal and inequitable region in the world, yet it is being left behind by international cooperation and health is not a priority for governments. The COVID19 pandemic has overwhelmed the already deficient health care systems in our region, causing, for example, in the case of tuberculosis, more infections, cases, deaths and suffering in the population. Today, tuberculosis continues to be a pandemic, but climate change and the humanitarian context are the new pandemics. Honorable Heads of State, the civil society of Latin America demand: 1- Public health emergencies are fuelled by inequalities. We must prioritize the health needs of the most vulnerable and achieve universal health coverage, including addressing the specific challenges faced by marginalized communities, such as indigenous communities, migrants, children, women, people with HIV, alcohol, and drug users, with leprosy, diabetes, refugees, displaced communities, including the undocumented, prisoners and those affected by tuberculosis. 2- Investing in and strengthening primary health care and recognizing that tuberculosis as an indicator of social inequity must be treated as a whole and in

	its particularity. 3- We must strengthen legal frameworks - preparedness for public health emergencies -, many countries' domestic public health emergency need revising. Remove legal and administrative barriers to the import and export of medicines, products, and vaccines. 4-Invest in research, social and labor protection and strengthen community systems, including civil society as an essential actor in Universal Health Coverage and Access. Let us remember something important: THERE CAN BE NO HEALTH WITHOUT PEACE AND SECURITY. Alberto Colorado Americas TB Coalition May 2023
Amnesty International	Amnesty International released a report called "Unequal and Lethal" that addresses the factors behind the region's disproportionate death toll from Covid compared to other parts of the world. With only 8.4% of the world's population, the region has endured 28% of total global deaths due to COVID-19. The report finds that those countries with the highest inequality and lowest public spending on health and social protection suffered most during the pandemic, with the most devasting impacts on historically marginalized groups. A human rights-based rethink of economic policies is key to avoiding future calamities in what is, by many measures, the world's most unequal region. Despite the staggering inequality and poverty in Latin America and the Caribbean, over the last decades governments have failed to collect sufficient tax revenues and to do so in a way that combats inequality, even during times of economic boom. This has inevitably resulted in meagre spending on healthcare services and social protection – including unemployment, pensions and childcare support – which are vital for a life of dignity and to truly uphold human rights for all.
Amnesty International	The first days of the Covid-19 pandemic quickly exposed the impact of significant under-investment in and under-prioritization of health systems and surge capacity across the world as entire communities ran out of hospital beds for those who fell sick and critically ill patients were often left without treatment options. In some countries, this under-investment was a result of specific governmental policies, such as austerity measures, while elsewhere health systems had been consistently underfunded for a range of reasons, including due to a lack of political will and resources, as well as an

	increasing trend towards private health care systems. Goal 3 of the Sustainable Development Goals (SDGs) addresses universal health coverage, including financial risk protection, access to quality essential health-care services and “access to safe, effective, quality and affordable essential medicines and vaccines for all.” However, the Covid-19 pandemic had a significant adverse impact on achievements towards this goal, leading to setbacks in public health gains made in the last decades. For instance, UNICEF reported that 23 million children missed basic routine vaccinations in 2020 alone, and 17 million of these children did not receive a single vaccine. Likewise, the WHO also reported that in 2021, 90% of 129 countries still faced ongoing disruptions to health systems, nearly two years into the pandemic.
AMR Clinical Reference Center, National Center for Global Health and Medicine	AMR measures are one of the key elements of achieving UHC; AMR measures must be promoted from the perspective of UHC. The two are closely related.
APIN PUBLIC HEALTH INITIATIVE	Health equity serves as a basis for ensuring optimum quality of patient care. Meandering through scarce resources, political and tribal bias makes it difficult to make significant impact, I will love to hear from masters of this subject on how to ensure health equity across population
Approche participative, développement et santé de proximité (apdsp)	Given the scarcity or shortage of financial resources in Africa, can we hope for Universal Health Coverage where everyone has access to quality health care and services at a lower cost, particularly in sub-Saharan Africa?
Armed Forces Medical College, Pune	Good afternoon, I'm a medical student representing a group of young doctors in our nation. As someone who aspires to work in maternal and child care, I believe that access to reproductive health services is crucial for promoting women's health and well-being. Unfortunately, many women in our country face socio-economic barriers to accessing these services. We urge policymakers to prioritize access to comprehensive reproductive health services, including family planning, maternal health care, and safe abortion services, as part of Universal Health Coverage. This is essential to reducing maternal mortality, unwanted pregnancies, and unsafe abortions, which can have serious consequences on women's health. As young doctors, we call on policymakers to invest in public health infrastructure, improve coordination between healthcare providers and public health authorities, and promote education and awareness among the general public. By working together,

	we can ensure that all women have access to the reproductive health services they need to thrive. Thank you.
Asabe Shehu Yar Adua Foundation	The Increasing spread of HIV without a Cure in Sight
Asia Pacific Alliance for Sexual and Reproductive Health and Rights	inclusion of SRHR in UHC, and how advancing self care options in collaboration with civil society can help governments achieve commitments to UHC
Asia-Europe Foundation (ASEF)	Asia-Europe Foundation (ASEF) would like to propose recognising the linkage between UHC, Antimicrobial resistance (AMR) and PPPR for the UHC statement. Most health systems have been developed based on the assumption that effective and affordable antimicrobials would be readily available. However, due to AMR, the effectiveness of antimicrobials is no longer guaranteed. This places the sustainability of health systems in jeopardy. We should not treat AMR separately from UHC: AMR will pose a threat to UHC, and without addressing AMR, UHC will not be attained. Addressing AMR within health systems will also strengthen pandemic prevention, preparedness and response capacities. Global coordination and collaboration are needed to streamline actions and avoid duplication of effort at the country level. Recognising AMR in each statement related to UHC, TB and PPPR will benefit us in gaining more robust political support instead of gaining it individually in order to move forward. For more information, please refer to our latest report: https://asef.org/wp-content/uploads/2023/03/ASEF-PHN_UHC-in-an-Era-of-AMR_2023_Report.pdf
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Asociacion Hondureña Contra la Tuberculosis	Que compromiso o acciones tomará la Asamblea General para la participación activa de la Sociedad Civil en la toma de decisiones de la Cobertura Universal?
Association d'assistance au Développement (ASAD)	La couverture santé univrerselle garantit la santé pour tous. Au vue de cela, quelle est la tranche de populations qui devra payer les soins de santé
Association of the Survivors of Makobola Massacres (ARMMK)	Universal health coverage allows the isolated and marginalized local community to feel closer to adequate health infrastructures capable of meeting the health needs of the populations. Nevertheless, the realities that we observe on the ground is that despite the galloping demographic situation of the populations, this health coverage still poses problems with a negative impact on the lives of the populations, yet universal health coverage is a response to the well - being of the communities.
Association pour le Développement intégré du Guidimakha ADIG	Assurer à la societé civile un role en sa qualité de partie prenante plus proche des beneficiaires
ATscale, the Global Partnership for Assistive Technology, hosted by UNOPS	The recently published WHO Report on Health Equity for Persons with Disabilities, the WHO and UNICEF Global Report on Assistive Technology, and the Missing Billion Report Reimagining Health Systems are very clear: the Sustainable Development Goal 3.8 target of achieving Universal Health Coverage, is not attainable if we do not urgently bridge the health gap experienced by persons with disabilities. The global need for assistive technology (AT), however, goes much beyond the AT needed by persons with disabilities and is much larger than previously thought: at least 2.5 billion people are in need, with vast inequity between high- and low-income countries. This estimate challenges the common view that only persons with disabilities require AT. Closing the significant gap in access to affordable, appropriate, high-quality assistive technology is going to be critical - not only to achieving Universal Health Coverage but -many of our global commitments and goals. Although it touches almost all of the SDGs, it has not become the core part of global health or development agendas. And it needs to be. We call on global leaders in health to take note of the critical role that ensuring

	access to Assistive Technology has on achieving UHC and reflect this in the declaration coming out of the UHC conference this year.
Becton Dickinson and Company	What is the plan to manage climate change linked impact on UHC goals and activities especially in developing countries?
Beyond Type 1/ NCD Alliance	I was invited on behalf of NCD Alliance and the Helmsley Charitable Trust to speak at "Enabling People Living with NCDs' Right to Health through Universal Health Coverage." This event is to be held as a side event to the UN Multi-stakeholder Dialogue on Universal Health Coverage, scheduled for the 9th of May.
Bichi Local Government Area, Ministry for Local Government and Chieftaincy Affairs, Kano State	Reaching the vulnerable groups in hard to reach area
BOARD MEMBER STOP TB PARNERSHIP	We affected communities delegation would like these commitments turned in to realities. Do we have that assurance that aassurance
Botswana Network on Ethics, Law & HIV/AIDS (BONELA)	We need an accountability framework for UHC to ensure that governments can be held accountable for the commitments made at the HLM. We need to be able to track progress across focus areas. While countries are applying a progressive realisation approach, unfortunately without a comprehensive accountability framework in place, less inclined countries & regions to the UHC agenda will continue to drag their feet and we run the risk of UHC not being implemented with fidelity and ultimately leaving the most vulnerable populations behind. Lets not lose the "Ü" in UHC
Bridges of Hope	What ideal approaches can countires use to ensure UHC leads to greater government responsibility for care of TB patients in their countries?
Cambodian People living with HIV Network (CPN+)	Yes, I want to raise some issue related to UHC preparedness and fully engagement from vulnerable populations
Campaigns in Global Health	Your Excellencies This year will see the UN High-Level Meeting on UHC alongside High-Level Meetings on the fight against Tuberculosis and pandemic prevention, preparedness and response. While targeted action is clearly needed across all three agendas, it is vital that the resulting political declarations do not create the impression of a false dichotomy. The COVID-19 pandemic has highlighted the interconnectedness of the core infrastructures and competencies needed to achieve

	UHC, end TB and prevent pandemic shocks. These include, for example, quality primary care services with access to decentralized diagnostic systems, robust social protection mechanisms to support care seeking and enable people to isolate, and building a workforce that has the competencies needed to prevent, detect and respond to infectious diseases across all levels of the health system. We therefore call on Member States to ensure that the political declaration of the UN High-Level Meeting on UHC speaks to these intersections, and commits Member States to prioritizing those interventions with the potential to deliver a triple return on investment. Evidence-based policymaking is crucial to the effective design and delivery of integrated policies and investments. Alongside the voice of affected communities, academics and healthcare workers can play a crucial role in this process. In many countries, their expertise has been insufficiently mobilized. We would therefore further welcome an explicit commitment to strengthen engagement with these stakeholders as part of the delivery of the UN High-Level Meeting political declaration.
CEMEAD-C Stop TB CAMEROON	Presence effective de la société civile camerounaise pour la lutte contre la tuberculose
Center for Health Policies and Studies (PAS Center)	Cristina Celan, Center for Health policies and Studies, Republic of Moldova. On behalf of the representatives of the civil society and community organizations in the Eastern Europe and central Asia who are engaged in promoting a gender sensitive and human rights driven TB response, we would like to stress that while some Member States have achieved important milestones towards meeting the End TB Strategy targets, progress is overall very slow and the set global targets have not been achieved. The COVID-19 pandemic, the war in Ukraine and other parts of the world, the global energy crisis, climate change and the impact of these on the broader determinants of TB such as food insecurity will likely worsen the TB epidemic, and its impact on people with or at risk of TB. This situation is unacceptable, over 4,000 people in the world, including 700 children, losing their lives to TB each day, and close to 30,000 people falling ill from TB which is preventable and curable. Our call for id to – • Ensure that prevention, diagnostics and treatment of TB is reaching all vulnerable and at-risk populations, using modern

	tools and technology, including rapid diagnostic methods and digital adherence tools; • Improve access to quality primary health care services to all, including the most at risk and vulnerable populations; • Provision of integrated, people-centered, gender oriented, community and human rights driven, stigma-free health care services; • Ensure that all people with TB and their families have access to health and social benefit packages through all stages of diagnosis and treatment; • Support the development of a social contracting mechanism for civil society, community-led and community-based organizations, to provide services according to the Standardized package of community-based supportive services to improve TB outcomes • Ensure availability, usage and sustainability of TB community-led monitoring tools for tracking availability, acceptability and accessibility of services, quality of services, stigma and other human rights-related barriers We are asking for your personal and your government's commitment to be the agents of change to transform the TB care and pave the path for each in need to find acceptable, affordable, available and qualitative services that they will be willing to access.
Center for Integration Science in Global Health Equity/ NCDI Poverty Network	Where a child lives should not determine whether a child lives. And yet children with type 1 diabetes in rural areas of sub-Saharan Africa often die within a year of diagnosis. This reality is as medically unnecessary as it is morally unconscionable. No disease should be treatable in one country and yet a death sentence in another. The first decade of this century saw dramatic growth in external financing for health, largely as the result of work by HIV advocates, who convinced the leaders of high-income countries that international inequities in antiretroviral therapies were a moral stain on our world, one that needed urgent reparation. Noncommunicable diseases, which now represent the biggest gap in universal health coverage, have been identified as priorities for both global health and equitable and sustainable development. Yet global policies and funding devoted to NCDs still focus almost entirely on diseases often linked to lifestyle-associated risk factors. This global agenda has effectively excluded the world's poorest and most vulnerable populations, who suffer a heavy burden of NCDs unrelated to preventable behaviors. For the world's poorest billion people—more than 90 percent of whom live in rural sub-Saharan Africa and South Asia—severe, chronic NCDs lead to more

	than 560,000 avoidable deaths among children and young adults each year. That's more than the number of preventable deaths in this population from HIV, tuberculosis, and maternal causes combined. Just four conditions—type 1 diabetes, sickle cell disease, and rheumatic and congenital heart disease—account for as many as 100,000 of those annual deaths. And these tragedies persist even though proven, cost-effective treatments have long been routinely available in high-income countries, in some instances even for decades. To address this gap in care, the NCDI Poverty Network is working to implement PEN-Plus, an integrated care-delivery model for severe, chronic NCDs, in 22 resource-poor countries. This model complements the World Health Organization's Package of Essential Noncommunicable (PEN) Disease Interventions model, which focuses on more common NCDs such as hypertension and type 2 diabetes. PEN-Plus has proved so successful that all 47 members of the WHO African Region have voted to implement it continent-wide by the year 2030. Yet current resources are not enough. Less than $100 million—just 0.3% of global health spending—is allocated to NCDs in countries where the world's poorest billion live. It's past time that we form a global movement to better serve people doubly afflicted by NCDs and extreme poverty. The international community can make the fight against disease more equitable and just through leadership, policies, and funding that prioritize NCDs within universal health coverage. By collaborating on scaled-up solutions that reach everyone in need, together we can spare millions of children and young adults from unnecessary suffering and premature death.
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Centre for Accountability and Inclusive Development (CAAID)	less than seven years to the attainment of the CSOs, many countries still struggle with clear pathway in attaining the UHC. Importance of harnessing the political

	ecosystem has been emphasis as driver towards obtaining the viable economic system with little movement or progress. We need to realign our program to be more innovative and more grown solution, in a way the system can cope the ever increase and uncertain economic drive of the world. I here call on world leaders to translate words to action by being more accountable, and more intentional about thier citizens.
Centre for Communities Education and Youth Development	Can we develop our own vaccine as a way of preparing for pandemics
Centre for Healthworks,Development and Research Initiative(CHEDRES)	One of the priority tasks of UHC is to leave no one behind. I like to know what stakeholders are doing in ensuring women and girls are fully involved in healthcare decision-making
Charitable Organization "TB PEOPLE UKRAINE"	The impact of war and external factors on the health care system of Ukraine, the reaction of Ukraine and the world community to this situation.
Chatham House	My statement would focus on the overall message of our Chatham House Commission for Universal Health: that global leaders should learn from history and use the multiple crises besetting the world to launch major UHC reforms. This could bring huge health, economic and societal benefits to their people and significant political benefits due to popularity of UHC reforms. I would also pose a question to the global health audience about how can engage more effectively with heads of government and ministers of finance to champion UHC reforms.
Child Care and Adult Protection Initiative (CCAPI)	What are the strategies put in place to ensure adequate health services for vulnerable women and Children in rural communities
Children's HeartLink	The Sustainable Development Goals (SDG3) set ambitious targets for countries to further reduce childhood mortality, acknowledging that many regions have seen significant economic and epidemiological changes since 2000. The childhood mortality reduction goals will not be achieved if we do not address mortality from birth defects, especially from the most common birth defect, congenital heart disease. In addition, heart diseases in children contribute the largest burden in noncommunicable diseases in children, and they are completely ignored from the NCD SDG targets. Across the world, children suffering from heart disease die prematurely or suffer

	long term disability because of late diagnosis, poor treatment or lack of access to care. CHD is the world's most common major birth defect, affecting 1 in 120 children globally. About half of all children born with CHD will need some intervention during their lifetime and a quarter will need a corrective intervention in the first year of life in order to survive. Only 7% of the population in low- and middle-income countries has access to pediatric heart surgery, leaving backlogs of millions of children awaiting life-saving treatment. Children's HeartLink calls on governments to support by 2030 the inclusion of care for children with heart disease in benefits packages in universal health coverage and social protection platforms so that patients and their families will be protected from catastrophic expenses related to their lifelong care needs. UHC cannot just focus on primary care, it needs to be inclusive of all services to avoid families falling into poverty due to medical expenses.
CISDI	Expanding the fiscal space for health To spend more on PHC, the overall public fund and health budget must be raised. International development assistance should be allocated to overall reform of the health system which include PHC improvement that is mainly determined by the implementing countries' priorities. Global Public Investment (GPI) may provide an avenue of innovative and more sustainable health financing approach. Whole-of-government approach for budget formulation to ensure meaningful investment.Improving data access and collection to monitor political commitment on PHC investments. In future treaties such as the newly proposed Pandemic Treaties to reform the 2005 International Health Regulations, PHC strengthening needs to be explicitly stated. Utilizing National Health Account to analyze and evaluate for more comprehensive overview in formulating and improving health financing policies . Taking into account allocated resources (among geographical units and levels of care) as policy levers that can promote equity in allocation. More collaborative research between scientists, policymakers, and other stakeholders to innovate and implement health financing arrangements suited for each contexts .
Civil Society Engagement Mechanism for UHC2030 (CSEM)	What concrete measures do you plan to put in place to address the various and specific health needs of all, especially the ones of the most vulnerable populations,

	to ensure equitable and strong health systems for all ? (#LeaveNoOneBehind #HealthEquity)
Civil society Engagement mechanism for UHC2030, MSSI Chennai, Disability Rights India Foundation	Topic 4: Health financing under UHC: Civil Society Engagement Mechanism (CSEM for UHC2030) represents the voices of more than 1000 CSOs working on health equity across the globe. On behalf of CSEM for UHC2030, I submit the following statement, towards Health Financing under UHC. COVID-19 pandemic has demonstrated how rapidly weaknesses in our health systems can impact our health, economy, social cohesion, and our trust in institutions; Vulnerable populations being the worst affected. Achieving universal health coverage will lay the foundations for healthy people and societies, and make countries more resilient to emerging and future shocks. To reach universal health coverage, governments must increase domestic public investment for health while prioritizing primary health care complying universal accessibility standards as a cost-effective investment and an approach that will contribute to greater equity in access to health services. Within a PHC framework, particular attention should be given to health and care workforce, including community health workers, that is well-resourced, trained, protected, and institutionalizing the participation of communities in health decision-making processes. Governments must also develop and implement comprehensive and equitable health financing policies that reach the most vulnerable communities. Health financing policies should both expand quality health coverage and improve affordability for vulnerable groups. This means removing out-of-pocket payments such as user fees and providing nutrition, rehabilitation, palliative care etc at least for vulnerable populations, at the doorsteps as much as possible. Given the current economic outlook and macro-fiscal context, it is critical to provide greater support to resource-constrained countries by increasing ODA for health and unlocking new financing through the allocation of Special Drawing Rights and debt relief measures. The international community must accelerate efforts to drive an urgent transformation of the global financial architecture to complement domestic resource mobilization in lower income countries
Civil Society for the Eradication of Tuberculosis	How are we positioning to support African countries to build resilient and equitable health systems for UHC that leave no one behind in the face of rapid brain drain of

	health workers on the continent and the huge demand for that health workforce in the developed countries? In many African countries we face a situation where the quality of care being delivered to patients is declining as (specialists services cannot be handled by trainee health workers). How do we strike a fine balance in this regard?
Civil Society Movement Against Tuberculosis (CISMAT)	UHC is a fundamental human rights for especially for vulnerable population. For UHC to be actualize, there should be political will of our governments.
CLAN (Caring & Living as Neighbours) Incorporated	Good morning, my name is Kate Armstrong and I am the President and Founder of CLAN (Caring and Living as Neighbours – www.clanchildhealth.org), an Australian non-government organisation committed to equity for children living with chronic health conditions in resource poor settings. CLAN was Founding Secretariat of NCD Child (2011-2015), IndigenousNCDs and the @MATES4Kids movement (Maximising Access to Essential Supplies for Children). I speak as a Public Health Physician and mother of a young person living with a Non-Communicable Disease (NCD). CLAN and the @MATES4Kids movement would like to emphasise the vital importance of a life-course approach to Universal Health Coverage, and the need to include a focus on Newborn Screening and childhood NCDs in the discourse moving forward. Scaling equitable and universal access to Newborn Screening will reduce the preventable mortality associated with childhood NCDs and help us achieve the Sustainable Development Goals (3.2.1, 3.2.2 and 3.4) by 2030. It is unacceptable newborn screening is not yet uniformly available to all. Currently, 40 million babies are born each year, yet only 1 in 3 babies (almost all in high-income countries) receive screening of any type. Newborn Screening technology is proven and cost effective. It facilitates the early diagnosis of treatable childhood NCDs, and when combined with affordable access to essential medicines and sustainable, cost effective, comprehensive community development initiatives to support children and families living with NCDs, promotes equitable child health outcomes.

	There is a need for urgent action. NCDs affect one in every four children, and account for 14.6% of deaths among youth. Children born with NCDs in low- and middle-income countries are at increased risk; according to the CDC, NCDs account for 41 million deaths each year with about 85% in low- and middle-income countries. When affordably available for every newborn child, newborn screening overcomes gender inequities as it does not discriminate against girl babies. Examples of childhood NCDs able to be diagnosed through newborn screening include (but are not limited to): congenital hypothyroidism, congenital adrenal hyperplasia, phenylketonuria, congenital heart disease and hearing loss. Newborn screening technology is already developed, and must now be scaled into all healthcare systems equitably so that we might #LeaveNoChildBehind as we approach 2030. CLAN and the @MATES4Kids movement humbly request Member States prioritise a life-course approach to Universal Health Coverage and include a focus on Newborn Screening within the 2023 Declaration.
CLAS Coalition for Americas Health	My organization CLAS represents civil society organizations in Latin America and many people living with NCDs. We want sustainable investment in healthcare systems that prevent, treat and provide affordable access to medicines.
Coalition for epidemic preparedness innovations (CEPI)	Achieving UHC is a critical goal and must be revisited at the highest level to address the additional challenges the world now faces due to the Covid-19 pandemic. In parallel, there is a HLM about PPR. These issues are intrinsically linked as a strong PPR ecosystem relies on resilient health systems to: • Care for those impacted by an infectious disease outbreak. Countries will need to rely on strong health care systems, to provide surge capacity, workforce capacity, laboratory systems, surveillance and more. • Deliver interventions, for example vaccines, with scale and access. This is often reliant on existing life course and routine vaccination programmes with built in systems to reach the most vulnerable. Many groups prioritized for adult immunization or other treatments via injection are the same as those who are most likely to be vulnerable in an infectious disease outbreak

	(immunocompromised, elderly, certain co-morbidities etc.). • Support research capacity, particularly clinical trials, which are critical to respond to a disease X. • Ensure programmes are appropriate for local populations and build trust within communities. • Include a model to enable timely introduction of new medicines and vaccines. This also relies on a broad essential medicines list, with exception management to ensure access to innovative products and a pricing regime and procurement framework to enable business sustainability. This requires a shift in the current paradigm and pre-positioning investments, processes and partnerships, so we are prepared to react on Day One of an outbreak with pandemic potential, and respond faster and more equitably than we did to Covid-19. There is no "one size fits all" approach and UHC solutions must be country-driven and country-owned. Ultimately, building resilient health systems that are "always on" supports our ability to deploy vaccines at scale and to ensure equitable access during health emergencies, only if programmes and health systems are designed with surge capacity inbuilt to enable an efficient and effective response to disease outbreaks.
Coalition for Epidemic Preparedness Innovations (CEPI)	The importance of preparation for emergencies, including R&D capacities, when strengthening health systems.
Coalition nationale des volontaires pour le développement	Enjeux et défis de couverture santé universelle en Afrique subsaharienne
Congregation of the Mission	Thank you Mr. President for the opportunity to speak today. I am speaking on behalf of the Congregation of the Mission. We would like to emphasize our unwavering support for Universal Health Coverage and the need for it to be implemented for all people, regardless of their nationality or background. Health is a human right and everyone deserves the opportunity to live as healthy and comfortable of a life as possible. To achieve this, the United Nations needs to continue supporting medical and public health efforts aimed at both disease prevention and treatment. Effective UHC systems need to promote healthy lifestyles and work to prevent disease where possible to lessen the burden of preventable diseases on health systems, but also support and equitably provide

	treatments for diseases that do develop. We would also like to highlight the importance of ensuring universal health coverage is able to reach the most marginalized such as but not limited to refugees, the homeless, and disabled people, and meet their long-term or complex health needs. It is pivotal that in the UHC systems we envision, no person's health needs are considered too complicated or too urgent. Improving health is integral to improving livelihoods, so the benefits of implementing UHC go far and beyond health and span across financial welling, economic opportunity improvement, and gender equity. It is essential that the UHC systems we envision for the future of our global society meet the needs of all, not some, and in order to achieve this, we must listen to communities and individuals and involve them as equal and valuable stakeholders to ensure the needs expressed by communities are being met and accounted for in such UHC systems.
Copperbelt Health Education Project	Universal Health care is very slow due to the fact that people are asked to register with schemes that seem to be expensive for them, what measures are there for the poor
Defence Against AIDS Poverty and Underdevelopment (DAAPU)	The high cost associated with addressing specific health issues is continuously on the ascendency with no reduction in sight, , at least for now, yet health systems remain overwhelmed especially in countries in global South, .What iis UHC doing in building a comprehensive health intervention with the support of community based organizations? r Thank you .
DISABILITY PEOPLES FORUM UGANDA	PEOPLE WITH DISABILITY ARE OFTEN ABSENT AND FORGOTTEN IN STATEGIC DELIBARATIONS AND COVENING ,HOW ARE PLANING FOR DISABLED ORGANISATION FROM AFRICAN
Drugs for Neglected Diseases initiative	• In order to support UHC need to have innovation for and access to missing health tools needed to address unmet needs and to ensure no one is left behind. • Invest in R&D for missing health tools. Current tests and treatments for many diseases

	have serious limitations that hamper the provision of lifesaving medical care and impede disease control and elimination efforts and SDG targets. New and better diagnostic tests —particularly point of care tests —are needed as well as safer, effective, affordable, and more patient-friendly treatments that can be used in health centres, close to the communities affected. • Need safer, effective, affordable, health tools designed from the start to be patient centered and support UHC for use the at primary care level, close to the communities affected, reducing the need for specialist intervention in hospital settings with integrated development of health tools and approaches to allowing testing and treat – make it easier for people affected but also for the health system. • The true test of UHC is to what extent it reaches and addresses the needs of such vulnerable populations. But these are the people whose needs are often excludes from current R&D • Development and access will not happen with action political leadership and enabling polices • The 3 health HLMs provide an opportunity to make links to solve systemic problems that address multiple health issues. Addressing these inequities should therefore be a central objective of the HLMs. Language across the political declarations should build on each other and ensure investments reflect such.
ECLAIREUSES ET ECLAIREURS DU SENEGAL	Je souhaite poser des questions sur la manière dont la couverture sanitaire universelle peut être mise en œuvre de manière efficace et équitable pour tous les citoyens avec la participation significative des jeunes. Je suis également intéressé par les défis auxquels sont confrontés les pays qui cherchent à mettre en place une couverture sanitaire universelle et comment ces défis peuvent être surmontés. Enfin, j'aimerais entendre les opinions des parties prenantes sur la manière dont la couverture sanitaire universelle peut être financée de manière durable.
Equal Health and Rights Access Advocacy Initiative (EHRAAI)	UHC fosters:- inclusive development, prosperity , commitment to equity, sustains multi-sectorial/ stakeholders actions and investment
Eswatini health laboratory services	What are the most effective strategies for ensuring equitable access to quality health care for all, including marginalized populations, and how can these strategies be implemented and sustained?
Ethiopian Muslims Relief and Development Association	The outstanding challenges regarding inadequate care and services in terms of quality in pastoral communities in Ethiopia need special emphasis.

European Society for Medical Oncology (ESMO)	The European Society for Medical Oncology (ESMO) proposes for Inclusion in the 'Political Declaration on Universal Health Coverage' the following: 1.Promote health, address all health risk factors, and reaffirm good health and well-being as a basic human right. 2.Inclusion of Universal Health Coverage in all national health policies or any other policy area that influences health in an all-of-government and all-of-society approach, ensuring that all national plans are well funded and implemented. 3.Ensure that countries guarantee their entire population Universal Health Coverage benefit packages that include a core set of comprehensive, safe, affordable, effective, and high-quality services for prevention, diagnosis, screening, treatment, palliative care, rehabilitative services and research for all NCDs, including cancer. Benefit packages should be well funded and delivered by an adequate, well-trained and well-resourced health workforce. These essential healthcare services should not result in financial hardship for patients or lead to catastrophic and generational impoverishment. 4.Recommit to 'further strengthen efforts to address noncommunicable diseases, including cardiovascular diseases, cancer chronic respiratory diseases, and diabetes, as part of Universal Health Coverage, as stated in the 2019 Declaration, which also states that non-communicable diseases account for over 70% of all deaths in the age group 30-69. 5.Ensure the existence of pathology services in all countries, which must be linked to essential healthcare services for the treatment and care of those diagnosed with cancer. 6.Strengthen primary care services for early diagnosis, screening and supportive and palliative care. 7.Recommit to ensure robust referrals across the continuum of care to ensure timely and affordable access from primary to secondary and tertiary care (including research), where cancer patients are treated and without which they will be left behind. 8.Ensure access to timely, affordable, and effective palliative care for all at all times, because WHO statistics state that only 14% of those in need of palliative

	care receive it. Please see: https://www.who.int/health-topics/palliative-care 9.Provide a clear definition of 'essential healthcare services' including model lists of what those services are to provide guidance to national authorities. The UHC Compendium (https://www.who.int/universal-health-coverage/compendium) provides lists of essential health services and WHO should provide guidance on the prioritization of those services, especially during health emergencies. There should be reference to the WHO Best Buys from the updated 'Appendix 3 of WHO's global action plan for the prevention and control of noncommunicable diseases 2013–2030'. Please see: https://apps.who.int/gb/ebwha/pdf_files/EB152/B152_6-en.pdf . There should also be reference to the WHO Model List of Essential Medicines (https://www.who.int/groups/expert-committee-on-selection-and-use-of-essential-medicines/essential-medicines-lists) and the WHO Model List of Essential Diagnostics (https://www.who.int/news/item/29-01-2021-who-publishes-new-essential-diagnostics-list-and-urges-countries-to-prioritize-investments-in-testing). 10.Provide UN/WHO guidance on 'bedside rationing' and the establishment of protocols that can be used by physicians and healthcare workers to guide their ethical and methodological decision-making on resource allocation when resources are limited or require reallocation. 11.Make population-based disease registries mandatory, ensuring they include the comprehensive incidence, relapse, and mortality data required for evidence-based healthcare planning, measuring national health policy effectiveness, and demonstrating the number of lives saved. 12.Leverage resources of civil society to support implementation at the national level, for example the freely available ESMO resources that can help Member States work towards achieving the 3 dimensions of UHC by 2030. •'ESMO Global Curriculum in Medical Oncology' to support training the necessary workforce to 'increase population coverage'. Please see: https://www.esmo.org/career-development/global-curriculum-in-medical-oncology •Evidence-based 'ESMO Clinical Practice Guidelines' and 'Pan-Asian Adapted Guidelines' to support decisions to cost-effectively 'expand essential health services'. Please see: https://www.esmo.org/guidelines

	•'ESMO-Magnitude of Clinical Benefit Scale' to prioritize the use of cancer medicines to both improve health outcomes and 'reduce the financial burden of health services'. Please see: https://www.esmo.org/guidelines/esmo-mcbs
FHI 360	To achieve UHC coverage we need a health systems level approach, that is driven by the community and people affected by TB. UHC and Tuberculosis are mutually supportive. TB programs have demonstrated the importance of community engagement, surveillance, and access to diagnostics and treatment, all crucial components of UHC. Tuberculosis surfaces in the presence of health and social system inequities, therefore it would make it a promising marker for UHC practices. Early TB screening, adapted diagnostics, and treatment regimens for special population groups (children, pregnant women, migrants, etc) are all crucial to the success of people-centered TB services. UHC offers the framework of universal access to such services for all people affected by TB, including those most at risk. Primary health care is key to strengthening the resilience of health systems within the UHC framework. As we advance the UHC agenda, it is important we build Institutional trust between communities and the health system and interpersonal trust within the health system, so that health workers feel they are getting the support they need. Involving all care providers using a private-public mix can potentially increase the detection of people with TB by 10-60% while improving treatment outcomes by 85%. We need to commit to integrate TB as an essential component of UHC and PHC. The goals of UHC will not be achieve without universal access to TB prevention and care. Let's make it happen.
FIND	Diagnostics are fundamental to building sustainable, resilient and equitable health systems. The COVID-19 pandemic has emphasized the crucial role of diagnostics in delivering healthcare. Yet, diagnostics continue to suffer from low visibility and prioritization in the discourse on Universal Health Coverage. At FIND, we are working to accelerate global efforts to achieve UHC by expanding primary care testing to combat diseases that disproportionately affect vulnerable populations. We play a coordinating role connecting countries, communities, funders, healthcare providers, decision-makers and diagnostic developers to make testing an integral part of healthcare systems. Our experience over the last two decades has shown us

	that unless the gap in diagnostic provision is addressed and investment in diagnostics is expanded, the promise of UHC will not be achieved. It is critical for countries to deliver upon the commitments made in the 2019 declaration of the High-Level Meeting on UHC including: cover all people with quality, safe, effective, affordable and essential diagnostics by 2030; eliminate financial barriers to access to diagnostics; promote equitable distribution of and increased access to diagnostics; and improve availability, affordability and efficiency of diagnostics through better regulations and building stronger partnerships with relevant stakeholders including the private sector and civil society. Further, to address unmet needs, we need to develop and deliver novel diagnostics and increase primary-care level access to essential tests. Countries should promote investment in research and development for new diagnostics, develop national essential diagnostics lists, and strengthen regional manufacturing capacities to enable the delivery of testing services to everyone, everywhere.
FOR IMPACTS IN SOCIAL HEALTH	Pourquoi l'effectivité de la mise en oeuvre de la CSU coince dans nos pays en Afrique au Sud du Sahara?
Friends of the Global Fight Against AIDS, TB and Malaria	Comments by Chris Collins President & CEO, Friends of Global Fight Against AIDS, Tuberculosis and Malaria UHC HLM Multistakeholder Meeting Over the last generation, investments in programs to fight AIDS, tuberculosis and malaria have driven a more than five-fold increase in official development assistance for health. In many settings, programs for AIDS, TB and malaria are the closest the health system comes to universal coverage. In our work to ensure that everyone, everywhere has the health services they need, we should build on the infrastructure created by these investments and take on board the key lessons we have learned. First, we must recognize that ending AIDS, TB and malaria is a key milestone towards UHC. Each year, more than 2.6 million die from these three diseases. But progress towards ending these diseases is faltering, in part because of inadequate funding and waning political support. We must redouble our efforts to end these diseases. A key step is to close the gap in the Global Fund's 7th replenishment, mobilizing to meet the full $18 billion target. Second, investing in AIDS, TB and malaria helps build stronger, more inclusive health systems. The Global Fund invests over $1

	billion each year in strengthening health systems. For example, the response to AIDS, TB and malaria has massively strengthened laboratory systems, as we saw during COVID, when Botswana leveraged lab infrastructure built with AIDS funding to identify the Omicron variant. Third, AIDS, TB and malaria investments have catalyzed the creation of service systems specifically designed for the most marginalized populations, who are often poorly served by facility-based health services. Reaching the most vulnerable and the chronically underserved is essential to achieve UHC. Disease-specific programs have helped strengthen and sustain community systems, hiring and deploying community health workers and mainstreaming community-generated innovations, which play a central role in reaching the marginalized. Finally, the fight against AIDS, TB and malaria has shown the value of inclusive, participatory health governance. Civil society, affected communities and the private sector are active participants in governance of the Global Fund – not only at global level, but also in Country Coordinating Mechanisms that develop funding proposals and oversee implementation of country grant programs. This approach has not only generated high-impact investments that have saved more than 50 million lives, but it has also broadened support for health investments and ensured that programs meet the needs of the most vulnerable. Only through governance mechanisms that engage and empower communities will it be possible to build people-centered health systems that deliver quality care for all. I urge the political declaration to include: 1) a recommitment to ending the AIDS, TB and malaria epidemics; 2) a recommendation for UHC efforts to take on board key lessons from the response to AIDS, TB and malaria, including the importance of inclusive governance; 3) an emphasis on investment in health and community systems; and 4) a call for additional pledges to the Global Fund to meet its 7th replenishment target. Thank you.
Frontline AIDS LTD.	How will the HLM on UHC recognize the role civil society and community led responses play as a key building block for health and UHC?
Fundación Habitat Verde	La Leishmaniosis es un problema que afecta en gran medida a la población que vive en lugares cálidos (valles y amazonia), los más perjudicados son las niñas y los niños, pero los medicamentos son de difícil acceso y su administración

	relativamente debe ser gradual, pero es dolorosa, muchos ven mejor quemar la parte afectada con ácido del motor de coche y eso genera deformaciones en los menores, qué medidas se asumiría al respecto por los estados miembros; existe otros medicamentos o estudios al respecto.
Fundación Huésped	I am presenting this statement as the Executive Director of Fundación Huésped, an organization which since 1989 has worked for the rights of people living with HIV and populations at higher risk of HIV. Likewise, we are members of a group of organizations from the global South, which within the framework of the SPHERE project, are working to coordinate actions to promote the effective participation of communities in promoting universal health coverage. For us, working for the sexual health of communities means working with communities to promote their participation. This high-level meeting is an opportunity to identify progress achieved and pending agendas with the States on the way to the 2030 goals, as well as to reflect on how to attain these goals. The participation of the most vulnerable populations -trans people, sex workers, incarcerated people, the LGBTI community- requires concrete efforts to build spaces for dialogue considering their needs and ensuring effective listening. These spaces must include their voices and be open to integrate their demands. We need to reduce discrimination barriers, and listening to the people facing them is the only possible channel.
GAIA Global Health	I am honored to speak on the behalf of the Frontline Health Workers Coalition, an alliance of international organizations working together to urge greater and more strategic US and multilateral investments in frontline health workers in low- and middle-income countries as a cost-effective way to save lives and foster a healthier, safer, and more prosperous world.
Gavi, The Vaccine Alliance	Excellencies, distinguished delegates, Gavi, the Vaccine Alliance, is pleased to deliver this statement on behalf of the Immunization Agenda 2030, a global immunization strategy co-led by WHO, UNICEF, GAVI, the UN Foundation and other partners. It is being implemented through critical partnerships at global, regional and country level to achieve “a world where everyone, everywhere, at every age, fully benefits from vaccines for good health and well-being”. The COVID-19 pandemic had an unprecedented impact on populations across the globe, disrupting

	essential health services and deepening existing inequities. From 2019 - 2022, 67 million children around the world missed at least one essential lifesaving vaccine and 48 million children, received none. The IA2030 has the ambitious target to decrease by 50% the number of Zero dose children with immunization by 2030. As we are all gathered here for the multistakeholder hearings on Universal Health Coverage, we have two points for your consideration: • Prioritise reaching Zero dose children, and their communities with essential with immunisation and other essential health services who are facing several forms of deprivation and live in extreme poverty, conflict, forced displacement and natural disasters caused by the climate crisis. • Leverage routine immunization as one of the most efficient and cost-effective healthcare interventions, bringing the most marginalized communities into contact with Primary Health Care. The unique reach of immunisation programs is a critical path to extend other essential services beyond the remit of health, to the most vulnerable pockets of the population and is fundamental to achieve UHC and ensuring that no one is left behind. To this end, immunization partners have launched the 'Big Catch-up' which will support countries to strengthen immunization systems and conduct campaigns to restore the historic loss in progress. IA2030 is fully committed to building resilient health systems, to ensure no child is left behind in having access to lifesaving vaccines and Primary Health Care. Thank you.
Gavi, the Vaccine Alliance	As part of the Immunisation Agenda 2030 (IA2030), we welcome the opportunity to share our perspectives in the multi-stakeholder hearing for Universal Health Coverage (UHC) and look forward to contributing to the development of the political declaration of the upcoming High-level Meeting on UHC. IA2030 is the global immunisation strategy for 2021–2030 which is being implemented through critical partnerships across community, national, regional and global levels to achieve "A world where everyone, everywhere, at every age, fully benefits from vaccines for good health and well-being". IA2030's Core Team is co-led by WHO and UNICEF, together with the Wellcome Trust, Bill & Melinda Gates Foundation, the Gavi Secretariat, US Centers for Disease Control and Prevention, and the Gavi Civil Society Organisation (CSO) Constituency. On behalf of IA2030, we are planning to

	provide a group IA2030 statement sharing the core principles we believe should underpin the declaration. The statement will be delivered by Gavi, The Vaccine Alliance. The preparations for a high-level meeting of the United Nations General Assembly on UHC provides a pivotal opportunity to prioritize UHC at the highest level and catalyze meaningful action. We stand ready to engage and continue working with Member States and other partners towards this goal and will take the opportunity of the multi-stakeholder hearing to highlight the central role of immunisation as a platform to build resilient primary health care as well as being an indicator of performance for health systems. As a tracer to build a critical path towards reaching missed communities, equitable access to immunisation is a powerful tool to accelerate efforts towards the achievement of universal health coverage, with a view to leaving no one behind and providing them with a full range of health services by 2030. IA2030 is also keen to share lessons from countries on how they are pursuing efficient policies and health financing strategies focusing on the urgent need to reach zero-dose children – those not receiving any life-saving vaccines – which are critical to identify unmet needs and to eliminate financial barriers to access to primary health care services. We look forward to sharing our thoughts in greater detail during the hearing with the IA2030 statement and look forward to working with Member States and partners over the coming weeks to collaborate on this important work.
Gavi, the Vaccine Alliance	This entry is for a statement that Gavi wishes to deliver on behalf of the Immunization Agenda 2030. As part of the Immunisation Agenda 2030 (IA2030), we welcome the opportunity to share our perspectives in the multi-stakeholder hearing for Universal Health Coverage (UHC) and look forward to contributing to the development of the political declaration of the upcoming High-level Meeting on UHC. IA2030 is the global immunisation strategy for 2021–2030 which is being implemented through critical partnerships across community, national, regional and global levels to achieve “A world where everyone, everywhere, at every age, fully benefits from vaccines for good health and well-being”. IA2030’s Core Team is co-led by WHO and UNICEF, together with the Wellcome Trust, Bill & Melinda Gates Foundation, the Gavi Secretariat, US Centers for Disease Control and Prevention,

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Global Fund To Fight HIV, TB and Malaria	Key Messages for Member States to Consider for the Political Declaration on UHC: • Accelerating progress towards the SDG 3 target of ending HIV, TB, and malaria as public health threats remains a critical milestone on the path to UHC. • Advancing UHC requires long-term investments to strengthen health systems, especially critical functions like laboratory networks, surveillance systems, supply chains, health workforce, and inclusive community health systems that can fight the pandemics of today such as HIV, TB and malaria and detect, prevent, and respond to the outbreaks of tomorrow. • Achieving UHC requires deliberate and sustained action to create people-centered and inclusive health systems, with strong leadership by communities, support to frontline healthcare workers, an intensified focus on eliminating human rights and gender barriers, and strong commitment to

	equity extending the reach of services to vulnerable and marginalized groups. • Member States should commit to provide sustainable financing to multilateral initiatives, such as the Global Fund to Fight AIDS, Tuberculosis and Malaria, that have a central role in accelerating progress toward UHC. The Global Fund is the largest multilateral provider of grant funding for health systems, investing US$5 billion in the current 2021-2023 grant cycle and is uniquely well-positioned to support countries to extend the reach of services to vulnerable and marginalized groups. • The three UN High Level Meetings on health this year provide an opportunity to foster greater integration of efforts to end the major pandemics of today like TB, to enhance PPR, and to make progress toward UHC. The Global Fund embodies this integration by serving as the key grant financing mechanism for donors to support low- and middle-income countries to accelerate all three agendas.
Global Health Council	My statement would focus on the definition and need for social participation and leaving no one behind in strengthening health systems for UHC. I would make this statement on behalf of the Global Health Council (GHC) which is the leading member organization devoted to advancing global health priorities by uniting advocates, implementers, policy makers, and other stakeholders. GHC works with more than 100 organizations – including associations and coalitions, corporations, foundations, NGOs, academic institutions, and think tanks – implementing programs across 150 countries and focusing on a broad range of global health issues."
Global Health Council	Health is a fundamental right of every human being, and it is the duty of governments to fulfill this right. While many countries have reduced barriers to health care and financial protection, inequality for vulnerable and disadvantaged groups has increased. This unequal impact will be exacerbated by ongoing crises, including climate change and conflicts. To the make the right to health for all a reality, governments must: 1. Identify the most vulnerable groups by collecting disaggregated data and analyzing health status across gender, age, income, race, ethnicity, migratory status, disability, sexuality and geographic location, etc.; 2. Use disaggregated data to design equitable health programs, policies,

	frameworks and interventions that prioritize vulnerable and underserved populations and remove barriers such as discrimination and harmful social, traditional and cultural norms that prevent all population groups from receiving quality health services when they need them; 3. Provide a comprehensive health benefits package to ensure all people, particularly the most vulnerable, have access to quality health services that cover the full spectrum of care which includes promotion, prevention, treatment, rehabilitation, and palliative care; 4. Institutionalize and adequately fund social participation mechanisms for relevant stakeholders, especially civil society and vulnerable communities, to meaningfully engage in decision-making, implementation, monitoring and accountability processes that affect people's health; 5. Increase and stabilize investments in health to make health systems more equitable and resilient. In taking these actions to accelerate equitable progress towards universal health coverage, countries will benefit economically and socially because universal health coverage makes a significant contribution to reducing poverty, and promoting equity, social cohesion and resilience.
Global Initiative for Children's Surgery	The Global Initiatives for Children's Surgery (GICS) would like to express our strong support for the initiatives of this meeting on Universal Health Coverage, TB, and Pandemic Preparedness Response and appreciation to be included in these transformational discussions. GICS is a consortium of providers, institutions, and stakeholders from over 60 low- and middle-income countries (LMICs) and high-income countries (HICs) around the globe. We envision a future where every child has access to high-quality surgical care, and our mission is to support the provision of children's surgery in resource-poor regions of the world. Our programs are closely aligned with many key themes of this initiative on UHC, namely to recognize the role of surgical care and that no one should be left behind, including the vulnerable population of children. We would like to emphasize three points in discussions at this Multi-Stakeholder meeting. First, the surgical care of children is a key

	component of functioning health care systems around the world. Over half the population in many LMICs is composed of children, and an estimated 1.3 billion children under the age of 15 years do not have access to surgical care worldwide. Without support of all health needs for children, including surgical care, we cannot successfully build complete health systems which provide equitable access to basic health care. Second, many areas of surgical care for children are extremely cost-effective, on par with other basic health programs, including bednets for malaria prevention and childhood vaccinations programs. Third, the financing of surgical care for children remains challenging around the world, with broad macro- and micro-economic impacts of impoverishing costs to families and communities. These costs are often born by individuals, and are independent drivers of many families into poverty. Surgical care is a strong driver of economic growth and development around the world, and requires inclusion within basic UHC schemes to support this essential development. As a basic health right, national and international health finance policy should ensure equitable access to all components to functioning health care systems, including children's surgical care, and include these basic rights within their UHC packages. With the disruptions in healthcare during the pandemic, particularly for the global poor, the need for UHC for children's surgical care is even more important.
Global Network of Young People Living with HIV	We call on governments, parliamentarians, intergovernmental agencies, civil society, academia, and private sector partners to ensure: Young people have access to a range of quality sexual and reproductive health and HIV services; 2: Legal barriers to young people's participation and access to services are removed; 3. Communities uphold the rights of young people living with HIV and young key populations and counter stigma and discrimination; 4. Young people are supported to participate in all aspects of decision-making ethically and meaningfully and ; 5. Young migrant and cross-border communities are prioritized.
Global Network of Young People Living with HIV (Y+ Global)	The effects of anti-gender movement on UHC for minorities and marginalised groups such as young key populations in the HIV epidemic, LGBTIQ+ youth and young people living with HIV.

Global Peace and Development Organization (GPDO)	How can we ensure that all individuals with tuberculosis have access to affordable and effective treatment, regardless of their socioeconomic status or geographic location? Ø What steps can be taken to address the stigma associated with tuberculosis and encourage individuals to seek testing and treatment without fear of discrimination or isolation? Ø What role can technology play in improving the diagnosis, treatment, and monitoring of tuberculosis cases, particularly in remote or resource-limited settings?
Guttmacher Institute	The Guttmacher Institute calls for the UN General Assembly to prioritize the inclusion of comprehensive sexual and reproductive health and rights in UHC policies, plans and budgets for four main reasons: 1. Universal access to sexual and reproductive health services is among the explicit goals of the SDGs, as articulated in SDGs 3.7 and 5.6. • SRHR also directly impacts gender equality, education and economic growth. 2. Comprehensive coverage of SRH services in national health plans has been achieved in very few countries. • Almost everyone of reproductive age—about 4.3 billion people—will lack access to at least one essential reproductive health intervention over the course of their lives. 3. Access to SRH services is highly inequitable – both within and between countries. • A key driver of these inequities is out-of-pocket costs of services, which many are unable to afford. • Inequalities are exacerbated in fragile settings, with women and girls suffering disproportionately from a lack of access to services as well as increased risks of gender-based violence, early marriage, and other threats to SRHR. 4. Investments in providing SRH services yield high and long-lasting returns. • Fully meeting all women's needs in LMIC's for core SRH services would cost just $10.60 US per capita annually, and would yield benefits that last across generations. The Guttmacher-Lancet Commission recommends adopting a comprehensive definition of SRHR, and ensuring universal access to SRH services through progressive realization of the integration of these services in UHC. To ensure sustainable and universal access to care, which will yield synergistic gains in gender equality, economic growth, and other global priorities, we call on all member states to: • adopt and implement laws and policies that support SRHR, • progressively include essential SRH services in

	national health plans, • specify budget allocations for these services, and • capacitate health systems to provide them.
Handicap International	Our organization wishes to express the need for persons with disabilities conditions and their specific health requirements to be considered in any UHC plan.
Health for all initiative	Universal health coverage is necessity
Health NGOS Network-HENNET	The impact of out-of-pocket healthcare expenditure on women can be particularly severe, as they may face additional barriers to accessing healthcare due to cultural norms and gender inequalities. Women may also have to prioritize the healthcare needs of their families over their own, leading to neglect of their own health. Children are also vulnerable to the impact of out-of-pocket healthcare expenditure, as the caregiver (mostly the woman) may not have the means to pay for healthcare leading to low immunization and overall poor health outcomes. Delayed or inadequate healthcare, has long-term consequences for their health and well-being. The government of Kenya can take several steps to address the impact of out-of-pocket healthcare expenditure on women and children. These may include: Increasing public healthcare funding; implementing health packages within the National Health Insurance Fund (NHIF) that target women and children, such as maternal and child health insurance programs in order to help reduce the financial burden of healthcare for these vulnerable groups; improving healthcare infrastructure to ensure rural and underserved women and children have access to quality healthcare services, regardless of where they live and; strengthening primary healthcare services often the first point of contact for women and children seeking healthcare. This can help to ensure that women and children receive timely and appropriate care, which can prevent more serious health problems from developing. By doing so, the government can help to ensure that every woman and child has access to the healthcare they need to live healthy and productive lives.
Hope for Future Generations	How are we measuring the achievement of Universal Health Coverage in developing countries where we still have over 350,000 women dying per 1000,000 live births through childbirth? wwill deve
HRIDAY	Noncommunicable (NCDs) are the leading cause of death and disability and account for 74% of deaths globally, with 85% of premature deaths from NCDs occurring in

	low- and middle- income countries. Despite this, globally available data on progress of inclusion of NCD prevention and care in Universal Health Care (UHC) packages, although limited, shows wide gaps in coverage for NCD services between countries, and that more than half of countries are likely to miss Sustainable Development Goal (SDG) target 3.4 on NCD mortality reduction. We call on Heads of State and Government to engage at the high-level meeting and take the lead in the progressive realisation of universal health coverage (UHC) by ensuring equity in their UHC health benefits packages across the three dimensions of financial, population, and service coverage, and to meet the needs of people living with NCDs. This can be ensured by including the following 4 points in the political declaration: 1. INVEST in and ACCELERATE UHC implementation by funding and including essential NCD prevention and care services across the continuum of care in national UHC health benefits packages, including by drawing on the guidance contained in Appendix 3 of the WHO Global NCD Action Plan, also known as the NCD "best buys" and other recommended interventions, which provides a menu of cost-effective policies to prevent and manage NCDs. 2. ALIGN development and global health priorities to achieve UHC by adopting a people-centered approach to UHC that ensures people are treated holistically throughout their life course, and that this breaks siloed approaches to funding and implementation. 3. ENGAGE people living with NCDs to keep UHC people-centered by formalising opportunities for meaningful involvement of civil society organisations and people living with NCDs in UHC governance and decision-making roles for policies, programmes, services.
Huqooq-ul-Ebad Development Foundation	How can all people access to better health facilities without financial hardships
IACIB	Healthcare should be available for everyone
INPUD Limited	UHC is not going to reach the 'last mile' such as for criminalised populations e.g. people who use drugs until there is specific focus and advocacy on services that are specifically tailored for people who use drugs included in national health packages, involvement of people who use drugs in decision making and ways to enable people who use drugs to safely register with services.
Institute of HIV Research and Innovation, IHRI	To support health equity for all, community-led health services should be supported and covered/included into UHC.

International Alliance of Dermatology Patient Organizations (GlobalSkin)	Today, I'm pleased to speak about Action Agenda Area 5 – Invest more, invest better, particularly as it relates to primary health care for prevalent diseases, including skin conditions. According to the World Health Organization, skin diseases are the world's third most prevalent cause of illness and one of the top 10 causes of disability. And because there are over 3000 diseases of the skin, hair, nails and mucosa, these conditions are often difficult to accurately diagnose and treat, requiring special knowledge and skills. With 4.86 billion cases of skin diseases reported in 2019, access to quality, affordable health care is essential in supporting a healthy population. This is an especially critical situation because access to specialist dermatology care is nearly impossible in low resource countries like sub-Saharan Africa where there are only 0-3 dermatologists per million. Training, not only of new dermatologists but also for frontline healthcare workers who so often struggle to diagnose and treat skin diseases, is key to strong, equitable, and resilient health systems. We call on member states to invest more by prioritizing the expansion of dermatology capacity by training front line health care workers to support patients with skin conditions. This can be achieved through training programs, teledermatology support, workshops, and continuing medical education initiatives. This investment would help to ensure that front-line health care workers are well equipped where specialist care is not readily available. Focusing on areas of high need, like skin diseases, is a clear example of how investing more and investing better will improve outcomes and reduce overall costs to health care systems, and indeed society.
International Association for Dental Research	The International Association for Dental Research, representing over 10,000 researchers worldwide and the FDI World Dental Federation representing over 1 million dentists worldwide thank the Chair for the opportunity to present this statement. Oral health is essential to a person's overall health and well-being yet oral health coverage is often divorced from UHC and the rest of the health care delivery systems in many countries. It is important to note that health systems without oral health fail on the health system performance dimensions of equity, quality, responsiveness, efficiency and resilience. Therefore, health system strengthening for UHC must include oral health care services and financing

	mechanisms that reimburse oral disease prevention and treatment. This is also essential for the success of the recently adopted Global Oral Health Resolution at the 2021 WHO World Health Assembly (WHA 74) and the Draft Global Oral Health Action Plan due for adoption at the 76th World Health Assembly. To achieve UHC, we urge governments to integrate oral health and oral health research into national UHC agendas. To reduce current catastrophic health expenditures, it is critical that UHC agendas i). integrate essential oral health services and the basic package of oral care within primary care , ii). create an oral health workforce geared towards population health needs and the social determinants of health and iii). include financial protection and dental care coverage in health insurance packages.
International Council of Nurses	Urgent action is needed to invest in rebuilding the health workforce to ensure services can be delivered to achieve UHC.
International Council of Women	The importance of inclusion of major burdens of global diseases such as NCDs to be included in UHC. The inclusion of parity in services and disaggregated research data on women's health through the lifecourse to be included in UHC. Required funding streams to accomplish these goals for low, middle, and higher income countries. These goals are consistent with achieving the SDGs.
International Federation of Pharmaceutical Manufacturers Associations (IFPMA)	Chemin des Mines 9 1202 Geneva Switzerland +41 22 338 32 00 info@ifpma.org ifpma.org @IFPMA /IFPMA STATEMENT IFPMA Statement at the Multi-stakeholder Hearings on Universal Health Coverage 09 MAY 2023, UNITED NATIONS HEADQUARTERS Excellencies, Distinguished Participants, The International Federation of Pharmaceutical Manufacturers & Associations

	(IFPMA) would like to thank the UN General Assembly for convening these multi-stakeholder hearings. COVID-19 has highlighted the link between UHC and global health security and brought broad recognition that chronic conditions and pandemics constitute a “perfect storm” that requires building strong and resilient health systems and increasing health equity. Lessons from the pandemic emphasize the critical role of Primary Healthcare (PHC), which should include life course approaches to prevention (including vaccination), health promotion, screening, diagnosis, treatment, surveillance, and follow-up. This can only be sustainable with sufficient domestic financing. Achieving SDG 3 requires investing more and investing better on effective interventions toward UHC. While UHC is the primary responsibility of governments, success relies on comb. As a partner of the UHC 2030 movement, IFPMA and its members reinforce the private sector’s commitments to achieving UHC and fully support the UHC2030 Action Agenda and the UHC2030 PSC Statement, which outline key principles to guide collective action towards UHC. The innovative biopharmaceutical industry is committed to scaling up our contributions to UHC. We acknowledge our role in helping to improve access to quality, affordable vaccines, medicines and healthcare for all, via innovative approaches and partnerships. Sustained political support and effective multi-sectoral mobilisation will be needed for countries to properly resource and protect health and care workers and strengthen PHC

	systems as the foundation of UHC. UHC is the only solution to ensuring a stable and predictable flow of resources to the health sector and is an investment in the foundation of a healthier, more sustainable future for all.
International Federation of Psoriasis Associations	The International Federation of Psoriasis Associations welcomes the opportunity to contribute to the Multi-stakeholder Hearing on Universal Health Coverage. The achievement of Universal Health Coverage is the primary way to reduce the burden of disease for those suffering from chronic incurable non-communicable diseases, such as psoriasis and psoriatic arthritis. As it's the case for other life-long conditions, psoriasis and psoriatic arthritis do not occur in isolation but are associated with an increased risk of developing other life-threatening conditions. The treatments and care for these diseases are often life-long and costly, and people risk falling into poverty when such treatments are not subsidized by universal health coverage schemes. If governments want to achieve the goals and targets related to Universal Health Coverage and the political commitments made in 2019, more progress is needed. Therefore, the International Federation of Psoriasis Associations unites with the international noncommunicable disease community and asks to: 1. INVEST in the prevention and control of NCDs through adequate, predictable, and sustained resources for UHC. 2. ACCELERATE UHC implementation by including quality NCD prevention and care services in country UHC health benefit packages. 3. ALIGN development and global health priorities to achieve UHC. 4. ENGAGE people living with NCDs to keep UHC people-centered. The International Federation of Psoriasis Associations, as a patient association, is equipped to support Member States of the United Nations and invested stakeholders in achieving this ambitious goal.
International Pharmaceutical Students' Federation	Universal Health Coverage with primary health care is the cornerstone to achieving equitable healthcare. To do so, it requires a committed investment on primary health care through multi-professional collaboration and committed investment on the

	training of young healthcare students and early career professionals. So, how is the UN planning to achieve better health for all by committing to the mentioned strategy?
International Union Against Tuberculosis and Lung Disease	"Everyone should have full access to the high-quality health services they need, when and where they need them, without any financial hardship. In low- and middle-income countries, many people prefer to not seek help from a health professional due to the cost. This includes people with TB. They also experience catastrophic costs during their journeys to be free of TB. Universal Health Coverage could substantially contribute to reduce this financial catastrophe and we would like to advocate for the acceleration of its implementation."
IntraHealth International	We cannot reach Universal Health Coverage without investing in the health workforce. We must recognize and remunerate unpaid and underpaid health and care workers, including Community Health Workers and ensure gender equity in leadership roles and close the gender pay gap. It is crucial that we develop national plans for action and investment in the workforce to increase and sustain health financing and planning for job creation and the recruitment, development, compensation, standard professional training at entry point, and retention of the health workforce, particularly community health and primary care workers. Finally, given increasing migration of health workers, countries have a responsibility to implement the WHO Global Code of Practice on International Recruitment of Health Personnel and ensure that bilateral migration agreements provide proportional benefit for both parties and protect migrant health workers.
Island Hospice and Healthcare	In Zimbabwe, progress towards UHC is hugely donor reliant yet the effects of sustainability are in question i.e lack of institutionalization of Community Health Workers. Is there a plan for UN to hold the member states accountable to domestically fund UHC adequately before donors invest and implement UHC i.e Health Resilient Fund.
Jaringan Indonesia Positif (JIP)	UHC has been recognized as a goal and are reflected in laws and national plans, however there is a lack of concrete implementation plan and inadequate public financing for health. Therefore, government should recognize and leverage

	community systems as part of an integrated whole-of-society system for health, and create an enabling environment that promotes alignment with UHC.
Johnson & Johnson	I intend to ask a question related to the role of CSO/private sector partnerships in achieving UHC and state our company's ardent support of UHC policies. We've been involved UHC2030 since 2018 and helped draft this year's Private Sector Constituency documents and broader action plan.
Kenya AIDS NGOs Consortium (KANCO)	the national insurance schemes are fragmented as per needs of different subpopulations. this further delays attainment of UHC. What guidance has been given to countries to ensure they can reach uhc with national insuarance
Khmer HIV/AIDS NGO Alliance (KHANA)	How UHC can ensure TB is covered - by leaving no one behind?
KIhadija Mahmood Trust Hospital, Faisalabad	Universal Health Coverage in poor countries
Knowledge Ecology International	KEI will provide a statement calling on Member States to include measures to make access to new medical technologies more equal, including but not limited to new medicines, vaccines, diagnostic tests, and emerging cell and gene-based therapies. For example, governments can progressively implement delinkage right now, by establishing and progressively expanding non-price incentives for biomedical innovation, such as market entry rewards, while also progressively lowering prices and making access more equal. Access will always be constrained and unequal without the delinkage of R&D costs from the prices of drugs, vaccines and other health technologies.
Last Mile Health	Evidence shows 90% of health needs can be met at the primary care level - where Community Health Workers are the cornerstone. Investing in professional Community Health Workers makes populations healthier, makes populations more productive and by consequence makes populations wealthier. It makes communities safer, makes communities resilient and self-sufficient, and gives women – the bedrock of the healthcare systems – their rightful recognition
Last Mile Health	In alignment with the Monrovia Call to Action, resulting from the 3rd International Symposium on Community Health Workers in March 2023, Last Mile Health calls on the highest level of leadership including the United Nations system, Heads of State, Ministers of Health, Ministers of Finance, and other line Ministries, bilateral and

	multilateral partners, civil society, and the private sector, to fund, scale, and strengthen community health programs as an integral part of primary health care for the realization of universal health coverage. CHWs deliver primary health care, improve health outcomes and save lives. Community health is the equity arm of primary health care. CHWs are leaders in providing an integrated package of services including in emerging areas, like non-communicable diseases and mental health. Investing in a professional community health workforce can produce a 10 to 1 return on every dollar invested as a result of healthier populations, increased productivity, and job creation, in particular for women. Addressing the health workforce challenge is essential for progress towards all health- related sustainable development goals, universal health coverage, pandemic preparedness and response, and reducing the impacts of climate change.
Living Goods	I am honored to speak on the behalf of the Communities at the Heart of UHC Campaign, which is working to ensure community health programming is integrated into national health systems, financially sustainable and rooted in quality. Our vision is recognition and commitment to community health programs across the UHC agenda. Well-trained, well-paid community health workers (CHWs) are the backbone of strong primary healthcare and universal health coverage. To uphold quality of care, we must invest in CHWs, their pay, their training and mentorship, and ensure that CHWs are well equipped with adequate and necessary resources including commodities. We echo UHC2030's Action Agenda and we strongly support the inclusion of the following in the 2023 Political Declaration: Ensure gender equity in leadership roles, close the gender pay gap, and recognize and remunerate unpaid and underpaid health and care workers, including CHWs. Develop national plans for action and investment in the workforce to increase and sustain health financing and planning for job creation and the recruitment, development, compensation, standard professional training at entry point,and retention of the health workforce, particularly community health and primary care workers. Safeguard and protect the health and care workforce, including front-line and community health workers. Ensure health and care workers have necessary equipment to face challenges encountered by changing climate. Deliver integrated

	services that people trust and want to use by ensuring that the services are respectful, fully responsive, proactive and well managed, with reliable entry points in every community. Promote trust and transparency by strengthening accountability in health governance including ensuring communities have a voice in planning and budgeting processes.. We believe that only by strengthening the health and care workforce - including CHWs - to deliver high-quality health care can we achieve UHC. We affirm our commitment to working together to do so.
London School of Hygiene and Tropical Medicine	I am Professor Richard White, from the London School Of Hygiene and Tropical Medicine As Tedros said, we need to better prevent and prepare for future pandemics Respiratory pathogens likely present the greatest pandemic threat because of the speed and universality of the route of transmission TB is one of oldest and deadliest respiratory infections, and TB services were the foundation of the COVID response worldwide, due to the available capacity and similarities of prevention and care services Strengthening shared PPPR and TB priorities would be one of the smartest investments governments can make, and should be a focus of member-state action As Joy said, the next 12 months are critical Member states should include these 6 points in the zero draft: Ensure strong alignment of governance, funding, and accountability for PPPR and TB Commit to preventing respiratory pandemics through targeted investments with broad impact Commit to strengthing platforms to detect respiratory pathogens with pandemic potential Commit to building health systems' capacity to respond more effectively to respiratory pandemics Commit to the development and scale-up of innovations to tackle respiratory pathogens Commit to mobilising the political momentum] for a PPPR agenda that aligns with efforts to end TB Together we are stronger!
Medecins du Monde (international)	By working directly with marginalized people who lack access to health services, Médecins du Monde (MdM) witnesses the social, economic and political determinants that shape people's health. We see that privatization of the health sector often has detrimental effects on health. We also witness that many marginalized communities are denied access to healthcare. This is also the case in countries which have formally declared achievement of UHC. Groups excluded vary, but often include poor and rural

	communities, women and girls, migrants and refugees, people using drugs and prisoners. We thus call on Heads of State to agree on bold steps and make or reaffirm the following commitments: •Reaffirm the right to the highest attainable standard of physical and mental health for everyone and the state obligation to ensure healthy living and working conditions as well as access to necessary health services as laid down in the UN Convention on Economic, Social and Cultural Rights. States have the obligation to oversee and regulate the private sector in the health sector. •Reaffirm the Alma Ata Declaration on Primary Health Care with its three key pillars: oNeeds-based integrated health services throughout people's lives, oAddressing the broader determinants of health through multisectoral policy and action oEmpowering individuals, families and communities •Reaffirm to "leave no one behind": provide full access and special support to vulnerable groups and protect them from discrimination. •Ensure the entire range of sexual and reproductive health and rights is an integral part of UHC. •Improve the availability and use of disaggregated data on health status and access to services. •Include affected communities in planning, implementation and monitoring for equitable access to health. Multiple global crises have led to a setback regarding the SDG targets. It is now ever more important to "build back fairer" and strive for our common vision of health for all.
MENA Plus	To the representatives of international and regional organizations, governmental and non-governmental, United Nation agencies, representatives of national programs for HIV/AIDS, representatives of pharmaceutical production and distribution companies, activists and civil society; Our world continues to go through crises and challenges which are getting more dangerous and serious every

	day: health crises and pandemics, climate change and natural disasters, wars, regional and national conflicts, economic and geopolitical conflict all which have negatively impacted the frequency of manufacture and distribution of basic necessities such as food, energy, water and medicines. On the topic of health and treatment services, many countries are going through massive stock-outs caused by hardships either in manufacture, transport, distribution or import due to the cost, in addition to the weak purchase capacity of individuals and countries alike as well as challenges forced by rights and intellectual properties for producing generics. Our region of the the Middle East and North Africa (MENA) is not an exception in challenged access to treatments complying to the World Health Organization recommendations, in fact, our region is considered to be more affected because of decade-old crises such as political and security instability, Covid-19 and immigration having cataclysmic effects on the countries causing stockouts in treatment generally and for people living with HIV (PLHIV) particularly. It is important to note that as per the Global AIDS Updates released by UNAIDS in 2022, with declining new infections in the world, MENA observed an increase of 33% of new HIV infections in the last decade which automatically increases the demand and need for more antiretrovirals. In the same report, access to treatment for 2021 did not exceed 50% of PLHIV, which only proves that the situation is far from satisfactory, some may even call it catastrophic: In Libya, the World Health Organization warned of an increase in the spread of HIV/AIDS in 2011 when the national WHO representative in Libya spoke of the number of registered people living with HIV in Libya to have exceeded 9000. As for Syria, which has been under the burden of war for the last decade, one in three Syrians is displaced internally with limited opportunities for healthcare and basic services with around 90% of the population living in poverty as per UNICEF. The situation of PLHIV in Syria is indescribable, can you imagine the wellbeing and health of a person who have not received treatment or care in years. The suffering of PLHIV in Syria will be a stamp that will remain in the history of humanity. Similar to other war-torn countries, Syria has seen a growing black market of illegal medicine trade taking advantage of the crisis lived by PLHIV. In Yemen, according to the International Organization for Migration (IOM), there are

	11,000 PLHIV. This number is definitely an understatement given the conditions of irregular access to testing and due to the conservative nature of the country. As per IOM, people with HIV know the stigma and shame HIV can bring them as it is seen to be associated with socially and religiously forbidden practices. In 2020, only 3000 people were registered in treatment centers with only 360 receiving ARVs. Yemen faces consistent and tremendous stock-outs, with multiple crises (the conflicts and war since 2011 and also Covid-19) the health system has almost completely collapsed and with it treatment distribution centers for PLHIV. In Lebanon and in light of one of the worst economic crises in the world, the healthcare system has been highly affected which negatively impacted the access of PLHIV to healthcare services and treatment. “Hospitals have already started rationing services and prioritizing patients, and because hospitals do not have regular access to electricity, supplies and staff, people could die now for reasons considered avoidable” Joao Martinez, Head of Mission, Doctors without Borders, Lebanon. PLHIV in Algeria are living a cascade of issues related to treatment access mostly on access to viral load testing, inconsistency of quality of care and lack of confidentiality of medical files for PLHIV as well as interruption in ARVs and difficulty in access in Wahran and other western provinces which were exacerbated by Covid-19. In Palestine, and according to representatives of the national AIDS program, the occupation forces hold onto treatments at customs until almost expired before allowing them into the occupied territories. This is a direct violation of human rights and humanity. Similar problems are witnessed all over our region and mainly stigma and discrimination in treatment dispenseries in Sudan, Egypt, Jordan, Iraq, Somalia and Djibouti. After all of this, we ponder on where we are from the latest recommendations of the World Health Organization published on 17th of March 2021, which reads: “WHO recommends empowering everyone at risk of HIV through testing. People diagnosed with HIV need to be provided with ARVs and initiated on treatment as soon as possible after diagnosis. This treatment if consumed regularly will also prevent transfer of HIV to others”. WHO also recommends the following: ● People who have been on ART for at least 6 months and respond well should be offered clinical visits, every 3 to 6 months, and preferably every six months, if possible. ● Persons who have been on

	ART for at least 6 months and respond well should be offered refills of ART for 3 to 6 months, and preferably six months, if possible. ● HIV programs should implement interventions to track people who have withdrawn from care and provide support for re-engagement. ● Psychosocial interventions should be provided to all adolescents and young adults living with HIV. The League of Arab States has also committed to declaring the need to continue efforts to eradicate AIDS by 2030, stressing the importance of continuing to activate its studies, and ensuring access to treatment in all countries of the League. All charters, treaties and recommendations affirm the access of every person living with HIV without exception to treatment and to healthcare and support which guarantees living with HIV in a way that guarantees their dignity and their right to a decent life as human beings. For this reason, we plead before you, the Network of people living with HIV in the Middle East and North Africa, to guarantee the right to healthcare for those PLHIV of the Middle East and North Africa region. We also demand the following: Increase support to countries for equitable and sustainable availability of treatment for all people living with HIV in the region. Cooperation of governments with civil society and the affected populations to ensure that the concerned groups have access and continuation of the treatment chain. Ensure that refugees, mobile populations and those awaiting resettlement have access to screening and treatment wherever they are from wherever they are. Ensure that people in prisons have access to treatment. Ensure access to the cheapest options for medicines to buy in pharmacies, as well as ensuring purchasing power. Increase donor support for initiation and continuation of treatment, as well as continuity of viral load testing and traceability. Raise awareness of the stigma and discrimination practiced against people living with HIV. Ensure that the right to use intellectual property for medicines is available to MENA countries, and facilitate the production and import of generic medicines to MENA countries in line with the purchasing power of the affected population and not the country's GDP that does not reflect the economic situation of the affected communities. Ensure that studies are conducted on treatment efficacy, genotyping, and virus eradication specific to the MENA

	population. MENA+ Network of People Living with HIV in the Middle East and North Africa
MOSEPELE YOUTH SUPPORT NETWORK ORGANIZATION	Address Inequalities continue to be a fundamental challenge for UHC as aggregated data masks within-country inequalities in service coverage.
mothers2mothers South Africa (Association Incorporated Under Section 21)	In many African countries faced with shortages in the health workforce, community health workers (CHWs) play an essential role. CHWs are often the first point of contact for primary health care delivery and help to bridge the gap between the community and the health system. As such, CHWs are increasingly critical to universal health coverage (UHC). Study after study has shown the ability of CHWs to deliver integrated, impactful Primary Health Care services. Alongside these health outcomes, because CHWs provide care in and through the community, they can also reduce inequalities in access to health services and outcomes. 1. CHW's limited access to resources and materials to perform their duties effectively. 2. CHWs are not receiving fair remuneration for their services. 3. Limited CHW training and knowledge to provide adequate care in their communities. With Africa facing a $4.4 billion annual financing gap for community health, a clear strategy to strengthen CHW's capacities and ensure their protection, rights and recognition is urgently needed. Significantly, to contribute to increased access to health services for all under UHC, there is a need for continued policy dialogue and programme planning on establishing supportive structures that enable CHWs to access resources and facilitate their performance. Based on this submission, we call for UN Member States and partners to turn

	intention into action, and increase the demand for investments in CHWs to bridge healthcare delivery gaps and work toward realizing health for all through: 1. Identifying innovative ways to train, deploy and equip CHWs. 2. Improving CHW access to medical supplies, medicines, and incentives. 3. Increasing visibility of CHWs and how to leverage their unique skills and knowledge for health promotion and disease prevention initiatives. To achieve UHC by 2030, recognition of the essential role of CHWs in the political declaration is necessary to ensure member states take necessary actions.
mothers2mothers South Africa (Association Incorporated Under Section 21)	In many African countries faced with shortages in the health workforce, community health workers (CHWs) play an essential role. CHWs are often the first point of contact for primary health care delivery and help to bridge the gap between the community and the health system. As such, CHWs are increasingly critical to universal health coverage (UHC). Study after study has shown the ability of CHWs to deliver integrated, impactful Primary Health Care services. Alongside these health outcomes, because CHWs provide care in and through the community, they can also reduce inequalities in access to health services and outcomes. 1. CHW's limited access to resources and materials to perform their duties effectively. 2. CHWs are not receiving fair remuneration for their services. 3. Limited CHW training and knowledge to provide adequate care in their communities. With Africa facing a $4.4 billion annual financing gap for community health, a clear strategy to strengthen CHW's capacities and ensure their protection, rights and recognition is urgently needed. Significantly, to contribute to increased access to health services for all under UHC, there is a need for continued policy dialogue and programme planning on establishing supportive structures that enable CHWs to access resources and facilitate their performance. Based on this submission, we call for UN Member States and partners to turn intention into action, and increase the demand for investments in CHWs to bridge healthcare delivery gaps and work toward

	realizing health for all through: 1. Identifying innovative ways to train, deploy and equip CHWs. 2. Improving CHW access to medical supplies, medicines, and incentives. 3. Increasing visibility of CHWs and how to leverage their unique skills and knowledge for health promotion and disease prevention initiatives. To achieve UHC by 2030, recognition of the essential role of CHWs in the political declaration is necessary to ensure member states take necessary actions.
Multiple Sclerosis Society of India Chennai Chapter& Disability Rights India Foundation	On behalf of MSSI Chennai, I submit the following statement from a care givers perspective. As a mother of an adult with multiple sclerosis, a neurological condition, I am aware of the challenges that come with managing the disease alongside the financial and practical demands it places on the family. Persons living with NCDs, rare diseases and disabilities require ongoing attention and care, as well as access to expensive medications, therapies and assistive devices that can be difficult to afford and navigate. For many families, the cost of managing a neurological condition like MS can be prohibitive, particularly for those who lack insurance coverage or access to specialized care facilities. Beyond expensive medications, rehabilitation services like physiotherapy, speech therapy and vision therapy may be required to help individuals with disabilities, NCDs and rare diseases maintain functionality and minimize the impact of their condition on daily life. Travelling to district hospitals versus availability of periodic infusions at the community/ door steps should be explored and enabled. Additionally, day-to-day care services like bladder management, bed sore management, basic activities like feeding, bathing etc and treatment for other infections must also be considered. These necessary care services should be incorporated into health services to ensure that individuals with NCDs, rare diseases and disabilities receive the comprehensive care they need to maintain their quality of life. As a result, there is a growing need for trained caregivers who can provide the support and care that individuals with NCDs, rare diseases and disabilities require. These caregivers can play an integral role in helping to manage the symptoms of these complex conditions, working alongside healthcare providers to provide effective and compassionate care. Overall, the challenges associated with managing NCDs, rare diseases and disabilities are significant, and it is important that incountry UHC policies and

	programs ensure increased access to care services and trained caregivers, without incuring out of pocket expenditure to ensure that individuals with these conditions receive the support they need to thrive.
Muslim Aid Initiative Nigeria (MAIN)	Universal Health coverage scheme as a strategy to address the issues of high level poverty, inequality and vulnerability in health care delivery
Mutualité Française - Association Internationale de la Mutualité	J'interviens en qualité de Président de la Mutualité Française, acteur de la protection sociale et de la santé universelles riche d'une histoire de plus d'un siècle aux côtés des citoyens et de leur santé. Convaincue de la solidarité internationale en santé, la Mutualité Française est un membre fondateur de l'Association Internationale de la Mutualitéqui est un nouveau partenaire de l'UHC2030 et représente plusieurs centaines de mutuelles d'Europe, d'Afrique, du Moyen-Orient et d'Amérique latine qui couvrent près de 240 millions de personnes. Les mutuelles de santé sont des mouvements sociaux, ancrés dans les communautés, favorisant l'accès à la pleine santé, en assurant le financement des soins de santé individuels de manière collective et solidaire, non-lucrative et démocratique, et en réalisant des actions de promotion de la santé et de prévention auprès des populations. Forts de nos valeurs et de notre histoire, nous appelons les Etats à faire le constat que seules la solidarité et la non-lucrativité sont en mesure de donner l'accès au plus grand nombre à la protection en santé, et que les mutuelles correspondent à ces critères. Nous appelons également les Etats et les organisations internationales à prendre en compte, dans une logique d'articulation avec les mécanismes nationaux de protection sociale, les mutuelles de santé comme mode de couverture et de partage des risques sociaux. Considérant la Déclaration politique de 2019, dont nous accentuons les appels pour les financements internationaux et la prise en compte de la société civile, considérant également l'adoption de la récente Résolution des Nations Unies « La promotion de l'économie sociale et solidaire au service du développement durable », nous plaidons pour la reconnaissance du mouvement mutualiste et de son rôle pour l'atteinte de la CSU
National Tuberculosis Programme-Field epidemiology Programme	I am interested in cross-border issues and their involvement in the process of combating epidemics. The case of the Gabon-Cameroon border and Equatorial Guinea

NCD Alliance	The NCD Alliance aligns itself with the UHC2030 Advocacy asks, and I make the following comments in my organizational capacity: NCDs make up 74% of deaths globally but most countries are likely to miss SDG target 3.4 on NCD mortality reduction. At the same time UHC cannot be attained without action on NCDs, integrating NCD prevention and care into national UHC health benefits packages. These two agendas are mutually reinforcing, and aligning them can accelerate progress toward reaching the Sustainable Development Goals. The upcoming Political Declaration has the opportunity to build on existing UHC commitments by calling for: 1. UHC reforms and policies to address the growing burden of people living with more than one chronic condition. This can be achieved by adopting a people-centered approach to UHC that ensures people are treated holistically throughout their life course. This will necessitate a break down of the siloed approaches to funding and implementation of health care. 2. Sustainable UHC resourcing which can be facilitated through implementation of cost-effective NCD prevention interventions, such as those included in Appendix 3 which have a population-wide impact, such as taxation and other fiscal policies and health promotion services. Use of existing global innovative funding mechanisms such as the Health4Life Fund can also be helpful to mobilise resources on the journey to the progressive realisation of UHC. Finally, with only 10% of governments having implemented formal accountability mechanisms for UHC, we call for the engagement of people living with NCDs in UHC governance and decision-making processes, to ensure steps toward UHC are and remain people-centered. In the same vein governments must redress conflicts of interest, power imbalances and interference from health-harming industries in these same processes.
NETWORK OF TB CHAMPION	Do we have enough resources to support universal health coverage in terms of sustainability plan
NGO Committee on UNICEF	as we strive for a UHC for all and primary care systems that are fit for purpose, what can we learn from the HIV response that could strengthen PHC
Nigerian Women Agro Allied Farmers Association	How can we promote UHC values and benefits in rural communities in developing Countries.

Non-Communicable Disease Alliance	NCD Alliance aligns itself with the UHC2030 Action Agenda. Noncommunicable (NCDs) are the leading cause of death and disability and account for 74% of deaths globally, with 85% of premature deaths from NCDs occurring in low- and middle-income countries. Despite this, globally available data on progress of inclusion of NCD prevention and care in Universal Health Care (UHC) packages, although limited, shows wide gaps in coverage for NCD services between countries, and that more than half of countries are likely to miss Sustainable Development Goal (SDG) target 3.4 on NCD mortality reduction. We call on Heads of State and Government to engage at the high-level meeting and take the lead in the progressive realisation of universal health coverage (UHC) by ensuring equity in their UHC health benefits packages across the three dimensions of financial, population, and service coverage, and to meet the needs of people living with NCDs. This can be ensured by including the following 4 points in the political declaration: 1. INVEST in and ACCELERATE UHC implementation by funding and including essential NCD prevention and care services across the continuum of care in national UHC health benefits packages, including by drawing on the guidance contained in Appendix 3 of the WHO Global NCD Action Plan, also known as the NCD “best buys” and other recommended interventions, which provides a menu of cost-effective policies to prevent and manage NCDs. 2. ALIGN development and global health priorities to achieve UHC by adopting a people-centered approach to UHC that ensures people are treated holistically throughout their life course, and that this breaks siloed approaches to funding and implementation. 3. ENGAGE people living with NCDs to keep UHC people-centered by formalising opportunities for meaningful involvement of civil society organisations and people living with NCDs in UHC governance and decision-making roles for policies, programmes, services.
NOPE - National Organization of Peer Educators	How Can Least and Developing Countries like Kenya Guarantee their Citizens Universal Health Care in view of inaccessible and expensive Health Care Facilities?
OMS	Plusieurs ont des ressources limités pour assurer une couverture universelle pour les Soins de Santé Primaires. Y aura t il d'autres mécanismes additionnels pour les aider à y parvenir ? Etant donné la faiblesse de leurs système de santé, comment assurer l'efficacité et la résilience dans un contexte de ressources limitées.

Onyibupet Consulting Limited: Facilitator of Youth Global Platform on HIV/AIDS	What are we doing to engage private sector stakeholders in the low and middle income countries to enhance UHC ? This is because the best way to consolidate UHC in poorest communities lies in the economic viability of the delivery system. I thank you.
Organización Panameña Antituberculosa	Countries that are considered high-income, but in Tuberculosis have a poor distribution of their resources that do not reach the most affected population, ¿what alternatives or strategies will they use to not leave anyone behind, such as the indigenous people in my country , Panama?
Osgoode Hall Law School, York University (SOLVE Study)	As an international lawyer specialized in the law of treaties, global health law and human rights, and my statement will focus on emphasizing synergies between pandemic preparedness, universal health coverage and health system resilience
PAI	The role of civil society organizations in building/strengthening a sustainable, equitable, and integrated health system
PATH	Countries commit minimum required funds for public health services to enable universal, effective and patient centered care with no or acceptable proportion of out of pocket expenses.
Pathfinder International	Increasing domestic resources is critical to achieving UHC. From country exoeriences, what are best practices and where do we see failures to learn from.
Penabulu Foundation	what are the funding options for developing countries, such as Indonesia, to ensure every citizen has UHC
People Vaccine Alliance	The importance of public financing of public health system and workforce, integrating UHC with PPR and access to medicines.
PEOPLES ACTION FOR SOCIAL SERVICE	Multi stakeholders learning on universal Health coverage in HLMs will reach the practices for healyh for all.
Plan International Senegal	Quelles sont les stratégies innovantes de communication que les pays africains peuvent utiliser pour l'adhésion des communautés surtout dans le secteur informel
POSCVI-TOGO	Comment les efforts pour la CSU intègrent l'engagement communautaire et la prise en compte de la réduction des dépenses catastrophique des pour les ménages
Program for Appropriate Technology in Health (PATH)	Statement for the Multistakeholder Hearing in Preparation of the General Assembly High Level Meeting on UHC

	Submitted by: Heather Ignatius, Chief of External Affairs On behalf of PATH, a global nonprofit working to advance health equity, thank you for the ability to provide input. We call on leaders participating in the HLM to initiate a radical reset by prioritizing primary health care as a 3-for-1 investment in universal health coverage, health security and better health and well-being. All three goals depend on the same health systems, and PHC is their common foundation. Without integrated, people-centered PHC, communities will remain susceptible to any threat, from novel infectious diseases to common–but preventable–maternal and newborn illnesses. PHC has long been recognized as the vehicle for achieving UHC, but investments have fallen short and programs have been too siloed to strengthen systems holistically. While these investments have made important and impressive gains in their specific health areas, strong, integrated health systems supported by increased, effectively utilized domestic financing must be a priority for continued progress. Investing in PHC will help us overcome the hurdles to reaching global goals—from reducing maternal and child deaths to ending the epidemics of HIV, AIDS, malaria, and tuberculosis, while addressing the growing burden of NCDs. Governments and funders should invest in PHC systems designed for people, with people; and in innovative approaches and models to more efficiently increase access to health services and information. We must give people what they want: quality health services in their communities that work around their needs and preferences. Leaders participating in the HLM should prioritize people who have been failed by the system, not those who already benefit from it, by removing financial barriers so everyone—particularly the most marginalized groups—can access quality care, products, and information. Finally, governments must strengthen and finance health data and community engagement, ensuring everyone is counted and included, so that no one is left behind.

	We must look at universal health coverage as an investment, not a cost, to build resilience in health systems and improve health outcomes for all.
Protection for Legal & Human Rights Foundation	Civil society can make a strong contribution to universal health coverage. NGOs need a global platform to work together & exchange opinions.
Protection for Legal & Human Rights Foundation	NGOs should budget for Universal Health Coverage.
PUMUANI Community Based Organization	What steps can be taken to ensure that Universal Health Coverage is truly universal and accessible to all, including marginalized and vulnerable populations such as those living in poverty, people with disabilities, and those in remote and rural areas?
PYI GYI KHIN Non-Governmental Organization	I hope that this stakeholder meeting will allow all of us to come together, share our experiences and insights, and identify concrete actions to advance UHC in Myanmar. We must work to create a health system that is responsive to the needs of all people, equitable, and promotes health and well-being for all.
PyiGyiKhin	I hope that this stakeholder meeting will allow all of us to come together, share our experiences and insights, and identify concrete actions to advance UHC in Myanmar. We must work to create a health system that is responsive to the needs of all people, equitable, and promotes health and well-being for all.
RED INTERNACIONAL EN SALUD COLECTIVA Y SALUD INTERCULTURAL	How to establish an open dialogue between political actors in health, the legislature, the judiciary and health actors, this derived from the great diversity of health systems in Mexico and the great lag in health, especially chronic non-communicable diseases.
REDE-TB - Brazilian TB Research Network	Poverty just increased, including in central economies, since the last HLM. What is the progress in universal ACCESS (beyond coverage) - meaning free of any charge/cost to the person affected/patient/service users - since the last HLM? The Hearing showed many expectations, but not much show of progress. Which are the indicators of progress? SHORT STATEMENT: This statement results from Civil Society recent consultations in the Americas with support by PAHO: 1. Despite Americas growing inequalities and poverty, the Re-gion is lacking support from international cooperation agencies. We demand prioritization within the framework of human rights, gender perspective and cultural relevance, with special at-tention to the most vulnerable populations! 2. Without universal health access and

	comprehensive social protection measures, and urgent uptake of multisectoral approaches, the threat we do not reach the End TB targets is very real. 3. Although progress was observed within some countries, CS is still perceived with reserves and suspicion, which limits the ability of communities to participate meaningfully in the TB policies and services. We demand countries to comply with commitments to open dialogue and collaboration with CS in the benefit of all and good use of public funds! 4. CS in our region continues to be underfunded and undervalued. We demand access to consistent funding mechanisms to strengthen civil society organizations and support their repre-sentatives who act as community health agents, technicians and community specialists. 5. TB R&D lacks participation of the community from concep-tion to implementation. We demand governments to rapidly update their guidelines and implement international rec-ommendations for TB prevention and care and remove ad-ministrative barriers to imports, and intellectual property to en-sure access to new technologies. 6. We urge the U.N. to name a special rapporteur for the elimina-tion of discrimination against persons affected by TB. FULL STATEMENT: The following statement is a result of several consultation with Civil Society (CS), affected communities and parliamentarians from the Americas throughout January to May 2023. These consultations, which were supported by PAHO, have highlighted: 1. The Americas is the most unequal region in the world, dramatically affected by the Covid-19 pandemic. The Region has stopped receiving support from international cooperation justified by the argument that it only accounts for 3% of the global TB burden. Despite the considerable progress observed in some countries of the region, there is still a lack of political will to include community participation in the processes of building public policies and specific services to strengthen them as key actors in the response to TB. Governments and other entities still view CS with reservations and suspicion. This perception limits the ability of communities to participate meaningfully in the TB response, including monitoring and evaluation by community-based organizations. 2. For this reason, CS in our region continues to be underfunded and undervalued. Civil Society Organizations (CSO) express their demand for access to consistent financing mechanisms to strengthen the communities in order to guarantee relevant

	participation in the definition of health policies and in the provision of health services. In addition, CSO require a guarantee of direct support from SC representatives who act as community health agents, technicians, and community specialists. 3. TB still needs to be prioritized in the health agendas of our countries within the framework of Human Rights, with a gender perspective and cultural relevance, with special attention to the populations most socially vulnerable to the disease, such as: indigenous communities, migrants, prisoners, people with HIV, diabetes, leprosy, contacts of people with or deceased from TB, children, women, health professionals, sex workers, LGTBIQ+ population, street dwellers, tobacco, drug and alcohol users and other groups. 4. Affected communities and CS demand recognition and endorsement of their effective participation as protagonists in national TB planning, implementation and monitoring. This framework of active participation and multi-sectoral responsibility benefits society, governments, transparency and the good use of public resources. 5. We CS demand that the governments of the Americas region rapidly update their guidelines and implement international recommendations for TB care and remove administrative barriers to imports and intellectual property to ensure access to diagnostic tests, drugs, supplies and vaccines for all people and constantly invest in research, knowledge management and development and implementation of new technologies, with the participation of the community from conception to implementation, as a key strategy to achieve the objectives of the End of TB in the coming years. 6. TB is a disease fueled by poverty and inequity. Social disparities are growing in the Americas, generating stigma and discrimination for those most affected, and jeopardizing progress in the fight against TB. Without universal health coverage & access, and comprehensive social protection measures we will continuie with unjustifiable deaths and suffering from TB. The threat we do not reach the End TB targets is very real. 7. We urge our governments and international cooperation agencies to prioritize the Region of the Americas. With political will, significant investment and community participation, the Americas could be the first region in the world to put an end to TB. 8. Finally, we urge the United Nations to name a special rapporteur for the elimination of discrimination against persons affected by TB and other

	syndemics to monitor the accomplishment of the UN High Level Meeting TB Declaration, and the strategic points delivered here.
Rehabilitation International	Rehabilitation must be an essential part of UHC worldwide. Access of persons with disability to all health services must be guaranteed
Rekat Peduli Indonesia	How to implement universal health coverage in low intervention countries
Research Institute of Tuberculosis, Japan Anti-Tuberculosis Association	I would like to share the Japanese experience showing that mutual development of TB and UHC can be beneficial. Tuberculosis burden in Japan was extremely heavy, as indicated by the notification rate of about 700 per 100,000 population in 1951. Based on TB Prevention Law which was enacted in 1953, the government strongly promoted TB control service. As for case finding, expansion of target for chest X-ray screening was successful as indicated by the fact that it accounted for 28% of case detection in 1960. Meanwhile, public health insurance for all people was introduced in 1961, proportion of TB patients detected through screening started to decline, halving to 14% in the following 15 years. It is because that U universal health insurance has reduced barriers to consultation for symptomatic patients. Early detection of symptomatic patients helped not only to prevent progression to severe disease, but also to eliminate the source of infection, thereby contributing to the reduction of TB incidence. On the other hand, the ripple effects of strengthening TB control program on UHC were as follows: development of public-private partnerships, enhancement of health center functions, creation of community health activities with the participation of people, and expansion of screening system to non-communicable diseases. These were established through TB control program and well utilized for NCD and other community health issues. Thus, TB control and UHC worked effectively for mutual development, indicating the importance of balanced investment in both disease control and UHC.
Results Educational Fund, Inc.	This statement is submitted on behalf of the ACTION Global Health Advocacy Partnership, a partnership of locally rooted organizations across five continents that advocate to influence policy and mobilize resources to fight diseases of poverty and achieve equitable access to health for all. As noted during the UNHLM Multi-Stakeholder Hearing on UHC, the achievement of SDG 3 is indivisible from the achievement of all other SDGs. Investing in primary health care systems as a driver

	of UHC is the best pathway to address inequalities within and between countries, prepare for and respond to current and future pandemics, achieve the SDGs, and ultimately advance the right to health for everyone, everywhere. Member States and world leaders must commit to addressing structural impediments to accessing care and providing clear frameworks for social participation and civil society-led consultations at every step of the process in order to help track progress and hold governments accountable. We call on Member States to include the following commitments in the final declaration: 1. Take a whole-of-society approach with clear mechanisms to engage civil society and community health workers and affected communities. 2. Commit to integrating TB services as an essential component of UHC and PHC as the goals of UHC cannot be achieved without global access to TB prevention and care. 3. Commit to including TB as a tracer indicator in global and national UHC, PHC, and AMR strategies, as progress on TB and TB R&D is a key indicator of progress on UHC, PHC, and AMR. 4. Improve integrated access to TB services through multi-sectoral collaboration and mixed public-private health systems. 5. Strengthen social protection schemes that prevent catastrophic out-of-pocket healthcare costs, which are central to the UHC agenda and improve treatment success rates for TB. 6. Invest in and support community-led systems linked to health providers, which are crucial to reaching the most vulnerable and marginalized with essential health services, including TB diagnosis and treatment, and having the capacity to mount effective and equitable TB outbreak responses.

Results International (Australia)	Many countries have made great strides to expand coverage and access, how can we strengthen our commitment to quality and to ensuring services meet the needs of vulnerable people and minorities?
RNLI	How can universal health coverage fully integrate efforts to address the growing burden of injuries and deaths, including those related to road traffic accidents and drowning, through preventive measures as well as strengthening trauma and emergency care systems?
Roche Diagnostics	Roche would like to thank the UN General Assembly for convening the multi-stakeholder hearing on Universal Health Coverage (UHC). As a UHC2030 Private Sector Constituency member, we reinforce the private sector's commitments to the UHC Agenda. Roche provides transformational diagnostics and medicines for all patients around the world. We know that life-changing innovation is only meaningful if it reaches those who need it. As a company, Roche seeks to double patient access to novel, high-medical-value diagnostics solutions and to drive more effective and efficient research to enable better therapeutic decisions for patients. Equitable access to quality-assured, standard of care services and interventions is a key component of achieving UHC. Early accurate diagnosis followed by timely treatment with effective and safe medicines offers patients the best opportunity for a positive health outcome. Comprehensive UHC is an investment, not a cost. It helps build stable economies and strong societies and is fundamental to addressing inequality in access to quality care. To make access to healthcare affordable and protect patients from financial burden, both the private and public sectors share the responsibility to work together to ensure patient-inclusivity and in building resilient and sustainable healthcare systems. Roche calls on stakeholders across the healthcare spectrum to continue partnering in the development of tailored solutions that help overcome the barriers and ensure rapid, broad and sustainable access to standard of care services and interventions, no matter where people live.
Royal Commonwealth Society for the Blind	Sightsavers makes this statement as a member of the International Disability and Development Consortium, and in alignment with the UHC2030 Action Agenda. 16% of people globally experience significant disability. This figure is rising due to population ageing and increasing prevalence of health conditions that cause

	impairments. Persons with disabilities experience stark health inequities and consequently, on average, much poorer health and functioning than the general population. They are 3 times more likely to be denied healthcare, 4 times more likely to be treated badly in healthcare facilities; they have 2.4-fold higher mortality rates than those without disabilities and they are missing 10 to 20 years of life expectancy. They are also more likely to find healthcare unaffordable and face catastrophic health expenditure than other people. Persons with psychosocial disabilities and intellectual disabilities are among the most left behind in UHC, with limited choices of support and services for their mental health and well-being and often experiencing restricted rights and human rights abuses in residential and long-term facilities, such as involuntary treatment and detention. Health system barriers are among the key factors causing these inequities. Intersecting factors such as sex, age, gender identity, poverty or migrant status further intensify health inequities experienced by persons with disabilities, often as a result of multiple forms of discrimination that remain poorly addressed in health systems and services. UHC can only be achieved if health inequities experienced by persons with disabilities and older people are fully addressed. We call on heads of state and government to note the WHO global report on health equity for persons with disabilities, to recall Resolution WHA74.8, and to commit to actions needed to advance health equity for persons with disabilities; in particular: -- To strengthen legislation, policies and governance systems that protect and promote the right to the highest attainable standard of health for persons with disabilities of all ages, including women and girls and older people with disabilities, and that advance the meaningful participation of persons with disabilities and their representative organizations in health and care policy planning, implementation, monitoring and evaluation. -- To promote universal access to quality health services without discrimination and financial hardship across the continuum of care and throughout the life-course

	through universal design, rights-based and person-centred approaches, and through financial protection systems that minimize the greater financial burdens and barriers for persons with disabilities. -- To ensure that packages of care meet the physical and mental health needs of persons with disabilities, including communicable and non-communicable disease prevention and care, rehabilitation and assistive products, sexual and reproductive health services, and long-term care and support within the community. Strengthen community-based services that are close to where people live, accessible to all, and that promote early identification, recovery, participation and deinstitutionalization. -- To prioritize workforce training and competencies for disability inclusion and non-discrimination. -- To ensure the use of standardised systems to collect and use sex-, age- and disability-disaggregated data with no upper age caps and a focus on access to essential health benefits packages, primary health care, and financial protection. -- To promote deinstitutionalization for persons with disabilities of all ages and increase investment in community-based health and care services and support systems, including mental health services, which promote recovery, participation, and rights-based support. -- To ensure that equity, inclusion, protection and rights of persons with disabilities are also prioritized in health emergency preparedness and response.
Royal National Lifeboat Institution	Injuries - including road safety & drowning prevention - contribute substantially to the burden of mortality globally and put significant pressure on health systems. How can injury prevention and response be integrated into Universal Health Coverage?
RTI International	RTI enthusiastically supports the intent of the multistakeholder hearing on Universal Health Coverage (UHC). RTI is both a global research institute and a leading international development organization dedicated to improving the human condition. We combine these powerful capabilities with those of our partners to co-create smart, shared solutions for a more prosperous, equitable, and resilient world. RTI's dynamic blend of innovation, research, and project implementation has helped foster supportive policies and systems to improve access and demand for quality

	health services globally for more than 40 years. From our work across the globe including strengthening health systems, combating neglected tropical diseases, and improving reproductive, maternal, neonatal, child and adolescent health (RMNCAH), it is clear that UHC is an important driver for holistic investment to improve health at all levels of the health system. Hence, there is an urgent need to address the critical gaps in achieving UHC by 2030 from a whole of health system approach, especially considering the reversals of initial gains due to the COVID pandemic. These include gaps in human resources for health, service delivery, governance and leadership, health financing, learning and adapting systems, community engagement, and supply chain systems. In order to move from commitment to action and accountability, we make the following recommendations with a focus on leadership and governance. Country ownership of the implementation of UHC must be ensured and sustained especially in LMICs as well as prioritization of country-led participatory processes, with the recognition that sustainable health outcomes depend on resilient and adaptable locally led health systems. There should be increased investments to strengthen local and community level governance and accountability structures and effectively connect them to national level institutions and structures. Finally, we call for greater collaboration and coordination among stakeholders to synthesize and scale up locally led innovative solutions to achieve sustainable results for universal health coverage.
Rural Health Advocacy Project Division of WITS Health Consortium	everyone has the right to access healthcare, south africa aggregate performance on essential health services (rmch, infectious diseases, NCD) has mostly been moving in the right direction at a national level but shows significant variation across the provinces and districts. rural districts mostly perform below the national average. We have less than a decade to achieve the 2030 UHC goals. The impact of the pandemic on routine health services (PHC) is yet to assess but the evidence is emerging that we have lost ground in several areas. This human rights day as we others we commemorate the heroes of our struggle and we must. However, as a sector we need to give content to these hard-won rights in the constitution. as a sector we are duty-bound to refocus our struggle from the disease silo's necessary to move the response from emergency to resilience which put differently should

	translate to prioritising the strengthening and responsiveness of primary health care. Primary health care is the key to address the TB emergency , Primary Health Care is the key to moving the second 95 from 70% to 95 by 2030 . Primary Health Care is the key to addressing the growing NCD crisis . Primary Health Care is the key to improving access to sexual and reproductive health care services , improved ante natal care included the reduction of maternal mortality primary health care is key to improving under health , primary health care is the key to future pandemic preparedness. Happy Human Rights Day
SADC PF	Many African countries still contend with high levels of child and maternal mortality, malnutrition is far too common, and most health systems are not able to deal effectively with epidemics and the growing burden of chronic diseases, such as diabetes, cancer, TB and others. How then can African countries that are struggling economically be assisted in terms of ensuring accessibility of UHC by all even beyond funding try up from donors such that health services can still be accessed even by the most vulnerable groups within our communities without having to worry about financial hardships?
SAF-Teso	How poorest countries like Uganda can be supported for community Health Insurance Schemes and whether their will be available opportunities for donors willing to support community health insurance schemes in the rural grassroot communities.Uganda's country's health system is weak and it failed to support the population to attain quality treatment standards.
SANAC Civil Society Forum	To achieve UHC, what are the basic minimum requirements that each country must have in place
Sankalp Rehabilitation Trust	I have been associated with the WHO India office as a Core member of UHC in India. Since I am working with poor and marginalised community we have special interest in UHC as most of our clientele do not have medical insurance.
Save the Children International	The world was off-track to achieve SDG3 and its targets before COVID-19, and what progress had been achieved has largely been reversed by the polycrisis. It is unacceptable that in 2021, more than 5 million children died before reaching their fifth birthday, largely from preventable and treatable causes, and that 25 million children missed out on routine immunizations, putting them further at risk of death

	and ill health. Delivering progress on UHC is essential for ensuring all newborn babies, children, and mothers, particularly those impacted by inequality and discrimination, have access to affordable and good-quality health and nutrition services. It is essential for reducing preventable childhood deaths. To achieve our UHC commitments, we need stronger political leadership, renewed focus on multilateral solutions and cooperation, and concrete action at all levels. Progress, in particular, can be achieved by prioritizing primary health care, increasing the quantity and quality of investment, and advancing participatory approaches to health planning and delivery. Major causes of child mortality in low- and middle-income countries can be addressed at community level by working with and strengthening community health services and workers. Prioritizing primary healthcare through the provision of a comprehensive essential benefits package of health and nutrition services can serve as a key lever to build resilient health systems in times of crisis and in calm, contributing to both UHC and health security goals. Poverty, high cost of health services and medicines, and constrained fiscal space are key challenges to achieving UHC and SDG3 more broadly. Governments should increase their domestic public investment in health as much as possible and remove out-of-pocket payments, particularly for vulnerable populations, while the donor community should increase ODA to resource-constrained countries and support reforms to the international financial architecture to unlock more resources for health. Finally, all efforts should be informed by participatory approaches and inclusive health governance to empower people and communities. At the midpoint of the 2030 Agenda, leaders must recognize the critical importance of UHC for achieving sustainable development and adopt a strong and action-oriented Political Declaration. Doing so will contribute to broader socioeconomic progress and prosperity as well as the fulfilment of children's rights.
Self-Care Trailblazer Group	As defined by the World Health Organization, self-care is the ability to manage your own health with or without the support of a provider – including the use of HIV self-testing, self-managed contraception and medication abortion, and digital tools for self-monitoring, to name a few. It is an undeniable aspect of individual health behavior and an important and growing component of health systems. As such, the

	Political Declaration on Universal Health Coverage (UHC) must explicitly and directly acknowledge and champion the vital role of self-care. Self-care aligns with each of the eight Action Areas and should be mainstreamed within UHC actions at the global and national levels. While it's not a replacement for the health system, self-care equips individuals and communities with more options to access health services. This is especially important for vulnerable populations, including women, girls, transgender individuals, youth, rural populations, those in humanitarian settings, and stigmatized groups such as people living with HIV and sex workers. The Self-Care Trailblazer Group, a global coalition working to advance the landscape of self-care for sexual and reproductive health and rights. We call on Member States to institutionalize self-care within their national health systems through supportive policies, programs, financing, and regulations. By encouraging individuals and communities to act as informed agents for their own health and well-being – through healthy lifestyle choices and self-managed disease prevention and control measures — limited health resources can be used more efficiently and effectively. This can reduce the burden on health workers, health facilities, and government budgets — ensuring that resources are available to manage conditions that require the support of providers. Access to self-care is integral to reformed health systems, with the understanding that it is not a substitute for a government's responsibility to provide quality services. By supporting individuals to care for their own health, UHC can be implemented more successfully, leading to better health outcomes and improved quality of life for all.
Sigma Theta Tau, International Honor Society of Nursing, Inc.	Thank you for the opportunity to speak on behalf of Sigma Theta Tau International Honor Society of Nursing– a global nursing organization representing nurses worldwide. As scientists, clinicians, educators, and policy makers, nurses work in all corners of society and are perfectly positioned to bridge the gap between governments, corporations, researchers, civil society, and health professionals to realize our collective goal of equitable access to health care.

	The need to double down on our efforts to achieve universal health coverage has never been greater. With worsening inequities and stalled progress on the Sustainable Development Goals due to the COVID-19 pandemic, we must accelerate our efforts to achieve the UHC agenda. Globally, nurses make up the largest portion of the health workforce and are critical to the advancement and achievement of these agendas. We continue to affirm our commitment to ensuring that every human being deserves the right to access effective, efficient, and person-centred health care services based on need and not the ability to pay. Universal health coverage will not be achieved without a strong health workforce. This begins with respecting all health workers, investing in decent work and fair pay, and bolstering strategies to enable the recruitment and retention of a skilled and well supported health care professionals. Let's be clear- there is no health without nurses. Protecting and investing in nurses is simply good for the well-being of citizens, the economy, and society. On behalf of nurses worldwide and our partners within and beyond the heath sector, we urge Member States to protect, invest, and optimise their health workforce towards the achievement of UHC and population health targets. We must leverage the trust, evidence, and compassion that nurses bring to this critical agenda.
Smile Train, Inc.	Will make a brief statement on behalf of Smile Train and our 1200+ partner treatment centers and 2500+ medical partners around the world, emphasizing the need for health workforce strengthening and prioritization of vulnerable communities, like those with disabilities, within achieving UHC.
South African National AIDS Council -Civil Society Forum	Accountability in relations to UHC is of paramount for all, what is UN doing to ensure that countries leave no one behind
Southern Africa Miners Association (SAMA)	How can Miners be part of access to universal health care at country of origin hence contracted TB and Silicosis in the mining company at country of destination since they become a health burden to the state of origin?

Southern African AIDS Trust (Association incorporated under Section 21)	The Executive Director of SAT an African NGO operating for adolescent SRHR in southern Africa, respectfully requests a question to the UNGA as follows, “Given that much of the history of global health and much of its current resourcing & direction-setting continues to reside in the global north, and given that both the UN Secretary General and the UNGA have worked continuously to re-balance this inequity, could the President of the General Assembly give this Consultation some sense of actions being taken to ensure that UHC is both led by the Global South, where the most needs lie, and that the content of any resolution will tilt towards addressing those needs by measures such as public- and primary-health foci, adolescent health and SRHR foci, and protection and promotion of civic space by the inclusion of civil society in governance mechanisms at all levels?”
Southern African AIDS Trust (Association incorporated under Section 21)	With the largest generation of adolescents and young people in history, how are we ensuring that the next UHC political declaration accelerates the realization of youth facing health systems especially in the African continent which will be home to over 40% of the world's youth by 2030? Happy to alternatively provide a statement on the importance of the meaningful engagement & leadership of adolescents and young people in the design and implementation of national UHC policy and programming, starting with the UHC political declaration.
SPARSHA Nepal	There shouldn't be discrimination on health access according to the place they are born at.
SPARSHA Nepal	UHC is one of the strategies that everyone can obtain the health services they need without suffering financial hardship,i.e.linking people to the National Health Insurance Program which has reached to many districts of Nepal. UHC, social protection, and action on TB determinants are part of Pillar 2 of the End TB Strategy and SDG targets and indicators. To improve access to TB prevention, diagnosis, and treatment services requires progress toward universal health coverage (UHC), combined with action to address health-related risk factors and the broader social and economic determinants and consequences of TB, which should be considered while planning for any TB and health program
Stichting Health Action International	Universal health coverage aims to ensure access to health for all. However, we have found that even under current UHC packages people living with diabetes who use

	insulin are often left behind. Many countries fail to provide full coverage for treatment, including insulin and supplies and care. Without this access, people with diabetes are faced with life-threatening complications and even death for people with type 1 diabetes. To ensure all people living with diabetes can continue not just survive but thrive, UHC policies and package must include a comprehensive response to diabetes, beyond prevention measures, that includes access to insulin and supplies, blood glucose self-monitoring devices and person-centered care and support.
STOP TB PARTNERSHIP	Government must international support community organisations to support healthcare to the unreached
STOP TB PARTNERSHIP GHANA	what stops government from streamlining CSO into UHC programs
Stop TB Partnership Indonesia	Shift from “resilient and sustainable systems for health” to “resilient, sustainable, and integrated systems for health”. Governments should integrate TB health and non-health related services as part of the UHC system; build the foundations for UHC to become resilient during pandemics; and allow national PPPR to sustain UHC and TB responses in times of pandemics.
Stopaids	Our statement will address the topic of how digital technologies can play a critical role in accelerating health for all, in line with panel discussion 1. The political declaration of the HLM on UHC (2019) recognises the potential of digital technologies in achieving UHC while emphasising the importance of protecting data and privacy. The same commitment was also made in the political declarations for the HLMs on TB (2018) and HIV (2021), with a focus on meeting human rights obligations in the use of digital health technologies. Our statement will cover how the lack of access to digital health and innovative technologies remains a significant barrier to achieving UHC and progress made to safeguard privacy and rights is unclear. The governance of data and digital technologies remains weak, with concerns of data colonialism and a 'great fracture' between world powers described by the UN Secretary-General as world powers each having their own internet and AI strategy, as well as dominant currency, trade and financial rules and contradictory geopoliticical and military views (https://www.un.org/en/un75/impact-digital-technologies).

	We will demonstrate how the outbreak of Covid-19 highlighted the need to strengthen health data governance, but without action to increase digital access to health information and services safely and inclusively, we risk deepening health inequities and undermining progress towards UHC. The political declaration should commit to addressing critical gaps in digital governance and accountability mechanisms. These mechanisms are essential for upholding human rights in the digital age and ensuring everyone can access quality healthcare services without discrimination. By doing so, the political declaration can leverage the potential of digital technologies to accelerate health for all and achieve UHC.
Stopaids	Our statement will address the topic of how eliminating structural barriers is crucial in accelerating health for all in UHC, in line with panel discussion 1. Our statement will cover how structural barriers are obstacles that prevent certain groups of people from accessing health services. These barriers include poverty, discrimination, inadequate infrastructure, limited access to education and employment opportunities, and weak health systems. We will demonstrate how eliminating structural barriers can help to improve health outcomes, reduce health inequalities, enhance economic development, strengthen health systems and ultimately accelerate health for all. The 2019 political declaration recognised the importance of anti-discrimination practices in achieving UHC. We recommend expanding this recognition to explicitly address and acknowledge these structural barriers to achieving equity and inclusion. Barriers that impact the access to health services of marginalised communities that are beyond the health settings. Barriers such as punitive laws and the colonisation of global health and international development. The political declaration must highlight and recognise the existence and impact of

	these barriers on marginalised populations. It should promote equity by identifying solutions, ensuring inclusivity, and holding itself and member states accountable for making progress towards achieving UHC and promoting health equity. By explicitly addressing these structural barriers, the political declaration can demonstrate commitment to leaving no one behind and ensuring that all individuals have access to quality healthcare services.
Students And Youth Working on reproductive Health Action Team (SAYWHAT)	Good governance and adequate healthcare facilities and workers are key to achieving UHC
Students And Youth Working on reproductive Health Action Team (SAYWHAT)	Strengthening Universal Health Coverage for adolescents, young people and the youth in Africa
Success Capital Organisation	Statement - The Action Agenda followed a months long process led by a task force under UHC 2030, reflective of constituents and communities ensuring diversity and equity in representation. There is a need for commitments, resources and partnerships to not only accelerate policy, legal and development interventions for addressing the social determinants to UHC, but also to encourage accountability to those often left behind and denied of meaningful health services and care. This includes ensuring grassroots communities, civil society and vulnerable groups are included in social participation and service delivery governance mechanisms at local and national governments.
Support Women Families Affected by AIDS 'SUWOFA'	How effect is on UHC while there is exclusion in service to other controversial communities
Swaziland Migrant Mineworkers Association	What measures that are currently in place to ensure and monitor that UHC is being achieved even in low income countries.
T1International	Special consideration is warranted for individuals living with chronic health conditions who have needs beyond primary health care. The needs of these individuals are often not recognized in health care systems and they face no or limited choice when it comes to treatment options. For example, individuals living with type 1 diabetes may lack reliable access to affordable insulin and be limited in their choice of insulin by their health care system. This flies in the face of "the right

	to the enjoyment of the highest attainable standard of physical and mental health" as it often prohibits individuals from taking advantage of new advancements and technologies in diabetes care that would allow them greater flexibility and capacity to pursue life opportunities beyond survival. In 2022, T1International conducted its most recent Out of Pocket Cost Survey, looking at the costs to individuals worldwide of insulin and other essential diabetes supplies. Analysis of this data is still underway and will build off of 2020 survey results, which found that "one out of every four respondents reported having underused their insulin at least once within the last year due to high cost" and "63.2% of participants reported disruption of insulin supplies and 25.3% reported an increase of insulin prices related to the COVID-19 pandemic." Transparent pricing and pharmaceutical and industry accountability to fair and affordable pricing of medications is paramount. Governments and high-level organizations collectively need to ensure that pharmaceutical companies and device manufacturers are held to profit maximums that ensure access to essential drugs and devices for all people.
TB HIV Care	Statement from the Civil Society Task Force- WHO, taken from the Joint statement of WHO-DG and CSTF The situation of over 4,000 people in the world losing their lives to TB each day, and close to 30,000 people falling ill from TB which is preventable and curable is unacceptable. We need to fundamentally transform the global TB response, drawing on lessons from the response to the COVID-19 pandemic and put an end to human suffering and death caused by this ancient global TB epidemic. This Second UN high-level meeting (UNHLM) on TB presents a critical opportunity to renew the commitments, mobilize political will and revamp efforts to end the TB epidemic. Furthermore, we believe that TB needs to also be a priority in the UN high- level meetings on universal health coverage and on pandemic preparedness, prevention, and response, which are taking place tomorrow. We emphasize the need for the following Actions for considerations, taken from the joint statement of WHO Director-General and Civil Society Task Force on TB 1. Mobilize sufficient and sustainable financing 2. Ensure accelerated people-centered actions, with bold strategies based on the latest approaches ensuring universal access to TB prevention and care (including

	treatment) 3. Encourage all sectors and stakeholders to work together and establish and maintain high-level multisectoral mechanisms in all high TB burden countries 4. Strengthen the engagement of civil society, TB-affected communities and TB survivors as equal partners in all aspects of the national TB responses 5. Accelerate the development of safe and effective TB vaccines and facilitate their equitable global access Finally, the 'social listening and community feedback' of the communities affected by TB emphasizes the importance of meaningful engagement of the affected communities.
TBpeople Pakistan	It is the right of all people especially key and vulnerable populations, people with TB and HIV to have access to the full range of timely and quality health services. It is their right - not charity - they need free diagnosis, treatment, care and support FREE OF COST without any social, employment and financial hardship. Only full continuum of essential health services can prevention undue deaths and save lives with people centered treatment to make the world free from TB, HIV and all other deadly diseases. In this fight, TB survivors are here as a part of solution. Look at us as part of solution, not as part of problem.
The Better Bridge CBO	What is the Universal Health care status in developing countries? Because sustainable development goal number 3 good health and wellbeing of everyone globally
The George Institute for Global Health	I am presenting this statement as a youth representative, Master of Public Health student, and Secretariat member of the Consortium for Social Participation for Health, Engagement, Research and Empowerment, known as SPHERE. Community participation is essential for developing responsive and equitable policies and programs, and realising the right to health for all. However, in some contexts, the space for social participation is shrinking. In others, efforts to promote social participation have actually reinforced inequities; for instance, when the timing and locations of public fora have hindered the involvement of some marginalized groups. Together, we must document, reflect on, and draw lessons from past and existing

	participatory spaces to identify how people at the margins can be better involved, and how power can be meaningfully claimed by community members. SPHERE's member organizations, including civil society, health and academic organizations, have already begun this work. But we cannot do it alone. We call on governments to do three things. The first is to institutionalize mechanisms for all civil society and community members—particularly women, people living in poverty, LGBTQIA+ peoples, and others who are marginalized and may have lived experience that matters for health—to participate meaningfully in health reform policymaking, implementation, and monitoring and accountability processes. The second is to prioritize ongoing documentation and evaluation of past and current social participation mechanisms through research, to identify how such participation can be strengthened and made more inclusive. And the third is to identify and eliminate barriers to the meaningful participation of those impacted by an issue, particularly those who are marginalized. Only by doing so can we fulfill the potential of social participation in our path toward universal health coverage, health equity, and community well-being.
The Ohio State University Global One Health initiative	Even if Universal Health Coverage can be funded, how do you intend to ensure that health facilities are equipped with diagnostic tools, therapeutic modalities, and a team of healthcare professional and personnels who are trained to provide uninterrupted services. How will workforce and health system capacity be supported and sustained?
The Task Force for Global Health Inc	Viral hepatitis elimination is a vital element of UHC programs. The WHO Global Health Sector Strategies on, respectively, HIV, viral hepatitis and sexually transmitted infections for the period 2022-2030 (GHSS) emphasizes the importance of decentralizing hepatitis prevention, testing, and treatment and promoting person-

	centered services to achieving the global hepatitis elimination goals. Nine in ten people with viral hepatitis live with the disease unaware while liver cancer is the fourth leading cause of cancer deaths. More than 800,000 people die from liver cancer each year, 80% of those as a result of viral hepatitis. Evidence proves that viral hepatitis elimination strengthens health systems, reduces mortality, prevents liver cancer, and engages underserved populations. Integrating viral hepatitis elimination efforts with existing services, such as primary care, HIV/ AIDS, tuberculosis, malaria and STI services, will achieve stronger, cost effective health services. Including the hepatitis B birth dose and childhood vaccination into vaccination programs are key to decrease prevalence and stop onward transmission. Incorporating hepatitis elimination strategies into UHC will prevent deaths and the future costs of treating liver cancer.
The Worldwide Hospice Palliative Care Alliance	The Worldwide Hospice Palliative Care Alliance aligns itself with the UHC2030 Action Agenda and the NCD Alliance Advocacy Asks. Palliative care is an essential component of Universal Health Coverage. The continuum of UHC care includes promotion, prevention, treatment, rehabilitation, and palliative care. Despite their critical importance to the relief of serious health related suffering rehabilitation and palliative care are often overlooked and are not measured. The WHO has provided a set of indicators which can be used to measure the effectiveness of palliative care provision which should now be used to determine the state of palliative care provision in a given context. However using the WHO indicators to measure the effectiveness of palliative care provision requires knowledge of where and how palliative care is being provided so that its effectiveness can be measured. Palliative care integration into UHC especially through the whole of society approach of primary health care within UHC is essential to ensuring health without financial hardship and part of the human right to health. To this end UN needs to do a much better job of ensuring the inclusion of rehabilitation and palliative care by all member states.
Transform health	Digital health and health data governance are important accelerators and components for Universal Health Care to be achieved by 2030. Their vital role must

	be prioritised at the UHC High Level Meeting in September 2023. Digital health is already an important and growing part of most health systems. As such, we cannot talk about achieving Universal Health Care (UHC), without considering the vital role of digital health. The equitable, inclusive and sustainable digital transformation of health systems offer a huge opportunity to scale up access to primary health care services, strengthen resilient health systems, close equity gaps, and accelerate progress towards the Sustainable Development Goal target of reaching UHC by 2030. Furthermore, the increased digitalisation of health systems has increased the amount of health data that is collected and used. Data is a vital tool for improved health and well-being, however, there is a need to strengthen the governance of that data to ensure it is used for public good and prioritises equity, whilst protecting individual rights. At the Multi-stakeholder Hearing on UHC, Transform Health - a global coalition of more than 100 organisation - will call for stakeholders to prioritise digital health and health data governance, as key drivers of UHC progress. We will present these recommendations around 8 specific asks: 1. Prioritise digital health transformation as a cross-functional enabler and accelerator to achieving UHC by 2030. 2. Champion health data governance and call for the development of a global framework. 3. Ensure a global health data governance framework is developed through a transparent and inclusive multi-stakeholder process (with the meaningful engagement of civil society) and underpinned by equity and rights-based Health Data Governance Principles. 4. Increase and better target funding for digital health. 5. Develop national costed digital health strategies. 6. Establish a strong national regulatory and policy environment. 7. Strengthen mechanisms for meaningful multi-stakeholder engagement 8. Close the divide in digital access.
Treatment Action Group	1. Treatment Action Group is an independent, activist, and community-based research and policy think tank in New York in consultative status with ECOSOC, committed to ending the HIV, tuberculosis, and hepatitis C virus pandemics. 2. COVID-19 laid bare the effects of years of underinvestment in public health and underscored the urgency of building universal, functional, and well-funded health systems. The importance of reformed and restructured global governance of

	debt and financing to meet these goals cannot be overstated. 3. Funding is a crucial barrier to expanding universal health coverage and meeting Sustainable Development Goal 3: health, by 2030. An estimated 400 billion dollars per year is required to meet the SDG for health for all low and middle-income countries. 4. TB health system infrastructure and resources were co-opted to respond to COVID-19, while spending on essential services for TB and HIV decreased. Access to TB diagnostics, treatment, and prevention were hampered by these strains on capacity and funding, And as a result TB incidence and deaths increased for the first time since 2005. 6. An estimated 15 to 32 billion dollars is needed each year to meet SDG for TB alone. However, many States face unsustainable debt burdens that encourage nations to divest from health systems, essential TB and HIV services, and health research - undermining the right to health, right to science, and progress toward the SDGs. 8. The current system of debt financing actively hinders the realization of these goals, entrenching longstanding global inequities and limiting the ability of debtor nations to invest in critical initiatives to reach UHC. The prioritization of creditor returns over health and human rights is incompatible with UHC and other targets of SDG 3. 9. The world cannot reach UHC, eliminate TB, or achieve any other SDG without developing a financial system that provides developing nations the sustainable financing required to reach UHC and the SDGs and establishes adequate protections against debt distress. 10. TAG strongly urges the co-facilitators to place debt provision that prioritizes

	ongoing investment in UHC, SDGs, and human rights over creditor returns, and rejects austerity and divestment during debt distress as a central component of the political declaration.
Trinidad and Tobago NCD Alliance	UN MULTISTAKEHOLDERS' CONSULTATION ON UNIVERSAL HEALTH COVERAGE Statement of the Trinidad and Tobago NCD Alliance and the Healthy Caribbean Coalition 9 May, 2023 I am making this intervention on behalf of the Trinidad and Tobago NCD Alliance, (TTNCDA), a national alliance of 13 NCD-related civil society organizations (CSOs) and Healthy Caribbean Coalition (HCC), the regional alliance of over 60 Caribbean NCD-related CSOs. The Caribbean Small Island Development States (SIDS), in which these CSOs are located, have unique challenges related to their size, geography, and small populations including limited resources and tourism dependent economies; threats from the climate crisis and food and nutrition insecurity. In addition, the Caribbean SIDS have the unenviable position of having some of the highest prevalence rates for NCDs and their risk factors. The 2019 coronavirus (COVID-19) pandemic brought into sharp focus the need to accelerate action on NCDs and for more strategic partnerships between the governments and CSOs for health service delivery. The TTNCDA and HCC endorse he UHC2030 Action Agenda and the NCD Alliance Advocacy Asks for the 2023 UN High Level Meeting on Universal Health Coverage (UHC) with the following comments: 1. INVESTING - In addressing chronic NCD underfunding, SIDS are urged to leverage funds from the Loss and Damage Fund (LDF) created through COP27 and from the the much-anticipated Bridgetown Initiative 2. ACCELERATION - UHC implementation needs a continued focus on the prevention of NCDs and integration of services for nationally defined priority health conditions. In SIDS, it is critical that health systems improvements emphasize climate resilience. 3. ENGAGING - People-centered UHC requires Governments to commit to transparent mechanisms and policies for sustained engagement with a wide range of CSOs, PLWNCD & mental disorders, youth, and other populations living in conditions of vulnerablility. TTNCDA and HCC highlight the need for two enabling priorities: • Enhanced communication - Build on experience gained during COVID to strengthen communication strategies and mechanisms for provision of timely information to the

	population and to policy makers and key stakeholders. • Capacity building for accountability -, we call on international partners to urgently increase capacity of CSOs to understand the interrelationship of the commitments for UHC, NCD and other relevant health related issues and to use integrated accountability frameworks. For the Caribbean, effective achievement of UHC and improvements in the NCD situation require integrated UHC and NCD (including MH) plans.
Trisuli Plus	What is the role of civil society in country like Nepal, under developing country
Union for International Cancer Control	On behalf of UICC, we wish to thank the co-facilitators, WHO and the President of the General Assembly for the opportunity to deliver this statement. UHC provides a critical opportunity for the global community to address longstanding and preventable health inequities, including those faced by cancer patients, and their families, caregivers, and communities. Cancer is the second leading cause of mortality globally and the number of cancer deaths is growing most quickly in low- and middle-income countries. The diagnosis and treatment of cancer is a driver of catastrophic health spending for many households around the world. Consequently, UHC cannot be achieved without the progressive integration of cancer services in benefits packages. The inclusion of NCD programmes and services, including those for cancer, in national UHC plans provide an opportunity to improve population health through health promotion and prevention measures, and through an integrated care framework that responds to patient needs. Utilising the cost-effective recommendations like those included in Appendix 3 of the NCD Global Action plan means that every country can make progress to progressively realise cancer care within UHC. UICC and its members around the world stand ready to support Member States in this work.
UNITE Parliamentarians Network for Global Health	The United Nations High Level Meeting on Universal Health Coverage (UHC) is a unique opportunity to build political momentum to make UHC a reality for everyone, everywhere. And today I urge world leaders to grasp this opportunity and reaffirm their commitment to creating healthier and more equitable societies where every individual can thrive. As a representative of the UNITE Parliamentarians Network for Global Health, I speak for my colleagues and fellow members of Parliament

	when saying, we do recognize the pivotal role of legislation and policy in advancing UHC. And we are committed to advocating for robust legal frameworks that prioritize healthcare as a fundamental human right and enshrine UHC as a national priority. By championing UHC-focused legislation, we can lay the foundation for strong health systems, efficient resource allocation and accountability in healthcare delivery. Urgent action is needed to make universal health coverage a reality. In this context and building on the political declaration of 2019, the UHC movement has developed in its action agenda a set of action-oriented policy recommendations that country leaders should implement to advance UHC and health security and deliver health for all by 2030. The UNITE Parliamentarians Network for Global Health fully supports the Action Agenda developed by the UHC movement. And we are convinced that Parliamentarians can play a crucial role in this process. We can champion political leadership for universal health coverage (action area 1), we can adopt enabling laws and regulations (action area 3), and we can advocate for more and better investments (action area 5). As members of Parliament we can create an enabling legislative framework that strengthens health systems. We can develop laws and regulations for comprehensive financial protection, primary health care and integrated services to support universal health coverage and health security. Every country has a different path to achieving UHC and deciding what to cover based on the needs of the people and the resources at hand. However, the importance of access to health services and information as a basic human right is universal. To make health for all a reality, all people must have access to high quality services for their health and the health of their families and communities. Vulnerable groups such as women, young adolescent and girls, people living in poverty, refugees, migrant workers, people who use drugs, sex workers, should not be excluded from the conversation. UHC that doesn't replicate the mistakes of the disease-driven systems of the richer countries of the world. we need uhc that reaches out to those in most vulnerable conditions and ensure that countries evolve towards creating ecosystems for health and well being – lowering the burden of disease and rising quality of life standards for all. efficiency, affordability and sustainability of each national health system in the future depends on our actions

	today. We, members of the UNITE network, believe that one of the most efficient and promising way to achieve these goals and achieve health for everyone is the digital transformation of health systems – ACKNOWLEDGING the potential of digital transformation to catalyze the reforms needed within health systems towards becoming ecosystems capable of generating well being for all. Digital health offers here a huge opportunity to accelerate progress towards achieving the Sustainable Development Goal of reaching Universal Health Coverage (UHC) by 2030. The equitable, inclusive and sustainable digital transformation of health systems can help scale up access to primary health care services, strengthen resilient health systems, and close equity gaps to deliver health for all. Investing in digital is an investment in UHC. Increased and better coordinated investment to support the digital transformation of health systems must be part of wider health system investment to deliver UHC. Today, and on behalf of a network of more than 300 parliamentarians present in 100 countries all over the world, I urge this Assembly to build on the 2019 Political Declaration on UHC (A/RES/74/2, para 9/f), where world leaders committed to "recognize the need for health systems that are strong, resilient, functional, well-governed, responsive, accountable, integrated, community-based, people-centred and capable of quality service delivery, supported by a competent health workforce, adequate health infrastructure, enabling legislative and regulatory frameworks as well as sufficient and sustainable funding". Today, and on behalf of UNITE, I urge world leaders to take a step towards Universal Health Coverage, and to take it with the strong support of Parliamentarians all over the world. You have the Parliamentarians on your side, let us UNITE all together and reach the challenging but crucial objective of reaching UHC by 2030.
UNITE parliamentarians network for global health	My Name is Neema Lugangira, I'm a member of parliament from Tanzania and I just want to quickly state three points before I start. I would like to recognize and appreciate the endorsement and echoing from Brazil about the importance of parliamentarians as well as the UHC 2030 efforts towards engaging parliamentarians and of course, I would like to thank the Tanzania mission here in New York for giving me this platform to be able to echo what I want to say. So,

	number one, very quickly, it's very important to focus and invest on primary health care, because primary health care is a vehicle towards UHC. And if we do not invest on primary healthcare, then we're not going to be able to achieve UHC. So, I reaffirmed the need of strengthening community health systems across border regions, health systems and of course, the frontline workers at community levels. Number two, as we all know, for UHC to be implementable, we need financing. When we're talking about financing national budgets, we're talking about parliamentarians. So, it's very critical to make sure that in the declaration it will be very vividly clear on the role of parliamentarians and the engagement of parliamentarians, because if we are not at the same understanding as you all in this room, then the UHC is not going to be able to progress at our level. And here I wish to also present and ask very common, as we are seeing in this last two days, the participation of parliamentarians is low. It's almost minimal. And I am here because of the support of UNITE Parliamentarians network on global health. Now, the same way in which different organizations provide travel support for CSOs, I think it is critical to also recognize another key group to provide avenues and travel support for parliamentarians so that more of us can be here and more of our voices can be heard and more of our voices can be represented. Thank you.
UNITE Parliamentarians Network for Global Health	My name is Eléonor Silva, I am the executive director of the UNITE parliamentarians network for global health. I am speaking on behalf of UNITE, which is a network of more than 300 parliamentarians spread across 97 countries pushing for evidence-based health policies. I would like to make some comments regarding Universal Health Coverage as we were given the opportunity to speak at the TB and PPPR panel. We do recognize the pivotal role of legislation and policy in advancing UHC. Our network is committed to advocate for robust legal frameworks that prioritize healthcare as a fundamental human right and enshrine UHC as a national priority. By championing UHC-focused legislation, we can lay the foundation for strong health systems, efficient resource allocation and accountability in healthcare delivery. Urgent action is needed to make universal health coverage a reality. UNITE supports the Action agenda developed by the UHC movement as it contains a set of action-oriented policy recommendations that country leaders should follow. We

	believe that Parliamentarians can play a crucial role in this process. Parliamentarians can champion political leadership for UHC, they can adopt enabling laws and regulations (action area 3), and they can advocate for more and better investments (action area 5). Every country has a different path to achieving UHC and deciding what to cover based on the needs of the people and the resources at hand. However, the importance of access to health services and information as a basic human right is universal. To make health for all a reality, all people must have access to high quality services for their health and the health of their families and communities. Vulnerable groups such as women, young adolescent and girls, people living in poverty, refugees, migrant workers, people who use drugs, sex workers, should not be excluded from the conversation. Digital health offers here a huge opportunity to accelerate progress towards achieving the Sustainable Development Goal of reaching Universal Health Coverage (UHC) by 2030. The equitable, inclusive and sustainable digital transformation of health systems can help scale up access to primary health care services, strengthen resilient health systems, and close equity gaps to deliver health for all. Investing in digital is an investment in UHC. Increased and better coordinated investment to support the digital transformation of health systems must be part of wider health system investment to deliver UHC.
United Cities and Local Governments	Intervention Emilia Saiz UCLG Secretary-General Statement at the Multistakeholder Hearing on Universal Health Coverage 9 May 2023 Your Excellency, President of the General Assembly, Your Excellency, Undersecretary General of the United Nations, Director General of the World Health Organization, Dear partners, dear friends, The UN Secretary General's Common Agenda underscores that we are at a crossroads to deliver a new era for universal social protection, including healthcare and social welfare. This is in direct contrast to the fact that we are far from achieving SDG3, halting decades of work done by all of us to ensure that all people,

	everywhere, have access to health. It is critical to ensure urgent and concerted action to be back on track for goal 3. Over the past years, and especially during the outbrek of the pandemic, key dimensions of the work of local and regional governments have revolved around ensuring access to essential services for all and protecting their communities' health, as well as strengthening social safety nets and providing support to the groups most vulnerable to the multifaceted impacts of the crisis. All these different experiences from territories across the world have shown that policy advancements that put care for the population at the centre can indeed be implemented, and that any and all work done to achieve SDG3 cannot be done in a vacuum. It needs to be localized, it needs to include local and regional governments in the same way as the rest of the goals of the agenda. It needs to be understood from the bottom-up, and local and regional governments need to be included in all decisions regarding the health of their communities. Excellencies, dear partners: the SDGs, the Common Agenda that the UNSG envisions will not be met if half of the global population does not have access to health. If we focus on health and not on disease, UHC becomes the answer and the critical tool to contribute to meeting the SDGs in the framework of a caring society with a renewed social contract. Ensuring health for all requires investments, it requires a fresh look at how we finance health but, most of all, it requires a transformation in how we look at it. Health, and access to healthcare, needs to be part of the global commons. It is as necessary as breathing clean air, as drinking safe water. It needs to be protected. The time has come to build an environment that provides the core services required for our communities to live and thrive. The high-level meeting on universal health coverage in September, and the revision of the goals in the SDG Summit will need to put localization at the centre. We are ready as a constituency to put the right to health of our citizens at the centre, and to place it as a cornerstone of achieving safe cities and territories. Thank you,

United for Global Mental Health	At the UN High Level Meeting on UHC in 2019, UN member states committed to "implement measures to promote and improve mental health and well-being as an essential component of universal health coverage (UHC)." And yet today, mental health care for common conditions such as depression and anxiety remains woefully inadequate. In some low-income countries, there is a coverage gap in mental health care of up to 90%. At the same time, comorbidities between physical and mental health are putting a huge burden on health systems across the world. That's why we're now asking member states to reaffirm the commitment they made in 2019 and those made in the WHO's Comprehensive Mental Health Action Plan 2013-2030 by ensuring: Mental health is integrated into UHC using an all-of-government approach – this should prioritise primary and community-based care over institutional care and equip health workers to detect, diagnose and treat mental health issues and comorbidities. Equity in access to mental health services for all by expanding coverage, addressing barriers to access such as gender and stigma, and committing adequate domestic finance to guarantee a basic package of mental health services and interventions for everyone as part of UHC in a way that avoids financial hardship. A human rights-based, enabling regulatory and legislative environment for mental health, involving people with lived experience of mental health conditions, their caregivers, communities, civil society organisations and vulnerable groups in decision making on UHC laws, policies and programmes. Recognition by governments of mental health's importance to health security and inclusion of mental health and psychosocial support services in all environmental, pandemic and emergency preparedness, response and recovery plans as part of UHC. These proposed commitments are a reflection of the UHC2030's Action Agenda. Their inclusion in the 2023 political declaration can ensure that mental health is not left behind as we move towards rights-based, person-centric care for all through UHC.
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University College London	With competing interests between several infectious diseases, would it be better to dovetail priorities -(for example vaccine development for TB,HIV, Hepatitis, Lassa, MPox, MERS etc to attract funder and political attention?
UNIVERSITY FOR DEVELOPMENT STUDIES	To realize UHC, all stakeholders need to come on board and the stakeholders are not only those who works in the health sector but everybody should be part. What measures are we putting in place to ensure that everybody comes onboard to help to achieve UHC, by 2030 and beyond?

Volunteer Health Services	I am a pharmacist, DR TB Survivor, advocate, journalist, policy analyst, graphics/website designer, Founder of Ethiopian Drug Information Network and Volunteer Health Services NGOs/VHS. In addition, participating in UN lancet commission on TB, PEPFAR, Global fund CCM/E board membership representing TB constituency, STOPTB/UNOPS communities', UNITAID board delegation member and founding, member of Africa coalition of TB and other global stakeholders. Hosting parliamentarian TB Caucus from UK, French and Germany. More importantly, I was actively involved in the formation of Ethiopian parliamentarian TB caucus. Facilitating donors hosting event, communicating those key stakeholders like World Bank, WHO, USAID, local parliament and AU commissioners in some key events. I had a chance to speak for US senator at Capitol hill in 2012 GF replenishment. In my 10 years of advocacy & policy engagement experience, I have a diversified perspective on TB/HIV/Malaria-related global health policy, GF implementation and strategic framework, market dynamics of health commodities, countries regulatory and legal issues and supply chain management. And also intellectual property, domestic financing, community, right and gender, national and regional strategic policy document development & continental health priority setting. Within Global Fund and beyond advocacy framework, I was active participant in Abuja declaration (15% GDP contribution) follow-up, domestic financing, GF replenishment, MPs/donor hosting, bi-/multi-lateral engagement and policy advocacy. I was interacting with a range of stakeholders, including ambassadors, celebrities, community groups, politicians, religious leaders, advisers, bureaucrats, and a range of other actors. Using various strategies including board representation, conferences, AU meetings, caucus initiatives and through global media. (please check my article in prominent digital, print and broadcast channels below) More specific to this application, I am passionate community representative and professional, to build robust and sustainable health systems and ensure meaningful engagement of Communities. This is essential to deliver health care in a sustainable, equitable and effective way, accelerating progress toward universal health coverage and pushing countries toward prosperous nation. I strongly believe, UNHLM follow-up meeting, affected community representative can play a

	unique role to create shared ownership and political commitment to end TB and ensure UHC. This is a significant step forward to ensure our engagement and influence Global policy directions.
WACI Health	As WACI Health, we co-host the Civil Society Engagement Mechanism for UHC2030 (Together with MSH). We are very keen to making the ciivl society voice heard in a way that will help amplify the Action Agenda recommendations of the Multi-stakeholder Task Force. In addition to amplifying the ACTION Agenda, my contribution was also speak to the principle leaving no one out. We have particular populations that are more likely to be missed by health systems and it's critical that we have a strong message about this. Last but not least, that strong Primary Health Care is the corner stone for UHC
Welgen Dynamics	With regards to fitness and exercise, how much input does health workers put in promotion of such activity amongst the patients. Are there any changes the health system is will to take to revolutionize exercise and healthcare synergy .
Wemos	The pandemic painfully confirmed what we already knew from evidence-based international guidance: public finance is crucial for achieving UHC, equity and inclusivity, so long as it is sufficient in measure and wisely used. On that note and with a particular view on low-resource countries, we bring in three points that require systemic and unified action. 1) Take appropriate measures to increase public finance for health, while reducing reliance on external financing for critical health services, such as sexual and reproductive health services. Member States must acknowledge that private profit seeking capital in the healthcare system, including through blended finance, will not likely achieve the goal of reaching the furthest behind first. 2) To expand countries' fiscal space for social spending, including for health, decisive global level action is needed against tax abuse and unsolved debt crises. We recommend that Member States acknowledge this in the UHC Political Declaration and take steps to implement A) a UN tax framework, building on the milestone resolution on 'inclusive and effective international tax cooperation'; and B) a debt resolution framework that binds all creditors and offers comprehensive debt restructuring and cancellation to all countries in need. 3) Pursue health financing policies that are deliberately aimed at advancing equitable access for all. Equity is

	hard-wired in the definition of UHC and so it should be in every country's health financing system. Member States should express their commitment to single and progressive national health financing systems, public health systems. Development cooperation and financing partners should support countries in this commitment. In summary, put equitable access to health and inclusivity at the heart of decision making at all levels and particularly: • pursue an increase in public, not private finance for health, • show wholehearted support to UN level cooperation on tax and debt, and • commit to health financing systems that are designed to leave no one behind! (On behalf of Wemos and Akina Mama wa Afrika)
Women Deliver, Inc.	Women Deliver is a member of the Alliance for Gender Equality and UHC, a global group of over 60 civil society organizations that actively engage to ensure gender-responsive UHC. We align with the UHC2030 Action Agenda, and we urge Member States to support the following priorities: •Fully deliver on all commitments to gender equality and equity, the human rights of women and girls, and sexual and reproductive health and rights (SRHR), made in the 2019 UHC Political Declaration. • Design, implement and finance gender-transformative UHC that reaches the furthest behind, [recognizing that this will be effective for all people]. •Commit to and act on delivering comprehensive SRH services in the UHC essential package of services.These services address needs across the lifecourse including contraceptive services; maternal and newborn care; safe abortion; treatment for HIV/AIDS and cervical cancer; as well as comprehensive sexuality education, which is crucial to youth-friendly services and information both in and out of school. •Engage women, girls, and gender diverse people meaningfully in all phases of UHC: [design, budgeting, implementation, monitoring and evaluation.] • Ensure National Health Workforce plans are designed and operationalized to achieve gender equality in health. •Strengthen recruitment and retention of health workers, the majority of whom are women. •Undertake gender budgeting at all levels to inform budget allocations that support

	gender equality in health care systems and services, [including for SRH services]. ●Ensure accountability and transparency in all actions, bolstered by the collection, analysis and use of disaggregated data. My organization is called Women Deliver, but today I am imploring governments to deliver for all women and girls. Deliver the health services they are entitled to as a fundamental right, and for women health workers.
Women Deliver, Inc.	The Alliance for Gender Equality and UHC calls on governments to: ●Fully deliver on all commitments to gender equality and equity, the human rights of women and girls, and sexual and reproductive health and rights (SRHR), made in the 2019 UHC Political Declaration. ●Design, implement and finance gender-transformative UHC that reaches the furthest behind, recognizing that this will be effective for all people. ●Engage women, girls, and gender diverse people meaningfully in all phases of UHC: design, budgeting, implementation, monitoring and evaluation. ●Effectively design, build and strengthen public health systems to be resilient to health, economic, climate and other crises. ●Expand on commitments to gender equality and the human rights of women, girls and people of all genders in the context of UHC, in terms of the enabling environment and determinants of health; the health workforce; finance and investment; leadership and decision-making; gender-responsive health services; and SRHR. ●Ensure accountability and transparency in all actions, bolstered by the collection, analysis and use of disaggregated data. To do this, we urge all governments to take action across 6 key areas: 1.Enabling environment and determinants of health a.Create engagement strategies that support meaningful participation of women, girls, people of all genders, and marginalized people in conceptualizing, planning, implementing, and monitoring programs and processes related to UHC. b.Adopt laws and regulations that safeguard the human rights of all people, especially girls and women in all their diversity, to control and make informed

	decisions about their body and their health. c.Repeal or revise punitive, restrictive and discriminatory laws, regulations, and policies that are barriers to health and well-being and limit women's decision-making, such as criminalization of LGBTQI and other populations or third-party authorization requirements. d.Ratify and implement ILO Convention 190 on violence and harassment to protect all workers, especially to protect women health workers from sexual abuse and harassment. e.Recognize and address social, environmental, gender, cultural, and commercial determinants of health, including structural oppression and regression, income and education inequities, racial discrimination, the climate crisis, environmental degradation, disparities in air and water quality, socially constructed gender norms, and punitive and discriminatory laws. 2.Health workforce a.Recognize and value the role women play as 70% of the health workforce and 90% of patient-facing roles. b.Ensure safe and decent work, especially for women health workers, that protects their fundamental rights, provides a fair, sustainable and just income to all health providers at all points of service provision, and ensures a work environment free from violence, harassment and discrimination. c.Close the gender pay gap, and value and appropriately remunerate unpaid and underpaid health and care workers, including community health workers. d.Ensure National Health Workforce plans are designed and operationalized to achieve gender equality in health. e.Strengthen recruitment and retention of health workers, and capacity for surge efforts, recognizing there is a Great Resignation of health workers adding to the 10 million health worker shortage estimated by WHO before the COVID-19 pandemic. 3.Finance and investment a.Prioritize investment in inclusive, resilient and equitable public health systems,

	including infrastructure, workforce, and health budgets. b.Invest in prevention measures, by guaranteeing access to accurate and evidence-based information and comprehensive sexuality education in and out of school, and telemedicine services, and include specific investment for adolescent-responsive health services. c.Ensure affordable, sufficiently resourced maternal, youth-friendly and child health services, including sexual and reproductive health (SRH) services, that are accessible to all people to safeguard against out-of-pocket expenditures for services largely impacting women and girls. d.Engage with and fund women's rights organizations, feminist leaders and community groups to understand priorities of diverse girls and women, especially marginalized groups. e.Increase domestic public resources to ensure gender responsive policies by reforming laws and policies that result in external financial flows through illicit financial flows, tax holidays and incentives to foreign corporations. f.Address the debt burden especially in low- and middle-income countries, including through debt cancellation, to reduce the impact of debt service payments on national health budgets. g.Undertake gender budgeting at all levels to inform budget allocations that support gender equality in health care systems and services, including for SRH services. 4.Leadership and decision-making a.Include and facilitate meaningful participation of women and girls from diverse groups (age, race, ethnicity, class, caste, disability, sexual orientation, gender identity, geography, health status, among others) in UHC design, decision making, accountability and monitoring from community to global levels. b.Guarantee gender equity in health systems' leadership and decision-making at all levels, including through the use of quotas and targets for women in leadership and all-women shortlists for selection until gender parity is achieved. c.Support capacity strengthening and training and build pipelines of skilled women

	in health to ensure meaningful participation in leadership and decision-making, including engaging with adolescent girls and young women to support their leadership and development. 5.Gender-responsive health care services a.Ensure that comprehensive, essential services are available, accessible, acceptable and of high quality to all girls and women throughout the life course, irrespective of marital, citizenship, migration or health status, gender identity or sexual orientation, location, income or class. b.Work across sectors and ministries to ensure gender-responsive UHC in humanitarian and conflict settings with particular emphasis on services for women and girls. c.Strengthen and provide gender-transformative health services that actively address gender-related barriers to health care services for people of all genders, that secure women and girls' equitable access to health, and that prioritize the most marginalized women and girls and gender-diverse people. 6.Sexual and reproductive health and rights (SRHR) a.Recognize SRHR as fundamental to the right to health. b.Include comprehensive SRH services in essential benefits packages: contraceptive services, maternal and newborn care, and prevention and treatment of HIV/AIDS, care for STIs other than HIV; comprehensive sexuality education; safe abortion care; prevention, detection and counseling for gender-based violence; prevention, detection and treatment of infertility and cervical cancer; and counseling and care for sexual health and well-being. c.Adopt a reproductive justice framework to advance the internationally recognized human rights of individuals to maintain personal bodily autonomy, the right to make reproductive decisions in an environment that is free from any form of coercion, violence, and discrimination, the right to access comprehensive SRH services and to access other social determinants of health as may be necessary for addressing the intersectional discrimination and inequities in health.

	d.Ensure SRH services are costed, resourced and delivered, and protected as an essential service during health emergencies. e.Mainstream SRHR and SRH services in national health policy frameworks, strategies and plans, with a clear roadmap and timeline for full implementation. f.Adopt comprehensive sexuality education in and out of schools to ensure young people have access to accurate and developmentally appropriate information about sexual and reproductive health. g.Ensure the right to health for young people in all their diversities through access to youth-friendly and confidential SRH services and information. NOTE: The Alliance for Gender Equality and UHC is a group of approximately 100 organizations from 45 countries that engage in coordinated advocacy for gender-responsive UHC policies, programs, and dialogue; including, but not limited to sexual and reproductive health and rights (SRHR).
Women Health Channel Uganda	Every small organization's aspiration is to secure space at the highest-level to share voices of the very marginalized, to contribute to processes and most importantly get connected and learn from the World leading institutions and individual leading evolutions in the health care landscape and the UN high level platform remains the ultimate place. Achieving this aspiration, remains farfetched as many barriers stand in our way. Small organizations like Women Health Channel Uganda which I represent, does not have capacity by any inch to support abroad travels, hardily gets noticed, have no capacity to influence invitation, accreditations, access pass. At this years UN high level Multi-stakeholder Hearings on Universal Health Care, plead that spaces be secured for small organizations to be part and contribute to process at this highest level
Women in Global Health	On behalf of the 100 organisation strong Alliance for Gender Equality and UHC. Please include the following in the UHC negotiation document: Fully deliver on all commitments to gender equality and the rights of women and girls in UHC, made at HLM 2019 Guarantee gender equality in health systems leadership and decision-making at all levels, including use of quotas and targets for women in leadership and all women shortlists for selection until gender parity is achieved. Give particular

	attention to geographical diversity. Close the gender pay gap, and value and appropriately remunerate unpaid and underpaid health and care workers, including community health workers Ratify and implement ILO Convention 190 on violence and harassment to protect all workers, especially to protect women health workers from sexual abuse and harassment Design, properly resource and deliver health systems based on gender-responsive policies and health services and the elimination of gender inequality and discrimination Resource and deliver universal access to sexual and reproductive health services as essential services, and mainstream them in national health policy frameworks Monitor and evaluate progress towards universal health coverage in data and analyses disaggregated by sex, gender identity and other relevant stratifiers.
Women in Global Health	Thank you. I am speaking on behalf of Women in Global Health. Gender equality, including equal rights and equal access to services, is critical to achieving universal health coverage, strong health systems and leaving no one behind. But health systems do not deliver themselves. We ask Member States to include the following language: Guarantee gender equality in health systems leadership and decision-making at all levels, including use of quotas and targets for women in leadership and all women shortlists for selection until gender parity is achieved. Give particular attention to geographical diversity. Close the gender pay gap, and value and appropriately remunerate unpaid and underpaid health and care workers, including community health workers Ratify and implement ILO Convention 190 on violence and harassment to protect all workers, especially to protect women health workers from sexual abuse and harassment Design, properly resource and deliver health systems based on gender-responsive policies and health services and the elimination of gender inequality and discrimination Resource and deliver universal access to sexual and reproductive health services as essential services, and mainstream them in national health policy frameworks Monitor and evaluate progress towards universal health coverage in data and analyses disaggregated by sex, gender identity and other relevant stratifiers Sexual and reproductive health rights are essential health services In addition, we ask Member States to commit to no backsliding from the 2019 Political Commitment outcome of the UNGA High

	Level Meeting on Universal Health Coverage. Finally, the Alliance for Gender Equality and UHC and Women in Global Health align themselves with the UHC 2030 Action Agenda and respectfully request all Member States use this as a basis for the outcome document.
Women in Global Health-Kenya Chapter	My name is Marie Claire Wangari for Women in Global Health Kenya. I am a medical doctor and had frontline health experience during the COVID-19 pandemic. Gender equality, including equal rights and equal access to services, is critical to achieving universal health coverage, strong health systems and leaving no one behind. But health systems do not deliver themselves. It is people like my colleague, Dr Doreen Adisa Lugaliki, an obstetrician who died within weeks of the first case being reported and who illustrates the danger we face on the front line when we have inadequate protection. What we have experienced is leading to many of my colleagues leaving their profession and their calling and we need all governments to know, there is a crisis in health worker retention. This crisis cannot be resolved without urgent commitments to recognise the challenges we face and outline commitments to respect us and to protect us. We ask Member States to include the following language: 1. Women must have equal representation in global health leadership and decision-making at all levels 2. Unpaid and underpaid health and care workers must be valued and appropriately remunerated. This especially includes Community Health Workers. 3. The gender pay gap must be closed. 4. Health workers must have safe and decent work places free from sexual exploitation, abuse and harassment 5. There should be collection and use of gender disaggregated data 6.Health services and health policies should be gender-responsive 7.Sexual and reproductive health rights are essential health services In addition, we ask Member States to commit to no backsliding from the 2019 Political Commitment outcome of the UNGA High Level Meeting on Universal Health Coverage. Finally, the Alliance for Gender Equality and UHC and Women in Global Health align themselves with the UHC 2030 Action Agenda and respectfully request all Member States use this as a basis for the outcome document.
Women Together Edu-cultural Center, Kenya	Due to effects of COVID 19, UHC is slipping through the fingers and becoming a mirage for most poor citizens in low and middle income countries

World Diabetes Foundation	How can NCDs be systematically included in UHC through integrated primary health care?
World Heart Federation	Honorable President and Chair, Distinguished Delegates, We note with disappointment that, according to the latest report by the WHO Director-General, the world is not currently on track to achieve the SDG 3 targets. However, we feel strongly that a Universal Health Coverage system that incorporates a few key strategic components could help us get much closer to the targets than our current trajectory. Circulatory diseases, including heart disease, stroke, diabetes, and kidney disease, are the number one cause of death and disability worldwide, leading to more than 20 million deaths and 374 million healthy years of life lost every year. In the absence of UHC, the chronic nature of circulatory disease has a catastrophic impact on a country's development and is responsible for the generational poverty experienced in many LMICs. In fact, over 60% of people living with CVD, stroke, and cancers incur catastrophic out-of-pocket expenditures in some LMICs. As witnessed during the COVID-19 pandemic, it also has a devastating compounding impact on health when experienced alongside infectious disease. Therefore, the World Heart Federation, supported by the Members of the Global Coalition for Circulatory Health, calls on Member States to: · Engage people living with NCDs and circulatory conditions to keep UHC people-centered · Accelerate progress towards UHC through robust and well-financed primary health care systems, based on the principles of quality, equity, accessibility, and affordability · Ensure adequate and sustained financing for, and availability of, circulatory health services, in the context of national UHC strategies; including for prevention, acute

	and chronic treatments, and rehabilitation, while additionally incorporating digital innovations in circulatory health · Include cost-effective circulatory health interventions that also address their risk factors into national UHC packages of essential interventions to be delivered at primary health care level, drawing on examples from Appendix 3 of the WHO Global NCD Action Plan and the HEARTS Technical Package. 90% of essential interventions for UHC can be delivered through PHC. We urge Member States to embrace health as an investment and we look forward to supporting you in your endeavors.
World Hepatitis Alliance	We would like to make a statement regarding the importance of a person-centered approach to health and the importance of the integration of diseases responses to ensure every contact with a person counts and no one is left behind
World Medical Association	A vital steps to progress on UHC is adequate and sustainably financed health workforce development, including palliative care specialists, with a focus on integrated service delivery for primary health care. In the face of a WHO projected shortfall of 10.2 million health workers by 2030, particularly (but not exclusively) in lower- and middle-income countries, this step cannot be neglected. Health professionals are at the heart of every health system, and governments and employers must provide safe, supportive environments to help them thrive and to ensure retention of qualified and valuable staff. We also welcome the call for national health systems to be inclusive of civil society, and suggest that concrete mechanisms for policy makers and regulators to interact with NGOs such as health professionals' and patients' associations and advocacy groups be recommended to ensure that stakeholders' voices have impact.
World Obesity Federation	By 2035, the cost of continued inaction on obesity could rise to 4.2T and the rising obesity prevalence continues to be a major barrier to meeting many global health targets. With UHWith UHC and PHC recognised within new WHO recommendations on obesity it is more critical than ever that we ensure health systems are equipped to address obesity and leave no one behind. Following this HLM, how will

	governments rise to this challenge and ensure that UHC includes delivery of integrated, non stigmatising obesity care for all who want it and promote healthy environments which are accessible to all?
Y+ Global	Adolescents and youth have a right to actively and meaningfully engage in all matters that affect their lives, and progress cannot be made toward achieving UHC without engaging in intentional, mutually respectful partnerships with young people to devise context-specific solutions. How can we ensure that young people are meaningfully and ethically engaged in the decision-making processes, and what changes must we see for this to happen?
Youth Foundation of Bangladesh	How we can ensure universal health for all including developing countries
Zambian Disability Network	What is the impact so made in the implementation of UHC targeting persons with disabilities
Zimbabwe network of people living with hiv÷(znnp+)	Navigating the funding allocations from different funding partners for equitable resources resources allocation across the diseases