

FIRST UNITED NATIONS HIGH-LEVEL MEETING ON UNIVERSAL HEALTH COVERAGE

Technical Brief for CARICOM Countries

A Contribution from Civil Society



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TECHNICAL BRIEF FOR CARICOM COUNTRIES

A CONTRIBUTION FROM CIVIL SOCIETY

MAY 2019



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List of acronyms and abbreviations

CARICOM	Caribbean Community	NGO	Nongovernmental organisation
CARPHA	Caribbean Public Health Agency	NHI	National health insurance
CSEM	Civil society engagement mechanism	OAS	Organisation of American States
CSO	Civil society organisation	ODA	Official development assistance
GDP	Gross domestic product	OOP	Out-of-pocket
HCC	Healthy Caribbean Coalition	PAHO	Pan American Health Organisation
HLM1-NCDs	First high-level meeting on non-communicable diseases prevention and control	PLWNCDs	Persons living with NCDs
HLM3-NCDs	Third high-level meeting on non-communicable diseases prevention and control	PHC	Primary health care
HLM-UHC	High-level meeting on Universal Health Coverage	RTH	Right to health
HoSG	Heads of State and Government	SDG	Sustainable development goal
HRH	Human resources for health	SDoH	Social determinants of health
ICT	Information and communications technology	SIDS	Small island developing states
IDB	Inter-American Development Bank	TRIPS	Trade-related intellectual property rights
IHSDNs	Integrated health service delivery networks	UH	Universal health
LAC	Latin America and the Caribbean	UHC	Universal health coverage
LMICs	Low- and middle-income countries	UN	United Nations
MoFA	Ministry of Foreign Affairs	UNDP	United Nations Development Programme
MoH	Ministry of Health	UNGA	United Nations General Assembly
NCDs	Non-communicable diseases	UNIATF	United Nations Interagency Task Force on Non-communicable Diseases
NCDA	NCD Alliance	WHA72	Seventy-second World Health Assembly
		WHO	World Health Organisation
		WoG	Whole-of-government
		WoS	Whole-of-society

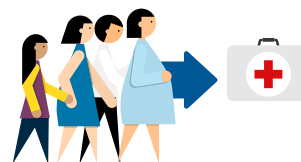
HCC Advocacy Priorities for the HLM-UHC 2019

1



Prioritise **prevention** as an essential component of Universal Health Coverage (UHC)

2



Provide **Primary Health Care (PHC)** as the foundation for UHC

3



Save lives by increasing **equitable access to quality and affordable essential medicines** and products

4



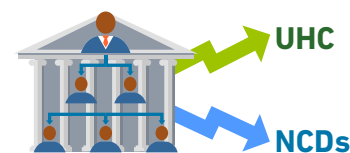
Increase **sustainable financing** for health and improve efficiency and investments

5



Enable **community engagement and empowerment** in UHC design, development, and accountability processes

6



Strengthen **government leadership and governance of intersectoral actions** that address the social, commercial, and other determinants of health, advance UHC, and contribute to reduction of noncommunicable diseases (NCDs) and inequities

7



Develop a **monitoring, evaluation, and accountability** framework to assess the implementation of the commitments made in the HLM-UHC Political Declaration

8



Implement **communication strategies and mechanisms** to provide updated information for evidence-based policy development and decision-making to key stakeholders, taking advantage of ICT advances

1

About the Technical Brief

Target audience

- The Technical Brief primarily targets the Ministries of Health (MoH) and Ministries of Foreign Affairs (MoFA) of Caribbean Community (CARICOM)¹ Member States, in particular their Permanent Missions to the United Nations (UN) in New York, Permanent Missions in Geneva, and Embassies in Washington, D.C.
- Its secondary audience comprises other government sectors, civil society health advocates, and other key stakeholders in health, particularly those working in the prevention and control of non-communicable diseases (NCDs).

Purpose

- The Technical Brief is a step in building the capacity of the MoH and MoFA to participate actively in preparatory processes for the [First UN High-level Meeting on Universal Health Coverage \(HLM-UHC\)](#)² scheduled for 23 September 2019 and negotiations for the development of the Political Declaration that will be the outcome document of the meeting.
- The informed and active participation of the MoH and MoFA—key actors in developing and strengthening the multisectoral, whole-of-government (WoG), whole-of-society (WoS),

health-in-all-policies approaches that are critical to improve health outcomes and reduce inequities—will provide an important perspective that recognises and highlights major health priorities in the Caribbean, such as non-communicable diseases (NCDs).

- MoH and MoFA advocacy and contributions to discussions and negotiations at the HLM-UHC should focus on the challenges and opportunities for equitable progress toward UHC and NCD prevention and control in the low and middle-income countries (LMICs) and small island developing states (SIDS) that comprise the CARICOM. This perspective will be of immeasurable value in ensuring that Caribbean voices are heard and that the region's ground-breaking leadership in addressing the burden of NCDs not only regionally, but also globally, continues.
- The Technical Brief also provides information that other non-health sectors and agencies, civil society organisations (CSOs) and their constituents, and other key stakeholders in health, particularly in NCD prevention and control, will find useful in advocating to governments in their respective countries for high-level participation in the HLM-UHC.

¹ <https://www.caricom.org/>

² <https://www.who.int/news-room/events/detail/2019/09/23/default-calendar/un-high-level-meeting-on-universal-health-coverage>

Authorship

- The Technical Brief was prepared by the Healthy Caribbean Coalition (HCC)³, a regional, not-for-profit, civil society alliance working to contribute to the prevention and control of NCDs in the Caribbean and beyond. The Brief fulfills four of HCC's most important functions: high-level advocacy, capacity building, communication, and promoting the critical role of civil society in NCD prevention and control, and related issues.
- NCDs are recognised as the greatest threat to the health of Caribbean people, and constitute significant barriers to improvements in productivity, national economies, and sustainable national and regional development. Cognisant of the intricate links between progress toward UHC and effective NCD prevention and control, the HCC developed this Technical Brief, building on a well-received [Briefing Note developed by the HCC for Ministries of Foreign Affairs in preparation for the Third UN High-level meeting on NCD prevention and control](https://www.healthycaribbean.org/wp-content/uploads/2018/05/Preparing-CARICOM-Ministries-of-Foreign-Affairs-for-the-3rd-UNHLM-on-NCDs.pdf)⁴ (HLM3-NCDs) in September 2018.

Content

- The Technical Brief provides important background information on the HLM-UHC, the context of UHC and NCDs internationally and in the Caribbean region—including the importance of addressing the social, environmental, commercial, and other determinants of health in the quest to reduce inequities and leave no-one behind in national, regional, and global sustainable development—and summarises the preparatory processes leading up to the HLM.
- It also presents **eight HCC Advocacy Priorities and related Advocacy Asks**, important considerations for inclusion in the Political Declaration from a civil society, NCD-focused perspective. These Advocacy Priorities and Advocacy Asks facilitate advancing to UHC and strengthening NCD prevention and control, as part of the multisectoral, WoS approach that is essential for addressing the root causes of ill-health and improving health outcomes.

³ <https://www.healthycaribbean.org/>

⁴ <https://www.healthycaribbean.org/wp-content/uploads/2018/05/Preparing-CARICOM-Ministries-of-Foreign-Affairs-for-the-3rd-UNHLM-on-NCDs.pdf>

2

The First High-level Meeting on UHC

Background

On 12 December 2017, the UN General Assembly (UNGA) adopted resolution [A/RES/72/139](https://undocs.org/A/RES/72/139) “Global health and foreign policy: addressing the health of the most vulnerable for an inclusive society”,⁵ in which the UNGA:

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

Decided to “hold a high-level meeting in 2019 on universal health coverage”, the first-ever such meeting.

The UNGA President appointed the Permanent Representatives of Hungary and Thailand to co-facilitate an open and transparent consultative process with UN Member States, and to propose modalities for the HLM.

Scope, modalities, format, and organisation of the HLM-UHC

The [draft decision submitted by the UNGA President on the scope, modalities, format, and organisation of the HLM-UHC](#)⁶ proposed the following:

Theme: “Universal health coverage: Moving together to build a healthier world”.

Duration: One day.

Date: 23 September 2019, the third day of the UNGA general debate.

Aim: To approve a concise and action-oriented Political Declaration, agreed in advance by consensus through intergovernmental negotiations, to be submitted by the President of the General Assembly for adoption by the Assembly.

Preparatory process: The President of the General Assembly will:

Organise an interactive multi-stakeholder hearing, before the end of July 2019, with the support of the World Health Organisation ([WHO](https://www.who.int/))⁷ and other relevant partners.

⁵ <https://undocs.org/A/RES/72/139>

⁶ <https://www.un.org/pga/72/wp-content/uploads/sites/51/2018/07/HUC.pdf>

⁷ <https://www.who.int/>

Preside over the interactive multi-stakeholder hearing, which will have the active participation of appropriate senior-level representatives of Member States, observers of the General Assembly, parliamentarians, representatives of local government, relevant UN entities, non-governmental organisations (NGOs) in consultative status with the UN Economic and Social Council, invited CSOs, philanthropic foundations, academia, medical associations, the private sector, and broader communities, ensuring the participation and voices of women, children, youth, and indigenous leadership.

Prepare a summary of the interactive multi-stakeholder hearing prior to the HLM-UHC.

HLM-UHC programme:

- Opening segment
- Plenary segment for general discussion
- Two multi-stakeholder panels
- Closing segment

HLM-UHC invited participants include:

All Member States, with representation at the highest possible level, preferably at the level of Heads of State and Government (HoSG).

The UN system, including funds, programmes, and specialized agencies, including the WHO, regional commissions, and relevant envoys of the Secretary-General, as appropriate.

The Inter-Parliamentary Union.

NGOs that are in consultative status with the UN Economic and Social Council with relevant expertise.

Other representatives of relevant NGOs, CSOs, academic institutions, and the private sector, as proposed by the President of the UNGA.

The [interactive multi-stakeholder hearing was held on 29 April 2019](#),⁹ and included the following sessions: UHC as a driver for inclusive development and prosperity; Leave no-one behind—UHC as a commitment to equity; and Multi-sectoral and multi-stakeholder action and investments for UHC.⁸

⁸ The concept note and provisional programme for the interactive multi-stakeholder hearing are at <https://bit.ly/2DS05k1>. The report of the hearing is pending at the time of writing

⁹ <http://webtv.un.org/meetings-events/general-assembly/watch/part-1-interactive-multi-stakeholder-hearing-to-prepare-for-the-high-level-meeting-on-universal-health-coverage/6031167498001/?term=>

3

UHC - Definitions

While recognising that there is no one approach to UHC, and that each country should implement the basic UHC tenets in ways best suited to national health priorities, culture, and context, all definitions of UHC emphasise health services accessibility, availability, inclusivity, comprehensiveness, quality, avoidance of financial hardship for users, and equity. These principles are neatly encapsulated in the 2019 [World Health Day](#) (WHD)¹⁰ theme ***“Health for all: Everyone, everywhere”***. The goals of WHD, celebrated on 7 April 2019, included improving the understanding of UHC and the importance of primary health care (PHC) as its foundation.

WHO notes that UHC:¹¹

- Means that all individuals and communities receive the health services they need without suffering financial hardship, and includes the full spectrum of essential, quality health services, from health promotion to prevention, treatment, rehabilitation, and palliative care.
- Enables everyone to access the services that address the most significant causes of disease and death, and ensures that the quality of those services is good enough to improve the health of the people who receive them.
- Does not mean free coverage for all possible health interventions, regardless of the cost, as no country can provide all services free of charge on a sustainable basis.
- Is not just about health financing; it encompasses all components of the health system: health service delivery systems, health workforce, health facilities and communications networks, essential medicines and health technologies, information systems, quality assurance mechanisms, and governance and legislation.
- Is not only about ensuring a minimum package of health services, but also about ensuring a progressive expansion of coverage of health services and financial protection as more resources become available.
- Is not only about individual treatment services, but also includes population-based services such as public health campaigns and creating supportive environments for healthy lifestyles to prevent and control the main NCDs—cardiovascular diseases, diabetes, cancer, chronic respiratory diseases, and mental and neurological conditions—and their common risk factors: tobacco use, unhealthy diet, physical inactivity, harmful use of alcohol, and air pollution.
- Addresses much more than just health; taking steps towards UHC means steps towards equity, development priorities, and social inclusion and cohesion.

¹⁰ <https://www.who.int/campaigns/world-health-day/world-health-day-2019>

¹¹ [https://www.who.int/news-room/fact-sheets/detail/universal-health-coverage-\(uhc\)](https://www.who.int/news-room/fact-sheets/detail/universal-health-coverage-(uhc))

The Pan American Health Organisation

(PAHO),¹² Regional Office of WHO for the Americas, promotes the concept of universal health (UH), not just UHC, and notes that:¹³

- UH, comprising universal access to health and UHC, implies that all people and communities have access, without any kind of discrimination, to comprehensive, appropriate, timely, quality health services determined at the national level according to needs, as well as access to safe, effective, and affordable quality medicines, while ensuring that the use of such services does not expose users to financial difficulties, especially groups in conditions of vulnerability.
- Universal access is defined as the absence of geographical, economic, socio-cultural, organisational, or gender barriers, and is achieved through the progressive elimination of barriers that prevent all people from having equitable use of comprehensive health services determined at the national level.
- Comprehensive, appropriate, timely, quality health services are actions directed at populations and/or individuals that are culturally, ethnically, and linguistically appropriate, with a gender approach, and that take into account the different needs of population groups in order to promote health, prevent disease, provide care¹⁴ for persons with various diseases, and offer the necessary short-, medium-, and long-term care.
- Health coverage is defined as the capacity of the health system to serve the needs of the population, including the system's leadership and governance, and the availability of infrastructure, human resources, health technologies (including medicines), and financing. UHC implies that the organisational mechanisms and financing are sufficient to cover the entire population.
- UH requires determining and implementing policies and actions with a multi-sectoral approach to address the social determinants of health (SDoH)¹⁵ and promote a society-wide commitment to fostering health and well-being.
- UH is the foundation of an equitable health system, and both universal access and universal coverage are necessary conditions for achieving health and well-being.

¹² <https://www.paho.org/hq/index.php?lang=en>

¹³ PAHO. Strategy for universal access to health and universal health coverage. Document CD53/5, Rev.2. Washington, D.C: PAHO, 2014. <https://www.paho.org/hq/dmdocuments/2014/CD53-5-e.pdf>

¹⁴ Diagnosis, treatment, rehabilitation, and palliative care

¹⁵ WHO defines social determinants of health as the conditions in which people are born, grow, live, work, and age, circumstances shaped by the distribution of money, power, and resources at global, national, and local levels



UHC - Context and situation summary

International

KeyStatistics¹⁶

1/2	At least half of the world's population still do not have full coverage of essential health services.
100	About 100 million people are still being pushed into extreme poverty (defined as living on 1.0 United States Dollar or less a day) because they have to pay for health care.
800	Over 800 million people (almost 12 percent of the world's population) spent at least 10 percent of their household budgets to pay for health care.
32%	On average, out-of-pocket (OOP) payments represent about 32 percent of every country's health expenditure.
All	All UN Member States have agreed to try to achieve UHC by 2030, as part of the Sustainable Development Goals.

UHC and PHC, with their focus on access, availability, quality, and equity, are **firmly anchored in international frameworks and commitments**, including, but not limited to:

1948: [Right to Health](#),¹⁷ which affirmed the right of all people to the enjoyment of the highest attainable standard of physical and mental health.


1978: [Declaration of Alma Ata](#),¹⁸ which highlighted PHC as the basis for an equitable, comprehensive health system.

2012: UN resolution [A/RES/67/81](#)¹⁹ on Global Health and Foreign Policy, which recognised “the responsibility of Governments to urgently and significantly scale up efforts to accelerate the transition towards universal access to affordable and quality health care services”.

¹⁶ WHO. UHC Fact Sheet. 24 January 2019. [https://www.who.int/en/news-room/fact-sheets/detail/universal-health-coverage-\(uhc\)](https://www.who.int/en/news-room/fact-sheets/detail/universal-health-coverage-(uhc)) and WHO. Universal health coverage. Preparation for the high-level meeting of the United Nations General Assembly on universal health coverage: Report by the Director-General. Document EB144/14, 27 December 2018. http://apps.who.int/gb/ebwha/pdf_files/EB144/B144_14-en.pdf

2015: 2030 Sustainable Development Goals (SDGs),²⁰ particularly [SDG 3](#).²¹

“Ensure healthy lives and promote wellbeing for all at all ages” and [Target 3.8](#):²² “Achieve 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”.



The SDG 3 UHC target lies at the core of the other 12 health targets, and the health goal itself is closely interlinked with the other 16 SDGs, in some cases making inputs into them and in others being dependent on their progress for its attainment.²⁶

2018: [Declaration of Astana](#),²³ in which HoSG participating in the [Global Conference on Primary Health Care: From Alma-Ata towards universal health coverage and the Sustainable Development Goals](#),²⁴ reaffirmed their:

- Commitment to the Right to Health;
- Conviction that strengthening PHC is the most inclusive, effective, and efficient approach to enhance people's physical and mental health, as well as social well-being, and that PHC is a cornerstone of a sustainable health system for UHC and health-related SDGs; and
- Intent to continue to address the growing burden of NCDs.

2018: [Commonwealth Health Ministers Meeting 2018](#),²⁵ which had the theme “Enhancing the global fight against NCDs: Raising awareness, mobilising resources, and ensuring accessibility to UHC”. The Ministers discussed effective financing models for UHC, including mobilisation of national resources, effective use of contributions, and mechanisms for pooled procurement of health supplies and medicines. They noted the need to strengthen coordination among domestic resource mobilisation (DRM), development assistance for health (DAH), and broader overseas development assistance (ODA), to ensure synergy and a catalytic effect of DAH on DRM.

¹⁷ <https://www.ohchr.org/Documents/Publications/Factsheet31.pdf>

¹⁸ https://www.who.int/publications/almaata_declaration_en.pdf

¹⁹ <https://undocs.org/A/RES/67/81>

²⁰ <https://sustainabledevelopment.un.org/post2015/transformingourworld>

²¹ <https://www.who.int/sdg/targets/en/>

²² <https://apps.who.int/iris/handle/10665/208286>

²³ <https://www.who.int/docs/default-source/primary-health/declaration/gcphc-declaration.pdf>

²⁴ <https://www.who.int/primary-health/conference-phc>

²⁵ <http://thecommonwealth.org/media/event/commonwealth-health-ministers-meeting-2018>

²⁶ WHO and International Bank for Reconstruction and Development/The World Bank. Tracking universal health coverage: 2017 global monitoring report. 2017. Licence: CC BY-NC-SA 3.0 IGO. <https://bit.ly/2PQNe6B>

In addition, well recognised and respected intergovernmental and other entities have documented, provided guidance for advancing and tracking, and promoted, UHC and PHC, and have highlighted the strong connection among UHC, PHC, and NCD prevention and control. These entities include, but are not limited to, the UN; WHO; World Bank; PAHO; NCD Alliance ([NCD Alliance](https://ncdalliance.org/)),²⁷ an international civil society dedicated to improving

NCD prevention and control worldwide; [UHC2030](https://www.uhc2030.org/),²⁸ a multi-stakeholder platform that aims to accelerate progress towards UHC; and [The Lancet](https://www.thelancet.com/),²⁹ a weekly peer-reviewed general medical journal.

Selected, summary information from these entities relevant to UHC, PHC, and NCDs is in the Annex to this Brief.

Caribbean

Twelve of the 14 independent CARICOM countries have [ratified or acceded to the 1966 International Covenant on Economic, Social, and Cultural Rights](#)³⁰ (ICESCR), the human rights treaty that includes the right to health, and the countries were early implementers of many of the principles espoused in the 1978 Declaration of Alma-Ata, investing in PHC that improved access to basic health services.

Among other achievements, the PHC system in CARICOM countries has:³¹

- Provided extensive opportunities for health education;
- Improved maternal and child health, resulting in enhanced antenatal care, availability of contraceptive services, and reductions in maternal and infant mortality; high levels of vaccine coverage, with associated reduction in vaccine-preventable diseases, including the elimination of polio and indigenous measles and rubella;³² and
- Established a network of PHC facilities that include health centres and parish or district hospitals that provide access to essential services, medicines, and technologies, as well as data on service delivery and quality.

At the Caribbean regional level, in 2010 the Caribbean Development Bank (CDB)³³ funded a study commissioned by CARICOM on the feasibility of a regional health insurance mechanism;³⁴ the findings have been recommended for consideration by the CARICOM Council for Finance and Planning (COFAP).³⁵

In a [presentation on “Financing NCD prevention and control in CARICOM”](#)³⁶ at the April 2018 [HCC Caribbean NCD Forum](#)³⁷ held in Jamaica as part of regional preparations for HLM3-NCDs, Professor Emeritus Karl Theodore, Director, Health Economics Unit, Centre for Health Economics, University of the West Indies, Trinidad and Tobago, noted that:

- The main funding arrangements for health in Caribbean countries are public, private, and community measures, as well as funding from regional and subregional agencies; private measures include direct OOP spending and private insurance payments.
- A 2011 World Bank study showed that in Saint Lucia, 36 percent of OOP health spending by households was incurred for treatment of NCDs; countries that rely on OOP spending are those that have the worst health outcomes, and this should not be the main way of funding NCD prevention and care.

²⁷ <https://ncdalliance.org/>

²⁸ <https://www.uhc2030.org/>

²⁹ <https://www.thelancet.com/>

³⁰ https://treaties.un.org/pages/ViewDetails.aspx?src=IND&mtdsg_no=IV-3&chapter=4&clang=_en

³¹ CARICOM and PAHO. Report of the Caribbean Commission on Health and Development. Kingston, Jamaica: CARICOM and PAHO, 2006. <https://bit.ly/2Jz6dkX>

³² The Caribbean was the first subregion in the Region of the Americas to eliminate these diseases

³³ <https://www.caribank.org/>

³⁴ A copy of a presentation on the study is at <https://bit.ly/2JeFXgn>

³⁵ <https://caricom.org/about-caricom/who-we-are/our-governance/organs-and-bodies-of-the-community/the-council-for-finance-and-planning-cofap/>

³⁶ <https://www.healthycaribbean.org/wp-content/uploads/2018/05/7-HCC-PRESENTATION-Conference-KTHEODORE.pdf>

³⁷ <https://www.healthycaribbean.org/caribbean-ncd-forum-jamaica-2018/>

- Four key aspects of any proposed strategy for financing the NCD response are:
 - Modification of current measures and priorities, with emphasis on strengthening the primary level of care;
 - Adoption of new funding measures for the health system, so that excessive OOP spending is avoided;
 - Improved efficiency in current fiscal spending, including reallocation of public resources, giving health fiscal priority; and
 - Measures aimed at improved revenue collection, since health systems now collect less than 50 percent of potential revenue.
- A focus on PHC is essential, since although health expenditure is growing in all countries, those that focus on PHC observe lower increases. WHO estimates that waste in health spending is 20-40 percent, and the focus on PHC raises the efficiency of the health system as a whole. The health financing system should not put hospitals at its centre—PHC should occupy that position.
- Caribbean countries should be encouraged to opt for a social insurance approach where funds are pooled, and national health insurance (NHI) is one such system. NHI provides “cradle-to-grave” financing and includes pooled funds that comprise government revenues and employer/employee contributions, integrating the resources required for payment to public and private providers of care. This system provides equity in access to a package of services in the public and private sectors for every citizen or resident; facilitates equity in cost-sharing; improves quality and efficiency; and facilitates better performance accountability.
- Since NHI is meant to address health priorities, NCDs will be addressed, focusing on services that are relevant to NCD prevention and control.

Several studies and assessments have demonstrated progress to UHC in the Caribbean, and remaining challenges, and suggested the way forward. Selected studies are mentioned below.

1. A **2015 World Bank/PAHO** study³⁸ examined different approaches and progress made by selected countries in Latin America and the Caribbean (LAC)³⁹ over the past three decades to increase population coverage, services covered, and financial protection, with a special focus on reductions in health inequities. The study found that:

- Countries in LAC made important progress over the previous three decades toward the realisation of the right to health and toward fulfilling the promise of UHC.
- Several countries have implemented policies and programmes to advance UHC; the share of the population covered by programmes that have explicit entitlements to health care has increased, and heavily subsidized programmes have been implemented to target specific populations, such as poor people and those not covered by contributory social health insurance schemes, resulting in reduction in inequities and narrowing of the gap between rich and poor on a number of key health outcomes.
- Reforms have been accompanied by a rise in public spending on health and, in most cases, a decline in the share of OOP payments in total health expenditures, reducing the likelihood of catastrophic spending and impoverishment for many households.
- Service coverage has also expanded, and subsidised schemes cover at the very least maternal and child health interventions, and most go beyond that to include comprehensive PHC.
- Despite the improvements, much remains to be done to close the equity gap and address persisting and new health challenges.
- The share of the population reporting less-than-good health status has not declined markedly or consistently in most countries, and the indicators are highly skewed, with the poor uniformly reporting the worst outcomes.
- NCDs such as diabetes, ischaemic heart disease, and asthma are increasing among all income groups in several countries, as are associated risk factors such as obesity and hypertension.

³⁸ World Bank and PAHO. Toward universal health coverage and equity in Latin America and the Caribbean: Evidence from selected countries. Washington, D.C: World Bank, 2015. <https://bit.ly/2odT9W4>

³⁹ The ten countries included in the analysis were Argentina, Brazil, Chile, Colombia, Costa Rica, Guatemala, Jamaica, Mexico, Peru, and Uruguay

- In order to translate the availability of health care into improved health outcomes, countries need to address patient needs, provide quality services, and deliver care in a timely manner. Data from selected countries and available research demonstrate that many health systems face serious challenges in these areas, which are likely to gain importance as health care needs become more complex and population expectations grow.
- Because of data limitations, efforts to monitor progress toward UHC to date do not adequately capture dimensions of unmet need for health care, quality of health services, and timeliness of delivery to assess whether access to effective coverage is improving.
- Delivering on the promise of UHC will require regular measurement and monitoring of results, including whether benefits are being shared by the entire population, regardless of socioeconomic status, gender, place of residence, and other characteristics. To achieve this, it will be paramount to strengthen national data systems—health information systems, civil registration, vital statistics, and statistical systems generally—while improving international comparability.

2. The 2018 InterAmerican Development Bank (IDB) publication “Better spending for better lives: How Latin America and the Caribbean can do more with less”⁴⁰ in Chapter 8, “Efficient spending for healthier lives”, notes that in LAC:

- Since 2000, significant improvements in the coverage of skilled birth attendance and immunisations demonstrate citizens’ expanded access to vital health services. These achievements have paid off in terms of better health outcomes, as measured by the increase in life expectancy or the decline in mortality rates of children under five years of age. Nevertheless,

much is left to be done to address unmet needs and health inequities as well as to shift the focus of care toward NCDs, which currently account for nearly three-fourths of deaths and years of life lost due to premature death and disability.

- Average public health spending as a percent of total health expenditure in LAC increased from 47.4 percent to 57 percent, and in 2014 was the largest financing source for health. However, in 2014 the value of public spending was on average 3.7 percent of gross domestic product (GDP), which falls below a recommended threshold of five percent to support minimum standards of service.
- OOP expenditure is a key indicator of financial protection; levels above 20 percent of total health expenditure are strongly associated with catastrophic and impoverishing spending, and indicate the stress households face in accessing health care. Although the share of OOP spending in LAC has decreased from 37 percent to 33 percent, it still almost doubles that of Organisation for Economic Cooperation and Development (OECD) countries (18 percent) and is higher than the recommended limit of 20 percent for most countries.
- For the foreseeable future, health expenditures are expected to continue to climb, driven by factors such as population aging, the rising incidence of chronic diseases, socioeconomic improvements, and an associated greater demand for health services, as well as the adoption of technological developments. These trends strengthen the case for seeking greater efficiency in public health care spending, and policy must focus on improving the efficiency of health care by investing in interventions that achieve the best health results and implementing these interventions in the right way.⁴¹ **Table 1** indicates major areas of inefficiency in health systems.

⁴⁰ <https://flagships.iadb.org/en/DIA2018/Better-Spending-for-Better-Lives>

⁴¹ The WHO Best Buys provide an example of cost-effective interventions for NCD reduction that countries should prioritise

Table 1: Major sources of inefficiency by type of health system input

Health system input	Source of technical inefficiency (not using the least inputs for a level of output)
Health-care workers	Inappropriate or costly staff mix
Medicines	Higher than necessary prices for drugs Under-use of generic drugs Irrational use of drugs Sub-standard or counterfeit drugs
Health-care products	Over-use of procedures, investigations, and equipment
Health-care services	Sub-optimal quality of care and medical error Inappropriate hospital size Inappropriate hospital admissions or length of stay
Financial resources	Health system leakages: corruption and fraud

Source: IDB. *Better spending for better lives: How Latin America and the Caribbean can do more with less*. Washington, D.C: IDB, 2018.⁴²

- Delivery of timely, high-quality diagnostic and treatment services in PHC has been shown to prevent acute deterioration, progression, or complications in people with disease, and under-use of PHC interventions results in both sub-optimal quality of care and inefficiency,

with compromise of people's health and missed opportunities for savings. Providing high-quality, efficient health care requires reconfiguring the delivery of health services such that PHC is moved to the forefront and integrated with other levels of the health system.

“Attaining universal health care will require not just more money for health, but more health per dollar invested.”

From: *Better spending for better lives: How Latin American and the Caribbean can do more with less*
InterAmerican Development Bank, 2018

⁴² <https://flagships.iadb.org/en/DIA2018/Better-Spending-for-Better-Lives>

3. **The 2018 KPMG publication**, *Islands of progress: The Caribbean's journey to universal health coverage*⁴³ reports the findings of data collection on progress to UHC

across the region, including a survey carried out in nine Caribbean countries.⁴⁴ The results are summarised in **Table 2** below.

Progress to UHC in selected Caribbean countries⁴⁵

Category 1 Committed to UHC	Category 2 Designing and implementing	Category 3 Expanding and improving
Barbados <ul style="list-style-type: none"> Electronic health records implemented at the Queen Elizabeth Hospital NHI is a topic of public discourse St. Vincent and the Grenadines <ul style="list-style-type: none"> NHI being contemplated by Government NHI Steering Committee established Trinidad and Tobago <ul style="list-style-type: none"> NHI included in Government's Manifesto New Couva Hospital constructed 	Dominica <ul style="list-style-type: none"> NHI in pilot stage Grenada <ul style="list-style-type: none"> Currently designing NHI Implementing SMART Hospital⁴⁶ retrofit Jamaica <ul style="list-style-type: none"> Currently designing NHI Leveraging public private partnerships to expand local capacity Montserrat <ul style="list-style-type: none"> Currently designing NHI St. Kitts <ul style="list-style-type: none"> Currently designing NHI St. Lucia <ul style="list-style-type: none"> Currently designing NHI Corporatisation of Victoria Hospital in development St. Maarten <ul style="list-style-type: none"> Implementing National Health Reform to build a single NHI programme 	Antigua and Barbuda <ul style="list-style-type: none"> Medical Benefits Scheme provides financial and other benefits to beneficiaries who suffer from one or more of 11 covered chronic diseases Aruba <ul style="list-style-type: none"> UHC introduced in 2001 Experimenting with new value-based payment mechanisms The Bahamas <ul style="list-style-type: none"> Primary Care Phase of NHI implemented - 40,000+ enrolled Expanded Employer Mandate Standard Health Benefits currently in development Bermuda <ul style="list-style-type: none"> Over 90% of residents have health insurance—100% coverage is a goal Focus on improving health outcomes and value through preventative care Bonaire <ul style="list-style-type: none"> Since 2011, all legal residents have access to compulsory and comprehensive general health insurance British Virgin Islands NHI operational with coverage expanding Cayman <ul style="list-style-type: none"> Comprehensive coverage through both private and public insurance schemes Long-term residential mental health facility approved and soon to be constructed Curaçao <ul style="list-style-type: none"> Basic benefits package introduced in 2013 Coverage now exceeds 90% of population Turks and Caicos <ul style="list-style-type: none"> NHI Plan introduced in 2009 providing full coverage Focus on improving primary care

⁴³ KPMG. *Islands of progress: The Caribbean journey to UHC*. Geneva: KPMG Centre for Universal Health Coverage and KPMG Islands Group, 2018. <https://bit.ly/2Haf7DR>

⁴⁴ Aruba, The Bahamas, Barbados, Bermuda, Grenada, Jamaica, Saint Lucia, Sint Maarten, and Trinidad & Tobago

⁴⁵ Guyana is not included in this assessment, but is currently finalising the third edition of its Package of Essential Health Services

⁴⁶ https://www.paho.org/disasters/index.php?option=com_content&view=article&id=1742:smart-hospitals-toolkit&Itemid=1248&lang=en

In summary, the several challenges facing the Caribbean region are not insurmountable, and issues for the region's consideration in charting the way forward include:

- The *demographic and epidemiological transition, with increasing population ageing and NCD burden*. With the evolution of the health needs of the population, the country's health services must also evolve, putting PHC at the centre and developing integrated health services networks (IHSDN);⁴⁷
- *Options for increasing government spending on health in the region's resource-constrained and vulnerable SIDS*. Improvements in tax collection, and implementation of innovative funding streams, including increasing, or applying taxation on products inimical to health, while reducing taxes on those that promote and enable health, warrant attention. Making the best use of development assistance, in the context of updated national health plans and strategies, is also an important consideration.
- *Forecasting and meeting the cost of small risk pools*, which is considerable. If financial vulnerabilities are not managed or mitigated, health care payers may find that they experience significant and unpredictable swings between deficit and surplus. Relatively few health insurance schemes in the United States of America have risk pools with fewer than 500,000 lives; in contrast, most Caribbean nations have populations of fewer than 500,000 and many have less than 50,000. Innovative ways of broadening the risk pool beyond the country's borders, such as using a reinsurer to offset the risk, or establishing joint pooling arrangements with neighbouring nations—as has been discussed at CARICOM level—may be options for consideration.⁴⁸
- *Human resources for health (HRH)*, whose number, quality, and distribution are critical to the success of UHC and PHC, and reduction in inequities. The *Caribbean Roadmap for Human Resources for Universal Health 2018-2022*,⁴⁹ developed by PAHO in collaboration with the CARICOM Secretariat and Member States, sets out collaborative

strategies to advance the regional HRH agenda over the stated period. Areas identified for action are: governance and leadership; education and training; access with quality and equity; finance; HRH information systems; research; and gender responsiveness. Emphasis is placed on the role of the education sector in aligning with health needs and priorities, and preparing HRH focused on PHC as the core of the health system, with skills to better prevent and manage priority health issues such as NCDs.

Table 3 below indicates the status of several CARICOM countries regarding SDG Target 3.8.1, coverage of essential health services, as represented by a UHC service coverage index ranging from 0 to 100, where 100 is the target. The index was developed for 183 countries with populations over 90,000 for 2015, for inclusion in the WHO-World Bank joint UHC monitoring framework.

Table 3: UHC service coverage index for selected CARICOM countries

Country	UHC service coverage index ⁵⁰
Barbados	79
Antigua and Barbuda	75
Trinidad and Tobago	75
The Bahamas	72
Grenada	72
Saint Lucia	69
Guyana	68
Suriname	68
St. Vincent and the Grenadines	65
Belize	61
Jamaica	60
Haiti	47

Source: Hogan DR, Stevens GA, Hosseinpoor AR, and Boerma T. Monitoring universal health coverage within the Sustainable Development Goals: Development and baseline data for an index of essential health services. *Lancet Global Health* 2017; published online 13 December 2017, DOI: [https://doi.org/10.1016/S2214-109X\(17\)30472-2](https://doi.org/10.1016/S2214-109X(17)30472-2).

⁴⁷ PAHO. Integrated health service delivery networks: Concepts, policy options, and a roadmap for implementation in the Americas. Series - Renewing primary health care in the Americas, No. 4. Washington, D.C.: PAHO, 2011. http://new.paho.org/hq/dmdocuments/2011/PHC_IHSD-2011Serie4.pdf

⁴⁸ KPMG. Islands of progress: The Caribbean journey to UHC. Geneva: KPMG Centre for Universal Health Coverage and KPMG Islands Group, 2018. <https://bit.ly/2Haf7DR>

⁴⁹ PAHO. Caribbean roadmap for human resources for universal health 2018-2022. Washington, D.C.: PAHO, 2018 (in draft)

⁵⁰ The index is calculated on the basis of national level of coverage of tracer indicators related to reproductive maternal, newborn, and child health; infectious disease control; NCDs; and service capacity and access

5

NCDs - Context and situation summary

International

Key Statistics⁵¹

41m	NCDs kill 41 million people each year, equivalent to 71 percent of all deaths globally.
32m	NCDs disproportionately affect people in LMICs, where more than three quarters of global NCD deaths - 32 million - occur
15m	Each year, 15 million people between the ages of 30 and 69 years die from a NCD; over 85 percent of these “premature” deaths occur in LMICs.
17.9m	Cardiovascular diseases account for most NCD deaths, or 17.9 million people annually, followed by cancers (9.0 million), respiratory diseases (3.9 million), and diabetes (1.6 million).
80%	These four groups of diseases account for over 80 percent of all premature NCD deaths, and mental and neurological conditions result in significant disability.
Risk	Tobacco use, physical inactivity, the harmful use of alcohol, unhealthy diet, and air pollution all increase the risk of dying from a NCD
Key	Detection, screening, and treatment of NCDs, as well as rehabilitation and palliative care, are key components of the response to NCDs.

Intergovernmental health organisations such as WHO and PAHO have long highlighted, and provided guidance to address, the scourge of NCDs and their risk factors, and there is a plethora of agreements, guidelines, strategies, and plans of action to provide guidance to their Member States on NCD prevention and control. More recently, spurred by CARICOM advocacy, the UN recognised these diseases for the existential threat that they pose, and the first UN high-level meeting on NCD prevention and control (HLM1-NCDs) was held in September 2011. At this historic meeting, the UNGA

adopted, by consensus, the resolution titled “[Political Declaration of the High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases](#)”,⁵² which recognised the need for whole-of-government and whole-of-society efforts.

Selected international frameworks to foster implementation of the HLM1-NCDs Political Declaration include:

- [WHO Global Action Plan \(GAP\) 2013-2020](#)⁵³ with its [nine voluntary targets](#),⁵⁴ which will contribute

⁵¹ WHO. NCD Fact Sheet. 1 June 2018. <https://bit.ly/2R96yPA>

⁵² http://www.un.org/ga/search/view_doc.asp?symbol=A/66/L.1

⁵³ http://apps.who.int/iris/bitstream/handle/10665/94384/9789241506236_eng.pdf;jsessionid=BF95718315241FC5FE2334100C5A405C?sequence=1

⁵⁴ <http://www.who.int/beat-ncds/take-action/targets/en/>

to the overall target of a 25% relative reduction in premature mortality from NCDs by 2025, and its Appendix 3, which includes recommendations for cost-effective NCD interventions—the WHO “Best Buys”. Appendix 3 was updated in 2017 with revised “[Best Buys and other recommended interventions for NCD prevention and control](#)”⁵⁵ based on new evidence of cost-effectiveness or new WHO recommendations since the adoption of the GAP in 2013.

- [Report of the WHO Commission on Ending Childhood Obesity](#),⁵⁶ which is particularly relevant to the Caribbean, given the documented increase in childhood obesity in the region.⁵⁷
- The SDGs, which include [SDG3](#),⁵⁸ the goal most directly linked to health, and [Target 3.4](#).⁵⁹ “By 2030, reduce by one-third premature mortality

from NCDs through prevention and treatment, and promote mental health and well-being.”

- [PAHO Plan of Action for Prevention of Obesity in Children and Adolescents, 2014](#),⁶⁰ which, among other measures, calls for the implementation of fiscal policies, such as taxes on sugar-sweetened beverages and energy-dense, nutrient-poor products; regulation of food marketing and labelling; improvement of school nutrition and physical activity environments; and promotion of breastfeeding and healthy eating.
- [PAHO Nutrient Profile Model](#),⁶¹ which provides guidance in identifying healthy and unhealthy foods, intended to help in the design and implementation of strategies for the prevention and control of obesity and overweight.

⁵⁵ <http://apps.who.int/iris/bitstream/handle/10665/259232/WHO-NMH-NVI-17.9-eng.pdf?sequence=1>

⁵⁶ http://apps.who.int/iris/bitstream/10665/204176/1/9789241510066_eng.pdf?ua=1

⁵⁷ Caribbean Public Health Agency (CARPHA). Plan of Action for Promoting Healthy Weights in the Caribbean: Prevention and Control of Childhood Obesity 2014–2019. Port of Spain, Trinidad and Tobago: CARPHA, 2014. <http://carpha.org/Portals/0/docs/HealthyWeights.pdf>

⁵⁸ <https://sustainabledevelopment.un.org/sdg3>

⁵⁹ <https://apps.who.int/iris/handle/10665/208282>

⁶⁰ http://www.paho.org/hq/index.php?option=com_content&view=article&id=11373&Itemid=41740&lang=en

⁶¹ http://www.paho.org/hq/index.php?option=com_content&view=article&id=11662%3A%2Fpaho-nutrient-profile-model&catid=1370%3A%2Fnutrition-general&Itemid=41739&lang=en

Caribbean

Key Statistics

8/10	NCDs are responsible for approximately 8 out of 10 deaths , and 40 percent of NCD deaths occur prematurely, before age 70 years. ⁶² CARICOM States have some of the highest NCD prevalence rates globally and the highest probability of dying prematurely from NCDs in the Region of the Americas.
\$\$	NCDs represent a significant drain on CARICOM Member States' limited economic resources and pose a real threat to their long-term development prospects.
\$28.9 billion JMD	<p>A 2018 study in Jamaica⁶³ showed that scaling up the recommended interventions for NCD prevention and control⁶⁴ would, over the 15-year period 2017-2032:</p> <ul style="list-style-type: none"> • Avoid labour productivity losses of over 47.3 billion Jamaican dollars (JMD); • Save over 29.8 billion JMD of direct medical costs to treat cardiovascular disease and diabetes alone; • Result in a minimum return on investment of 2.10 (a 2.10 JMD return for every dollar invested); • Grow GDP by an extra 0.11 percentage points by year five alone; and • Provide total economic benefits (77.1 billion JMD) that significantly outweigh the costs (36.7 billion JMD)
145m	A similar study in Barbados in 2015 ⁶⁵ showed that the economy was losing 145 million Barbados Dollars (BBD) per year due to missed work days, poor productivity, reduced workforce participation, and the costs to business of replacing workers, as a result of cardiovascular disease and diabetes alone. Together, these costs represented around 2.6 percent of projected GDP in 2015.

The Caribbean has been a leader in recognising NCDs as priorities that impact not only health, but also productivity, the economy, and sustainable national development. Through CARICOM, the region has taken

collective approaches to NCD prevention and control, to complement national efforts and foster multisectoral, WoG, WoS approaches.

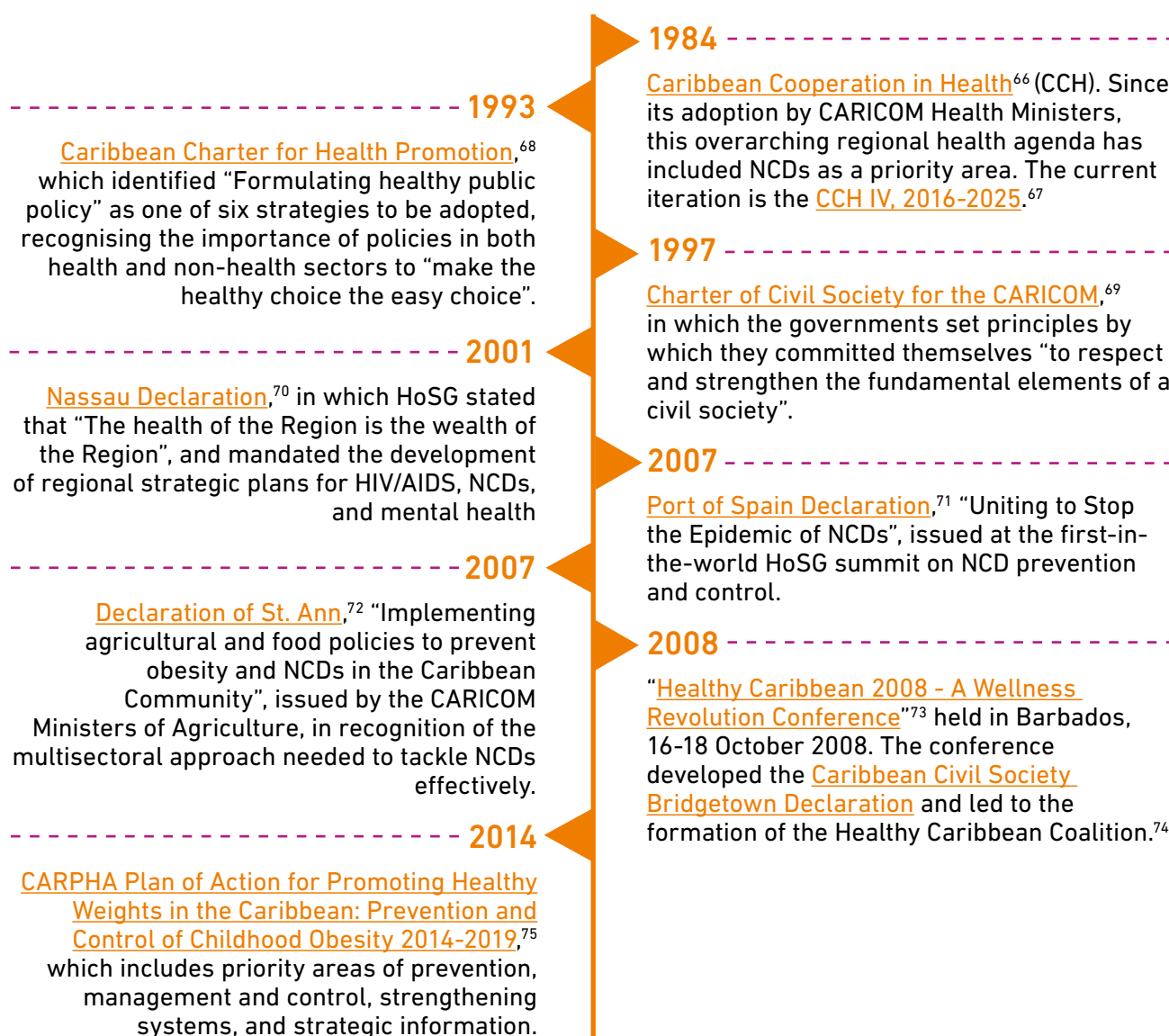
⁶² Pan American Health Organization (PAHO). Regional mortality estimates. Washington, D.C: PAHO; 2017

⁶³ UN Interagency Task Force on NCDs (UNIATF), UN Development Programme (UNDP), and PAHO. The case for investment in prevention and control of non-communicable diseases in Jamaica: Evaluating the return on investment of selected tobacco, alcohol, diabetes, and cardiovascular disease interventions. Washington, D.C.: UNIATF, UNDP, and PAHO; 2018. <https://bit.ly/2Wk1aIk>

⁶⁴ Based on the WHO Best Buys—cost-effective interventions for NCD prevention and control—that were updated in 2017. WHO. Tackling NCDs: 'Best buys' and other recommended interventions for the prevention and control of non-communicable diseases. Geneva: WHO; 2017. <https://bit.ly/2V6EoY4>

⁶⁵ Ministry of Health, Barbados, WHO, UNIATF, and UNDP. The investment case for NCD prevention and control in Barbados. Geneva: WHO; 2017. <https://bit.ly/2ITnDcn>

Selected milestones in the Caribbean response to NCDs



However, inequities in health outcomes in Caribbean countries persist, linked to the SDoH that are mostly responsible for health inequities—the unfair, unjust, and avoidable differences in health status seen within and between countries—including access to comprehensive

quality health care across the life course. There is need to identify and focus on populations in conditions of vulnerability to effectively address NCDs and other threats to health, and progress in UHC is therefore critical for effective NCD prevention and control.

⁶⁶ <https://caricom.org/store/caribbean-cooperation-in-health-phase-iii-cch-iii>

⁶⁷ <http://carpha.org/downloads/CCH-IV-Version7.pdf>

⁶⁸ <http://www.archive.healthycaribbean.org/publications/documents/cchp.pdf>

⁶⁹ https://caricom.org/images/publications/12504/12060-charter_of_civil_society.pdf

⁷⁰ <https://caricom.org/communications/view/nassau-declaration-on-health-2001-the-health-of-the-region-is-the-wealth-of>

⁷¹ http://www.who.int/macrohealth/action/PAHO_Report.pdf

⁷² <https://caricom.org/communications/view/declaration-of-st.-ann-implementing-agriculture-and-food-policies-to-preven>

⁷³ <https://www.healthycaribbean.org/healthy-caribbean-2008-wellness-revolution-conference/>

⁷⁴ HCC. Celebrating ten years of a civil society regional response to NCD prevention and control in the Caribbean. Bridgetown, Barbados: HCC, 2008. <https://bit.ly/20SYVbr>

⁷⁵ <http://carpha.org/Portals/0/docs/HealthyWeights.pdf>



UHC and NCDs – mutually reinforcing

“Non-communicable diseases (NCDs) must be part of UHC frameworks—they are the world’s biggest killers and the leading cause of preventable morbidity and disability. This does not mean a vertical solution. Opportunities exist to negotiate policy space for NCDs in each health systems’ six “building blocks,” and therefore in UHC plans.”⁷⁶

Dr. Sania Nishtar, Co-chair of the WHO Independent High-level Commission on NCDs

Further perspectives on the interlinkages between UHC and NCDs, and PHC as an essential component of UHC, are summarised below.⁷⁷

- *Financing:* Where insurance schemes are being used to finance UHC, NCDs must be included in the public benefits package, and where social protection programmes are instruments of UHC, they must acknowledge that much of the risk of catastrophic health expenditure is derived from NCDs.
- *Medicines and technologies:* NCD medicines should be included in national essential medicines lists, and in drug procurement and supply systems. Appropriate technologies for NCD prevention and control should include access to disease-preventing vaccines, including human papillomavirus and hepatitis B vaccines.
- *Surveillance and information systems for health:* Risk factor surveillance should be integrated into existing population-based surveys and information systems for health, reducing the need for stand-alone NCD surveys and increasing cost-efficiency. These systems may be supplemented with disease registries and NCD-sensitive metrics on service delivery and management.
- *Human resources for health:* NCD training modules should be included in training and ongoing education curricula for health workers, including those at community level, to facilitate their critical role in health promotion, caring for persons in conditions of vulnerability, and reduction of stigma and discrimination. This last is especially important in dealing with mental health conditions.
- *Leadership and governance:* Mechanisms for effective multisectoral, WoG, WoS, actions, vital to both UHC and NCDs, must be put in place to successfully address social and other determinants of health, implement the WHO Best Buys, reduce NCD risk factors, and lessen the burden of NCDs.
- *Service delivery:* Emphasis must be placed on PHC, including IHSDNs, as a cost-effective measure for reduction of NCDs and inequities, and PHC must be reoriented towards chronic care.

PHC incorporates the key elements needed to address NCDs and other emerging health issues⁷⁵ and improve health security. These elements include community engagement and education; availability of high-quality medicines and rational prescribing; and a core set of essential public health functions.⁷⁶

⁷⁶ Nishtar S. NCDs must be part of UHC. BMJ Opinion, 22 May 2018. <https://bit.ly/2C5xnf0>

⁷⁷ Nishtar S. NCDs must be part of UHC. BMJ Opinion, 22 May 2018. <https://bit.ly/2C5xnf0>

including surveillance and early response. In addition, by strengthening the community and peripheral health facility level, PHC contributes to building the resilience of the health system to withstand shocks and ensure the continued delivery of essential health services. This is especially relevant to Caribbean SIDS, which are highly vulnerable to natural disasters and other effects of climate change, including its impact on NCDs.⁸⁰

UHC, with PHC at its core, can strengthen the NCD response in several ways; some of these methods and related key actions are summarised below.⁸¹ Where appropriate, advances in information and communications technology (ICT) should be applied across all frameworks and strategies to take advantage of related medium- and long-term efficiencies, improve effectiveness of interventions for NCD prevention and control, and accelerate progress to UHC.

1. Providing access to quality health services that take a people-centred, life-course approach based on PHC, and increasing the capacity of the health services—including HRH—to respond to NCDs.

- Establish a comprehensive package of NCD services including health and wellness promotion, and disease prevention, treatment, rehabilitation, and palliation.
- Focus on PHC and IHSDNs with efficient referral services, and maximise opportunities to integrate health services, such as for NCDs and maternal and child health, and NCDs and HIV.
- Reorient health services, including PHC, for chronic care, adopting/adapting the CARICOM chronic care model as appropriate.⁸²

⁷⁸ Including climate change impact that contributes to increasing health emergencies such as natural disasters and disease outbreaks; violent conflict; and population migration. WHO. Universal health coverage: Primary health care towards universal health coverage – Report by the Director-General. Document EB 144/12, 13 December 2018. http://apps.who.int/gb/ebwha/pdf_files/EB144/B144_12-en.pdf

⁷⁹ PAHO. The essential public health functions as a strategy for improving overall health systems performance: Trends and challenges since the Public Health in the Americas Initiative, 2000-2007. Washington, D.C.: PAHO, 2008. <https://bit.ly/2JsIPFJ>; and WHO. Essential public health functions, health systems, and health security: Developing conceptual clarity and a WHO roadmap for action. Geneva: WHO, 2018. <https://bit.ly/2DX4dPE>

⁸⁰ HCC. Climate change, NCDs, and SIDS. <https://www.healthycaribbean.org/climate-change-ncds-and-sids/>

⁸¹ Based on NCDA. Ensuring healthy lives for all: NCDs and UHC. Geneva: NCDA, 2018. <https://bit.ly/2JxR43b>

⁸² CARICOM. Chronic care policy and model of care for the Caribbean Community. Georgetown, Guyana: CARICOM, 2014. <https://bit.ly/2ktJ59X>

⁸³ PAHO. Caribbean Roadmap for Human Resources for Universal Health (In draft). Washington, D.C.: PAHO, 2019

⁸⁴ https://www.paho.org/hq/index.php?option=com_topics&view=article&id=396&Itemid=42192&lang=en

⁸⁵ https://www.paho.org/hq/index.php?option=com_content&view=article&id=12163:paho-strategic-fund&Itemid=1694&lang=en

⁸⁶ Progressive universalism aims to include people who are poor and in other conditions of vulnerability from the outset in planning interventions for universal health coverage. Lancet Commission on Investing in Health. Global Health 2035: A world converging within a generation. Lancet 2013; 382: 1898-955. <https://bit.ly/1TvrQhs>

- Advance implementation of the Caribbean Roadmap for Human Resources for Universal Health 2018-2022.⁸³
- Ensure efficient procurement and supply systems for essential medicines and technologies for NCDs, taking advantage of pooled procurement systems such as the [PAHO Revolving Fund](#)⁸⁴ and the [PAHO Strategic Fund](#).⁸⁵

2. Improving population access and coverage to reduce inequities in the NCD burden.

- Embrace progressive universalism⁸⁶ to ensure that those farthest behind are reached from the beginning, and focusing on population groups in conditions of vulnerability, including the poor, children, women, rural populations, Indigenous people, and migrant populations.
- Strengthen decentralisation of health systems and bring critical health services for persons with, and at risk of, NCDs closer to communities, particularly to ensure access and coverage for those in conditions of vulnerability.
- Ensure training, continuing education, appropriate distribution, and mechanisms for retention of HRH related to NCD prevention and control, emphasising the PHC level.

3. Covering costs and alleviating the economic burden of NCDs

- Implement the WHO Best Buys and other recommended cost-effective interventions to reduce the prevalence of NCDs.
- Leverage domestic and innovative financing mechanisms, including grants from international NGOs, international financing institutions, and entities such as the Green Climate Fund.⁸⁷

- Improve financial risk protection to eliminate OOP expenses at the point of service delivery, establishing a basic package of essential health services that will be covered by schemes such as NHI.
- Expand social protection programmes, such as healthy basic food baskets and [conditional cash transfers](#).
- Explore mixed models, such as public-private partnerships, excluding real and perceived conflicts of interest.

4. Strengthening the multisectoral, health-in-all-policies, whole-of-government, whole-of-society approaches that are common needs for UHC and NCD prevention and control, establishing and enabling partnerships that include government, civil society, and the private sector to address the social and other determinants of health, identifying and managing possible conflicts of interest.

- Develop enabling policies, regulations, and legislation for health promotion and disease prevention, to “make the healthy choice the easy choice” and for quality, sustainable health services.
- Ensure involvement, capacity-building, and empowerment of non-health sectors, communities, and civil society—including NGOs, faith-based organisations, academia, and persons living with NCDs (PLWNCDs)—as well as collaboration with intergovernmental, bilateral, and multilateral development partners in the planning, implementation, monitoring, and evaluation of interventions to advance UHC and NCD prevention and control.

⁸⁷ <https://www.greenclimate.fund/home>

⁸⁸ WHO guideline: Recommendations on digital interventions for health system strengthening. Geneva: WHO, 2019. <https://bit.ly/2DipEdX>

5. **Strengthening monitoring, evaluation, and accountability** for both UHC and NCD outcomes in governments' efforts to ensure health for all and "no-one left behind", as emphasised in the SDGs.

- Strengthen surveillance and information systems for health to provide disaggregated data on NCDs and identify groups in conditions of vulnerability; trends in NCDs and their risk factors; and related health outcomes.
- Ensure that both quantitative and qualitative data are used in the planning, monitoring, and evaluation of UHC- and NCD-related programmes.

6. **Implementing digital health solutions and effective use of digital technology** in advancing UHC and NCD prevention and control. This serves to address the need for health systems to respond to the increased visibility and availability of information, facilitates improvements in essential health services and people's health, and contributes to reduction of inequities.

- Explore options for digital health based on the 2018 World Health Assembly Resolution WHA 71/7 on digital health and 2019 WHO guideline on digital interventions for health system strengthening.⁸⁸

"Harnessing the power of digital technologies is essential for achieving universal health coverage. Ultimately, digital technologies are not ends in themselves; they are vital tools to promote health, keep the world safe, and serve the vulnerable. We must make sure that innovation and technology helps to reduce the inequities in our world, instead of becoming another reason people are left behind."

Dr. Tedros Adhanom Ghebreyesus, WHO Director-General



UHC, NCDs, and civil society

Key success factors for progress in both UHC and NCD reduction include, but are not limited to, strong political leadership and multisectoral, WoG, WoS efforts that address not only direct health issues, but also the social, political, commercial, environmental, and other determinants of health.

Without remedies for these determinants, there will be little or no reduction in inequities and the burden of NCDs. Civil society has a critical role to play in contributing to strong political leadership and multisectoral approaches, and hence to UHC and NCD prevention and control.

Civil society, defined by the UN as the “[third sector of society](#)”⁸⁹—government and business (private sector) being the other two sectors—comprises CSOs and NGOs, including health and non-health entities, faith-based groups, labour unions, professional groups, social movements, academia, and “grass roots” organisations, among other entities. It is recognised that CSOs’ membership, capacity, and interests vary considerably, and many operate with very limited resources, making resource mobilisation for independent functioning both a significant component of their activities and a challenge in managing conflict of interest.

International

The 2011 Political Declaration from HLM1-NCDs encouraged the UNGA to:

- Engage non-health actors and key stakeholders, where appropriate, including the private sector and civil society, in collaborative partnerships to promote health and to reduce NCD disease risk factors;
- Foster partnerships between government and civil society to support the provision of services for the prevention and control, treatment, care—including palliative care—of NCDs; and
- Promote the capacity-building of NCD-related NGOs at the national and regional levels, in order to realize their full potential as partners in the NCD prevention and control.

[SDG 17](#)⁹⁰ calls for the revitalisation of the global partnership for sustainable development, and [Target 17.17](#)⁹¹ specifically addresses effective public, public-private, and civil society partnerships. In the lead-up to the HLM-UHC, civil society has been active, demonstrated by the following examples.

- The **Civil Society Engagement Mechanism (CSEM)**⁹² was established as part of UHC2030 by CSOs to represent their constituency. The CSEM has led and contributed to convening [advocacy collaboratives](#)⁹³ for UHC, bringing together multi-stakeholder representatives, participated in the

⁸⁹ <http://www.un.org/en/sections/resources-different-audiences/civil-society/>

⁹⁰ <https://sustainabledevelopment.un.org/sdg17>

⁹¹ <http://indicators.report/targets/17-17/>

interactive hearing held on 29 April 2019, and developed and launched the [Civil Society Priority Actions for the HLM-UHC](#),⁹⁴ which support and align with the six [UHC2030 Key Asks](#).⁹⁵ The CSEM Priority Actions comprise:

1. Increase public health financing and financial protection
 2. Leave no one behind
 3. Focus on health workers
 4. Engage civil society and community in UHC implementation to ensure accountability
- The **NCDA** developed a [Policy Brief](#)⁹⁶ and identified five [Advocacy Priorities and Illustrative Advocacy Asks](#).⁹⁷ The NCDA Advocacy Priorities are:
 1. Prioritise prevention as an essential component of UHC.
 2. Provide PHC as the foundation for UHC
 3. Save lives by increasing equitable, universal access to quality and affordable essential medicines and products.
 4. Increase sustainable financing for health and improve efficiency in investments.
 5. Enable community engagement and empowerment in UHC design, development, and accountability processes.
 - **Women in Global Health (WGH)**⁹⁸ issued a [Call to Action on UHC to the members of the HLM-UHC](#),⁹⁹ noting that UHC will not be achieved without addressing gender equality, women's rights, and the role of women in the global health workforce. WGH [endorsed the six UHC2030 Key Asks](#), and [proposed the addition of ASK 7](#): Gender equality and women's rights as drivers of health—commit to gender equality and women's rights (including sexual and reproductive health rights) as foundational principles for UHC.

⁹² <https://www.uhc2030.org/what-we-do/civil-society-engagement/>

⁹³ <https://csemonline.net/advocacy-collaboratives/>

⁹⁴ https://csemonline.net/wp-content/uploads/2019/04/CSEM-Priority-Actions_FINAL-3.pdf

⁹⁵ **ASK 1:** Ensure political leadership beyond health—Commit to achieve UHC for healthy lives and wellbeing for all at all stages, as a social contract; **ASK 2:** Leave no one behind—Pursue equity in access to quality health services with financial protection; **ASK 3:** Regulate and legislate—Create a strong, enabling regulatory and legal environment responsive to people's needs; **ASK 4:** Uphold quality of care—Build quality health systems that people and communities trust; **ASK 5:** Invest more, invest better—Sustain public financing and harmonize health investments; **ASK 6:** Move together—Establish multi-stakeholder mechanisms for engaging the whole of society for a healthier world

⁹⁶ https://ncdalliance.org/sites/default/files/resource_files/UHC_and_NCDs_EN.pdf

⁹⁷ https://ncdalliance.org/sites/default/files/resource_files/UHC_Five_Priorities_FINAL.pdf

⁹⁸ <https://www.womeningh.org/>

⁹⁹ <https://www.womeningh.org/uhc-gender>

Caribbean

In the Caribbean, despite relatively limited resources and capacity, civil society has contributed to advances in UHC and NCD reduction, in line with the **strategic pillars of the [HCC Strategic Plan 2017-2021](#)**.¹⁰⁰ **accountability, advocacy, capacity development, communication, and sustainability.**



Accountability

This pillar covers both civil society's "watchdog" function, to hold policy makers accountable for implementing their commitments to UHC and NCD prevention and control, and its own actions in contributing to related interventions, including addressing real and perceived conflict of interest. HCC's high-level advocacy has included Open Letters to, and Calls to Action directed at, CARICOM HoSG, pressing for fulfillment of commitments made for NCD prevention and control.¹⁰¹



Advocacy

Civil society's presentation of relevant, evidence-based information to health and non-health policy makers and other audiences, including the general public, has been critical in influencing policy development and the creation of legislative and regulatory environments that address the SDoH and facilitate advances in UHC and NCD prevention and control. [HCC's publications](#)¹⁰² on NCDs and related topics have been well-received at national, regional, and international levels.



Capacity Development

Civil society has sought to improve its own capacity to interact with policy makers and authorities from both health and non-health sectors, and move beyond traditional "downstream" functions such as health education and service provision to "upstream" functions that contribute to policy development and national strategic planning related to UHC and NCD reduction. HCC's numerous regional seminars—including webinars—workshops, and in-country activities are prime examples of this pillar.¹⁰³

HCC also plays an important role in capacity-building as regional convenor in support of coordinated, multi-sectoral, WoS, regional responses to NCDs, evidenced by the April 2018 Caribbean NCD Forum in preparation for HLM3-NCDs.¹⁰⁴

¹⁰⁰ HCC. HCC Strategic Plan 2017-2021: Enabling Caribbean civil society's contribution to national, regional, and global action for NCD prevention and control. Bridgetown, Barbados: HCC, 2017. <https://bit.ly/2VRg77T>

¹⁰¹ HCC. Celebrating ten years of a civil society regional response to NCD prevention and control in the Caribbean. Bridgetown, Barbados: HCC, 2008. <https://bit.ly/2OSYVbr>

¹⁰² <https://www.healthycaribbean.org/publications/>

¹⁰³ HCC. Celebrating ten years of a civil society regional response to NCD prevention and control in the Caribbean. Bridgetown, Barbados: HCC, 2008. <https://bit.ly/2OSYVbr>

¹⁰⁴ HCC. Report, Caribbean NCD Forum: Supporting national advocacy in the lead-up to the 2018 High-level Meeting on NCDs: Towards 2030 and the SDGs. Bridgetown, Barbados: HCC, July 2018. <https://bit.ly/2JiLx1m>



Communication

Civil society plays a crucial role in taking advantage of advances in ICT to ensure that the public and other audiences are informed on issues related to UHC and NCD prevention and control, and in “giving a voice to the voiceless”, facilitating the involvement of PLWNCDs in the development and implementation of interventions that affect them. The HCC weekly “[News Roundup](#)”,¹⁰⁵ published online, is one of the Coalition’s most appreciated and read communication products, often shining a spotlight on PLWNCDs and youth.

Civil society also sometimes plays the role of “honest broker” in facilitating communications between government and communities, especially between health authorities and CSO members and constituents.



Sustainability

Civil society’s role as part of the multisectoral, WoS approach to health and development has increasingly been recognised, with calls for this sector’s involvement in global sustainable development frameworks such as the SDGs, and in global and regional plans of action for advancing UHC and NCD prevention and control. The sustainability of CSOs is fundamental, and they have sought to mobilise resources through innovative means, including establishing contractual arrangements with governments for service provision, submission of proposals to potential funders, membership in international CSOs, and establishment of national and regional civil society networks and alliances. HCC has worked with its CSO members and partners to develop, implement, and assess multi-country [projects](#)¹⁰⁶ that address priority NCD issues.

¹⁰⁵ <https://www.healthycaribbean.org/weekly-news-roundup/>

¹⁰⁶ <https://www.healthycaribbean.org/?s=projects>

8

Role of the Ministries of Health and Foreign Affairs, civil society health advocates, and other key stakeholders in health in the HLM-UHC

Ministries of Health

- Have the responsibility to ensure that the MoFA permanent representatives who will be participating in the HLM-UHC have updated, evidence-based information on UHC and NCDs in their respective countries, and are fully briefed on the importance of these issues to health and sustainable national development.
- Must step out of their “health comfort zones” and emphasise the
 - Importance of multisectoral, WoG, WoS, health-in-all-policies approaches that include civil society and the private sector—cognisant of the need to ensure good governance, transparency, and manage conflict of interest—in order to address the social, political, environmental, commercial, and other determinants of health, and
 - Need for non-health sectors to integrate health-promoting and health-enabling strategies into their policies, interventions, and budgets.
- Should be familiar with the major global, regional, and national frameworks that support UHC and NCD prevention and control, as these provide context for not only action at country level, but also areas for resource mobilisation and to which official development assistance in health should be applied.

Ministries of Foreign Affairs

- Must be:
 - Fully aware of the key international and regional frameworks and situation regarding UHC and its linkages with the right to health, NCDs and other priority health conditions, and sustainable development,
 - Able to analyse, present, and discuss relevant evidence in the preparatory processes for the intergovernmental negotiations, and the negotiations themselves, to arrive at the HLM-UHC Political Declaration, and
 - Able to convincingly refute industry and other arguments that aim to dilute and negate proven interventions for health, such as the WHO Best Buys.

- Must highlight issues unique to the Caribbean and its SIDS, and advocate strongly for the inclusion in the Political Declaration of commitments that will support and facilitate progress to UHC in Caribbean countries, linking such progress to reduction of both the NCD burden and health inequities in the region.
- Should emphasise the importance of measurable commitments to advance UHC, and advocate strongly for the inclusion, or subsequent development, of indicators of progress and achievements in UHC that will not place additional burdens on resource-limited countries such as those in the Caribbean, while arguing for the mobilisation of resources and technical cooperation to improve the existing national information systems for health.

Civil society health advocates and other key stakeholders in health⁴⁵

- Must review and be familiar with the goal and process of the HLM-UHC, and relevant preparations at national, regional, and international levels.
- Should review, discuss, widely disseminate, and promote this Technical Brief and the HCC **Advocacy Priorities and Advocacy Asks** below to facilitate informed discussion and appreciation—including by the public—of their importance for multi-sectoral, WoG, WoS action for NCD prevention and control, the health of the population, and equitable progress in sustainable national development in the region.
- Should advocate for and support highest-level national participation in the HLM-UHC.
- Must review and follow-up on the Political Declaration from the HLM-UHC and its implications for actions by governments, civil society, and the private sector in advancing UHC, PHC, and NCD prevention and control, working to foster and support implementation and accountability.

¹⁰⁷ These key stakeholders include, but are not limited to: HCC member CSOs, other civil society entities, health and non-health ministries, academia, faith-based organisations, the media, and private sector entities related to NCD prevention and control and/or the provision of health services

9

HCC Advocacy Priorities and Advocacy Asks for the HLM-UHC

The eight HCC Advocacy Priorities for the HLM-UHC and related Advocacy Asks are built on the NCD Alliance's five HLM-UHC Priorities, and aligned with the four CSEM Civil Society Priority Actions, the six UHC2030 Key Asks, and statements and commitments of policymakers in the Caribbean region.

The HCC Advocacy Priorities comprise the five NCD Alliance Priorities, with the addition of three that highlight Caribbean priority areas.

1



Prioritise **prevention** as an essential component of Universal Health Coverage (UHC)

2



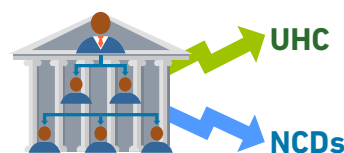
Provide **Primary Health Care (PHC)** as the foundation for UHC

5



Enable **community engagement and empowerment** in UHC design, development, and accountability processes

6



Strengthen **government leadership and governance of intersectoral actions** that address the social, commercial, and other determinants of health, advance UHC, and contribute to reduction of noncommunicable diseases (NCDs) and inequities

3



Save lives by increasing **equitable access to quality and affordable essential medicines** and products

4



Increase **sustainable financing** for health and improve efficiency and investments

7



Develop a **monitoring, evaluation, and accountability** framework to assess the implementation of the commitments made in the HLM-UHC Political Declaration

8



Implement **communication strategies and mechanisms** to provide updated information for evidence-based policy development and decision-making to key stakeholders, taking advantage of ICT advances



Prioritise prevention as an essential component of UHC

- a. Ensure that UHC services span the full continuum of care, including health promotion, disease prevention, screening and diagnosis, treatment and care, rehabilitation, and palliative care across the life course.
- b. Ensure policy coherence with national and international legislation on population health, such as tobacco legislation and full implementation of the Framework Convention on Tobacco Control ([FCTC](#)),¹⁰⁸ and implement measures to rapidly improve both indoor and outdoor air quality.
- c. Prioritise essential public health functions and address the commercial, environmental, and social, commercial, and other determinants of health via implementation of the full set of WHO recommended cost- effective interventions for the prevention and control of NCDs (WHO Best Buys).
- d. Recognise the need for a 'health in all policies' approach and work with non-health sectors to create health-promoting environments that reduce exposure to health-harming products and substances, including pollutants, in the framework of the strategies outlined in the [Caribbean Charter for Health Promotion](#).¹⁰⁹



Provide PHC as the foundation for UHC

- a. Build sustainable and resilient PHC that meets all people's needs across the continuum of care.
- b. Design and implement UHC that addresses the growing burden of multi-morbidities and considers the practical needs of people living with more than one chronic condition.
- c. Ensure IHSDNs and strong referral networks from PHC to more specialised care at secondary and tertiary levels, and adopt or adapt the WHO Package of Essential NCD Interventions ([WHO PEN](#))¹¹⁰ for inclusion in national UHC programmes.
- d. Invest in the education, training, recruitment, motivation, and retention of a well-resourced and supported PHC health workforce, including health promoters, counsellors, nurses, midwives, dentists, and community health workers, using the 2016 [WHO Global Strategy on Human Resources for Health: Workforce 2030](#)¹¹¹ and the Caribbean Roadmap for Human Resources for Universal Health 2018-2022 as references; collaborating with the education and labour sectors, and institutions of learning; and taking gender considerations into account.
- e. Utilise existing platforms for communicable diseases and maternal and child health to deliver integrated health and social services for people-centred care.
- f. Ensure appropriate and adequate social protection and support mechanisms, including strengthening the post-disaster health response, with provision for continuity of essential services in the wake of natural disasters and other emergency situations, particularly to mitigate gaps in NCD treatment and care.
- g. Analyse the application of digital health to support health promotion and disease prevention, and improve the accessibility, quality, and affordability of health services, particularly at PHC level.

¹⁰⁸ https://www.who.int/fctc/text_download/en/

¹⁰⁹ <http://www.archive.healthycaribbean.org/publications/documents/cchp.pdf>

¹¹⁰ https://www.who.int/ncds/management/pen_tools/en/

¹¹¹ https://www.who.int/hrh/resources/global_strategy_workforce2030_14_print.pdf?ua=1



Save lives by increasing equitable access to quality and affordable essential medicines and products

- a. Implement policy measures and actions, such as those outlined by WHO and PAHO, to strengthen procurement and supply mechanisms and increase equitable and sustained access to affordable, safe, effective, and quality-assured essential medicines, vaccines, technologies, and health products.
- b. Make use of the PAHO Revolving and Strategic Funds where appropriate, and note regional and national examples of procurement and supply mechanisms such as the Organisation of Eastern Caribbean States Pharmaceutical Procurement System (OECS PPS),¹¹² the Barbados Drug Service (BDS),¹¹³ and the Jamaica National Health Fund (NHF)¹¹⁴ as possible models for emulation.
- c. Include essential NCD medicines and products in UHC benefit packages to reduce catastrophic financial expenditure, and integrate NCD essential medicines and products—including disease-preventing vaccines such as human papillomavirus and hepatitis B vaccines, and treatment approaches to mental health conditions, especially substance abuse, to support smoking cessation and harmful use of alcohol—in national essential medicines lists and procurement systems.
- d. Commit to increase access to affordable, safe, effective, and quality medicines, diagnostics and health technologies, reaffirming that the 2001 World Trade Organisation (WTO) [Doha Declaration on the TRIPS Agreement and Public Health](#)¹¹⁵ is in line with the 1995 WTO Agreement on Trade-Related Aspects of Intellectual Property Rights (TRIPS Agreement).¹¹⁶



Increase sustainable financing for health and improve efficiency and investments

- a. Commit to increase and prioritise budgetary allocations for the achievement of UHC.
- b. Increase public financing for health and pool health financing through mandatory contributions and establishment or strengthening of national health insurance or similar schemes to ensure progressive universality and equity of coverage, and explore further the development of a Caribbean regional health insurance mechanism.
- c. Commit to broadening fiscal space and implementing fiscal policies to support financing of UHC and NCD prevention and control, including progressive,¹¹⁷ pro-health taxation of unhealthy commodities such as sugary beverages, tobacco products, and alcoholic drinks (STAX), at levels recommended by WHO.
- d. Fulfill all ODA commitments, including 0.7 percent of gross national income for developed countries, and commit to increasing catalytic ODA for UHC and NCDs.
- e. Make progress toward national public health expenditure (PHE) of at least 6 percent of GDP, with 30 percent of PHE spent on PHC.
- f. Implement mechanisms for the sustainable financing of CSOs to facilitate their more effective contribution to UHC.
- g. Channel investment into strengthening IHSDNs (including for NCDs) via existing financing mechanisms, including the Global Fund, the Global Financing Facility, and the Green Climate Fund, capitalising on cost-effective delivery of integrated services.

¹¹² <https://www.oecs.org/pps-resources>

¹¹³ <https://www.gov.bb/Departments/drug-service>

¹¹⁴ <https://www.nhf.org.jm/>

¹¹⁵ https://www.wto.org/english/thewto_e/minist_e/min01_e/mindecl_trips_e.htm

¹¹⁶ TRIPS = Trade-related Intellectual Property Rights. https://www.wto.org/english/tratop_e/trips_e/trips_e.htm

¹¹⁷ A progressive tax is a tax that imposes a lower tax rate on low-income earners compared to those with a higher income, making it based on the taxpayer's ability to pay. That means it takes a larger percentage from high-income earners than it does from low-income individuals. <https://www.investopedia.com/terms/p/progressivetax.asp>

5



Enable community engagement and empowerment in UHC design, development, and accountability processes

- a. Acknowledge and promote the role and contribution of people affected—including PLWNCDs—and civil society in the design, planning, implementation, monitoring, and evaluation of UHC programmes and services.
- b. Develop effective mechanisms to secure the full involvement and participation of people affected, youth, and civil society in decision-making processes related to UHC, and maximise the benefits of social networks, including social media.
- c. Partner with civil society, youth, and local leaders, including community-based organisations, to develop and scale up community-led services.
- d. Increase investment in building civil society's capacity to:
 - Support the implementation of UHC, including through provision of services on behalf of governments, and
 - Improve its own governance, including its management of conflict of interest.

6



Strengthen government leadership and governance of intersectoral actions that address the social, commercial, and other determinants of health, advance UHC, and contribute to reduction of NCDs and inequities

- a. Establish mechanisms for intersectoral action and articulation among the different levels of government in support of UHC and NCD interventions, involving all levels—political and policy-making, administrative, management, technical, and service provider—with:
 - Establishment of platforms for effective communication among government entities that highlights how the portfolios of non-health entities contribute to health, and
 - Coordination to ensure consistency among health and non-health policies and actions.
- b. Enhance policy implementation and strengthen government's regulatory capacity to design, draft, implement, and enforce laws.
- c. Build the capacity of statutory bodies related to health, such as National NCD Commissions, to integrate UHC into their advisory, oversight, and other functions.
- d. Strengthen Caribbean regional coordination mechanisms to support enhanced policymaking and legislation.

7



Develop monitoring, evaluation, and accountability frameworks, systems, and mechanisms to assess the implementation of the commitments made in the HLM-UHC Political Declaration

- a. Establish and/or strengthen effective national accountability mechanisms for UHC that are transparent and inclusive, with the active involvement of civil society and people affected.
- b. Enhance national information systems for health and conduct research to provide timely data disaggregated by sex, age, socioeconomic status, geographical location, race, ethnicity, disability, and migratory status, as applicable, to identify groups in conditions of vulnerability; improve accountability for advances in UHC, NCD prevention and control, and reduction of inequities, including those related to gender; and make sure that no-one is left behind.



Implement communication strategies and mechanisms to provide updated information for evidence-based policy development and decision-making to key stakeholders, taking advantage of ICT advances

- a. Disseminate and promote national, regional, and international agreements on health, particularly related to UHC, PHC, and NCDs to various audiences, including the general public, health workers, and policy makers, using appropriate formats, platforms, and language, and tailoring for persons with low levels of literacy.
- b. Improve the health literacy of the population, targeting national and sub-national levels, and specific population groups, using innovative approaches and making use of digital platforms where appropriate.
- c. Collaborate with research entities and national and regional academic institutions, to translate research findings into inputs for informed policy development and decision-making.

In addition to the Advocacy Priorities and Advocacy Asks, HCC endorses the call by the UHC2030 CSEM for this one-off opportunity of the HLM-UHC to be truly transformative:¹¹⁸

- The meeting must be able to document the Member States' concrete, measurable commitments and their milestones and accountability measures.
- Member States must make commitments to increase public financing for health, raise progressive taxation, and eliminate out-of-pocket payments.
- Member States should also, on the basis of their commitment to prioritise those left furthest behind, make legal commitments to ensure that these populations are included in the planning, budgeting, and implementation of health services.
- Discussions should be held on specific changes that development partners will make to support UHC and increased public financing, and ensure effective, adequate funding.
- The HLM-UHC Co-Chairs should request, in advance of the meeting, commitments that specifically address gaps in achieving the SDG Target 3.8 on service coverage and financial risk protection, and publish the commitments in advance, so that civil society at country level can publicise them and mobilise and empower citizens to hold their governments to account.

¹¹⁸ Lancet. The 2019 UN high-level meeting on universal health coverage. Lancet; published online April 26, 2019. <https://bit.ly/2P0da2L>

10

HCC recommendations to support CARICOM high-level and informed participation at the HLM-UHC and a strong Political Declaration

The months leading up to the HLM-UHC will be critical for promoting high-level CARICOM participation and for active participation in the negotiations of the Political Declaration to ensure that CARICOM priorities are reflected in the final document.

HCC's recommendations—general and specific—for CARICOM Member States' Ministries of Health and Ministries of Foreign Affairs; Missions and Ambassadors to the UN in New York and in Washington, D.C.; Permanent Missions in Geneva; and civil society health advocates and other key stakeholders in health, are listed below.

General

1. Leverage key advocacy opportunities over the period leading up to the HLM-UHC, including but not limited to the:

- [2019 Commonwealth Health Ministers Meeting](#),¹¹⁹ Sunday, 19 May 2019 in Geneva. The theme of the meeting is “Universal Health Coverage: Reaching the unreached, ensuring no one is left behind”.
- [72nd World Health Assembly](#)¹²⁰ (WHA72), 20-28 May 2019 in Geneva, where the theme of the general discussion is “Universal health coverage: leaving no-one behind” and the programme includes two items related to UHC: “Primary health care towards universal health coverage” ([Document A72/12](#))¹²¹ and “Community health workers delivering primary health care: opportunities and challenges” ([Document A72/13](#)).¹²² There are also technical briefings and side events that address UHC, PHC, and related topics, as indicated in the [WHA72 Preliminary Journal](#),¹²³ including a Caucus of CARICOM Health Ministers and Heads of Delegations on 20 May, and a Regional Coordination Meeting of CARICOM Member States on 21 May.
- 49th General Assembly of the Organisation of American States ([OAS](#)),¹²⁴ being held in June 2019 in Colombia.
- [64th Annual CARPHA Health Research Conference](#),¹²⁵ 20-22 June 2019 in Trinidad and Tobago. The theme of the meeting is “Primary health care: Current and future models for the Caribbean”.
- 2019 CARICOM Chief Medical Officers' meeting to be held on the margins of the 64th CARPHA Health Research Conference.

¹¹⁹ <http://thecommonwealth.org/media/event/event-commonwealth-health-ministers-meeting>

¹²⁰ <https://www.who.int/about/governance/world-health-assembly/seventy-second-world-health-assembly>

¹²¹ http://apps.who.int/gb/ebwha/pdf_files/WHA72/A72_12-en.pdf

¹²² http://apps.who.int/gb/ebwha/pdf_files/WHA72/A72_13-en.pdf

¹²³ http://apps.who.int/gb/ebwha/pdf_files/WHA72/A72_JourP-en.pdf

¹²⁴ <http://www.oas.org/en/>

¹²⁵ <http://conference.carpha.org/>

- HCC meeting on childhood prevention policies, September 17-18, 2019 in Barbados, which continues the Coalition's priority focus on youth, including in advancing to UHC; advances implementation of the HCC Civil Society Action Plan 2017-2021: Preventing Childhood Obesity in the Caribbean;¹²⁶ and recognises the CARICOM HoSG's concern about the significant threat that childhood obesity poses to the health of future generations in the region.¹²⁷
- 40th Regular Meeting of the Conference of CARICOM Heads of Government, 3-5 July 2019 in Saint Lucia.

2. Advocate for the participation of the highest level national representation at the HLM-UHC—recalling the relatively good attendance of Caribbean HoSG at HLM3-NCDs in 2018, where six of the 23 HoSG participating were from CARICOM Member States—and for the participation of the Minister of Health.

3. Advocate for the inclusion of at least one civil society representative in national delegations to the HLM-UHC.

4. Share the HCC Advocacy Priorities and Advocacy Asks with all key Foreign Service officials engaged in the Political Declaration negotiations, CSO constituents, and other key stakeholders in health.

5. Establish communication between the Permanent Representatives in New York and the HCC Secretariat to obtain technical support for the Political Declaration negotiations, and identify and capitalise on advocacy opportunities for high-level representation at the HLM-UHC.

6. Agree to collectively collaborate with the HCC Secretariat and/or the NCD Alliance in arranging meetings and staging side events prior to, and on the margins of the HLM-UHC.

¹²⁶ <https://www.healthycaribbean.org/wp-content/uploads/2017/10/Preventing-Childhood-Obesity-in-the-Caribbean-CSAP-2017-2021.pdf>

¹²⁷ CARICOM. Communique issued at the 38th Regular Meeting of the Conference of CARICOM Heads of Government, Grenada, 4-6 July 2017. <https://bit.ly/2vQve2Z>

Ministries of Health

1. Advocate for the participation of the Prime Minister or President and the Minister of Health in the HLM-UHC.
2. Maintain close contact and collaboration with the MoFA to provide briefings related to global and regional frameworks for, and priority issues in, UHC and PHC, placing them in the context of national health priorities, including NCDs.
3. Keep abreast of arrangements for the HLM-UHC, and the results of preparatory processes such as the interactive multi-stakeholder hearing held on 29 April 2019, sharing the HCC Advocacy Priorities and Advocacy Asks with key partners and analysing implications and issues for national UHC efforts.
4. Collaborate closely with intergovernmental health agencies such as PAHO/WHO and CARPHA, which can provide technical cooperation in preparation for the HLM-UHC.
5. Collaborate with the CARICOM Secretariat, PAHO/WHO, CARPHA, and the HCC Secretariat in preparing for WHA72 and discussions on UHC, PHC, and NCDs.
6. Convene fora—including virtual meetings, for cost-efficiency—to share updates on the HLM-UHC and obtain input from CSO and private sector representatives on the development, strengthening, and implementation of national strategies to advance UHC, building on national strategies and plans for health.

Ministries of Foreign Affairs

Permanent Missions to the UN, New York

1. Advocate for the participation of the Prime Minister or President and the Minister of Foreign Affairs in the HLM-UHC.
2. Maintain close contact and collaboration with the MoH to obtain briefings related to global and regional frameworks for, and priority issues in, UHC, especially as they relate to national health priorities, including NCDs.
3. Support and participate in the negotiations for the HLM-UHC, 23 September 2019.
 - Accord priority to preparations for, and participation in, the HLM-UHC. Ministries of Foreign Affairs should ensure that their Permanent Missions are fully engaged in all aspects of the HLM-UHC negotiations, sending a strong signal of the priority given to this issue by CARICOM Member States and their commitment to obtaining a meaningful, measurable outcome of the meeting. Capitals should also ensure that Missions are supported with the appropriate technical expertise and feedback to allow them to function effectively in these deliberations.
 - Engage fully in the Political Declaration negotiations, drawing on technical advice and expertise from Capitals and key stakeholders such as PAHO/WHO and the HCC.
 - Lobby for CARICOM representation on one or both of the two consecutive multi-stakeholder panels at the HLM.
 - Lobby for CARICOM representatives to be one of the two co-chairs appointed for each of the multi-stakeholder panels. The representatives will be appointed by the President of the General Assembly from among the Heads of State and Government attending the HLM-UHC, and for each panel, one co-chair will be from a developed country, and one from a developing country.
 - Refer to the HCC Advocacy Priorities and Advocacy Asks to inform the negotiation process, and emphasise the importance of civil society in the whole-of-society approach to UHC, PHC, and NCD prevention and control.
4. Build coalitions with like-minded States.
5. Leverage existing relationships with, and roles of CARICOM Member States in, the various human rights bodies, including the Human Rights Committee, Committee on the Rights of the Child, Committee on the Rights of Persons with Disabilities, Committee on the Elimination of Discrimination against Women, and UN Group of Friends of Children, and hold discussions aiming to reinforce the CARICOM position on efforts to strengthen PHC, advance UHC, reduce inequities, and progress to the goal of Health for All and achievement of the SDGs.
6. Identify potential sources of technical assistance or cooperation—within and outside the UN, and regionally and nationally—to assist with Capitals' efforts to advance UHC and PHC, and address major health priorities such as NCDs. The HCC is a resource that can be accessed by not only civil society, but also by governmental and other key stakeholders.

Geneva Permanent Missions

1. Monitor and participate in discussions on issues which impact on efforts to advance UHC or speak to the link between UHC and PHC more specifically, including WHA72, 20-28 May 2019. Here it is worth highlighting current efforts in several CARICOM Member States to consider, design, or strengthen national health insurance schemes or similar programmes, aiming to improve access to, and coverage of, health services, and/or put in place packages of basic health services, emphasising the PHC level.
2. Monitor and participate in discussions on the public-private partnerships and the role of the private sector in UHC, PHC and whole-of-society approaches, including issues related to managing conflict of interest in small developing states such as those in the Caribbean, where social interconnectedness and limited options for partnerships create “grey areas” for interaction.
3. Monitor intellectual property discussions within the World Intellectual Property Organisation (WIPO)¹²⁸ and the TRIPS Council which can impact on efforts to obtain affordable, quality drugs, including generics, for NCDs and other priority illnesses.
4. Participate in discussions within the various human rights bodies to strengthen appreciation of UHC and PHC as important components in the progressive realisation of the right to the highest attainable standard of health.
5. Share critical intelligence and/or queries from the various discussions with identified technical resources in the MoFA and MoH in Capitals, PAHO/WHO, and HCC, as most appropriate, in order to contribute to the development of strategies and interventions that advance UHC, PHC, and NCD reduction.

Washington, D.C. Embassies

1. Utilise key inter-governmental platforms to advance high-level participation in the HLM-UHC. This includes the 49th OAS General Assembly, being held in June 2019 in Colombia.
2. Support and participate in the 164th meeting of the PAHO Executive Committee¹²⁹ 24-28 June 2019,¹³⁰ where a “Plan of Action for Strengthening Information Systems for Health 2020-2030” will be discussed and an information document on “Primary Health Care for Universal Health” presented.
3. Identify potential sources of technical assistance or cooperation to assist with Capitals’ efforts to address UHC and PHC priority issues identified by HoSG, sustainable financing and human resources for health, as well as to identify and share best practices within the Caribbean and the Region of the Americas.
4. Undertake coalition building with like-minded States within the Region of the Americas.
5. Continue advocacy within the Permanent Council of the OAS for UHC, PHC as its core, and linkages with NCDs, supporting their inclusion in the agenda and work programme of the OAS, and noting the Inter-American Task Force on NCDs¹³¹ that includes the OAS, PAHO/WHO, and other agencies of the Inter-American System.

¹²⁸ <https://www.wipo.int/about-wipo/en/>

¹²⁹ https://www.paho.org/hq/index.php?option=com_content&view=article&id=15072:164th-session-of-the-executive-committee&Itemid=40453&lang=en

¹³⁰ Barbados and Belize are currently member and vice-president, respectively, of the PAHO Executive Committee

¹³¹ https://www.paho.org/hq/index.php?option=com_content&view=article&id=11143:about-inter-american-task-force-on-ncds&Itemid=42385&lang=en

Civil society health advocates and other key stakeholders in health

1. Advocate for the participation of the Prime Minister or President, the Minister of Health, and the Minister of Foreign Affairs in the HLM-UHC, using various communication channels—including personal interaction—as appropriate.
2. Become familiar with the issues outlined in this Technical Brief, and the HCC Advocacy Priorities and Advocacy Asks.
3. Reach out to the MoH, MoFA, Permanent Representatives in New York, and Permanent Missions in Geneva, and share the Technical Brief with them.
4. Contact the HCC¹³² if there are questions about the meeting and/or the roles that civil society and other key stakeholders can play.

“It is important to ensure that there are well-functioning channels of communication between these respective Missions and Embassies, as well as with Capitals and the CARICOM Secretariat, PAHO/WHO, and HLM-UHC civil society advocates such as the Healthy Caribbean Coalition and the NCD Alliance.”

HCC Board of Directors

¹³² <https://www.healthycaribbean.org/contact-information/>



Resources

The hyperlinks and references included in this Technical Brief—including those listed in the Annex—provide a wealth of information on UHC, PHC, NCDs, and related issues, and the websites listed below may be particularly useful.

[UHC2030](https://www.uhc2030.org/) (<https://www.uhc2030.org/>)

[HCC](https://www.healthycaribbean.org/) (<https://www.healthycaribbean.org/>)

[NCDA](https://ncdalliance.org/) (<https://ncdalliance.org/>)

[WHO](https://www.who.int/en/news-room/fact-sheets/detail/universal-health-coverage-(uhc)) ([https://www.who.int/en/news-room/fact-sheets/detail/universal-health-coverage-\(uhc\)](https://www.who.int/en/news-room/fact-sheets/detail/universal-health-coverage-(uhc)))

[PAHO](https://www.paho.org/salud-en-las-americas-2017/?p=1993) (<https://www.paho.org/salud-en-las-americas-2017/?p=1993>)

[The Lancet Series on Universal Health Coverage, 2012](http://www.jointlearningnetwork.org/resource/lancet-series-on-universal-health-coverage) (<http://www.jointlearningnetwork.org/resource/lancet-series-on-universal-health-coverage>)

Annex

Summary information from selected entities and frameworks for UHC, PHC, and NCDs

PAHO

- Strategy for universal access to health and universal health coverage, 2014,¹³³ which establishes four strategic lines to guide the Organisation's technical cooperation with Member States in advancing to universal health: (a) expanding equitable access to comprehensive, quality, people- and community-centred health services; (b) strengthening stewardship and governance; (c) increasing and improving financing with equity and efficiency, and advancing toward the elimination of direct payments that constitute a barrier to access at the point of service; and (d) strengthening multi-sectoral coordination to address the SDoH that ensure the sustainability of universal coverage.
- *Annual Report of the Director of PAHO 2018: Primary health care: The time is now*,¹³⁴ which summarises PAHO's technical cooperation and other actions over the period to address its priority of "advancing universal health through resilient health systems based on the primary health care approach, and ensuring universal access to quality and comprehensive services throughout the life course".
- *Report of the PAHO High-level Commission on UHC: Universal Health in the 21st Century: 40 years after Alma Ata*, 2019,¹³⁵ which incorporates reports from thematic groups on the health care model;

institutional model; financing model; health and social protection;¹³⁶ and human resources for health. The report noted the persistence of access barriers, due to limited efforts to transform health systems on the basis of a new model of care centred around PHC, reflecting an approach that is primarily hospital-based; health services that are consistently without sufficient human resources; human resources that are insufficiently trained on the PHC strategy; limited social participation; insufficient public resources; and inadequate infrastructure. The report's recommendations included public health expenditure of at least six percent of GDP, with 30 percent spent on PHC, and OOP spending of less than 20 percent of total national health expenditure.

- PAHO Regional Compact on PHC for Universal Health¹³⁷—PHC 30-30-30—launched in April 2019, after the presentation of the report of the High-Level Commission on UHC. The Compact establishes goals to reduce by at least 30 percent the barriers that hinder access to health and allocate at least 30 percent of the entire public health budget to the first level of care, by 2030.

UN

- Resolution A/RES/72/138,¹³⁸ 2017, proclaiming International Universal Health Coverage Day,¹³⁹ to be observed annually on 12 December

¹³³ PAHO. Strategy for universal access to health and universal health coverage. Document CD53/5, Rev.2. Washington, D.C: PAHO, 2014. <https://www.paho.org/hq/dmdocuments/2014/CD53-5-e.pdf>

¹³⁴ PAHO. Annual Report of the Director of PAHO 2018. Primary health care: The time is now. Document CD65/3. Washington, D.C: PAHO, 2018. <https://bit.ly/2Ybnp2u>

¹³⁵ PAHO. Report of PAHO High-level Commission on UHC: Universal Health in the 21st Century: 40 years after Alma Ata. Washington, D.C: PAHO, 2019. <https://bit.ly/2VYEQUE>

¹³⁶ Social protection is in SDG Target 1.3 and SDG Target 10.4, highlighting the interdependence of the SDGs

¹³⁷ https://www.paho.org/hq/index.php?option=com_content&view=article&id=15078:phc-30-30-30-paho-s-new-regional-compact-on-primary-health-care-for-universal-health&Itemid=1926&lang=en

¹³⁸ <https://undocs.org/a/res/72/138>

¹³⁹ <http://universalhealthcoverageday.org/about/>

in commemoration of UN resolution on A/RES/67/81 on Global Health and Foreign Policy, adopted unanimously at the 67th UNGA on 12 December 2012.

WHO and the World Bank

- *Tracking universal health coverage: 2017 global monitoring report*,¹⁴⁰ which provides the results of the latest efforts to monitor the world's path towards UHC, based on the SDG Target 3.8 indicators [3.8.1](#)¹⁴¹ and [3.8.2](#)¹⁴² that address, respectively, coverage of essential health services and financial protection.

UHC2030

- The former International Health Partnership (IHP+) has transformed into [UHC2030](#),¹⁴³ a multi-stakeholder platform that aims to accelerate progress towards UHC, through building and expanding equitable, resilient, and sustainable health systems. UHC2030 has participated actively in preparations for the HLM-UHC, including through the CSEM, as documented on its website.

NCD Alliance

- *Ensuring healthy lives for all: NCDs and UHC*,¹⁴⁴ a policy brief outlining how UHC can strengthen the NCD response, published in 2018.

The Lancet

- *Ensuring and measuring universality in UHC*,¹⁴⁵ which calls for specific indices to track progress to the first of WHO's ambitious triple billion targets,¹⁴⁶ and the achievement of SDG Target 3.8.1.
- *Monitoring UHC within the SDGs: development and baseline data for an index of essential health services*,¹⁴⁷ which outlines the development of, and gives country values for, a UHC index of service coverage, which addresses SDG Target 3.8.1.
- *Progress on catastrophic health spending in 133 countries: a retrospective observational study*,¹⁴⁸ which addresses SDG Target 3.8.2 and reviews catastrophic health spending—defined as health spending that exceeded 10 percent or 25 percent of household consumption—across the globe.¹⁴⁹ The article states that the global incidence of catastrophic spending at the 10% threshold was estimated as 9.7% in 2000, 11.4% in 2005, and 11.7% in 2010, and that the incidence correlated positively with GDP per person and the share of GDP spent on health, and correlated negatively with the share of total health spending channelled through social security funds and other government agencies. Global and UN regional trends in catastrophic health spending are summarised in the following table.

¹⁴⁰ WHO and International Bank for Reconstruction and Development/The World Bank. *Tracking universal health coverage: 2017 global monitoring report*. Geneva: WHO, 2017. Licence: CC BY-NC-SA 3.0 IGO. <https://bit.ly/2PQNe6B>

¹⁴¹ [https://www.thelancet.com/pdfs/journals/langlo/PIIS2214-109X\(17\)30472-2.pdf](https://www.thelancet.com/pdfs/journals/langlo/PIIS2214-109X(17)30472-2.pdf)

¹⁴² https://www.who.int/health_financing/topics/financial-protection/monitoring-sdg/en/

¹⁴³ <https://www.uhc2030.org/>

¹⁴⁴ NCDA. *Ensuring healthy lives for all: NCDs and UHC*. Geneva: NCDA, 2018. <https://bit.ly/2JxR43b>

¹⁴⁵ Lancet. *Ensuring and measuring universality in UHC*. Lancet; Vol 393: Issue 10166, published online 5 January 2019. <https://bit.ly/2VqSy6Q>.

¹⁴⁶ In May 2018, WHO announced the triple billion targets to be achieved by 2023: An additional 1 billion people covered by UHC; 1 billion people with better protection from health emergencies; and 1 billion people enjoying better health and wellbeing. <https://bit.ly/2LrxqIT>

¹⁴⁷ Hogan DR, Stevens GA, Hosseinpoor AR, Boerma T. *Monitoring universal health coverage within the Sustainable Development Goals: Development and baseline data for an index of essential health services*. Lancet Global Health 2017; published online 13 December 2017, DOI: [https://doi.org/10.1016/S2214-109X\(17\)30472-2](https://doi.org/10.1016/S2214-109X(17)30472-2)

¹⁴⁸ Wagstaff A, Flores G, Hsu J, et al. *Progress on catastrophic health spending in 133 countries: a retrospective observational study*. Lancet Global Health 2017; published online 13 December 2017, DOI: [https://doi.org/10.1016/S2214-109X\(17\)30429-1](https://doi.org/10.1016/S2214-109X(17)30429-1)

¹⁴⁹ Jamaica was the only CARICOM country included in the study

Global estimates of catastrophic spending on health

Region	Proportion of population (%)		
	2000	2005	2010
10% threshold (total consumption)			
Global	9.7	11.4	11.7
Africa	8.7	10.3	11.4
Asia	10.4	12.2	12.8
Europe	6.5	7.0	7.2
Latin America and the Caribbean	13.4	17.5	14.8
North America	5.5	5.3	4.6
Oceania	3.5	3.4	3.9
25% threshold (total consumption)			
Global	1.9	2.4	2.6
Africa	1.5	1.9	2.5
Asia	2.1	2.8	3.1
Europe	0.9	1.0	1.0
Latin America and the Caribbean	2.6	3.2	2.5
North America	1.0	0.9	0.8
Oceania	0.5	0.4	0.5

Source: Wagstaff A, Flores G, Hsu J, et al. Progress on catastrophic health spending in 133 countries: a retrospective observational study. Lancet Global Health 2017; published online 13 December 2017, DOI: [https://doi.org/10.1016/S2214-109X\(17\)30429-1](https://doi.org/10.1016/S2214-109X(17)30429-1).

The 2019 UN high-level meeting on universal health coverage,¹⁵⁰ in which the Civil Society Engagement Mechanism of UHC2030 expresses concern that the HLM-UHC may be “a business-as-usual global health event”, without meaningful outcomes. The CSEM calls for the HLM-UHC to be “truly transformative”, with measurable commitments and accountability mechanisms.

¹⁵⁰ Lancet. The 2019 UN high-level meeting on universal health coverage. Lancet; published online April 26, 2019. <https://bit.ly/2P0da2L>

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