

Preparation for the UN High Level Meeting on Universal Health Coverage and Access, September 2019

FIRST UNITED NATIONS HIGH-LEVEL MEETING ON UNIVERSAL HEALTH COVERAGE

Technical Brief for CARICOM Countries
A Contribution from Civil Society



Background and Introduction

CARICOM countries post Alma Alta have had several outstanding achievements in health especially in maternal and child health and infectious disease control.

However, NCDs have now emerged as a health, economic, and developmental priority of CARICOM Member States, causing some 8 out of 10 deaths, and accounting for more than 60% of health budget expenditures in most CARICOM countries.

NCD and Universal Health Coverage (UHC) integration, using a multi-sectoral approach, is critical for closing the NCD services gap and tackling the rates of unnecessary deaths, disability, and illness from NCDs.

As preparations are made for the HLM-UHC the inclusion of NCDs in the UHC Frameworks needs to be emphasised, with the inclusion of NCDs in each of the health systems “building blocks”.

The Technical Brief

The primary purpose of the Brief is to build the capacity of the Ministries of Health (MoH) and Foreign Affairs (MoFA) of CARICOM Member States to participate actively in preparatory processes for the First UN High-level Meeting on Universal Health Coverage and negotiations for the development of the Political Declaration that will be the outcome document of the meeting. Additionally The Brief provides information that other non-health sectors and agencies, civil society organisations and their constituents, and other key stakeholders in health, will find useful in advocating to governments in their respective countries for high-level participation in the HLM-UHC.

The Brief 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, are based on NCD Alliance's 5 priorities, and facilitate advancing to UHC and strengthening NCD prevention and control, as part

of the multisectoral, whole-of-society approach that is essential for addressing the root causes of ill-health and improving health outcomes.

The Advocacy Asks linked to each of the Advocacy Priorities are aligned with previously considered and/or stated policy priorities of CARICOM countries and include: healthy fiscal policies to contribute to financing of UHC; implementing of mechanisms for the sustainable financing of civil society organisations; increase in equitable and sustained access to affordable, safe, effective, and quality-assured essential medicines, vaccines, technologies, and health products; strengthening the post-disaster health response; establishment and/or strengthening of effective national accountability mechanisms; building the capacity of statutory bodies related to health, such as National NCD Commissions, and the prioritisation of the youth in the delivery of UHC with emphasis on reduction of childhood obesity.

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



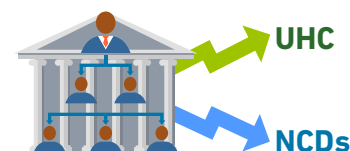
Increase **sustainable financing** for health and improve efficiency and investments

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



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),¹ 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](#).²



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)³ 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](#)⁴ 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.

¹ https://www.who.int/fctc/text_download/en/

² <http://www.archive.healthycaribbean.org/publications/documents/cchp.pdf>

³ https://www.who.int/ncds/management/pen_tools/en/

⁴ 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](#)),⁵ the Barbados Drug Service ([BDS](#)),⁶ and the Jamaica National Health Fund ([NHF](#))⁷ 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](#)⁹ is in line with the 1995 WTO Agreement on Trade-Related Aspects of Intellectual Property Rights ([TRIPS Agreement](#)).⁹



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,¹⁰ 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.

⁵ <https://www.oecs.org/pps-resources>

⁶ <https://www.gov.bb/Departments/drug-service>

⁷ <https://www.nhf.org.jm/>

⁸ https://www.wto.org/english/thewto_e/minist_e/min01_e/mindecl_trips_e.htm

⁹ TRIPS = Trade-related Intellectual Property Rights. https://www.wto.org/english/tratop_e/trips_e/trips_e.htm

¹⁰ 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>



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.



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.



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:¹¹

- 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.

¹¹ Lancet. The 2019 UN high-level meeting on universal health coverage. Lancet; published online April 26, 2019. <https://bit.ly/2P0da2L>

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

General

1. Leverage key advocacy opportunities over the period leading up to the HLM-UHC, including but not limited to the:
 - 49th General Assembly of the Organisation of American States ([OAS](http://www.oas.org/en/)),¹² being held in June 2019 in Colombia.
 - [64th Annual CARPHA Health Research Conference](http://conference.carpha.org/),¹³ 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.
 - HCC meeting on childhood prevention policies, September 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](https://www.healthycaribbean.org/wp-content/uploads/2017/10/Preventing-Childhood-Obesity-in-the-Caribbean-CSAP-2017-2021.pdf),¹⁴ and recognises the CARICOM HoSG’s concern about the significant threat that childhood obesity poses to the health of future generations in the region.¹⁵
 - 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.

¹² <http://www.oas.org/en/>

¹³ <http://conference.carpha.org/>

¹⁴ <https://www.healthycaribbean.org/wp-content/uploads/2017/10/Preventing-Childhood-Obesity-in-the-Caribbean-CSAP-2017-2021.pdf>

¹⁵ CARICOM. Communique issued at the 38th Regular Meeting of the Conference of CARICOM Heads of Government, Grenada, 4-6 July 2017. <https://bit.ly/2vQveZz>

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. 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. 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)¹⁶ 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

¹⁶ <https://www.wipo.int/about-wipo/en/>

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 Committee](#)¹⁷ 24-28 June 2019,¹⁸ 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 NCDs](#)¹⁹ that includes the OAS, PAHO/WHO, and other agencies of the Inter-American System.

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 HCC](#)²⁰ if there are questions about the meeting and/or the roles that civil society and other key stakeholders can play.

¹⁷ https://www.paho.org/hq/index.php?option=com_content&view=article&id=15072:164th-session-of-the-executive-committee&Itemid=40453&lang=en

¹⁸ Barbados and Belize are currently member and vice-president, respectively, of the PAHO Executive Committee

¹⁹ 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

²⁰ <https://www.healthycaribbean.org/contact-information/>

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Cover: Deposit Photos

Design and layout: Ian Pitts

Graphics (#1-5) pages 3-7: Mar Nieto



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