



# Advancing Universal Health Coverage in Caribbean Small Island Developing States

## HCC Advocacy Priorities for the 2023 UN High-Level Meeting on Universal Health Coverage

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## HCC Advocacy Priorities for the 2023 United Nations High-level Meeting on UHC

The **Healthy Caribbean Coalition (HCC) Advocacy Priorities for the Second United Nations General Assembly (UNGA) High-level Meeting (HLM) on Universal Health Coverage (UHC)**, framed around the actions defined in the [Global NCD Compact 2020-2030](#) (Engage, Accelerate, Invest, Align, and Account), comprise the following:



1) **Engage** – Engage meaningfully with key stakeholders, such as people living with noncommunicable diseases (NCDs),<sup>1</sup> youth, women, indigenous people, other persons and groups in situations of vulnerability, civil society organisations, health workers, and academia, and collaborate strategically with UN and other development agencies, to advance UHC.



2) **Accelerate** – Accelerate actions to enhance political leadership, governance, and coordination; address the social, economic, commercial, environmental, and other determinants of health; consolidate the primary health care (PHC) approach with emphasis on NCD prevention and reduction of NCD risk factors; and develop and/or strengthen resilient health systems—including climate resilience—for UHC that function efficiently and effectively in both non-emergency and emergency situations.



3) **Invest** – Invest more, and invest better, to increase domestic and external health financing, and ensure adequate, predictable, consistent, and sustainable levels of public spending on health and resources for UHC and PHC.



4) **Align** – Align national strategies for UHC and PHC with global, regional, and national health and development priorities and agreements, fostering cross-sectoral and inclusive approaches, addressing the social, economic, environmental, and commercial determinants of health, using equity- and rights-based approaches, protecting persons and groups in situations of vulnerability, and enhancing human security.



5) **Account** – Account for, monitor, and evaluate progress toward UHC and PHC objectives—including the implementation of actions to engage, accelerate, invest, and align—and disseminate the results to key stakeholders using adequate and appropriate communication channels, methods, and materials, enabling transparency, decision-making, policy development, and adjustments to interventions as needed, as well as contributions to relevant national, regional, and international reports, and promotion of UHC.

**The Advocacy Asks associated with each Advocacy Priority are listed in the ‘HCC Advocacy Priorities and Advocacy Asks’ section of this Brief starting on page 11.**

<sup>1</sup> In this Brief, the term “NCDs” encompasses the major NCDs: cardiovascular diseases, diabetes, cancer, chronic respiratory diseases, and mental, neurological, and substance use disorders.

## Why this briefing document, and why now?

The Second UNGA HLM on UHC is scheduled for 21 September 2023. This Second HLM on UHC provides yet another opportunity for UN Member States, including small developing states in the [Caribbean Community](#) (CARICOM), to agree on actions to reduce health inequities—differences in health outcomes among individuals and groups that are unjust, unfair, and avoidable—and leave no one behind as they make progress in sustainable development and in their obligations to respect, protect, and fulfill the right to health and other human rights.

Universal health coverage means that everyone receives quality, comprehensive health services, when and where they need them, without incurring financial hardship.<sup>2</sup>

The Sustainable Development Goals (SDGs) of the [2030 Agenda for Sustainable Development](#) include SDG 3: “Ensure healthy lives and promote well-being for all at all ages”, the goal most directly related to health. SDG 3 encompasses—among other targets—[target 3.4](#), “By 2030, reduce by one-third premature mortality from noncommunicable diseases through prevention and treatment, and promote mental health and well-being”, and [target 3.8](#), “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 two indicators of target 3.8 are 3.8.1: “Coverage of essential health services” and 3.8.2: “Proportion of the population with large household expenditures on health as a share of total household expenditure or income.” **Target 3.8 can be seen as an overarching one that supports the achievement of the other SDG 3 targets,**<sup>3</sup> and has three dimensions: population coverage (who receives services, linked to equity); service coverage (what health services are available); and financial protection (ensuring that using health services does not lead to poverty).<sup>4</sup>

In preparation for the First UNGA HLM on UHC in 2019, the [Healthy Caribbean Coalition](#) (HCC), a network and alliance of civil society organisations working to prevent and control NCDs in the region, developed a Technical Brief for CARICOM countries,<sup>5</sup> which identified eight HCC Advocacy Priorities and associated Advocacy Asks. The 2019 HCC Advocacy Priorities were: prioritise

<sup>2</sup> World Health Organization (WHO) and International Bank for Reconstruction and Development (IBRD)/The World Bank. Tracking Universal Health Coverage: 2021 global monitoring report. Geneva: WHO and IBRD/The World Bank; 2021. <https://www.who.int/publications/i/item/9789240040618>.

<sup>3</sup> WHO Europe. Targets of Sustainable Development Goal 3. <https://www.who.int/europe/about-us/our-work/sustainable-development-goals/targets-of-sustainable-development-goal-3>.

<sup>4</sup> UHC2030. Universal health coverage (UHC) message sheet for 2023. [https://www.uhc2030.org/fileadmin/uploads/uhc2030/UHC\\_MESSAGE\\_SHEET\\_FOR\\_2023.pdf](https://www.uhc2030.org/fileadmin/uploads/uhc2030/UHC_MESSAGE_SHEET_FOR_2023.pdf).

<sup>5</sup> HCC. First United Nations High-level Meeting on Universal Health Coverage. Technical brief for Caribbean countries – a contribution from civil society. Bridgetown: HCC; 2019. <https://www.healthycaribbean.org/wp-content/uploads/2019/05/HCC-UHC-Technical-Brief-Web.pdf>.



prevention; provide PHC as the foundation for UHC; increase equitable access to quality and affordable essential medicines and products; increase sustainable financing for health; enable community engagement and empowerment; strengthen government leadership and governance of intersectoral actions that address the determinants of health; develop a monitoring, evaluation, and accountability framework; and implement communication strategies and mechanisms.

This year, building on the 2019 Technical Brief, the HCC is again seeking to contribute to advances in UHC in the Caribbean region by providing updated Advocacy Priorities and Advocacy Asks for the Second UNGA HLM on UHC, taking into consideration developments since 2019. The 2023 HCC Advocacy Priorities and Asks are aimed at supporting civil society UHC advocacy in lead up to and post the High-Level Meeting. They have also been presented for review, discussion, and consideration by CARICOM Heads of State and Government, Ministers of Health, and Ministers of Foreign Affairs; CARICOM Permanent Missions in New York and Geneva that will participate in the negotiations to develop the Political Declaration of the Second HLM on UHC; government sectors including, and outside of, health; civil society organisations; and other key stakeholders in CARICOM Member States, particularly those working in NCD prevention and control.

The [Political Declaration from the First UNGA HLM on UHC in 2019](#) stated countries' commitment to scale-up efforts and implement actions outlined in the Declaration's paragraphs 24 to 83, all of which impact NCDs and their risk factors. Four actions were more specifically related to these conditions: "Take multisectoral action to promote active and healthy lifestyles, including physical activity, for the benefit of all people throughout their life course..." (paragraph 28); "Further strengthen efforts to address non-communicable diseases, including cardiovascular diseases, cancer, chronic respiratory diseases, and diabetes, as part of universal health coverage" (paragraph 33); "Implement measures to promote and improve mental health and well-being as an essential component of universal health coverage..." (paragraph 36); and "Promote and implement policy, legislative, and regulatory measures, including fiscal measures as appropriate, aiming at minimising the impact of the main risk factors for non-communicable diseases, and promote healthy diets and lifestyles, consistent with national policies, noting that price and tax measures can be an effective means to reduce consumption and related healthcare costs, and represent a potential revenue stream for financing for development in many countries" (paragraph 44).

Arguably the most significant development since the First HLM on UHC was the COVID-19 pandemic that was declared in March 2020, which resulted in national shutdowns, disrupted international travel, supply chains, and essential health services, and negatively impacted lives and livelihoods. The pandemic exposed and exacerbated inequities within and among countries, with significant negative health, social, and economic impacts on all countries, especially [small island](#)

developing states (SIDS)—including those in the Caribbean—which share unique social, economic, commercial, health and nutrition, and climate and environmental vulnerabilities. These vulnerabilities include dependence on external resources, including tourism and remittances; lack of economic diversity; climate vulnerability; and small economies of scale.<sup>6</sup> COVID-19 proved to be more common and deadly among persons with underlying conditions such as NCDs,<sup>7</sup> and SIDS have a disproportionately higher burden of NCDs and premature mortality from these conditions, while facing challenges in their NCD responses. These challenges include commercial influence from transnational entities and trade-related regulations, compounded by the impact of the climate crisis and associated emergencies and disasters.<sup>6</sup>

The Inter-American Development Bank (IDB) has argued that “COVID showed us the path toward universal health coverage” and has identified several lessons from the pandemic<sup>8</sup> for Latin American and Caribbean countries, including the need to: *invest in health*, with specific investments in *emergency preparedness*; *make faster progress towards UHC*, implementing policies to strengthen primary care, promote integrated healthcare networks, improve the quality of care, and invest in human resources; *provide essential health services even during health emergencies*; *increase the efficiency of public health spending*; *undertake digital transformation of the health sector*; *analyse the pre-pandemic burden of illness*, note areas of COVID-19 response co-benefits, such as traffic incidents, air pollution, and acute respiratory illnesses, in order to strengthen related interventions; and *revive and strengthen regional integration*.

Finally, the 2023 Bridgetown Declaration on NCDs and Mental Health<sup>6</sup> released following the June 14-16, 2023 SIDS Ministerial Conference on NCDs and Mental Health called for SIDS Member States to engage and support SIDS Heads of State and Government at the 2nd UN High-level meeting on universal health coverage (UHC); and accelerate the full integration of essential NCD and mental health services into primary health care (PHC) and universal health coverage (UHC) seeking greater integration of the prevention and management of NCDs and mental health conditions into UHC commitments at the 2023 UN High- Level Meeting on UHC.

<sup>6</sup> WHO, Pan American Health Organization (PAHO), and Government of Barbados. 2023 Bridgetown Declaration on NCDs and Mental Health, Annex II. (Outcome Document of the SIDS Ministerial Conference on NCDs and Mental Health, held in Bridgetown, Barbados, 14-16 June 2023). [https://cdn.who.int/media/docs/default-source/ncds/sids-event/2023-bridgetown-declaration-on-ncds-and-mental-health.pdf?sfvrsn=5feda33f\\_11](https://cdn.who.int/media/docs/default-source/ncds/sids-event/2023-bridgetown-declaration-on-ncds-and-mental-health.pdf?sfvrsn=5feda33f_11).

<sup>7</sup> PAHO. NCDs and COVID-19. <https://www.paho.org/en/ncds-and-covid-19>.

<sup>8</sup> Savedoff W, Bernal P, Distrutti M, et al. Going beyond normal: challenges for health and healthcare in Latin America and the Caribbean exposed by COVID-19. Technical Note No. IDB-YN-2471, May 2022. <https://interactive-publications.iadb.org/en/going-beyond-normal-covid-19-and-healthcare-in-latin-america-and-the-caribbean/was-normal-good>.

## What progress has been made since the First HLM on UHC?

Since 2019, and taking into consideration lessons from the COVID-19 pandemic, there has been magnification of the importance of health as a critical component of sustainable development, and the imperative of equity- and rights-based approaches to health and development—including health systems strengthening through UHC and its cornerstone, the [primary health care \(PHC\) approach](#).<sup>9</sup> There have been myriad calls in numerous fora to “build back better and fairer” during and after the pandemic, with greater and meaningful involvement of vulnerable populations, including, but not limited to, people living with NCDs, youth, women, indigenous people, migrants, and LGBTQI+ persons, as reflected in [selected](#) frameworks listed in the **Annex** of this Brief. These frameworks include the [HCC Transformative New NCD Agenda](#), which calls for a new approach to NCD reduction—one underpinned by principles of equity and human rights, aimed at enhancing human security and human capital, based on social activism by people living with NCDs and other key stakeholders, and focusing on a life course preventive approach.

While the global pandemic has put UHC progress in peril, it is the unrelenting rise of NCDs worldwide, particularly in low- and middle-income countries (LMICs), that poses one of the biggest and most underestimated threats to a person’s ability to access high-quality, life-sustaining health services. The cost of NCDs to human capital development and preservation and economic growth is growing... Indeed, NCDs and UHC are inextricably linked. When we reduce the NCD burden, we foster a healthier population and reduce pressure on health systems.

*World Bank Blogs, 13 December 2022<sup>10</sup>*

<sup>9</sup> PHC is a whole-of-society approach to effectively organising and strengthening national health systems in order to bring services for health and well-being closer to communities, and is widely regarded as the most inclusive, equitable, and cost-effective way to achieve UHC. It is also key to strengthening the resilience of health systems to prepare for, respond to, and recover from shocks and crises. PHC has 3 components: 1) Integrated health services to meet people’s health needs throughout their lives, 2) Addressing the broader determinants of health through multisectoral policy and action, and 3) Empowering individuals, families, and communities to take charge of their own health.

<sup>10</sup> Kovacevic R, Maruyama M, and Wilson D. Why we won’t fully realize universal health coverage without addressing the challenge of noncommunicable diseases. World Bank Blogs, 13 December 2022. <https://blogs.worldbank.org/health/why-we-wont-fully-realize-universal-health-coverage-without-addressing-challenge>.



It has been recognised that, given the staggering burden of NCDs in most countries, including CARICOM countries, and the high cost to national economies,<sup>11,12,13</sup> individuals, and households,<sup>14</sup> UHC will not be fully realised unless NCD prevention and control are addressed in a comprehensive manner.<sup>10</sup> A critically important component of advances to UHC is adequate, consistent, sustained, and efficient health financing, with strategies to effectively minimise or abolish out-of-pocket spending. Catastrophic health expenditure has been found to occur in more than 60% of some patient populations with NCDs, and being uninsured increases the risk of such expenditure in persons living with NCDs.<sup>14</sup>

Given the limited resources available in Caribbean SIDS, the incorporation into UHC programmes and packages of evidence-based interventions for NCD prevention and control, such as the [updated \(2023\) WHO best buys](#), and use of the WHO technical packages available to address NCD risk factors and improve the management of NCDs<sup>15</sup> can make major contributions to advancing UHC, emphasising risk factor reduction and NCD prevention, and tailored as needed to the national situation. As an additional limitation in accessing resources to address NCDs, though these diseases cause 74% of all deaths globally,<sup>16</sup> the share of global health financing that they receive has remained at 1–2% since 2000.<sup>17</sup>

[UHC2030](#), a global movement to build stronger health systems for UHC, notes that even before the COVID-19 pandemic countries were not on track to achieve SDG 3.8. The movement has been conducting annual reviews of countries' state of commitment to UHC since the 2019 HLM, based on eight commitments from the 2019 Political Declaration, comprising:<sup>18</sup> 1) Ensure political leadership beyond health; 2) Leave no one behind; 3) Regulate and legislate; 4) Uphold quality of care; 5) Invest more, invest better; 6) Move together; 7) Gender equality; and 8) Emergency preparedness.

<sup>11</sup> WHO and United Nations Development Programme (UNDP). The investment case for non-communicable disease prevention and control in Barbados. Geneva: WHO; 2017. <https://apps.who.int/iris/handle/10665/259689>.

<sup>12</sup> UN Interagency Task Force (UNIATF), UNDP, and PAHO. The case for investment in prevention and control of noncommunicable diseases in Jamaica: evaluating the return on investment of selected tobacco, alcohol, diabetes, and cardiovascular disease interventions. Washington, D.C.: UNIAFT, UNDP, and PAHO; 2018. <https://iris.paho.org/handle/10665.2/49693>.

<sup>13</sup> PAHO. Suriname investment case for noncommunicable diseases and mental disorders. 11 July 2022. [https://www.paho.org/en/news/11-7-2022-suriname-investment-case-noncommunicable-diseases-mental-disorders?fbclid=IwAR1gYPrCCgxV8gthMqDi9j5vIHjKmaHYNjFUY42koDmaaLe47KHPI21r2\\_E](https://www.paho.org/en/news/11-7-2022-suriname-investment-case-noncommunicable-diseases-mental-disorders?fbclid=IwAR1gYPrCCgxV8gthMqDi9j5vIHjKmaHYNjFUY42koDmaaLe47KHPI21r2_E).

<sup>14</sup> Jan S, Laba T-L, Essue BM, et al. Action to address the household economic burden of non-communicable diseases. Lancet 2018; 391:2047–2058. <https://www.thelancet.com/action/showPdf?pii=S0140-6736%2818%2930323-4>.

<sup>15</sup> See the Annex of this Brief.

<sup>16</sup> WHO. Noncommunicable diseases. 16 September 2022. <https://www.who.int/news-room/fact-sheets/detail/noncommunicable-diseases>.

<sup>17</sup> Allen LN. Financing national non-communicable disease responses. Glob Health Action 2017; 10(1). <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5496084/>.

<sup>18</sup> UHC2030. United Nations High-level Meeting on Universal Health Coverage in 2019: Key targets, commitments, and actions. Prepared in 2019, updated July 2020.

[https://www.uhc2030.org/fileadmin/uploads/uhc2030/Documents/UN\\_HLM\\_2019/UHC\\_key\\_targets\\_actions\\_commitments\\_15\\_Nov\\_2019\\_\\_1\\_.pdf](https://www.uhc2030.org/fileadmin/uploads/uhc2030/Documents/UN_HLM_2019/UHC_key_targets_actions_commitments_15_Nov_2019__1_.pdf).

Key findings of the UHC2030 2022 State of Universal Health Coverage Commitment Review include the following:<sup>19,20</sup>

- After the 2019 UN HLM on UHC, country commitments to UHC (per year) almost doubled between 2019 and 2021. However, in 2022, this positive trend stagnated and even reversed in some countries. Although most countries recognised UHC as a goal—reflected in laws and national plans—these frameworks lacked concrete operational steps and there was inadequate public financing for health, setting UHC targets for 2030 further off track.
- Despite continued increases in overall health expenditure in 2020 due to national responses to the COVID-19 pandemic, governments' current investment commitments and public spending for health were inadequate to achieve UHC.
- Countries' commitments did not address all three dimensions of UHC. Most commitments focused on service coverage (44%) and population coverage (43%), and there was a lack of commitments and clear targets concerning financial protection (13%). There was also systematic under-prioritisation and under-investment in reducing financial barriers to health care; vulnerable individuals and groups continued to face financial barriers to accessing health services and commodities at the time of need; and discrimination against patients, as well as limited quality and respectful healthcare services, remained a widespread challenge to maintaining dignity, privacy, and confidentiality.
- Countries continued to rely on fragmented disease and service-specific programmes and interventions, instead of operationalising comprehensive UHC commitments. Only a limited number of countries had a formal and effective accountability mechanism for UHC, and there was inadequate engagement of non-state actors.
- Despite women being the majority of the health workforce, there was lack of commitment towards increasing women's representation in health and political leadership.
- The COVID-19 pandemic exacerbated inequities and disrupted the provision of essential health services.

Some of these findings are reflected in the Region of the Americas, as noted in a report on implementation of the PAHO Strategy for Universal Access to Health and Universal Health Coverage.<sup>21</sup> The report indicates, among other findings, that:

- Before the pandemic, the Region was making progress toward universal access to health and universal health coverage, though gains were slow; since the pandemic, this progress has been reversed.
- Though out-of-pocket spending as a percentage of current spending on health has fallen in the Americas, the burden of this component of health spending continues to be one of the main challenges in health financing in the Region.

<sup>19</sup> UHC2030. State of UHC Commitment Review: a summary of key findings.

[https://www.uhc2030.org/fileadmin/uploads/uhc2030/SoUHCc\\_key\\_findings\\_summary\\_EN.pdf](https://www.uhc2030.org/fileadmin/uploads/uhc2030/SoUHCc_key_findings_summary_EN.pdf).

<sup>20</sup> UHC2030. State of UHC Commitment Review: key findings.

[https://www.uhc2030.org/fileadmin/uploads/uhc2030/SoUHCc\\_key\\_findings\\_final\\_EN.pdf](https://www.uhc2030.org/fileadmin/uploads/uhc2030/SoUHCc_key_findings_final_EN.pdf).

<sup>21</sup> PAHO. Strategy for universal access to health and universal health coverage: progress report. Document CE/172/INF/10(D). Washington, D.C.: PAHO; May 2023.

- Prompted by lessons from the pandemic, PAHO Member States are working to improve political and technical capacity to lead health systems strengthening; enhance response capacity at the first level of care; strengthen integrated health service delivery networks; develop innovations for service provision; and accelerate digital transformation in the health sector.
- It is imperative to regain access to priority health services and implement an efficient PHC approach, with strategies to guarantee the necessary financial resources and essential human resources, considering lessons learned regarding the positive impact of a comprehensive PHC approach on the management of priority diseases such as NCDs.

Summary information on UHC and PHC progress since 2019 specific to the Caribbean is difficult to access, which highlights the importance of the HCC Advocacy Priority “Account” and the need to establish national information systems for health that provide relevant and timely information that is widely disseminated and reported. However, significant progress in policies to address NCD risk factors and prevention in the Caribbean region has contributed to advances in UHC, particularly through efforts to reduce unhealthy nutrition, including, in selected countries, the introduction of taxes on sugar-sweetened beverages and policies for healthy nutrition in schools, along with regional advocacy for front-of-package nutrition warning labelling,<sup>22</sup> led by the HCC and supported by PAHO.

A representative of the Trinidad and Tobago NCD Alliance (TTNCDA) and the HCC participated in the [Multistakeholder Hearing in Preparation for the UN High-level Meeting on UHC](#) held 9 May 2023, where both entities endorsed the UHC2030 Action Agenda<sup>23</sup> and the [NCD Alliance Advocacy Asks for the 2023 UN HLM on UHC](#). However, the representative made important comments regarding 1) *Investing*: In addressing chronic NCD underfunding, SIDS are urged to leverage funds from the [Loss and Damage Fund](#) agreed at the 27<sup>th</sup> Meeting of the Conference of the Parties (COP27) to the UN Framework Convention on Climate Change (UNFCCC) and from the much-anticipated [Bridgetown Initiative](#); 2) *Accelerating*: UHC implementation needs a continued focus on the prevention of NCDs and integration of services for nationally-defined priority health conditions, and in SIDS, it is critical that health systems improvements emphasise climate resilience; and 3) *Engaging*: People-centred UHC requires governments to commit to transparent mechanisms and policies for sustained engagement with a wide range of civil society organisations, people living with NCDs and mental disorders, youth, and other populations living in conditions of vulnerability.

The TTNCDA/HCC representative also highlighted the need for two enabling priorities: a) *Enhanced communication*: Build on experience gained during COVID to strengthen communication strategies and mechanisms for provision of timely information to the population, and to policy makers and key stakeholders, and b) *Capacity building for accountability*: Demand urgent action by international partners to increase the capacity of civil society organisations to understand the interrelationship of the commitments for UHC, NCDs, and other relevant health-related issues, and to use integrated accountability frameworks.

<sup>22</sup> HCC. Report of virtual regional conference: our food our health, our people – accelerating healthy food policies to tackle NCDs. Bridgetown, HCC; August 2021. <https://www.healthycaribbean.org/wp-content/uploads/2022/04/HCC-Virtual-Conference-OUR-FOOD-OUR-HEALTH-OUR-PEOPLE-Accelerating-Healthy-Food-Policies-to-Tackle-NCDs-FINAL.pdf>.

<sup>23</sup> UHC2030. From commitment to action – action agenda on universal health coverage from the UHC movement. 2023 UN High-level Meeting on Universal Health Coverage. [https://www.uhc2030.org/fileadmin/uploads/uhc2030/Action\\_Agenda\\_2023/UHC\\_Action\\_Agenda\\_long\\_2023.pdf](https://www.uhc2030.org/fileadmin/uploads/uhc2030/Action_Agenda_2023/UHC_Action_Agenda_long_2023.pdf).

## HCC Advocacy Priorities and Advocacy Asks

Taking into consideration the issues, frameworks, and previous actions summarised above, the HCC identified the following five Advocacy Priorities for the Second UNGA HLM on UHC, each with Advocacy Asks, under headings of Engage, Accelerate, Invest, Align, and Account, in reference to actions outlined in the Global NCD Compact 2020-2030. The HCC 2023 Advocacy Priorities and Advocacy Asks align with the NCD Alliance (NCDA) Advocacy Priorities for the 2023 UN HLM on UHC and consider the actions outlined in the Call to Action section of the [Zero Draft of the Political Declaration of the 2023 HLM on UHC \(dated 22 May 2023\)](#), the UHC2030 Action Agenda,<sup>23</sup> the January 2023 [HCC-NCDA Discussion Paper on NCDs and Mental Health in SIDS](#), and the 2023 Bridgetown Declaration.<sup>6</sup>



Engage meaningfully with key stakeholders, such as people living with NCDs, youth, women, indigenous people, other persons and groups in situations of vulnerability, civil society organisations, health workers, and academia, and collaborate strategically with UN and other development agencies, to advance UHC.

- 1.1 Establish partnerships, meaningful engagement, and collaboration with key stakeholders for UHC governance, decision-making, and policy and programme development, implementation, monitoring, and evaluation, including people living with NCDs; youth; women; indigenous people; other persons and groups in situations of vulnerability; civil society organisations; health workers; and academia.
- 1.2 Undertake the creation and/or strengthening of mechanisms for effective partnerships, meaningful engagement, and successful collaboration with key stakeholders, including the allocation of resources for sustainability of the mechanisms, taking advantage of digital platforms for communication where appropriate.
- 1.3 Strengthen the capacity of key stakeholders, especially of people living with NCDs, youth, and civil society organisations, to contribute to the development, implementation, and evaluation of policies and programmes to advance UHC and PHC.
- 1.4 Involve the private sector in the implementation of policies and programmes to advance UHC, protecting UHC policy and programme development from private sector participation, guarding against undue influence from health-harming industries and their allies and agents, and preventing, identifying, mitigating, and managing conflict of interest.
- 1.5 Leverage the full potential of the UN multilateral system, requesting technical cooperation and support from the agencies according to their respective mandates, and bearing in mind their own commitment to collaborate and coordinate among themselves to improve health and development outcomes in UN Member States.



## 2) ACCELERATE

Accelerate actions to enhance political leadership, governance, and coordination; address the social, economic, commercial, environmental, and other determinants of health; consolidate the PHC approach with emphasis on NCD prevention and reduction of NCD risk factors; and develop and/or strengthen resilient health systems—including climate resilience—for UHC that function efficiently and effectively in both non-emergency and emergency situations.

- 2.1 Integrate evidence-based NCD prevention and control interventions into UHC policies, programmes, and packages, based on the [updated \(2023\) WHO best buys](#), WHO technical packages to address NCDs (*see Annex*), and international frameworks such as the [Framework Convention on Tobacco Control](#) and the [International Code of Marketing of Breast-milk Substitutes](#), emphasising interventions for NCD prevention through risk factor reduction, addressing tobacco and alcohol use, unhealthy nutrition, physical inactivity, and air pollution, tailored as needed to national and subnational realities.
- 2.2 Advocate to, and build the capacity of, sectors other than health—at political, technical, and administrative levels—to improve their knowledge and appreciation of UHC and PHC concepts, and the benefits accruing to all sectors from multisector actions to achieve national and international health and development objectives, promoting and justifying NCD prevention and control as a priority.
- 2.3 Establish and sustain effective multisector, multistakeholder mechanisms to enable whole-of-government and whole-of-society approaches to advance people-centred UHC and address the social, economic, commercial, environmental, and other determinants of health, streamlining, integrating, or expanding—as appropriate—disease-oriented oversight and advisory bodies such as National Commissions and/or Task Forces for NCDs, Mental Health, Tobacco Control, and HIV.
- 2.4 Create and implement enabling legislation, policies, plans, and regulations to strengthen health systems and improve their resilience, ensuring that these frameworks are formulated to address priority health conditions and advance UHC and PHC, reduce inequities, and realise human rights.
- 2.5 Enhance client-oriented, people-centred service provision at the first level of care, strengthening and/or expanding the availability of services for health promotion and disease prevention, treatment, rehabilitation, and palliation, with implementation of the [PAHO Integrated Health Services Delivery Networks](#) model and efficient referral mechanisms to access secondary and tertiary care.

- 2.6 Ensure the availability of, and equitable access to, essential medicines, vaccines, and health technologies for priority health conditions, including for NCDs, incorporating quality NCD medicines and diagnostics into national essential medicines and diagnostics lists, and utilising pooled procurement mechanisms such as the [Organisation of Eastern Caribbean States Pharmaceutical Procurement System](#), the [PAHO Revolving Fund for Access to Vaccines](#), and the [PAHO Strategic Fund for Essential Medicines and Strategic Health Supplies](#), to facilitate procurement of quality products and cost-effectiveness.
- 2.7 Take advantage of provisions in the [World Trade Organization Agreement on Trade-related Aspects of Intellectual Property Rights](#) (TRIPS Agreement), which provide flexibilities for the protection of public health and promote access to medicines for all, in particular for developing countries, and the [World Trade Organization Doha Declaration on the TRIPS Agreement and Public Health](#), which recognises that protection is important for the development of new medicines, and notes concerns about the effect on prices.
- 2.8 Keep abreast of global and regional discussions on the production of COVID-19 vaccines, therapeutics, diagnostics, and other health technologies, including through regional and local production.<sup>24</sup>
- 2.9 Take advantage of lessons learned in emergencies and disasters, including those due to natural events and the COVID-19 pandemic, in building and/or retrofitting health facilities, using the [PAHO Smart Hospitals](#) model.
- 2.10 Strengthen the health workforce (human resources for health) to provide quality, culturally appropriate, and respectful care, and implement strategies to train, retain, protect, equitably distribute, and adequately remunerate these critical resources, consistent with the PAHO [Plan of Action on Human Resources for Universal Access to Health and Universal Health Coverage 2018-2023](#) and the [Caribbean Roadmap for Human Resources for Universal Health 2018-2022](#).



## 1) INVEST

Invest more, and invest better, to increase domestic and external health financing, and ensure adequate, predictable, consistent, and sustainable levels of public spending on health and resources for UHC and PHC.

- 1.1 Set nationally appropriate spending targets for quality investments in public health services, consistent with national sustainable development strategies, as recommended in the [Addis Ababa Action Agenda](#).

<sup>24</sup> BNN. Barbados explores vaccine manufacturing to address post-pandemic challenges. 19 June 2023. <https://bnn.network/breaking-news/barbados-explores-vaccine-manufacturing-to-address-post-pandemic-challenges/>.



- 1.2 Mobilise domestic public resources as the main source of financing for UHC and PHC, working towards spending at least 5% of gross domestic product on health, and 30% of the health budget on the first level of care, as recommended in the PAHO [Compact 30-30-30: PHC for Universal Health](#).
- 1.3 Identify and tap into new sources of revenue for health, including fiscal measures such as pricing policies, the removal of subsidies on unhealthy food and beverages, and the application of taxes on health-harming products such as fossil fuels, tobacco, alcohol, and ultra-processed products high in fats, salt, and sugars, aiming to reduce consumption of these products while creating a revenue stream to support UHC and PHC.
- 1.4 Conduct investment cases for NCDs<sup>25</sup> to provide evidence of favourable return on investment and greater cost-effectiveness of preventive interventions, in order to advocate for, and justify, NCD prevention and control as an investment, rather than simply a cost and a 'drain' on the public purse.
- 1.5 Establish financial and social protection programmes, such as social health insurance, that include a nationally-determined essential benefits package for UHC, supported by adequate financial resources and incorporating evidence-based interventions for NCD prevention and control.
- 1.6 Implement strategies and mechanisms to improve health system efficiency, reduce waste, and increase transparency and accountability for health spending.
- 1.7 Mobilise external resources for health financing and official development assistance based on national development and health plans, prioritising NCD prevention and control, and engaging with persons in situations of vulnerability, to access development funding for health and funding that provides health co-benefits, such as climate change mitigation and adaptation, biodiversity protection, and emergency and disaster preparedness, response, and recovery related to natural events and pandemics.
- 1.8 Develop and submit resource mobilisation proposals for funding through bilateral, regional, and multilateral channels, including technical cooperation agencies within and outside of the UN system; [UN multipartner trust funds](#); global funds, including the [Loss and Damage Fund](#) agreed at COP27 and financing facilities; philanthropic foundations; and through [South-South and triangular cooperation](#).
- 1.9 Advocate strongly for the use of the [multidimensional vulnerability index](#), rather than gross domestic product or gross national income per capita, in the determination of eligibility of SIDS for concessionary loans and grant funding.

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<sup>25</sup> WHO and UN Development Programme (UNDP). Non-communicable disease prevention and control: a guidance note for investment cases. WHO, UNDP; 2019. <https://apps.who.int/iris/bitstream/handle/10665/311180/WHO-NMH-NMA-19.95-eng.pdf;sequence=1>.



## 2) ALIGN

Align national strategies for UHC and PHC with global, regional, and national health and development priorities and agreements, fostering cross-sectoral and inclusive approaches, addressing the social, economic, environmental, and commercial determinants of health, using equity- and rights-based approaches, protecting persons and groups in situations of vulnerability, and enhancing human security.

- 2.1 Integrate priority health promotion, disease prevention, and emergency and disaster preparedness programmes, including NCD prevention and control, maternal and child health, communicable disease prevention and control, and sexual and reproductive health, into UHC policies, programmes, and plans.
- 2.2 Ensure implementation of strategies to maintain the essential public health functions<sup>26,27</sup> and health services, including supply chains and access to essential medicines, vaccines, and health technologies, during emergencies and disasters, and ensure the availability of [mental health and psychosocial support](#).
- 2.3 Advocate for, and keep abreast of, developments in the formulation of, a global pandemic treaty<sup>28</sup> that takes account of the lessons learned during the COVID-19 pandemic, to increase solidarity and collaboration, and reduce inequities within and among countries.
- 2.4 Explore, analyse, and support national and regional implementation of the One Health approach, which integrates interventions for human, animal, plant, and environmental health, requesting technical cooperation from the UN Food and Agriculture Organization of the United Nations (FAO), the United Nations Environment Programme (UNEP), the World Organisation for Animal Health (formerly OIE), and WHO as appropriate, based on the global [One Health Joint Plan of Action 2022-2026](#).



## 3) ACCOUNT

Account for, monitor, and evaluate progress toward UHC and PHC objectives—including the implementation of actions to engage, accelerate, invest, and align—and disseminate the results to key stakeholders using adequate and appropriate communication channels, methods, and materials, enabling transparency, decision-making, policy development, and adjustments to interventions as needed, as well as contributions to relevant national, regional, and international reports, and promotion of UHC.

<sup>26</sup> PAHO. Essential public health functions. <https://www.paho.org/en/topics/essential-public-health-functions>.

<sup>27</sup> PAHO. The essential public health functions in the Americas: a renewal for the 21<sup>st</sup> century: conceptual framework and description. Washington, D.C.: PAHO; 2020. <https://iris.paho.org/handle/10665.2/53124>.

<sup>28</sup> WHO. Pandemic prevention, preparedness, and response accord. 28 June 2023. <https://www.who.int/news-room/questions-and-answers/item/pandemic-prevention--preparedness-and-response-accord>.

- 3.1 Establish and/or strengthen national information systems for health that encompass the collection, analysis, and reporting of data to monitor and evaluate advances in UHC and PHC, taking advantage of the PAHO [Monitoring Framework for Universal Health in the Americas](#), PAHO [IS4H – Information systems for health](#) and [digital transformation for public health](#) programmes, and the Caribbean Public Health Agency [Improving Digital Integrated Public Health Surveillance in the Caribbean](#) project as appropriate, and ensuring that each programme or project for advancing UHC and PHC includes activities and resources for monitoring and evaluation as integral components.
- 3.2 Set practical, achievable, and measurable national targets to measure progress to UHC, including indicators aligned with those of SDG 3.8: 3.8.1 Coverage of essential services (measured by [UHC Service Coverage Index](#)) and 3.8.2 Proportion of population with large household expenditures on health as a share of total household expenditure or income (measured by [catastrophic health spending and related indicators](#)).
- 3.3 Advocate in appropriate high-level international fora for review of the existing tracer indicators used to calculate the UHC Service Index and request inclusion of an additional indicator that covers quality, defining clinical and patient outcomes of NCD care and treatment at the first level of care.
- 3.4 Undertake routine disaggregation of data by stratifiers such as age, sex, gender, ethnicity, socioeconomic status, geographical location, and (dis)ability, to ensure that persons in situations of vulnerability are identified and that interventions are made to leave no one behind.
- 3.5 Conduct operational research on interventions for UHC and PHC in association with civil society, academia, UN agencies, and other relevant stakeholders, to build capacity, make adjustments to interventions as needed, and add to the UHC knowledge base.
- 3.6 Develop and implement a communications plan for sharing results, lessons learned, and challenges encountered, to enable UHC policy and programme strengthening, learning, and capacity building, and build health literacy<sup>29,30</sup> to facilitate greater understanding and trust among various audiences, including the general public.
- 3.7 Establish and maintain strategies and mechanisms to detect and counter misinformation and disinformation on health, especially via social media, and foster trust in the accuracy and transparency of official communications on health.
- 3.8 Promote the benefits of UHC and PHC, including through the annual observation of International UHC Day, 12 December, using the opportunity to report on progress made and actions planned, in keeping with the relevant theme.

<sup>29</sup> WHO. Health literacy development for the prevention and control of NCDs, Volume 1 – Overview. Geneva: WHO; 2022. Available at: <https://www.who.int/publications/i/item/9789240055339>. (Links to Volumes 2–4 are provided at the website).

<sup>30</sup> Osborne RH, Elmer S, Hawkins M, et al. Health literacy development is central to the prevention and control of non-communicable diseases. *BMJ Global Health* 2022; 7(12):e010362. Available at: <https://gh.bmj.com/content/7/12/e010362>.

## Annex

### Selected frameworks for actions pertaining to UHC and NCDs

- HCC. [Transformative New NCD Agenda](#) (2021) and its [Action Plan 2021–2022](#).
- NCDA Our Views, Our Voices. [Global Charter for Meaningful Involvement of People Living with NCDs](#).
- WHO. [WHO Framework for Meaningful Engagement of People Living with Noncommunicable Diseases and Mental Health and Neurological Conditions](#) (2023).
- NCDA. [NCD Alliance Advocacy Priorities For the 2023 UN High-Level Meeting on Universal Health Coverage \(UHC\)](#) (2023).
- UHC2030. [From Commitment to Action: Action Agenda from the UHC Movement – 2023 High-level Meeting on Universal Health Coverage](#) (long).
- UHC2030. [From Commitment to Action: Action Agenda from the UHC Movement – 2023 High-level Meeting on Universal Health Coverage](#) (short).
- WHO. [Reorienting health systems to primary health care as a resilient foundation for universal health coverage and preparations for a high-level meeting of the United Nations General Assembly on universal health coverage – Report by the Director-General](#). Geneva: WHO; 16 May 2023, Document A76/6.
- WHO, PAHO, and Government of Barbados. [2023 Bridgetown Declaration on NCDs and Mental Health](#), the outcome document of the [June 2023 SIDS Ministerial Conference on NCDs and Mental Health](#).

### WHO technical packages for NCD prevention and control

- [WHO package of essential noncommunicable \(PEN\) disease interventions for primary health care](#) (September 2020)
- [SCORE for Health Data](#) (August 2020)
- [PEN-Plus Toolkit](#)
- PEN digital application—WHOPEN<sup>31</sup>—an innovation to contribute to NCD service delivery
- [HEARTS](#) (2020) for cardiovascular disease management and [HEARTS-D](#), (2020) expanding the type 2 diabetes module
- [MPOWER](#) for tobacco control
- [SAFER](#) (2019) for alcohol reduction
- [SHAKE](#) (2016) for salt reduction
- [REPLACE](#) (updated June 2019) for elimination of industrially-produced trans fatty acids from the diet
- [ACTIVE](#) (2018) for physical inactivity reduction
- [CureAll](#) (2018) for managing childhood cancer

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<sup>31</sup> WHOPEN is available for Android at <https://play.google.com/store/apps/details?id=org.who.WHOPEN&hl=en&gl=US> and for IOS at <https://apps.apple.com/ch/app/whopen/id1566338877?l=en>.

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