INTERNATIONAL LEADERSHIP TEXAS/ OSGOOD CENTER

LONE STAR MODEL UNITED NATIONS 2023 (LSMUN)

WORLD HEALTH ASSEMBLY (WHA)

Background Guide

Garland, February 25-26, 2023

What is the role of the World Health Assembly (WHA)?

The World Health Assembly (WHA) is the supreme decision-making body of the World Health Organization (WHO) and adopts decisions and resolutions recommended by the WHO Executive Board and the Director General or introduced by (groups) of WHO Member States during the WHA. **CHECK:** https://apps.who.int/gb/index.html

You can also get a sense of the topics discussed in the WHA: https://www.paho.org/en/wha

WATCH: https://youtu.be/ktdpQRpteh0

The 75th WHA took place in Geneva, Switzerland, from 22 to 28 May 2022. The main topic was **"health for peace and peace for health".** This assembly discussed matters focused on four pillars, three of which contribute to the **"triple billion targets":**

- **Pillar 1**: One billion more people benefiting from **universal health coverage**
- **Pillar 2:** One billion more people better protected from **health emergencies**
- **Pillar 3:** One billion more people enjoying **better health and well-being**
- **Pillar 4: More effective and efficient WHO providing better support to countries**

Delegations from 194 WHO Member States and other organizations (with observer status) participated in the meeting, which consists of a plenary and two committees. Between sessions, technical meetings and social events were organized.

On the topic "Health for peace and peace for health" and in the face of multiple crises around the globe that require well-coordinated and coherent action discussions took place. The WHO considers peace as a structural determinant of health and delivers humanitarian work in fragile environments. WHO's Health for Peace approach aims at promoting dialogue, participation, inclusiveness, and trust and conflict sensitivity. The focus is currently set on the COVID-19 pandemic, and on war, emergencies and crisis in Ukraine, Northern Ethiopia, Afghanistan, Syria, and other regions. WHO monitors health emergencies globally.

History, Mandate, and Functioning of the WHA

The **World Health Organization (WHO),** the United Nations (UN) specialized agency for health, was established in 1948 with the **objective** for **all people to attain the highest possible level of health.** In its constitution, **health is defined as a state of complete physical, mental, and social well-being and not merely the absence of illness or infirmity. CHECK:** https://www.who.int/about/governance/constitution **and** https://apps.who.int/gb/bd/

Functioning and Structure of the WHO and the Role of the World Health Assembly

Member States (MS)	194 Member States Accept WHO Constitution MS and associate MS
Regions	6 Regional Offices Coordinate regional efforts and offices
Secretariat Headquarter (HQ)	Headed by Director General (DG) DG elected for 5 years term by WHA Technical and administrative matters
Executive Board (EB)	Executive organ of the WHA 34 Members (representing regions) – 3 years term headed by chair (two years term) Meetings at least twice a year (January & May)
World Health Assembly (WHA)	Supreme decision-taking body Meetings generally once a year (in May) A L L Members States and delegations participate Elects members of Executive Board Approves budget

Each WHO Member State delegates no more than three representatives to attend the session of the WHA held in Geneva, Switzerland, each year in May. The WHA may convene in special sessions, as necessary; so far, this has happened only twice - in 2006 to accelerate the procedure to elect a **Director General (DG)**, and at the end of 2021 to discuss the development of *the "Pandemics Treaty"*. **The first WHA was held in Geneva in June 1948 with delegations from 53 of its then 55 Member States. Since then, the WHA has met every year for the past 74 years. In 2021, the WHA was held virtually for the first time due to the COVID-19 pandemic.**

The WHA elects an **Executive Board (EB)** which consists of **34 members** that are technically qualified in the field of health. **Meetings take place in January and in May (shortly after the WHA annual meeting).** The EB prepares decisions and resolutions to be considered by the WHA and is mandated to give effect to the WHA decisions and to act as its executive organ. The WHO **Secretariat** at the **headquarters (HQ)** of the WHO in **Geneva** consists of the DG and all technical and administrative staff. In addition to the secretariat, there are six regional offices responsible for the coordination of tasks in the respective region. **CHECK:** https://apps.who.int/gb/gov/en/composition-of-the-board_en.html
https://www.who.int/about/governance/executive-board/executive-board-151st-session

Participants of the WHA are delegations from WHO Member States, international organizations (such as the European Union, organizations of the United Nations or the World Bank) and other **non-state actors in official relations with the WHO** (nongovernmental organizations, international business associations and philanthropic foundations, academic institutions) invited to attend the WHA as **observers** and to participate in technical briefings and (social) side events, such as the "walk the talk" . **Non-state actors have to be granted the privilege of "official relations with the WHO" by the Executive Board, which is reviewed every three years. CHECK:** https://www.who.int/about/collaboration/non-state-actors/non-state-actors-in-official-relations-with-who For instance, for the 75th WHA, Taiwan requested to be granted an observer status. **CHECK:** https://www.state.gov/taiwan-as-an-observer-in-the-world-health-assembly/

CHECK: https://www.who.int/about/governance/world-health-assembly/seventy-fifth-world-health-assembly/the-who-and-the-wha-an-explainer
https://www.paho.org/en/wha

COVID-19

Coronavirus Disease 2019

TUBERCULOSIS AND COVID-19: WHAT YOU NEED TO KNOW

If you have a cough, you may have a respiratory illness:

It could be COVID-19 if it's a dry cough that began suddenly, accompanied by general malaise, fever and difficulty breathing/shortness of breath.

It could be TB if your cough has been getting worse, lasts two weeks or more, and produces mucus.

IN EITHER CASE

Call the assigned telephone number in your country or your healthcare provider to obtain a diagnosis. If you have TB, you may be at increased risk of serious complications if you become infected with COVID-19.

HOW TO PREVENT COVID-19 AND STAY HEALTHY IF YOU HAVE TB

- **Take preventive measures:** wash your hands with soap and water frequently; avoid touching your eyes, nose and mouth; cover your mouth and nose when coughing or sneezing.
- **Minimize your exposure to COVID-19:** follow the social distancing recommendations in your country.
- **If you're being treated for TB,** confirm with your health facility where you will receive treatment during the pandemic.
- **Continue taking your treatment daily,** don't miss a dose and follow medical advice. You must complete your treatment to be cured.
- **Follow your doctor's general recommendations,** including maintaining a healthy diet, getting enough sleep, not smoking, staying active, and limiting alcohol consumption.
- **If you develop symptoms such as a dry cough,** fever and shortness of breath, call the designated number in your country or your healthcare provider. Explain that you have TB.

PAHO Pan American Health Organization World Health Organization Americas

BE AWARE. PREPARE. ACT.
www.paho.org/coronavirus

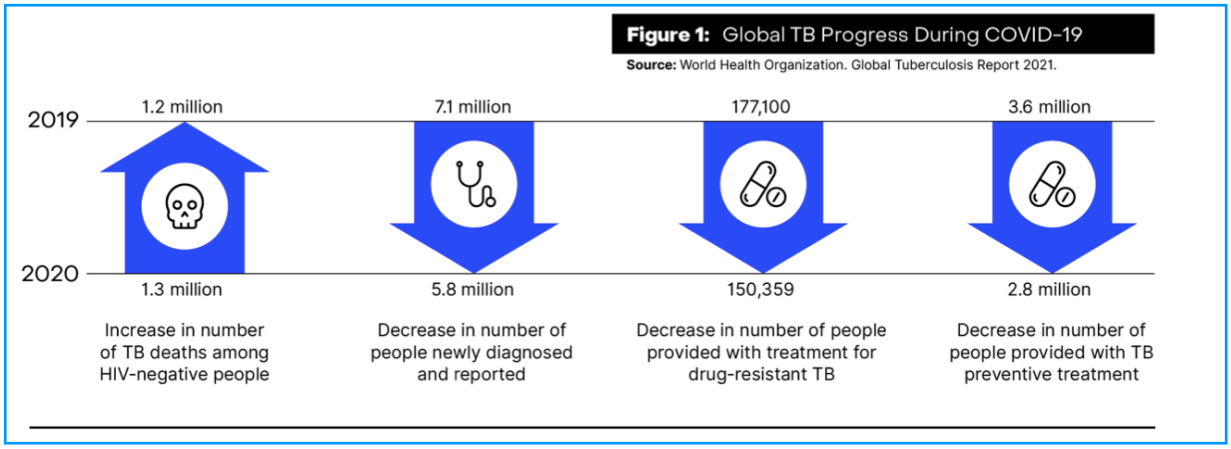
TOPIC 1: ENDING THE EPIDEMICS OF TUBERCULOSIS, MALARIA, AND OTHER COMMUNICABLE DISEASES BY 2030 WHILE MANAGING THE OUTBREAKS OF INFECTIOUS DISEASES SUCH AS COVID-19, EBOLA, INFLUENZA, AND ZIKA

As of October 2020, 45 million people in the world have contracted COVID-19 in a span of 10 months. Additionally, newer outbreaks of infectious diseases such as Ebola, Influenza, and Zika have brought urgency to effective global management of disease outbreaks. The World Health Organization (WHO) defines a disease outbreak as **"the occurrence of disease cases above normal expectancy, usually caused by an infection, transmitted through person-to-person contact, animal-to-person contact, or from the environment or other media."** Infectious diseases often exacerbate public health emergencies. WHO is committed to preparing, managing, and informing the international community of various public health emergencies, especially those that are considered epidemics or pandemics. An epidemic, as defined by the UN Office of Outer Space Affairs, is the occurrence of high numbers of cases that can be connected to a specific illness in a certain region. On the other hand, pandemics are when a said disease outbreak has spread globally. WHO pays particular attention to vulnerable groups that are often disproportionately affected by these emergencies. WHO defines vulnerable groups as "children, pregnant women, elderly people, malnourished people, and people who are ill or immunocompromised."

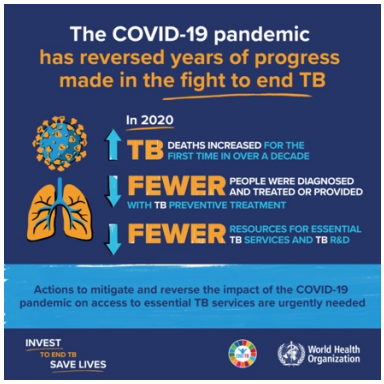
WHO has been addressing global infectious disease outbreaks since its inception in 1948, and it continues to be a crucial aspect of its mandate. WHO has addressed many outbreaks in the past and takes a leading role in providing important information to the international community regarding diseases such as Influenza. The spread of COVID-19 cases has been at the center of the organization's focus since its outbreak at the end of 2019.This pandemic has emphasized that a coordinated public health response to new and emerging diseases has been significantly lacking and that the international community faces significant challenges in minimizing preventable deaths. With scientists and medical experts

forecasting that the number of new infectious diseases will continue to rise, the international community must address managing global disease outbreaks, while learning to avoid the mistakes that have been made in the past.

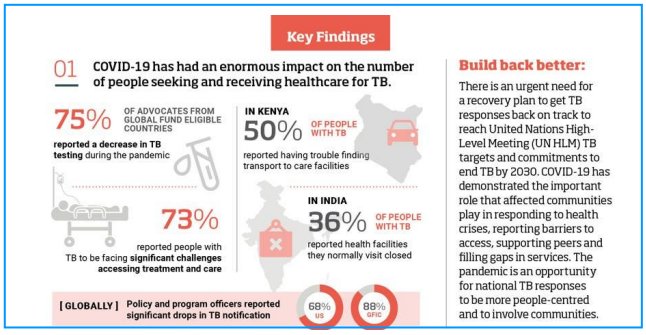
The COVID-19 pandemic has also upended years of progress in the fight against tuberculosis (TB). Deaths from the disease rose for the first time in more than a decade, fueled by a surge in undiagnosed and untreated cases. Notably, there was a significant reduction in the number of people newly diagnosed with TB and reported with a widening gap in missing people with TB (from 2.9 million in 2019 to 4.1 million in 2020) and a rise in TB deaths. The global TB treatment targets set at the UN high-level meeting (UNHLM) have also been negatively impacted by the pandemic.



What is the problem?



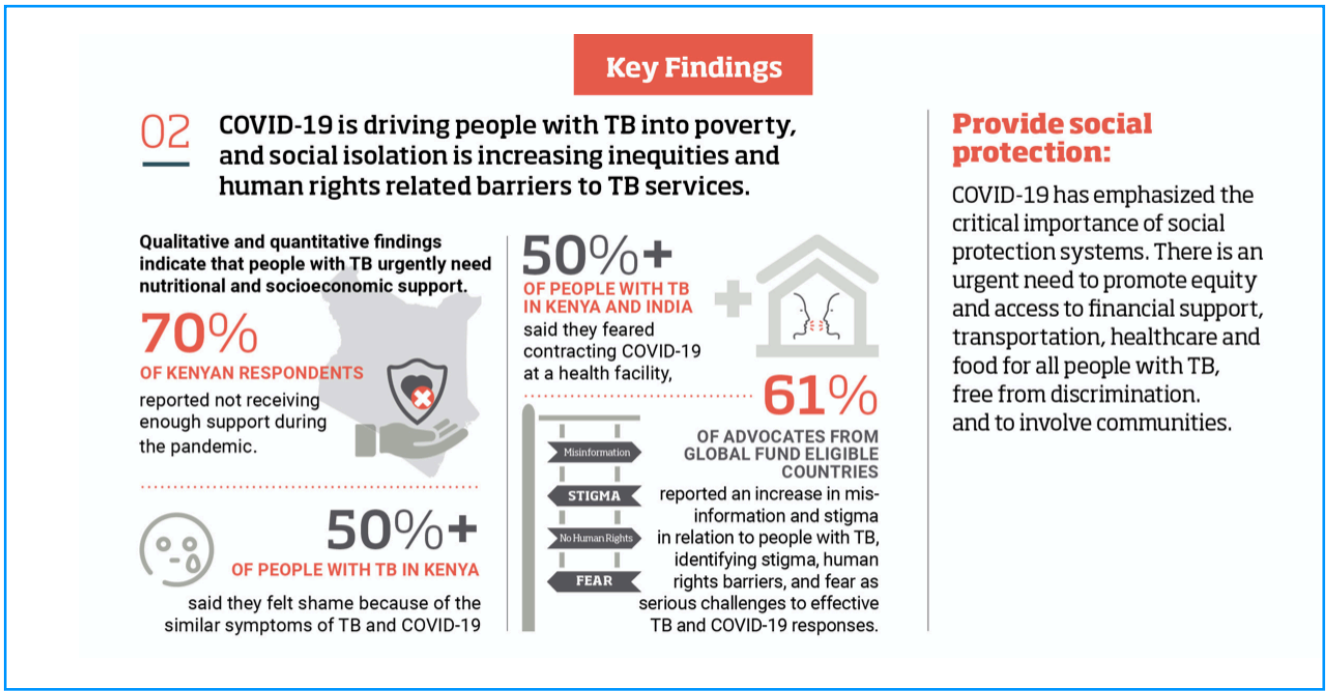
CHECK: https://www.forbes.com/sites/madhukarpai/2020/09/26/tuberculosis-and-covid-19-fighting-a-deadly-syndemic/?sh=67b9ce0624c5

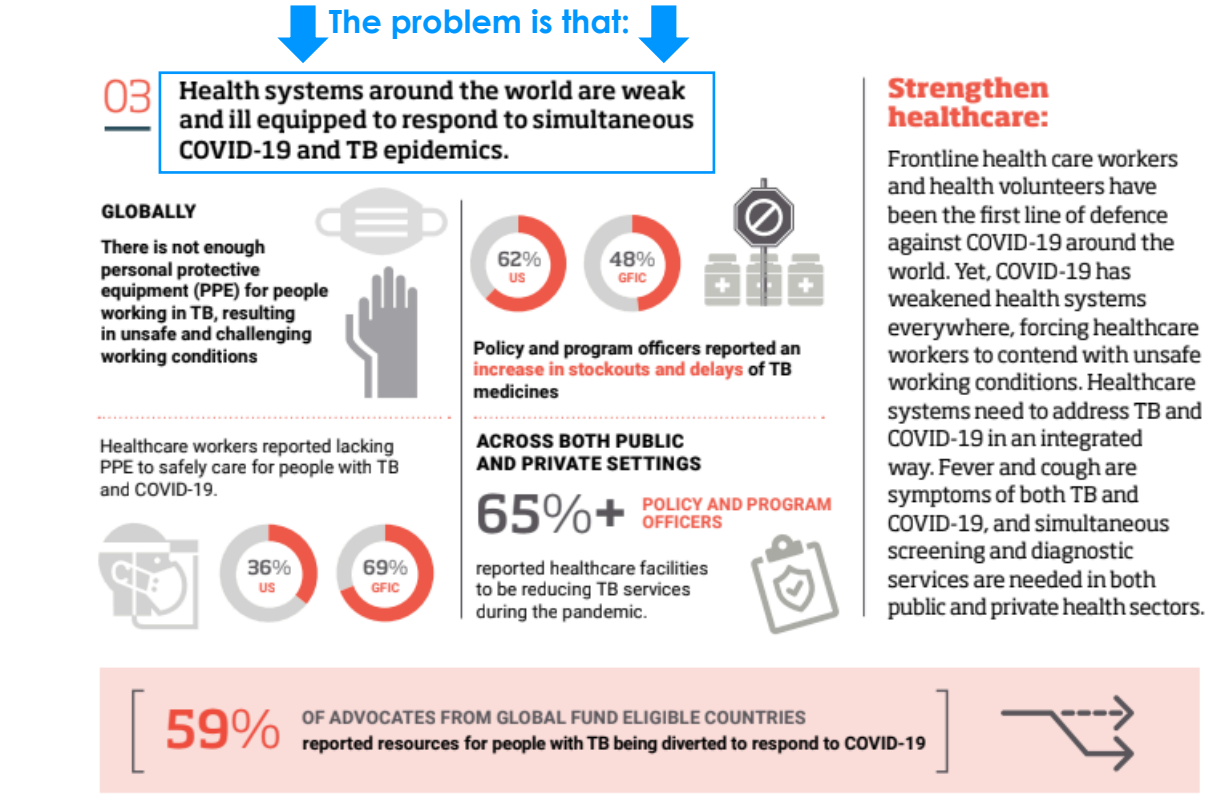


CHECK: https://express.adobe.com/page/xJ7pygvhrIAqW/

WATCH: https://youtu.be/rYiwbwt4fPU

READ: https://www.theglobalfund.org/media/11727/tb_2022-01-quarterly-tuberculosis_update_en.pdf





Tuberculosis is a leading cause of deaths in numerous countries. Some regions are more affected than others. For example, the Western Pacific is severely impacted by TB.

Specific and firm plans are needed to eradicate this disease in a scenario even more challenging after the COVID-19 pandemic.

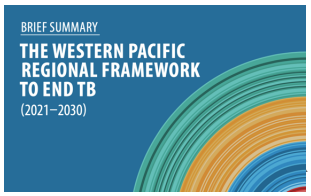


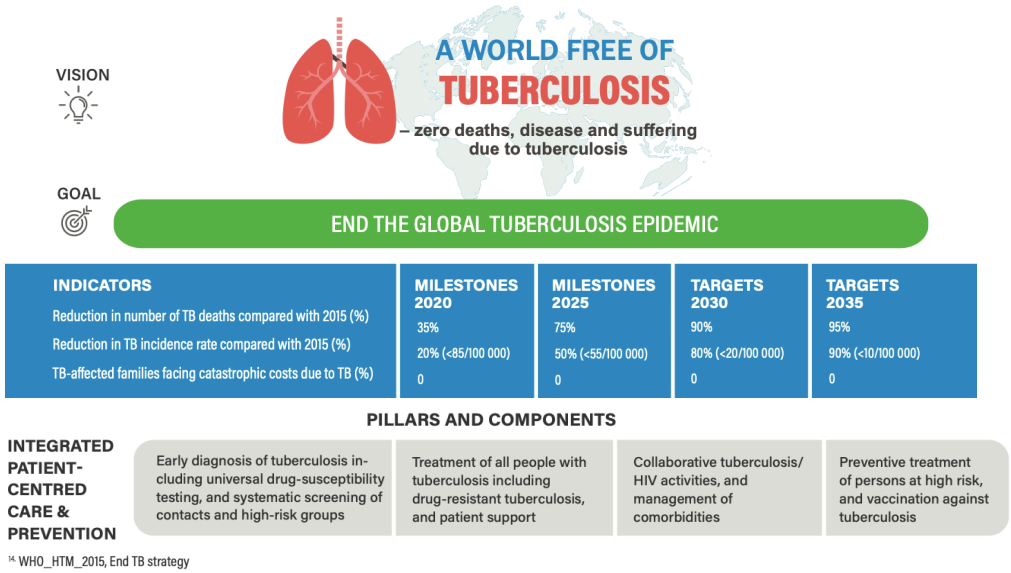
Table 1: End TB Strategy Milestones

Source: World Health Organization. Global Tuberculosis Report 2021.

End TB Strategy	Target (2015-2020)	High burden countries that met target	Global Achievement (2015-2020)
TB Incidence	20% reduction	Cambodia, Ethiopia, Kenya, Myanmar, Namibia, South Africa, Tanzania, Zimbabwe	11% reduction
TB Mortality	35% reduction	Kenya, Mozambique, Myanmar, Sierra Leone, Tanzania, Viet Nam	9.2% reduction
Catastrophic costs	0%		47% face catastrophic costs

CHECK: https://www.who.int/westernpacific/publications-detail/WPR-2022-DDC-001

The End TB Strategy defined milestones (for 2020 and 2025) and targets (for 2030 and 2035) for reductions in tuberculosis (TB) cases and deaths. **The targets for 2030 are a 90% reduction in the number of TB deaths and an 80% reduction in the TB incidence rate** (new cases per 100 000 population per year) compared with levels in 2015. The milestones for 2020 are a 35% reduction in the number of TB deaths and a 20% reduction in the TB incidence rate. The strategy also includes a 2020 milestone that no TB patients and their households face catastrophic costs as a result of TB disease."



[14] WHO_HTM_2015, End TB strategy

CHECK: https://apps.who.int/iris/bitstream/handle/10665/259636/TBstrat-eng.pdf?sequence=1
https://www.who.int/westernpacific/activities/implementing-the-end-tb-strategy

The World Health Organization has also committed to end TB in the Western Pacific region. **CHECK:** https://www.who.int/westernpacific/news/item/29-10-2021-health-leaders-endorse-action-plan-to-end-tb-in-the-region
https://apps.who.int/gb/ebwha/pdf_files/EB134/B134_R4-en.pdf?ua=1

The WHO Global technical strategy for malaria 2016-2030 – adopted by the World Health Assembly in May 2015 – also provides a technical framework for all malaria-endemic countries. It is intended to guide and support regional and country programs as they work towards malaria control and elimination.

The Strategy sets ambitious but achievable global targets, including:

- reducing malaria case incidence by at least 90% by 2030;
- reducing malaria mortality rates by at least 90% by 2030;
- eliminating malaria in at least 35 countries by 2030;
- preventing a resurgence of malaria in all countries that are malaria-free.

CHECK:https://www.who.int/data/gho/data/themes/topics/sdg-target-3_3-communicable-diseases

International and Regional Framework

In 1969, the World Health Assembly (WHA) adopted the *International Health Regulations* (IHR) as an internationally binding treaty. The IHR is the primary international legal framework that provides guidelines on how WHO and Member States should respond to outbreaks of infectious diseases. The IHR provides guidelines and best practices to prevent and contain public health emergencies. This includes promoting national coordination, financing, legislation, and policy advocacy for Member States. In 1995, the IHR was first updated, and a major revision occurred in 2005. The latest updates on the IHR made specific provisions related to global disease outbreaks, which was a significant departure from previous revisions. Specifically, the new IHR requires Member States to set up arrangements, such as laboratories, to detect potential threats, recognize the transboundary nature of infectious diseases, and partner with other countries to manage them, respond to public health emergencies, and report diseases through National Focal Points (NFPs).

These NFPs are national centers of communication between Member States and WHO. NFPs notify WHO about potential public health emergencies, share information and updates about disease, and consult with WHO about national outbreaks that may become of international interest. This mechanism allows for prompt detection of potential outbreaks and allows WHO to ascertain if a specific disease will become a Potential Public Health Emergency of International Concern (PHEIC). A PHEIC is a designation when two out of the following four criteria are met: the seriousness of the public health impact; the outbreak is unexpected; the disease can spread worldwide; and restrictions on travel and trade are likely to be applied.

One infectious disease that WHO routinely addresses is Influenza and the lessons that it has learned managing this disease annually can serve as a good model for managing other

global disease outbreaks. In 2016, WHO created the *Pandemic Influenza Preparedness Framework* (PIP Framework). The PIP Framework was developed to help countries prepare for and respond to the annual flu season, and is intended as a global forum where Member States work together to address Influenza and develop vaccines. In 2017, WHO published the *Pandemic Influenza Risk Management* (PIRM) to provide Member States with recommendations on how to establish comprehensive plans for preparedness and conduct exercises for large-scale public health emergency responses. By establishing this Global Influenza Surveillance and Response System (GISRS), the international community can better address and treat Influenza.

Almost a decade ago, the 134th session of the Executive Board of the World Health Organization had produced **EB134.R4,** which contains the **Global Strategy and Targets for Tuberculosis Prevention, Care, and Control after 2015. CHECK:** https://apps.who.int/gb/ebwha/pdf_files/EB134-REC1/B134_2014_REC1-en.pdf

In addition, civil society has also played a role in developing frameworks for the management of global diseases, especially in light of the COVID-19 pandemic. One such entity that has focused entirely on pandemics is the Commission on a Global Health Risk Framework of the Future. It is affiliated with the US National Academy of Medicine and, in 2016, published a study titled *The Neglected Dimension of Global Security – A Framework to Counter Infectious Disease Crises*, The goal of the Commission is to create an evidenced-based framework related to disease mitigation, disaster preparedness, and the response of epidemics resulting from infectious diseases. Specifically, the Commission evaluates the overall preparedness of health systems worldwide for responding to epidemics while providing recommendations on how to make them more resilient.[205] Additionally, there is also a focus on creating a coordinated mechanism within the international community on developing medicines to fight diseases.

Role of the International System

WHO utilizes the Global Risk Assessment System to provide a broad assessment of potential threats to global health. Since global infectious diseases are transboundary crises that can affect the economic and social stability of populations, WHO works closely with other UN entities to assess infectious diseases and respond to them. WHO coordinates with the Global Health Cluster which includes 700 partners from 27 different countries that mobilize in case of public health emergencies. In addition to its role of assessment and policy recommendations, WHO also coordinates the deployment of medical personnel based on the needs arising from the public health emergency that is occurring within a certain area. This is through the Emergency Medical Teams (EMTs) Initiative that was established in 2010, with the goals of: speeding up the process of deployment and assistance, creating a registry of quality assured EMT organizations, and establishing a minimum set of deployment standards. Additionally, WHO also has created the

Contingency Fund for Emergencies (CFE) which allows the organization to immediately respond to disease outbreaks causing public health emergencies.

The UN General Assembly has addressed global infectious diseases and global health numerous times. In 2015, the UN General Assembly adopted resolution 70/183 about the management of international health crises. The resolution stresses how health crises pose a threat to the fulfilment of human rights when no preparedness plans are in place. In 2017, the UN General Assembly adopted resolution 72/39 which followed-up on addressing social inclusion for vulnerable groups affected by global health issues. Recently, in 2019, the UN General Assembly focused the attention on health systems and strengthening them at the national level with resolution 74/20.[216] Similarly, the UN Security Council adopted resolution 2532 in July 2020 encouraging parties in conflict to suspend fighting for 90 days to allow for the humanitarian community to address the needs of people affected by the COVID-19 pandemic.

There are also several NGOs involved in managing infectious disease outbreaks. Two prominent organizations are the Coalition for Epidemic Preparedness Innovations (CEPI) and the International Society for Infectious Diseases (ISID). CEPI works in the field of global health security. It is a partnership among various private and public actors that promote the involvement of the international scientific community in an effort to develop vaccines to stop emerging disease outbreaks.

Preparing for and Responding to Public Health Emergencies

WHO is also committed to responding to public health emergencies within 48 hours from their onset when the affected country requests assistance or the scale of the crisis represents a threat to a high number of people in different areas. To be able to establish its presence in the field, WHO partners with UN entities, regional organizations, and NGOs to deploy assets and personnel as soon as possible. To save lives and provide immediate help, the Central Emergency Response Fund (CERF) and several UN entities are immediately activated when WHO designates an outbreak as a System-Wide Level 3 emergency.

Within the IHR framework, the WHO Director-General can consult with a committee of experts to determine whether a public health emergency is of international concern (PHEIC), meaning it is likely to affect several countries and multi-actor coordination is required. The committee, composed of experts, who are part of a roster including the members of the IHR Emergency Committee, advises about measures and restrictions that the Member States affected by the PHEIC should implement to prevent large-scale outbreaks and contain them in a certain area. The committee continues to advise the WHO Director-General throughout the duration of the PHEIC and constantly provides recommendations to adjust measures related to the PHEIC.

Despite these mechanisms, significant challenges in addressing future public health emergencies remain. First, it is difficult for WHO to conduct country specific analyses as countries often have different levels of development, infrastructure, and assessment tools. Implementing a cohesive, international response also brings its own set of challenges as national governments often seek to address health emergencies independently, despite living in a highly interconnected world. Thus, the promotion of multilateral partnerships is paramount in supporting the overall response to infectious disease outbreaks.

Responding to Pandemic Outbreaks: The Case of COVID-19

WHO has classified the COVID-19 outbreak as a pandemic on 11 March 2020. COVID-19, together with MERS-CoV and SARS, are infectious diseases caused by the family of the coronavirus. In recent years, outbreaks of each have required WHO to focus on establishing guidelines and best practices for dealing with epidemics and pandemics of large scale. In the case of COVID-19, WHO has partnered with several entities, including the UN Development Coordination Office (DCO) and Member States to assess the situation, manage the COVID-19 global response mechanism, and contain the outbreak. Among the first challenges faced by WHO was a global shortage in personal protective equipment (PPE), lack of testing capacities, and low availability of ventilators for the intensive care units (ICUs). WHO created an *ad hoc* mechanism for the delivery of supplies, including masks and ventilators, called the COVID-19 Supply Chain System. This system has been challenged by the inability of certain Member States to successfully place a request for supplies due to infrastructure limitations. In other countries, the assessment of the scale and risks resulting from COVID-19 were not carefully evaluated, especially in the initial phases, which lead to shipment of inadequate supplies. Additionally, the global supply chain for a lot of the needed equipment has been strained and WHO had additional logistical challenges of delivering some supplies.

The COVID-19 pandemic has also been threatening the progress in achieving the Sustainable Development Goals (SDGs) set forth in the *2030 Agenda for Sustainable Development*. Some of the main implications are a reduction or interruption of immunization programs for children, an increase in under-5 deaths, as well as of deaths connected to communicable diseases. There is also a strong linkage between SDG 3 (good health and well-being) and SDG 10 (reducing inequalities), and the promotion of universal healthcare in times of a pandemic. One of the main obstacles for an effective COVID-19 response has been the lack of universal health coverage in Member States. According to the latest analysis for SDG 3, less than half of the world's population has access to basic health services. During COVID-19, 23% of countries worldwide, and 45% of low-income countries have reported a partial disruption of healthcare services. Additionally, vulnerable groups, persons with disabilities, and persons with chronic diseases have been disproportionately affected.

Conclusion

WHO operates worldwide with the intent of promoting global health while protecting people from public health emergencies such as infectious disease outbreaks. If an outbreak occurs, WHO rapidly responds by supporting the delivery of health services in fragile settings. Global disease outbreaks are one of the most complex challenges for the international community that combines threats to public health and human security. The response to infectious disease outbreaks has involved the efforts of the overall UN system, international organizations, and NGOs. WHO has been recently challenged by the magnitude of the COVID-19 pandemic. With the achievement of the SDGs under threat from global disease outbreaks such as COVID-19, WHO has stressed the importance of better preparedness mechanisms for future public health emergencies, as well as further partnership and promotion of programs for creating resilient, inclusive healthcare systems of tomorrow to address historical targets such as TB and malaria reduction and ultimate eradication.

Further Research

What should you be discussing?

Your committee should discuss:

- How can WHO promote the development of an international framework for managing global and prolonged disease outbreaks?
- What are some of the obstacles to the development of such a framework and how can WHO and Member States help to overcome them?
- How can WHO be strengthening the preparedness and response to public health emergencies of large scale such as COVID-19?
- How can WHO support local governments in strengthening their capacities and healthcare systems to respond to public health emergencies and infectious disease outbreaks?
- **How can WHO and the UN system improve coordination and partnerships at the global level to simultaneously manage TB and malaria while responding to epidemics and pandemics?**

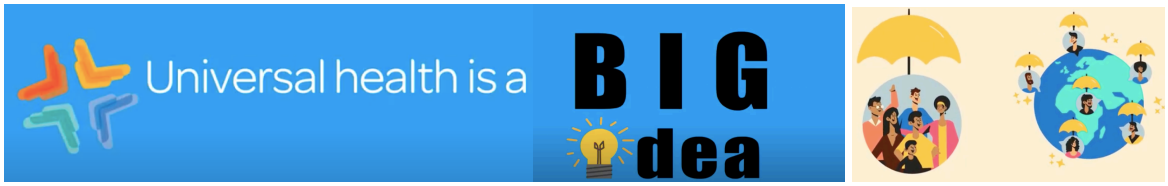

What do I need to get, be and stay healthy?
Can I get help from a well-trained health worker?
Can I get treatment that helps me get better, and is safe?
Can I get the medicines and other health products I need?
Universal Health Coverage
Can I afford it?
100
100
100
Are there policies in place to make quality services available to everyone, every time?
Does my government have the information it needs to make the right decisions about the whole system?
World Health Organization
The World Health Organization is working around the world so that all people and communities receive the quality services they need, and are protected from health threats without suffering financial hardship.
WWW.WHO.INT/UHC/EN

TOPIC 2: UNIVERSAL HEALTH COVERAGE: LEAVING NO ONE BEHIND

What is Universal Health Coverage (UHC)?

Each year, on the 12th of December, the world comes together to celebrate the **International Universal Health Coverage (UHC) Day.** United Nations established this celebration on 12 December 2017. This date marks exactly five years after the UN General Assembly passed a resolution to urge countries to accelerate progress towards achieving UHC. The Declaration presented the most comprehensive set of commitments ever adopted at this level.

WATCH: https://youtu.be/RBtF1pd13OY and https://youtu.be/-zYdy2nEs2w



WATCH: https://www.who.int/multi-media/details/universal-health-coverage---what-does-it-mean#

The Organization for Economic Cooperation and Development (OECD) provides an easy yet effective definition too. The OECD affirms that **"Universal Health Coverage is about everyone having access to good quality health services without suffering financial hardship." Although it would be ideal, universal health coverage does not mean completely free services. It means eliminating financial barriers and making systems more efficient.**

KEEP IN MIND that according to the report *Health Systems Financing, The Path to Universal Coverage,* **from 20% to 40% of all health spending is currently wasted through inefficiency. "** and "**pooled funds will never be able to cover 100% of the population for 100% of the costs and 100% of needed services. Countries will still have to make hard choices about how best to use these funds."**

CHECK:http://apps.who.int/iris/bitstream/handle/10665/44371/9789241564021_eng.pdf;jsessionid=D312D55A5EE23A2EAF075F42FCA77631?sequence=1

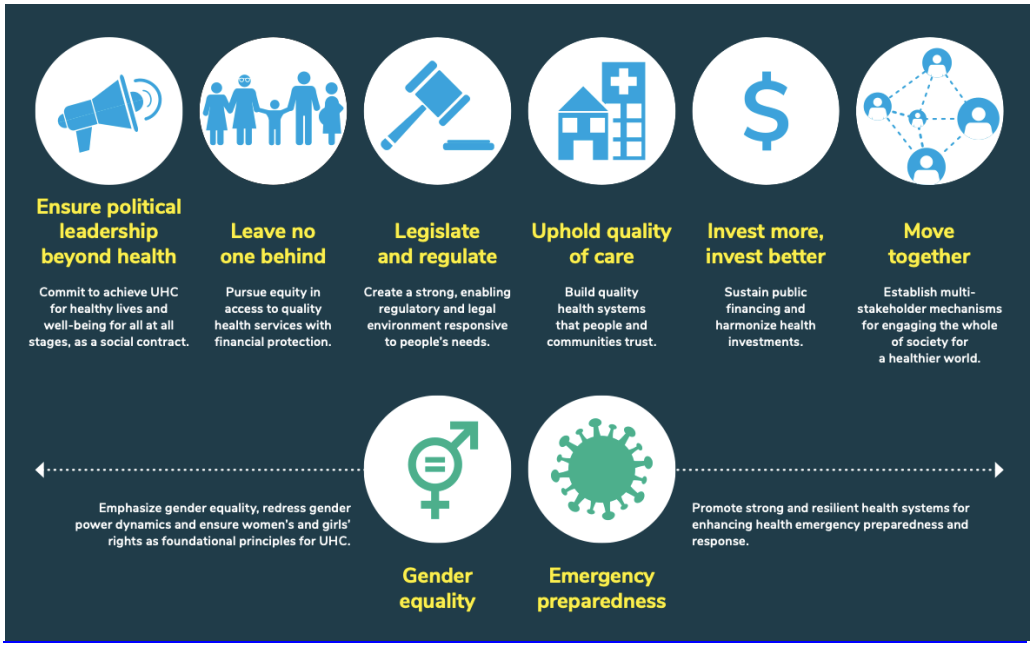
In addition, two aspects should be made explicit if UHC policies are to be effective: the appropriateness, and the **quality, of coverage.** Appropriateness warrants careful consideration because in many countries' perverse provider incentives, under- investment in promotive and preventive services, and insufficient attention to reduction of risk conditions or promotion of healthy lifestyles all skew coverage towards curative and more fiscally lucrative interventions. Correspondingly, although the 2010 WHO definition of UHC promotes quality services, it does not provide specific and practical policy guidance about the quality needed to achieve effective coverage that reduces preventable death and illness.

Imprecision of the terms hinders discussions around key policy questions for UHC, such as who to include, for which services, with what level of quality, and to what extent it can increase equity. If universal only means that eventually everyone will benefit from UHC, with those currently unreached remaining the last to benefit, present inequities could worsen. Measurement of equity of health will depend on whether it is defined only by rates of preventable illness and death, or broadly to include mental health and psychosocial wellbeing. Equitable coverage could have very different targets if accessibility to services is the endpoint, or if measures of appropriate use and quality are also included.



Universal health coverage requires thinking about sustainability. Can countries maintain strong health systems? The OECD has reported that **"Although most OECD countries offer all their citizens affordable access to a comprehensive package of health services, they face challenges in sustaining and enhancing such universal systems.** These challenges are as relevant in low- and middle-income countries, so that expanding coverage also translates into better health outcomes for all." In other words, providing financial funds and other resources to keep universal health coverage systems functioning is still a challenge for a lot of countries.

What are the key areas of commitment to universal health coverage?



Primary health care (PHC) is one of the essential components of sustainable universal health coverage systems. While achieving UHC is challenging, the Pan American Health Organization (PAHO) has identified at least 5 ways to achieve UHC faster: **CHECK:** https://www.path.org/articles/universal-health-coverage-5-ways-get-there-faster/



The World Health Organization (WHO) defines PHC as **"a whole-of-society approach to health that aims to maximize the level and distribution of health and well-being through three components: (a) primary care and essential public health functions as the core of integrated health services; (b) multisectoral policy and action; and (c) empowered people and communities**." **LEARN** vocabulary needed to discuss UHC, **CHECK PAGES vii-XV** of this resource: https://www.who.int/publications/i/item/9789240017832

CHECK:
https://www.who.int/health-topics/universal-health-coverage#tab=tab_1

Universal health coverage (UHC) is the *goal that all people and communities can use the promotive, preventive, curative, rehabilitative, and palliative health services they need, of sufficient quality to be effective, while also ensuring that the use of these services does not expose the user to financial hardship (WHO 2010).* **UHC has two pillars: coverage with essential, quality health services and financial protection.** UHC embodies the commitment to giving priority to the worse off the sickest, those with the lowest coverage, and the poor—and to health as a human right. Under Sustainable Development Goal 3, Target 3.8, countries have committed to achieve UHC, "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."

https://documents1.worldbank.org/curated/en/641451561043585615/pdf/Driving-Sustainable-Inclusive-Growth-in-the-21st-Century.pdf

https://sdg.iisd.org/news/world-health-assembly-adopts-resolutions-on-universal-health-coverage/

https://apps.who.int/gb/ebwha/pdf_files/WHA72/A72_R4-en.pdf

https://www.un.org/en/observances/universal-health-coverage-day/background

What is the problem? Why is Universal Health Coverage important?

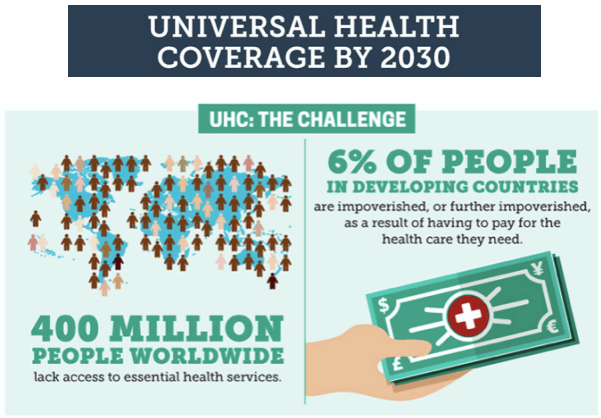
Key facts can help you understand why UHC is very important. **NOTICE** that, according to the World Bank, **"too few people are getting the health services and financial protection they need."** Both the World Health Organization (WHO) and the World Bank (2017) reported that **"in 2016, over 3.6 billion people, roughly half of the world's population, did not receive the essential health services they needed, because those services were unavailable, of low quality, or unaffordable."** Major coverage gaps for essential services persist mostly in developing countries.

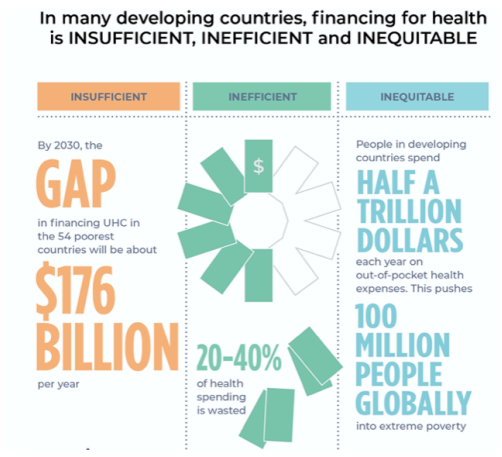
Likewise, Kruk and other researchers (2018) also found that for people who receive services, coverage is often ineffective, as the quality of services is low. Shortfalls in quality of care, and especially inadequate compliance with clinical standards, are not restricted to developing countries. In these countries, however, inadequate provider knowledge and behavior are often compounded by lack of resources. For example, Leslie and other

research experts (2017) concluded that in 10 developing countries, 98 percent of health facilities lacked one or more of the most basic rapid diagnostic tests. Meanwhile, poor quality is not only the result of under-provision of services and doing the wrong things at the wrong time, but can also result from the wasteful overprovision of services (WHO 2010).

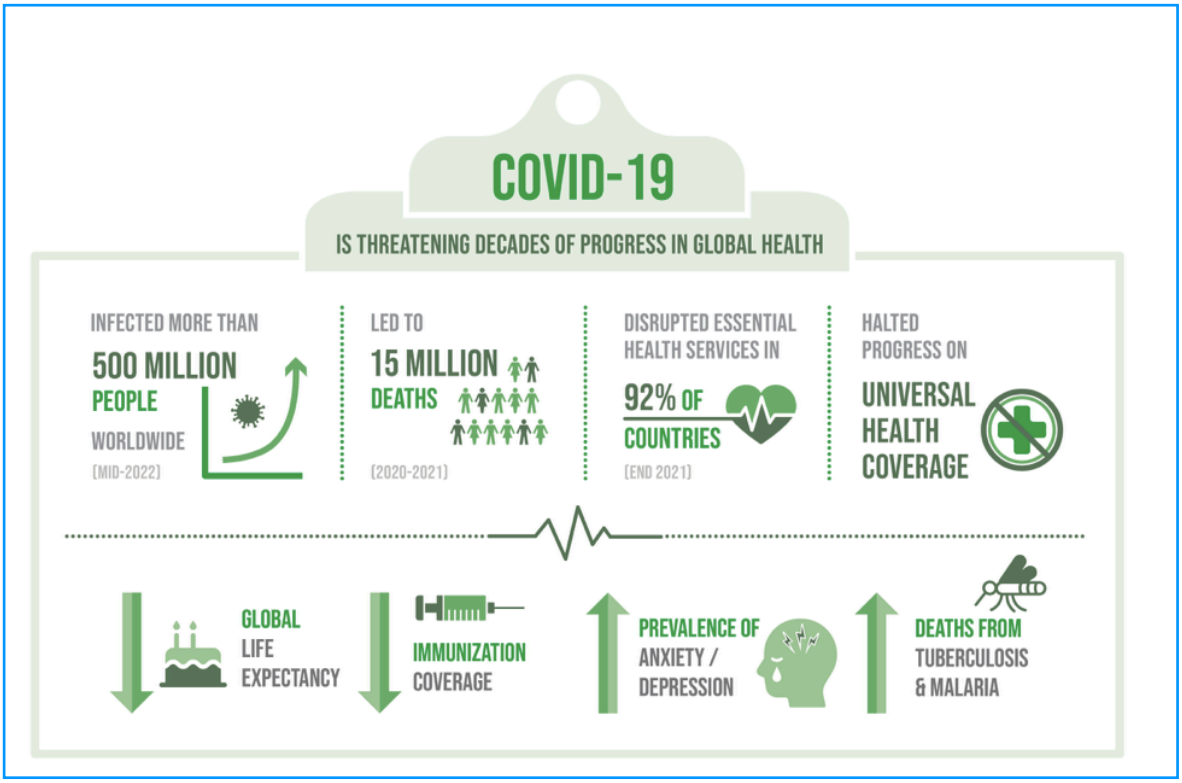
Global progress in financial protection also lags. **Every year, between 2000 and 2010, approximately 100 million people were pushed into extreme poverty, and over 800 million people suffered financial catastrophe, from paying for health care out-of-pocket (WHO and World Bank 2017).** No major improvements were registered in these numbers over time in the countries where time series data are available. Many people facing financial catastrophe sell assets, go into debt, or reduce their consumption of other necessities (Saksena, Hsu and Evans 2014). To avoid such consequences, others forego health services from the outset. **The impoverishing and welfare effects of inadequate financial protection are concentrated in developing countries, but are by no means limited to them.**

CHECK: https://www.worldbank.org/en/news/infographic/2017/12/12/tracking-universal-health-coverage-2017-global-monitoring-report





CHECK: https://www.worldbank.org/en/news/infographic/2015/10/07/infographic-universal-health-coverage-by-2030



CHECK: https://www.who.int/news-room/fact-sheets/detail/universal-health-coverage-(uhc)

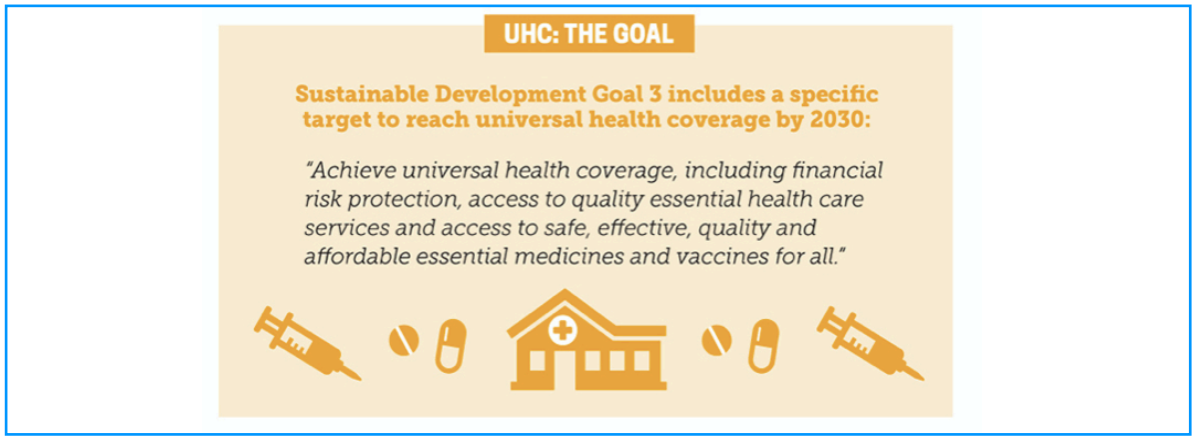
Before COVID-19 struck, the world was far short of reaching the Sustainable Goal (SDG) 3.8 targets and the goal of 1 billion more people benefiting from UHC by 2023.

Since 2000, service coverage has increased as average income has grown, but at an undue cost to many people. Trajectories on the path to UHC, as tracked by related Sustainable Development Goal (SDG) indicators on service coverage and financial hardship, vary substantially across WHO regions and countries. Country-level analysis of coverage policy is needed to identify gaps in health coverage, understand their causes and develop appropriate policy responses. The **Global Monitoring Report on Financial Protection in Health 2021** included key findings like these:

- Trends in catastrophic health spending were already worsening pre-pandemic.
- The number of people incurring impoverishing health spending decreased in recent years but remained unacceptably high.
- Overall, in 2017, the total population facing catastrophic or impoverishing health spending was estimated to be between 1.4 billion and 1.9 billion.
- Persistent inequalities in service coverage and financial hardship existed across households within countries.

CHECK:
https://www.google.es/url?sa=t&rct=j&q=&esrc=s&source=web&cd=&ved=2ahUKEwiViNzqutn8AhVNj2oFHQ9ADZUQFnoECBEQAQ&url=https%3A%2F%2Fapps.who.int%2Firis%2Frest%2Fbitstreams%2F1399095%2Fretrieve&usg=AOvVaw1LZcwmhg2NBaJAfrkuOsBw

The problem is also that time is flying. With less than a decade left to go before the 2030 Sustainable Development Goals (SDG) deadline, the pandemic continues to present major challenges. Inequity in access to health care is widening around the globe. **In a recent discussion WHO Director-General Dr Tedros called it "a pandemic of inequality" and a "crisis of solidarity and sharing."** As we continue to grapple with the impact of COVID-19, it is critical that we do not lose sight of long-term UHC goals. Prioritizing UHC and strengthening health systems is essential in recovering ground lost due to the pandemic and to achieving the broader SDG 3 of health and wellbeing for all.



Today, UHC's implementation is extremely restricted by the unequal access to resources across countries. **Many low-income countries lack appropriate medical personnel: 90% of low-income states have fewer than 10 doctors per 10 thousand people.** **CHECK:** https://www.globalcitizen.org/en/content/barriers-global-health-care-access-covid-19/ While in many cases, determinants of health have improved since the start of the century, they are far from achieved. UHC represents the future of health coverage for all Member States and improving their health capacity will help to ensure that the well-being envisioned by SDG 3 becomes a reality for all people. However, achievement of UHC is barred by several factors, including the availability of data on health care systems and the ability of Member States to develop strong financial backing for their health care systems.

International and Regional Framework

What has been the history of UHC in the World Health Assembly?

Surgery and Anesthesia to achieve UHC



Led by the Zambian delegation**,** on May 22 of 2015, the 68th World Health Assembly (WHA) of the WHO, adopted resolution **WHA68.15,** "Strengthening emergency and essential surgical care and anesthesia as a component of universal health coverage (UHC)." **For the first time, governments worldwide acknowledged and recognized surgery and anesthesia as key components of UHC and health systems strengthening.** The resolution details and outlines the highest level of political commitments to address the public health gaps arising from lack of safe, affordable, and accessible surgical and anesthetic services in an integrated approach. This resolution was unanimously supported by all member states and was adopted by the WHA. **CHECK:** https://apps.who.int/gb/ebwha/pdf_files/WHA68/A68_R15-en.pdf

Assistive Technology (AT) to achieve UHC


CHECK: https://www.who.int/news-room/fact-sheets/detail/assistive-tech nology

Later, the 71st World Health Assembly adopted resolution **WHA71.8** on 26 May 2018. It urges all Member States to take action **to improve access to assistive technology as a pillar of universal health coverage.** Among others, **the resolution requests WHO to prepare the Global Report on access to Assistive Technology (GReAT) based on the best available scientific evidence and international experience.** It also requests WHO Secretariat to submit progress reports to the WHA of 2022, 2026, and 2030 on progress made in the implementation of the 71.8 WHA resolution. Hence, WHO has developed

these Progress Indicators to collect high-level implementation status from the Member States. **CHECK:** https://apps.who.int/gb/ebwha/pdf_files/WHA71/A71_R8-en.pdf?ua=1 https://www.google.es/url?sa=t&rct=j&q=&esrc=s&source=web&cd=&ved=2ahUKEwixqu39tdj8AhWQRDABHYcFAnYQFnoECBAQAQ&url=https%3A%2F%2Fapps.who.int%2Firis%2Frest%2Fbitstreams%2F1422796%2Fretrieve&usg=AOvVaw3WKdeK9NX9aYvWjGPIcfEw

Can you give at least two examples of assisted technology products or services? If not, **CHECK:**
https://www.un.org/development/desa/disabilities/wp-content/uploads/sites/15/2019/03/Assistive-Technology-Devices-2017_Eng.pdf
https://www.who.int/health-topics/assistive-technology#tab=tab_1

The Declaration of Astana

UNICEF/Kazakhstan/2018*Henrietta H. Fore, UNICEF Executive Director, and Dr. Tedros Adhanom Ghebreyesus, WHO Director General, upon the signing of the Declaration of Astana.*

October of 2018 set a precedent in the UHC agenda. The **Global Conference on Primary Health Care** took place from 25-26 October in Astana, Kazakhstan, co-hosted by WHO, United (UNICEF) and the Government of Kazakhstan. Participants included ministers of health, finance, education, and social welfare; health workers and patient advocates; youth delegates and activists; and leaders representing bilateral and multilateral institutions, global health advocacy organizations, civil society, academia, philanthropy, media, and the private sector.

© UNICEF/UN0188875/Njiokiktjien

Baby Kadia was born with an infection that is often deadly to newborns. Without the antibiotics administered to her right after birth, she might have died. Seen here are 4-day-old Kadia, her mother Mariam and nurse Aissata at the infirmary of the Reference Health Centre in Bougouni, Mali. March 201

A fundamental agreement was produced at the conference: the **Declaration of Astana**. The signatories of this important declaration made pledges in four key areas: **(1)** make bold political choices for health across all sectors; **(2)** build sustainable primary health care (PHC); **(3)** empower individuals and communities; and **(4)** align stakeholder support to national policies, strategies, and plans. **READ:** https://www.unicef.org/eca/press-releases/new-global-commitment-primary-health-care-all-astana-conference
READ the declaration: https://www.who.int/teams/primary-health-care/conference/declaration

The Declaration of Astana reaffirmed the historic 1978 **Declaration of Alma-Ata,** the first accord reached by world leaders on primary health care.

Emergency Care Systems to Achieve UHC

"No one should die for the lack of access to emergency care, an essential part of universal health coverage," said WHO Director-General Dr Tedros Adhanom Ghebreyesus.
"We have simple, affordable and proven interventions that save lives. All people around the world should have access to the timely, life-saving care they deserve."

Seven months after the Declaration of Astana, health ministers from 194 countries convened as the World Health Assembly again to discuss and detail the priorities of the WHO. In May 2019, in its 72nd assembly, the theme was **"Universal Health Coverage: Leaving No-one Behind."** Delegates from Ethiopia and Eswatini decided that it was time to make the development of emergency care systems one of those priorities and proposed resolution **WHA72.16, "Emergency care systems for Universal Health Coverage: ensuring timely care for the acutely ill and injured",** which was passed unanimously. **The resolution encourages member states to promote Emergency care as a key component of UHC. It asks that they integrate EMS and EDs into their overall health strategies and that they create a universal emergency number like 911.** Training programs for all levels of clinicians are advocated. **READ** the text of the resolution. **CHECK:** https://apps.who.int/gb/ebwha/pdf_files/WHA72/A72_R16-en.pdf

Achieving Universal Health Coverage, Recent Commitments

On Geneva, 22 May 2019 (PAHO/WHO) Delegates at the 72nd World Health Assembly adopted **three resolutions on universal health coverage (UHC).** These resolutions focus on primary health care, the role of community health workers, and the September UN General Assembly High-Level Meeting on UHC. **How did these resolutions**

advance the work of the World Health Assembly? CHECK:
https://www.who.int/news/item/22-05-2019-world-health-assembly-72-update

Primary health care and universal health coverage

The first resolution, **WHA72.2,** requires Member States to take steps to implement the **Declaration de Astana. It recognizes the key role that primary health care plays in ensuring that countries can provide the full range of health services a person needs throughout their life,** whether disease prevention or treatment, rehabilitation, or palliative care. Primary health care means that the countries have quality, integrated health systems and empowered individuals and communities, and that they involve a wide range of sectors to address the social, economic, and environmental determinants of health.

The resolution calls on the WHO Secretariat to increase its support to Member States in this area. WHO must also finalize its Operational Framework for Primary Health Care in time for the next year's World Health Assembly. WHO and other stakeholders are tasked with helping the countries implement the Declaration of Astana and mobilize resources to build strong and sustainable primary health care systems. **CHECK:** https://apps.who.int/gb/ebwha/pdf_files/WHA72/A72_R2-en.pdf

Community health workers delivering primary health care


Left: *Albertha Freeman speaks at WHA about her experiences as a nurse supervisor in Liberia's National Community Health Assistant Program. Right:* https://amref.org/kenya/community-health-workers-champion-kenyas-covid-19-response/

The second resolution**, WHA72.3,** recognizes the contribution made by community health workers in achieving universal health coverage, **responding to health emergencies, and promoting healthier populations.** It urges the countries and partners to use WHO's guideline on health policy and system support to optimize community health worker programs, and to allocate sufficient resources. At the same time, the **WHO Secretariat is asked to collect and evaluate data, monitor implementation of the guideline, and provide support to Member States. READ** this resolution: https://apps.who.int/gb/ebwha/pdf_files/WHA72/A72_R3-en.pdf

Community health workers play a key role in delivering primary health care: they speak the local languages and are trusted by the local people. They need to be well trained, effectively supervised, and properly recognized for the work they do as part of multidisciplinary teams. Investing in community health workers creates significant job opportunities, especially for women. **CHECK:** https://lastmilehealth.org/2019/07/25/three-takeaways-on-community-health-from-the-72nd-world-health-assembly/
https://www.who.int/news/item/26-01-2019-resolution-on-community-health-workers-to-be-considered-at-the-upcoming-world-health-assembly

High-Level Meeting on Universal Health Coverage

The last resolution, **WHA72.4,** on universal coverage endorsed by the delegates **supports preparation for the UN General High-Level Meeting on Universal Health Coverage** in September 2019. The resolution calls on Member States to accelerate progress towards universal health coverage with a focus on poor, vulnerable and marginalized individuals, and groups. **CHECK:** https://apps.who.int/gb/ebwha/pdf_files/WHA72/A72_R4-en.pdf

The UN high-level meeting will call for the involvement of governments to coordinate the work required across all sectors to achieve universal health coverage. The delegates identified key priorities such as health financing, building sustainable, resilient, and people-centered health systems, and strengthening health workforces. They also emphasized the importance of investing in and strengthening primary health care.

CHECK: https://www.paho.org/en/news/22-5-2019-delegates-adopt-resolutions-universal-health-coverage-world-health-assembly

https://www.google.es/url?sa=t&rct=j&q=&esrc=s&source=web&cd=&ved=2ahUKEwjypY-Qodj8AhV3STABHfwrBfIQFnoECBIQAQ&url=https%3A%2F%2Fapps.who.int%2Firis%2Frest%2Fbitstreams%2F1209393%2Fretrieve&usg=AOvVaw1M4LG5Cc8nAevdhNmAu3tW

More recently, the *2030 Agenda for Sustainable Development* (2015) brought the goal of UHC to the fore in both WHO and the broader UN system through SDG 3 (good health and well-being). Concurrently with the SDGs, the 2015 *Addis Ababa Action Agenda* took specific note of UHC, citing the importance of development partnerships and WHO leadership in addressing health care inadequacies across Member States.

WHO is the driving force behind the achievement of UHC through its implementing of the 2030 Agenda and using SDG resources to track UHC's achievement. With partnerships from a variety of regional and non-governmental organizations (NGOs), WHO is able to provide Member States with various resources to help develop health care capacities, such as country specific reports, plans for health systems development, and data measurement. **One such organization is UHC2030, an NGO that works with WHO to achieve UHC.**

UHC2030 is a services platform working to increase collaboration between Member States across the global community with a specific focus on political commitment to UHC and knowledge sharing. **CHECK:** https://www.uhc2030.org/about-us/about-us/

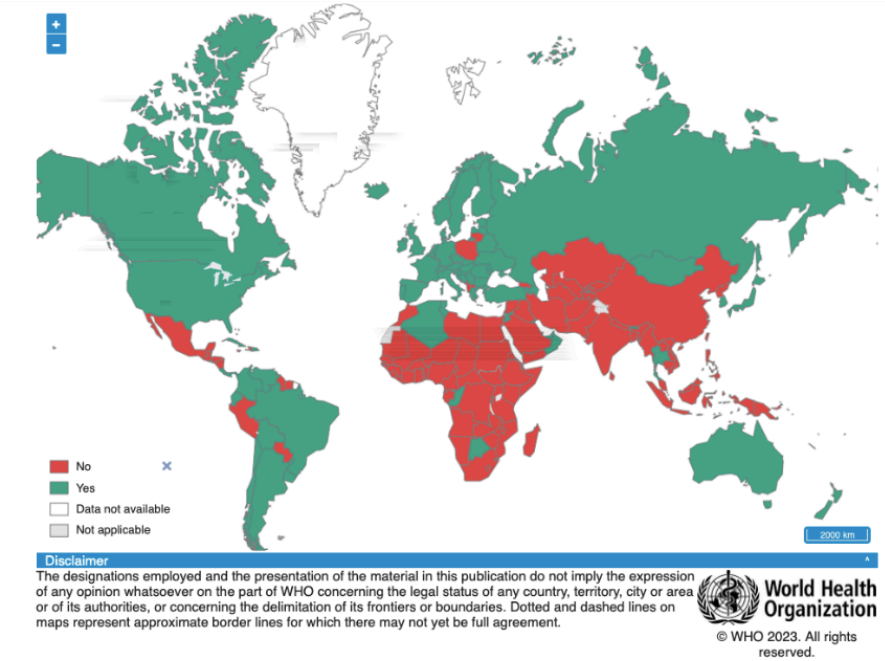
WHO has reported that countries that have made significant progress towards UHC have been better equipped to manage both the health and economic impacts of the COVID-19 pandemic. Two examples of WHO Member States that have limited the impact of COVID-19 are the Republic of Korea and Viet Nam. In the Republic of Korea, the entire population has health insurance financed through a national health insurance plan, which ensures that all patients are treated under the same benefits package. By increasing health expenditure, and investing in health infrastructure and technology, the Republic of Korea was able to implement a successful mass testing strategy in response to the COVID-19 Pandemic. Viet Nam owes its success to similar investments in public health, particularly in preventive measures, building a national emergency plan, and its social health insurance scheme.

Future Actions

Legislating to Advance the Right to Universal Health Coverage

Countries that have passed legislation on Universal Health Coverage (UHC)

CHECK: https://www.who.int/data/gho/data/indicators/indicator-details/GHO/countries-that-have-passed-legislation-on-universal-health-coverage-(uhc)



Laws and standards are essential enablers of UHC. Effective law and regulation are powerful enablers of creating and maintaining a healthy society. Law is a significant tool in advancing UHC because law occupies a critical place in health system design, implementation, and governance; the delivery of health care across the life course; health promotion and disease prevention and control. Law can also reduce social inequalities because of its power to regulate the environments in which we live by modifying the structural determinants leading to inequalities.

A 2019 Lancet Commission on Global Health and the Law coined the term **"the legal determinants of health"** to show how law can be a powerful tool for ensuring the public's health and safety. This tool must be used to promote health and rights. For law can also pose an obstacle to good health, such as by criminal laws targeting persons living with HIV/AIDS, laws limited sexual and reproductive health services, and criminalization of LGBT (lesbian, gay, bisexual, and transgender) population.

Whatever the definition, UHC can be accomplished only through the law. At the September 2019 UN General Assembly, WHO, United Nations Development Programme, the Joint United Nations Programme on HIV/AIDS (UNAIDS), the Inter-Parliamentary Union, and the O'Neill Institute at Georgetown University launched the Legal Solutions for UHC Network to support national law reform. **CHECK:** https://hivlawcommission.org/news-posts/uhc-legal-solutions-network/
https://oneill.law.georgetown.edu/projects/legal-solutions-network/
https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(19)32221-4/fulltext

There are three core legal determinants of health needed to achieve UHC: **(1)** health laws must fulfill each core element of UHC; **(2)** health systems must be well-governed; and **(3)** public officials must abide by the rule of law.

Advancing the right to health through UHC requires adherence to five key values. Health services must be **universally accessible, equitable, affordable, of high quality, and cost effective.** A comprehensive national health law should ensure that everyone in the country is eligible for the full package of health services, medicines, and vaccines. No one should be excluded irrespective of their income, gender, race, legal residence, or other status. In many countries, coverage of unlawful residents and migrants is most controversial, and most governments do not extend full (or even any) coverage to these groups.[16] Yet, exclusion of migrants from full access to the health system is guaranteed to undermine the SDG target of UHC. Furthermore, there should not be special eligibility criteria for health coverage, such as work requirements.

The next value of a vibrant health system is equity. UHC must not simply be universal, but also fair. Many countries purport to offer universal coverage, but they provide inferior services for certain groups such as those living in rural communities. In some

countries, to take another example, health laws provide different health benefits depending on the insurance scheme, violating equity. Often the services offered in poor neighborhoods are of lower quality than in high-income communities. Among the varied reasons for inequitable distribution of health services is that skilled health workers are often heavily skewed to working in high-income urban areas, while lacking in poorer, more rural areas. **Every person has a right to a roughly equal set of services, with uniformly high quality.** Affording certain communities fewer services or lesser quality violates the letter and spirit of UHC. By enacting strong public health laws, governments can allocate services more equitably across populations and geographic areas.

Both the UN and WHO emphasize the importance of affordability. Requiring user fees for health services will render services unaffordable for the poor. Consequently, poorer populations will delay or avoid seeking healthcare if they are required to pay user fees. Further, accessing services should not lead to impoverishment. In the United States, for example, medical billing has become a major issue, as it often pushes families into bankruptcy. Governments should provide UHC through pooled, pre-paid funds. Funding for UHC should come from progressive taxation, with governments ensuring that everyone in society, according to their means, pays their fair share of taxes for the public good. Tax avoidance, in other words, can erode funding for, and trust in, the health system.

Health services for all means little if those services are not of uniformly high quality. **Laws and regulations, for example, can ensure that pharmaceuticals are safe and effective; physicians are well qualified; hospitals meet certification standards; and health facilities avoid medical errors or hospital-acquired infections.** In the search for universal coverage, we often forget the importance of high-quality services, but quality is essential. More than 5 million – and possibly 8 million or more – deaths in low- and middle-income countries in 2015 alone were attributable to poor quality care.

Finally, health systems must be cost effective. No country has an unlimited budget for health services, and governments must balance health services with other important national priorities, such as education, transportation, infrastructure, and social safety nets. Thus, **national legislation can appropriately limit guaranteed health services, guided by evidence of what interventions are most effective and how much they cost, and consistent with robust health budgets.** Criteria for decisions on what interventions are covered should be transparent. Many countries limit medical spending by negotiating drug prices and/or refusing to cover high-priced services that have relatively low effectiveness compared with other more cost-effective services.

Conclusion

Law therefore plays a critical role in progress towards UHC and in advancing the right to the highest attainable standard of health, which is recognized in the International Covenant on Economic, Social and Cultural Rights and referenced in other international treaties such as the Universal Declaration of Human Rights.

The importance of law in achieving better health outcomes is clear in major international frameworks for health and sustainable development including the 2030 Agenda for Sustainable Development, the Global Non-Communicable Diseases Agenda, the WHO Framework Convention on Tobacco Control, and most recently, the 2019 United Nations Political Declaration on Universal Health Coverage. In these instruments, states commit to implementing interventions that can only be achieved using law. Consequently, the World Health Organization (WHO) and the Inter-Parliamentarian Union (IPU) have produced a handbook on universal health coverage (UHC) intended to help parliaments fulfil their roles as enablers of UHC. **CHECK:** https://www.ipu.org/news/press-releases/2019-10/ipu141-assembly-adopts-first-parliamentary-resolution-achieve-health-coverage-all-2030 and https://www.ipu.org/news/press-releases/2022-12/ensuring-universal-health-coverage-new-resource-parliamentarians

Law takes various forms, including treaties, constitutions, legislation, delegated legislation (including regulations, decrees, ordinances, by-laws), decisions of courts and tribunals, enforcement practices, and mechanisms to monitor or enforce compliance with international obligations. The variety and breadth of law underline its ability to affect progress towards UHC — and address the NCD burden — in many ways, and at multiple levels, by a range of actors.

Law is an important tool that may be used to progress UHC but is usually employed most effectively in coordination with other interventions involving non-legal measures and/or non-state actors such as policy initiatives, educational and advocacy campaigns or standards set by professional bodies.

Future Actions

What should you be discussing?

How do law and regulation strengthen health systems for UHC?

- Laws and regulations enable progress towards UHC and the attainment of other health and non-health SDG targets in many ways, such as legal and regulatory measures that:

- **Define** the **powers and duties of health workers, health agencies and health systems,** and legal and regulatory measures to ensure that health systems and their participants are accountable

- **Allow** for the **collection and use of health information** at individual and population levels, for example through population-based cancer registries, to support health research and provide data for the development, implementation, and evaluation of UHC measures to ensure effective, evidence-based health interventions are introduced

- **Establish mandatory qualification, training, and continuing education requirements for health practitioners —** including building the capacity of health practitioners to understand and apply relevant laws and policies — to protect the public from unskilled and poorly trained health professionals

- **Protect** the **rights of people affected by illness through non-discrimination and equal opportunity laws** as well as employment protections, regulatory measures to ensure access to insurance, and laws to protect the needs of populations such as children and indigenous communities

- **Regulate** the **cost of essential medicines, medical devices, and services** to promote access to medicines, reducing the risk of catastrophic financial hardship due to high out-of-pocket health care costs and promoting health equity

- **Empower national medicines regulators** to regulate the quality, safety and efficacy of medicines and medical devices, and to use a range of compliance and enforcement measures to address misleading and fraudulent practices to protect people from unproven and/or unsafe therapies

- **Protect against exposure to risk factors**, such as tobacco control laws implementing the World Health Organization (WHO) Framework Convention on Tobacco Control

- **Establish institutional structures and mechanisms at local, national, and international levels through which countries respond to public health emergencies**, including infectious disease outbreaks which can disproportionately affect people living with NCDs — such mechanisms include the International Health Regulations and laws relating to national pandemic response plans

To what extent do laws in the country that you represent guarantee UHC in the indicated aspects?

- What national and international commitments are needed to create legal tools that can as public policy tools translate evidence and norms into concrete actions to achieve UHC?
- How can a more robust legal system to guarantee UHC can influence other key participants (in the fields of trade, education or environment, international institutions involved in global governance for health such as the United Nations

General Assembly, the United Nations Development Programme, the World Trade Organization, and non-governmental actors)?

- How can legal experts get involved in the process in policy making to ensure evidence-based laws and regulations and to implement standards that promote UCH and accountability?

Progressing global action on UHC: Outcome of the first UN High-level Meeting on UHC

The first UN High-level Meeting on UHC held on 23 September 2019 was a landmark meeting of Heads of State and Government who further committed to existing pledges to address the burden of NCDs through UHC.

The Political Declaration on UHC forms the basis of global efforts to progress UHC and provides a framework for national UHC plans and action. The Political Declaration includes commitments from Heads of State and Government to strengthen legal capacity, support the effective use of law at the national level, and promote multisectoral collaboration and capacity building. Law and regulation must be at the center of national UHC action plans for the 2030 target of achieving UHC to be realised and for no one to be left behind.

The commitments made under the Political Declaration provide Member States an opportunity to work together in developing the necessary legal and non-legal capacity to progress the global NCD and UHC response. UN Member States will report on progress on commitments made in the 2019 Political Declaration on UHC at the second United Nations High-level Meeting on Universal Health Coverage in 2023.