



# UN High-Level Meeting on UHC

## Draft UHC2030 Asks for multi-stakeholder engagements

Participate in Online Survey [here](#) (deadline: 10 March 2019)



### Background

United Nations General Assembly (UNGA) agreed to hold the UN High-Level Meeting (UN HLM) on Universal Health Coverage (UHC) on 23 September 2019 during the UNGA high-level week (A/RES/72/139). The theme of the UN HLM will be “Universal Health Coverage: Moving Together to Build a Healthier World.” The President of the United Nations General Assembly (PGA) will organise a multi-stakeholder hearing, before the end of July 2019, to allow non-state actors to formally contribute to the preparation of UN HLM.

Before 2023 – the mid-point of the SDGs - this will be the last chance to mobilise the highest political support to package the health agenda together, under the umbrella of UHC, and sustain health investments in a harmonised manner . To fully accomplish these objectives, it is critical to identify how the UHC political declaration can add value and set milestones to accelerate progress towards achievement of UHC by 2030.

### Purpose of the survey: informal multi-stakeholder consultation for UHC2030 Asks

UHC2030 has been asked to support the preparatory process for the UN HLM, particularly regarding “sharing evidence and good practices, challenges and lessons learned”. Based on the experience with recent high-level events, UHC2030, as a multi-stakeholder platform for UHC, is expected to co-convene the multi-stakeholder hearing of UN HLM with PGA. This will take place before the formal inter-governmental negotiations of the political declaration.

UHC2030 Partners therefore have an excellent opportunity to feed some consolidated messages into the UN HLM. The purpose of this survey is to introduce Draft UHC2030 “Asks” for the UN HLM, and to seek contributions from UHC2030 Partners. These Asks will feed into the preparation of the zero-draft of the political declaration, as well as to arrange coordinated advocacy tools and guidance that both member states and non-state actors can use in the formal process, such as for the multi-stakeholder hearing, inter-governmental negotiations and their interventions during UN HLM.

### Points of consultation and selection criteria

For the purposes of this consultation we define an “Ask” very broadly, to include both specific commitments and more general policy statements and principles to be reflected in the UN HLM outcome document.

In the online consultation, you will be able to respond the three consultation points, by answering a total of 10 questions. The expected time to complete the online survey is approximately 20 minutes:

- 1. UHC2030 Asks:** Do you support the draft elements of asks that have been developed so far? To what degree would you prioritize each of these? Do you have suggestions to modify the draft asks?
- 2. Reflecting existing UHC issues and initiatives:** Are there other existing UHC initiatives, or issues acknowledged in previous declarations, that you feel should be recognized other initiatives and gaps be acknowledged in the political declaration?
- 3. Additional Asks:** Are there other ‘stretch’ asks that you feel UHC2030 should consider promoting (e.g. asks that go beyond the selection criteria set out above and/or may be challenging to secure inclusion of in the political declaration)?

Before taking this online survey, please read the following background information. Where possible please include or upload references to previous commitments or declarations in your responses (e.g. resolution title, resolution number and specific paragraph number OR official document title and specific page/paragraph number). Please also keep in mind the following selection criteria. These were chosen, based on experience from previous UN HLMs, so that Asks promoted at the multi-stakeholder hearing have the greatest chance of influencing the member states negotiation process and UN HLM outcomes.

1. **Highest Political Agenda:** Does it need the ‘Head of States’ level political endorsement and member states consensus building through the UN negotiation process?
2. **Initiative Exists:** Has the ask been supported by a track record of existing or emerging efforts led by UHC2030 Signatories or Related Initiatives? Think of it as a political translation of the existing global initiative or strategy. We may consider promoting some initiatives endorsed by other political/economic fora in the past few years.
3. **Reference Exists:** Are there any agreed texts or targets that went through UNGA member states consensus process? Adaption or improvement of similar approaches previously supported by UN forum, declarations or resolutions would be more acceptable.

### Draft UHC2030 Key Asks

Building on the UHC movement, UN HLM should mobilise the highest political support to package the health agenda together under the umbrella of UHC and sustain health investments in a harmonised manner. Table 1 below provides an overview of selected dimensions that are critical to moving forward the current UHC movement. The table also identifies some gaps which could provide the basis to support some of the asks from UHC2030 to the political declaration of the UN HLM.

**Table 1: Overview of the current initiatives and gaps**

|  | Current Initiatives and Gaps in the UHC Movement  |
|--|---|
| <b>Political Momentum</b>              | <p><b>Current Initiatives:</b></p> <ul style="list-style-type: none"> <li>✓ 15 years plan - Ensure healthy lives and promote well-being for all at all ages</li> <li>✓ UHC is accepted as one of SDG targets and a ‘key driver’ to achieve SDG3</li> <li>✓ International Universal Health Coverage Day – as a UN-designated day of UHC</li> </ul> <p><b>Gaps:</b></p> <ul style="list-style-type: none"> <li>○ SDG3 implementation is still fragmented and requires further political push to package health agenda under the umbrella of UHC</li> </ul>  |
| <b>Leave No One Behind</b>             | <p><b>Current Initiatives:</b></p> <ul style="list-style-type: none"> <li>✓ SDGs prioritise vulnerable and marginalised populations, including, but not limited to, refugees, migrants and host communities; Leave No one Behind (LNB) as a political slogan</li> </ul> <p><b>Gaps:</b></p> <ul style="list-style-type: none"> <li>○ While the SDG monitoring tracks equity dimension by data stratification, clear guidance is needed on how to use the UHC Global Monitoring Framework to track and implement progressive realisation of UHC</li> </ul> |
| <b>Financing</b>                       | <p><b>Current Initiatives:</b></p> <ul style="list-style-type: none"> <li>✓ Three outcomes from the Addis Ababa Action Agenda (AAAA) - 1. better alignment between global health initiatives; 2. international coordination to strengthen national health systems and achieve UHC; and 3. Prioritisation of domestic resources for health</li> </ul> <p><b>Gaps:</b></p> <ul style="list-style-type: none"> <li>○ Need to increase domestic public financing for health and health investments harmonisation in health systems strengthening</li> </ul>   |
| <b>Monitoring &amp; Accountability</b> | <p><b>Current Initiatives:</b></p> <ul style="list-style-type: none"> <li>✓ HLPF Voluntary National Reviews (VNR) &amp; thematic reviews as a global accountability mechanism for SDG3</li> <li>✓ SDG Global indicators 3.8.1 and 3.8.2 as the basis to report progress to HLPF</li> </ul>  |

|                                     |  |
|-------------------------------------|--|
|                                     | <p><b>Gaps:</b></p> <ul style="list-style-type: none"> <li>○ Need improvement of country data availability for the two SDG Global indicators</li> <li>○ Weak domestic and multi-stakeholder accountability mechanisms for SDG3</li> </ul>  |
| <b>Multi-stakeholder Engagement</b> | <p><b>Current Initiatives:</b></p> <ul style="list-style-type: none"> <li>✓ UHC2030 supported by G7, G20 and UNGA as a multi-stakeholder partnership</li> </ul> <p><b>Gaps:</b></p> <ul style="list-style-type: none"> <li>○ Still half of the member states have not endorsed the UHC2030 Global Compact</li> <li>○ Role of agencies and non-state actors in contributing to SDG3 needs to be further explored to optimize resources and expertise (e.g. SDG3 Global Action Plan).</li> </ul> |

Table 2 proposes the following five key areas, and a few asks in each thematic area as a draft for consultation with UHC2030 partners.

**Table 2: Five key thematic areas and asks per thematic area**

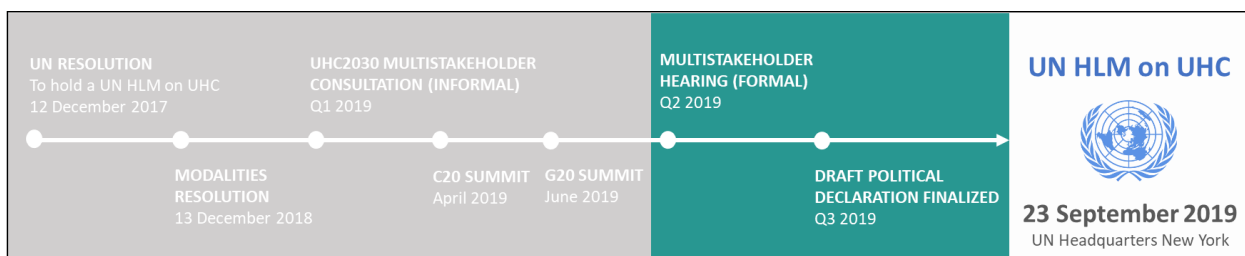
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|--|--|
| <p><b>Political Momentum: Uniting firmly behind our commitment to universal health coverage, starting with greater investment and action.</b></p> <ul style="list-style-type: none"> <li>• We must achieve UHC to promote physical and mental health and well-being, and to extend life expectancy for all.</li> <li>• Unite the international community and global health partners, as well as regional and national stakeholders, to support Member States in carrying out their primary responsibilities to accelerate the transition towards UHC.</li> </ul>   | <p><b>References</b></p> <ul style="list-style-type: none"> <li>• A/RES/70/1 para 26</li> <li>• A/RES/72/139, OP8</li> </ul>   |
| <p><b>Leave No One Behind: Reaching every person and community with comprehensive, quality health services and people-centred care, putting the poorest and most marginalized first.</b></p> <ul style="list-style-type: none"> <li>• Achieve UHC based on a resilient and responsive health system that provides comprehensive primary health care, with extensive geographical coverage, including in remote and rural areas, and with a special emphasis on access to populations most in need.</li> <li>• Incorporate the health needs of vulnerable populations in fragile settings in national and local health care policies and plans, by strengthening capacities for service provision, facilitating affordable and non-discriminatory access, reducing communication barriers, and training health-care providers on culturally sensitive service delivery.</li> </ul>  | <p><b>References</b></p> <ul style="list-style-type: none"> <li>• A/RES/67/81 para 9</li> <li>• A/ RES/73/12 para 72</li> <li>• A/CONF.231/3para 31</li> </ul>   |
| <p><b>Sustainable Financing &amp; Health Investment Harmonization: Mobilizing and using resources equitably and efficiently—including by aligning funds across diverse issue areas—to ensure everyone can get the health care they need without fear of financial hardship.</b></p> <ul style="list-style-type: none"> <li>• Commit to set nationally appropriate spending targets for quality investments in health, consistent with national sustainable development strategies, while improving the use of pooled funds more efficiently.</li> <li>• Optimise country investments by the development of country investment cases using standardised methodologies, and shift emphasis the highly cost-effective frontline health systems, building on existing services.</li> <li>• Encourage a better alignment between GHIs, and encourage them to improve their contribution to strengthening health systems.</li> <li>• Enhance international coordination and enabling environments at all levels to strengthen national health systems and achieve UHC, building on the <a href="#">Statement on sustainability and transition from external funding</a> (i.e. develop policies on transition from external funds in the context of UHC; direct efforts towards sustaining or increasing effective coverage of quality priority interventions.).</li> <li>• Encourage consideration of how existing international financing mechanisms might be replicated to address broader development needs.</li> </ul> | <p><b>References</b></p> <ul style="list-style-type: none"> <li>• A/RES/69/313 para 12</li> <li>• SDG3 Global Action Plan p17 and p21</li> <li>• A/RES/69/313 AAAA para 77</li> <li>• A/RES/69/313 AAAA para 77</li> <li>• A/RES/69/313 para 69</li> </ul> |
| <p><b>Monitoring &amp; Accountability: Improving monitoring and feedback mechanisms to hold leaders accountable to promises of Health for All and progress toward stronger, more equitable health systems.</b></p> <ul style="list-style-type: none"> <li>• Commit to produce data for <a href="#">SDG 3.8.1 and 3.8.2 indicators</a> and ensure access to and freedom of use of data for accountability purposes.</li> <li>• Commit to contributing to HLPF voluntary national review (VNR) and thematic review processes with multi-stakeholder involvements in the</li> </ul>   | <p><b>References</b></p> <ul style="list-style-type: none"> <li>• A/RES/71/313 annex</li> <li>• A/RES/66/288 para 85</li> <li>• A/RES/67/81 para 13</li> </ul>   |

|  |  |
|--|--|
| preparation for and closer alignment with domestic health sector review processes.   |  |
| <b>Foster Multi-Stakeholder Actions: Ensuring that all people, regardless of race, gender, age, citizenship or ability, are represented in the movement for UHC.</b>   | <b>References</b>  |
| <ul style="list-style-type: none"> <li>• Encourage all member states to endorse the UHC2030 Global Compact towards progress towards UHC and take forward its <a href="#">principles</a> and <a href="#">joint vision</a> on healthy systems for universal health coverage.</li> <li>• Welcome a stronger focus on UHC by the <a href="#">SDG3 Global Action Plan</a> for better cross-agency collaboration.</li> <li>• Strengthen multi-stakeholder dialogue with civil society, academia, private sector to maximize their efforts in implementing health goals. Also, promote and strengthen dialogue with other stakeholders to maximize engagement in and contribution to the implementation of health goals and targets through an intersectoral and multi-stakeholder approach, while at the same time safeguarding public health interests through the promotion of policy coherence.</li> <li>• Strengthen collaboration between humanitarian and development actors for joint analysis, implementation of an essential package of health services, and monitoring, with more flexible funding modalities to facilitate long-term outcomes.</li> </ul> | <ul style="list-style-type: none"> <li>• A/RES/72/139 para 21</li> <li>• SDG3 Global Action Plan</li> <li>• A/RES/72/139 para 11</li> <li>• A/RES/73/12 para 23</li> <li>• A/CONF.231/3 para 18</li> <li>• A/RES/71/353 para 35</li> </ul> |

**Table 3: Schedule for informal briefing and consultations for UHC2030 Asks**

| Focus Group                            | Opportunity                                   | Date & Time            | Place               |
|--|---|------------------------|---------------------|
| All Partners                           | Online  | Mid-January-Mid-March  | UHC2030 UN HLM page |
| Private Sector                         | World Economic Forum Meeting                  | 23 January 11:15-12:15 | Davos, Switzerland  |
| Academia & Practitioners + Communities | Prince Mahidol Awards Conference              | 30 January 17:30-19:45 | Bangkok, Thailand   |
| Parliamentarians + Communities         | IPU Annual Parliamentary Hearing at the UN    | 22 Feb 13:15-14:30     | New York, USA       |
| Youth Group                            | Youth Conference                              | 3-4 March Time TBC     | Kigali, Rwanda      |
| Civil Societies + Communities          | Africa Health Agenda International Conference | 5-7 March Time TBC     | Kigali, Rwanda      |
| Related Initiatives + Communities      | UHC Annual Meeting                            | Date TBC Time TBC      | Geneva, Switzerland |
| Communities                            | CSEM, IFRC, UNAIDS Country and Local Networks | Adhoc                  | Various Countries   |

**Table 4: UN HLM on UHC in 2019 tentative timeline**



For more information about UN HLM and latest updates, please visit [our campaign page](#).

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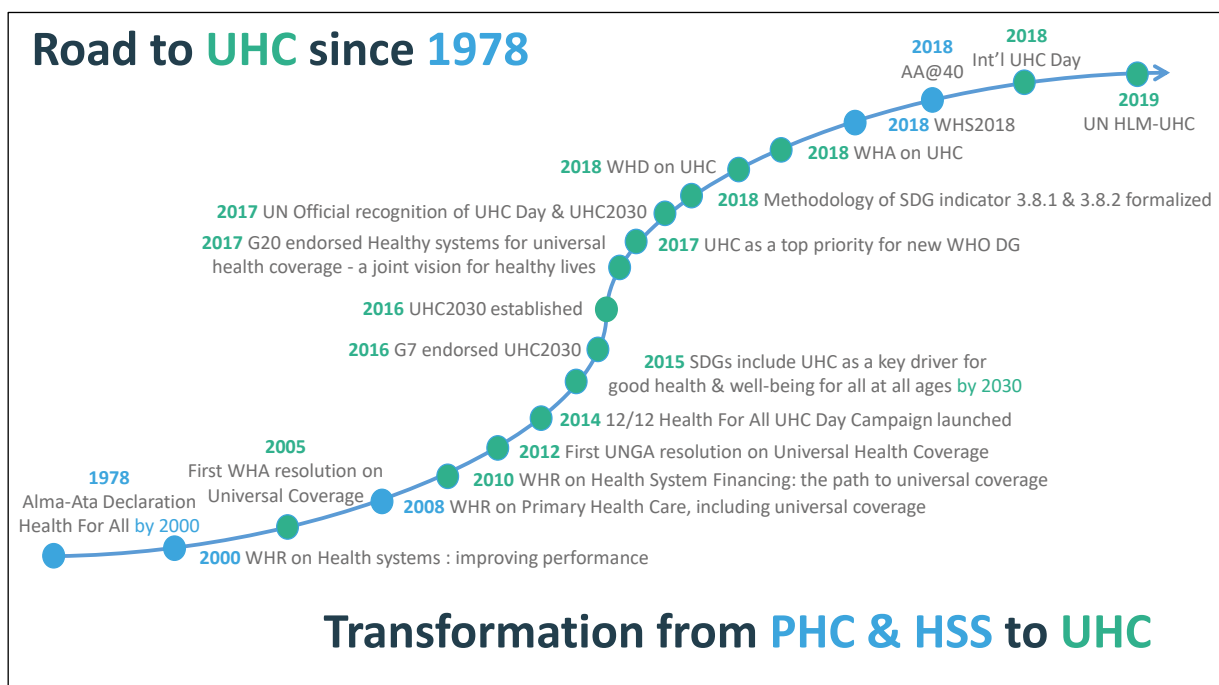


On 25 September 2015, the UN General Assembly resolution on ‘Transforming our world: the 2030 Agenda for Sustainable Development’ ([A/RES/70/1](#)) emphasized that "to promote physical and mental health and well-being, and to extend life expectancy for all, we must achieve universal health coverage and access to quality healthcare. No one must be left behind".

This is in line with the resolution on global health and foreign policy of 12 December 2012 ([A/RES/67/81](#)) which recommended to include universal health coverage in the post-2015 development agenda. In adopting this resolution, Member States recognised the importance of universal coverage in national health systems, emphasising primary health-care and social protection mechanisms to provide coverage to the poorest segments of the population.

As a result, achieving universal health coverage is a crucial target of Sustainable Development Goal 3, which seeks to ensure health and well-being for all. SDG target 3.8 on universal health coverage by 2030 includes financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all.

On 12 December 2017, the resolution on global health and foreign policy: Addressing the health of the most vulnerable for an inclusive society ([A/RES/72/139](#)) called Member States to promote and strengthen their dialogue with other stakeholders, including civil society, academia and the private sector, in order to maximize their engagement in and contribution to the implementation of health goals and targets through an intersectoral and multi-stakeholder approach. As part of this resolution, the UN General Assembly decided to hold a UN high-level meeting on UHC in 2019. The subsequent Modality Resolution on the HLM-UHC ([A/72/L.65](#)) requests the President of the General Assembly, with the support of WHO and other relevant partners, to organise and preside over an interactive multi-stakeholder hearing, before the end of July 2019.



## Annex 2: UHC2030 and the United Nations

The International Health Partnership for UHC 2030 (UHC2030) is a movement for accelerating equitable and sustainable progress towards universal health coverage (UHC). Responding to the Addis Ababa Action Agenda "...to enhance international coordination and enabling environments at all levels to strengthen national health systems and achieve UHC..."(OP77. [A/RES/69/313](#)), this multi-stakeholder partnership was established in 2016 by transforming IHP+, a partnership for effective development cooperation in health since 2007. UHC2030 is recognised by the UN General Assembly resolution on global health and foreign policy: addressing the health of the most vulnerable for an inclusive society (OP21. [A/RES/72/139](#)), "Requests the Secretary-General, in close collaboration with the World Health Organization, development partners and other relevant initiatives, such as the International Health Partnership for UHC2030, to provide support to Member States... for the development and strengthening of the sustainability of universal health coverage at the national level..."

UHC2030 is registered as one of the SDG related partnerships on the Sustainable Development Portal. UHC2030 has contributed to various UN-related-activities since 2016, including events organised during the UN General Assembly, the High-level Political Forum, and the World Health Assembly (see list below). And has contributed to advocacy efforts to improve the UHC indicators in the SDG Monitoring Framework.

### UHC2030's contributions to UN related-activities:

- International Universal Health Coverage Day: [Campaign microsite](#) and [UN Official site](#)
- UNGA Event: [UHC leaves no one behind: working together towards good health and wellbeing](#)
- UNGA Event: [UHC in Emergencies – a call to action](#)
- HLPF blog: ['Health for all' is a way to build sustainable and resilient societies.](#)
- WHA Event: [A call to action: advancing UHC in emergency settings](#)
- WHA Event: [People's voice and social participation: key roles and contributions to UHC'](#)
- UNGA Event: [World leaders for UHC: achieving the SDGs through health for all](#)
- Sustainable Development Portal: [SDG related partnership \(UHC2030\)](#)
- HLPF Event: [Universal health coverage: an affordable dream?](#)
- SDG Monitoring: [SDG Indicator 3.8.1: Measure What Matters](#) and [SDG Indicator 3.8.2 agreed](#)

## Annex 3: Reference list

### Political Momentum:

#### [A/RES/70/1](#) Transforming our world: the 2030 Agenda for Sustainable Development

26. To promote physical and mental health and well-being, and to extend life expectancy for all, we must achieve universal health coverage and access to quality health care. No one must be left behind.

Sustainable Development Goal 3. Ensure healthy lives and promote well-being for all at all ages  
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

#### UHC2030 [Global Compact](#) for progress towards Universal Health Coverage

In our efforts to strengthen health systems and achieve UHC, we collectively subscribe to the following key principles to guide our action:

- Leaving no one behind: a commitment to equity, non-discrimination and a rights-based approach
- Transparency and accountability for results
- Evidence-based national health strategies and leadership, with government stewardship to ensure availability, accessibility, acceptability and quality of service delivery
- Making health systems everybody's business – with engagement of citizens, communities, civil society and private sector



- International cooperation based on mutual learning across countries regardless of development status and progress in achieving and sustaining UHC, and development effectiveness principles.

**[A/RES/72/139](#) Global health and foreign policy: addressing the health of the most vulnerable for an inclusive society**

21. *Requests* the Secretary-General, in close collaboration with the World Health Organization, development partners and other relevant initiatives, such as the International Health Partnership for UHC2030, to provide support to Member States, especially through technical assistance and capacity-building programmes, for the development and strengthening of the sustainability of universal health coverage at the national level with the aim of promoting access to health services for the most vulnerable;

**Leave No One Behind:**

**[A/RES/72/139](#) Global health and foreign policy: addressing the health of the most vulnerable for an inclusive society**

3. *Urges* Member States to respect, protect and promote the right to the enjoyment of the highest attainable standard of physical and mental health, with particular attention given to the health needs of the most vulnerable, and to consider health in a holistic manner, including in the formulation of foreign policy;

**[A/RES/67/81](#) Global health and foreign policy(2012)**

8. *Recognizes* the responsibility of Governments to urgently and significantly scale up efforts to accelerate the transition towards universal access to affordable and quality health-care services;

9. *Also recognizes* that effective and financially sustainable implementation of universal health coverage is based on a resilient and responsive health system that provides comprehensive primary health-care services, with extensive geographical coverage, including in remote and rural areas, and with a special emphasis on access to populations most in need, and has an adequate skilled, welltrained and motivated workforce, as well as capacities for broad public health measures, health protection and addressing determinants of health through policies across sectors, including promoting the health literacy of the population;

16. *Calls upon* Member States to ensure that health financing systems evolve so as to avoid significant direct payments at the point of delivery and include a method for prepayment of financial contributions for health care and services as well as a mechanism to pool risks among the population in order to avoid catastrophic health-care expenditure and impoverishment of individuals as a result of seeking the care needed;

19. *Emphasizes* that Governments should provide those who do not have sufficient means with the necessary financial risk protection and health-care facilities without discrimination;

**[A/73/12](#) Global compact on refugees (2018)**

72. In line with national health care laws, policies and plans, and in support of host countries, States and relevant stakeholders will contribute resources and expertise to expand and enhance the quality of national health systems to facilitate access by refugees and host communities, including women and girls; children, adolescents and youth; older persons; those with chronic illnesses, including tuberculosis and HIV; survivors of trafficking in persons, torture, trauma or violence, including sexual and gender-based violence; and persons with disabilities.

**[A/CONF.231/3](#) Global compact for safe, orderly and regular migration (2018)**

31. (e) Incorporate the health needs of migrants in national and local health-care policies and plans, such as by strengthening capacities for service provision, facilitating affordable and non-discriminatory access, reducing communication barriers, and training health care providers on culturally-sensitive service delivery, in order to promote the physical and mental health of migrants and communities overall, including by taking into consideration relevant recommendations from the World Health Organization Framework of Priorities and Guiding Principles to Promote the Health of Refugees and Migrants

**[A/CONF.231/3](#) Global compact for safe, orderly and regular migration (2018)**

18. (b) Invest in programmes that accelerate States' fulfilment of the Sustainable Development Goals with the aim of eliminating the adverse drivers and structural factors that compel people to leave their country of origin, including through poverty eradication, food security, health and sanitation, education, inclusive economic growth, infrastructure, urban and rural development, employment creation, decent



work, gender equality and empowerment of women and girls, resilience and disaster risk reduction, climate change mitigation and adaptation, addressing the socioeconomic effects of all forms of violence, non-discrimination, the rule of law and good governance, access to justice and protection of human rights, as well as creating and maintaining peaceful and inclusive societies with effective, accountable and transparent institutions;

**[A/RES/70/106](#) Strengthening of the coordination of emergency humanitarian assistance of the United Nations (2015)**

*Recognizing* the primary role of Member States in preparing for and responding to outbreaks of infectious disease, including those that become humanitarian crises, highlighting the critical role played by Member States, the World Health Organization as the directing and coordinating authority of international health work, the United Nations humanitarian system, regional organizations, non-governmental organizations, the private sector and other humanitarian actors in providing financial, technical and in-kind support in order to bring epidemics under control, and recognizing also the need to strengthen national health systems, including capacity-building for developing countries.

**[S/RES/2286](#) Security Council Resolution (2016)**

*Strongly condemns* acts of violence, attacks and threats against the wounded and sick, medical personnel and humanitarian personnel exclusively engaged in medical duties, their means of transport and equipment, as well as hospitals and other medical facilities, and *deplores* the long-term consequences of such attacks for the civilian population and the health-care systems of the countries concerned;

**[A/RES/69/132](#) Global health and foreign policy (2014)**

*Deploring* acts of violence or threats of violence against medical and health personnel worldwide in armed conflict and emergency situations, and stressing that such acts are detrimental to the development of sustainable health systems and the integrity of the professional codes of ethics of medical and health personnel,

**[A/RES/69/132](#) Global health and foreign policy (2014)**

*Recognizing* that one of the most serious threats to medical and health personnel is posed by armed conflicts, acknowledging the risk to such personnel in situations that do not constitute armed conflict, and noting that it is the responsibility of national Governments to carry out appropriate preventive and remedial measures,

**Sustainable Financing & Health Investment Harmonization:**

**[A/RES/69/313](#) Addis Ababa Action Agenda of the Third International Conference on Financing for Development**

12. Delivering social protection and essential public services for all. To end poverty in all its forms everywhere and finish the unfinished business of the Millennium Development Goals, we commit to a new social compact. In this effort, we will provide fiscally sustainable and nationally appropriate social protection systems and measures for all, including floors, with a focus on those furthest below the poverty line and the vulnerable, persons with disabilities, indigenous persons, children, youth and older persons. We also encourage countries to consider setting nationally appropriate spending targets for quality investments in essential public services for all, including health, education, energy, water and sanitation, consistent with national sustainable development strategies. We will make every effort to meet the needs of all communities through delivering high-quality services that make effective use of resources. We commit to strong international support for these efforts, and will explore coherent funding modalities to mobilize additional resources, building on country-led experiences.

**[A/RES/69/313](#) Addis Ababa Action Agenda of the Third International Conference on Financing for Development**

77. Multi-stakeholder partnerships, such as the Global Alliance for Vaccines and Immunization (Gavi) and the Global Fund to Fight AIDS, Tuberculosis and Malaria, have also achieved results in the field of health. We encourage a better alignment between such initiatives, and encourage them to improve their contribution to strengthening health systems. We recognize the key role of the World Health Organization as the directing and coordinating authority on international health work. We will enhance international coordination and enabling environments at all levels to strengthen national health systems and achieve universal health coverage... We welcome innovative approaches to catalyse additional domestic and international private and public resources for women and children, who have been disproportionately affected by many health issues, including the expected contribution of the Global Financing Facility in support of Every Woman, Every Child.



**[A/RES/72/139](#) Global health and foreign policy: addressing the health of the most vulnerable for an inclusive society, 12 December 2017**

12. Encourages the development of innovative and sustainable mechanisms to ensure necessary and sustained health financing and enhance international coordination and an enabling environment at all levels to strengthen health systems, and promote universal access to quality health services, including through partnerships with civil society and the private sector;

20. Encourages greater coherence and coordination among United Nations bodies, specialized agencies and entities on matters related to global health and foreign policy, including through the consideration, where appropriate, of related actions;

**[TOWARDS A GLOBAL ACTION PLAN FOR HEALTHY LIVES AND WELL-BEING FOR ALL](#)  
[P17 ALIGN INVESTMENT CASE APPROACHES:](#)**

Organizations use different assumptions, modelling and methodologies for the development of investment cases. Aligning approaches will allow all partners to better identify synergies and inform a fuller understanding of how investment cases contribute as a collective whole in accelerating progress towards the health-related SDGs.

- **Establish clarity on models and methodologies:** We have begun to compare models and methodologies underlying investment cases to better understand and address differences.
- **Align methodologies:** We will develop clear explanations for any differences and move towards greater consensus and alignment of methodologies in the development of investment cases.
- **Explore options to optimize country investments:** In line with country needs and national health plans, we will explore opportunities for greater transparency on investments in countries and identification of gaps; where appropriate and beneficial to countries, this may include the development of country investment cases using standardized methodologies.

**Monitoring & Accountability:**

**[A/RES/71/313](#) Global indicator framework for the Sustainable Development Goals and targets of the 2030 Agenda for Sustainable Development**

Indicator 3.8.1 Coverage of essential health services (defined as the average coverage of essential services based on tracer interventions that include reproductive, maternal, newborn and child health, infectious diseases, non-communicable diseases and service capacity and access, among the general and the most disadvantaged population)

Indicator 3.8.2 Proportion of population with large household expenditures on health as a share of total household expenditure or income

**[A/RES/67/81](#) Global health and foreign policy (2012)**

13. Acknowledges that governance to move towards universal health coverage involves transparent and inclusive and equitable decision-making processes that allow for the input of all stakeholders and develop policies that perform effectively and reach clear and measurable outcomes for all, build accountability and, most crucially, are fair in both policy development processes and results;

**[A/RES/66/288](#) The future we want (2012) High-level political forum**

84. We decide to establish a universal, intergovernmental, high-level political forum, building on the strengths, experiences, resources and inclusive participation modalities of the Commission on Sustainable Development, and subsequently replacing the Commission. The high-level political forum shall follow up on the implementation of sustainable development and should avoid overlap with existing structures, bodies and entities in a cost-effective manner.

85. The high-level forum could:

(g) Improve cooperation and coordination within the United Nations system on sustainable development programmes and policies;

(h) Promote transparency and implementation by further enhancing the consultative role and participation of major groups and other relevant stakeholders at the international level in order to better make use of their expertise, while retaining the intergovernmental nature of discussions;

(i) Promote the sharing of best practices and experiences relating to the implementation of sustainable development and, on a voluntary basis, facilitate sharing of experiences, including successes, challenges and lessons learned;

(j) Promote system-wide coherence and coordination of sustainable development policies;

(k) Strengthen the science-policy interface through review of documentation, bringing together dispersed information and assessments, including in the form of a global sustainable development report, building on existing assessments;



(j) Enhance evidence-based decision-making at all levels and contribute to strengthening ongoing capacity-building for data collection and analysis in developing countries.

259. We welcome increasing efforts to improve the quality of official development assistance and to increase its development impact. We also recognize the need to improve development effectiveness, increase programme-based approaches, use country systems for activities managed by the public sector, reduce transaction costs and improve mutual accountability and transparency, and in this regard we call upon all donors to untie aid to the maximum extent. We will further make development more effective and predictable by providing developing countries with regular and timely indicative information on planned support in the medium term. We recognize the importance of efforts by developing countries to strengthen leadership of their own development, national institutions, systems and capacity to ensure the best results for effective development by engaging with parliaments and citizens in shaping those policies and deepening engagement with civil society organizations. We should also bear in mind that there is no one-size-fits-all formula that will guarantee development effectiveness. The specific situation of each country needs to be fully considered.

### **Foster Multi-stakeholder Actions:**

#### **[A/RES/72/139](#) Global health and foreign policy: addressing the health of the most vulnerable for an inclusive society**

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

11. *Calls upon* Member States to promote and strengthen, as appropriate, their dialogue with other stakeholders, including civil society, academia and the private sector, in order to maximize their engagement in and contribution to the implementation of health goals and targets through an intersectoral and multi-stakeholder approach, while at the same time safeguarding public health interests from undue influence by any form of real, perceived or potential conflict of interest, through the management of risk, the strengthening of due diligence and accountability, the promotion of policy coherence and an increase in the transparency of engagement;

#### **[A/RES/73/12](#) Global compact on refugees (2018)**

23. facilitating coherent humanitarian and development responses, including through the early and sustained engagement of development actors in support of host communities and refugees; and

#### **[A/CONF.231/3](#) Global compact for safe, orderly and regular migration (2018)**

18 (f) Strengthen collaboration between humanitarian and development actors, including by promoting joint analysis, multi-donor approaches and multi-year funding cycles, in order to develop long-term responses and outcomes that ensure respect for the rights of affected individuals, resilience and coping capacities of populations, as well as economic and social self-reliance, and by ensuring that these efforts take migration into account;

#### **[A/71/353](#) Outcome of the World Humanitarian Summit**

35. The World Summit demonstrated strong momentum towards the new way of working, embodied by commitments to: reinforce local leadership and ownership; transcend the humanitarian-development divide while ensuring full respect for humanitarian principles; increase preparedness and risk-driven planning and programming; create diverse partnerships and alliances to tackle specific challenges; and provide coherent and aligned financing to enable these shifts.