



NCD Alliance Advocacy Priorities

**For the 2023 United Nations High-Level Meeting
on Universal Health Coverage**

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This policy brief aims to inform governments about the crucial opportunity that a second United Nations High-Level Meeting on Universal Health Coverage represents to advance the prevention and control of non-communicable diseases (NCDs), together with other health priorities.

We call on Heads of State and Government to engage at the high-level meeting and take the lead in the progressive realisation of universal health coverage (UHC) by ensuring equity in their UHC health benefits packages across the three dimensions of financial, population, and service coverage, and to meet the needs of people living with NCDs.

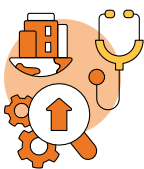
This document lays out NCD Alliance's four priorities to accelerate progress on the implementation of NCDs prevention and care policy globally and to achieve UHC:

1



INVEST in the prevention and control of NCDs through adequate, predictable, and sustained resources for UHC.

2



ACCELERATE UHC implementation by including quality NCD prevention and care services in country UHC health benefit packages.

3



ALIGN development and global health priorities to achieve UHC.

4



ENGAGE people living with NCDs to keep UHC people-centered.

Send questions or
feedback to

info@ncdalliance.org

The Context

Following the first United Nations High-Level Meeting on Universal Health Coverage (UHC) in 2019, Heads of State and Government will meet for a second time in September 2023 in New York to discuss UHC. This meeting will provide an opportunity to build on the progress made to date and advance UHC policy and implementation in the lead up to 2030.

UHC is firmly rooted in the belief that the highest attainable standard of physical and mental health is a fundamental human right, and that all people should have access to quality essential health services without incurring financial hardship. This notion of a minimum standard of health for all was enshrined in the Universal Declaration of Human Rights of 1948, in the Declaration of Alma-Ata in 1978, and is reflected in the Sustainable Development Goals (SDGs), particularly target 3.8, which aims to “achieve UHC, including financial risk protection, access to quality essential healthcare services and access to safe, effective, quality, and affordable essential medicines and vaccines for all.”

In line with this agenda, governments adopted the 2019 Political Declaration of the United Nations High-Level Meeting on Universal Health Coverage, committing to progressively cover 1 billion additional people by 2023 with quality essential health services and affordable essential medicines. Governments also committed to stop the rise and reverse the trend of catastrophic out-of-pocket health expenditure and eliminate impoverishment due to health-related expenses by 2030.

Despite the political commitments, the world is currently far from achieving either of the goals related to UHC. As of 2023, the world is expected to have increased UHC by just 290 million people, leaving 710 million people still to be reached by 2030 if the 2019 targets are to be achieved¹. Consequently, at least half of the world’s population does not currently have full coverage of essential health services and millions of people are pushed into extreme poverty per year due to out-of-pocket payments in healthcare². However, there is hope. The 2023 State of UHC Commitment Review³ notes that progress towards UHC has been increasing over time, with 70% of countries having used UHC as a goal for their national health policies and plans. This progress has the potential to be built upon to ensure UHC becomes a reality for people living with NCDs globally.

1 WHO (2021). World Health Statistics 2021, Monitoring Health for the SDGs. Available from: <https://www.who.int/publications/i/item/9789240027053>

2 NCDA (2020). Protecting Everyone: Integrating Non-Communicable Diseases into Universal Health Coverage in the Era of COVID-19. Available from: https://ncdalliance.org/sites/default/files/resource_files/Protecting%20Everyone_Report_Web_ENGLISH_0.pdf

3 UHC2030 (2023). State of UHC Commitment Review: key findings. Available from: https://www.uhc2030.org/fileadmin/uploads/uhc2030/SoUHCc_key_findings_final_EN.pdf

Inclusion of NCDs in the 2019 Political Declaration of the United Nations High-Level Meeting on Universal Health Coverage

In 2019, NCD Alliance published a set of Advocacy Priorities ahead of the United Nations High-Level Meeting on Universal Health Coverage⁴ to ensure that the prevention and control of NCDs was included as an element of UHC. These were recognised by Member States as crucial to the achievement of UHC and included in the Political Declaration, as detailed in Table 1. The different priorities focused on the unique aspects of UHC for NCDs, namely prevention, primary healthcare, equitable access to medicines, sustainable financing and investments, as well as engaged and empowered communities.

2019 Advocacy Priorities for inclusion of prevention and control of NCDs within UHC	NCDs relevant text in the 2019 Political Declaration	
	PARAGRAPHS	
Prioritise prevention as an essential component of UHC.	26	Implement high-impact policies to protect people’s health and comprehensively address social, economic, environmental, and other determinants of health by working across all sectors through a whole-of-government and health-in-all-policies approach.
	27	Prioritize health promotion and disease prevention, through public health policies, good governance of health systems, education, health communication and health literacy, as well as safe, healthy and resilient cities, enabling people, throughout their life course, including, among others, adolescents, to have increased knowledge to take informed health decisions and improve health-seeking behaviour.
Additional relevant paragraphs	25, 30, 57	
Provide primary healthcare as the foundation for UHC.	46	Expand the delivery of and prioritize primary healthcare as a cornerstone of a sustainable people-centred, community-based and integrated health system and the foundation for achieving universal health coverage, while strengthening effective referral systems between primary and other levels of care, recognizing that community-based services constitute a strong platform for primary healthcare.
	TARGET (A)	To progressively cover 1 billion additional people by 2023 with quality essential health services and quality, safe, effective, affordable and essential medicines, vaccines, diagnostics and health technologies, with a view to covering all people by 2030.
Additional relevant paragraphs	32, 39, 48, 62	
Save lives by increasing equitable, universal access to quality and affordable essential medicines and products.	49	Promote equitable distribution of and increased access to quality, safe, effective, affordable and essential medicines, including generics, vaccines, diagnostics and health technologies, to ensure affordable quality health services and their timely delivery.
	TARGET (A)	To progressively cover 1 billion additional people by 2023 with quality essential health services and quality, safe, effective, affordable and essential medicines, vaccines, diagnostics and health technologies, with a view to covering all people by 2030.
Additional relevant paragraphs	39, 50, 51, 53	

⁴ NCDA (2019). NCD Alliance Advocacy Priorities to the 2019 United Nations High-Level Meeting on Universal Health Coverage. Available from: https://ncdalliance.org/sites/default/files/resource_files/UHC_Five%20Priorities_FINAL.pdf

2019 Advocacy Priorities for inclusion of prevention and control of NCDs within UHC	NCDs relevant text in the 2019 Political Declaration	
	PARAGRAPHS	
Increase sustainable financing for health and improve efficiency in investments.	43	Optimize budgetary allocations on health, sufficiently broaden fiscal space, and prioritize health in public spending, with the focus on universal health coverage, while ensuring fiscal sustainability, and in this regard encourage countries to review whether public health spending is sufficient and efficient, and based on such review, to adequately increase public spending, as necessary, with a special emphasis on primary healthcare, where appropriate, in accordance with national contexts and priorities, while noting the World Health Organization recommended target of an additional 1 per cent of gross domestic product or more.
	44	Promote and implement policy, legislative and regulatory measures, including fiscal measures as appropriate, aiming at minimizing the impact of the main risk factors for non-communicable diseases, and promote healthy diets and lifestyles, consistent with national policies, noting that price and tax measures can be an effective means to reduce consumption and related healthcare costs and represent a potential revenue stream for financing for development in many countries.
	TARGET (B)	To stop the rise and reverse the trend of catastrophic out-of-pocket health expenditure by providing measures to ensure financial risk protection and eliminate impoverishment due to health-related expenses by 2030, with special emphasis on the poor as well as those who are vulnerable or in vulnerable situations.
Additional relevant paragraphs	41, 45	
Enable community engagement and empowerment in UHC design, development and accountability processes.	54	Engage all relevant stakeholders, including civil society, the private sector and academia, as appropriate, through the establishment of participatory and transparent multi-stakeholder platforms and partnerships, to provide input to the development, implementation and evaluation of health- and social-related policies, and review progress for the achievement of national objectives for universal health coverage, while giving due regard to addressing and managing conflicts of interest and undue influence.
	Additional relevant paragraphs	55, 56, 58

Table 1. Mapping of NCD Alliance’s 2019 Advocacy Priorities against NCDs relevant text in the 2019 Political Declaration.

The Challenge

Even though NCDs are the leading cause of death and disability and account for 74% of deaths globally, with 85% of premature deaths from NCDs occurring in low- and middle-income countries, many countries are lagging on the integration of NCDs into UHC health benefit packages and are not on track towards the attainment of the SDGs⁵.

Globally available data on progress of inclusion of NCD prevention and care in UHC packages, although limited, shows wide gaps in coverage for NCD services between countries,⁶ and that more than half of countries are likely to miss SDG target 3.4 on NCD mortality reduction⁷. An overview of UHC implementation along the three dimensions of service, population, and financial coverage defined by WHO⁸, as well as its implication for people at risk of and living with NCDs, is provided below.

Service Coverage

High-quality essential health services across the continuum of care are available, according to need.

Current Reality

In many countries, coverage and access to NCD services across the continuum of care, including screening, diagnosis, treatment, rehabilitation and palliative care, is inadequate. Half of adults living with diabetes are undiagnosed and are unable to access the insulin they need; hypertension is only under medical control for one in five people⁹; chronic kidney disease tends to go untreated with up to 90% of cases undiagnosed until lifesaving dialysis or a transplant is needed¹⁰, and more than 90% of cancer patients in low-income countries lack access to radiotherapy¹¹. Too often, health systems are fragmented and orientated towards single-disease treatments, instead of adopting an integrated, life course approach to health that provides people with the services and care they require for a variety of conditions.

The 2023 State of UHC Commitment Review reports that although 70% of countries have used UHC as a goal for their national policies and plans, only 11% have adopted a clear action plan or road map, breaking the goal down against their population's needs and disease burdens into a detailed way forward. The review also notes that country UHC efforts have been focused on vertical health programmes - often focused on infectious diseases - rather than establishing health systems which provide comprehensive care according to population need. Furthermore, the link between NCDs, communicable diseases and health emergencies has been exposed by the COVID-19 pandemic. The pandemic demonstrated that NCDs must be better integrated into health system strengthening efforts and care affordability benefits packages in order to address the existing syndemic¹².

- 5 NCD Alliance (2020). Protecting Everyone: Integrating Non-Communicable Diseases into Universal Health Coverage in the Era of COVID-19. Available from: https://ncdalliance.org/sites/default/files/resource_files/Protecting%20Everyone_Report_Web_ENGLISH_0.pdf
- 6 WHO (2020). Strengthening NCD service delivery through UHC benefit package: technical meeting report. Available from: <https://www.who.int/publications/i/item/strengthening-ncd-service-delivery-through-uhc-benefit-package-technical-meeting-report-geneva-switzerland-14-15-july-2020>
- 7 NCD Countdown 2030 collaborators (2020). Health Policy NCD Countdown 2030: pathways to achieving Sustainable Development Goal target 3.4. Lancet. 396(10255):918–34. Available from: [http://dx.doi.org/10.1016/S0140-6736\(20\)31761-X](http://dx.doi.org/10.1016/S0140-6736(20)31761-X)
- 8 WHO (2010). World Health Report 2010. Health financing: the path to universal coverage. Available from: https://apps.who.int/iris/bitstream/handle/10665/44371/9789241564021_eng.pdf?sequence=1&isAllowed=y
- 9 NCD Alliance (2021) Call for simultaneous action on diabetes and hypertension for more resilient health systems. Available from: https://ncdalliance.org/sites/default/files/resource_files/Pressure%20Points_Diabetes%20Brief_FINAL.pdf
- 10 NCD Alliance (2021). Invest to protect: NCD financing as the foundation for healthy societies and economies. Available from: https://ncdalliance.org/sites/default/files/resource_files/NCD%20Financing_ENG.pdf
- 11 UICC, Cancer Council Australia (2019) Addressing cancer control within Universal Health Coverage. Available from: https://www.uicc.org/sites/main/files/atoms/files/UICC_Report_Universal-Health%20Coverage_FA.pdf
- 12 NCD Alliance (2020). Briefing note: Impacts of COVID-19 on people living with NCDs. Available from: https://ncdalliance.org/sites/default/files/resource_files/COVID-19_%26_NCDs_BriefingNote_27April_FinalVersion_0.pdf



Charity Muturi (middle) lives with a mental health condition and is a caretaker of her parents in Ghana. Watch her full story in the mini-film "[NCD care in a global crisis](#)".

Population Coverage

The goal should be equity in access to health services, whereby the entire population is covered, not only those who can afford services.

Current Reality

Health inequalities persist in terms of exposure to NCD risk factors and access to healthcare services, pushing marginalised groups and households into cycles of poverty due to out-of-pocket payments in healthcare. In most countries, people who have a low socioeconomic status and those who belong to marginalised communities have a higher risk of dying from NCDs than people from groups and communities with more resources¹³. Lower socioeconomic status is associated with increased risk of developing hypertension, while children and adolescents living with diabetes from families with fewer economic resources have a greater risk of chronic kidney disease and early death.¹⁴ The 2023 State of UHC Commitment Review reports that implementation efforts have often focused on a few population groups and that discriminatory practices have been reported. Inequalities are likely to have deepened across regions during the pandemic with marginalised groups continuing to experience persistent health inequalities and bottlenecks. At the same time, only 10% of countries have indicated they have implemented formal accountability mechanisms for UHC and although most countries engage stakeholders to some extent, there is limited space for non-state actors to participate in government efforts to improve UHC monitoring, evaluation, and accountability.

Financing Coverage

Financial-risk protection mechanisms are in place to ensure the cost of using care does not put people at risk of financial hardship.

Current Reality

The 2023 State of UHC Commitment Review reports that the majority of country UHC commitments are focused on service coverage and population coverage, and there is an under-prioritisation in relation to financial coverage. Only 45% of countries have explicitly included current national spending targets towards health in their national health plans and policies. There has also been no improvement in primary healthcare spending between 2017 and 2019, and public investment in primary healthcare is not reflected in the spending targets for the future. This under-investment and ongoing financial barriers to healthcare continue to perpetuate the burden of NCDs globally. Financing for NCDs has been stagnant over the last thirty years, demonstrating that policy and practice has not changed despite international policy agendas/targets on NCDs and UHC¹⁵.

13 Di Cesare M., et al. (2013) Inequalities in non-communicable diseases and effective responses. The Lancet. 381(9866):585-597. Available from: [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(12\)61851-0/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(12)61851-0/fulltext)

14 NCDA (2021) Call for simultaneous action on diabetes and hypertension for more resilient health systems. Available from: https://ncdalliance.org/sites/default/files/resource_files/Pressure%20Points_Diabetes%20Brief_FINAL.pdf

15 NCDA (2021). Invest to protect: NCD financing as the foundation for healthy societies and economies. Available from: https://ncdalliance.org/sites/default/files/resource_files/NCD%20Financing_ENG.pdf

The Opportunity

The achievement of UHC and SDG 3.8 will only be possible if NCDs are included in national UHC policies and in conjunction with efforts towards SDG 3.4: “by 2030, reduce by one third premature mortality from noncommunicable diseases through prevention and treatment, and promote mental health and wellbeing”.

The current global NCD agenda¹⁶ was developed through the 2011, 2014 and 2018 United Nations High-Level Meetings on NCDs, the WHO Global Action Plan for the Prevention and Control of NCDs, and the NCD Global Monitoring Framework, as well as the SDGs. As a whole, this agenda provides a framework that focuses on five major diseases (cardiovascular disease, cancer, diabetes, chronic respiratory disease, mental and neurological conditions) and five modifiable risk factors (tobacco use, physical inactivity, harmful use of alcohol, unhealthy diets, air pollution). Most of these diseases are chronic, of long duration, and progress slowly, therefore requiring a life-course approach, making their integration into UHC of critical importance.

Fulfilling the commitments of the 2019 Political Declaration requires progressively embedding and expanding coverage for NCD prevention and care within country UHC health benefits packages. To more firmly place NCDs within the UHC agenda, there is the further need for equity focused and integrated healthcare systems that address the needs of people living with multiple chronic conditions, quality primary healthcare that delivers across the full continuum of care as well as access to quality essential medicines. At the same time, public health policies that go beyond the health system, such as taxation, labelling and marketing measures, to address the commercial, environmental, and social determinants of health, are fundamental to achieve UHC. To support this, Heads of State and Government have an opportunity in 2023 and beyond to remove the burden of healthcare costs from people living with NCDs by increasing domestic investment and allocating public financing for health, particularly at the primary healthcare level, and to ensure funding for NCD prevention and care services as part of national development and financing strategies, including those that inform official development assistance. Lastly, it is important to keep UHC people-centred and address the needs of people living with NCDs, including both those who have or have had one or multiple NCDs as well as their care givers, in the design, planning, implementation and evaluation of UHC programmes and services.

UHC is a powerful tool to reduce health inequities and to move towards achieving the SDGs. The progressive realisation of UHC requires the integration of NCD prevention and care services in the design and implementation of UHC health benefits packages. By committing at the highest political level, Heads of State and Government can accelerate progress on health outcomes and socio-economic development, ensuring a brighter and healthier future for all.

¹⁶ NCDA (2020). The Need for a Person-Centred, Inclusive NCD Agenda: A Discussion Paper. Available from: <https://ncdalliance.org/resources/the-need-for-a-person-centred-inclusive-ncd-agenda>

Our Advocacy Priorities

The NCD Alliance fully supports the UHC2030 Movement Action Agenda, which covers the key building blocks for advancing UHC in 2023 and beyond.

To complement these, the NCD Alliance, in consultation with its membership, has developed its Advocacy Priorities to accelerate progress on implementation of NCDs prevention and care policy globally across the UHC dimensions of financial, service, and population coverage. These build on the previous NCD Alliance Advocacy Priorities to the 2019 United Nations High-Level Meeting on Universal Health Coverage¹⁷, and take into account the progress made since the adoption of the Political Declaration.

1



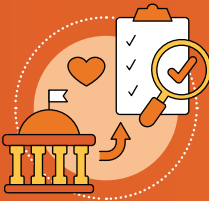
INVEST in the prevention and control of NCDs through adequate, predictable, and sustained resources for UHC.

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ACCELERATE UHC implementation by including quality NCD prevention and care services in country UHC health benefit packages.

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ALIGN development and global health priorities to achieve UHC.

4



ENGAGE people living with NCDs to keep UHC people-centered.

The remainder of this policy brief provides more details on each of these Advocacy Priorities, by suggesting a set of Advocacy Asks for the 2023 United Nations High-Level Meeting on UHC for the progressive realisation of UHC in the lead up to 2030.

¹⁷ NCDA (2019). NCD Alliance Advocacy Priorities to the 2019 United Nations High-Level Meeting on Universal Health Coverage. Available from: https://ncdalliance.org/sites/default/files/resource_files/UHC_Five%20Priorities_FINAL.pdf



Brachytherapy is a type of radiotherapy used for certain cancers. Paraguay's first public brachytherapy machine was delivered to INCAN in 2018 through long-term support provided by the IAEA. To know more watch the mini-film "[Rays of hope](#)".

PRIORITY 1

INVEST

Invest in the prevention and control of NCDs through adequate, predictable, and sustained resources for UHC.

Rationale

UHC is a political commitment rooted in the belief that the highest attainable standard of physical and mental health is a fundamental human right, and that all people should have access to quality essential health services without incurring financial hardship. For that reason, countries must adequately fund their health systems, and efficiently organise resources through integrated approaches that make health systems more equitable and resilient, and provide the basis to make people safe and healthy. By doing so, countries will benefit economically and socially by investing in health because UHC makes a significant contribution to reducing poverty and promoting equity and social cohesion.

While global health spending¹⁸ more than doubled in the past two decades, the distribution is highly unequal, with high-income countries accounting for roughly 80% of this increase. At the same time, patterns of health spending vary greatly by source. In high-income countries, 70% of health spending comes from governments while in low-income countries, 44% of health spending comes from out-of-pocket payments from people seeking healthcare. The trajectory of health spending over the last two decades is also different. While the share of government spending on health increased in high-income countries, it stagnated or declined in low-income countries. Furthermore, the average of out-of-pocket payments on health hides the particularly devastating and unjust impact on people living with NCDs. More than 60% of patients with cancer, cardiovascular disease, and stroke in some low- and middle-income countries incur catastrophic out-of-pocket expenditure.¹⁹ Lastly, overseas development assistance for NCDs remains low, with only 1-2% globally dedicated to NCDs.²⁰

18 WHO (2021). Global expenditure on health: public spending on the rise? Available from: <https://www.who.int/publications/i/item/9789240041219>

19 Jan S., et al. (2018). Action to address the household economic burden of non-communicable diseases. *The Lancet*. 391(10134):2047-2058. Available from: [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(18\)30323-4/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(18)30323-4/fulltext)

20 Allen, L. N. (2017). Financing national non-communicable disease responses. *Glob Health Action*. 2017;10(1). Available from: <https://doi.org/10.1080/16549716.2017.1326687>

Health financing policy design needs to ensure equitable access to quality health services and protect people from catastrophic out-of-pocket expenditure, particularly in low-income countries. To do so, governments need to include national spending targets towards health in their national health plans and policies, and increase public financing for health to ensure financial, population, and service coverage. To reach UHC, countries should spend at least 5% of their gross domestic product (GDP) on health.²¹ At the same time, the adoption of progressive fiscal policies and pro-health taxes can be an effective means to reduce consumption and exposure to unhealthy commodities and represents a potential revenue stream for reaching UHC. With adequate investments, particularly at the primary healthcare level, governments can contribute to the financial protection of vulnerable and disadvantaged groups, reducing health inequalities and promoting economic development.

ADVOCACY ASKS

- Fund essential NCD prevention and care services across the continuum of care in national UHC health benefits packages, including by drawing on the guidance contained in Appendix 3 of the WHO Global NCD Action Plan, also known as the NCD “best buys” and other recommended interventions, which provides a menu of cost-effective policies to prevent and manage NCDs.

- Ensure essential NCD prevention and care services are integrated into national development and financing strategies, including those that inform official development assistance, to achieve UHC.

- Specify national targets to increase spending on primary healthcare by one extra percent of GDP as part of national UHC plans, in line with WHO guidance.²²

- Specify a share of spending on UHC health benefits packages to be allocated to NCD prevention and care services.

- Phase out subsidies for, and implement taxation of, unhealthy commodities such as fossil fuels, unhealthy foods, tobacco and alcohol, noting that price and tax measures represent a potential revenue stream for the integration of NCD prevention and care within UHC health benefits packages.

- Request reporting on the 2019 UHC Target (b) “To stop the rise and reverse the trend of catastrophic out-of-pocket health expenditure by providing measures to ensure financial risk protection and eliminate impoverishment due to health-related expenses by 2030, with special emphasis on the poor as well as those who are vulnerable or in vulnerable situations” to be disaggregated by age, disease, gender, geographical region, and socioeconomic groupings.

21 Chatham House (2014). Shared responsibilities for health: a coherent global framework for health financing. Available from: https://www.chathamhouse.org/sites/default/files/field/field_document/20140521HealthFinancing.pdf

22 WHO (2021). Primary healthcare. Available from: <https://www.who.int/news-room/fact-sheets/detail/primary-health-care>



Rates of hypertension in Myanmar are rising, but treatment is not always accessible for all. To know more watch the mini-film "[Hypertension awareness in Myanmar](#)".

PRIORITY 2

ACCELERATE

Accelerate UHC implementation by including quality NCD prevention and care services in country UHC health benefit packages.

Rationale

UHC builds on countries' basic healthcare packages to ensure population-wide access to a broad range of high-quality health services throughout the life course and across the full of care. Progress towards UHC has been increasing over time, with many countries using UHC as a goal for their national health plans. In focusing on UHC, countries have improved the affordability of medicines and products, and access to health services and treatment.

However, only a few countries have adopted clear action plans towards UHC, and most implementation efforts have revealed discriminatory practices and a lack of quality in the provision of healthcare services. Given that many people live with multiple NCDs²³ or live with both an NCD and a chronic communicable disease such as HIV/AIDS or tuberculosis²⁴, it is important to keep UHC people-centred and overcome the challenges of health systems configured to treat individual diseases. Instead of focusing on certain population groups and service-specific programmes, governments need to expand the delivery of primary healthcare for a sustained, people-centered, and integrated health system. Furthermore, there is wide variation in access to medicines²⁵ and in quality standards²⁶ between countries, and almost half of the world population has little to no access to diagnostics²⁷. To ensure UHC, it is fundamental that governments include quality NCD medicines and diagnostics in national essential medicines and diagnostics lists.

23 NCDA (2020). The Need for a Person-Centred, Inclusive NCD Agenda: A Discussion Paper. Available from: <https://ncdalliance.org/resources/the-need-for-a-person-centred-inclusive-ncd-agenda>

24 NCDA (2020). Improving quality of life for communities living with HIV / AIDS, TB and Malaria. Available from: https://ncdalliance.org/sites/default/files/resource_files/NCD%20Alliance%20Briefing%20Note_Global%20Fund%20Strategy%202023-2028_FINAL%5B1%5D.pdf

25 WHO (2018). How pharmaceutical systems are organized in Asia and the Pacific. Available from: <https://www.who.int/publications/i/item/9789290618485>

26 Twagirumukiza M, Cosijns A. (2009). Influence of tropical climate conditions on the quality of antihypertensive drugs from Rwandan pharmacies. *Am J Trop Med Hyg.* 2009;(81):776–781. Available from: <https://pubmed.ncbi.nlm.nih.gov/19861610/>

27 Fleming K.A., et al. (2021). The Lancet Commission on diagnostics: transforming access to diagnostics. *The Lancet.* 398(10315):1997-2050. Available from: [https://doi.org/10.1016/S0140-6736\(21\)00673-5](https://doi.org/10.1016/S0140-6736(21)00673-5)

Furthermore, the progressive realisation of UHC requires accelerated implementation at the national level of tried-and-tested public health policies. Health promotion and disease prevention are core elements of the continuum of care and, as such, efforts to build health-enabling environments that reduce exposure to the main NCD risk factors (tobacco, alcohol, unhealthy diets, physical inactivity and air pollution) must be fully integrated within national UHC roadmaps. This means that health promotion and prevention efforts must also address the commercial, environmental, and social determinants of health in order to have a population-wide impact. As such, public health policies that are part of UHC plans will require actions outside the health system.

ADVOCACY ASKS

- Include essential NCD prevention and care services across the continuum of care and life course in UHC health benefits packages, by drawing on the guidance contained in Appendix 3 of the WHO Global NCD Action Plan, particularly by incorporating:
 - cost-effective prevention interventions with a population-wide impact, such as taxation and other fiscal, labelling and marketing policies on unhealthy products, and health promotion services within health systems;
 - essential and quality NCD medicines, diagnostics, and products in national essential medicines and diagnostics lists and in national drug procurement systems.

- Expand the delivery of primary healthcare to include NCDs as a cornerstone of a sustained, people centered, community-based and integrated health system and the foundation for achieving UHC.

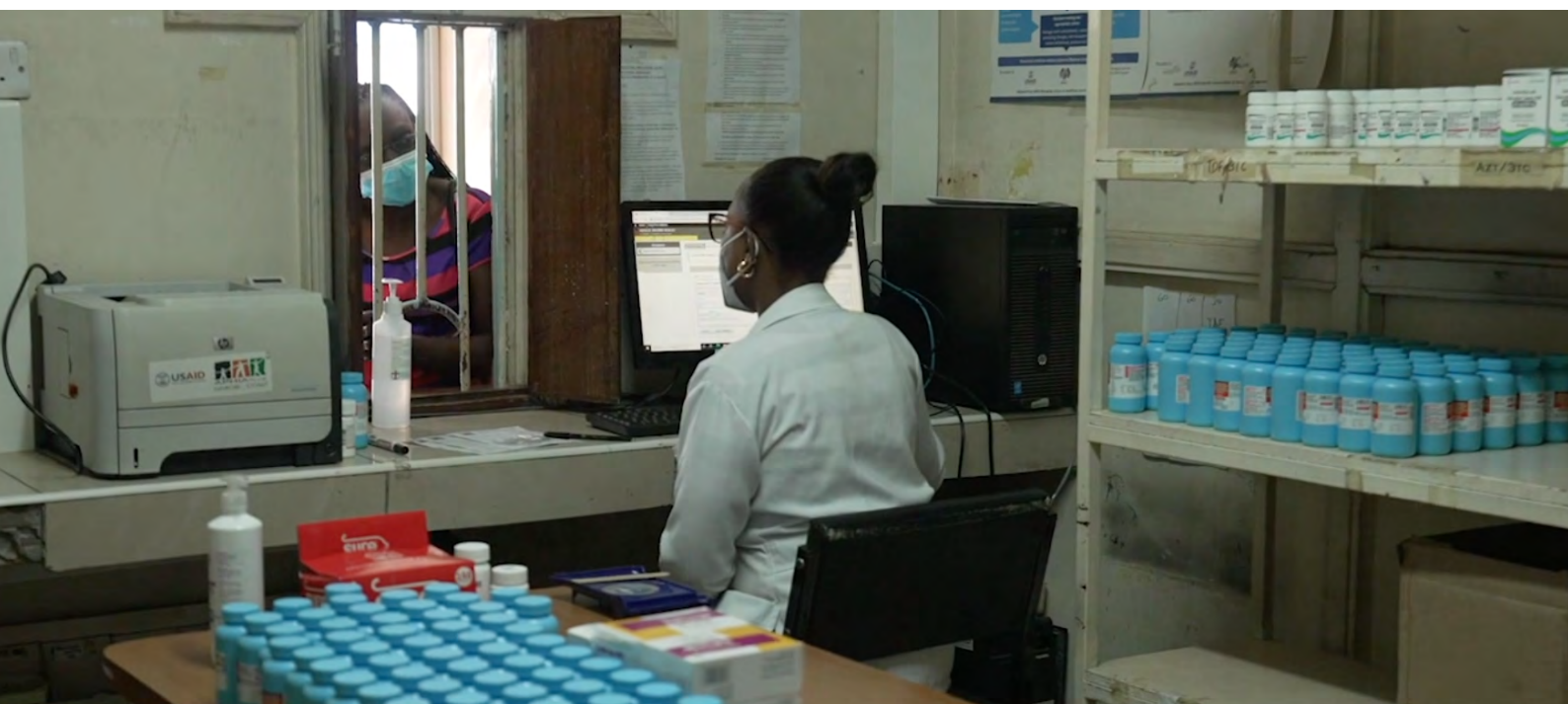
- Implement UHC reforms and policies that address the growing burden of multi-morbidities and consider the practical needs of people living with more than one chronic condition.

- Request the disaggregation of reporting on UHC Target (a) “To progressively cover 1 billion additional people by 2023 with quality essential health services and quality, safe, effective, affordable and essential medicines, vaccines, diagnostics and health technologies, with a view to covering all people by 2030” by age, disease, gender, geographical region, and socioeconomic groupings.

- Request the review of existing tracer indicators used to calculate the UHC service coverage index with the aim of including an additional indicator which covers quality defining clinical and patient centric outcomes for NCD care, potentially based on service delivery and treatment outcomes at primary healthcare level.

- Ensure the implementation of international legislation and recommendations on population health, including the Framework Convention on Tobacco Control and the International Code of Marketing of Breast-Milk Substitutes.

- Redress conflicts of interests, power imbalances, and interference from health-harming industries in UHC processes.



At the Rangi Tatu clinic in Tanzania, vital connections are being made between HIV and NCDs – see why this matters to patients like Sally in the mini-film "[Combining care to save lives](#)"

PRIORITY 3

ALIGN

Align development and global health priorities to achieve UHC.

Rationale

UHC and health security are two intertwined goals that have a strong relationship within the health system in every country. This relationship was exposed with the COVID-19 pandemic, during which the disruption in health services accentuated health inequities by putting people living with NCDs at a higher risk of severe complications and death²⁸. This circumstance demonstrated the importance of universal access to essential services in ensuring equitable health outcomes.

At the same time, a people-centred approach to UHC is crucial to address the needs of people living with multiple chronic conditions. Given the linkages between NCDs and communicable diseases, such as HIV/AIDS, there have been several policy frameworks that call for the integration of HIV services in NCDs screening and treatment²⁹, including the Political Declaration on HIV/AIDS adopted at the UN General Assembly in June 2021. By expanding the delivery of primary healthcare for a sustained, people-centered, and integrated health system, governments can support progress towards UHC.

The health sector and health policies alone cannot alleviate the health and economic burden caused by NCDs. The majority of NCD risk factors are driven by several sectors, and the environments in which people live play a crucial role in exposure to NCD risk factors and treatment. Therefore, a whole-of-government and whole-of-society approach is necessary to deliver a comprehensive approach to NCDs and achieve UHC. At the same time, policy makers must act to connect policies and planning for health security in wider efforts to strengthen health systems, whether during conflicts, humanitarian emergencies, pandemics, or natural disasters, to achieve the aims of both UHC and health security.

28 WHO (2020). Rapid assessment of service delivery for NCDs during the COVID-19 pandemic. Available from: <https://www.who.int/publications/m/item/rapid-assessment-of-service-delivery-for-ncds-during-the-covid-19-pandemic>

29 NCDA (2021): From Siloes to Synergies: Integrating noncommunicable disease prevention and care into global health initiatives and universal health coverage. Available from: https://ncdalliance.org/sites/default/files/resource_files/NCD_%20LEVERAGING_GLOBAL_HEALTH_WINS_8_09_FINAL.pdf



As a community midwife, Sujata has first-hand experience of the heightened health risks a pregnant woman faces - including developing non-communicable diseases like hypertension. However, integrated health checks could help eradicate preventable maternal morbidity. To know more watch the mini-film "[The simple solution to prevent mothers dying](#)".

ADVOCACY ASKS

- Promote a resilient population by integrating NCD prevention and care services into primary healthcare and existing health service structures, including in humanitarian crises, to achieve the aims of both UHC and health security.
- Adopt a people-centered approach to UHC that ensures people are treated holistically throughout their life course, and that this breaks siloed approaches to funding and implementation.
- Ensure whole-of-government, top-level leadership, support, and investment to combat the structural and cultural barriers to health, by addressing the wider determinants of health and access, and the disparities in healthy life expectancy for marginalised and vulnerable groups, which are more exposed to NCD risk factors and face roadblocks to treatment and care.
- Adopt a health-in-all-policies approach that supports policy coherence and a whole-of-society approach that enables environments which promote health and enable people to access care by working with non-health sectors.



NCD advocates from South Africa discuss how to involve civil society in health policy, programming and decision making.

PRIORITY 4

ENGAGE

Engage people living with NCDs to keep UHC people-centered.

Rationale

With the 2019 Political Declaration of the United Nations High-Level Meeting on Universal Health Coverage, political leaders have expressed the importance of UHC to their societies and economies. At the same time, there is the realisation that governments alone cannot achieve UHC, and opportunities should exist for different stakeholders to participate in developing, implementing and reviewing national health policy frameworks, financial protection strategies and essential health benefits packages. The systematic participation of all stakeholders, particularly communities and civil society, leads to a more transparent and people-centred health system.

However, there is still limited space for non-state actors to participate in the design, planning, implementation and evaluation of UHC programmes and services. Only a few countries have implemented formal accountability mechanisms for UHC and more can be done to strengthen the coordination of multi-stakeholder ecosystems within the health sector, vital for effective governance and a whole-of-society approach for UHC. Therefore, it is crucial that people living with health conditions, such as NCDs, as co-owners of the health system, are included in the planning and accountability processes around UHC. In this sense, the Global Charter on Meaningful Involvement of People Living with NCDs³⁰ provides a framework to enable the meaningful involvement of people living with NCDs in decision-making at all levels.

30 NCDA (2022) Global Charter on Meaningful Involvement of People Living with NCDs. Available from: https://ourviewsourvoices.org/sites/ovov/files/2021-09/Global%20Charter_English_Final_2%20Sep.pdf



Jyotsna Govil shares her experience of working with people living with NCDs in India, and building networks of care and support. NCD Forum 2020, Sharjah (UAE).



Asha Samaroo lives with type 2 diabetes in Trinidad and Tobago. At the NCD Forum 2020 in UAE she spoke about the importance of creating shared purpose through one's own story of lived experience, and about translating values to action.

ADVOCACY ASKS

- Identify, create, and formalise opportunities for meaningful involvement of civil society organisations and people living with NCDs in UHC governance and decision-making roles for policies, programmes, services, and all aspects of the UHC response that affect them, as part of a sustained multi-stakeholder mechanism and in line with a whole-of-society approach.
- Establish inclusive social accountability mechanisms for all parts of the health system to ensure progress towards UHC.
- Actively support the development of civil society capacity to support community engagement and the implementation of UHC.

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Cover picture

Waiting has been a big part of María's treatment for cervical cancer, such is the demand on the limited radiotherapy services in Paraguay. She is getting her life back now with an implanted form of radiation. Watch the mini-film "[Rays of Hope](#)" to know more about her story.

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NCD Alliance | 31-33 Avenue Giuseppe Motta | 1202 Geneva, Switzerland

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