

NCD Alliance Key Messages

Rev 2: Political Declaration of the High-level Meeting on Universal Health Coverage (UHC)

People living with NCDs must be recognized as a vulnerable population

Ref. PP11, PP45, OP3, OP21, OP41, OP45

Furthering the call to reach the furthest behind first in the progressive realization of UHC and recognizing the current disproportional economic burden of out-of-pocket (OOP) spending on health for people living with NCDs compared to those living with other health conditions, we call on Member States to identify people living with NCDs as a vulnerable population within this Political Declaration. 85% of premature mortality for NCDs occurs in Low- and Middle-Income Countries (LMICs) and current population coverage for basic NCD health services across the continuum of care is low e.g. only 10% of people living with diabetes in LMICs receive appropriate care.^{i,ii}

Including people living with NCDs as a vulnerable population within the UHC context further links the importance of UHC to health systems strengthening and resilience as well as the forthcoming recognition and commitments within the Political Declaration on Pandemic Prevention, Preparedness and Response (PPPR). Building synergies across the various High-Level processes on health is key in driving action and achievement on SDG 3 more broadly.

Increasing fiscal resources and maximizing investments

Ref. OP38, OP39, OP41, OP45

Text on “tax” measures can be strengthened by referring instead to fiscal measures, including taxation and phase-out of subsidies on unhealthy commodities such as tobacco and alcohol, unhealthy foods, and fossil fuels. Member States have an opportunity to make an important link by inserting language that is in line with the WHO Global Action Plan for the Prevention Control of Non-communicable Disease’s Appendix 3 (the “Best Buys”) menu of policy options as a source of financing for UHC health benefits packages, and in particular for NCD prevention and care.

Furthermore, not all diseases are proportionately or adequately resourced with respect to their country-specific disease burden. Nationally prioritized, costed packages of health services should look to ensure financial protection against common health conditions within that country. Any external financing and development aid for health programmes should reinforce and support national priorities and funding. Currently, however, the onus is placed on people living with NCDs and their households to pay for care OOP, in contrast to infectious diseases, despite the fact 74% of deaths globally are caused by NCDs. This Political Declaration has the opportunity to emphasize that funding for disease packages within UHC must take into consideration the disease burden within the country and be allocated proportionally.

NCD Alliance REV2 Text Recommendations

Preambulatory Paragraphs

PP11. Recognize that universal health coverage implies that all people have access, without discrimination, to nationally determined sets of the needed promotive, preventive, curative, rehabilitative and palliative essential health services and essential, safe, affordable, effective and quality medicines and vaccines, diagnostics and health technologies, including assistive technologies, while ensuring that the use of these services does not expose the users to financial hardship, with a special emphasis on the poor, vulnerable and marginalized segments of the population **including those living with non-communicable diseases and multiple chronic conditions;**

PP38. Recognize that there are significant gaps in the financing of health systems across the world, particularly in the allocation of public and external funds on health, and that such financing can be more efficient, considering that:

- (a) On average, in low- and middle-income countries more than one third of national health expenditure is covered by out-of-pocket expenses, leading to high levels of financial hardship, and government spending accounts for less than 40 per cent of funding for primary health care;
- (b) External funding represents just 0.2 per cent of global health expenditure but plays important role in funding health care in low-income countries, which accounts for about 30 per cent of national health spending on average;
- (c) An estimated 20–40 per cent of health resources are being wasted through inefficiencies, which significantly affects the ability of health systems to deliver quality services and improve public health;
- (d) Roughly 67% of deaths in lower- and middle-income countries are from non-communicable diseases but receive less than 1% of total health funding. (Data source: Institute for Health Metrics and Evaluation; 2018)**

PP45. Recognize that humanitarian emergencies and armed conflicts have a devastating impact on health systems, leaving people, especially people in vulnerable situations **and living with health conditions such as non-communicable diseases**, without full access to essential health services and exposing them to preventable diseases and other health risks;

PP47. Recognize that people's engagement, particularly of women and girls, **people living with chronic conditions**, families and communities, and the inclusion of all relevant stakeholders are core components of health system governance that empower all people in improving and protecting their own health, giving due regard to addressing and managing conflicts of interest and undue influence, contributing to the achievement of universal health coverage for all, with a focus on health outcomes;

Operational Paragraphs

OP3. Ensure that no one is left behind, with an endeavour to reach the furthest behind first, and address the physical and mental health needs of all, while respecting and promoting human rights and the dignity of the person and the principles of equality and non-discrimination, as well as empowering those who are vulnerable or in vulnerable situations, including women, children, youth, persons with disabilities, people living with **health conditions including non-communicable diseases and HIV/AIDS**, older persons, People of African Descent, Indigenous Peoples, refugees, internally

displaced persons and migrants, and those living in poverty and extreme poverty in both urban and rural areas, people living in slums, informal settlements or inadequate housing, and those facing multiple and intersecting forms of discrimination;

OP5. Strengthen referral systems between **community**, primary, **secondary and tertiary** ~~and other~~ levels of care **for integrated health-care delivery and** to ensure their effectiveness;

OP21. Address the particular needs and vulnerabilities of migrants, refugees, internally displaced persons and indigenous peoples, which may include assistance, health care and psychological and other counselling services, **for existing health conditions including non-communicable diseases**, in accordance with relevant international commitments, as applicable, and in line with national contexts and priorities;

OP39. Scale up efforts to ensure nationally appropriate spending targets for quality investments in public health, consistent with national sustainable development strategies, in accordance with the Addis Ababa Action Agenda, and transition towards sustainable financing through domestic public resource mobilization **that align national health challenges and priorities with adequate financing**;

OP41. Mobilize domestic public resources **and fiscal measures, including the menu of policy options within Appendix 3 of the World Health Organization's Global Action Plan for the Prevention and Control of Non-communicable Diseases 2013-2030** as the main source of financing for universal health coverage, through political leadership, consistent with national capacities, and expand pooling of resources allocated to health, eliminate wasted resources and improve health systems efficiency, address the environmental, social, **commercial** and economic determinants of health, identify new ways to progressively raise public sources of revenue, improve the efficiency of public financial management, accountability and transparency, **including with routine analysis disaggregated by stratifiers, better align funding strategies and priorities with disease burdens and domestic health challenges**, and prioritize coverage of the poor and people in vulnerable situations **including those living with multiple chronic conditions**, while noting the role of and the risks associated with private sector investment, as appropriate;

OP45. Promote and implement policy, legislative, regulatory and fiscal measures, as appropriate, to prioritize health promotion, health literacy and disease prevention at all levels, aiming at minimizing the exposure to main risk factors of non-communicable diseases, including tobacco, and promote healthy diets and lifestyles, as well as physical activity, consistent with national policies, noting that price and **fiscal tax** measures **including taxation and the phase-out of subsidies on unhealthy commodities such as tobacco, alcohol, unhealthy food, and fossil fuels** can be an effective means to reduce consumption and related health costs and represent a potential revenue stream for financing for development **and UHC health benefit packages** in many countries, recognizing that investing in prevention is often more cost-effective when compared to the cost of treatment and care;

ⁱ NCD Alliance. Paying the Price: A deep dive into the household economic burden of care experienced by people living with noncommunicable diseases. 2023. Access here: <https://ncdalliance.org/resources/paying-the-price-a-deep-dive-into-the-household-economic-burden-of-care-experienced-by-people-living-with-NCDs>

ⁱⁱ The Lancet. Diabetes: a defining disease of the 21st century. 2023. Access here: <https://www.thelancet.com/series/global-inequity-diabetes>