The Road to the High-Level Weeting on UHC

Development of UHC Action Agenda

Hearings on Health

Negotiations on the Political Declaration on UHC

HLM UHC: **21 September**

ACTION 1

Multi-stakeholder consultations on Action Agenda (Jan-Feb)

ACTION 2

Launch of Action Agenda (27 March)

ACTION 3

UN Multi-stakeholder Hearing on UHC (9 May)

ACTION 4

Zero Draft (24 May)

ACTION 5

Negotiations on the PD on UHC **May-July**



January

February

March

April

May

June

July

August

September

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Negotiations on the UHC political declaration zero draft

- 1. The zero draft aligned with the Action Agenda and the 8 actions: political leadership, sustainable financing, health workforce, gender equality, accountability and social participation, enabling laws as and regulations, pandemic preparedness
- 2. CSEM launched a civil society survey to identify key gaps in the zero draft
 - CS feedback was mostly positive
 - Specific language was suggested by CS
 - CSEM shared CS feedback with missions in NY
- 3. A compilation of comments from Member States (MS) /Observers on the zero draft was circulated on June 8 among MS
 - New and stronger language added but needs further push on specific asks
 - New language on Ukraine likely to cause challenges in negotiations



Latest Analysis on the UHC political declaration

Improvements

The language on several areas highlighted in the <u>Civil Society Feedback on the Zero Draft</u> has been effectively strengthened and properly addressed, notably:

- 1. The health needs of vulnerable communities and key populations.
- 2. Recognition and renumeration for health workers. Including recognising and protecting workers during health emergencies. As well as, improving the training, and recruitment of community health workers.
- 3. Essential services. Particularly strong language on palliative and rehabilitative services.



Latest Analysis on the UHC political declaration

Gaps

However, based on <u>Civil Society Feedback on the Zero Draft</u> and the <u>Action Agenda</u>, the most recent declaration has been identified as weak in several areas:

- 1. Health Financing. Missing was the commitment to health spending target of at least **5% of GDP**
- 2. Maternal Health. Maternal health was scarcely mentioned in the 'call to action' points. Including missing recognition of surgical care as an essential service.
- 3. Community-led processes. While the role of community health workers was clearly discussed, language on community-led processes and initiatives are significantly lacking from the declaration.







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