

#TheUHCThatWeNeed

A cross-regional statement for the Tuberculosis, Universal Health Coverage and Pandemic Prevention, Preparedness and Response High-Level Meetings

Facilitated by Civil Society for Malaria Elimination, Global Fund Advocates Network Africa and Global Fund Advocates Network Asia-Pacific

The theme of the 78th session of the United Nations General Assembly (UNGA) is “Rebuilding trust and reigniting global solidarity: Accelerating action on the 2030 Agenda and its Sustainable Development Goals towards peace, prosperity, progress and sustainability for all”. In the margins of the UNGA, three health-related UN High-Level Meetings (HLMs) on Universal Health Coverage (UHC), Tuberculosis (TB) and Pandemic Prevention, Preparedness and Response (PPPR) will consolidate the world’s commitments towards ending TB as an epidemic, achieving UHC for all and ensuring that the world is prepared to prevent and or face any future pandemics.

Yet, as 2030 draws near, we are far from delivering on our global commitments. The world reels from the impacts of COVID-19 on health systems and economies. Currently, at least half of the world’s population cannot obtain essential health services, with many countries lacking sustained domestic investments in health responses. Gross Domestic Product (GDP) allocation for health in many low- and middle-income countries (LMICs) is far below expected levels. Out-of-pocket expenditure (OOP) for health in many LMICs is close to 50% of the entire health expenditure. The low public investment in health continuously drives people into extreme poverty and further extends the road to achieving a UHC that leaves no one behind, whilst ensuring the right of everyone to the highest attainable standard of physical and mental health encompassing people-centred UHC through rights-based, intergenerationally inclusive and gender transformative approaches.

HIV, TB and malaria responses worldwide have significantly contributed to mitigating the impacts of the COVID-19 pandemic. They have not only ensured the continuity of lifesaving testing, treatment and prevention services for the three diseases, but have also contributed towards COVID-19 testing, contact tracing, delivering essential commodities and information. In recognition of this fact, the 2021 Political Declaration on HIV calls for commitment to accelerating integration of HIV services into UHC and strong and resilient health and social protection systems, building back better in a more equitable and inclusive manner from COVID-19 and humanitarian situations, and strengthening public health and enhancing future pandemic response and preparedness.

Global Health Investment mechanisms such as the Global Fund to Fight AIDS, TB and Malaria (Global Fund) plays a crucial role in ending existing epidemics and strengthening resilient and sustainable systems for health that would deliver comprehensive and inclusive UHC and ensuring our health systems are adequately equipped to prevent future pandemics and face them effectively if they ever emerge.

We acknowledge the efforts of UN Member States to strengthen global commitments towards ending TB and achieving UHC through the 2023 TB and UHC Political Declarations. At the same time, the 2023 PPPR Political Declaration encapsulates a new set of commitments for the first time. Nonetheless, there is considerable room for enhancement if we are wholeheartedly dedicated towards ending TB, ensuring preparedness against future pandemics and realizing comprehensive UHC that includes everyone without exception. This includes putting vulnerable groups^{1,2}, marginalized communities³ and key populations⁴ at the centre of global health strategies and responses, including the meaningful and inclusive participation of

¹ [Vulnerable groups](#) as specified in the 2030 Agenda include children, youth, persons with disabilities, people living with HIV (PLHIV), older persons, indigenous peoples, refugees, internally displaced persons, and migrants.

² Including peoples impacted by war, conflict, terrorist insurgency, and political unrest.

³ This includes communities who are excluded from mainstream social, economic, educational, and/or cultural life.

⁴ [Key populations](#) are defined according to WHO as people who inject drugs, men who have sex with men, transgender people, sex workers and people in prisons and other closed settings.

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community-based and -led, and civil society organisations first and in all levels of political, decision-making, implementation and monitoring processes in achieving UHC for all.

As we strive to achieve #TheUHCThatWeNeed which puts the last mile first, prepare ourselves to prevent and or face unforeseen threats of future pandemics and end TB as an epidemic, it is indispensable that we:

- **Increase Domestic Resource Mobilisation (DRM) and Allocation for health and particularly for existing epidemic responses such as HIV, TB and malaria, to achieve #TheUHCThatWeNeed** through enhanced domestic revenue via effective, progressive tax systems and broadened tax base; adopting good governance practices to prevent corruption, misuse and mishandling of public funds; expanding health insurance schemes and exploring public-private partnerships for sustainable financing to progressively increase and sustain health spending – ideally at least 5% of GDP or more.
- **Increase and sustain global public investments in health responses of LMICs to achieve #TheUHCThatWeNeed** through re-committing to achieve the 0.7% Official Development Assistance (ODA) target and channel financial assistance equally through proven multilateral health financing mechanisms such as the Global Fund to ensure efficiency, transparency and accountability.
- **Protect and promote the human rights of key and vulnerable populations, ensure gender equality, equity and facilitate the participation of communities living with and/or affected by and/or vulnerable to HIV, TB and malaria and civil society in health decision-making to achieve #TheUHCThatWeNeed** through taking immediate steps to decriminalise and address legal and policy barriers preventing key, vulnerable and marginalized populations from accessing available health services; promoting gender-responsive and transformative interventions aimed at achieving gender sensitivity, equality and equity; conducting community, rights and gender assessments; safeguarding civic spaces at local, national, regional and global levels to ensure inclusive and transparent processes of communities and civil society engagement.
- **Acknowledge the critical role played by community systems, community and key population-based and -led responses and community health workers (CHWs) in ending existing epidemics and facing future pandemics and to achieve #TheUHCThatWeNeed** through integrating community systems and key population-based and -led responses at all levels into formal health systems via formal public funds allocations and monitoring and accountability mechanisms. This includes programming for CHWs, such as safety, training, fair remuneration and career path in national health plans based on a primary healthcare approach.
- **Fully fund the HIV, TB and malaria responses to achieve #TheUHCThatWeNeed** through progressively investing nationally, regionally and globally to fully fund the three responses. Pay immediate attention to investing considerably in research and development for HIV, TB and malaria responses to address inequalities in testing, prevention and treatment tools and technologies and addressing rising drug resistance.
- **Successfully fund the Global Fund, Joint United Nations Programme on HIV/AIDS (UNAIDS), Stop TB Partnership, Roll Back Malaria and other health multilateral institutions to achieve #TheUHCThatWeNeed.** The Seventh Replenishment of the Global Fund called for at least US\$18 billion, however, by the end of 2022, the Seventh Replenishment mobilised US\$15.7 billion with a US\$2.3 billion gap. This gap represents infections that could be averted, deaths that could be avoided and lives that could be saved. Donors need to commit to ensuring the successful financing of the Global Fund to achieve relevant HIV, TB and malaria SDG targets.
- **Strengthen the Global Health Architecture** by ensuring that relevant stakeholders and multilaterals complement the goals of member states and territories in addressing health related targets and commitments whilst ensuring that any legitimate decisions that influence and impact the global community are made inclusively to not deepen existing fault lines and widen gaps between and within countries.
- **Recognise that addressing intersectional issues in the context of health security is critical to achieving #TheUHCThatWeNeed** through comprehensively addressing intersectional aspects related to health and well-being, such as mental health, malnutrition, migration, climate change,

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ageing and managing such intersectionalities which are integral to addressing pandemics, epidemics and especially the spread of infectious diseases, which are the most significant threat to public health.

- **Establish transparent accountability mechanisms through regional intergovernmental bodies to monitor and support member states to achieve #TheUHCThatWeNeed** through utilising existing intergovernmental bodies to monitor, evaluate and report progress towards these commitments and provide technical support to each other to achieve related commitments and addressing patent laws to promote knowledge sharing among countries.

As communities and civil society living with and/or affected by and vulnerable to HIV, TB and malaria across Africa and Asia-Pacific, we call upon all Heads of Governments to:

- **Rally political will and commitment** nationally, regionally and globally to fully implement the obligations within the TB, UHC and PPPR Political Declarations and to end HIV, TB and malaria as epidemics aligned with the SDG goals.
- **Reinvigorate the 0.7% ODA target** and rally global donor countries to invest in strengthening resilient and sustainable systems for health in LMICs.
- **Progressively increase GDP allocation for health responses nationally**, including for HIV, TB and malaria responses, to fully achieve the commitments in the upcoming Political Declarations.
- **Invest equally in community systems for health**, including in CHWs, and community and Key Population-based and -led initiatives as an integral aspect of national health systems geared towards addressing existing epidemics and future pandemics.
- **Sustain a robust civic society space locally, nationally, regionally and globally** to enable proactive communities and civil society advocacy and engagement for people-centred, human rights-focused and gender-transformative health responses and systems for health, including for key and vulnerable populations.
- **With immediate effect remove legal and policy barriers** that drive away key, affected, marginalised and vulnerable populations from accessing available health services, especially for existing epidemics such as HIV, TB and malaria.
- **Ensure that key, affected, marginalised and vulnerable populations have quality access to essential, life-saving medicines and prevention tools** made accessible or affordable through addressing patent laws and Trade-Related Aspects of Intellectual Property Rights (TRIPs).
- **Deliver on commitments to end HIV, TB and malaria as epidemics and contribute towards the Global Fund target of at least US\$18 billion** for its Seventh Replenishment, and to sustain other multilateral health institutions working towards ending the three diseases as epidemics.

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to achieve

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This statement is developed through consultations led and facilitated by CS4ME, GFAN Africa and GFAN Asia-Pacific, and encompasses priorities from statements developed by processes led by the Civil Society Engagement Mechanism (CSEM)⁵, C20 Political Statement of 2022⁶, and APCASO⁷.

⁵ [Civil Society Feedback on the Zero Draft of the 2023 Political Declaration on UHC](#)

⁶ [C20 Political Statement](#)

⁷ [Resilient, sustainable, integrated and fully resourced systems for health – Civil Society and Communities Statement on the 3 HLM](#)

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