IFMSA Policy Document
Universal Health Coverage

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Policy Statement

Introduction

Access to healthcare is a human right and the Universal Health Coverage (UHC) is the materialization of that right, embodying the commitment and promise that every human being should achieve the highest standard of health possible. Despite advancements that have been accomplished in this area over the last few years, the global community must double the scope of services within health coverage by 2030 to achieve the promise of health for all, particularly in the face of setbacks brought about by the economic and societal impact of the COVID-19 Pandemic. Mobilization of political commitment, as well as collective and effective action, including social participation at various levels of society, is essential. Since the road to achieving UHC can only be paved by the capacitation of future healthcare professionals, meaningful engagement of this part of youth in this process must take priority.

IFMSA position

The International Federation of Medical Students' Associations (IFMSA) recognises the need for coordinated and meaningful action on Universal Health Coverage and reaffirms its commitment towards achieving this goal. We firmly believe that UHC, as a cornerstone on the road to achieving global health equity, can only be attained through an intersectional, local-to-global approach to all components of health systems. The IFMSA demands that human rights-based, gender-inclusive and multi-sectoral actions towards UHC are jointly taken by all relevant stakeholders towards the creation of robust, sustained approaches targeting all components of UHC. All stakeholders involved must reaffirm their steadfast commitment to the UHC2030 agenda to ensure that no social group is left behind with insufficient or no access to healthcare services. The IFMSA calls on all health advocates to apply urgency in advocating and raising their voices in the decision-making context. IFMSA calls upon governmental and non-governmental health leadership to start taking constructive actions towards achieving UHC, including recognizing youth as a powerful stakeholder, with young health leaders and advocates holding the key to a healthier future.

Call to Action

Therefore, the IFMSA calls on:

Governments to:

- Reaffirm political commitments towards UHC aiming to provide comprehensive, inclusive and equitable healthcare coverage for all populations, including historically and currently marginalized groups, by leading local and national strategies towards the achievement of UHC, through focusing on comprehensiveness, integration, continuity and patient-centeredness in health system models.
- Develop and adopt solid and sustainable financial plans to sustain healthcare delivery to all individuals and reduce out-of-pocket spending to protect the populations from catastrophic financial implications of seeking healthcare.
- Expand cost-effective service coverage for populations through adopting a primary health care approach to UHC.
- Maintain transparent and efficient public financial management systems, and increase the spending and investment in healthcare to solidify UHC.
- Invest in digital health and innovation to support and expand health service coverage.
- Assign funds for the modernization and promotion of affordable, accessible, and high-quality SRHR services offered and accessible to everyone.
- Provide proper financial support to the healthcare workforce through robust fiscal strategies to maintain their satisfaction and continuous contribution to healthcare delivery, regardless of the geographical location of the population that they serve.

World Health Organization (WHO), United Nations (UN) and Non-Governmental Organizations (NGOs) to:

- Provide technical guidance to member states to implement intersectional approaches to UHC, fostering equity in healthcare services, and upholding policies that provide underprivileged groups fair access to health professions and services.

- Promote intersectionality as a foundational principle in global health policies and frameworks, emphasizing the diverse needs of populations in UHC strategies.
- Adopt comprehensive strategies for developing policies and monitoring their implementation within all relevant sectors supporting the enforcement of UHC.
- Promote and include space for Meaningful Youth Engagement and support youth-led organizations in their initiatives for UHC.
- Monitor the progress of initiatives related to the UHC2030 Action Agenda and highlight any delays or obstacles, sharing best practices on the international level.

Youth and Civil Society Organisations to:

- Empower local, national and international communities and encourage their participation in health decisions at all levels to achieve UHC, including perspectives of minorities and vulnerable populations, in particular refugees and migrants.
- Ensure local and national governments and decision-making bodies are held accountable for the progress in realizing the objectives of strategies on UHC.
- Promote the use of digital health to enhance healthcare service coverage.
- Advocate for UHC and stronger health systems through campaigns, raising awareness about its importance in reducing inequalities and poverty, and improving well-being.
- Ensure persistent and continuous advocacy for meaningful youth engagement and inclusivity in UHC decision-making.

Private Sector to:

- Curate business models with considerations of UHC, align services with the public health system to reduce duplication and promote specific health interventions.
- Support research and innovation in healthcare delivery, evidence-based data for UHC, ensuring access to affordable essential medicines, vaccines and technologies.
- Invest in digital health & innovative technologies which will support the UHC
- Invest resources wisely to create and preserve a healthy workforce that is appropriate for its intended purpose, practice, and the target population.

Universities & Education Institutes to:

- Integrate UHC, Global Health and Health Systems education as a part of the medical & healthcare curricula, including training professors and educators on UHC.
- Provide opportunities for professional development and continuous education to ensure that the current health staff is aware of the relevant best practices
- Integrate intersectionality in UHC into medical education to cultivate a better understanding among future healthcare professionals on the needs of patients and the understanding of inclusivity in health
- Empower the youth to become future influential decision-makers in Global Health and emphasize the importance of healthcare professionals at all levels.

NMOs (National Member Organisations) & Medical Students to:

- Support local and national initiatives to raise awareness and support UHC, at various levels, including those organized by the medical student community.
- Encourage IFMSA Programs enrollment of impactful activities focusing on UHC and empowering potential activity coordinators in their NMOs.
- Engage with local, national and global stakeholders in UHC meaningfully to advocate for accelerated action, and promote UHC via capacity building, research, and activities.

Position Paper

Background Information

The WHO defines Universal Health Coverage (UHC) as "*all people having access to the full range of quality health services they need, when and where they need them, without financial hardship"*. UHC, a cornerstone in the pursuit of health equity and access to healthcare, covers the whole range of health needs, ranging from prevention, treatment, curative, rehabilitative and palliative care throughout the individual's life. [1] Achieving UHC must be a priority for all countries and their governments, health leadership and civil society, given that health is a fundamental human right, and it is seen as a moral and legal obligation for states to provide quality, affordable and accessible healthcare to their populations. [2]

The United Nations 2030 Agenda, unanimously adopted by 193 UN Member States in 2015, declares 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 health care. No one must be left behind.*" [3] Under this aegis, states have taken steps towards achieving UHC. However, the faltering of progress didn't begin in 2019 - at the moment, the world falls short of achieving these goals and has additionally suffered significant setbacks due to the multi-faceted impact of the COVID-19 pandemic. [4] The challenges posed by this global health emergency, including the exposure and exacerbation of existing disparities in access to essential health services, are seen as underscoring the urgency of prioritizing UHC realization globally. [5] Across all regions and a majority of countries, progress towards UHC is slowing. In 2021, over 4.5 billion people were not fully covered by essential health services. [1] Achieving UHC by 2030 requires reaffirmed commitment from governments and other stakeholders, backed by urgent and effective efforts, which the discussion of this position paper aims to set out. UHC, as a national and global priority, requires a multifaceted approach involving structural equity in healthcare, supported by societal structures and robust funding while ensuring that no social stratum is undercovered or left behind. [6]

Discussion

UHC and Sustainable Development Goals (SDGs)

UHC constitutes an essential component of sustainable development, standing in a direct link with SDG 3 *'Good Health and Well-being'*. [7] It serves as a vehicle to achieve the objectives of this goal through the promotion of universal access to essential health services, reducing mortality rates, combating diseases, and promoting mental health and well-being. Specifically, the following SDG3 target and respective indicators focus on UHC:

"Target 3.8: Achieve universal health coverage, including financial risk protection, access to quality essential healthcare services and access to safe, effective, quality and affordable essential medicines and vaccines for all

> **Indicator 3.8.1:** Coverage of essential health services
> **Indicator 3.8.2:** Proportion of population with large household expenditures on health as a share of total household expenditure or income" [7-8]

Furthermore, some SDGs are also closely related to UHC, such as SDG 1 '*No Poverty'*, since poverty plays a pivotal role in determining the level of an individual's access to health care. [9] Therefore, UHC can be achieved by preventing health-related financial crises that can lead to impoverishment. [10] Moreover, SDG 4 *'Quality Education*' aligns with UHC as health and access to healthcare have a bidirectional association with receiving quality education. [11] On the one hand, quality education improves access to healthcare and health outcomes. On the other hand, access to healthcare and health status affects access to quality education. [12] SDG 5 '*Gender Equality*' addresses women's healthcare needs, promoting reproductive health services and contributing to gender equality in healthcare. [13]

Additionally, SDG 6 '*Clean Water and Sanitation*' is relevant to UHC, as UHC supports disease prevention, aligning with the efforts to ensure access to clean water and sanitation. [14] SDG 10 '*Reduced Inequalities*' aims to provide equitable access to healthcare and to mitigate disparities in health outcomes. [15] Lastly, SDG 16 '*Peace, justice and strong institutions*' fosters inclusive societies and accountable institutions reinforcing the foundational principles necessary to achieve universal access to quality healthcare. [16-17]

Importance of Primary Health Care in UHC

The significant role of Primary Health Care (PHC) in UHC can be traced back to 1978, the year of the adoption of the Declaration of Alma Ata, which acknowledged the central role of PHC in realizing the vision for health for all. [18] Despite the clear vision of the convention in achieving worldwide health coverage, stagnating progress in the development and work towards the Alma Ata declaration was noted by the dawn of the new millennium due to reasons ranging from increased privatization of healthcare, focus on strengthening secondary and tertiary healthcare, and most notably lack of political commitment. [19-20]

In the year 2015, the Sustainable Development Goals were laid out with goal 3.8 focusing on UHC, linking access to quality healthcare with minimal financial risk for all people to the declaration of Alma Ata and the PHC approach. Moreover, the Declaration of Astana held in 2018 aimed to reemphasize political commitment to achieving UHC and the importance of primary health care to achieve health for all. [21]

The fundamental role of primary healthcare in UHC stems from the focus on community engagement and empowerment, as well as health education and prevention, making it the ideal methodology for achieving true sustainable and cost-effective UHC. [22] Population coverage through primary healthcare services also allows for easier follow-up, patient retention, cost-effectiveness and doctor-patient relationships. Therefore the properties of PHC, namely patient-centeredness, comprehensiveness, integration and continuity of care, complement the achievement of UHC. [23] According to the WHO, “primary healthcare is the most inclusive, equitable, cost-effective and efficient approach to enhance people's physical and mental health as well as social wellbeing.” [24] It can be noted that the WHO essential healthcare package for UHC focuses on sixteen key services that represent investments in population health. These essential services are mainly realized at the primary care level hence creating the investment case for UHC. [25]

According to the UHC Report 2023: “Very few countries have managed to improve service coverage and catastrophic out-of-pocket health spending”. The slowdown in service coverage since 2015 resulted in only 15% service coverage increase worldwide between 2000 and 2021. Some of this slowdown in service coverage and financial protection is attributed to the COVID-19 pandemic. The report recommends the transformation of health systems towards a PHC approach and expanding primary healthcare to include financial coverage for outpatient treatments as methods to hasten action towards UHC. [26]

Finally, a study has demonstrated that continuity remains an important feature of primary care neglected in low and middle-income countries (LMICs), therefore causing challenges in establishing resilient primary healthcare systems to achieve UHC. [27]

As PHC is a primary driver for UHC, it requires a substantial investment in government and country leadership and interprofessional collaboration. PHC should be acknowledged as a central component of health systems and should therefore receive a fair share of the total health care investment, proportionate to its significant importance to the health of a population. [24-25]

UHC and Health Systems Building Blocks

Health Governance

Health governance is a delicate process that requires balancing multiple factors including economic, health and political needs, which may vary between communities, countries and regions. It is essential to include governance in the strategies towards achieving UHC as it plays a major role in arranging priorities in healthcare systems globally. It helps ensure strategic policy frameworks exist and are combined with effective oversight, coalition-building, regulation, attention to system design and accountability. [28]

There are four major contemporary healthcare systems globally [29]:

1. The Beveridge Model, in which the government uses tax payments to financially support the healthcare system. It aims to provide healthcare for all citizens, regardless of age or income.

2. The Bismarck Model, an insurance system, in which employers and employees jointly pay for healthcare through payroll deduction. Bismarck-type health insurance plans do not make a profit and must include all citizens.
3. The National Health Insurance Model, in which a government-run insurance program, that is paid by every citizen, pays for healthcare. It has elements of both Beveridge and Bismarck models.
4. The Out-of-pocket Model, in which the country has no financial power or organized system to provide a unified healthcare system for the population, so the patients pay directly for their services and patients with no funds are denied medical services. [29]

Most countries with any of the previously mentioned models usually have a level of out-of-pocket spending by the patients for medical services. Out-of-pocket expenses have been shown to have a significant impact on pushing people into poverty, pressuring them to choose between health expenditures and basic life necessities. [30] It is one of the main goals of UHC to decrease this spending by widening the spectrum of health services, ensuring equitable access to health services for all without regulatory or financial obstacles to the poorest populations, and minimizing out-of-pocket spending as much as possible. [1]

With SDGs setting the roadmap for global action, we are taking important strides towards effective healthcare governance. Due to the importance of health, any improvement in the sector will have a positive ripple effect on other domains. [31] To see refined governance, there needs to be more policy guidance, coordination initiatives, accountability systems and regulation measures. This will require resilient health institutions that can lead their systems towards health security while maintaining the political support of their governments. [32]

Health Workforce & Delivery

Health workers are essential to the operation of health systems; their availability, accessibility, acceptability, and quality, all play a role in enhancing the coverage of health services and achieving the right to the best possible standard of health. [33] This is demonstrated globally by the COVID-19 pandemic, where shortages of staff were the most often reported cause of interruptions to critical health services. [34] The five occupational groupings (dentists, medical physicians, midwifery, nursing personnel, and pharmacists) combined with data for the 194 WHO Member States in 2020 constitute a total of 50.1 million health workers. When the percentage of other vocations is taken into account, the anticipated number of health professionals rises to 65 million. This stock has grown internationally by 29% since 2013, which is three times more than the population growth (8.2% growth) during the same period. [35] The importance of the health workforce in achieving, maintaining, and accelerating the transition to UHC is widely acknowledged. In some countries, the public sector's inability to accommodate the supply of health workers because of financial limitations may also contribute to issues with universal access to healthcare providers. The challenges of sending health professionals to isolated, rural, and underprivileged communities exacerbate them. [33,35]

Health Financing

Health financing refers to the *"function of a health system concerned with the mobilization, accumulation, and allocation of money to cover the health needs of the people, individually and collectively, in the health system".* [36] The WHO looks at three core functions when it comes to health financing: revenue raising (government budgets, insurance schemes, etc.), pooling of funds, and purchasing of services. [37]

It is a complex yet crucial component of UHC to sustain the delivery of healthcare and maintain the mobilization of resources. [38] The development and implementation of policies that regulate the efficient use of financial resources help in establishing equitable and efficient community health systems. The prioritization of health through strategic purchases increases the efficiency of health spending and allows the healthcare system to focus on allocating budgets towards services that provide better results at lower costs. Functional pooling arrangements enable financial protection and equity of access to healthcare through the accumulation and management of prepaid financial resources on behalf of some or all of the population, putting in place a healthy system for social solidarity. [39]

The combination of health system reformations (i.e. efficiency and equity in resource distribution) and financing policy changes (i.e. increasing domestic funding - efficient, equitable, and pooled - including action on tax

avoidance and reframing healthcare expenditure as an investment rather than purely as consumption expenditure) is a prerequisite for progressing towards UHC [40].

Health and the economy are closely related and very interdependent, this was highlighted during COVID-19, with an economic depression effect influencing the global community until now. [41] With the current crises affecting the worldwide economy and inflation sending shockwaves across all sectors, the healthcare sector is feeling it. [42] To have resilient financing structures that can maintain healthcare delivery, our responses need to change. Healthcare governance needs to emphasize cutting wasteful healthcare expenditures, focus on fiscal health policy responses and restructure their health financing systems to cater for their socioeconomic gradients. [42]

UHC and Post-pandemic recovery

The COVID-19 pandemic sent a shockwave across health systems worldwide, exposing vulnerabilities embedded within the healthcare systems. Catastrophic health expenditures due to inadequate financial protection were amplified [43], mental health problems like anxiety and depression were aggravated [44], and healthcare delivery was significantly impaired. [45]

These events further highlighted the need for urgent and effective actions for UHC, with the movement for it growing bigger by the day due to exacerbated health inequities. Health systems with greater progress towards UHC have been proven to be more resilient in the adversity of the pandemic [46], helping them provide essential health services and avoid delivery disruption. This highlights the relevance of UHC as a key factor in pandemic preparedness, and how the push for implementation has become even more important after exposing our fragilities due to the pandemic's effect. [46]

UHC and Disproportionately Affected Groups

Vulnerable populations can be key indicators of the success of UHC policies. One of the biggest challenges to achieving UHC is to find ways to reach vulnerable populations - those that are at risk of poor health and that have limited health resources. Vulnerable groups have adverse health outcomes compared to others, as they sometimes live in hard-to-reach places; are excluded from services because of gender, age, ethnicity, or other characteristics; and may not participate in health programs because they lack awareness of their entitlements, or because of their own beliefs, financial constraints, or the legality of their status. In many cases, they are excluded from the formal and informal processes that influence the performance of the health system and its direction of development. [47]

Certain groups are characterized by a higher vulnerability and consequently face more challenges [48]. These include:

- ***Migrants, Asylum Seekers and Refugees*:** Many countries fail to provide migrants with accessible and affordable healthcare services. This is exacerbated by the poor hygienic working and living conditions they are in.
- ***Indigenous peoples*:** Indigenous communities encounter difficulties in healthcare access due to cultural and geographic barriers, as well as historical injustices and discrimination, emphasizing the need for culturally sensitive approaches.
- ***Minority groups*:** Racial and language barriers can hinder communications between healthcare providers and patients.
- ***LGBTQIA+ community*:** Discrimination in healthcare settings of this group is the main barrier to receiving adequate healthcare.
- ***Women and children*:** Females and children experience greater comorbidities that often come with gender inequality, such as the negligence of providing maternal protection policy or sufficient education in patriarchal societies around the globe.
- ***People living in zones affected by emergencies*:** In emergencies, hygiene and infrastructure are compromised, making people liable to more physical and mental trauma.
- ***People Living in Poverty:*** can have a difficult time accessing the bureaucratic system associated with health resource navigation. [48]

These challenges faced by vulnerable populations extend beyond geographic barriers and encompass social, economic, and political factors, including discriminatory practices, language barriers, financial constraints, and a lack of culturally sensitive care. [49-51]

The health sector of each country must recognize that progressive UHC efforts are crucial for protecting the health of vulnerable populations. Policy responses must be multisectoral. Instead of just aimlessly adding resources, there have to be major reforms in the processes by which public health is being conducted. [52]

Healthcare Innovations, Digital Health & UHC

Innovation and uptake of digital health within health systems worldwide has lagged behind other industries particularly in LMICs due to the slow development of digital infrastructure, lack of training of health workforce, and healthcare managers in the use of digital systems. [53] Research has shown the critical role digital health can provide in decreasing costs, damages, and pollution associated with paper-based health records and health services. Artificial intelligence systems can help in mapping locations in need of health services, support predictive analytics in health systems from epidemiology to financial management and ultimately improve population outcomes. [54]

Some case studies have highlighted the role of Digital Health and Health Innovation in improving service coverage and quality such as in Pakistan where an app and web portal are used to provide telecare for over 40,000 patients in remote areas through qualified doctors. This innovation boasted telemedicine hubs which allowed health workers to connect with communities [55]. Digital health can also play a role in easing payments and decreasing financial risks associated with healthcare such as the M-Tiba startup in Kenya where users can put aside money for healthcare and pay for healthcare services through the app. This startup partners with the government, donors and NGOs delivering healthcare benefits and reducing fraud. [56]

Social participation for UHC

Inclusive governance rests on policies and actions that are acceptable and tailored to larger communities, by including them in the processes and recognising their voices. Social Participation is a major determinant of success in action towards UHC and can help in acceleration of achieving UHC. [57] The comprehensive WHO guide on Social Participation in UHC outlines how governments can build responsive health policies and programmes, meaningfully engaging with communities to strengthen their effectiveness. [57]

Creating and fostering a sustained environment for collaboration, acceptance of policies, engagement and participation from populations and civil societies can help improve health governance mechanisms for UHC. [57] Social Participation has seen successful outcomes in several countries, including lessons from Burkina Faso, Thailand and Tunisia. [58] The COVID-19 pandemic exhibited how governments making decisions behind the doors, ignoring the cultural and social aspects of their populations can have detrimental effects. [59] Especially during emergencies, this has led to populations losing trust in their governments. An important lesson from Iran in social participation shows how the inclusion of participatory spaces for civil societies has led to better outcomes in UHC policies, also by linking together participatory activities happening at various system levels, within different health programmes. [60]

Community-based interventions, made with the meaningful involvement of civil society, for Primary Health Care, can pave the way towards achieving UHC. Much of Primary Healthcare takes place outside of health facilities and necessitates the involvement of communities in decision-making. [61] Engaging with communities must be away from tokenism and superficial involvement, and should include representation from all components of the population to prevent inequities. [58] Power imbalances and logistical barriers to participation may be solved by targeted methods, such as the inclusive electronic questionnaires adopted by Scottish authorities. [62] Institutionalising and developing financial structures for social participation, as well as ensuring continued meaningful involvement even through emergencies, can ensure that legislation and policies for UHC are inclusive and accepting for all communities. [57]

Intersectionality in UHC

The realization of UHC is intricately tied to acknowledging the complex nature of intersecting identities within diverse populations, as shown in Kimberlé Crenshaw's theory of intersectionality. [63] This framework emphasizes how diverse social categorisations, including race, gender and socioeconomic status, shape an individual's experiences and access to healthcare services. [64]

For instance, an intersectional approach to UHC acknowledges and addresses the unique health needs and challenges faced by diverse demographic groups. It recognises that individuals may encounter multiple barriers to healthcare access, due to the intersection of social identities. [65]

By adopting policies and practices informed by intersectionality, UHC frameworks can work towards eliminating these disparities and promoting a more inclusive healthcare system. Strategies include not only targeted interventions and culturally competent care but also community engagement to bridge the gaps to access and ensure that healthcare services meet the diverse needs of all citizens. [59]

Therefore, an intersectional approach to UHC is essential for achieving health equity, by ensuring that healthcare services are accessible, affordable and appropriate for all individuals, irrespective of their identities. [60]

SRHR and UHC

An individual in good sexual and reproductive health is fully in good physical, mental, and social health about all aspects of sexuality and the reproductive system. The core principles of sexual and reproductive health and rights are individual autonomy and the freedom to make one's own sexual and reproductive decisions while maintaining the best possible level of health. [62]

The right to health for all people includes sexual and reproductive health and rights (SRHR). Every person must be allowed to make their own decisions regarding their bodies and sexual and reproductive health (SRH) free from all types of stigma, violence, discrimination, and coercion to fulfil this right. All people should have equal access to high-quality sexual and reproductive health care, education, and information, regardless of their age, ability, relationship status, sexual orientation, past or present health status, gender identity, race, ethnicity, geography, socioeconomic status, or other status (such as legal, religious, or political). SRHR is a key factor in accelerating the transition to sustainable development since they are necessary for achieving peoples' general health and well-being. [63]

The Guttmacher-Lancet Commission has proposed a set of crucial SRHR interventions that align with the prior guidelines provided by WHO (2017). [64] According to Watkins et al. (2017), most of these interventions are inexpensive and cost-effective. As a result, in both high- and low-resource settings, supporting SRHR as part of UHC is logical. [65] Suggested crucial SRHR actions as a component of a comprehensive SRHR framework include:

- Comprehensive sexuality education
- Services for a variety of modern contraceptives and counselling
- Antenatal, childbirth, and postnatal care, including emergency obstetric and newborn care
- Prevention, detection, and management of reproductive cancers like cervical cancer
- Counseling and services for subfertility and infertility
- Information, counselling, and services for sexual health and well-being.
- Safe abortion services and treatment of the complications of unsafe abortion
- Prevention and treatment of HIV infection and other STIs
- Prevention of, detection of, immediate services for, and referrals for cases of sexual and gender-based violence [64]

Also, sexual and reproductive health services are highly needed by people who belong to minority ethnic groups, young people (especially those in their teens), unmarried people, LGBTQIA+ people, people with disabilities, and

the impoverished in both rural and urban areas. It emphasized the necessity of stepping up efforts to create strong and resilient health systems and move closer to UHC. [65-66]

Future of UHC

Global Agenda

The 2023 UN High-level Meeting (UN HLM) on UHC occurred on the 21st of September 2023, offering countries and stakeholders a chance to revitalize advancements in delivering health for all. In the Political Declaration of this High-level Meeting on UHC, titled "Universal Health Coverage: expanding our ambition for health and well-being in a post-COVID world," member states expressed their commitment to:

"Strengthen national efforts, international cooperation, and global solidarity at the highest political level to accelerate the achievement of universal health coverage by 2030, with primary health care as a cornerstone, to ensure healthy lives and promote well-being for all throughout the life course. In this regard, we re-emphasize our resolve:

(a) To progressively address the global shortfall of 523 million people without access to quality essential health services and safe, effective, quality, affordable essential medicines, vaccines, diagnostics, and health technologies, aiming to provide coverage for 1 billion additional people by 2025, with the goal of encompassing all people by 2030" [67]

To monitor the established objectives, UN members resolved to hold a high-level meeting on UHC in 2027 in New York. The purpose is to conduct a thorough review of the present declaration's implementation, identifying gaps and solutions to expedite progress toward achieving UHC by 2030. [67]

UHC 2030

UHC 2030 is a multi-stakeholder partnership with its secretariat hosted collaboratively by the World Bank, the Organisation for Economic Co-operation and Development (OECD), and the World Health Organization (WHO). [68] At the end of March 2023, UHC 2030 initiated its "UHC Action Agenda" aiming to expedite joint efforts within the global community to achieve UHC and rally political support for the United Nations General Assembly High-Level Meeting on UHC. [69]

UHC2030 was formerly known as the International Health Partnership (IHP+), a global platform co-hosted by the World Health Organization, the World Bank, and the OECD established in 2007 that aimed to enhance development cooperation in health to accelerate progress toward the Millennium Development Goals. In 2016, with the adoption of the Sustainable Development Goals (SDGs), IHP+ evolved into UHC2030, expanding its focus to include health systems strengthening and the achievement of UHC. [70]

UHC2030 emphasizes principles such as equity, transparency, and evidence-based strategies. Its members commit to building equitable and resilient health systems, guided by UHC2030's Global Compact. The platform includes diverse constituencies such as countries, multilateral organizations, civil society, the private sector, and philanthropic foundations. Civil society organizations, represented by the Civil Society Engagement Mechanism (CSEM), ensure inclusivity in UHC policies. [69]

Key issues addressed by UHC2030 include political accountability for UHC commitments, the development of clear pathways for UHC implementation, and the alignment of health systems investments. The platform advocates for meaningful social participation, gender-equitable leadership, and collaboration beyond the health sector to address broader determinants of health. [70]

Despite governments' commitments, UHC2030 highlights uneven progress toward UHC and the need for accelerated action, clear strategies, comprehensive health systems strengthening, and collaboration across sectors to achieve UHC by 2030. [71]

With political commitment and strategic investments in well-directed health systems, the realization of the SDG target—1 billion more people with UHC by 2025 and full global coverage by 2030—remains feasible. However, the urgency for decisive action is apparent as time is running out to address these critical health objectives. [1]

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