



# UN High-Level Meeting Political Declaration on UHC, PPPR, and TB: Analysis and Way Forward



## Background

The week of September 5, 2023 the United Nations General Assembly (UNGA) opened its 78th session, which will continue through September 2024. During UNGA78 High-Level Week (September 18-26), there were three High-Level Meetings (HLMs) on Pandemic Prevention, Preparedness, and Response (PPPR), Universal Health Coverage (UHC), and Tuberculosis (TB). The HLMs were convened by the President of the General Assembly (PGA) with the purpose of reaching an agreement and cooperation on measures to advance progress on these key global issues. It was unprecedented for the UNGA to host three HLMs on health, resulting in three Political Declarations, which were approved by Member States during the HLMs and adopted shortly thereafter by the General Assembly.

1. Political Declaration of the High-Level Meeting on Pandemic Prevention, Preparedness, and Response (document [A/78/L.2](#))
2. Political Declaration of the High-Level Meeting on Universal Health Coverage (document [A/78/L.3](#)), and
3. Political Declaration on the High-Level Meeting on the Fight Against Tuberculosis (document [A/78/L.4](#))

## Purpose

This document includes an analysis of the three Political Declarations and borrows from takeaways and reflections from the UHC, TB, and PPPR advocacy communities. The analysis is meant to be a resource for civil society and summarizes key strengths and weaknesses of the three Political Declarations while also showing linkages across the three documents. Our work as advocates does not end with the adoption of these three Political Declarations and, as such, this document outlines opportunities where civil society can continue to advocate for commitments that were, and were not, included in the outcome documents.

## Analysis

While all three Political Declarations were cross-referenced, and there was common language (sometimes a copying and pasting of text) among certain topics, the actual negotiation process, as well as the civil society and multi-stakeholder advocacy efforts, for all three HLMs were siloed. This resulted in outcome documents that do not necessarily complement one another, nor did they strengthen other parallel processes happening globally (such as the pandemic accord being negotiated in Geneva).

A few key, common trends across the declarations are highlighted below. For a more detailed summary of the content of the Political Declarations, particularly those areas that mattered most to advocates, please refer to the chart below.

### **Common Positives Across the Three Political Declarations:**

- A call to strengthen, finance, and align health systems toward primary health care (PHC).
- A call to provide more support and resources for health and care workers.
- Recognition of the impact of climate change on environmental determinants of health and the need to address both issues simultaneously.
- Recognition for the need to develop, but also ensure equitable access to vaccines, medicines, and other health technologies.
- A call to prioritize and strengthen a whole-of-society and whole-of-government approach to solve each public health challenge.
- A call for greater support for women in the workplace and leadership positions, given they make up 70% of the health workforce.

### **Common Weaknesses Across the Three Political Declarations:**

- Inconsistent definition of the population groups that face the most health inequities.
- Failure to make concrete financial commitments to address gaps and challenges in TB, UHC, and PPPR
- Lack of adequate accountability measures for governments on their commitments and actions.
- Significant weaknesses in all three documents related to mainstreaming and addressing gender equity, with little to no language around sexuality and the LGBTQIA+ community, specifically.

“There are still areas where advocates can continue pushing governments to take action.”

## Strengths

### UHC\*

- Calls for political leadership at the highest levels through a whole-of-government approach;
- Recognizes the impact of **climate change** on environmental determinants of health and the need to incorporate health into climate change mitigation;
- Calls for a **whole-of-society** and whole-of-government approach to strengthen health regulations;
- Recognizes the importance of the health and care workforce and calls for resources resourcing and planning to expand and protect them;
- Call to implement policies, laws, and regulations that support **primary health care** systems;
- Express concerns and need to ensure equitable access to **vaccines** and other medical products and technologies.

\*Drawing from CSEM UHC Political Declaration Analysis

### PPPR

- Calls to de-link R&D and product pricing;
- Recognizes the role of a One Health approach to mitigating pandemics;
- Recognizes the impact of **climate change** on environmental determinants of health and the need to incorporate health into climate change mitigation;
- Calls for a **whole-of-society** and whole-of-government approach to achieve UHC and PHC;
- Recognized the role of **primary healthcare** as the cornerstone of UHC, in integrated disaster management, in combating misinformation, and in general pandemic preparedness;
- Recognized the need to recruit, train, and develop a skilled **workforce**;
- Address bottlenecks in the equitable access and distribution of **vaccines**.

### TB\*\*

- Contains specific, measurable, and time-bound targets to find, diagnose, and treat people with TB;
- Recognizes the impact of **climate change** on environmental determinants of health and the need to incorporate health into climate change mitigation;
- Calls for a **whole-of-society** and whole-of-government approach to end TB and leave no one behind;
- Contains time-bound and specific targets for funding the TB response and R&D;
- Commitment to strengthening financial and social protections for people and families affected by TB;
- Explicitly recognizes the human right to benefit from scientific progress;
- Recognizes the need to support and invest in the **health and care workforce** particularly related to TB services;

## Strengths: TB\*\*

- Acknowledges the role TB plays in infertility and includes pregnant and lactating women and women in their postpartum period;
- Includes strong language around the importance of developing a new TB vaccine in the next five years and ensuring equitable distribution of such **vaccine**;
- Included language on improving access to necessary therapies and technologies such as transparent pricing, regional manufacturing, licensing, technology transfer, etc.

\*\*Drawing from Key Takeaways #2023TBHLM Political Declaration

## Weaknesses

### UHC

- Call to ensure national health policy frameworks **equitably** address the needs of the most vulnerable but there is no reference to who those vulnerable populations are (such as the LGBTQI+ community, migrants, prisoners, sex workers, etc.);
- No mention of calling for disaggregated data or engaging with vulnerable populations to understand their health needs;
- **No concrete commitment to increase investments** in healthcare. Only generally mentions that financial protection is worsening and calls for 1% of healthcare budgets to go to PHC;
- Weak language on gender equity compared to the 2019 Political Declaration with no mention of sexuality, control over sexuality, gender rights or mention of the LGBTQIA+ community;
- Mentions the need to build trust among the community and the need to develop **accountability** frameworks with no concrete actions on how this will be done.

### PPPR

- **Lack of specific financing commitments** or new infrastructure investments;
- The call to action section has actually no concrete commitments;
- Lacks Member State **accountability** on issues such as access to medical countermeasures;
- No actual mechanism to ensure **equitable access** to medical countermeasures;
- No mechanism to remove trade barriers or specific obligations.

### TB

- Lacks language on ensuring all national TB responses are people-centered, **equitable**, inclusive of vulnerable and marginalized populations, and gender-sensitive;
- No concrete **commitment to secure public funding** for R&D;
- Lacks concrete commitments for monitoring **accountability** at all national levels.

## Linkages

### UHC

- Explicitly links pandemic prevention preparedness and response and UHC;
- Recognizes the need to enhance health systems for emergency preparedness at the local level by strengthening surveillance systems;
- Calls for strengthening **PHC** for emergency preparedness and prevention;
- Calls for strengthening health systems to ensure provision and access to essential health services and medicines during emergencies.

### PPPR

- Calls for universal and equitable access to timely and quality health and social services without financial hardship for all people;
- Call to prioritize PPPR to achieve UHC with **PHC** as its cornerstone;
- Accelerate efforts to end other global pandemics, such as TB, and ensure systematic engagement of TB in pandemic response.

### TB

- Acknowledges that strong and resilient health systems are essential to the TB response;
- Acknowledges the need to increase the capacity of the health workforce;
- Acknowledges that investments in building robust integrated and resilient health systems (including TB prevention, detection, and treatment) and developing infrastructure and community responses can advance UHC and contribute to effective pandemic prevention;
- Acknowledge that ending TB requires progress towards UHC particularly strengthening **PHC**.

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## Way Forward

### Take Collective Action: Opportunities for Civil Society Engagement and Advocacy

As noted in the analysis above, there are still areas where advocates can continue pushing governments to take action. Outlined below are areas in which continued advocacy is required to hold governments accountable for their actions and commitments in the Political Declarations. Additionally, advocates can and should remind governments that the Political Declarations do not need to represent the ceiling of their ambitions and actions and that governments can and should continue to strive for progress beyond the measures agreed upon during UNGA78.

### UHC

- Continue to use the key messages in the [Action Agenda from the UHC Movement](#) some of which include:
  - To ensure progress towards the 2030 SDGs and UHC, commit to increasing and sustaining health spending, ideally at least 5% of GDP, or more;
  - Invest in community-based primary healthcare as a vehicle to deliver UHC, including periodic monitoring and reporting on the engagement and reach of most marginalized communities;
  - Remove barriers of various types of discrimination from all national and local health frameworks;
  - Guarantee gender equity in health systems and decision-making at all levels, close the gender pay gap, and remunerate unpaid and underpaid health and care workers including community health workers.
- Leverage the [UHC Day Campaign](#) to voice civil society concerns, share civil society advocacy messages, and call on governments to take action to accelerate progress towards the SDGs.
- Use data from the [State of UHC Commitment Report](#) (the next of which will be launched on 12/12/2023) to track progress in UHC and demonstrate to governments where there are gaps and challenges that need to be addressed.
- Use the [CS Commentary on the Global Monitoring Report](#) to continue to push governments to address major gaps in UHC and to improve the process for monitoring UHC.
- Use upcoming key moments, such as UHC Day and the High-Level Meeting on Antimicrobial Resistance in 2024 to elevate key messages from the UHC Community.

## PPPR

- Push governments to commit to securing the additional, long-term financing needed to close critical PPPR funding gaps. PPPR investments must be in addition to existing health and development financing.
  - Member States should commit to fully and sustainably financing the Pandemic Fund's annual goal of \$10.5 billion in new international financing.
- Reach consensus on a global, standing platform to ensure timely, equitable, and affordable universal access to, and delivery of, medical countermeasures (MCM) currently being negotiated as part of a new pandemic accord.
  - An MCM platform should be designed and convened by low- and middle-income country partners and ensure equity in access from R&D to delivery.
  - An MCM platform should include non-medical interventions and identify and facilitate synergies with disease-specific programs and other related areas, including HIV-AIDS, tuberculosis, malaria, cholera, non-communicable diseases, and AMR.
- Continue to advocate for the creation of a new pandemic accord and amendments to strengthen the International Health Regulations (IHRs) to strengthen the global health architecture by the World Health Assembly (WHA) in May 2024.
- Make further progress in advancing whole-of-government, whole-of-society, whole-of-UN policies for PPPR in the lead-up to the next High-Level Meeting on PPPR in New York at UNGA in 2026.
- Use upcoming key moments, such as the pandemic accord and IHR amendment negotiations, the High-Level Meeting on Antimicrobial Resistance in 2024, and the Summit of the Future to elevate key messages from the PPPR community.

## TB

- Hold governments to account, particularly the G20, on mobilizing the necessary \$5 billion annual investment in research and innovation for TB between 2023 and 2027. This financial commitment will bolster R&D and roll-out of TB vaccines, as well as improve implementation of, and access to, newer shorter-course treatment regimens for Latent TB Infection (LTBI), Drug-Sensitive-TB (DS-TB), and Drug-Resistant TB (DR-TB).
- Continue advocacy to close gaps in TB prevention, diagnosis, treatment, and care by reaching all people with TB, focusing on the most vulnerable and marginalized, and getting the basics right.
- Make the TB response equitable, gender-responsive, rights-based, and stigma-free, with TB-affected communities and civil society at the center by 2025.
- Continue to build on the 2023 Political Declaration on TB by creating a people-centered TB response that incorporates the experiences and needs of those affected by TB.
- Push for action-oriented commitments and accountability at the national level.
- Use upcoming key moments, such as COP28 and the High-Level Meetings on Antimicrobial Resistance in 2024, to elevate key messages from the TB community.