

## UN High-Level Meeting on Universal Health Coverage Global Action Plan for Healthy Lives and Wellbeing for All

---

Briefing and dialogue session  
As public side event to MMI Assembly  
Saturday 25 May 2019, 11.30-13.30

**medicusmundi**  
internationalnetwork  
*health for all*

Public side event to  
MMI Assembly 2019  
Welcome!





## The High-Level Meeting

---

Thomas Schwarz, Executive Secretary  
Medicus Mundi International Network

# UN High-Level Meeting on Universal Health Coverage

---

- **What is it all about?**
- **Why is the HLM UHC relevant for us?**
  - for MMI, Network members, civil society
- **What is going on? How to engage? Perspectives?**
  - The process
  - Challenges and shortcomings
  - Entry points (?) for civil society
  - What we have done
  - Beyond the HLM



# HLM UHC: What is it all about?

---

**Moving together to build a healthier world**



**The UN High-Level Meeting (UN HLM) on Universal Health Coverage, 23 September 2019, New York**



**medicusmundi**  
internationalnetwork  
*health for all*

# HLM UHC: What is it all about?

## The ambitions of WHO



- Position health in UN
- Highest political support
- UHC top of health agenda
- UHC as unifying «umbrella»

# HLM UHC: Why is it relevant for us?

---

## Why is (attention given to) UHC relevant for us?

- Renewed attention on health system, public health (after MDSs and years of vertical silos)
- Universal access to health care (in holistic sense)
- Rights of people, communities,  
Governments as duty-bearers:  
Ensuring access to health care as a social contract
- Finally higher ambitions: «Leave no-one behind»
- Valid for all countries, all societies

# HLM UHC: Why is it relevant for us?

## (Why) is the High-Level Meeting relevant for us?

- This is more difficult to answer, and we have been quite critical about this (looking at it through governance lens)
- Many valid positions  
(ask Wemos, Cordaid, MMS, DWA Cuamm, ITM, etc.)



# HLM UHC: Why to engage in the process?

---

We see the process (rather than the HLM itself) as an entry-point for a critical civil society discourse

- Limitations of how UHC is framed and positioned
- Neglected: Political, economic determinants of health policies and systems at national and international level (UHC cannot be «organized»)
- Related: «Multistakeholderism»
- Neglected: Role of Aid and Solidarity  
«Leave no country alone»  
«Do no harm»

# HLM UHC: What is going on?

## How to engage?

- Member States process
- UHC2030 mandated to provide support and input
- Civil society coordination: UHC2030 CSEM
- Various consultations (meetings and online)
- UHC2030 «Key Asks»
- «Interactive multi-stakeholder meeting in New York»
- Now published: Zero Draft of Political Declaration





# the process? (as the HLM itself) as civil society discourse

## MMI statement for UHC HLM "multi-stakeholder hearing" at the UN HQ in New York, 29 April 2019

We support the UHC2030 implemented, UHC is the key access to health.

We support the attention given beyond health, but draw your

1. The "multi-stakeholder" paradigm has an adverse impact of financialization of health services on universal health coverage. We insist on the responsibility of governments to go beyond regulation and health care financing and delivery.

2. Many members of Medicus Mundi International call for deeper cooperation. We call for development of national health policies, priorities and interests behind development of health services and the securitisation of health care. Reflection on policies, structures and financing is needed.

Allowed max. length: 200 words  
Speaker, if selected: Thomas Schwarz

## Event "Moving Forward Together: Key Asks from the UHC Movement for the UN HLM" Geneva, 6 May 2019 at the Global Health Centre, The Graduate Institute

Initial input by Thomas Schwarz  
Medicus Mundi International – Network Health for All

Well, I will not represent here the "unified voice of civil society". My role in this panel is rather to disturb the party. So let me

I will speak about:

- UHC as an umbrella?
- UHC2030 as a movement?
- Multistakeholderism
- Health care as a social contract

### UHC as an umbrella?

Let me quote the UHC2030 "Key Asks": "UHC is a major opportunity to mobilise resources and generate synergies under a common theme." I could not disagree.

The good news of the current focus on the economics of health are back at the heart of health, after too many years of working on the health of particular groups. I could not disagree. And I love the surprisingly strong political commitment. This document will be longer on my part. But that's no good news...

## Time to say goodbye?

Too much of the clear and strong public health content and language of UHC2030 Key Asks for the UN High-Level Meeting Political Declaration. Here some examples:

### Ensure Political Leadership Beyond Health

"Strengthen national policy and institutional coherence between trade and intellectual property for the right to health. This requires establishing inter-ministerial bodies to coordinate laws, policies and practices that impact health technology innovation and access."

...no mention in Zero Draft of Political Declaration  
"Universal health coverage (UHC) is primarily the responsibility of governments, which ensure people's health as a social contract."  
...drowned in multistakeholder partnership narrative



### Regulate and Legislate

"UHC requires a sound legal and regulatory framework and institutional capacity to ensure the rights of people and meet their needs. Governments are the primary duty bearer under the International Covenant on Economic, Social and Cultural Rights, even in cases when they rely on private providers."

...drowned in multistakeholder partnership narrative  
"Take steps to ensure coherence with national and international legislations on population health, such as tobacco legislation, including the Framework Convention on Tobacco Control (FCTC), labour laws, emergency response and implementation of IHR international humanitarian principles and international human rights laws."  
...becomes incredibly vague in Zero Draft

"Invest in health regulatory agencies (food & drug, alcohol; medicines & technologies; medicines & technologies) and the implementation of international human rights laws."

## the process? (an the HLM itself) as

We support the UHC2030 “Key Asks”: Indeed, if properly designed and well implemented, UHC is the key contribution of the health system to achieving universal access to health.

We support the attention given to regulation and legislation and to political leadership beyond health, but draw your attention to two elephants in the room:

1.

The “multi-stakeholder” paradigm in the discourse on UHC tends to neglect/disguise the adverse impact of financialization, privatisation, commodification and commercialisation of health services on universal access to health care.

We insist on the responsibility and leadership of governments as main duty bearers that goes beyond regulation and stewardship. We call for strong public systems for both health care financing and delivery.

services and  
reflection on policies, structures  
needed.

Allowed max. length: 200 words  
Speaker, if selected: Thomas Schwarz

health, after too many  
health of particular groups. I could

And I love the surprisingly strong po  
This document will be longer on n  
meeting. But that's no good news...

And yes, if properly designed and we  
system to achieving universal access!

“Support interna  
fight tax evasion and corruption  
with finance ministries, national treas  
national anti-corruption agencies to ensure more  
powerful people and entities pay their fair share.”

...no mention in Zero Draft of Political Declaration

tobacco  
& nursing training) a  
WHO Global Code of Practice on  
Recruitment of Health Personnel, the FCTC a  
existing laws.”

...no mention in Zero Draft of Political Decla

Leave No One Behind

accountability mechanisms  
everyone is

Invest More, Invest Better

structuring to add



2.

Many members of Medicus Mundi International are active in the field of development cooperation. We call for development cooperation that supports and accelerates national health policies, priorities and systems. However, the aid agenda is often not aligned with national public health policies but captured by the political and economic interests behind development finance, including the commercialisation of health care services and the securitisation of health as a global risk for richer countries. A critical reflection on policies, structures and practices of development cooperation is much needed.

cooperation. We call for development cooperation that supports and accelerates national health policies, priorities and systems. However, the aid agenda is often not aligned with national public health policies but captured by the political and economic interests behind development finance, including the commercialisation of health care services and the securitisation of health as a global risk for richer countries. A critical reflection on policies, structures and practices of development cooperation is much needed.

Allowed max. length: 200 words  
Speaker, if selected: Thomas Schwarz

I kindly disagree.

The good news of the current focus on the economics of health are back at the health, after too many years of work on the health of particular groups. I could not disagree.

And I love the surprisingly strong position of the document. This document will be longer on the meeting. But that's no good news...

And yes, if properly designed and well implemented, a system to achieving universal access to health care is a good thing.

"Universal health coverage is a responsibility of governments, not of the private sector or health as a social contract."

...drowned in multistakeholder partnership narrative

"Support international and national regulation and fight tax evasion and corruption through cooperation with finance ministries, national treasuries and national anti-corruption agencies to ensure more powerful people and entities pay their fair share."

...no mention in Zero Draft of Political Declaration

international human rights

...becomes incredibly vague in Zero Draft

"Invest in health regulatory agencies (food & tobacco & alcohol; medicines & technologies; nursing & nursing training) and the implementation of the WHO Global Code of Practice on the International Recruitment of Health Personnel, the FCTC and existing laws."

...no mention in Zero Draft of Political Declaration

Leave No One Behind

accountability mechanisms for everyone is

Invest More, Invest Better

structuring to add

# HLM UHC: What is going on? Challenges and Perspectives

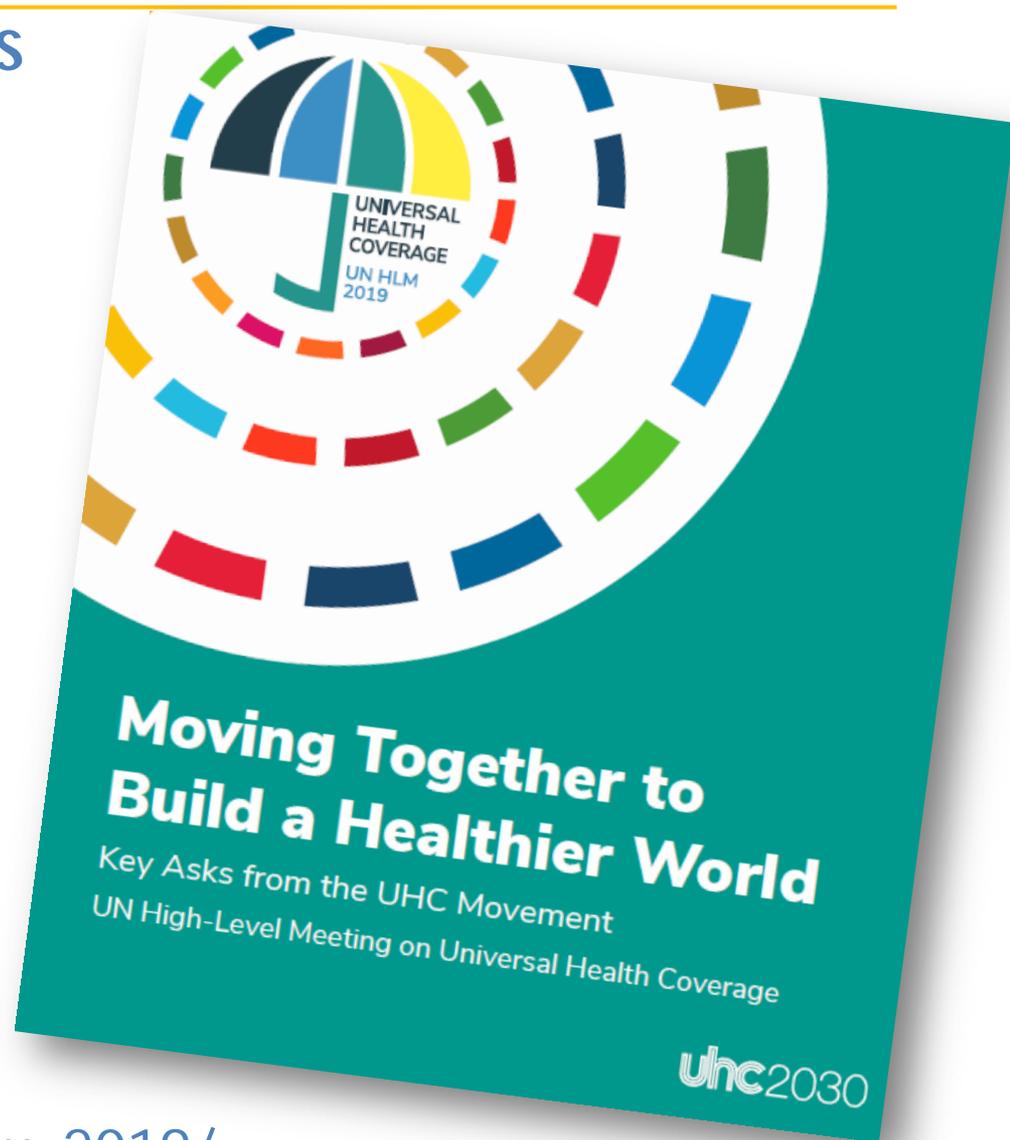


- Difficult processes, set up in a rush
- Consultations as black boxes or even black holes



# HLM UHC: What is going on? Challenges and Perspectives

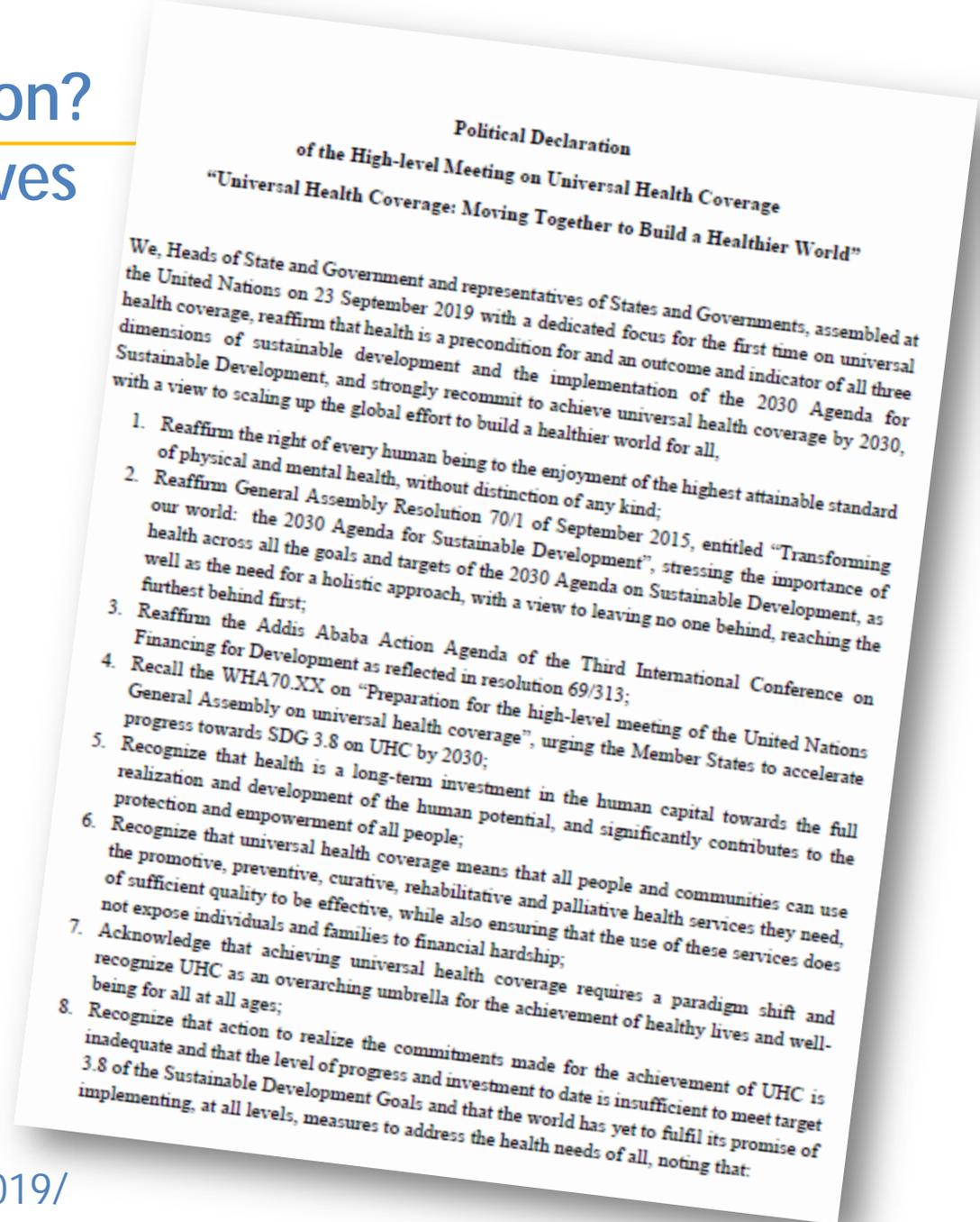
- UHC Key Asks are a great document, strong public health language



<https://www.uhc2030.org/un-hlm-2019/>

# HLM UHC: What is going on? Challenges and Perspectives

- Zero Draft of the Political Declaration is disappointing



HLM U  
Chall

Let us say good-bye to strong public health language of "UHC 2030 Key Asks" for the UN High-Level Meeting on Universal Health Coverage

**Political Declaration**

# Leave No One Behind

**"Establish inclusive social accountability mechanisms for all parts of the health system so that everyone is responsible for progress toward UHC."**

...drowned in multistakeholder partne

Let us say good-bye to strong public health language of "UHC 2030 Key Asks" for the UN High-Level Meeting on Universal Health Coverage

## Regulate and Legislate

**"UHC requires a sound legal and regulatory framework and institutional capacity to ensure the rights of people and meet their needs. Governments are the primary duty bearer under the International Covenant on Economic, Social and Cultural Rights, even in cases when they rely on private providers."**

http

drowned in multistakeholder partnership language

led at  
versal  
l three  
da for  
2030,  
standard  
forming  
ance of  
ment, as  
hing the  
ence on  
Nations  
urging the Member States to accelerate  
n the human capital towards the full  
and significantly contributes to the  
ll people and communities can use  
lliative health services they need,  
at the use of these services does  
quires a paradigm shift and  
ent of healthy lives and well-  
e achievement of UHC is  
insufficient to meet target  
world has yet to fulfil its promise of  
the health needs of all, noting that:

# HLM UHC: What is going on? Challenges and Perspectives



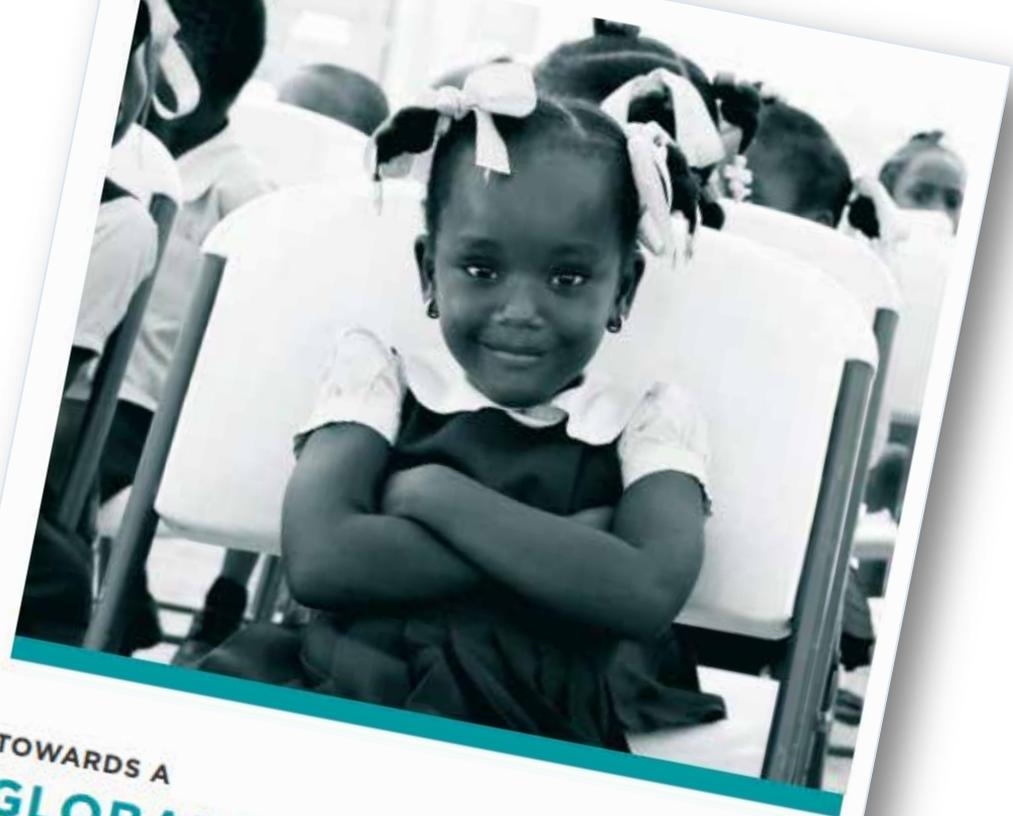
- Civil Society tempted by «multistakeholder» setting
- Civil Society fragmented, promoting particular causes
- ...rather than coming up with joint positions and proposals on what health system, what policies, what governance are needed to support all our good causes.



## Let us talk 1: High-Level Meeting

---





TOWARDS A  
**GLOBAL ACTION PLAN**  
FOR HEALTHY LIVES AND  
WELL-BEING FOR ALL

## The Global Action Plan

Thomas Schwarz, Executive Secretary  
Medicus Mundi International Network

**medicusmundi**  
internationalnetwork  
*health for all*

# Global Action Plan for Healthy Lives and Wellbeing for All

---

- **What is it all about?**
- **Why is the GAP relevant for us?**
  - for MMI, Network members, civil society
- **What is going on? How to engage?**
  - The process
  - Challenges and shortcomings
  - Entry points (?) for civil society
  - Beyond the launch of the GAP



# GAP: What is it all about?

---



TOWARDS A  
**GLOBAL ACTION PLAN**  
FOR HEALTHY LIVES AND  
WELL-BEING FOR ALL

[www.who.int/sdg/global-action-plan](http://www.who.int/sdg/global-action-plan)

**medicusmundi**  
internationalnetwork  
*health for all*

TOWARDS A

# GLOBAL ACTION PLAN

## FOR HEALTHY LIVES AND WELL-BEING FOR ALL

Uniting to accelerate progress towards the health-related SDGs

---

A joint initiative of:



# GAP: What is it all about?

---

- Based on request by Germany, Ghana and Norway
- Process launched at WHS side event, October 2018
- “This initiative **challenges us to innovate, to be agile and to continuously enhance the way we work together in assisting countries** with the people-centred financing, capacity strengthening, advocacy, legal and policy frameworks, research, knowledge, and data required to be successful.”
- Plan to be launched at UNGA HLM



# GAP: What is it all about?

---

“We commit

- to **align** our joined-up efforts with country priorities and needs,
- to **accelerate** progress by leveraging new ways of working together and unlocking innovative approaches, and
- To **account** for our contribution to progress in a more transparent and engaging way.”



# GAP: Why is it relevant? Why is it relevant for us

---

## At first sight

- Rooted in aid effectiveness principles
- Alignment of major “donors” with national policies and plans
- Has the potential to substantially change some of the setting of “Development Assistance for Health”
- Could be an entry point for a critical conversation of role of aid / moving health cooperation beyond aid



# GAP: What is it all about? Let us have a closer look

---

## Align?

“We aim to align and coordinate our work better to reduce duplicate and inefficiencies through:

- Collaborating and harmonizing processes such as for financing and procurement
- Strengthening provision of essential global public goods for health
- Streamlining programmatic and operational policies to seize efficiencies and synergies in our work
- Aligning investment case approaches
- Enhancing access through supply chain management
- Harmonizing operational policies”

# GAP: What is it all about? Let us have a closer look

---

## Accelerate?

“We have identified 7 cross-cutting areas where more innovative, synergistic efforts can significantly accelerate progress in global health

1. Sustainable financing
2. Primary Health Care
3. Community and civil society engagement
4. Determinant of health
5. R&D, innovation and access
6. Data and digital health
7. Innovative programming in fragile and vulnerable states and for disease outbreak response”

# GAP: What is it all about? Let us have a closer look

---

## Account?

“We aim to develop a common framework for assessing results and linking investments more closely to results.

- Set common milestones for nearly 50 health related targets across 14 SDGs
- These milestones will provide a critical checkpoint to measure progress and recalibrate where needed”

# GAP: Challenges and Perspectives

---

## ...again: the process

- Set up in a rush, pressure to provide output by September
- Civil society tempted and trying to engage; through informal gatherings in Berlin and New York, afterwards setting up GAP “advisory group” hosted by CSEM
- Difficulty to follow the pace, understand the logic and entry points (thematic working groups, sherpas, etc.)
- Difficulty to provide input and get heard (Wemos: HRH)
- After New York consultation meeting in April: Letter to GAP core group, answered by Tedros

# GAP: Challenges and Perspectives

## ...again: the process

- Set up in a meeting

To this end, we would like to ask the following:

1. That, before the release of the final Plan at UNGA in September, a timely, structured process is developed to allow community and civil society feedback at national, regional and global levels.
2. That, following the release of the Plan in September, communities and civil society are included in early planning discussions around accountability and implementation of the Plan.

- It is our understanding that the Plan is currently scheduled to be finalized over the next six to eight weeks. This is an extremely tight timeframe, which makes the need for adequate consultation with key stakeholders particularly urgent. We are eager to discuss possible solutions, including the possibility of an online consultation. The Global Action Plan Civil Society Advisory Group stands ready to assist in any way which would be useful.

- (etc.), provide input
- After New York consultation meeting in April: Letter to Heads of Agencies, answered by Tedros



# GAP: Challenges and Perspectives

## ...again: the process

To this end, we would like to ask the following:

1. That, before the release of the final Plan at UNGA in September, a timely, structured process is developed to allow community and civil society feedback at national, regional and global levels.
2. That, following the release of the Plan in September, communities and civil society are included in early planning discussions around accountability and implementation of the Plan.

It is our understanding that the Plan is currently scheduled to be finalized over the next six to eight weeks. This is an extremely tight timeframe, which makes the need for adequate consultation with key stakeholders particularly urgent. We are eager to discuss possible solutions, including the possibility of consultation. The Global Action Plan Civil Society Advisory Group stands ready to assist in any

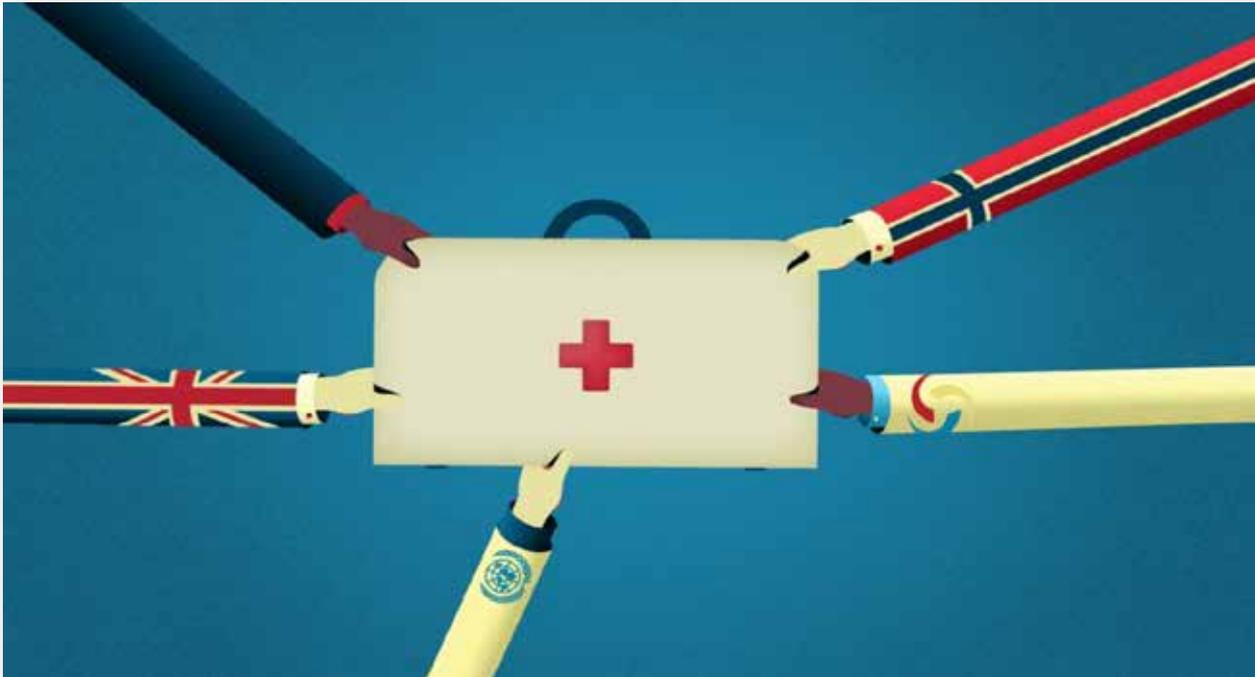
We have considered your request for further consultation opportunities, building on the 30 April 2019 consultation, and have agreed that in June 2019 we will share details of the emerging outline of the Global Action Plan and actions emerging from the accelerator working groups for online stakeholder feedback. This will offer a short window as we finalize the document that will be shared at sessions planned for the United Nations General Assembly in September 2019.

# GAP: Challenges and Perspectives

---

## ...beyond the process

- How will a “deal” between these major global agencies influence national health policies, planning, systems
- Increase power imbalance



# GAP: Challenges and Perspectives

---

## ...beyond the process

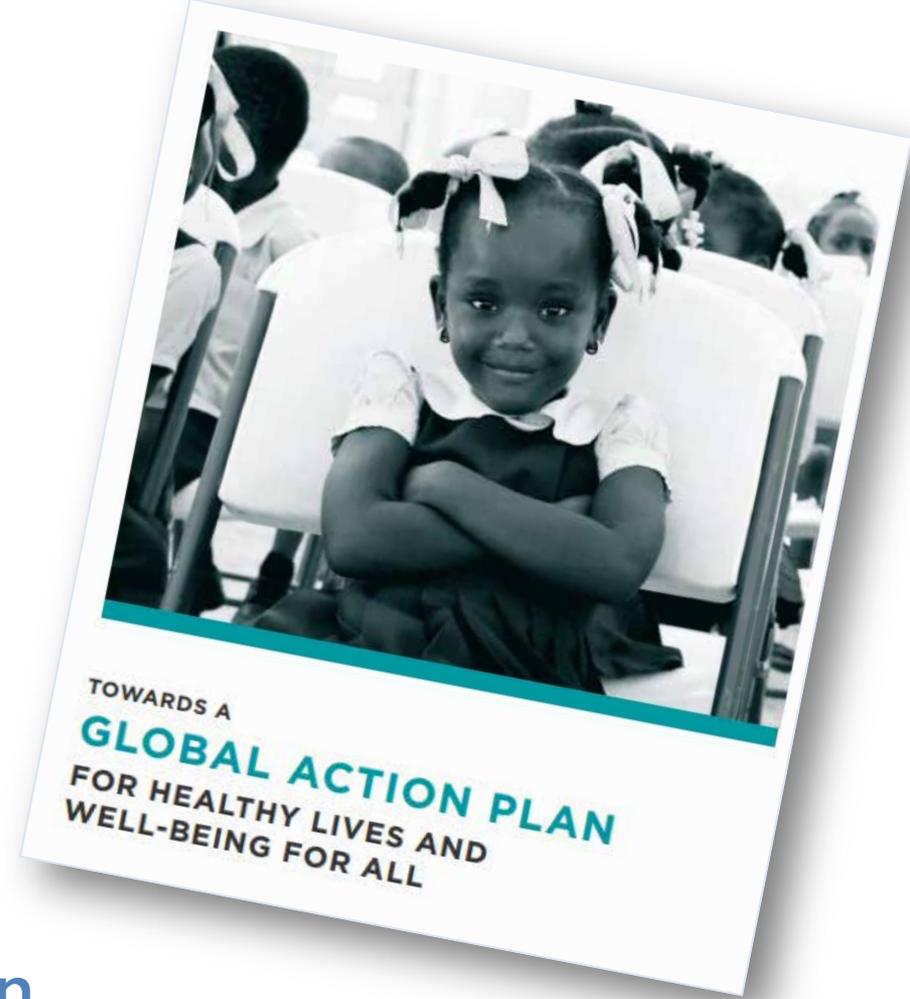
- Civil society engagement in this process  
Issues of legitimacy, representation, management
- Communities and civil society being seen as an “accelerator”, and a topic of their analysis and planning:

How will “their” plan influence our work

- at national level
- at global level

- Nothing for us without us





## Let us talk 2: Global Action Plan

---

Thank you!

