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
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
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
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- Limitations of how UHC is framed and positioned
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- Related: «Multistakeholderism»
- Neglected: Role of Aid and Solidarity «Leave no country alone» «Do no harm»

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 on Universal Health Coverage has not made it into the Zero Draft Political Declaration. Here some examples:

- 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 the world health agenda under a common theme.” I could not disagree more.

I would argue that the good news of the current focus on the economics of health are back at the idea of health, after too many years of working on the health of particular groups. I could not disagree.

And I love the surprisingly strong politics of this document. This will be a lesson on my health portfolio, and that’s a good news...
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.
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.
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

HLM UHC: What is going on?
Challenges and Perspectives

- Zero Draft of the Political Declaration is disappointing

**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 partnership...

**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 bearers under the International Covenant on Economic, Social and Cultural Rights, even in cases when they rely on private providers.”

...drowned in multistakeholder partnership language...
- Civil Society tempted by «multistakeholder» setting
- Civil Society fragmented, promoting particular causes
- ...rather than coming up with joint positions and proposaly on what health system, what policies, what governance are needed to support all our good causes.
Let us talk 1: High-Level Meeting
The Global Action Plan

Thomas Schwarz, Executive Secretary
Medicus Mundi International Network
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
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 is 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 is 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

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- After New York consultation meeting in April: Letter to Heads of Agencies, answered by Tedros

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.
GAP: Challenges and Perspectives

...again: the process

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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!