



Suggested text for zero draft “Political Declaration of the High-level Meeting on Universal Health Coverage” “Universal Health Coverage: Moving Together to Build a Healthier World”

1. PARAGRAPH 6 - SUPPORT THE RETENTION of paragraph 6 (at 28 May 2019) which states *“Recognize that universal health coverage means that all people and communities can use the promotive, preventative, curative, rehabilitative and palliative health services they need, of sufficient quality to be effective, while also ensuring that the use of these services does not expose individuals and families to financial hardship.”*

2. PARAGRAPH 22 Add the words “and care” to reflect the need for care alongside prevention and treatment.

Implement most effective, high impact, people-centered, gender-responsive and evidence-based interventions to meet the health needs of all, and in particular the most vulnerable, ensuring universal access to integrated quality health services for the prevention, treatment **and care** and control of communicable and non-communicable diseases and conditions, including neglected and rare diseases and disabilities;

3. PARAGRAPH 33 Add a new sentence at the end to clarify that Universal Health Coverage is about providing essential health services throughout people’s lives, including those whose lives *cannot* be saved.

“Expand services and increase investment on health and other health-related SDGs in low- and middle-income countries by an additional 3.9 trillion USD in total by 2030, which could prevent 97 million premature deaths globally and add between 3.1 and 8.4 years of life expectancy in these countries. **For those deaths that cannot be prevented, the estimate spend for palliative care needs is less than USD3 per capita per year.”**

4. PARAGRAPH 34 –Reiterate that public financing needs to support health services throughout people lives, including palliative care.

Add the highlighted text:

“Increase budgetary allocations on health based on national health system architecture, broaden fiscal space, and prioritise spending within the health sector, with the focus on Universal health coverage, and in this regard encourage countries, especially those that have not yet achieved the minimum target of 5% of GDP for public spending on health, to increase public spending at an additional 1% to 2% of GDP for expanding access for all to nationally determined sets of essential health services **throughout all stages of life**, with a view to achieving such target or higher by 2030”

5. Paragraph 37 – Integration of palliative care into primary healthcare as per the Astana Declaration is crucial for the achievement of Universal Health Coverage. Please propose the following text:



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“Expand the delivery of and prioritise investments in primary health care **from promotive, preventative, curative, rehabilitative and palliative care** as the cornerstone of a sustainable health system and the foundation for achieving universal health coverage, while strengthening an integrated and effective referral system for secondary and tertiary care.”

6. Paragraph 41 – Add language to support include access to internationally controlled essential medicines for pain treatment for those with palliative care needs.

“Promote increased access to affordable, safe, effective and quality medicines, including generics, vaccines, **internationally controlled essential medicines on the WHO Model List**, diagnostics and health technologies, reaffirming the World Trade Organization Agreement on Trade-Related Aspects of Intellectual Property Rights (TRIPS Agreement) as amended, and also reaffirming the 2001 WTO Doha Declaration on the TRIPS Agreement and Public Health, which recognizes that intellectual property rights should be interpreted and implemented in a manner supportive of the right of Member States to protect public health and, in particular, to promote access to medicines for all, and notes the need for appropriate incentives in the development of new health products;”

7. Paragraph 50 – The majority of health workers worldwide have no or insufficient training in essential palliative care despite the fact that they will inevitably meet people who need it. Please propose the following text:

“Develop, improve and make available evidence-based and culture and gender-sensitive training, skills enhancement and education of health workers as well as promote a continued education and life-long learning agenda and expand community-based health education and training **to ensure skills to provide quality care for people throughout their lives.**”

8. Paragraph 58 – One of the largest populations left behind are the 61 million people who need palliative care, of which it is estimated that 90% do not receive it, with the greatest inequity in low- and middle-income countries.

“Ensure that no one is left behind, especially those who are vulnerable, stigmatized or marginalised among others, children, youth, women, older persons, **prisoners**, persons with disabilities, migrants, refugees, people on the move, people with mental health problems or pre-existing medical conditions, **people with palliative care needs**, regardless of race, religion and political belief or economic and social conditions.

Please feel free to contact us regarding references or questions. We appreciate your support. A collaborative endeavor with the Worldwide Hospice and Palliative Care Alliance.



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