

Rev 1 Political Declaration of the High-level Meeting on Universal Health Coverage (23rd June 2023): Feedback from the International Disability and Development Consortium, 28/06/2023

We welcome the political declaration's reaffirmation of the fundamental right of all people to the highest attainable standard of physical and mental health at all ages without distinction of any kind, and updates in Rev 1 of 23 June 2023 strengthening this language throughout, which must be retained.

We also particularly welcome the recognition of and commitments to address the inequities persons with disabilities of all ages face in enjoying their right to health, references to the inequalities in life expectancy and healthy life expectancy globally, and the urgent action needed to address these as part of progress towards UHC.

We offer in the table below recommendations for further refinement, improvement and/or expansion of equity- and rights-related language in respect of persons with disabilities and older persons.

In particular, we wish to draw your attention to our recommendations on OP20 regarding the commitment to ensure availability of and access to health services for all persons with disabilities. We recommend the following wording with additional language (in red, bold italics) as follows:

'Ensure availability of and ***equitable*** access to ***quality, safe, effective, affordable and essential health*** services ***including primary care, community-based long-term care and specialized services***, and ***medicines, vaccines, diagnostics, health technologies, including assistive technologies, and health-related information*** for all persons with disabilities, to enable their ***enjoyment of the highest attainable standard of physical and mental health*** and full participation in society, and achievement of their life goals, including by ***eliminating*** physical, attitudinal, social, structural and financial barriers, and ***providing*** quality standard of care ***without discrimination*** as well as ***scaling*** up efforts for their empowerment, ***participation*** and inclusion, noting that persons with disabilities, who represent 16 per cent of the global population, ***continue*** to experience unmet health needs; (Source: A/RES/74/2 Paragraph 37 & Paragraph 46)'

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Paragraph	Retain / Amend / Strengthen	New or amended language recommended	Sources / Comments
PP8, PP9, PP10, PP11, PP12, PP13, PP14, PP15, PP19(m), PP20, PP24, PP27, PP37, PP45, PP47, PP48	Revised / additional language strongly welcomed		
PP19	Revised / additional language strongly welcomed	<p>PP19(b): the term ‘mental health disorder’ should be replaced with ‘mental health condition’ or ‘mental health conditions and psychosocial disabilities’.</p> <p>In addition, we suggest adding to PP19 recognition of the high number of persons with hearing loss, which is especially relevant in the context of ageing populations, as follows:</p> <p>“Globally more than 1.5 billion people experience some degree of hearing loss, the vast majority live in low- and middle-income countries, which could grow to 2.5 billion by 2050, evidence-based and cost-effective public health measures can prevent many causes of hearing loss”</p>	<p>The term ‘mental disorder’ should be avoided as it puts a strong emphasis on dysfunction and is considered much more stigmatising than alternative terms ‘mental health conditions’ (used in OP13 & OP14, or ‘psychosocial disabilities, which are more aligned with human rights and recovery approaches in the area of mental health in line with the UN Convention on the Rights of Persons with Disabilities and other international human rights standards. (Cf. <i>WHO QualityRights guidance</i>)</p> <p>Re. hearing loss: based on WHO World Report on Hearing 2021</p>
PP23	Revised / additional	We welcome the concern in PP23 of the higher health costs and gaps in	

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	language strongly welcomed	service availability, including for primary care, long-term care, assistive technologies and specialized services. We recommend that the reference to long-term care includes the same additional language as OP15, as follows: '... long-term care, including home- and community-based care and support services and systems , ...'	
Across the entire text and in particular PP26		We recommend adding recognition / mention of functioning as the third health indicator, with mortality and morbidity	https://www.frontiersin.org/journals/science/articles/10.3389/fsci.2023.1118512/full
PP41	Revised / additional language strongly welcomed	In addition to the health worker roles listed, we recommend insertion also of ' therapists ' and ' trained personal assistants '	
OP2, OP3, OP6, OP10, OP13, OP15, OP17, OP20, OP26, OP41, OP43, OP44, OP47, OP51, OP52, OP59	Revised / additional language strongly welcomed		
OP1(a), OP4, OP13, OP25, OP32	Revised / additional language strongly welcomed	We recommend consistent use of the same language used in PP11 to include reference to assistive technologies in these paragraphs as follows: '... health technologies, including assistive technologies ,',	Rev 1 PP11

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OP4	Revised / additional language strongly welcomed	<p>We recommend the insertion of further additional language, as follows (in red bold italics):</p> <p>‘... with financial protection for all, to promote and enable <i>equitable</i> access to the full range of... ;</p>	
OP6, OP13, OP22 (& PP11)	Revised / additional language strongly welcomed	<p>We strongly welcome recognition of the need to scale up efforts in primary and specialized health care and services for the prevention, treatment and control of NCDs and mental health conditions throughout the life course.</p> <p>We also strongly welcome the recognition in PP23 of the importance of long-term care for persons with disabilities, and the commitment in OP15 to scale up efforts to respond to the diverse needs of the rapidly ageing population with a continuum of care that includes long-term care, including home and community care services. We call for reference to long-term care, including home- and community-based care and support services and systems, to be included consistently alongside mentions of promotive, preventive, curative, rehabilitative and palliative care in all other relevant paragraphs, particularly OP6, OP13, OP22 and PP11, and also in OP20 regarding persons with disabilities.</p>	PP23 & OP15
OP14	Revised / additional language strongly welcomed	We strongly welcome the addition of reference to <u>comorbidities</u> in OP14 and recommend that comorbidities are mentioned more consistently where relevant throughout.	Based on: WHO (2021) Guidance on community mental health services: promoting person-centred and rights-based approaches &

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		<p>We recommend the insertion of further additional language, as follows (in red bold italics):</p> <p>‘Scale up measures to promote and improve enjoyment of the highest attainable standard of mental health as an essential component of universal health coverage, including by ... and by developing person-centered, comprehensive and integrated gender, age and disability-inclusive mental health services, including psychosocial support and community-based care and support, while fully respecting human rights, for the prevention and treatment of ...’</p>	<p>WHO Comprehensive Mental Health Action Plan 2020-2030.</p>
OP20	Revised / additional language strongly welcomed	<p>We recommend the insertion of further additional language, as follows (in red bold italics) :</p> <p>‘Ensure availability of and equitable access to quality, safe, effective, affordable and essential health services including primary care, long-term care and specialized services, and medicines, vaccines, diagnostics, health technologies, including assistive technologies, and health-related information for all persons with disabilities, to enable their enjoyment of the highest attainable standard of physical and mental health and full participation in society, and achievement of their life goals, including by eliminating physical, attitudinal, social, structural and financial barriers, and providing quality standard of care without discrimination as well as ...’</p>	<p>PP23</p> <p>& based on WHA74.8 and WHO (2022) Global report on health equity for persons with disabilities</p>
OP34	Revised / additional language	<p>We recommend the insertion of further additional language, as follows (in red bold italics):</p>	

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	strongly welcomed	‘... including for people living in underserved, rural and remote areas or in areas difficult to access and for persons with disabilities, older person and other marginalized groups who may experience additional barriers in accessing digital and health-related information , acknowledging the role of ... ‘	Based on: Resolution WHA74.8 & WHO (2022) Global report on health equity for persons with disabilities). The additional language suggested will give effect to and ensure alignment with OP3.
OP41-44		More specific and concrete language on how to reduce out-of pocket expenses	
OP51-54 (Health Emergency Preparedness)	Revised / additional language strongly welcomed	We recommend the insertion of further additional language: Rehabilitation in emergencies and continuity of all services And the following insertion shown in red, bold, italics: ‘... in order to respond to such emergencies while maintaining the provision of and equitable access to essential health services and medicines without discrimination, especially ... ’	https://www.who.int/activities/strengthening-rehabilitation-in-emergencies Based on Resolution WHA73.1 & Resolution WHA74.8)
OP56		We recommend the insertion of further additional language, as follows (in red bold italics): ‘... and to ensure that the statistics used in the monitoring progress can capture the actual progress made on the ground, including on unmet health needs and with specific attention to those who are marginalized and vulnerable or in vulnerable situations , for the achievement of	We welcome the commitment to strengthen capacity on data collection and analysis and to strengthen health information systems, including disaggregated data. However, we remain concerned about the significant gaps and

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		universal health coverage, in line with the 2030 Agenda for Sustainable Development;’	weaknesses that exist globally in the collection and use of disaggregated data and intersectional analysis to monitor and measure progress in universal health coverage and to inform equity-based decision making and an understanding of who has the greatest need for health and care services and is furthest behind in accessing them.
OP44	Revised / additional language welcomed but propose that this be strengthened	Welcome language regarding ‘debt swap’ and ‘debt relief’.	Recognising the urgent need for increased public financing for UHC, particularly in low- and middle-income countries, we call for the political declaration to include commitments from high income countries to take action to support increased public investment in health in lower income countries, including through taking action to deliver tax, trade and debt justice.

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