Analysis of the 2023 Political Declaration on Universal Health Coverage compared to the Action Agenda from the UHC movement and the 2019 declaration

Developed in October 2023

The following table provides an analysis of the final language of the 2023 Political Declaration (PD) on Universal Health Coverage (UHC) compared to the Action Agenda from the UHC movement. The Action Agenda, which was developed by a multi-stakeholder Taskforce of 20 representatives from UHC2030 constituencies, lays out eight key actions for Member States to include in the 2023 PD on UHC. In the table below, a traffic light scoring system indicates to what extent each action area is ultimately reflected in the outcome document of the September 21, 2023 United Nations (UN) High-level Meeting (HLM) on UHC. The 2023 UN HLM on UHC provided a unique opportunity for world leaders to reaffirm their commitment to step up efforts to reinvigorate progress towards UHC and the Sustainable Development Goals (SDGs) by 2030. In addition to scoring the representation of the Action Agenda in the 2023 PD on UHC, the notes also provide comparison against the 2019 PD on UHC. This analysis is intended to support advocates to rapidly identify strengths and weaknesses of the 2023 PD on UHC. It will serve as a reference tool for advocates in their engagement with governments to drive the implementation of the HLM on UHC commitments reflected in the PD.

The 2023 Political Declaration is available in all UN languages: English, Arabic, Russian, French, Spanish and Chinese. You can also watch the **recordings of the HLM on UHC** including the opening, plenary, and closing **here**, panel 1 **here**, and panel 2 **here** for more information.

Reference Materials:	Traffic Light Scoring Key:	
The Action Agenda, final (Sept 25th) version of the PD on UHC, and 2019 PD on UHC informed this analysis.	Bright Green = Secured Soft Green = Mostly Secured Yellow = Somewhat Secured Soft Red = Not Explicitly Secured but Some Aligned Content Bright Red = Not Secured	

Action area	Action Area Language	2023 PD score against the Action Agenda	Reference paragraph(s) in the 2023 PD	Notes and Comments on the 2023 PD	Comparison with the 2019 PD on UHC
Action area 1: Champion political leadership for universal health coverage.					
1.1	Provide strategic leadership at the highest political level to champion universal health coverage as a national political priority through a whole-of-government approach.		9, 47	The 2023 PD includes recurring commitments to strengthen political leadership – nationally and internationally – and to adopt a whole-of-government approach. There is emphasis on the importance of national ownership, and increasing and sustaining political leadership to achieve UHC.	Both the 2023 and 2019 versions make a commitment towards strategic leadership on UHC at the highest political level and promote greater policy coherence and coordinated actions through a whole-of-government approach. The 2023 version, however, includes an explanation of how this leadership can be supported through "providing financial risk protection, comprehensively addressing social, economic, environmental and other determinants of health".
1.2	Strengthen and finance a comprehensive essential health benefits package based on epidemiological needs and disease burden, prioritizing primary health care as a foundation of health systems for both universal		49, 86	There is emphasis on prioritising and optimising budgetary allocations on health through investing in primary health care and ensuring adequate financial resources for a nationally determined package of health services for UHC. The 2023 PD recalls the recommended target of spending an additional 1% on primary health care,but does not commit countries to doing so. The 2023 PD calls for strong policies based on a primary health care approach to support the provision of a comprehensive, evidence-based, nationally-determined, and costed package of health services with financial protection for all –	There is similar language in both declarations of need, as well as scaling up efforts to build and strengthen quality, people-centred services "by improving patient safety built on a foundation of strong primary health care". The 2023 PD, however, builds on this point by including a promise and target for WHO and relevant actors to "support member states with evidence-based guidance". The 2023 PD mentions a health package; referencing how "a primary health care approach" is needed to support "the provision of a

	health coverage and health security.			but there is no specific reference to epidemiological needs nor disease burden.	comprehensive, evidence-based, nationally-determined and costed package of health services with financial protection for all". This is not mentioned at all in the 2019 PD.
1.3	Encourage and support subnational governments, communities, civil society and private sector leadership and mobilization for universal health coverage.		75, 104, 105	On addressing global concerns about high prices of medicines, the 2023 PD references the need to build constructive engagement and stronger partnership with industries, the private sector, and civil society for improved access to affordable and efficient health products, and improved regulation of emerging products. There is no specific reference to subnational governments. On promoting inclusive and participatory health governance for UHC, the 2023 PD advocates exploring modalities to enhance a whole-of-society approach, listing stakeholder groups. There are references to the importance of leveraging the multilateral system and other relevant global health actors, including civil society to achieve UHC at the national level.	There are no action points in 2023 PD about corruption and there is no mention of epidemiological needs in either declaration.

Action area 2: Leave no one behind.

2.1	Ensure that all national health policy frameworks address the health needs of vulnerable and disadvantaged groups throughout their life course.		11, 22, 23, 24	The health needs of vulnerable and disadvantaged groups throughout their life courses are actively referenced and prioritised in the Declaration; there is no reference to gender diverse persons or LGBTQIA+ communities, sex workers, and people in prison. There is consistency throughout the text of the use of "those who are vulnerable or in vulnerable situations".	The 2023 PD expands and encompasses more people in the vulnerable groups, e.g. "women, people of African Descent, economically disadvantaged individuals, or those in difficult living situations." Paragraph 24 of the 2023 PD references Indigenous People and their health, and paragraph 66 makes specific reference to how the physical and mental health needs of

2.2	Remove the barriers of various types of discrimination from all national and local health policy frameworks		22, 23, 24, 48,64	There is no reference to the removal of barriers including discrimination from all national and local health policy frameworks to ensure they can access quality and affordable healthcare. There is reference to specifically removing structural and financial barriers for all persons with disabilities to ensure access to health services.	Indigenous Peoples must be addressed; this is not included in the 2019 version. In the 2019 PD there is mention of the need to "expand community-based health education" in relation to providing quality care for vulnerable people. This is not included in the 2023 PD. Neither the 2019 nor the 2023 PD mention the legal barriers that need to be repealed for certain groups to get access to UHC. Both declarations make the same point about collecting data disaggregated by intersections and in relation to the actual experience "on the ground," without directly mentioning mobilizing communities or civil society organisations to collect this data.
2.3	Collect the best available knowledge and information to design the policy, and measure progress in universal health coverage in order to leave no one behind.		48, 104	Whilst this point declares an intention to 'ensure' no one is left behind, there is no commitment to adopting a bottom up approach and actively listening to these voices and including them in policy and decision making. Whilst the intention to 'leave no one behind' is strongly stated, the means through which this will be achieved and the comprehensiveness of 'no one' remains unclear, beyond paragraph (104) noting a need to "promote participatory, inclusive approaches" in this Declaration.	

Action area 3: Adopt enabling laws and regulations.

3.1	Create enabling legislative frameworks that strengthen health systems.		44, 47	There is emphasis on the role of governments in strengthening "legislative and regulatory frameworks and institutions to support equitable access to quality service delivery" to achieve UHC, as well as creating political leadership through strengthening legislative frameworks and policy coherence.	The 2023 PD discusses laws, policy, and regulations necessary for digital health innovations. The 2019 PD mentions digital health tools, but includes nothing about enabling laws.
3.2	Implement policies, laws and regulations for a comprehensive essential health benefits package, financial		79, 90	There is reference to the promotion of fiscal measures to prioritise health promotion, literacy, and disease prevention at all levels, but there is no specific reference to a comprehensive essential health benefits package nor financial protection. Moreover, none of these points emphasise primary	In the 2019 PD, there is an explicit link made between "enacting legislations and implementing policies that provide greater access to essential health services," whereas in the 2023 PD, this kind of relationship is not made explicit.

	protection, primary health care and integrated services to support universal health coverage and health security.			health care or integrated services for the delivery of UHC.	In general, language around "legislation," "law," or "policy" is slightly more frequent in the 2019 version than in the 2023 version.
3.3	Adopt policies, laws and regulations that strengthen ecosystems for health-care technology and innovation to accelerate progress towards universal health coverage.		44, 79	There are some references to the implementation of relevant policies, laws, and regulations to deliver a package of health services, but the PD does not sufficiently call for the far-reaching healthcare technology or innovation the Action Agenda Calls for.	

Action area 4: Strengthen the health and care workforce to deliver quality healthcare.

4.1	Implement existing international agreements to recognize and resource the health and care workforce as the foundation of resilient health systems.		38, 39, 40	There is significant emphasis throughout the text on the importance of a strong global health workforce, with concerns expressed about the continued global shortfall of health workers - noting that regions with the highest disease burden have the lowest health workforce densities to deliver essential services – and highlights the need to invest in training, developing, recruiting, and retaining a skilled health workforce. This includes recognition that women comprise approximately 70% of the global health workforce and must be protected from all forms of violence	The 2023 PD discusses a "nationally-costed workforce." This kind of precise language is not present in the 2019 PD. Mention of evidence-based training for health workers in the 2023 PD is more comprehensive and includes a larger group of key populations than in the 2019 PD. Migrant health workers are mentioned in the 2023 PD and not in the 2019 PD.

		green		and harassment in their roles to ensure the safety of the workforce.	The 2023 version discusses investment in "education, employment, and retention, strengthening the institutional capacity for health workforce governance, leadership, data, and planning". Such detail is not mentioned in the 2019 version.

Regarding the remuneration of workers in rural or hard to reach areas, the 2023 PD mentions "working in these areas, including equal pay for work of equal value," which is much more specific than the 2019 PD. |
| 4.2 | Apply robust planning and financing to retain, expand, and protect the health and care workforce. | green | 91 | The 2023 PD emphasises the need to accelerate action to address the shortfall of health workers through "nationally-costed health workforce plans in accordance with the Global Strategy on Human Resources for Health: Workforce 2030." This includes investment in education, employment, and retention, and strengthening institutional capacity. | |
| 4.3 | Invest in innovative care delivery models to improve the quality of health and care and foster trust. | red | | Innovation in the 2023 PD refers to financing mechanisms, R&D, and the development of new medicines and technologies. | The same discussion about community health workers is in both PDs, with no additional mention of their needs in 2023.
● There is more data to support the points made about community health workers in the 2019 PD as opposed to the 2023 PD. |

Action area 5: Invest more, invest better.

5.1	Increase and stabilize levels of public spending on health to make health systems more resilient and equitable.	pink	86	There is reference in the 2023 PD to prioritizing and optimizing budgetary allocations on health through investing in primary health care and noting that higher government spending is associated with lower reliance on out-of-pocket expenditures, but there is little specific reference to the use of public spending to ensure stable, resilient, and sustainable health systems.	No significant changes have been noted.

The 2023 PD does draw out the link between higher government spending and lower prevalence of out-of-pocket expenditure, which is not addressed in the 2019 version.

Neither PDs include the target towards 5% and neither discuss debt. |
| 5.2 | Increase financing for primary health care to strengthen health systems | cream | 30, 86 | The 2023 PD makes reference to the fact that primary health care must be affordable, and to the importance of prioritizing primary health care in | |

	and scale up services.			budgetary allocations to improve health system efficiency. No reference to scaling up service.	
5.3	Invest more to strengthen financial protection.		18.b, 49	The 2023 PD notes that trends in financial protection are worsening and discusses the importance of strengthening health plans and policies based on a primary health care approach to deliver a costed package of health services with financial protection for all, but there is no specific reference to the need for more investment. There is overall a lack of concrete actions in the 2023 PD to strengthen financial protection while this is an area that has clearly been lagging behind.	

Action area 6: Move together towards universal health coverage.

6.1	Champion participatory, inclusive governance and coordinate a meaningful whole-of-society approach for universal health coverage and health security.		9, 104	Language in the PD is very aligned with the Action Agenda: "Promote participatory, inclusive approaches to health governance for UHC, including by exploring modalities for enhancing a meaningful whole-of-society approach and social participation, involving all relevant stakeholders."	The 2023 inclusion of a point directly about "exploring modalities for enhancing a meaningful whole-of-society approach and social participation, involving all relevant stakeholders" is welcome. Both 2019 and 2023 versions mention strengthening regulatory frameworks for the achievement of UHC, but the 2023 PD mentions the need to integrate a community based perspective into such regulatory frameworks.
6.2	Institutionalize mechanisms for inclusive health governance and adopt policy frameworks that enable and		45	There is language about the importance of people's engagement and the inclusion of relevant stakeholders in health system government, but no reference to institutionalizing mechanisms to ensure inclusive governance.	There is more language in the 2023 PD that acknowledges the potential role of community led initiatives and community engagement in building trust in health systems. This marks a significant improvement from the 2019 version.

	resource social participation.				The 2023 PD addresses the need to build and foster trust in the health system, including addressing misinformation: "Address the negative impact of misinformation and disinformation on public health measures and people's physical and mental health, including on social media platforms, and foster trust in health systems and vaccine confidence, particularly by promoting access to timely and accurate information." The 2023 PD's references establish frameworks that engage a "health-in-all-policies approach" and "engaging stakeholders in an appropriate, coordinated, comprehensive, and integrated, whole-of-government and whole-of-society approach, and to promote social participation". This cross-sectoral language is missing from the 2019 declaration. There is weak language on accountability in both declarations.
6.3	Promote trust and transparency by strengthening accountability in health governance.		33, 56, 82, 104	There are many references in the 2023 PD to the need to foster trust in health systems but no linkage to the role of accountability in building that trust.	

Action area 7: Guarantee gender equality in health.

7.1	Eliminate gender inequality and discrimination in the design and delivery of health policy and services		61	There is language about mainstreaming a gender perspective on a systems-wide basis when designing, implementing, and monitoring health policies, but no specific reference to the eradication of bias and discrimination.	The gender pay gap is mentioned in the 2023 PD. It was not included in the 2019 version. The 2019 PD discusses sexuality whereas the 2023 version lacks any mention of the right to have control over sexuality, or any references to the LGBTQIA+ community at all.
7.2	Guarantee gender equality in health systems and		51, 93, 95	The PD makes reference to the need to implement effective, people-centred, gender-, race-, and age-responsive interventions to meet the health needs of all and ensuring universal access to	The 2019 version is deliberate in its language on "human rights" in relation to gender rights, whereas the 2023 PD uses weaker language, referring to "taking into account human rights."

	decision-making at all levels, close the gender pay gap, and value and appropriately remunerate unpaid and underpaid health and care workers, including community health workers			nationally determined sets of integrated health services, but no specific reference to eliminating gender bias or discrimination in the decision making stages. The 2023 PD makes reference to the need to appropriately remunerate health workers and close the gender pay gap through appropriate remuneration, eliminating biases against women, and addressing inequalities, but no specific reference to unpaid or underpaid healthcare workers.	
7.3	Collect the best available knowledge and information on gender priorities and challenges to improve policy and programme design.		104	There is no mention of consultation or information gathering on gender priorities to inform policy and programming. The 2023 PD makes reference to the importance of building constructive engagement and partnerships with actors including civil society, but no reference to the inclusion of their voices in policy or program design.	

Action area 8: Connect universal health coverage and health security.

8.1	Transform health systems and foster resilience through integrated approaches that connect universal health coverage to health security in order to ensure capacity to prepare for,		28, 81, 98	There is an emphasis on the importance of public health surveillance and linking UHC and integrated health information systems, for the prevention, monitoring, detection, and control of zoonotic new emerging threats, however, the language does not make reference to "transforming health systems." There is an explicit acknowledgment of the link between pandemic prevention, preparedness, and response and UHC.	The 2023 PD recognises the need to enhance health systems for emergency preparedness at the local level, and "the need to enhance coordination, coherence, and integration between disaster and health risk management systems including at the local levels." This is a departure to the 2019 declaration, likely spurred by the COVID-19 pandemic. This has also manifested in considerably more language and emphasis on emergencies in general in the 2023 version, including mentions

	prevent, detect and respond to disease outbreaks and other health emergencies.			of strengthening primary health care for emergency preparedness and prevention and the need to maintain the provision of and access to essential health services and medicines during emergencies.

There are also much stronger and more frequent mentions of "vaccines" and immunization in the 2023 PD, again a likely consequence of the COVID-19 pandemic. |
| 8.2 | Build community trust in science, vaccines, and public health institutions. | 82 | There is specific reference to the importance of addressing the negative impact of misinformation and disinformation to foster trust in health systems and vaccine confidence. | |
| 8.3 | Protect people against interruptions in essential health services during emergencies. | 19, 27, 96 | The 2023 PD specifically references the disruption of essential services during the COVID-19 pandemic – where 92 countries reported disruptions - and the need to strengthen the resilience of health systems to respond to emergencies while maintaining the provision of and access to essential health services and medicines, or to quickly reinstate them after disruption. | |