STOPAIDS, AidsFonds, GNP+, and Frontline AIDS collaborated to provide the following feedback on the zero draft political declaration for Universal Health Coverage.

We welcome the mention of the need to reaffirm strong commitments made through HLM on HIV/AIDS (PP5). However, we would like to see more recognition for the role of the HIV & TB response in achieving UHC and commitment to protecting the gains of the HIV & TB response.

We welcome the important recognition that UHC is central to sustainable PPR in PP35. We would like to highlight the importance of member states committing to the integration of UHC, PPR and health security policy and investment.

Regarding digital health, we welcome OP25, which includes promoting 'policies, laws and regulations' and highlights the digital divide. However we are concerned that these do not explicitly reference protecting human rights, including the right to privacy, the responsibility of business enterprises nor the role of civil society and communities in decision-making.

We appreciate the focus on scaling up mental health measures and improving the quality of life for older persons in OP13 and OP14, respectively. However, we request explicit recognition and commitment to implementing integrated person-centred care in UHC, aligning with the WHO Framework on Integrated People-Centred Health Services[1].

We welcome commitments related to access to medicines and technologies, including recognition of TRIPS Flexibilities and promotion of access provisions in agreements where public funding has been invested. The declaration should be stronger by having commitments supporting local production and supporting alternative and collaborative incentive systems, including delinking financing R&D from the price of new tools and products.

We are concerned to see that there are only five mentions of HIV, one mention of Hepatitis and no mentions of sexually transmitted infections. We support the additions that were recommended by the WHO to represent the WHO Global health sector strategies and highlight both Hepatitis and STIs, including a mention of the burden of deaths from all three (2.3 million/year).

New indicators from the GHSS could be suggested. In 2022, WHA member states agreed to the following 2030 targets:

- Annual new HIV and viral hepatitis cases are reduced from 4.5 million to less than 500,000;
- Annual new cases of four curable sexually transmitted infections among adults are reduced from 374 million to less than 150 million;
- The number of countries validated for the elimination of vertical (mother-to-child) transmission of either HIV, hepatitis B or syphilis increase from 15 to 100;
- The number of annual deaths from HIV, viral hepatitis and sexually transmitted infections are reduced from 2.3 million to less than 1 million; and

[1] https://apps.who.int/gb/ebwha/pdf_files/WHA69/A69_39-en.pdf

- The number of annual new cases of cancer due to HIV, viral hepatitis and sexually transmitted infections are reduced from 1.2 million to less than 700,000.

We would like to propose the following additions (text in red is suggested additions):

PP1. Reaffirm the right of every human being, without distinction of any kind, to the enjoyment of the highest attainable standard of physical and mental health; *(Source: A/RES/74/2 Paragraph 1 verbatim)*

Suggested PP2: Reaffirm the Universal Declaration of Human Rights and commit to respect, promote, protect and fulfil all human rights, which are universal, indivisible, interdependent and interrelated. (Existing text from 2021 Political Declaration on HIV. Paragraph 7[2])

PP9. Recognize that universal health coverage implies that all people have access, without discrimination, to nationally determined sets of the needed promotive, preventive, curative, rehabilitative and palliative essential health services, **including comprehensive HIV and sexual and reproductive health services and education,** and essential, safe, affordable, effective and quality medicines and vaccines, diagnostics and health technologies, including assistive technologies, while ensuring that the use of these services does not expose the users to financial hardship, with a special emphasis on the poor and vulnerable; *(Source: Based on A/RES/74/2 Paragraph 9)*

Rationale: UNFPA states that sexual and reproductive health and rights (SRHR) are an essential part of universal health coverage (UHC). Countries moving towards UHC need to consider how the SRHR needs of their population are met throughout the life course, from infancy and childhood through adolescence and into adulthood and old age.[3] Ensuring access to comprehensive sexual and reproductive health services and information is critical to promoting health equity and addressing the disproportionate impact of infectious diseases on marginalised communities.

PP10. Reaffirm the importance of national ownership and the primary role and responsibility of governments at all levels to determine their own path towards achieving universal health coverage, in accordance with national contexts and priorities, and underscore the importance of political leadership for universal health coverage beyond the health sector in order to pursue whole-of-government and whole-of-society approaches, as well as health-in-all-policies approach, equity **and rights-based** approaches and life-course approaches; *(Source: A/RES/74/2 Paragraph 6 verbatim)*

PP22. Note with deep concern that the COVID-19 pandemic severely disrupted the provision of essential health **and community-led** services in countries, with 92 per cent of countries reporting disruptions during the height of the pandemic resulting in an estimated 14.9 million excess deaths globally in 2020-2021; *(Source: New; Data Source: 3rd Round WHO Global Pulse Survey + WHO Excess Mortality Data)*

PP23. Express serious concern over the disparity between developing countries and developed countries in terms of the distribution of COVID-19 vaccines, **diagnostics and**

[2] https://hivlanguagecompendium.org/pdf/2021-A-RES-75-284%20PD%20on%20HIV%20and%20AIDS.pdf
[3] https://www.unfpa.org/sites/default/files/pub-pdf/SRHR_an_essential_element_of_UHC_2020_online.pdf

therapeutics, which prevents the entire international community from achieving the complete elimination of COVID-19 as soon as possible and also further hampers progress in the realization of the 2030 Agenda for Sustainable Development, noting that, since the beginning of the vaccine roll-out, the majority of all vaccines administered were concentrated in high-income countries, while low-income countries lagged behind in gaining access to COVID-19 vaccines **and the impact that intellectual property protection had in creating these shortages** ; (Source: Based on A/RES/76/175 PP15+PP16)

PP26. Recognize the fundamental role of primary health care in achieving universal health coverage and other health-related Sustainable Development Goals and targets, as envisioned in the Alma-Ata Declaration and the Declaration of Astana, and further recognize that primary health care, including community-based **and -led** service **delivery**s, brings people into first contact with the health system and is the most inclusive, effective and efficient approach to enhance people's physical and mental health, as well as social well-being, noting that primary health care and health services should be high quality, safe, comprehensive, integrated, accessible, available and affordable for everyone and everywhere, noting the work of the World Health Organization on the operational framework for primary health care; *(Source: Based on A/RES/74/2 Paragraphs 13 & 46 + WHO EB152(5) PP5)*

PP28. Recognize the importance of community-based **and -led** health service as a critical component of primary health care and as a means of ensuring universal and equitable access to health for all which can be instrumental in achieving universal health coverage, particularly when delivered in low-resource areas; *(Source: Based on A/RES/77/287 OP1 + PP14)*

PP35. Recognize that health **and community** system resilience and universal health coverage are central for effective and sustainable preparedness, prevention and response to pandemics and other public health emergencies, **therefore committing to the integration of UHC and pandemic preparedness and responses and health security policy development,** and recognize also the value of a One Health approach that fosters cooperation between the human health, animal health and plant health, as well as environmental and other relevant sectors; *(Source: WHO EB152(5) PP4 + A/RES/77/275 PP15)*

Rationale: UHC strengthens health systems by providing a framework for ensuring that health services are accessible, affordable, and of high quality. By expanding infrastructure and capacity, including increasing the numbers and reach of health facilities, streamlining supply chains, and recruiting and retaining the workforce, UHC can ensure that health systems respond promptly and effectively to emergencies. Health systems must be transformed to foster resilience through integrated approaches that connect universal health coverage to health security in order to ensure the capacity to prepare for, prevent, detect and respond to disease outbreaks and other health emergencies[4].

PP37. Recognize the role of governments to strengthen legislative and regulatory frameworks and institutions to support equitable access to responsive and quality health services and **community-led health responses** for the achievement of universal health coverage, including through engagement with their respective communities and stakeholders; *(Source: Based on A/RES/74/2 Paragraphs 21 & 55 + WHO EB152(5) PP6)*

[4] https://www.uhc2030.org/fileadmin/uploads/uhc2030/Action_Agenda_2023/UHC_Action_Agenda_short_2023.pdf

PP38. Recognize that people's engagement and the inclusion of all relevant stakeholders are core components of health system governance **and strengthen community-led responses** that empower all people in improving and protecting their own health, giving due regard to addressing and managing conflicts of interest and undue influence, contributing to the achievement of universal health coverage for all, with a focus on health outcomes; *(Source: Based on A/RES/74/2 Paragraph 20)*

OP2. Provide strategic leadership at the national level for the achievement of universal health coverage by strengthening legislative and regulatory frameworks, promoting greater policy coherence and ensuring sustainable and adequate financing to implement high-impact policies to protect people's health and comprehensively address social, economic and environmental and other determinants of health by working across all sectors through a whole-of-government and health-in-all-policies approach and by engaging stakeholders and **reaching vulnerable and marginalised communities** in an appropriate, coordinated, comprehensive and integrated, bold whole-of-society action and response; *(Source: Based on A/RES/74/2 Paragraphs 57 & 59)*

OP3. Ensure that no one is left behind, with an endeavour to reach the furthest behind first, founded on the dignity of the human person and reflecting the principles of equality and non-discrimination, as well as to empower those who are in vulnerable situations and address their physical and mental health needs which are reflected in the 2030 Agenda for Sustainable Development, including all children, youth, persons with disabilities, people living with HIV/AIDS, older persons, Indigenous Peoples, refugees ~~**and**~~ internally displaced persons and migrants, **people living with HIV, men who have sex with men, sex workers, trangender people, people who use drugs, particularly those who inject drugs, and people in prisons and other closed settings;** *(Source: Based on A/RES/74/2 Paragraph 70)*

Rationale: There is a need to specify the populations most left behind and restricted in accessing health services. The Declaration should use the agreed language in paragraphs 25, 60 and others of the 2021 UN Political Declaration on HIV and AIDS. [5] These refer to these populations being people living with HIV, men who have sex with men, sex workers, transgender people, people who use drugs, particularly those who inject drugs, and people in prisons and other closed settings.

Suggested OP04: Remove the barriers of various types of discrimination from all national and local policy frameworks and laws and commit to the repeal of harmful laws and policies that lead to the denial of access to health services, including all policies and practices associated with the criminalisation of populations such as sex workers, men who have sex with men, trans people and people who use drugs.

Rationale: The UNAIDS Reference Group on HIV and Human Rights states that UHC includes reaching all populations with effective, evidence- and human rights–based interventions. This requires work towards ending stigma and discrimination and the reform of harmful criminalisation and other punitive laws.[6] The OHCHR states that non-discrimination should be a fundamental principle of all strategies for PPR, noting special attention should

[5] https://hivlanguagecompendium.org/pdf/2021-A-RES-75-284%20PD%20on%20HIV%20and%20AIDS.pdf

[6] http://www.hivhumanrights.org/commitmenttohumanrights/wp-content/uploads/2019/05/HRRG-Position-Paper_UHC-and-human-rights_6May2019-final3.pdf.

be given to the protection of groups and populations in vulnerable situations. This should include persons in detention, LGBTIQ+ people and migrants. [7]

Existing text: 2019 OHCHR Annual report on human rights and HIV
"States should ensure that universal health coverage promotes both the health and rights of all persons, including the most marginalized, such as people living with HIV and key populations, and addresses human rights barriers to health. States should ensure that human rights, including the right to health of persons living with HIV, are integrated into discussions on universal health coverage, including in the lead-up to the high-level meeting of the General Assembly on universal health coverage and in its outcome document." (paragraph 47(h))[8]

OP4. Strengthen national ***and community*** health plans based on a primary health care approach to support the provision of a comprehensive, evidence-based, nationally-determined package of health services, with financial protection, to enable access to the full range of integrated, quality, safe, effective, affordable and essential health services, medicines, vaccines, diagnostics and health technologies needed for health and well-being throughout the life course; *(Source: SG Report on UHC, advanced version)*

OP6. Implement the most effective, high-impact, quality-assured, people-centred, gender- and disability-responsive and evidence-based interventions to meet the health needs of all throughout the life course, and in particular those in vulnerable situations, ensuring universal access to nationally determined sets of integrated quality health and **community-led services** at all levels of care for prevention, diagnosis, treatment and care in a timely manner; *(Source: Based on A/RES/74/2 Paragraph 25)*

Rationale: UHC2030 states that community-led initiatives and general community engagement are essential steps towards achieving UHC.[9] By involving communities in decision-making processes, addressing local challenges, building trust, and prioritising equity, these initiatives contribute to more effective, sustainable, and equitable healthcare systems. This was demonstrated in UNAIDS research that found community-led initiatives are crucial for equitable pandemic preparedness and response. The research also found community-led initiatives are critical in ensuring that communities are empowered and involved in efforts to combat health crises.[10]

Evidence from WHO shows that community empowerment has a measurable impact on key populations' health, including reductions in STI incidence, HIV incidence, high-risk sex and increased uptake of family planning.[11] Research also highlights community-based service delivery, including through peers, is more effective in many settings, especially where laws

[7] https://www.ohchr.org/sites/default/files/documents/issues/health/activities/2022-07-15/Human-rights-in-the-new-pandemics-instrument.pdf.
[8] https://hivlanguagecompendium.org/pdf/2019-A-HRC-41-27-Report-on-human-rights-and-HIV.pdf
[9] UHC2030: https://www.uhc2030.org/what-we-do/knowledge-and-networks/uhc-data-portal/partner-data-portal-1/universal-health-coverage-in-nigeria/
[10] UNAIDS: https://www.unaids.org/en/resources/presscentre/featurestories/2022/january/20220128_communities-first-responders
[11] 2022 WHO Consolidated Guidelines on HIV, Viral Hepatitis and STI Prevention, Diagnosis, Treatment and Care for Key Populations *(p. 21)*: https://hivlanguagecompendium.org/intergovernmental-evidence/2022-who-consolidated-guidelines-on-hiv-vh-sti-for-kps.html

criminalize same-gender sex, sex work or drug use.[12] It is therefore important that communities and community-led initiatives are explicitly mentioned throughout this declaration to ensure that they are prioritised in policy development and not left behind.

OP7. Continue to explore ways to integrate, as appropriate, safe and evidence-based traditional and complementary medicine services, **including self-care interventions,** within national and local health systems, particularly at the level of primary health care, according to national context and priorities; *(Source: Based on A/RES/74/2 Paragraph 47)*

Rationale: The availability and affordability of high-quality self-care interventions, informed by the WHO Consolidated Guideline on Self-Care Interventions for health[13], improves equitable access to health, can alleviate pressure on health systems, and has the potential to reduce financial and opportunity costs to the client.

OP27. Strengthen capacity on health intervention and technology assessment, data collection and analysis, while respecting patient privacy and promoting data protection, to achieve evidence-based decisions at all levels on universal health coverage, and to build and strengthen interoperable and integrated health information systems for the management of health systems and public health surveillance; *(Source: Based on A/RES/74/2 Paragraph 65)*

Suggested paragraph OP28: Recognise that the global and, in many cases, national governance of data and digital technologies is currently inadequate for safeguarding human rights, including the right to privacy and right to non-discrimination, and is failing to address digital inequities and commit to establishing new norms, guidance and laws, grounded in human rights and civil society participation, that strengthen and enforce the governance of data and digital technologies, including artificial intelligence.

Rationale: Multiple UN resolutions include language to address the governance gap[14], as well as the WHA in the context of health[15]. For example, the former 'affirm that the same rights that people have offline must also be protected online, including the right to privacy'[16] and acknowledge that '...the risks to these [privacy and other human] rights can and should be avoided and minimized by adapting or adopting adequate regulation or other appropriate mechanisms, in accordance with applicable obligations under international human rights law[17]'. Further, states should 'consider developing or maintaining and implementing legislation, regulations and policies to ensure that all business enterprises, including social media enterprises and other online platforms, fully respect the right to privacy and other relevant human rights in the design, development, deployment and evaluation of technologies, including artificial intelligence.'

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[12] 2021 WHO Consolidated Guidelines on HIV Prevention, Testing, Treatment, Service Delivery and Monitoring (p. 346): https://hivlanguagecompendium.org/intergovernmental-evidence/2021-who-consolidated-guidelines-hiv-prevention-testing-treatment-monitoriong.html

[13] https://apps.who.int/iris/bitstream/handle/10665/325480/9789241550550-eng.pdf

[14] For example, A/HRC/RES/42/15 (see 6 (g)), A/RES/75/176 (see 7 (f), (g) and (h)) and also A/RES/73/179 (see 6 (f) and (g))

[15] '*Strengthen governance of digital health at national and international levels*', WHO Global Digital Health Strategy

[16] UNGA A_RES_75_176: The Right to Privacy in the Digital Age

[17] UNGA A_RES_75_176: The Right to Privacy in the Digital Age

Suggested OP15: Scale up efforts to advance the integration of health service delivery, including the physical and social health services, and ensure the funding and advancement of person-centred community-led initiatives.

Rationale: The WHO state that it is crucial to ensure that health (including immunization), welfare, justice, protection, education and social protection services are integrated, linked and multidisciplinary in nature, with a strong system for referral along the continuum of care.[18]

Existing text - WHO global strategy on integrated people-centred health services 2016-2026: Countries should commit to implementing policies to move towards people-centred and integrated health services need to be country-led in a process of co-production between governments, providers and the people that they serve. The role of countries is therefore essential in overcoming some of the key challenges to implementation. Countries committed to this path should be sure to develop and communicate a clear vision and strategy for what they wish to achieve. They also need to secure adequate funding for reform and implementation research.[19]

> OP21. Promote increased access to affordable, safe, effective and quality medicines, including generics, vaccines, 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 World Trade Organization 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~~; (Source: A/RES/74/2 Paragraph 51 verbatim)

Rationale: The public fundings plays a critical role in the Research & Development of new health products. Globally, it is estimated that the public pays for two-thirds of all upfront drug R&D costs, with around a third of new medicines originating in public research institutions.[20] On top of this, many medicines developed by pharmaceutical companies are often built upon a large body of scientific work undertaken and paid for by the taxpayer. This proposed language could fuel the misconception that strong intellectual property rights are needed for innovation for new health products and not recognise the crucial role played by the public sector.

> OP21. Promote increased access to affordable, safe, effective and quality medicines, including generics, vaccines, 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 World Trade Organization 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;

[18] https://hivlanguagecompendium.org/pdf/2022-WHO-consolidated-guidelines-on-HIV-VH-STI-for-KPs.pdf

[19] https://interprofessional.global/wp-content/uploads/2019/11/WHO-2015-Global-strategy-on-integrated-people-centred-health-services-2016-2026.pdf

[20] https://www.globaljustice.org.uk/wp-content/uploads/2018/12/pills-and-profits-report-web.pdf

and support the rights of Governments to use TRIPS Flexibilities and to avoid TRIPS Plus provisions in Free Trade Agreements (Source: A/RES/74/2 Paragraph 51 verbatim)

Rationale: Despite the Doha Declaration, low and middle income countries frequently come under under pressure when try to use TRIPS Flexibilities (including compulsory licensing). And within Free Trade Agreements, Governments are also under pressure to enact or implement even tougher or more restrictive conditions in their patent laws than are required by the TRIPS Agreement – 'TRIPS plus' provisions - which could impact access to medicines and legal safeguards. For example, the leaked IP chapter of the UK-India Free Trade Agreement currently being negotiated proposes TRIPS Plus provisions including patent term extensions, data exclusivity and prohibiting pre-grant oppositions.[21]

OP23. Explore, encourage and promote a range of innovative incentives and financing mechanisms for health research and development, including **delinking financing R&D from the price of products and** a stronger and transparent partnership between the public and the private sectors as well as academia and **communities affected**, acknowledging the important role played by **publicly funded research institutions and** the private sector in research and development of innovative medicines, while recognizing the need for increasing public health-driven research and development that is needs-driven and evidence-based, guided by the core principles of safety, affordability, effectiveness, efficiency, equity and considered as a shared responsibility, as well as appropriate incentives in the development of new health products and technologies*; (Source: A/RES/74/2 Paragraphs 52 & 53)*

Rationale: Delinkage is an innovation model based on the premise that the costs and risks associated with R&D should still be rewarded, but that the incentives for R&D can be provided by means other than the financial returns made from high product prices during the period of patent protection. A model of delinkage involves paying for R&D through a combination of research grants, subsidies, and cash or other rewards for successful achievement of various objectives. STOPAIDS' People's Prescription Report gives more information on delinkage and how this innovative R&D approach could be used to advance UHC.[22]

OP24. Promote the transfer of technology and know-how and, encourage research, innovation and commitments to **open and** voluntary licensing, ~~**where possible,**~~ in agreements where public funding has been invested in research and development for health **and within the WHO Pandemic Instrument**, to strengthen local and regional capacities for the manufacturing, regulation and procurement of needed tools for equitable and effective access to vaccines, therapeutics, diagnostics and essential supplies, as well as for clinical trials, and to increase global supply through facilitating transfer of technology within the framework of relevant multilateral agreements; (Source: Based on A/RES/76/257 OP11)

Rationale: It is essential that strong language on conditions on public R&D funding is retained. Public funding is already hugely important in the development of new medical tools. Sadly, this support carries very few conditions, allowing research produced in this way to be patented, often by foreign corporations, forcing the taxpayer to pay twice for medicines. The

[21] https://msfaccess.org/damaging-provisions-access-medicines-uk-india-fta-negotiation-text
[22] https://stopaids.org.uk/wp/wp-content/uploads/2018/10/report.pdf

proposed paragraph could be made stronger by removing 'where possible' and recommending 'open licensing' given that voluntary licensing agreements often have rigid conditions and exclude middle-income countries which face access barriers. Norms around attaching conditions on public funding should also be reflected within the WHO Pandemic Accord currently being negotiated.

Suggested paragraph 0P25: Enhance low and middle-income country capacity to independently research and produce vaccines, diagnostics and therapeutics; avoid and provide collaborative alternatives to rigid intellectual property norms, and commit to support and financing the WHO mRNA hub programme.

Rationale: One problem for achieving UHC is a global dependence on a small number of very large businesses with little incentive to produce medicines for most of the world. In response, countries have started building alternative approaches, which should be further supported. With the support of the WHO, South Africa has established an mRNA facility, with a commitment to freely sharing their know-how with countries around the world.[23] Working on the same project, Brazil intends to employ this technology in its ongoing public production of medicines for its own health service.

OP29. Continue to pursue policies towards adequate and efficient health financing and investments in universal health coverage and **health and community systems strengthening** through close collaboration among relevant authorities, including finance and health authorities, to respond to unmet needs and to eliminate financial barriers to access to quality, safe, effective, affordable and essential health services, medicines, vaccines, diagnostics and health technologies, reduce out-of-pocket expenditures which lead to financial hardship and ensure financial risk protection for all throughout the life course, especially for the poor and those in vulnerable situations; *(Source: Based on A/RES/74/2 Paragraph 39)*

OP30. Ensure nationally appropriate spending targets for quality investments in public health services, consistent with national sustainable development strategies, in accordance with the Addis Ababa Action Agenda, and transition towards sustainable financing through domestic public resource mobilization; *(Source: A/RES/74/2 Paragraph 40 verbatim).* **This should include specific spending targets for investment in community-led responses to health**.

Suggested OP31: Pledge to increase and integrate investments in health systems to simultaneously strengthen individual disease responses, PPR and UHC capacity 'recognising the need for health systems that are strong, resilient, functional, well-governed, responsive, accountable, integrated, community-based, people-centred and capable of quality service delivery, supported by a competent health workforce, adequate health infrastructure, enabling legislative and regulatory frameworks as well as sufficient and sustainable funding'[24] (Source 2019 Political Declaration on UHC, Paragraph 10)

OP34. Provide adequate, predictable, evidence-based and sustainable external finances, while improving their effectiveness, to support national efforts in achieving universal health

[23] https://www.who.int/initiatives/the-mrna-vaccine-technology-transfer-hub
[24] 2019 UHC polictical declaration
https://hivlanguagecompendium.org/pdf/2019-A-RES-74-2%20PD%20of%20the%20HLM%20on%20UHC.pdf

coverage, in accordance with national contexts and priorities, through bilateral, regional and multilateral channels, including international cooperation, financial and technical assistance, **reiterate that the fulfilment of all official development assistance targets remains crucial and recall the respective commitment of many developed countries to official development assistance, including 0.7 per cent of gross national income provided as official development assistance;** ~~considering the use of~~ **increasing investments in** traditional and innovative financing mechanisms such as, inter alia, the Global Fund to Fight AIDS, Tuberculosis and Malaria, GAVI, the Vaccine Alliance, the Global Financing Facility for Women, Children and Adolescents, the Financial Intermediary Fund for Pandemic Prevention, Preparedness and Response, **Unitaid** and the United Nations trust fund for human security, within their respective mandates, as well as partnerships with the private sector and other relevant stakeholders, recognizing that health financing requires global solidarity and collective effort; *(Source: Based on A/RES/74/2 Paragraph 45)*

Rationale: The United Nations has a target for countries to spend 0.7% of their Gross National Income (GNI) on Official Development Assistance (ODA). If the international donor government community were to increase their GNI spending to 0.7%, it would unlock significant resources towards ending the financing gaps for realising UHC, PPPR and ending infectious diseases. Governments committed to the proposed text on 0.7% in the 2021 Political Declaration on HIV/AIDS. The referenced global health initiatives in OP34 play critical functions in realising UHC and with them facing funding limitations. There is therefore a key opportunity for the Political Declaration to rally the international community to increase investment through them.

Suggested paragraph OP35: Ensure that external Official Development Assistance funding channelled to the private sector does not undermine public health provisions, is driven by patient-centred needs, has a demonstrated public health impact, has strong transparency and accountability mechanisms in place, and supports human rights; ensure private sector investment in health is not promoted in countries where there is not effective regulation of the private health sector.

Rational: There is a growing body of evidence to suggest that the increased engagement of the private sector in global health, without clear guiding principles and binding regulations, is leading to actions that do more harm than good, including undermining public health systems and negatively impacting the most marginalised and vulnerable populations.[25] Despite these growing concerns, the role of institutions such as development finance initiatives have gained increased prominence, and the promotion of public-private partnerships to increase the involvement of the private sector in health continues. For more information on better regulation on the use of ODA to the private sector, please see the civil society principles for ODA-funded private sector in global health.[26]

OP37. Continue to scale up efforts and strengthen cooperation to promote the training, development, recruitment and retention of competent, skilled and motivated health workers, including community **and peer** health workers and mental health

[25] https://stopaids.org.uk/2022/11/24/principles-for-oda-funded-private-sector-engagement-in-global-health/

[26] ibid

professionals, guided by target 3.c of the 2030 Agenda; *(Source: Based on A/RES/72/4 Paragraph 62)*

OP40. Strengthen the resilience of health systems and **community-led responses** by ensuring that primary health care, referral systems, and essential public health functions are among the core components of preparedness for health emergencies, so as to be able to respond to such emergencies while maintaining the provision of and access to essential health services or to quickly reinstate them after disruption; *(Source: Based on A/RES/75/130 OP2 + OP5)*

OP47. Strengthen the capacity of national government authorities to exercise strategic leadership and coordination role, focusing on intersectoral interventions, as well as strengthen the capacity of local authorities **and community leaders,** and encourage them to engage with their respective communities and stakeholders; *(Source: A/RES/74/2 Paragraph 55 verbatim)*

OP48. Promote participatory, inclusive health governance for universal health coverage, including by exploring options to promote and institutionalize mechanisms for a meaningful whole-of-society approach and social participation, involving all relevant stakeholders, including local communities, **especially those that are stigmatized, marginalized and vulnerable,** health and care workers, volunteers and other key actors in the design, implementation and monitoring of universal health coverage, to systematically inform decisions that affect public health, so that policies, programmes and plans better respond to individual and community health needs, while fostering trust and improving health system accountability and resilience; *(Source: New based on SG Report on UHC, advanced version and A/RES/77/287 OP2)*