Leaving no cancer patient behind

Companion to the Key Asks from the UHC 2030 Movement

Introduction

On the 23rd September 2019, Heads of State and Governments from UN Member States will meet to discuss Universal Health Coverage (UHC) for the first time. Following on from a recent series of UN High-level Meetings (HLM), including on non-communicable diseases, antimicrobial resistance and tuberculosis, this meeting on UHC provides an opportunity to bring these often-fragmented discussions together and develop a cohesive call to action at the highest level of Government.

This HLM presents an opportunity for the global health community to come together around an integrated approach to health which can deliver equitable access to health services to ensure that we leave nobody behind. For the cancer and NCD community, the HLM provides an important opportunity to advocate for strong health-systems which can respond to the growing burden of cancer and NCDs and deliver people-centred care for all. At the end of the HLM process, UICC hopes to see a strong Political Declaration on UHC which commits Member States to coordinate investments in health systems to deliver integrated prevention, early detection, diagnosis, treatment and palliative care services for cancer patients.

Universal Health Coverage at a glance

Universal Health Coverage (UHC) sets out that "*all people and communities can use the promotive, preventive, 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 the user to financial hardship.*"[1]

This approach to health is founded on the principle that the highest attainable standard of physical and mental health is a fundamental human right and has been re-articulated in the Alma-Ata declaration, Sustainable Development Goal 3.8 and the Astana Declaration. UHC embodies three key objectives

1. Equitable access – the ability to access a service should not be determined by a person's ability to pay
2. Quality care – the services available should improve the health of those using them
3. Financial risk-protection – UHC must include mechanisms to protect against financial risks so that people using health services are not pushed into poverty.

Engagement in the UN HLM on UHC is being coordinated by the UHC 2030 group and UICC supports the UHC 2030 Key Asks from the UHC Movement alongside the NCD Alliance's priorities for the 2019 UN HLM on UHC. This document has been developed as a complement to these documents to provide advocates with further detail and some suggested language for where and how cancer control can support the achievement of UHC. We would welcome your feedback on this to advocacy@uicc.org.

[1] WHO (2019) Universal Health Coverage and health financing https://www.who.int/health_financing/universal_coverage_definition/en/ [Accessed 02.05.2019]

UHC and cancer

Cancer is the second leading cause of mortality globally. In 2018, there were an estimated 18.1 million new cancer cases and 9.6 deaths as a result of cancer[2]. Moreover, the data shows that the cancer burden is rising across the globe, with some of the fastest increases taking place in low- and middle-income countries[3] who already bear around 70% of the global burden[4] and whose health systems are often least well equipped to respond to patient needs. It is clear, therefore, that all countries will need to plan for and invest in core services to adequately address the needs of cancer patients over the coming years as part of an effective national UHC package.

It is important to recognise that some Member States are currently not in a position to deliver equitable, comprehensive cancer and broader non-communicable disease (NCD) services. However, we urge all Member States to make the most of the opportunity that the UN HLM on UHC provides by setting out an ambitious vision for UHC which can be delivered over time through progressive realisation of national UHC packages. Progressive realisation provides a framework for Governments to increase the coverage of a core services to a whole population, ensure the quality and financial protection for these services, and then expand UHC packages to meet aspirational goals by 2030.

We would strongly encourage Member States to prioritise cost-effective, evidence-based interventions to reduce the burden of cancer and NCDs as recognised in the 2018 HLM on NCDs, as action to date been limited by sustained under-investment and fragmented service delivery. Global and national UHC discussions provide a unique opportunity to integrate these interventions within core UHC packages to reduce the estimated 16 million premature NCDs deaths[5] annually and catastrophic health spending experienced by over 60% of people living with NCDs by 2030.

UHC action agenda

UICC supports the asks put forward by the UHC 2030, recognising they provide a comprehensive foundation for a political declaration on UHC. The discussion below provides more concrete language and examples that clarify the links with comprehensive cancer control, as well as some advocacy asks that cancer advocates can make during their discussions with Member States.

1. Ensure Political Leadership Beyond Health

At its core, UHC is a political decision and will require continued political support and prioritisation within national agendas to translate the global vision into national action. In September, it is critical that the political declaration build on the broad suite of existing political commitments to UHC but scale up the ambition of the language and commitments in order to ensure that this opportunity is not missed, as previous HLMs have failed to galvanise sufficient action on the ground.

Advocacy asks

Key asks to increase political leadership are:

- Adopt UHC at all levels of government as part of a whole-of-government approach to the development of core UHC packages and their implementation and prioritise essential public health interventions which address the social, environmental and commercial determinants of health.
- Pursue a whole-of-society approach during the development of national UHC plans and core packages, highlighting the role of sectors beyond health and stakeholders from different sectors in the delivery of UHC nationally.

[2] IARC (2018) GLOBOCAN http://gco.iarc.fr/today/data/factsheets/cancers/39-All-cancers-fact-sheet.pdf [accessed 13.03.2019]
[3] IARC (2018) Latest global cancer data (GLOBOCAN press release https://www.iarc.fr/wp-content/uploads/2018/09/pr263_E.pdf [accessed 13.03.2019]
[4] WHO (2019) Cancer factsheet: https://www.who.int/news-room/fact-sheets/detail/cancer [accessed 13.03.2019]
[5] WHO (2019) NCDs and their risk factors: https://www.who.int/ncds/introduction/en/ [accessed 13.03.2019]

2. Leave No One Behind

Health is a human right and the successful delivery of UHC will require governments, as custodians of national health, to establish and build up health systems that target the vulnerable and underserved. We cannot consider that UHC has successfully been delivered until these groups, which will vary by country, are able to equitably access services. This has driven much of the preparatory work to date, with the UN calling on all actors to target those furthest behind first. A core element of this work will be to determine who is most vulnerable, understand why and implement policies to address these barriers, and the foundation for this will be access to timely and accurate data. Building on this approach, some key advocacy asks are:

Advocacy asks

- Comprehensively invest to build resilient health systems that deliver people-centred services, based on comprehensive essential health packages delivered through primary health care and supported by strong and timely referral through to secondary and specialist facilities for cancer diagnosis, treatment and care.
- Adopt a progressive realisation approach to UHC by setting ambitious national targets for UHC and delivering these within clear timelines, prioritising the scale-up of existing high-quality, essential cancer and NCD interventions and then building up UHC packages over time to effectively respond to current and predicted disease burdens.
- Institutionalise the collection of data on NCD risk factors, burden and health outcomes, leveraging existing data collection mechanisms like cancer registries.
- Establish national accountability mechanisms, such as a national multistakeholder UHC committee, and ensure access to data on health trends, disaggregated by gender, age, geography, income and other measures as needed, to evaluate health programmes and equity of access to health services nationally.

3. Regulate and Legislate

The delivery of UHC will require a strong regulatory and legal environment which establishes and safeguards the right to health, and the different components of this, across the spectrum of UHC actions from new partnerships, to trade deals, research and data security to name a few.

Advocacy asks

Key advocacy asks for regulation and legislation are:

- Establish and review responsible regulatory and legal systems that support and safeguard the implementation of UHC, including mechanisms to identify, manage and resolve perceived and actual conflicts of interest with national and international actors whose core business impacts health.
- Take measures to ensure policy coherence and prioritising health within all government activities, including strengthening national policies and institutional coherence between trade and intellectual priority alongside investing in national and regional health regulatory agencies to contribute to improved access to affordable, quality, safe and effective medicines and technologies.
- Establish and/or strengthen data protection, oversight and ownership by individuals of their own data, including policies on data transferability.
- Implement policy measures to improve coherence with international public health recommendations, such as the Framework Convention on Tobacco Control, international health regulations, international recruitments of health workers etc.

4. Uphold Quality of Care

Before working to expand UHC packages, Member States should ensure the delivery of a core package of high-quality essential services which respond to the national disease burden. Primary health care (PHC) facilities are recognised as the backbone of national health systems and will be central to the delivery of UHC, however the effective management of cancer, other NCDs and many other health conditions requires strong and timely referrals through to secondary and specialist care. The delivery of these services will rely on the presence of well-trained, well-equipped and a suitably remunerated health workforce, and this element must be integrated into national UHC planning.

Advocacy asks

Key advocacy asks to uphold and improve the quality of care are:

- Ensure that core UHC packages include effective prevention, early detection, diagnostic, treatment and palliative care services to address current and projected national disease burdens, and that the selection process is completed in a transparent and consultative manner.
- Integrate quality assurance measures into health systems to ensure optimal use of resources for the delivery of accessible and acceptable health services, and to ensure the safety of patients and the health workforce.
- Train health workforce based on quality and competence, ensuring that pre-service and in-service training includes the identification, referral and management of cancer and NCDs at primary, secondary and specialist facilities.
- Ensure the appropriate support for the national health workforce, including updating labour and education policies and regulations, introducing effective environmental stewardship, as well as monetary and non-monetary incentives for health workers and health organisations.
- Empower and coordinate implementation research to identify and scale-up best practices to achieve UHC

5. Invest More, Invest Better

The delivery of UHC will require adequate and sustainable financing, including increasing the mobilisation of domestic resources, as current health funding is insufficient. Cancer and NCDs have particularly suffered from chronic underinvestment at the global and national level. As many countries are yet to include essential interventions for cancer within national health reimbursement or benefit packages, many cancer patients continue to pay for care out of pocket, resulting in catastrophic health expenditure for individuals, households and communities.

Advocacy asks

Key advocacy asks for financing are:

- Increase and prioritise national spending targets for health to successfully implement UHC, recognising that estimates suggest that investing around 5% of GDP will be required to successfully implement UHC[6].
- Increase public financing for health and poor health financing through mandatory contributions to ensure that everyone can access health services without financial hardship, including mechanisms such as pro-health taxation to simultaneously reduce unhealthy behaviours and increase the financial resources for UHC investment.
- Implement cost-effective recommendations, such as those contained in the Framework Convention of Tobacco Control and WHO's best buys and other recommended interventions for NCDs, recognising the role of health as a foundation for national growth and development.

[6] WHO (2010) World Health Report https://www.who.int/whr/2010/en/

- Fulfil international financial support commitments, including dedicating 0.7% of GNI as catalytic overseas development assistance for low-income countries
- Increase alignment among global health and development partners to support the implementation of UHC, including the coordination of financing mechanisms and their portfolio expansion in order to more effectively invest in health systems strengthening (including cancer and NCDs).

6. Move Together

All countries must take steps to systematically and meaningfully engage stakeholders, particularly civil society organisations representing vulnerable or underserved groups. There is the opportunity to draw on lessons learned and best practices from the development and operationalisation National Cancer Control Committees (NCCCs) and National NCD Committees, in tailoring engagement to respond to the national context. It is important to recognise that meaningful engagement requires the involvement of these stakeholders from design and UHC package prioritisation through to its implementation, monitoring and evaluation.

Advocacy asks

Key advocacy asks to improve multisectoral engagement in UHC are:

- Introduce a process for the systematic and meaningful engagement of a broad range of civil society organisations from UHC design to implementation, monitoring and accountability, such as NCCCs. These groups should include healthcare workers, patients, families and community groups.
- Support civil society groups to engage in this decision-making process, providing financial support, ensuring legal and regulatory space for them to operate, and improve systems literacy to engage within the process.
- Establish and/or strengthen effective national accountability mechanisms for UHC that are transparent and inclusive, with the active involvement of civil society and people affected.

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