Joining the dots

What the Political Declaration on UHC means for cancer

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global cancer control
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On the 23rd September 2019, political leaders from around the world came together at the first United Nations (UN) High-level Meeting on universal health coverage (UHC) to mobilise political support and commit to achieving UHC. The meeting saw the adoption of the 2019 Political Declaration *"Universal health coverage: moving together to build a healthier world"* which expresses countries' support for UHC. This sets out a high-level framework for the development and implementation of national UHC plans with the engagement of civil society organisations and other stakeholders.

Political Declarations adopted by the UN General Assembly articulate UN Member States' commitment to address a topic of global importance to health and development[1]. As a result, the preparations for the meeting and negotiations around these Declarations are subject to significant political pressures which, for UHC particularly, required the development of consensus language on several issues. The resulting Political Declaration has undergone numerous changes and is less ambitious in its recommendations and scope than previous drafts. However, its adoption is an important milestone for the global health community and offers several opportunities to strengthen cancer control advocacy.

Key themes

Several key themes emerged throughout the preparations for the High-Level Meeting (HLM) and in negotiations including:

Adopting a rights-based approach – the development of UHC is premised on the right of every human being to the enjoyment of the highest attainable standard of physical and mental health, without distinction of any kind (para.1). A rights-based approach underpins the drive to leave no one behind and address the needs of the further behind first (para.70 and 71).

Developing people-centred services – the Declaration recognises that health services must be easily accessible and built around the needs of people to remove geographic, economic, and cultural barriers to care. The Declaration reaffirms primary health care (PHC) as the cornerstone of UHC, with integrated, quality health services provided at all levels of the health system. These services should encompass interventions that prevent illness and promote health alongside access to treatment and care, including palliative care.

Investing in health – the Declaration reiterates the importance of investing in health systems under UHC in order to make progress towards all the targets contained under SDG3. The Declaration also emphasises the importance of resilient and sustainable health systems as a 'means of implementation' for countries to achieve a suite of other SDGs, including promoting gender equality and supporting economic growth.

1. Previous Political Declarations have focused on coordinating the global response to HIV/AIDS, Non-communicable diseases, anti-microbial resistance, and Tuberculosis.

Integrating cancer control in UHC

Negotiators sought to avoid a Political Declaration that 'lists' different diseases and health concerns in favour of a stronger focus on an overall global policy framework that supports health system strengthening. However, the document highlights some key disease groups, including cancer and other non-communicable diseases (NCDs) (para.33), that are pressing global public health issues and must be included in national UHC plans.

Central to the development of UHC is the recognition that each country will need to prioritise and implement its own national UHC package of care. This should be tailored to meet patient needs and take into consideration health system capacities. Advocacy around UHC will differ in each country but the Declaration contains several paragraphs that support comprehensive cancer control.

UHC planning and prioritisation – the Declaration emphasises the importance of implementing evidence-based interventions to meet national health needs and structuring health services and programmes using a life-course approach. It also commits countries to develop national plans and targets for UHC and strengthen monitoring and evaluation mechanisms, although this lacks a clear timeline (para. 79). For cancer advocates, UHC planning provides an opportunity to call for alignment with existing national cancer control and NCD plans as a foundation for the planning and priority setting process.

Strengthening data collection and analysis – the Declaration calls for Member States to strengthen their disease surveillance and health information systems to collect quality, reliable and timely data which can be disaggregated to identify, monitor and develop policy responses to inequities in access to care and health outcomes (para. 67). Cancer registries, particularly population-based cancer registries, provide a platform for data collection and the compilation of longitudinal data sets to monitor the impact of cancer interventions on the national cancer burden and track differential treatment outcomes between populations.

Disease prevention and health promotion – while high level, the Declaration recognises the need and opportunity to create health-promoting environments as part of the UHC agenda. Included in the text are commitments to prioritise immunisation (para. 31), promote healthier and safer workplaces (para. 38), and implement policy, legislative and regulatory measures to minimise the impact of NCD risk factors (para. 44). Member States have recognised the effectiveness of fiscal measures in addressing NCD risk factors, which provides a strong advocacy foundation to call for the full implementation of the WHO 'Best Buys and other recommended interventions' alongside the Framework Convention on Tobacco Control (FCTC).

Access to treatment – the Declaration has a strong focus on delivering primary health services and on strengthening and supporting community health workers, building on the Declaration of Alma-Ata and the Declaration of Astana. Language in several paragraphs also highlights the need for strong referral networks from PHC to other levels of care (para.46), the necessity of surgical care to integrated health systems (para.35), and the importance of improving mental health care (para. 36).

A key area of discussion in the negotiations was around access to treatment, including diagnostics, vaccines, medicines (including generics), medical devices and other technologies. The Declaration notes the growing attention to the transparency of prices across the value chain, the need for improved regulations, and strengthened engagement and constructive partnerships with relevant stakeholders from private sector and civil society. Given WHO's mandate to explore this topic further, it is likely to be an area for further development as we move towards 2030.

Unfinished agendas

As this was the first Political Declaration on UHC, many stakeholders were hoping that the text would provide a new paradigm for accelerated scale-up of investment in health systems in order to put Member States on a trajectory to meet the 2030 targets. However, for many civil society organisations, there are some notable areas that are underdeveloped in the Political Declaration. The issues below are those which require coordinated action to advance cancer control in UHC in order to lower the burden of cancer morbidity and mortality. In addition, we include some key messages and illustrative actions that cancer advocates could take as part of their work nationally.

Early detection and diagnosis – while the text mentions access to diagnostics and there is some recognition of the importance of information to support health-seeking behaviours (para.27) the Declaration fails to recognise the importance of the early detection and accurate diagnosis of diseases. For cancer, early detection represents a major opportunity to reduce cancer mortality and improve quality of life, as early stage disease can be treated more effectively, with fewer side effects and often at lower cost. As such, early detection is central to the cervical cancer elimination effort as well as reducing the burden of childhood cancers, among others.

Palliative care – the current document focuses on palliative care as a commitment in the context of care for the elderly. However, palliative care is an essential service for people throughout the lifecourse and, for cancer patients, palliative care should start from the moment of diagnosis.

Time-bound commitments for accountability – the Declaration does not contain any time bound commitments for national action. Over the course of the negotiations, several commitments (such as to develop timebound national UHC plans and targets in line with the SDGs and WHO guidance) were lost which weakens the Declaration overall. This increases the need for advocacy nationally to ensure that Governments set, communicate and monitor progress towards achieving UHC.

Financial commitments – one of the greatest hurdles to achieving UHC is the shortfall of funding and the relative lack of investment in health. While 7.5 trillion USD is invested in health globally, around 33% of total national health expenditure is out-of-pocket in low- and middle-income countries (para.19). Previous drafts of the Political Declaration set out ambitious investment targets, including calling on high-income countries to better support health systems and a commitment for all countries to invest 5% GDP in health. While in the final Declaration text, this figure has been reduced to an additional 1% of GDP in health where appropriate, it is an important step forward. It should, however, be considered a minimum investment by Governments and there will need to be strong, coordinated advocacy undertaken to ensure that UHC programmes are adequately and sustainably resourced (para.43).

Following up

The adoption of the Political Declaration on UHC is only the first step. Delivering health for all by 2030 will require comprehensive national policies and concerted action by all stakeholders including advocates, patients, healthcare practitioners, healthcare planners and communities.

Governments will next meet to review progress on UHC in 2023, but in the run-up cancer advocates will need to recognise the competing health demands in each country and take a proactive approach to champion the integration of essential cancer services in national plans and benefit packages. The section below provides some example actions that cancer advocates can take to support the integration of cancer within UHC packages in their contexts.

Developing national UHC plans:

- Call for and engage with national stakeholder mechanisms and consultations to develop time bound national UHC targets consistent with existing commitments, such as the SDGs, Political Declarations on NCDs, and the 2017 cancer resolution.
- Request governments to establish multi-stakeholder mechanisms to engage national actors, including patients and clinicians, to gather input and safeguard the transparency of UHC monitoring and evaluation process.
- Coordinate with other cancer and NCD organisations to develop joint cancer and/or NCD advocacy priorities, key messages and resources.
- Call for the integration and alignment of existing national cancer control plans with national UHC plans to provide the foundation for cancer services (including the incorporation of key milestones and deadlines).
- Push for the development of a clear and comprehensive national UHC monitoring framework, that integrates data from existing sources such as cancer registries, and regular reporting on progress nationally, at the second HLM on UHC in 2023, and as part of voluntary national reviews.

Prioritising prevention and early detection:

- Call for a comprehensive package of cost-effective and evidence-based prevention measures for cancer and NCDs, drawing on the WHO recommendations including the 'Best Buys' and other recommended interventions and technical packages for cancer and NCDs.
- Support stronger public information on cancer risk factors, cancer signs and symptoms and press for investment in screening and diagnostic services to alleviate the economic and social impacts of late-stage cancer diagnoses.

Integrating cancer treatment and care:

- Call for governments to use investments in existing cancer programmes, such cervical cancer elimination, as a foundation for the progressive inclusion of evidence-based interventions to reduce the burden of other priority cancers nationally.
- Advocate for and monitor the inclusion of essential medicines, technologies and vaccines in national cancer control plans and relevant national priority lists, including their procurement, quality assurance and the allocation of sufficient and sustainable resources.
- Leverage national and international mechanisms, including TRIPs flexibilities where appropriate, to help secure affordable prices for essential cancer medicines, technologies and vaccines.
- Develop partnerships across health areas to address the issue of antimicrobial resistance to ensure the ongoing effectiveness and safety of surgical, radiological and chemotherapy treatments.
- Draw on existing language contained in the 2018 Political Declaration on NCDs, World Health Assembly resolutions (including on cancer and palliative care), and the Declaration of Astana to support comprehensive action on palliative care as a core component of UHC.

Investing in cancer and UHC:

- Call on governments to ensure that national UHC plans are fully budgeted and adequate resources are identified, drawing on domestic, bilateral, multilateral and innovative financing.
- Explore existing investment recommendations contained in documents like the Addis Ababa Action Agenda, 'Saving lives, Spending less' report, Lancet Oncology commission on radiotherapy, Lancet Oncology commission on cancer surgery, Lancet commission on economics and NCDs, as well as individual national resources.
- Call on governments to meet existing official development assistance (ODA) commitments, including a contribution of 0.7% of gross national income for developed countries, and call for the inclusion of cancer and NCDs to be included within ODA portfolios.
- Urge multilateral and bilateral funders to re-orient financing mechanisms to support the development of integrated, people-centred services under national UHC plans.

Political declaration at a glance

This table provides a quick reference to paragraphs that support key cancer control activities. The language has been shortened so please refer to the original document.

Planning & data

- 25. Implement evidence-based interventions to meet health needs throughout the life course, including prevention, diagnosis, treatment and care
- 31. Strengthen public health surveillance and data systems, vaccination and immunisation capacities
- 54. Establish participatory and transparent multi-stakeholder platforms and partnerships to provide input into the development, implementation and evaluation of health and social policies, while addressing conflicts of interest and undue influence
- 57. Strengthen legislative and regulatory frameworks and promote policy coherence
- 65. Strengthen capacity on health intervention and technology assessments, data collection and analysis to support evidence-based decisions
- 67. Strengthen health information systems to collect quality data disaggregated by income, sex, age, race, ethnicity, geographic location and other characteristics to monitor progress
- 79. Set measurable national targets and strengthen national monitoring and evaluation platforms

Building the health workforce

- 60. Take immediate steps to address the global 18 million shortfall in health workers in accordance with the Global Strategy on Human Resources for Health
- 61. Develop evidence-based training sensitive to the specific needs of women, children and persons with disabilities and promote life-long learning agenda and expand community-based health education and training
- 62. Scale up efforts to promote the recruitment and retention of competent, skilled and motivated health workers and encourage their equitable distribution, in line with the WHO Global Code of Practice on international Recruitment of Health Personnel
- 63. Provide better opportunities and working environment for women to ensure their role and leadership in the health sector

Time-bound commitments

- 24A. Progressively cover 1 billion additional people with UHC by 2023, with a view to covering everyone by 2030
- 24B. Provide measures to assure financial risk protection and eliminate impoverishment due to health spending by 2030, with special emphasis on the poor and vulnerable
- 82. UN Secretary General to provide a progress report on UHC to the General Assembly in 2020
- 83. Convene a second HLM on UHC in 2023

Prevention & health promotion

- 26. Comprehensively address the social, economic, environmental and other determinants of health
- 27. Prioritise health promotion and disease prevention including through health policies, education, and communication to support health decisions and health-seeking behaviour
- 28. Engage in multi-sectoral action to promote active and healthy lifestyles, including actions to address malnutrition in all its forms and develop public regulation measures
- 31. Improve routine immunisation and vaccination capacities, including information to counter vaccine hesitancy
- 38. Scale up efforts to promote healthier and safer workplaces
- 44. Promote and implement policy, legislative and regulatory measures to minimise the impact of NCD risk factors, noting the effectiveness of price and tax measures on reducing consumption and health impacts

Access to treatment & palliative care

- 30. Promote health and active ageing and respond to the need for palliative care
- 35. Strengthen trauma and emergency-care systems, including essential surgery as an essential part of integrated health-care delivery
- 36. Promote and improve mental health as an essential component of UHC, scale up integrated services, including psychosocial support, promoting wellbeing and addressing social determinants
- 46. Expand primary health care as a cornerstone of the health system, while strengthening effective referral system between primary and other levels of care
- 49. Promote the equitable distribution and access to quality, safe, effective, affordable and essential medicines (including generics), vaccines, diagnostics and health technologies
- 50. Increase the transparency of the prices of medicines, vaccines, medical devices, diagnostics and other products across the value chain through improved regulations, stronger partnerships with stakeholders, and encourage WHO to continue the Fair Pricing Forum
- 51. Promote increased access, and reaffirming the TRIPS agreement and Doha Declaration
- 52. Explore and encourage innovative incentives and financing mechanisms for health research and development to deliver appropriate incentives for the development of new health products
- 53. Recognise the role played by the private sector in research and development and encourage the use of alternative financing mechanisms and continue to support voluntary incentives that separate the research and development costs from price and volume of sales
- 76. Increase cooperation at the national, regional and global level to address the issue of antimicrobial resistance.

Investments

- 39. Pursue efficient health financing policies to reduce out-of-pocket expenditures and ensure financial risk protection through better allocation and use of resources
- 40. Scale e up efforts for national appropriate spending targets, in line with the Addis Ababa Action Agenda and transition towards financing through domestic public resources
- 41. Ensure sufficient domestic public spending, expanding pooled resources and noting the role of the private sector as appropriate
- 43. Optimise budgetary allocations for health, broaden this fiscal space and prioritise health in public spending, noting WHO's recommended target of an addition investment 1% GDP or more

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