



FROM COMMITMENT TO ACTION

Civil Society Statement for the United Nations General Assembly 2023 High-Level Meeting on Universal Health Coverage

Key asks from civil society and communities working to end AIDS

Urgent action is needed now to make universal health coverage (UHC) a reality for everyone, everywhere, informed by the key principles of equity, inclusivity, and human rights for all. This action agenda from the HIV sector includes a set of action-oriented policy recommendations building on the lessons learned of the HIV response and aligned with the [Action Agenda on universal health coverage from the UHC movement](#).

Action area 1: Champion political leadership for UHC

- Provide strategic leadership at the highest political level to champion UHC as a national policy priority through a whole-of-government approach.
- Strengthen and finance a comprehensive essential health benefits package that **includes comprehensive HIV prevention, treatment, care and support and sexual and reproductive health services for all people in the country, including marginalised and stigmatised groups and people in situations of vulnerability as well as mental health interventions.**
- Commit to addressing the wider **social determinants of health** to improve quality of life and overall well-being beyond health status.
- Recommit to **ending the HIV, TB and Malaria epidemics** by 2030.

Action area 2: Leave no one behind

- **Promote models of UHC that prioritise reaching the poorest, most vulnerable and marginalised groups** and ensure that all national health policy frameworks address the health needs of these groups throughout their life course.
- **Specify the populations most left behind** and restricted in accessing health services to include the most stigmatised populations using the agreed language in paragraphs 25, 60 and others of the 2021 [UN Political Declaration on HIV and AIDS](#) referring 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.**



- Commit to addressing in all health policies, programmes and budgets the **compounding and intersecting effects of poverty, gender inequality, and discrimination based on various grounds** (including race, ethnicity, disability, sexual orientation, gender identity, drug use, involvement in sex work, prisoner status, or migrant status) on those left behind.
- Commit to supporting all countries in the development of **integrated person-centred care strategies** to reach those **facing multiple deprivations**.
- 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 and **identify gaps in this knowledge, information and data, especially data that captures the reality of marginalised populations and their access to health care. Civil society and communities should be fully involved in data monitoring, data collection and evaluation.**

Action area 3: Adopt enabling laws and regulations

- Create enabling legislative frameworks that strengthen health systems **and community systems for health**.
- 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. **Member States should recommit to the UNAIDS high-level HIV prevention targets to ensure that by 2025, less than 10% of countries have legal and policy frameworks that lead to the denial or limitation of access to health services; less than 10% of people living with HIV and key populations experience stigma and discrimination; and less than 10% of women, girls, people living with HIV and key populations experience gender inequality and violence.**
- Implement policies, laws and regulations for a comprehensive essential health benefits package, financial protection, primary health care and integrated **and people-centred** services to support UHC and health security. This should include the scaling up of **self-care interventions for health**, such as HIV self-testing, injectable contraception, self-sampling for sexually transmitted diseases, digital health solutions and access to online reliable information and platforms. The availability and affordability of self-care interventions improves equitable access to health, can alleviate pressure on health systems, and has the potential to reduce financial and opportunity cost to the client.



- Adopt policies, laws and regulations that strengthen ecosystems for health-care technology and innovation to accelerate progress towards UHC. This should include **leveraging the flexibilities of the Trade-Related Aspects of the Intellectual Property Rights (TRIPS) Agreement to increase access to affordable medicines and protect health budgets.**

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

- Implement existing international agreements to recognize and resource the health and care workforce as the foundations of resilient health systems and commit to increase funding for sustainable community-led responses to health, ensuring financial support and equitable pay for community-led work.
- In the new UHC Political Declaration, Member States should recommit to, and build on the **30-80-60 targets included in the 2021 Political Declaration on HIV and AIDS stating that by 2025, communities will deliver 30% of HIV testing and treatment services, 80% of HIV prevention services and 60% of programmes supporting the achievement of societal enablers.**
- Increase investment in **strengthening community systems for health** including infrastructure and capacity of community-led health service delivery to reach the most marginalised populations.

Action area 5: Invest more, invest better

- Increase and stabilise levels of public spending on health to make health systems more resilient and equitable, including **through progressive taxation frameworks** that include financial transaction taxes and other tax mechanisms, and end corporate tax abuse, tax avoidance and evasion, which drain key resources for addressing inequalities in health.
- Increase financing for primary health care to strengthen health systems and scale up services. A much greater share of this financing should be allocated to **community-led responses to health and societal enablers and to community-led advocacy.** Additional sources of financing to scale up community-led responses to health through proven **new funding models such as social contracting,** should be mobilised.
- **Recognise that increasing investments in the Global Fund to Fight AIDS, Tuberculosis and Malaria to achieve the \$18 billion target of its 7th Replenishment is a key pathway to advancing UHC** given the Global Fund's



successes in fighting major disease killers as well as in strengthening health systems, investing in the health workforce and supporting pandemic preparedness and response efforts.

- Commit to explore new global public financing models to increase funding available for global public goods, including health.

Action area 6: Move together towards universal health coverage

- Champion participatory, inclusive governance and coordinate a meaningful whole-of-society and **multisectoral approach** for universal health coverage and health security.
- Institutionalise mechanisms for inclusive health governance and adopt policy frameworks that enable and resource social participation **and community leadership**, including **meaningful participation of marginalised communities including youth** in developing and implementing UHC policies and plans. **Community-led advocacy and monitoring and evaluation must be duly resourced.**
- Promote trust and transparency by strengthening accountability in health governance. **Data must be publicly made available, including funding allocations, to ensure full transparency of health spending by all stakeholders.**
- Ensure safeguards and principles are in place to guide the role of the private sector in health care to ensure **its involvement contributes to public health goals, is evidence-based, supports human rights and does not undermine public health care provision.**

Action area 7: Guarantee gender equality in health

- Eliminate gender inequality and discrimination in the design and delivery of health policy and services and **put the human rights of all women and girls in diverse situations and conditions at the forefront of these efforts.**
- Guarantee gender equality in health systems and decision-making at all levels and **ensure universal access, including by adolescents and young people, to sexual and reproductive health and family planning information, products and services, including self-care interventions for sexual and reproductive health** following the WHO Consolidated Guideline on Self-Care Interventions for Health: Sexual and Reproductive Health and Rights.



- **Address harmful cultural and gender norms** that prevent adolescents and young people from accessing the sexual and reproductive health and family planning services they need.

Area 8: Connect universal health coverage and health security

- Commit to the integration UHC and pandemic preparedness and responses and health security in policy development to ensure that all future pandemic preparedness and response planning includes provisions for UHC and **builds on the lessons learned of long term pandemics and epidemics such as HIV and AIDS, including civil society and community leadership, equity, protection of human rights and inclusion.**
- Ensure that increased investments in health systems simultaneously strengthen global health security and UHC capacity.
- Build community trust in science, vaccines and public health institutions and fund research and development of critical vaccines, **including an HIV cure and vaccine**, as well as new tools for testing, treatment and prevention of diseases and outbreaks and programmatic innovations.
- Protect people against interruptions in essential health services during health and humanitarian emergencies including through **investing in community-led and -based emergency response infrastructure and strengthening community ownership, outreach, information, and peer support.**

Additional Area 9: Promote and protect human rights including in the digital space

- **Uphold existing human rights agreements and mechanisms**, including the universal right to health.
- Recognise that the global and, in many cases, the national governance of data and digital technologies is **inadequately safeguarding human rights, including the right to privacy and the right to non-discrimination and is failing to address digital inequities.**
- 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.



Organisations:

Advocacy Network Africa (AdNetA)

AfNHi

African Alliance

African Network of Adolescents and Young Persons Development (ANAYD)

AfroCAB

Aidsfonds

Alliance Myanmar

Ambassador For Youth and Adolescent Reproductive Health Program

Amoru AIDS Support Community Initiative (ASCI).

APCOM

Association For Promotion Sustainable Development

Association of people living with HIV/AIDS

ATHENA Network

AVAC

BOKK YAKAAR

Centre for Environment, Human Rights & Development Forum - CEHRDF

Coalition of women living with HIV and AIDS

Communauté Burundaise des Femmes/filles Seropositives

Companions on a Journey

Copper Rose Zambia

COSWA-K

CSYM HUDUMA CHRISTIAN SPIRITUAL YOUTH MINISTRY YLO TANZANIA -

MBUENET COALITIONS TZ EAST AFRICA

DISABILITY PEOPLES FORUM UGANDA

ECOM - Eurasian Coalition on Health, Rights, Gender and Sexual Diversity

Friends of the Global Fight Against AIDS, TB and Malaria

Frontline AIDS

Fundamental Human Rights & Rural Development Association FHRRDA

Ghana Network of Persons Living with HIV

Global Action for Trans Equality

Global Coalition of TB Advocates

Global Fund Advocates Network

Global Health Italian Network

Global Network of People Living with HIV (GNP+)

GrIS (gruppo Regionale Immigrati salute) Piemonte

Harm Reduction International

ICWAP

ICW Global

Ilias Centre for Global Liberty



Organisations:

India HIV/AIDS Alliance
Institute of Allergy and Clinical Immunology of Bangladesh (IACIB)
International Network of People who Use Drugs (INPUD)
Internews
Jaringan Indonesia Positif
Kimirina
LENDING HANDS INITIATIVE
Liliane Foundation
Medical Impact
MENAPlus
Most At Risk Populations' Society in Uganda (MARPS In Uganda)
MPact Global Action
NAPWA - South Africa
Network for Adolescent and Youth of Africa
Network of African People living with HIV
Network of African People living with VIH West Africa
Network of young people living with HIV/AIDS(NYP+)
Nkoko Iju Africa
PATA
People PLUS
Peoples Vaccine Alliance - Africa
Positive Women Together in Action
Positive Women's Network
Public Health International Consulting Center (PHICC)
Quest Bangladesh
REPSSI (Regional Psychosocial Support Initiative)
Results International (Australia)
Rumah Cemara
SAF-TESO
Salud por Derecho
Stephen Lewis Foundation
STOP TB PARTNERSHIP-KENYA
STOPAIDS
Suruwat
The Coalition for Children Affected by ADS
Treatment Action Group
Uganda Network of AIDS service organisations
Voluntary Services Overseas (VSO)
WACI Health



Organisations:

Wemos

Women 4 Global Fund

Women Together Edu-Cultural Center

Wote Youth Development Projects CBO

Y+ Global

Zimbabwe Civil Liberties and Drug Network

Zimbabwe National Network of People Living with HIV

Individuals:

Anuar Luna Cadena, Independent consultant Mexico

Arush Lal, London School of Economics & Political Science; Chatham House
Commission for Universal Health; Women in Global Health

Professor Benjamin Mason Meier, University of North Carolina at Chapel Hill

Regional Training and Capacity strengthening Coordinator Bruce Tushabe CSO

Mr Buumba Siamalube, Copper Rose Zambia

César mombunza azuba, Coordonateur National CONERELA+

Mrs. Elsie Ayeh, Global Network of Persons Living with HIV

Mr Katleho Peter Ntheri, Global Fund(LCCM)

Laura Philidor, CSEM for UHC2030 and Waci Health

Linnea Renton , HIV & SRHR Consultant

Mahamud Ahamed, IACIB

Dr. Marie-Claire Wangari, Independent Consultant

marilena bertini, Medical doctor AMREF Health Africa

Mwl NICODEMUS SIAYI SOKO, MBUENET MTANDAO COALITIONS TZ EAST
AFRICA

Ms Rahab Mwaniki, Women Together Edu-Cultural Center

Mr. Rajesh Didiya, Suruwat

Ms. Robin Montgomery

Ms Sahera Ramzan, Senior Policy Advocacy Officer - TB

Dr. Sara (Meg) Davis, Global Health Centre, Geneva Graduate Institute

Tariro Kutadza, StopTB Partnership Zimbabwe

Dr. Tom M., Global TB Prevention Justice Collaborative (GTPJC)

Trevor Stratton, Indigenous Leadership Policy Manager CAAN Communities,
Alliance & Networks

Udom Likhitwonnawut, Thailand HIV National CAB

Virgilio Suande, READY+ Senior Advisor