

Agenda item 13.1 Universal Health Coverage: Reorienting health systems to primary health care as a resilient foundation for universal health coverage and preparations for a high-level meeting of the United Nations General Assembly on universal health coverage

Constituency statement by: Alzheimer’s Disease International, Anesvad Foundation, Christian Blind Mission, Fred Hollows Foundation, Handicap International Federation, HelpAge International, International Alliance for Hospice and Palliative Care, International Federation on Ageing, International Federation of Anti-Leprosy Associations, International League of Dermatological Societies, Royal Commonwealth Society for the Blind (Sightsavers) and The Worldwide Hospice Palliative Care Alliance.

Statement: Governments have committed to ensuring no one is left behind in UHC. Yet today, 1.3 billion persons with disabilities continue to experience lower quality services or find the healthcare they need is inaccessible and unaffordable. Many face catastrophic health expenditure and poverty, and much poorer health outcomes.

UHC will only be achieved through concerted action to tackle these inequities across the continuum of care, with specific investments to reach those at greatest risk of being left behind. This requires making health systems more inclusive through people-centered, rights-based, community-based and whole of society approaches founded upon primary health care – actions that benefit everyone.

Population ageing and escalating prevalence of non-communicable and poverty-related communicable diseases that cause long-term impairments make this an urgent priority.

We urge Member States to:

- Champion health equity for persons with disabilities and older people and uphold their right to health. This must ensure non-discrimination, progressive universalism, and inclusive health financing and governance with the full participation of persons with disabilities, recognising that they are among those with the greatest needs but often left furthest behind.
- Ensure accessibility of person-centred primary health care close to where people live and reaching the furthest behind first, with essential service packages that enable persons with disabilities to enjoy their right to health-related goods, facilities, services and information that meet their physical and mental health needs across the continuum of care, throughout the life course and on an equal basis with others. This must ensure expanded coverage and improved accessibility of mental health services, sexual and reproductive health services; health information; nutrition services; vision, hearing, oral and skin health services; dementia services; neglected tropical diseases and wider communicable and non-communicable disease prevention and care; immunization; rehabilitation and assistive products; palliative and end of life care; and integrated, long-term and rights-based care and support within the community.
- Strengthen political leadership and country ownership of the fight against eye and skin related NTDs, fully integrated with UHC approaches.
- Ensure systematic disaggregation of health-related data by gender, age, disability and other characteristics, to inform equity-based decision-making focused on access to essential health benefits packages, primary health care, and financial protection.
- Ensure standards, competencies and training on disability inclusion for the health and care workforce and all service providers.
- Meaningfully engage persons with disabilities of all ages at all levels.