



ΕΛΛΗΝΙΚΗ ΔΗΜΟΚΡΑΤΙΑ
ΥΠΟΥΡΓΕΙΟ ΥΓΕΙΑΣ

ΥΠΟΥΡΓΕΙΟ ΥΓΕΙΑΣ
ΓΕΝΙΚΟ ΠΡΩΤΟΚΟΛΛΟ
ΓΡΑΦΕΙΟ ΥΠΟΥΡΓΟΥ
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ΕΛΛΗΝΙΚΗ ΟΔΟΝΤΙΑΤΡΙΚΗ ΟΜΟΣΠΟΝΔΙΑ (Ν.Π.Δ.Δ)

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Αθήνα

29 Ιουλίου 2019

Προς τον Αξιότιμο Πρόεδρο της Δημοκρατίας
κ. Προκόπη Παυλόπουλο

Προς τον Αξιότιμο Πρωθυπουργό
κ. Κυριάκο Μητσοτάκη

Προς τον Αξιότιμο Υπουργό Υγείας
κ. Βασίλη Κικίλια

Προς τον Αξιότιμο Υπουργό Οικονομικών
Κ. Χρήστο Σταϊκούρα

Προς τον Αξιότιμο Πρόεδρο ΣΥΡΙΖΑ
κ. Αλέξη Τσίπρα

Αξιότιμε κύριε Πρόεδρε,
Αξιότιμε κύριε Πρωθυπουργέ,
Αξιότιμοι κύριοι Υπουργοί,
Αξιότιμε Αρχηγέ της Αξιωματικής Αντιπολίτευσης,

Σας απευθύνουμε αυτή την επιστολή εκ μέρους της Ελληνικής Οδοντιατρικής Ομοσπονδίας και της Παγκόσμιας Οδοντιατρικής Ομοσπονδίας (FDI World Dental Federation), αναφορικά με την επικείμενη ολοήμερη Συνάντηση Υψηλού Επιπέδου της Γενικής Συνέλευσης των Ηνωμένων Εθνών για την Παγκόσμια Κάλυψη Υγείας (Universal Health Coverage/UHC) και το αντίστοιχο προσχέδιο Πολιτικής Διακήρυξης της.

Στοματική υγεία για όλους

Θα θέλαμε να σας παροτρύνουμε ένθερμα να παρακολουθήσετε την εν λόγω συνάντηση Υψηλού Επιπέδου, που θα λάβει χώρα τη Δευτέρα, στις 23 Σεπτεμβρίου 2019, προκειμένου να προωθηθεί η ανάληψη δράσης για την Παγκόσμια Κάλυψη Υγείας (UHC) και να διασφαλιστεί η βέλτιστη στοματική υγεία για όλους.

Η κακή στοματική υγεία αποτελεί μια σιωπηλή επιδημία που πλήττει πάνω από 3,58 δισεκατομμύρια ανθρώπους ανά τον κόσμο¹, κι όμως, ακόμη, δεν αντιμετωπίζεται ως θέμα υψηλής ιεράρχησης στην παγκόσμια ατζέντα για την υγεία και την ανάπτυξη. Αυτό δεν επιτρέπεται να συνεχιστεί. Τα στοματικά νοσήματα είναι τα πιο συνηθισμένα και ευρέως διαδεδομένα Μη Μεταδιδόμενα Νοσήματα (MMN/ Non communicable diseases/NCDs) σε παγκόσμια κλίμακα και επηρεάζουν την καθημερινότητα των ανθρώπων καθ' όλη τη διάρκεια του βίου τους, προκαλώντας πόνο, δυσφορία, παραμόρφωση, ακόμη και θάνατο².

Αυτός ακριβώς είναι ο λόγος για τον οποίο, σας παρακαλούμε ένθερμα, όταν θα προβείτε στην παρέμβασή σας, κατά τη διάρκεια της Συνάντησης Υψηλού Επιπέδου των Ηνωμένων Εθνών για την Παγκόσμια Κάλυψη Υγείας :

- Να τονίσετε μετ' επιτάσεως τον κρίσιμο ρόλο που μπορεί να διαδραματίσει η στοματική υγεία στην επίτευξη της Παγκόσμιας Κάλυψης Υγείας
- Να αναδείξετε τις προκλήσεις που αντιμετωπίζει η στοματική υγεία στη Χώρα μας και τις προοπτικές επιτυχίας με την ενσωμάτωση της στοματικής υγείας στην Παγκόσμια Κάλυψη Υγείας.
- Να απευθύνετε έκκληση στα Κράτη-Μέλη των Ηνωμένων Εθνών, για μεγαλύτερη ενσωμάτωση των υπηρεσιών στοματικής υγείας στα υφιστάμενα υγειονομικά συστήματα και τις υπηρεσίες MMN, προκειμένου να επιτευχθεί η Παγκόσμια Κάλυψη Υγείας.

¹ Global, regional, and national incidence, prevalence, and years lived with disability for 328 diseases and injuries for 195 countries, 1990–2016: a systematic analysis for the Global Burden of Disease Study 2016. GBD 2016 Disease and Injury Incidence and Prevalence Collaborators. *Lancet* 2017 390(10100):1211-59

² World Health Organization. Fact sheet on Universal Health Coverage. Available from: [https://www.who.int/news-room/fact-sheets/detail/universal-health-coverage-\(uhc\)](https://www.who.int/news-room/fact-sheets/detail/universal-health-coverage-(uhc)) [Accessed 22 March 2019].

Απάντηση στο Σχέδιο Πολιτικής Διακήρυξης

Μας διακατέχει βαθύτατη ανησυχία δεδομένου ότι το σχέδιο Πολιτικής Διακήρυξης για τη Συνάντηση Υψηλού Επιπέδου των Ηνωμένων Εθνών για την Παγκόσμια Κάλυψη Υγείας (UHC) δεν ασχολείται επαρκώς με τις προοπτικές για τη στοματική υγεία. Η στοματική υγεία έχει ουσιαστική σημασία για τη γενική υγεία και την ευεξία σε κάθε στάδιο της ζωής του ανθρώπου, ωστόσο η βασική περίθαλψη της στοματικής υγείας παραμένει απρόσιτη για εκατομμύρια ανθρώπων.

Σε γενικές γραμμές, η λεκτική διατύπωση του κειμένου αγνοεί τη σημασία της στοματικής υγείας στην επίτευξη του στόχου της Παγκόσμιας Κάλυψης Υγείας. Η στοματική υγεία δεν επιτρέπεται να είναι πάλι μια λησμονημένη συνιστώσα της Παγκόσμιας Κάλυψης Υγείας (UHC) όπως ατυχώς συνέβη στους Στόχους Βιώσιμης Ανάπτυξης των Ηνωμένων Εθνών (SDGs).

Αν και αναγνωρίζουμε και επιδοκιμάζουμε ότι το κείμενο συνδέει την Παγκόσμια Κάλυψη Υγείας (UHC) με τους Στόχους Βιώσιμης Ανάπτυξης (SDGs), η στοματική υγεία, ωστόσο, δεν αποτελεί μέρος των επίσημων Στόχων και Δεικτών Βιώσιμης Ανάπτυξης. Κατά συνέπεια, με την προτεινόμενη παρακολούθηση και αναφορά για την Παγκόσμια Κάλυψη Υγείας στο σχέδιο της Διακήρυξης, καιροφυλακτεί ο κίνδυνος της εγκατάλειψης της στοματικής υγείας.

Συγκεκριμένα, προτείνουμε τις ακόλουθες τροπολογίες στη διατύπωση του Σχεδίου (Zero Draft):

1. Στην παρ. 8 να προστεθεί: **“Recognize that 3.58 billion people suffer from untreated oral diseases and express concern that oral health care preventive services, treatment, and financing still remain separate in the health systems of many countries.”**
2. Στην παράγραφο 22 να προστεθεί: “Implement most effective, high impact, people-centred, gender-responsive and evidence-based interventions to meet the health needs of all, and in particular the most vulnerable, ensuring universal access to integrated quality health services for the prevention, treatment and control of communicable and non-communicable diseases and

conditions, including *oral health*, neglected and rare diseases and disabilities”.

3. Μηχανισμοί παρακολούθησης (παράγραφοι 62-66), να προστεθεί: *“Request Member States to produce data for SDG 3.8.1 (coverage of essential health services) that go beyond the official list of tracer topics”*.

Συνεργασία

Σας ευχαριστούμε θερμά εκ των προτέρων για την ευαισθητοποίησή σας. Τόσο η Ελληνική Οδοντιατρική Ομοσπονδία όσο και η Παγκόσμια Οδοντιατρική Ομοσπονδία βρισκόμαστε σε πλήρη ετοιμότητα προκειμένου να στηρίξουμε τις προσπάθειές σας για την Παγκόσμια Κάλυψη Υγείας και προσβλέπουμε στον ηγετικό σας ρόλο καθώς εργαζόμαστε τόσο για την επιτυχία της Συνάντησης Υψηλού Επιπέδου όσο και για τις προοπτικές που αυτή ανοίγει.

Εξ ονόματος της Ελληνικής Οδοντιατρικής Ομοσπονδίας, που εκπροσωπεί το σύνολο των οδοντιάτρων της χώρας μας, θα εκτιμούσαμε ιδιαίτερος εάν μας δώσετε τη δυνατότητα μιας συνάντησης μαζί σας, προκειμένου να συζητήσουμε τη Συνάντηση Υψηλού Επιπέδου των Ηνωμένων Εθνών και τις προσεγγίσεις μας σε ό,τι αφορά το στόχο της ελάφρυνσης του βάρους των στοματικών νοσημάτων στην Ελληνική κοινωνία. Παρακαλούμε θερμά να μας ενημερώσετε για αυτό το ενδεχόμενο στην περίπτωση που το ιδιαίτερος βεβαρημένο πρόγραμμά σας το επιτρέψει.

Τέλος, εκ μέρους της Παγκόσμιας Οδοντιατρικής Ομοσπονδίας, με χαρά σας προσκαλούμε να παρακολουθήσετε μια ειδική συνεδρία για την Παγκόσμια Κάλυψη Υγείας και τη στοματική υγεία στις 7 Σεπτεμβρίου 2019, κατά τη διάρκεια της διεξαγωγής του Παγκόσμιου Οδοντιατρικού Συνεδρίου της FDI, που φιλοξενείται εφέτος στο Σαν Φρανσίσκο των ΗΠΑ. Στη συνεδρία αυτή θα συζητηθούν οι προκλήσεις και οι ευκαιρίες της ενσωμάτωσης της στοματικής υγείας στην αναδυόμενη ατζέντα πολιτικής για την Παγκόσμια Κάλυψη Υγείας.

ΕΛΛΗΝΙΚΗ ΟΔΟΝΤΙΑΤΡΙΚΗ ΟΜΟΣΠΟΝΔΙΑ

Αναμένεται να παρακολουθήσουν τις εργασίες του Συνεδρίου σχεδόν 30.000 οδοντίατροι, από κάθε γωνιά του κόσμου. Θα μας τιμήσει ιδιαίτερα η παρουσία σας στη συνεδρία στην οποία θα παραστούν φυσικά και οι εκπρόσωποι της Ελληνικής Οδοντιατρικής Ομοσπονδίας.

Με εξαίρετη τιμή,

Για το Διοικητικό Συμβούλιο της
Ελληνικής Οδοντιατρικής Ομοσπονδίας

Ο Πρόεδρος

Η Γενική Γραμματέας

ΑΘΑΝΑΣΙΟΣ Α. ΔΕΒΛΙΩΤΗΣ

ΜΑΡΙΑ ΜΕΝΕΝΑΚΟΥ



Κοινοποίηση:

- Chief Dental Officer κ. Κ. Τολίδη, Καθηγητή Οδοντιατρικής

Σχετικά με την Παγκόσμια Οδοντιατρική Ομοσπονδία

Η Παγκόσμια Οδοντιατρική Ομοσπονδία (FDI/World Dental Federation) είναι μια διεθνής οργάνωση, βασισμένη στη μέλη της, η οποία λειτουργεί ως ο κύριος αντιπροσωπευτικός φορέας για περισσότερους από 1 εκατομμύριο οδοντιάτρους σε παγκόσμια κλίμακα και δραστηριοποιείται σε περίπου 200 Εθνικές Οδοντιατρικές Ομοσπονδίες και ομάδες ειδικών σε περίπου 130 χώρες. Η αποστολή της FDI – με την έδρα της στη Γενεύη της Ελβετίας- είναι να οδηγήσει τον κόσμο στη βέλτιστη στοματική υγεία. <https://www.fdiworlddental.org/>



Επισυνάπτονται:

- FDI: Fact sheet- UNIVERSAL HEALTH COVERAGE –Oral Health for All
- Political Declaration of the High-level Meeting on UHC

UNIVERSAL HEALTH COVERAGE

Oral Health for All

What is Universal Health Coverage?

Universal Health Coverage (UHC) means that every person, everywhere has access to the health services they need without the risk of financial hardship when paying for them. UHC encompasses the full spectrum of essential, quality health services, from health promotion to prevention, treatment, rehabilitation and palliative care.¹

UHC is not something that can be achieved overnight, and all countries will approach the challenge in different ways: there is no one size fits all. But countries at all income levels can take steps to move closer to achieving UHC and develop their own UHC package that fits the needs of their population. Engagement with civil society, to establish their needs and assure their involvement, will be essential if oral health is to be incorporated successfully into UHC packages. This will require committed advocacy on the part of oral health professionals.²

DID YOU KNOW:

- At least half of the world's population still do not have full coverage of essential health services.¹
- About 100 million people are still being pushed into extreme poverty because they must pay for healthcare.¹
- Over 800 million people spend at least 10% of their household budgets to pay for healthcare.¹

What UHC does not mean

UHC is NOT:

- **free coverage for all possible health interventions**, regardless of the cost, as no country can provide all services free of charge on a sustainable basis;
- **just about health financing**. It encompasses all components of the health system: health service delivery systems, the health workforce, health facilities and communications networks, health technologies, information systems, quality assurance mechanisms, and governance and legislation;
- **only about ensuring a minimum package of health services**, but also about ensuring a progressive expansion of coverage of health services and financial protection as more resources become available.
- **solely about individual treatment services**, but also includes population-based services, including public health campaigns such as World Oral Health Day, and adding fluoride to water, and so on.

Why oral health must be part of UHC

Oral health is essential to general health and well-being at every stage of life. However, essential oral health services remain out of reach for millions of people. The integration of essential oral health services into UHC will help improve health outcomes and reduce inequalities in access to care.

DID YOU KNOW:

- More than half of the world's population (3.5 billion) suffer from untreated oral diseases, which can result in pain, infection, tooth loss and loss of productivity.³
- In 2010 direct treatment costs due to oral diseases worldwide were estimated at US\$298 billion yearly, corresponding to an average of 4.6% of global health expenditure.⁴

Leveraging the UN High-Level Meeting on UHC

The first-ever United Nations High-Level Meeting on UHC (UN HLM on UHC) will take place on 23 September 2019 in New York to secure political commitment from countries on UHC. The meeting will result in a Political Declaration, negotiated by UN Member States, that will form the basis for global efforts to provide universal access to affordable and quality health-care services.

DID YOU KNOW:

- All UN Member States have agreed to try to achieve UHC by 2030, as part of the Sustainable Development Goals (SDGs). SDG 3 - the health goal - includes a target to "achieve UHC, including financial risk protection, access to quality essential health care services, and access to safe, effective, quality, and affordable essential medicines and vaccines for all."⁵

Key asks for oral health

The Political Declaration for the HLM on UHC must address the following priorities in order to improve oral health and UHC:

1) Integrate oral health into primary healthcare and UHC

- Add essential oral health services to national essential packages of health services.
- Commit to provide at a minimum the World Health Organization (WHO) Basic Package of Oral Care, which includes access to emergency care and pain relief, affordable fluoride toothpaste and tooth decay management.
- Ensure access to adequately trained oral health professionals and strengthen oral health systems based on a people-centered healthcare approach as a part of primary healthcare.

2) Strengthen health surveillance systems to monitor oral health

- Commit to improve data collection and surveillance systems for noncommunicable diseases (NCDs) that integrate oral health indicators.
- Commit to produce data for SDG 3.8.1 (Coverage of essential health services) and go beyond the list of tracer topics to include oral health.

3) Increase investment in NCDs, oral health and UHC

- Recognize that investment in NCDs including oral health is critical to achieving UHC.
- Encourage the implementation of taxation on unhealthy products — such as tobacco, alcohol, and sugar-sweetened beverages — to assist in financing UHC. These interventions are cost-effective fiscal policies recommended in the WHO Best Buys.

References

1. World Health Organization. *Fact sheet on Universal Health Coverage*. Available from: [https://www.who.int/news-room/fact-sheets/detail/universal-health-coverage-\(uhc\)](https://www.who.int/news-room/fact-sheets/detail/universal-health-coverage-(uhc)) [Accessed 22 March 2019].
2. Mathur MR, Williams DM, Reddy KS, Watt RG. Universal health coverage: a unique policy opportunity for oral health. *J Dent Res*. 2015; 94(3 Suppl 1): 3S-5S.
3. Global, regional, and national incidence, prevalence, and years lived with disability for 328 diseases and injuries for 195 countries, 1990–2016: a systematic analysis for the Global Burden of Disease Study 2016. GBD 2016 Disease and Injury Incidence and Prevalence Collaborators. *Lancet*. 2017; 390(10100): 1211-59.
4. Listl S, Galloway J, Mossey PA, et al. Global economic impact of dental diseases. *J Dent Res*. 2015; 94: 1355–61.
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Political Declaration
of the High-level Meeting on Universal Health Coverage
“Universal Health Coverage: Moving Together to Build a Healthier World”

We, Heads of State and Government and representatives of States and Governments, assembled at the United Nations on 23 September 2019 with a dedicated focus for the first time on universal health coverage, reaffirm that health is a precondition for and an outcome and indicator of all three dimensions of sustainable development and the implementation of the 2030 Agenda for Sustainable Development, and strongly recommit to achieve universal health coverage by 2030, with a view to scaling up the global effort to build a healthier world for all,

1. Reaffirm the right of every human being to the enjoyment of the highest attainable standard of physical and mental health, without distinction of any kind;
2. Reaffirm General Assembly Resolution 70/1 of September 2015, entitled “Transforming our world: the 2030 Agenda for Sustainable Development”, stressing the importance of health across all the goals and targets of the 2030 Agenda on Sustainable Development, as well as the need for a holistic approach, with a view to leaving no one behind, reaching the furthest behind first;
3. Reaffirm the Addis Ababa Action Agenda of the Third International Conference on Financing for Development as reflected in resolution 69/313;
4. Recall the WHA70.XX on “Preparation for the high-level meeting of the United Nations General Assembly on universal health coverage”, urging the Member States to accelerate progress towards SDG 3.8 on UHC by 2030;
5. Recognize that health is a long-term investment in the human capital towards the full realization and development of the human potential, and significantly contributes to the protection and empowerment of all people;
6. Recognize that universal health coverage means 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 individuals and families to financial hardship;
7. Acknowledge that achieving universal health coverage requires a paradigm shift and recognize UHC as an overarching umbrella for the achievement of healthy lives and well-being for all at all ages;
8. Recognize that action to realize the commitments made for the achievement of UHC is inadequate and that the level of progress and investment to date is insufficient to meet target 3.8 of the Sustainable Development Goals and that the world has yet to fulfil its promise of implementing, at all levels, measures to address the health needs of all, noting that:

- a. despite major health gains over the past decades, including increased life expectancy, the reduction of maternal and under-5 mortality rates, and successful campaigns against major diseases, some new threats are emerging, including the resurgence of old and new diseases, the risk of pandemics and the increasing global burden of non-communicable diseases accounting to over 70% of all deaths in the age group 30-70;
 - b. the estimated number of 8 million lives lost each year that should be treatable by the health system in low- and middle-income countries alone remains unacceptably high;
 - c. at least half of the world's population lack access to essential health services, more than 800 million people spend at least 10% of their household income on health care, and such out of pocket expenses drive almost 100 million people into poverty each year;
 - d. at the current pace, up to one third of the world's population will remain underserved by 2030 with no access to health services and a measurable acceleration is urgently needed to reach the health-related targets of the SDGs by 2030;
 - e. the progress achieved at the global level is uneven due to inequities both among and within countries, including the discrepancy in life expectancy of over 30 years between the countries with the shortest and longest life expectancies;
9. Strongly reaffirm our political will to achieve universal health coverage and commit to stop the rise of catastrophic out-of-pocket health spending by providing financial risk protection and reverse the trend by 2030, and progressively cover one billion additional people with quality essential health services and quality, essential, affordable and effective medicines, vaccines and technologies for all by 2023, and an additional two billion people by 2030;
 10. Reaffirm the primary role and responsibility of governments to determine their own path towards achieving UHC and underscore the importance of pursuing whole-of government and whole-of-society approaches, as well as health-in-all-policies approaches, equity-based approaches and life-course approaches;
 11. Recognize that primary health care is the most inclusive, effective and efficient approach to enhance people's physical and mental health, as well as social well-being, and that PHC is a cornerstone of a sustainable health system for UHC and health-related Sustainable Development Goals, as recognized by the Declaration of Astana;
 12. Recognize the fundamental importance of equity, social cohesion and social protection mechanisms to ensure access to health without financial hardship for all people particularly for those who are vulnerable or marginalized;
 13. Recognize that UHC is fundamental for achieving the SDGs related not only to health and well-being, but to end poverty, ensure quality education, achieve gender equality, provide decent work and economic growth, reduce inequalities, ensure just, peaceful and inclusive societies and to build and foster partnerships, while reaching the goals and targets included

- throughout the 2030 Agenda for Sustainable Development are critical for the attainment of healthy lives and wellbeing for all at all ages;
14. Recognize the impact of climate change and environmental degradation on the clean air, safe drinking water, sanitation, sufficient food and secure shelter needed to promote and protect people's health, and underline that resilient and people-centered health systems are necessary to protect all people and, in particular vulnerable communities and individuals, including those living in small island developing states;
 15. Recognize that adequate nutrition and sustainable, resilient and diverse nutrition-sensitive food systems are vital for healthier populations;
 16. Note with concern that 1.6 billion people live in fragile settings where armed conflicts, protracted humanitarian crises, and health and other emergencies challenge national systems capacities and the provision of essential health services, and stress the urgent need for a more coherent and inclusive approach to strengthen health systems and health security;
 17. Recognize the need for a strong global partnership for Sustainable Development Goals, which engages all stakeholders, including the private sector, civil society, the United Nations system and other actors, to mobilize all necessary financial and non-financial means to collaboratively support the efforts of Member States to achieve health-related Sustainable Development Goals, including universal health coverage and addressing the health needs of those who are vulnerable or in vulnerable situations;
 18. Recognize that the world spends 7.5 trillion USD on health, which is close to 10% of global GDP, but that the allocation of public and external funds on health worldwide is disproportionate, considering that:
 - a. one third of global health expenditure is covered by out of pocket expenses while less than 40% of funding on primary health care is from public source in low- and middle-income countries;
 - b. external funding represents less than 1% of global health expenditure and is disproportionately spent given existing health needs, inter alia, the growing burden of NCDs;
 - c. many low-income countries still rely on aid, which accounts for about 30% of national health spending;
 19. Recognize that people's engagement and the inclusion of all stakeholders is a core component of health system governance to fully empower them in improving and protecting their own health, contributing to the achievement of universal health coverage;
 20. Recognize the importance of strengthening regulatory and legislative frameworks conducive for the achievement of UHC and the role of legislative bodies in this regard;
 21. Express concern of the global shortfall of 18 million health workers, primarily in low- and middle-income countries, and recognize the need to build a competent health workforce who are the main drivers of strong and resilient health systems, and further recognize that increased investment in a more effective and socially responsible health workforce can

unleash significant socio-economic gains and contribute to the eradication of poverty and reduction of inequality;

We therefore commit to scale up our efforts and further implement the following actions:

Accelerate high impact interventions

22. Implement most effective, high impact, people-centred, gender-responsive and evidence-based interventions to meet the health needs of all, and in particular the most vulnerable, ensuring universal access to integrated quality health services for the prevention, treatment and control of communicable and non-communicable diseases and conditions, including neglected and rare diseases and disabilities;
23. Implement high impact policy measures to comprehensively address social, economic, commercial, and environmental determinants of health by working across all sectors;

Healthy lives

24. Take measures to promote active and healthy lifestyle, including physical activity in the entire population and for all ages, and ensure a world free from malnutrition in all its forms, where all people have access to adequate food and enjoy diversified, balanced and healthy diets throughout their lives, with special emphasis on breastfeeding and protection of children in their first 1,000 days;
25. Prioritize health promotion and disease prevention, through good governance, education and health literacy, as well as safe and healthy cities, enabling people to have increased knowledge and control over their health decisions;
26. Strengthen surveillance systems and routine vaccination capacities to prevent spread and reemergence of communicable and non-communicable diseases;
27. Scale up efforts to address the growing burden of deaths and injuries related to road traffic, drowning, and mental health, and to take measures to promote and improve mental health services and care;
28. Increase access to health information and affordable health services for persons with disabilities and scale up efforts for their empowerment and inclusion, noting that more than one billion persons with disabilities face physical, behavioral and financial barriers;
29. Scale up efforts to provide healthier and safer workplaces and access to occupational health services, and to ensure health coverage for all workers, noting that more than 2 million people die every year from preventable occupational diseases and injuries;

Health Financing

30. Pursue health financing policies to eliminate financial barriers to access and to respond to unmet needs for health and related social care services, reduce out of pocket payments and ensure financial protection for all, especially for the poor and the most vulnerable;
31. Scale up efforts to set and reach nationally appropriate spending targets for investments in health consistent with national development strategies and in accordance with the Addis

Ababa Action Agenda and transition towards sustainable financing through domestic public resource mobilization;

32. Increase domestic public spending and expand pooling of resources allocated to health and maximize the efficiency and equity of health spending, to deliver cost-effective essential health services, improve service coverage, reduce impoverishment, and ensure financial risk protection;
33. Expand services and increase investment on health and other health-related SDGs in low- and middle-income countries by an additional 3.9 trillion USD in total by 2030, which could prevent 97 million premature deaths globally and add between 3.1 and 8.4 years of life expectancy in these countries;
34. Increase budgetary allocations on health based on national health system architecture, broaden fiscal space, and prioritize spending within the health sector, with the focus on universal health coverage, and in this regard encourage countries, especially those that have not yet achieved the minimum target of 5% of GDP for public spending on health, to increase public spending at an additional 1% to 2% of GDP for expanding access for all to nationally determined sets of essential health services, with a view to achieving such target or higher by 2030;
35. Recognize the importance of progressive tax systems and note that the price and tax measures on harmful products, in particular tobacco and alcohol, are an effective means to reduce consumption and related health-care costs and represent a potential revenue stream for financing for development in many countries;
36. Explore ways to provide adequate, predictable and sustainable finances to support national efforts in achieving UHC, through domestic, bilateral, regional and multilateral channels, including traditional and innovative financing mechanisms;

Strengthen PHC for UHC

37. Expand the delivery of and prioritize investments in primary health care as the cornerstone of a sustainable health system and the foundation for achieving universal health coverage, while strengthening an integrated and effective referral system for secondary and tertiary care;

Quality and affordable access to medicines, vaccines, diagnostics and health technologies

38. Scale up efforts to enhance health systems performance by preventing adverse events in particular and improving patient safety and health care quality in general, noting that UHC can effectively deliver if implemented in high-quality health systems that ensure timely delivery and continuity of care, adaptation to changing needs and public trust;
39. Promote increased access to affordable, safe, effective, and quality essential medicines, vaccines, diagnostics and health technologies that ensure quality services and prevent harms to patients and health workers;
40. Improve availability, affordability and efficiency of essential health products by increasing transparency in pricing of medicines and health technologies through improved regulations

and building a stronger partnership with industries to address the global concern on high prices of essential health products;

41. 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 WTO 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;
42. Explore and encourage a range of innovative incentives for health research and development, including a stronger partnership between the public and the private sectors, recognizing the need for increasing public health-driven research and development and appropriate incentives in the development of new health products, guided by the core principles of affordability, effectiveness, efficiency, equity and considered as a shared responsibility;

Governance and participatory approach

43. Engage all relevant stakeholders, including the civil society, private sector, philanthropic foundations, academic institutions and community, as appropriate, through the establishment of participatory governance platforms and multi-stakeholder partnerships, in the development and implementation of health- and social-related policies and progress monitoring to the achievement of national objectives for UHC, while giving due regard to managing conflicts of interest;
44. Strengthen the capacity of national government authorities to exercise strategic leadership and coordination role and strengthen the capacity of local authorities to engage with their respective communities;
45. Build effective, accountable and inclusive institutions at all levels to ensure social justice, rule of law, and health for all;
46. Strengthen regulatory and legislative frameworks for the achievement of UHC, including by enacting legislations that ensure access to health services, products and vaccines and assure the quality and safety of services, products and practice of health workers;

Coherent and coordinated action across sectors and actors

47. Provide strategic leadership on UHC at the highest political level and promote greater policy coherence and coordinated actions through whole-of-government and health-in-all-policies approaches, and forge coordinated and integrated whole-of-society and multi-sectoral response, while ensuring to align support from all stakeholders to national health policies;

Strong health and social workforce

48. Take immediate steps towards addressing the global shortfall of 18 million health workers in accordance with Global Strategy on Human Resources for Health: workforce 2030, and addressing the growing demand for health and social sectors which calls for the creation of 40 million health worker jobs by the year 2030;
49. Scale up efforts to promote the recruitment and retention of competent health workers and encourage incentives to secure the equitable distribution of qualified health workers especially in rural and hard-to-reach areas;
50. Develop, improve, and make available evidence-based and culture and gender-sensitive training, skills enhancement and education of health workers as well as promote a continued education and life-long learning agenda and expand community-based health education and training;
51. Provide better opportunities for women to leverage their role and leadership in the health sector, with a view to increasing the representation, engagement, participation and empowerment of women in the economic workforce and eliminating gender biases and inequity, including unequal remuneration, while noting that women, who currently form 70% of the health and social workforce, still lack leadership roles;
52. Protect health workers from all forms of violence, attacks, and discriminatory practices, and to ensure their safe working environment and conditions at all times;

Promoting the use of technologies, innovation and data

53. Invest in and encourage ethical and public-health-driven use of appropriate and user-friendly relevant technologies, including digital technologies, and innovation to increase access to health and social services and related information, improve the cost-effectiveness of health systems and efficiency in the provision and delivery of care, while recognizing the need for an integrated health information system for public health surveillance and the need to narrow the digital divide;
54. Strengthen national capacity on health intervention, technology assessment and data collection to achieve evidence-based decisions;
55. Collect data, including vital statistics, disaggregated by age, sex, income, disability, geographic location, status, education and other social characteristics needed to monitor progress and identify gaps in the universal and inclusive achievement of SDG3 and all other health-related SDGs;

Mainstreaming gender, equity and human rights

56. Ensure universal access to sexual and reproductive health and reproductive rights in accordance with the Programme of Action of the International Conference on Population and Development and the Beijing Platform for Action and the outcome documents of their review conferences, including universal access to sexual and reproductive health-care services, including for family planning, information and education, and the integration of reproductive health into national strategies and programmes, and recognizing that the human rights of women include their right to have control over and decide freely and responsibly on all matters related to their sexuality,

including sexual and reproductive health, free of coercion, discrimination and violence, as a contribution to the achievement of gender equality and the empowerment of women and the realization of their human rights;

57. Apply a systems-wide approach to mainstream gender perspective when designing and monitoring health policies, taking into account the specific needs of women and girls, with a view to reducing gender-related inequities;
58. Ensure that no one is left behind, especially those who are vulnerable, stigmatized or marginalized, among others, children, youth, women, older persons, persons with disabilities, migrants, refugees, people on the move, people with mental health problems or pre-existing medical conditions, regardless of race, religion and political belief or economic and social conditions;

UHC in fragile situations and health security

59. Prevent and timely respond to outbreaks, epidemics, health hazards or emergencies with health consequences, emerging challenges such as antimicrobial resistance, to ensure an uninterrupted access to and the sustainment of essential health services and distribution systems in armed conflicts, fragile settings and other humanitarian emergencies, including by protecting health infrastructure and facilities from destruction, in accordance with the International Health Regulations core capacity requirements;

International collaboration

60. Increase global awareness, action and international cooperation towards the achievement of UHC by promoting national, regional and global collaborative frameworks, such as the Global Action Plan for Healthy Lives and Well-Being for All, and international solidarity, including through the commemoration of International UHC Day on 12 December of every year;
61. Revitalize and promote strong global partnership to engage all stakeholders to mobilize all necessary financial and non-financial means to collaboratively support the efforts of Member States to achieve UHC and other health-related SDGs, including to address health challenges, raise awareness, share knowledge and best practices, strengthen advocacy for UHC, to leave no one behind;

Follow-up mechanism

62. By 2020, set national targets for the achievement of universal health coverage in 2030 and develop national indicators that are in line with the 2030 Agenda for Sustainable Development, based on the guidance provided by the World Health Organization, to ensure that SDG official statistics used in the monitoring progress for the achievement of SDG 3.8.1 and 3.8.2 are accurate and can capture the actual progress made on the ground;
63. Leverage the full potential of the multilateral system and call upon the relevant entities of the United Nations development system, primarily WHO as the leading agency on health, as well as the reinvigorated UN Resident Coordinators and the UN Country Teams, to assist

and support countries in their efforts to implement UHC at the national level, in accordance with their respective national priorities;

64. Reemphasize our resolve to achieve universal health coverage by 2030 and to stop the rise of catastrophic out-of-pocket health spending by providing financial risk protection and reverse the trend by 2030, and progressively cover one billion additional people with quality essential health services and quality, essential, affordable and effective medicines, vaccines, diagnostics and health technologies for all by 2023, and an additional two billion people by 2030;
 65. Request the Secretary-General, in close collaboration with the WHO, development partners and other relevant initiatives, such as the Global Action Plan for Healthy Lives and Well-Being for All and the International Health Partnership for UHC2030, to promote a multiagency network for all health-related SDGs hosted by the WHO, to provide guidance and assistance to Member States towards the achievement of UHC;
 66. Request the Secretary-General to continue engaging with Member States to sustain the political momentum on UHC and to provide, in consultation with the WHO, every two years beginning from the seventy-sixth session, a monitoring report on the progress of Member States in all health-related SDGs, in particular on moving towards UHC across all relevant sectors, including on the implementation of the present declaration, at all levels, which will also serve to inform the preparations for a high-level meeting on health in 2023 to be attended by Heads of State and Government in New York, aimed to undertake a comprehensive review of all health-related SDGs under the UHC umbrella, identify gaps and solutions to accelerate progress towards achieving UHC by 2030.
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