



## 2023 UN HLM on UHC

### Ask outline document

#### Introduction

In 2019, governments around the world met at the first UN High-level Meeting (HLM) on Universal Health Coverage (UHC). At this meeting they recognised that each country will need to prioritise and implement its own national UHC package of care, tailored to meet the needs of its population, by strengthening the building blocks of health systems.<sup>1</sup> Since then the world has changed drastically, the COVID-19 pandemic has worsened inequities in many countries, with poor and marginalised groups bearing the brunt of the hardship, and has pushed health systems and healthcare workers beyond their limits. There is a growing body of evidence that indicates substantial and sustained disruptions to cancer services in almost every country, which will have wide reaching impacts due to delayed treatment, missed opportunities for early diagnosis, and increased exposure to certain cancer risk factors. As the world begins to recover from the pandemic, the HLM will provide a valuable opportunity for the global health and development communities to critically analyse policies, programmes and approaches to health to design and deliver more equitable, people-centred care.

For the cancer community, the UN HLM provides a very valuable opportunity. The global cancer burden continues to grow, with IARC estimates suggesting that health systems will have to respond to an increasing number of new cases each year, rising from 19.3 million in 2020 to 24.6 million in 2030.<sup>2</sup> The fastest growth forecast is across low- and middle-income countries whose health systems are least well equipped to manage the increasing demand for services.<sup>3</sup> Cancer remains a major cause of out-of-pocket spending,<sup>4</sup> driving further inequities as those patients who can afford treatment and who live in countries where this is accessible in a timely manner have a higher chance of survival, and those who cannot afford or access treatment do not.

Yet, this situation is largely preventable. Higher levels of investment in programmes and services have been shown to be effective in reducing cancer incidence and death, and by investing, many governments will be in a position to progressively realise essential cancer services for their whole population as part of UHC. There is a growing body of evidence showing the cost-effectiveness of these investments in saving treatment costs, supporting families and contributing to overall economic growth and development. UICC will be engaging actively in the process leading up to the HLM, and have developed this document which sets out the key asks to governments to include in the upcoming 2023 Political Declaration on UHC which can strengthen attention to cancer control and improve quality and equitable cancer prevention and care for all.

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<sup>1</sup> WHO health system building blocks: Leadership and governance, Service delivery, Health system financing, Health workforce, Medical products, vaccines and technologies and Health information systems

<sup>2</sup> IARC (2020) Global Cancer Observatory: Cancer Tomorrow. Estimated number of new cases from 2020 to 2030, Both sexes, age [0-85+] [https://gco.iarc.fr/tomorrow/en/dataviz/isotype?years=2030&single\\_unit=500000](https://gco.iarc.fr/tomorrow/en/dataviz/isotype?years=2030&single_unit=500000) [Accessed 16.12.2022]

<sup>3</sup> WHO (2020) WHO report on cancer: setting priorities, investing wisely and providing care for all. Licence: CC BY-NC-SA 3.0 IGO.

<sup>4</sup> Ibid.

## 2023 draft asks

### Laying the foundation for a healthy future

WHO suggests that between  $\frac{1}{3}$  and  $\frac{1}{2}$  of cancer cases globally could be prevented. Moreover the majority of these cases are associated with a several modifiable risk factors including tobacco and alcohol use; physical inactivity, poor diet and body fatness; ionizing radiation; air pollution and certain infections including the human papillomavirus (HPV) or hepatitis B virus (HBV). All of these factors can be addressed through evidence-based and cost-effective public health policies that are feasible in all health systems. Implementing many of these policies will also yield benefits beyond cancer control, such as improvements in childhood stunting, better mental health, and reductions in interpersonal violence and accidents, amongst others. As such, we call on all governments to include a core package of health promotion and disease prevention policies and programmes in UHC benefit packages including:

- Implement a comprehensive package of tobacco control measures, drawing on the WHO's MPOWER package and WHO Framework Convention on Tobacco Control, with particular focus on raising tobacco taxes above 75% of unit price.
- Fully implement, as relevant to national contexts, the package of services contained in the WHO SAFER initiative.
- Scale-up HPV and HBV vaccination to 90% of target populations in line with the Global Strategies for the elimination of cervical cancer and hepatitis B, respectively, with particular focus on marginalised and vulnerable groups (such as children not attending school).
- Air pollution: Develop and implement a package of measures in line with WHO's Air Quality Guidelines, drawing on advice from WHO and monitoring levels of air pollution exposure
- Nutrition: Integrate nutrition interventions and health promotion into primary care and core medical education.

These align with UHC 2030:

- Action area 2: Leave no one behind
- Action area 3: Adopt enabling laws and regulations

### Closing the care gap

Delivering 'health for all' will require governments to improve access to timely, accurate and affordable diagnosis, treatment and palliative care for individuals with cancer, given the growing global burden. Achieving this is feasible in nearly all countries and is consistent with the right to health. Through the use of evidence-based interventions, countries can progressively realise improvements in cancer care by building the capacities of health systems and healthcare workers.

A growing body of guidance and technical support from WHO and other actors, provides countries with a framework through which to identify and prioritise services and progressively realise a core package of cancer services. Through comprehensive planning every country can detect and diagnose common cancers at an earlier stage when they are often more amenable to treatment, with fewer side effects and at lower costs to patients and health systems. Delivering on this 'triple dividend' should be at the core of countries approaches to developing UHC benefit packages, together with guaranteeing the quality of life of cancer patients through a comprehensive package of palliative care. To help realise this ambition, we call on Member states to:

Improve care delivery by:

- Strengthening primary health care (PHC) as the entry point to the health system and utilise existing platforms for infectious disease and maternal and child health to deliver a core package of services, including cancer prevention, early detection and palliative care.

- Ensuring the establishment and maintenance of strong referral networks from PHC through to secondary and specialist care to ensure that patients can access the interventions necessary in a timely and affordable manner.
- Recognising and integrate a core package of palliative care interventions in all UHC benefit packages, including access to controlled medicines.

Put in place a robust health package by:

- Including a core package of services for cancer and other non-communicable diseases (NCDs), drawing on guidance and technical support from WHO including Appendix 3.
- Ensuring the alignment of UHC benefit packages with the priorities identified in national disease strategies, including national cancer control plans, identify strategies to progressively implement new services to take them to scale as necessary.
- Increasing investment in public health information and diagnostic services to improve the early detection and diagnosis of diseases, including for cancer and other NCDs.
- Aligning national essential medicines, diagnostics and technologies lists with global guidance and national epidemiological profiles.
- Investing in core medical education, continuing education and adequate remuneration to build health workforce necessary to support UHC delivery.
- Strengthening data collection for health, including utilising and supporting existing data collection structures and systems, such as cancer registries, to provide evidence for decision-making.
- Commit to the continuation of essential health services in health emergencies, including a core package of cancer services in response to national health needs.

These align with UHC 2030:

- Action area 1: Champion political leadership for UHC
- Action area 2: Leave no one behind
- Action area 4: Strengthen the health and care workforce to deliver quality health care
- Action area 7: Guarantee gender equity
- Action area 8: Connect UHC and health security

## Investing in health

Investment in health has long lagged behind the growing burden of disease, due in part to persistent underestimations of the returns on investment for communities and economies. The COVID-19 pandemic has shown the critical importance of investing in health, and countries substantially increased investment in social and health services to tackle the effects of the pandemic. Now, as countries start to emerge from the pandemic and face a global economic recession, it will be critical to safeguard investments in health in order to respond to the backlog of care resulting from delayed or disrupted services and strengthen the foundations to achieve UHC.

The core objective of investing in health is to promote equitable access to services, premised on the ‘best value for the greatest good’.<sup>5</sup> Investment in cancer and NCDs has systematically fallen short of the volumes needed to respond to the growing disease burden. Data suggests that domestic actors have long been the primary source of investment in cancer and NCD care, with a notable lack of international support for the necessary capital investments limiting the capacity for many LMIC governments to progressively realise services. At its core, failure to invest in cancer and other NCDs enables the continuation of stark inequities and catastrophic health spending.

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<sup>5</sup> WHO (2020) WHO report on cancer: setting priorities, investing wisely and providing care for all. Licence: CC BY-NC-SA 3.0 IGO.

However, with the growing body of technical support and guidance, countries are in a position to leverage efficiencies to mobilise funds and lower many of the barriers to accessing care. Financing the inclusion of new services in UHC benefit packages and the roll-out of services to new populations must be underpinned by adequate financing and should always be guided by the goals of improving equity and financial risk protection. To help realise this ambition, we call on Member States to:

- Utilise costing tools, like the cancer costing tool from WHO, to identify and prioritise evidence-based and cost-effective interventions within UHC benefit packages, guided by the dual goals of equity and financial protection.
- Fulfil the commitment to provide 0.7% of GNI in the form of overseas development assistance (ODA).
- Further integrate cancer and other NCDs into international financial support mechanisms, institutions and platforms including ODA, to support recipient countries to respond to national disease burdens.
- Utilise 'double dividend' measures like taxation on tobacco, alcohol and fossil fuels to raise capital for health investment and reduce exposure to risk factors.
- Systematically include community and healthcare provider perspectives in budgetary and governance processes, drawing on models such as national cancer control committees etc.

These align with UHC 2030:

- Action area 5: Invest more, invest better
- Action area 6: Move together towards UHC