



What is Universal Health Coverage?

IDF Campaign in the run up to the 2019 UN High Level Meeting on Universal Health Coverage

What is the High Level Meeting on UHC?

The World Health Organisation defines Universal Health Coverage (UHC) as a situation where **all individuals and communities receive the health services** (including health promotion, prevention, treatment, rehabilitation and palliative care) **and the medicines they need at an affordable price.**

UHC is a **key driver to ensure long-term economic development.** It is central to Sustainable Development Goal (SDG) 3 on "Ensuring healthy lives and promote wellbeing for all at all ages" – which all Member States have committed to achieving by 2030.

Despite global commitments, half of the world's population does not yet have full coverage of essential health services at an affordable price. The United Nations (UN) is hosting a High Level Meeting (HLM) on UHC, on **September 23, 2019, to mobilise the highest political support for UHC.**

Why is the UN HLM on UHC important?

This meeting will result in the adoption of a **political declaration with concise proposals** that will guide Member States' action towards achieving UHC by 2030.

Why is UHC important for people with diabetes?

Diabetes is a **chronic condition that requires life-long management.** People with type 1 diabetes need insulin to survive. People with all types of diabetes need access to appropriate care and medicines to effectively manage their condition and avoid or delay complications. Without UHC, many of them face stark choices as a result of high medical expenses. People with diabetes from low- and middle-income countries (who account for 80% of the total) are particularly at risk.

What does essential care mean for people with diabetes?

UHC is about providing essential care at an affordable price. In the case of diabetes, it can comprise insulin, metformin, glicazide, glucagon, syringes/needles, test strips, glucometers and regular consultations with family doctors, nurses and dietitians/nutritionists, plus consultations with the appropriate specialists in the case of complications.

Member States must ensure affordable access to essential care for everyone with diabetes, as a minimum. IDF requests Member States with the economic capacity to go beyond UHC and provide the best possible diabetes care for citizens at an affordable price.

How can you support the IDF UHC Campaign?

Reaching out to national policymakers

- **Translate** the IDF call to action into your national language.
- Establish **face-to-face meetings** with relevant local, regional and national policymakers to discuss the IDF call to action
- If face-to-face meetings are not possible, send the IDF call to action to policymakers by **letter and/or email**

Submit your selfie to the IDF UHC campaign

Send us a selfie with information of your essential diabetes-related healthcare expenditure. You can find instructions on how to participate in this campaign here: bit.ly/2UhyE3W



Promoting the IDF call to action on national press

- Do some **research** to identify the main health-focused news outlets from your country and the journalists writing the health-related pieces in general media.
- Reach out to them with the content of the IDF call to action, and **diabetes facts and figures from your country** (which you can find on the [IDF Diabetes Atlas](#))

Support IDF UHC campaign on social media

- Follow IDF on [Facebook](#), [Twitter](#), [Instagram](#) and [LinkedIn](#).
- Share with your network the UHC messages IDF will be promoting on its social media channels. We encourage you to translate our messages, so they reach a wider audience



IDF Call to action for the High Level Meeting on Universal Health Coverage

On behalf of people living with, and affected by, diabetes, IDF requests national governments to develop a **health-in-all-policies approach to achieve UHC by 2030**, by acting on the following four areas:

Strengthen primary health care to improve early diagnosis and prevention of complications.



- Integrating a **people-centred approach to health services** that empowers people with diabetes to participate in their own care;
- Extending the **geographical coverage of primary health care** to address the needs of people with diabetes and those at risk in rural and remote areas – including the adoption of digital health interventions to complement the primary health care system;
- Guaranteeing access to primary health care for **vulnerable populations** with diabetes, including refugees and migrants, to make sure no one is left behind;
- Engaging a **sufficient number of health workers** to cover the needs of the growing number of people with diabetes;
- Providing the workforce with **sufficient training** on diabetes diagnosis and treatment, as well as type 2 diabetes prevention;
- Including **routine diabetes screening** as part of the care provided to at-risk populations;
- Including **routine gestational diabetes screening** as part of the care provided to pregnant women;
- Including **systematic screening for diabetes complications** as part of the care provided to people with diabetes;
- Implementing **locally-tailored comprehensive programmes** to address unhealthy diets and sedentary lifestyles, especially for at-risk populations.

Improve education for better diabetes self-management and type 2 diabetes prevention.



- Developing **health promotion strategies and campaigns** to raise awareness and address the social determinants of type 2 diabetes across the population;
- Developing **awareness campaigns** on the symptoms of diabetes, to increase the rates of early diagnosis;
- Providing **on-going training on diabetes self-management** for people with diabetes and their carers, first at the point of diagnosis and then repeated periodically.

Boost investment to ensure affordable essential diabetes care for everyone, everywhere.



- Increasing the budget for the prevention and management of diabetes and other NCDs by leveraging **existing sources of finance**, including taxation on unhealthy products and ring-fencing revenues for health purposes;
- Developing **new funding mechanisms**, such as solidarity levies (government-imposed taxes established to provide funding towards a specific project) or buy-downs (loans to poor countries for specific health-related projects, which if successful result in the donors reducing or cancelling the debts);
- Improving or creating **health-protection systems**, in particular pre-payment schemes, to reduce the financial barriers to access to medicines and care, improve equity and protect households against catastrophic healthcare expenditures;
- Improving **multi-sectoral collaboration** to guarantee fair and adequate pricing and optimise the supply chain;
- Implementing **strategic purchasing activities** and developing partnerships for required capacity building initiatives.

Ensure high-level political attention to UHC in the run-up to 2030.



- Producing **national data** for the SDG 3.8.1 (coverage of essential health services) and 3.8.2 (proportion of the population with large household expenditure on health) indicators to allow for progress to be tracked;
- Calling for a **WHO NCD Programme Directors and Managers meeting** no later than 2022 for the exchange of local insights and global perspectives on UHC, in the absence of a High Level Meeting on NCDs before 2025;
- Calling the UN for another **High Level Meeting on UHC** in 2026 at the latest, in order to track the progress achieved since 2019 and, if needed, update the proposals for achieving UHC by 2030.