



**European Union
Statement**

WHO

76th World Health Assembly

(21-30 May 2023)

Item 13.1 – Universal Health Coverage

Geneva, 22 May 2023

WHO
76th World Health Assembly

Item 13.1 : Universal Health Coverage

EU Statement

Chair,
Director General,
Excellencies,
Colleagues,

I am delivering this statement on behalf of the EU and its 27 Member States.

The candidate countries North Macedonia, Montenegro, Serbia, Albania, Ukraine, Republic of Moldova and Bosnia and Herzegovina*, the potential candidate country Georgia, the EFTA country Norway, member of the European Economic Area, as well as Armenia align themselves with this statement.

We look forward to participate actively in the negotiations on a concise, action-oriented political declaration to be adopted at the UNGA High Level Meeting on UHC this year, building on the 2019 declaration. We call on Members States to ensure that their agenda setting in Geneva and in New York promotes coherence and synergies between the General Assembly health-related HLMs and the priorities for the work of WHO decided in Geneva as well as with ongoing work

* North Macedonia, Montenegro, Serbia, Albania and Bosnia and Herzegovina continue to be part of the Stabilisation and Association Process.

of the WHO, including processes such as the negotiations for a Pandemic Agreement and the amendments to the IHR.

Strong, equitable, accessible, climate resilient and sustainably financed health systems are the backbone of quality primary health services, UHC and global health security. Health system strengthening should address financing, leadership/governance, human resources, infrastructures, information and communication systems, access to quality commodities and services, health monitoring and service provision as well as participation of communities — in a systematic and dynamic approach at all levels of services.

No country can provide UHC without essential public health functions to protect and promote the health of its population using a rights-based, equitable and gender responsive approach.

Primary health services must be considered an essential part of information and service provision in integrated health systems.

Primary health care and universal access to integrated quality services should be person-centered, gender responsive and rights-based, comprehensive and integrate all services that can be provided at the primary level, including preventive, curative, rehabilitative and palliative services for all individuals and communities, as well as sexual and reproductive health and rights in accordance with the Beijing Platform for Action and the Programme of Action of the International Conference on Population and Development (ICPD), the outcomes of their review conferences and remains committed to SRHR as pr. article 34 of the new EU Consensus on Development.

Other public health functions, such as population level surveillance of health needs, might be more efficiently organised at community, national or subnational level, as well as across borders with effective collaboration.

Resilient, primary health services are the first line of defence against disease outbreaks and other health crises. Health systems should be resilient to continue the provision of essential health services in emergency situations. A well-functioning and strong community health workforce with an adequate number of healthcare professionals, including midwives and public health emergency workers, with high-quality skills and knowledge is essential to building a strong health workforce and is a prerequisite for quality primary health services and to reach the most underserved populations.

Having in place essential public health functions, including addressing social, economic, and environmental determinants of health as well as inequity and gender equality in health systems are a prerequisite for equitable sustainable health systems and UHC.

Strengthening health systems to achieve UHC requires sufficient, strategic and sustainable financing, primarily through domestic health financing strategies based on a large and solidarity-based pooling of funds. Access to social protection that guarantees access to health services without experiencing financial hardship is key to achieve health equity.

We support the adoptions of the four resolutions as recommended by the EB152.

Thank you.