

**Written statement from UHC2030 partners based on
Negotiating text of the WHO CA+ [A/INB/7/3, 30 October 2023]**

UHC2030 partners commend the significant work of Member States and the Intergovernmental Negotiating Body (INB) Bureau on the draft Pandemic Agreement.

We would like to highlight that universal health coverage (UHC), which is mentioned only as an end goal in the current text, is central to pandemic prevention, preparedness, response and recovery. In the Political Declarations adopted at the United Nations General Assembly's high-level meeting in September 2023, Member States recognized that universal health coverage, based on a primary health care approach (PHC), are necessary means for achieving robust and sustainable pandemic prevention, preparedness and response (PPR):

- Recognize further the fundamental role of equitable, people-centered and community-based primary health care in preventing, preparing for, and responding to pandemics, with the goal of achieving universal health coverage and other Sustainable Development Goals and targets, as envisioned in the Declaration of Alma-Ata and the Declaration of Astana, [...] (Paragraph 27 PPR PD, [A/RES/78/3](#))
- Recognize that a coherent approach to strengthen the global health architecture as well as health system resilience and universal health coverage are central for effective and sustainable prevention, preparedness, and response to pandemics and other public health emergencies [...]. (Paragraph 41, UHC Political Declaration, [A/RES/78/4](#))

To further operationalize UHC and elevate a PHC approach for effective pandemic prevention, preparedness, response and recovery, we call on member states to incorporate core elements related to UHC and PHC in relevant provisions of the Pandemic Accord. These elements include:

- maintaining access to essential and routine health services to at least pre-pandemic levels and exceeding those where possible;
- sustaining a protected and well-supported health and care workforce, a majority of whom are comprised of women;
- mitigating barriers to accessing needed health services, commodities and information, particularly by ensuring affordability of and non-discrimination in access to countermeasures necessary to prevent the spread of diseases and protect people during pandemics, and which should be free at point of delivery
- integrating PPR planning into primary health care systems (e.g., leveraging disaggregated data from routine primary health care records to enhance surveillance and monitoring, etc.);
- institutionalizing participatory governance arrangements that enable meaningful multistakeholder, whole-of-society engagement, including civil society and communities, which is critical to respond to the needs of communities (especially considering various needs based on gender, ethnicity, and socioeconomic status) and create trust for greater uptake of essential public health functions

Specific suggestions are included [here](#), which include proposed language on the Preamble and articles 1, 3, 4, 6, 8, 11, 17 and 20. (428 words).