



### **UN Multi-stakeholder Hearing on Universal Health Coverage (UHC) 9 May 2023**

The European Society for Medical Oncology (ESMO) proposes for Inclusion in the 'Political Declaration on Universal Health Coverage' the following:

1. Promote health, address all health risk factors, and reaffirm good health and well-being as a basic human right.
2. Inclusion of Universal Health Coverage in all national health policies or any other policy area that influences health in an all-of-government and all-of-society approach, ensuring that all national plans are well funded and implemented.
3. Ensure that countries guarantee their entire population Universal Health Coverage benefit packages that include a core set of comprehensive, safe, affordable, effective, and high-quality services for prevention, diagnosis, screening, treatment, palliative care, rehabilitative services and research for all NCDs, including cancer. Benefit packages should be well funded and delivered by an adequate, well-trained and well-resourced health workforce. These essential healthcare services should not result in financial hardship for patients or lead to catastrophic and generational impoverishment.
4. Recommit to 'further strengthen efforts to address noncommunicable diseases, including cardiovascular diseases, cancer chronic respiratory diseases, and diabetes, as part of Universal Health Coverage, as stated in the 2019 Declaration, which also states that non-communicable diseases account for over 70% of all deaths in the age group 30-69.
5. Ensure the existence of pathology services in all countries, which must be linked to essential healthcare services for the treatment and care of those diagnosed with cancer.
6. Strengthen primary care services for early diagnosis, screening and supportive and palliative care.
7. Recommit to ensure robust referrals across the continuum of care to ensure timely and affordable access from primary to secondary and tertiary care (including research), where cancer patients are treated and without which they will be left behind.
8. Ensure access to timely, affordable, and effective palliative care for all at all times, because WHO statistics state that only 14% of those in need of palliative care receive it. Please see: <https://www.who.int/health-topics/palliative-care>
9. Provide a clear definition of 'essential healthcare services' including model lists of what those services are to provide guidance to national authorities. The UHC Compendium (<https://www.who.int/universal-health-coverage/compendium>) provides lists of essential health services and WHO should provide guidance on the prioritization of those services, especially during health emergencies. There should be reference to the WHO Best Buys from the updated 'Appendix 3 of WHO's global action plan for the prevention and control of noncommunicable diseases 2013–2030'. Please see: [https://apps.who.int/gb/ebwha/pdf\\_files/EB152/B152\\_6-en.pdf](https://apps.who.int/gb/ebwha/pdf_files/EB152/B152_6-en.pdf) . There should also be reference to the WHO Model List of Essential Medicines (<https://www.who.int/groups/expert-committee-on-selection-and-use-of-essential-medicines/essential-medicines-lists>) and the WHO Model List of Essential Diagnostics (<https://www.who.int/news/item/29-01-2021-who-publishes-new-essential-diagnostics-list-and-urges-countries-to-prioritize-investments-in-testing>).



10. Provide UN/WHO guidance on 'bedside rationing' and the establishment of protocols that can be used by physicians and healthcare workers to guide their ethical and methodological decision-making on resource allocation when resources are limited or require reallocation.

11. Make population-based disease registries mandatory, ensuring they include the comprehensive incidence, relapse, and mortality data required for evidence-based healthcare planning, measuring national health policy effectiveness, and demonstrating the number of lives saved.

12. Leverage resources of civil society to support implementation at the national level, for example the freely available ESMO resources that can help Member States work towards achieving the 3 dimensions of UHC by 2030.

- 'ESMO Global Curriculum in Medical Oncology' to support training the necessary workforce to '**increase population coverage**'. Please see: <https://www.esmo.org/career-development/global-curriculum-in-medical-oncology>
- Evidence-based 'ESMO Clinical Practice Guidelines' and 'Pan-Asian Adapted Guidelines' to support decisions to cost-effectively '**expand essential health services**'. Please see: <https://www.esmo.org/guidelines>
- 'ESMO-Magnitude of Clinical Benefit Scale' to prioritize the use of cancer medicines to both improve health outcomes and '**reduce the financial burden of health services**'. Please see: <https://www.esmo.org/guidelines/esmo-mcbs>