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1. CONCEPT

The UNITE Global Summit is the world’s leading Forum for forging partnerships between parliamentarians and leaders from the global health community.

Over three days, in Lisbon and virtually, experts from civil society, affected communities, international organizations and academia came together with leading parliamentarians from across the world, to discuss the most pressing issues in global health and to set the agenda for the year to come.

The 2022 edition of the UNITE Global Summit took place at a particularly opportune moment. The world is still recovering from the most severe public health crisis in 100 years, while simultaneously marking the halfway point of the Sustainable Development Goals (SDGs) period. The pandemic set back, by years, the fight against many infectious diseases. Newly developed partnerships, new ways of thinking and new funding will be required to get back on track, and achieve the promise of the SDGs. The UNITE Global Summit was key in catalysing that renewed effort.

The three core strategic themes that guided these year’s discussions were:

What can we learn from the global effort to fight the pandemic? What successes have we seen against COVID-19 that can be replicated for other infectious diseases? And what are the policy barriers that might hamper our ability to stop the next lethal respiratory pathogen from becoming a global pandemic?

The COVID-19 pandemic has changed the way that billions of people around the world work, live and go about their daily lives. It has resulted in millions of deaths and left a deep impact on the health and wellbeing of hundreds of millions more. It has unlocked innovation on an unprecedented scale and speed, and highlighted systemic weaknesses in the way that novel medicines are distributed.

What will health systems look like in 2030? How can we get the highest standards of care to everyone, today? What role can data play in improving access to health? And what policies need to change in order to unlock better care for everyone?

One of the innovations brought by COVID-19 was the provision of real-time data on cases and deaths from most countries in the world. Experts shared genomic
data at incredible speed, warning of the emergence of new variants weeks or even months before they spread around the world. Health systems facilitated the trialling of old therapeutics for a new threat, mainstreaming the use of drugs like Dexamethasone, while saving hundreds of lives. These are just a handful of innovations that could revolutionize the way health is delivered around the world, without even considering the wider range of advances brought through the digitalization of health systems.

What role will human rights play in realizing the health aspects of the SDGs agenda? How do issues like drug policy intertwine with health outcomes? And what policies can ensure that the poorest and most vulnerable populations are not left behind over the rest of the SDGs period?

Every major health crisis of the last hundred years has hit the most marginalized the hardest. Whether that is vulnerable groups in high-income countries, or entire populations in low- and middle-income countries that cannot get access to life-saving medicines, it’s the poorest who struggle most. Yet, for over fifty years, the human right to health has been universally recognized by the world’s governments – even if we are not delivering on it.
2. PROGRAM

All times are GMT

5 DEC ’22 | infectious diseases and pandemic preparedness

08:30 AM – 09:30 AM | Opening Session
Roadmap to 2030 - Multilateralism as a driver to global health and development

09:45 AM – 11:15 AM | Session hosted by Coalition for Epidemic Preparedness Innovations (CEPI)
Preparing for the next pandemic by developing vaccines in 100 days

11:30 AM – 01:00 PM | Session hosted by Harm Reduction International
Effective Participation for Effective Responses: meaningful engagement in Pandemic Treaty Negotiations

02:30 PM – 04:00 PM | Session hosted by the Panel for a Global Public Health Convention
Pandemic Prevention, Preparedness and Response Architecture: New Developments & What is Next

04:15 PM – 04:45 PM | Fireside Session hosted by UNAIDS
Ending AIDS, ending inequalities and inequities: the role of parliamentarians.

05:00 PM – 05:30 PM | Session hosted by the World Health Organization
UNITE – WHO Collaboration - A short introduction to the MoU and the 3 United Nations High-Level Meetings on Health

6 DEC ’22 | the future of health systems

09:00 AM – 10:30 AM | Session hosted by the Global Fund to Fight AIDS, Tuberculosis and Malaria
The Global Fund Post 7th Replenishment and The Role of Members of Parliament in Resource Mobilization

11:00 AM – 12:30 PM | Session hosted by UNITE
A more sustainable future with Digital Health and Innovation as a priority

12:30 PM – 12:45 PM | Session hosted by UNITE
Keynote Speech President of the Portuguese Assembly of the Republic

02:00 PM – 03:30 PM | Session hosted by World Hepatitis Alliance (WHA), Hepatitis Australia, Clinton Health Access Initiative (CHAI), Hepatitis B Foundation, Coalition for Global Hepatitis Elimination (CGHE), Elizabeth Glaser Paediatric AIDS Foundation
Looking to the future: Moving from dual elimination of HIV and syphilis to triple elimination with hepatitis B and the role of parliamentarians

9:00 – 10:30 | Session hosted by UHC2030
Realizing the right to health for all through universal health coverage

11:00 – 12:00 | Session hosted by Unitaid
Achieving the global health targets through equitable access to health innovation

14:00 – 15:30 | Session hosted by UNITE
Drug Policy and Global Health – Towards Policy Coherence for the Sustainable Development Goals

15:45 – 16:45 | Session hosted by UNITE
A regional dialogue on universal health coverage

Session hosted by UNITE

17:00 – 18:00 | Closing Session
From pandemic to prosperity - Health in all policies
3. 2022 SUMMIT IN NUMBERS

- 65 SPEAKERS
- 15 SESSIONS
- +400 PARTICIPANTS
- 30 IN-PERSON MPs
- 70 POLICYMAKERS
- 52% / 48% MALE / FEMALE SPEAKERS

GLOBAL DISTRIBUTION OF POLICYMAKERS AT THE UNITE GLOBAL SUMMIT 2022

- 17% WESTERN EUROPE & NORTH AMERICA
- 11% EASTERN EUROPE
- 14% ASIA
- 27% LATIN AMERICA & THE CARIBBEAN
- 30% AFRICA
4. SUMMARY OF THE SESSIONS

OPENING SESSION - ROADMAP TO 2030 - MULTILATERALISM AS A DRIVER TO GLOBAL HEALTH AND DEVELOPMENT

Moderator:
- Victoria Grandsoult, Managing Director of the Virchow Foundation for Global Health

Speakers:
- Ricardo Baptista Leite, UNITE President
- Francesca Colombo, Head of the Health Division OECD
- Ilona Kickbush, International Advisory Board Chair, Global Health Centre, Graduate Institute
- Tedros Ghebreyesus, Director General, WHO

According to the UN High level political forum (HLPF), in 2020 and before the break of the pandemic, the world wasn’t on track to achieve the SDGs by 2030. In June 2022, the same forum recognized that the current war in Ukraine will also impact the roadmap to achieve the SDGs. While the world is currently debating a new global health architecture, there’s a need to emphasize the importance of the legislative power at national, regional, and global levels and the crucial role Members of Parliament play, towards building a successful global health multilateral order that can help us getting back on track to meet the SDGs by 2030.

Key Outcomes:
During the opening session, panellists discussed the need to establish a strong multilateral collaboration and more effective international mechanism to support sustainable health policies, with Parliamentarians having a central part to play. The need for further financial and supportive investment was enhanced, with the COVID-19 pandemic showing the consequences of years of underinvestment in health systems.

Also, participants were reminded of the importance of Parliamentarians in order to make global health more democratic, since they’re at the forefront of the debates regarding the adoption of health policies and budgets. Members of Parliament
should also understand how can they hold their governments accountable, amongst global health crisis.

Ricardo Baptista Leite emphasized that “with the current pandemic crisis still happening, with the war in Ukraine, more than ever we need multilateralism. We need to work together”, while Francesca Colombo reinforced the notion that “Health needs to remain on the national and international agendas” and that “finding new ways to provide global public goods, such as vaccines, is essential”.

Ilona Kickbusch, when speaking on the topic, mentioned that “being responsible for the health of the people in their countries, Parliamentarians need to understand that no one is safe until everyone is safe”.

Lastly, Tedros Ghebreyesus enhanced that “WHO has formed a new global network of chairs of health committees, and we very much look forward to the engagement of UNITE and its members” and that “Parliamentarians have a crucial role to play in global health. We work together for a safer, fairer world”.

![Image of panelists at a UNITE event](image-url)
Epidemics and pandemics are one of the greatest threats to humanity, and in our globally connected world the risk of such outbreaks is increasing. During the COVID-19 pandemic response, R&D innovations have delivered the vaccines that saved millions of lives and trillions of dollars. Vaccines were developed at unprecedented speed, reducing vaccine development timelines from the regular 10-15 years to less than a year.

As countries and regions seek to strengthen their preparedness and response capabilities, there is an urgent need for coordination to ensure future vaccine R&D and manufacturing facilities are sustainable, efficient, and able to meet global demand to enable equitable access in the next pandemic.

The inequitable response to the COVID-19 pandemic has demonstrated the need for strengthened multilateralism and solidarity as fundamental to address any global health threat, ensuring fair and universal access to countermeasures including vaccines.

Key Outcomes

It was clear to both the panelists and other participants, during the session, that there’s a gap in financial and logistical readiness from countries to respond to an unpredictable outbreak. Investing in R&D – of vaccines, for example and manufacturing for pandemic preparedness, both from domestic and foreign aid budgets, in an all-of-government strategy, is an efficient way to protect our future, as emerging infectious diseases require a similar kind of investment attention as other major threats, such as climate change or defense.
The “100-day mission” presented by CEPI, of developing and approving innovative vaccines within 100 days, had a strong support for the audience, with clear reminders regarding the safety of such health products and the population’s literacy regarding vaccines, also being key-points to take into consideration.

Strong political leadership must place equitable access at the core of future governance and financing, to allow a response to outbreaks in the fastest, fairest and most economical way. It is only through setting the right level of global ambition, that it can ensures that the mistakes of the past three years are avoided, and instead a global PPR system is built that is fit for purpose and benefits the entire world.

When speaking of the lack of global response and preparation for the COVID-19 pandemic, Ricardo Baptista Leite stated that “The world can’t learn to fly after it has jumped off the cliff”, while Saraí Núñez Cerón affirmed that “National budgets need to be people-centered, and focused on technology and innovation”.

Benjamin Kalu stated that “There’s a need for equitable access to innovation and for technology transfer, in Africa” and that “If there aren’t enough Members of Parliament pushing towards local vaccine production, it will be difficult to stimulate it”. Lastly, Kelvin Wuen reminded the audience that “Doctors tend to save one life at a time, but MPs, through the right public policies, can save nations”.
In December 2021, the World Health Assembly agreed upon the development of a “WHO convention, agreement or other international instrument on pandemic preparedness” – the so-called ‘Pandemic Treaty’. Throughout 2022, the Intergovernmental Negotiating Body (INB) tasked with developing the new instrument set out working methods and deadlines, held hearings and consultations, and met in plenary meetings to discuss the treaty content.

Key Outcomes

Despite efforts by civil society organisations, and some Member States, to promote meaningful engagement, the current process remains in many ways exclusionary, especially towards NGOs.

At the national level, the process appears led by Governments, with Members of Parliament not systematically engaged in the development of domestic positions, and civil society and health experts seldom consulted. The audience agreed that MPs have unique expertise that should be acknowledged and valued while developing new international standards on pandemic preparedness and response.

It is then important to keep all of these actors involved in the conversations currently taking place.

On this topic, Luis Gallo reminded the audience that “There is no policymaking without civil society”, while Mariam Jashi stated that “The COVID-19 revealed not only the fragility of health systems, but also the fragility of democratic institutions”.

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Panel Session 2: Effective Participation for Effective Responses: Meaningful Engagement in Pandemic Treaty Negotiations

**Session hosted by**

- HRI – Harm Reduction International

**Moderator**

- Giada Girelli, Senior Officer for Human Rights and Harm Reduction, Harm Reduction International

**Speakers**

- Luis Gallo, Member of Parliament, Uruguay
- Mariam Jashi, Former Member of Parliament, Georgia
- Ruth Labode, Member of Parliament, Zimbabwe
- Saranbaatar Bayarmagnai Human Rights Officer, Civic Space Unit, OHCHR
- Angela Leon Caceres, Global Coordinator, Women4GlobalFund

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Saranbaatar Bayarmagnai, when speaking of CSOs’ involvement in negotiations, mentioned that “The Pandemic Treaty should also be by the people, for the people” and Angela Leon Caceres added that “Fighting stigma and discrimination is paramount to a response to any pandemic or epidemic.”
The COVID-19 pandemic revealed serious shortcomings in global public health governance and proved the urgent need for a global mechanism to prevent, prepare for and respond to new infectious disease outbreaks before they become pandemics. In December 2021, the World Health Assembly (WHA) established an intergovernmental negotiating body (INB) to draft and negotiate a convention, agreement or other international instrument under to strengthen PPPR.

The INB concluded its second meeting in July on the consensus that a pandemic instrument should be legally binding and the final decision will be made by the WHA in 2023, where civil society and other stakeholders will also have the opportunity to deliberate and provide input on the mechanisms contained in the zero-draft. The expectation is to adopt a final pandemic accord in WHA of May 2024.

**Key Outcomes**

During the session, essential areas a Framework Convention must address were identified. These include a cohesive governance that guarantees an independent monitoring, verification and assessment body, a transparent reporting mechanism of new health threats – based on incentives instead of penalties, and a mandatory implementation of public health measures meant to stop internal and international spread.

It was also concise between the panellists that accountability is crucial, and for this, Parliamentarians will be key actors. Parliamentarians are able to push for a certain global health agenda which includes the treaty's negotiations, and be involved in the pressing for further funding from countries. Parliamentarians also
have an important legislative and supervisor role. WHO has yet to present concrete mechanisms for MPs’ involvement.

Mariam Jashi stated that “The COVID-19 Pandemic demonstrated a lack of independent monitoring mechanisms”, and Marta Bravo Salinas remembered the audience that “It’s important that Health policies also associate with policies from other areas, such as Education or Science, Technology and Innovation, and that’s where we, as Parliamentarians, have a lot to say”.

Akua Dansua stated that “The role of Parliamentarians in pushing the global health agenda is the rule we must play by”, with Daniel Lilayu Vivanco adding that “Alone we go faster, but together we will go further”.

[Image of people in a meeting or conference setting]
PANEL SESSION 4 – ENDING AIDS, ENDING INEQUALITIES AND INEQUITIES: THE ROLE OF PARLIAMENTARIANS

Session hosted by

- UNAIDS

Moderator

- Victoria Grandsoult, Managing Director, Virchow Foundation for Global Health

Speakers

- Matthew M. Kavanagh, Deputy Executive Director, a.i., Policy, Advocacy and Knowledge
- Peter Njume Ambang, Member of Parliament, Cameroon

40 years on, the HIV epidemic has affected 75.7 million people worldwide, led to 32.7 million deaths and costed an estimated US$41.2 billion. Tremendous progress has been made in developing effective treatments and prevention, but the HIV acquisition rate remains stagnant and disproportionally affects key populations and people living in low- and middle-income countries.

The pandemic made it clearer than ever that we cannot move forward in rebuilding our societies unless we place pandemic preparedness and global health security at the heart of the reconstruction, which includes the response to existing epidemics such as HIV/AIDS, TB and Malaria. On the other hand, the experience of the HIV epidemic can enlighten how we ensure an equitable global health architecture for the future generations.

Key Outcomes

It was clear for the session’s panel that the response to the HIV epidemic is far from its established goal, with an increasing disparity in terms of distribution and access to medicines, in Global South countries. Marginalized groups are facing a higher risk of infection and illness, when in comparison with the general population, especially after the COVID-19 Pandemic. Funding for support to this response is still lacking, as well.

The global AIDS response has demonstrated that where parliaments and parliamentarians are effectively engaged, they can provide critical leadership in realizing a new vision by building public awareness, mobilizing adequate resources and creating enabling legal environments, thereby acting in the interest of citizens, including people living with HIV and key populations. Lastly, it was reinforced by several audience members the importance of involving Civil Society Organizations (CSOs) and affected communities, in raising awareness on the several issues identified throughout the session, concerning the HIV response.
Matthew Kavanagh reiterated that “There’s a disparity in access to innovation between the Global South and the Western World” and Jean-François Mbaye stated that “We need to share the knowledge; We need to share vaccines”. Peter Njume Ambang mentioned that “The Member of Parliament is a critical leader and, as such, must play the role of educator”.
PANEL SESSION 5 – UNITE/WHO COLLABORATION A SHORT INTRODUCTION TO THE MOU AND THE 3 UNITED NATIONS HIGH-LEVEL MEETINGS ON HEALTH

Session hosted by

- UNITE & WHO

Speakers

- Elisa Scolaro, External Relations, Parliamentary Engagement, WHO
- Laetitia Bosio, Program Manager, Policy, Advocacy and Partnerships, UHC2030

The United Nations (UN) High-Level Meetings (HLMs) consist of dialogues and discussions on most relevant topics of global importance with participation of top UN management as well as government officials, scientific, business, civil society leaders, amongst others. In 2023, there will be 3 UN HLMs on the topics of Pandemic Prevention, Preparedness and Response (PPPR), Universal Health Coverage (UHC) and Tuberculosis (TB).

Considering the current global health crisis and consequences it has triggered around the world, UNITE and WHO’s collaboration for the 2022-2024 period will take a matrixed approach to global health, working with parliamentarians to accelerate action taken with a focus on three cross-cutting objectives, aligned with both UNITE’s strategic plan and WHO’s Parliamentary engagement strategy:

- Human rights and equitable access to health
- Health Systems strengthening
- Global Health architecture and security

Key Outcomes

WHO’s collaborative work with Parliamentarians has evolved throughout the years – which was exponentiated during the COVID-19 Pandemic, with governments requesting WHO’s technical and scientifical support, in order to also ensure they remain accountable on their commitments to their electorate. Currently, the two main priorities are the Pandemic Treaty and sustainable financing for Global Health, for which there’s a strategy in place for the collaboration with Parliamentarians, through UNITE, as well.

For Member States, the main points of entry in terms of engagement in the UN HLM will be through a Multistakeholder hearings, open to several partners – from parliamentarians to civil society, where they can provide their input and whose outcomes will be presented as a political declaration. It’s important to involve experts from the beginning of the discussions, and not only as a consulting role.
Parliamentarians should represent their own governments when participating in the discussions and, if possible, there should be in-country initiatives to provide capacity building for all countries.

Elisa Scolaro mentioned that “Even within the WHO culture, we have to generate knowledge on how to work with Parliamentarians, and the benefits it can create” and Laetitia Bosio reminded the audience of the importance of “Having connected, coherent and complementary messages and commitments towards achieving Health for All”.
PANEL SESSION 1 – THE GLOBAL FUND’S 7TH REPLENISHMENT AND THE ROLE OF MEMBERS OF PARLIAMENT IN RESOURCE MOBILIZATION

Session hosted by

- The Global Fund

Moderator

- Gustavo Rivera, State Senator, New York

Speakers

- Scott Boule, Senior Specialist, Parliamentary Affairs – Global Fund
- Alex Winch, Specialist, Health Financing Advocacy – Global Fund
- Neema Lugangira, Member of Parliament, Tanzania

The Global Fund (GF) raises funds on a three-year cycle - replenishments, giving grant recipients longer term predictability regarding forthcoming funding for programs to fight AIDS, TB and malaria, strengthen health systems, and improve pandemic preparedness. Governments, the private sector and nongovernmental organizations pledge funds to support this mission.

Countries where the Global Fund invests take the lead in determining where and how to best fight the three diseases, and present funding applications for review by different Global Fund structures. The need for increased investments comes during a challenging time for countries economically. Economic headwinds including the COVID-19 pandemic, the ongoing war in Ukraine, the impacts of climate change, increasing food insecurity, and rising costs of living all strain domestic budgets.

Key Outcomes

The support from Parliamentarians networks such as UNITE, is critical to support the replenishment that adequately funds the Global Fund’s mission, by making sure that the necessary investments and expenditures are made. MPs’ ability to hold governments accountable and to communicate on peer-to-peer basis – speak to other MPs on a regional a global level, provides them with credibility when speaking about the GF and how it affects countries around the world.
During this session, several Parliamentarians mentioned they're willing to become more involved with national Country Coordinating Mechanisms (CCMs), by which it is decided how the funds received are applied. On this topic, it was mentioned several times that there's a need to have a broad representation, which not only includes national governments, but also Civil Society Organizations (CSOs), affected communities, partners and experts with relevant inputs.

Scott Bule reinforced that “The help from Parliamentarians networks such as UNITE, crucially support the replenishment, which adequately funds the Global Fund”. Alex Winch reinforced the idea that “In the face of slowing economic growth and financial crisis, ensuring financing for health should be governments’ priority. This will have an impact in terms of lives saved”.

Lastly, Neema Lugangira stated that “It is my hope that MPs will be involved at all levels, and the impact we have is recognized”.

![Image of Parliamentarians in session]

![Another Image of Parliamentarians in session]
PANEL SESSION 2 - A MORE SUSTAINABLE FUTURE WITH DIGITAL HEALTH AND INNOVATION AS A PRIORITY

Moderator

- Paulo Nunes de Abreu, Digital Health Portugal

Speakers

- Christoph Benn, Director for Global Health Diplomacy, Joep Lange Institute
- Marisa Aizenberg, University de Buenos Aires
- Luis Goes Pinheiro, President of the Shared Services of the Health Ministry, Portugal
- Frank Smith, Campaign Lead, Transform Health
- Gisela Scaglia, Former Member of Parliament, Argentina
- Neema Lugangira, Member of Parliament, Tanzania
- Saraí Núñez Cerón, Member of Parliament, Mexico

The world aspires to achieve Universal Health Coverage (UHC) by 2030, even though it’s currently not on track to do it. By 2019, nearly half of the world’s population lacked access to affordable health, and the situation only worsened during the COVID-19 Pandemic. Digital health technologies and artificial intelligence (AI) offer unprecedented opportunities to accelerate progress towards UHC, and the SDGs achievement. But they present various potential ethical and human rights risks.

Parliamentarians are essential to ensure equitable implementation and effective governance of digital health and innovation and, thereby, accelerate progress towards UHC. For these reasons, UNITE’s newly launched Digital Health and Innovation Hub intends to support parliamentarians design and implement necessary national legislation.

Key Outcomes

Attaining UHC requires strong political commitment, sustainable financing mechanisms and importantly, equitable and inclusive innovation across health systems. Parliamentarians are crucial to leverage the opportunities and mitigate the risks of digital health and innovation legislation, by enabling participatory public policies that prioritize effective development, usage and governance of digital health and innovation technologies.

All panellists raised awareness to the relevance of Governments developing infrastructures that secure the operability and connectivity of such innovations, since in many countries such financial costs cannot be covered by the general population. It’s also important to take into consideration healthcare professionals’ literacy and proficiency in AI medical solutions, as well as the access to patients’ health data, without undermining its confidentiality.
Christopher Benn clarified that “In the future, it’s certain that Health will be digital. The question is, how do we manage it”, and Paulo Nunes de Abreu added that “Parliamentarians are usually associated with being facilitators for change”. Luís Goes Pinheiro mentioned that “Turning political will in digital health solutions is a very complex process from a legislative point of view”. Gisela Scaglia concluded the session by saying that “Just as there is access to free education, people should also have access to free internet or mobile data”.
KEYNOTE SPEECH BY AUGUSTO SANTOS SILVA, PRESIDENT OF THE PORTUGUESE ASSEMBLY OF THE REPUBLIC

One lesson that we learned recently is that health affects us all. Global issues such as viruses and bacteria do not know borders, and the COVID-19 Pandemic has taught that should be prepared for the unexpected. This past pandemic wasn't the last one, and it isn't possible to predict in which form it will arrive.

To manage cross-border threats requires multilateralism and international cooperation. Starting at international cooperation, the role of MPs is irreplaceable, as decision makers are as important as scientifical experts. The elaboration of the Pandemic Treaty will require the involvement and collaboration of all Parliamentarians, as it will demand a balance between protecting our societies and limitation of human rights.

Public health issues cannot be separated from economic issues, which translates to an interdependency of SDGs. Being halfway through the period outlined to achieve these goals, it's important to now assess what has been achieved so far.

“We are plural, we are different and we need recurrent debates to approach these topics.”

Parliament by nature is the place where we can turn this diversity in decisions.
PANEL SESSION 3 - LOOKING TO THE FUTURE: MOVING FROM DUAL ELIMINATION OF HIV AND SYPHILIS TO TRIPLE ELIMINATION WITH HEPATITIS B AND THE ROLE OF PARLIAMENTARIANS

Session hosted by

- World Hepatitis Alliance (WHA), Hepatitis Australia, Clinton Health Access Initiative (CHAI), Hepatitis B Foundation, Coalition for Global Hepatitis Elimination (CGHE), and Elizabeth Glaser Pediatric AIDS Foundation

Moderators

- Cary James, CEO, WHA
- Gisela Scaglia, Former Member of Parliament, Argentina

Speakers

- Shaibu Issa, Hepatitis B Advocate, Tanzania
- Funmi Lesi, WHO
- Roland Van de Ven, Technical Director, Elizabeth Glaser Pediatric AIDS Foundation
- Alida Ngwije, CHAI, Rwanda
- Sivantha Hul, CHAI, Cambodia
- John Ward, Director, CGHE
- Jessica Hicks, WHA
- Carrie Fowler, Hepatitis Australia
- María José Plaza, Member of Parliament, Ecuador
- Kelvin Yii Lee Wuen, Member of Parliament, Malaysia

WHO’s commitment to this global effort catalysed maternal and child health services to expand their capacity to address vertical transmission of other communicable diseases, including hepatitis B virus (HBV). This culminated in the “triple elimination initiative”, which encourages countries to simultaneously commit to EMTCT of HIV, syphilis and HBV – further pushing the agenda for integrated service delivery. Ensuring success in all countries depends on the combined efforts of advocates, policy-makers, health providers and community representatives.

Key Outcomes

The triple elimination strategy is crucial for the improvement of millions of mothers and their children’s lives, in this endemic threat that concerns all continents. This is a crucial time for collaboration between the HIV, syphilis and hepatitis B basic
services, as the studies have proven that the triple elimination strategy is feasible and that it needs to be implemented in many countries.

Parliamentarians have now the important role of positively impacting political commitments from their governments, as well as an oversight role, to ensure that healthcare expectations of vulnerable groups dealing with these infectious diseases, are met. Discrimination and stigma from peers are still a constant; it’s important to advocate for the inclusion of this topic in national agendas.

Shaibu Issa reiterated the idea that “Cyclically, misconceptions and misinformation lead to discrimination towards individuals living with Hepatitis B” and Dr. Funmi Lesi declared that “Parliamentarians are a key development partner in order to achieve triple elimination”.

María José Plaza added that “Legislators need to hold values of respect, empathy and awareness, towards those dealing with a disease such as Hepatitis B”, while lastly, Jessica Hicks stated that “From what we could see from the case studies presented, low and middle income countries already have strong HIV, maternal and child health services, and where those exists there’s a great opportunity to build upon that platform and integrate Hepatitis B into already existing structures, rather than creating vertical policies”.

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Shaibu Issa and Dr. Funmi Lesi at a gathering.

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Jessica Hicks and María José Plaza at a gathering.
PANEL SESSION 1 – REALIZING THE RIGHT TO HEALTH FOR ALL THROUGH UNIVERSAL HEALTH COVERAGE

Session hosted by
- UHC2030

Moderator
- Daniel Molokele, Member of Parliament, Zimbabwe

Speakers
- Gabriela Cuevas Barron, Co-Chair of the Steering Committee, UCH2030
- Given Katuta, Member of Parliament, Zambia
- Marta Bravo Salinas, Member of Parliament, Chile
- Neema Lugangira, Member of Parliament, Tanzania

The COVID-19 pandemic has shone a new light on the deep interlinkages between universal health coverage (UHC) and health security. Where health systems have been strong and people-focused, pandemic response has also been strong. Conversely, shortcomings in health systems have proven disastrous for people’s access to services and overall ability for societies and economies to withstand the pandemic. As a result, there is a better understanding that investments in health systems, including primary health care, can achieve UHC, and make a fundamental contribution prevention, preparedness, and response.

While many countries have committed to UHC, set national targets, and prioritized equity in their UHC commitments, gaps persist in policy development, implementation, and results. UHC progress is not on track, and the world is further away from the commitments made in the 2019 UHC Political Declaration.

Key Outcomes

It was consensual between participants that Parliamentarians have a big role in making UHC a reality, through the responsibilities they exercise in terms of legislation, budget allocation, oversight, representation and ratification of international agreements. They can contribute to create and maintain meaningful and impactful engagement with diverse stakeholders.

With the case studies’ presentation during the session, it was possible to have a deeper understanding of how UHC’s implementation is progressing around the
world. There was an overall agreement that investing in health developments should be a global priority, as an attempt to provide free health services to everyone, including minority communities such as migrants and refugees. The collaboration between the public and private sectors appears to be crucial in several countries, in order to secure enough financial resources.

**Gabriela Cuevas Barron** mentioned that “We want to make Universal Health Coverage a reality for all. **Parliamentarians have the duty to make UHC happen**” and that “Investments in health and healthier populations are key for wider economic and social benefits. **Health should be seen as an investment, not a burden**”.

**Marta Bravo Salinas**, when speaking on Chile’s case study, mentioned that “**The policy reform of the Copago Cero bill, in 2022, has extended free medical care to citizens with less financial possibilities**, both in urgent medical care and hospitalization, the most resorted to medical emergencies by Chileans.” In Tanzania, **Neema Lugangira**, affirmed that “**The UHC bill has yet to be approved**, because **Parliamentarians were able to show they’re well capacitated, when advising the Government on improvements that still needed to be done to the bill**”. Lastly, when speaking of Zambia’s case study, **Given Katuta** stated that “I think that in order for Zambians to access quality health services, starting from the primary healthcare, we still have to do more”.

**Elisa Scolaro**, speaking from the audience, added that “**UNITE should support the analysis and comparison of countries’ technical needs, as an exchange of best practices’ exercise**”.

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![Image of a parliamentary session]
SESSION 2 - ACHIEVING THE GLOBAL HEALTH TARGETS THROUGH EQUITABLE ACCESS TO HEALTH INNOVATION

Session hosted by

- Unitaid

Moderator

- Jean-François Mbaye, Former Member of Parliament, France

Speakers

- Tenu Avafia, Deputy Executive Director, Unitaid
- Maureen Morenga, Board Member, Unitaid
- Sabina Chegue, Member of Parliament, Kenya
- Ricardo Batista Leite, Member of Parliament, Portugal

For over 15 years Unitaid has led the way in identifying game-changing health innovations and approaches, and ensured better, faster, and more affordable access to them. We do this in response to some of the most pressing health challenges facing the world today – HIV, TB and malaria, improving women’s and children’s health, and responding to COVID-19 and future pandemics.

COVID-19 has hindered recent progresses made towards the response to the three diseases. The pandemic took a heavy toll on health systems around the globe and reversed fragile gains made towards the attainment of the 2030 Agenda for Sustainable Development, Sustainable Development Goals (SDGs) and health related targets. Health innovations, and access to them are not a nice to have - without them, we will not get back on track to achieve the health-related SDG targets.

Key Outcomes

Only by ensuring that everyone has access to better and more effective treatments and diagnostics – at affordable prices – and by using smarter ways to deliver these health tools, it will be possible to connect millions more, and particularly the most vulnerable, to life-saving care. This is crucial to get ahead of evolving diseases and manage resistance to health products, build resilient health care systems, and increase the effectiveness of the global health response so that every dollar invested yields a maximum return.

The COVID-19 Pandemic has raised awareness on the importance of science and technology, so it’s clear that the current momentum needs to be continued, along with the perfection of policy mechanisms already implemented.
Tenu Avafia stated that “Parliamentarians are key in both program and donor countries, to make sure that resource allocation is adequate”, while Maureen Murenga made clear that “Unitaid, as a representative of people living with the disease, want better and new tools and commodities to fight people’s resistance to treatment. It will be too expensive to give a response, if we don’t try to prevent first”.

Ricardo Baptista Leite stated that “Policy needs to be a catalyser and an enabler of innovation”.
KEYNOTE SPEECH BY MANUEL PIZARRO, PORTUGUESE MINISTER OF HEALTH

The SDGs are fundamental, as it’s imperative to secure access to quality health, especially in this fragile moment in which the COVID-19 Pandemic has uncover many differing realities. One of the most evident one relates to health and equal access to it, as it was possible to witness with the global distribution of vaccines.

Currently, we’re going through a transitional period, however it’s important to be reminded that the pandemic isn’t over yet. It is, therefore, important to define long-term strategies. Portugal is a clear example of a population who is highly vaccinated and educated regarding the importance of vaccines for the protection of public health. However, many countries have a distinct reality, and vaccine hesitancy tends to reign.

The COVID-19 has highlighted that, without health, there isn’t an economy. We’re lacking a strong agenda in public health promotion and literacy, and it’s possible to find some resistance from the population in changing habits and behaviours. It’s important that citizens become protective agents of their own health, of those that are around them and the community.
PANEL SESSION 3 - DRUG POLICY AND GLOBAL HEALTH – TOWARDS POLICY COHERENCE FOR THE SUSTAINABLE DEVELOPMENT GOAL

Moderator
- Ricky Gunawan, Asia Program Officer of the Global Drug Policy Program, Open Society Foundations

Speakers
- Adeeba Kamarulzaman, Global Commission on Drug Policy
- Marie Nougier, International Drug Policy Consortium
- Luis Mendão, GAT – Portuguese Activist Group on Treatment
- Lynn Ruane, Member of Parliament, Ireland
- Mariam Jashi, Former Member of Parliament, Georgia
- Daniel Molokele, Member of Parliament, Zimbabwe
- Kelvin Yii Lee Wuen, Member of Parliament, Malaysia

The United Nation’s 2030 Agenda for Sustainable Development is a landmark initiative in multilateral cooperation by setting an agenda to tackle common problems among all Member States. However, the UN Conventions on narcotic and psychotropic substances, and their implementation which has largely focused on strict prohibition and criminalization of drug use, possession, cultivation, production, and trade pose a challenge of significant policy incoherence with the SDGs.

The drug control system has not only failed to achieve its stated goal of preventing the misuse of drugs, but it has generated several unintended negative consequences that directly undermine the efforts to achieve several SDGs. Despite the evidence in favour of following a health and human rights-based approach to drug control, punitive responses to drugs are still prioritized all over the world.

Key Outcomes

The majority of the panellists stated that it’s crucial to build political will at all levels, in order to address and alleviate the harms of decades of overly punitive drug policies, through better evaluation of existing policies and by exploring the implementation of alternative approaches to the regulation of illicit substances. Drug policies and respective policymaking, should be evidence-based and involve civil societies and affected communities.
Political leaders across the world are calling for other options to be debated and implemented, such as assessing the impacts of current drug control policies, exploring cost-effective and rights-based health services and harm reduction interventions, and investing in programs that prioritize health, community and justice. Health professionals’ empowerment and education regarding harm-reduction should also be taken into consideration, according to the audience.

Lastly, the panel agreed that clear guidance from the United Nations on this issue is still lacking, which would be crucial in order to achieve the SDGs within the expected target deadline, and Parliamentarians are believed to have a unique role and responsibility in advancing this urgent, global call to action for peace and prosperity for people and the planet.

The decriminalisation of drug consumption is meant to protect people and prevent excessive drug use, keeping individuals' health and safety as a priority, without ever overlooking their dignity.

Marie Nougier reiterated that “Drug policies don’t operate isolated from other UN agendas. We need to fundamentally think about specific objectives, and the SDGs help us to do that.”

Luis Mendão clarified that “Prohibition is more dangerous than legalisation, as it has increased the drug consumption problem” and added that “UNITE is playing a key role in informing evidence-based information to the parliamentarians to make the correct steps and the right policies”, and Kelvin Yee Lee Wuen stated that “The concept of Medicine is to create no harm, and if there are policies that do so, they need to be reformed”. To conclude, Ricardo Baptista Leite reminded the audience that “One size doesn’t fit all”, when it comes to drug policy.
PANEL SESSION 4 - A REGIONAL DIALOGUE ON UNIVERSAL HEALTH COVERAGE (UHC)

Every major health crisis of the last hundred years has hit the most marginalized the hardest. Whether that is vulnerable groups in high-income countries, or entire populations in low- and middle-income countries that cannot access life-saving medicines, it is the poorest who struggle most. Making progress towards achieving universal health coverage (UHC) has never been more urgent.

In response to important lessons learned from the COVID-19 pandemic, it has become clear that building equitable and resilient health systems, with a focus on primary health care, provides the foundations for both UHC and health security. What can be learnt from the global effort to reach UHC, and how can it be applied regionally and locally? What successes were seen towards reaching UHC that can provide lessons and best practices for other countries? And what political leadership and action can ensure that the poorest and most vulnerable populations are not left behind?

Divided into regional groups, the Parliamentarians attending the UNITE Global Summit were asked to brainstorm and provide a response to the three following questions:

- “In your experience, what have triggered political change to advance the UHC agenda?”
- “In your experience, where UHC has been successful, how were domestic resources mobilized?”
- “Does your electorate care about UHC?”

Key Outcomes

1. **Latin America Region**

In the majority of the Latin-American countries present, health is already accessible to everyone, even if through partnerships between the public and the private sector – in a few countries, the right to health is covered by their Constitution, while in other UHC was achieved through political companies. However, it was common amongst the countries a lack of financial and medical resources for it to work at a higher level. Most of the countries still invest little of their Gross National Product (GNP), which results in a lack of infrastructure to secure a strong national healthcare system.

2. **Eastern Europe and Central Asia Region**

In Georgia, a UHC initiative was first introduced in 2013, by the new government in power, when more than half of the population didn’t have access to free healthcare, nor private insurance. A part of the population grew large debts to have access to some sort of health coverage. It was also mentioned that the electorate has a very small knowledge of what UHC is and how it operated, so Parliamentarians have a key opportunity to raise their constituents’ knowledge on this topic.
Ukraine’s current reality, where their healthcare system was destroyed in full, deserved a reminder and a request for more attention and support to be paid by other countries, to them.

3. European Region

In Portugal, after the dictatorship regime fell and the country became a democracy, access to healthcare was seen as one of its pillars. Currently, the COVID-19 Pandemic acted as a catalyst, as it uncovered the shortages and failures of the national health system. In the country there’s a sense of solidarity between citizens, seeing that our national health system works as a tax-based one, which means that citizens which earn more, ensure access to healthcare for those that don’t earn enough.

The Portuguese electorate is believed to care about UHC, if they lack access to it.

4. African Region

When Africa embraced democracy, it also embraced the international community. In order to meet international conventions and decisions, the African region felt obliged to execute the Sustainable Development Goals (SDGs), as they represented an important tool to improve the economy. That is what triggered the adoption of the UHC agenda in the region. People have the right to access healthcare, and they make sure Parliamentarians are aware that it’s their duty to provide them that access, and so the countries in the region have been making an effort in certain areas on financing to ensure that this happens – such as budget allocation and international donors.

5. Asia Pacific Region

For the APAC region, most replies vary according to the country. Overall, COVID-19 and other epidemics have uncovered and exposed the lack of healthcare professionals and resources to have a sustainable UHC. For example, Malaysia has achieved since the 1980’s, mainly through a tax-funded system, which then is compensated by the tourism industry, where people from neighbouring countries specifically travel to Malaysia to get treatment. In the Philippines, there’s a National Health Programme where employed individuals pay for a premium insurance, which then allows for other less fortunate citizens to be sponsored by the government. In these countries, the population is very aware of the importance of UHC, and they demand it, but in countries such as Lebanon there’s still a lack of knowledge from the electorate.
CLOSING SESSION - FROM PANDEMIC TO PROSPERITY - HEALTH IN ALL POLICIES

Moderator

- Ricardo Baptista Leite

Speakers

- Maureen Morenga, **Member of the Board, Unitaid**
- Jorge Saavedra, **Executive Director, AHF Global Public Health Institute**
- Jeffrey Lazarus, **ISGlobal**
- Roland Gohde, **Co-Founder & CEO, Virchow Foundation for Global Health**
- Luis Mendão, **Advocacy, Health Policies and External Relations Director, GAT**

The COVID-19 pandemic reinforced the need to discuss health as a multisectoral and crosscutting issue, ensuring that it is viewed and regarded not only for the scientific, logistical and structural sides of it, but for the diverse and extensive human dimensions it is composed by.

In 2006, during the Finnish Presidency of the Council of the European Union, the concept of Health in All Policies (HiAP) was created with the aim of collaborating across sectors to achieve common goals. It is a strategy to include health considerations in policy making across different sectors that influence health.

With this in mind, UNITE Parliamentarians Network for Global Health chose to close its annual Summit asking the following question: how can policymakers push for health in all policies?

**Key Outcomes**

The session began with the reading and presentation of UNITE’s Declaration of Intent, to be signed by any Members of UNITE that wish to do so, and that gathers a number of objectives related to UNITE’s action and the Parliamentarians’ role in promoting efficient and sustainable policies for improved global health.

All speakers reinforced the Parliamentarians’ importance, both former and current, in giving a voice to those that need it the most. How it’s important to be considerate of major sectors and actors – such as affected communities, the education system, R&D, when developing health policies.

Parliamentarians were recognized as key policymakers to support a Health in All Policies agenda, which can work together with their peers to build cross-sectorial policies and programs, while holding governments accountable. To conclude, all of the panellists stated their willingness to continue collaborating with UNITE in the future, as a high-stakes partner.
Maurine Murenga affirmed that “Health policies and data need to be linked. When data is interpreted correctly, we invest where it’s necessary”, while Jorge Saavedra referred that “Current and former Parliamentarians are important in order for Member States to implement the principles of the Pandemic Treaty”.

Luís Mendão added that “We need to be accountable, transparent and efficient, so that we can be partners in a multilateral order” and, to conclude, Roland Gohde affirmed that “Health is a human right, thriving health is a prerequisite for flourishing societies”.

Ricardo Baptista Leite closed the session and the 2022 edition of the UNITE Global Summit by firstly thanking all of the current and former Members of Parliament and partners – from international organizations, civil society, academia and others, for coming together to assure their commitment to global health. “Parliamentarians, as representatives of the people, stand for the people, by the people, with the people.” When working to protect their constituents’ health, MPs are also promoting their well-being and pushing for sustainable development – the only way to achieve long-term sustainable prosperity.

During the first day of the summit, there were constant reminders from the panellists and the audience, that the COVID-19 Pandemic has pulled the world further back in the achievement of many of the SDGs, with the momentum now being to take all of the lessons learnt into account. “We [Policymakers], as the first line of defence, have that power within our office, within the representation that the people have entrusted in us, to the lead the way.”

With WHO crucially leading the Pandemic Treaty negotiations, which were extensively detailed during the Summit, Ricardo remembers UNITE Members that they now have opportunity to raise awareness amongst their peers, on a national and international level, as the ones responsible for later ratifying the treaty in their countries, and for holding their governments responsible.

On day two, the audience witnessed the importance of strengthening health systems, of investing in digital health and in the digital transition – to use technology to advance into the future. These are critical to ensure that low- and middle-income countries can avoid the mistakes made, previously, by richer countries.

Ricardo Baptista Leite stated that “Digital transition is important for richer countries to be humbler and to learn from those innovating on the ground, due to the lack of resources, having to find new ways to progress” and that “UNITE acts
like the bridge from science to policy, adapting to each country, to each region, to make sure that every person in the world has the response it needs, in terms of health”.

Lastly, the third day of sessions touched upon the Universal Health Coverage (UHC) and the importance of the concept of Health in All Policies (HiAP), which was created with the aim of collaborating across sectors to achieve health common goals. It is a strategy to include health considerations in policy making across different sectors that influence health, such as transportation, agriculture, land use, housing, public safety, and education. It reaffirms the essential role of public policy in addressing structural factors affecting health.

Ricardo Baptista Leite reinforces that “UNITE is providing Parliaments with the tools to make sure science is translated into policies. But it’s also providing MPs the bridges to the partners that can help them guide the way, to even support them technically when it’s needed to get the laws, the budget, to get the policies in place, to keep governments accountable, and to keep civil society engaged in their activities” and finally that “Understanding all of the determinants of health and well-being are a guiding principle to make sure we apply the policies that are needed”.

![Image of a conference setting with people gathered to listen to a speaker.](image_url)
Declaration of Intent

As members of the UNITE Parliamentarians Network for Global Health, considering the essential role of parliaments in promoting efficient and sustainable policies for improved global health systems, in alignment with the United Nations Sustainable Development Goals (SDGs), through international cooperation and multilateralism, we declare:

Section 1 – Infectious diseases and pandemic preparedness

(1.1) That infectious diseases represent a major cause of preventable deaths worldwide and that resilient and equitable public health systems must be put in place to address current health challenges and prevent future pandemics.

(1.2) That pandemic prevention, preparedness, and response capacity, embedded in strong national health systems, needs to be strengthened to prevent future outbreaks from becoming pandemics, including through a legally binding global agreement, to protect human lives and future generations.

(1.3) That it is imperative that the reform of the global health architecture embraces the principles of equity, accountability, and transparency, to effectively protect the world from pandemics and other health threats. At the same time, there is a need for collaborative financing of a new global health architecture that is fit for purpose. We believe that parliamentarians can play a critical role driving advocacy for increased resources, monitoring, and proposing changes to policy environments, as well as holding governments and multilateral institutions accountable for their commitments.

(1.4) That measures are urgently required to improve the protection of human rights during health emergencies, particularly for already vulnerable and marginalized communities, as well as to strengthen civil society participation in the development of national and global health policies and systems.

(1.5) That it is critical to invest in Research and Development (R&D) mechanisms to support the creation of new therapeutics and vaccines as they can give the world more effective tools to cope with current and future health threats. We also acknowledge the important role of the vaccines pillar of the Access to COVID-19 Tools (ACT) Accelerator, and the COVAX facility, and that these and other mechanisms should be perfected and used to fight other infectious diseases, ensuring equitable access to new vaccines. Additionally, to ensure that there is a translation of R&D into real impact in the life of citizens, mechanisms such as the Global Fund and Unitaid are critical as financing institutions which improve access to healthcare and health outcomes.
(2.1) That national governments and other levels of power should prioritize health and take urgent actions to scale up their health systems by strengthening their health and community workforce, develop pandemic prevention and preparedness measures such as surveillance systems, invest in R&D, as well as innovative approaches to new global health challenges, such as digital transition. Simultaneously, the 2023 UN High-level meetings provide political leaders an opportunity to make actionable commitments to strengthen equitable health systems.

(2.2) That additional sustainable resources are urgently required from the international community to rebuild and further strengthen health systems, and that multilateral aid mechanisms have a key role to play in providing these resources. We welcome the decision of the World Health Assembly (WHA) on Sustainable Financing of the World Health Organization (WHO). Furthermore, ensuring and supporting the successful replenishment of the Global Fund, CEPI, GAVI and all funding mechanisms that support diseases not covered by the aforementioned organizations is essential to channel investments into strengthening health systems, addressing both existing and future pandemics, alongside the need for more international and domestic investments in Universal Health Coverage (UHC) and Primary Health Care.

(2.3) That the control of communicable diseases must be a priority in health policies in agreement with the SDGs, alongside the increasing burden of non-communicable diseases. It is critical to address HIV, Syphilis, Hepatitis B, Tuberculosis, and Malaria alongside other major health threats with strategic and effective measures. This will be important not only to save lives but to decrease the burden of disease and increase the quality-of-life indicators alongside reducing the costs for national health budgets. Therefore, Parliamentarians' work is fundamental to discuss what is needed to face the burden of communicable diseases.

(2.4) That we must embrace the digital transition as an opportunity to substantially reform health systems to focus less on reacting to diseases and crisis and towards promoting health, preventing diseases, and ensuring well-being for all. And that the current digital age offers unprecedented opportunities to adopt and apply technology and use data to generate evidence for sound decision-makers which should include the most marginalized and neglected populations, with the objective of achieving UHC. Nevertheless, it is also important to ensure the support for infrastructure and connectivity strengthening allowing the application of digital health solutions.

(2.5) That we acknowledge the need to work towards achieving strong and resilient health systems and UHC, as an essential foundation for effective preparedness and response to public health emergencies, and adopt more effective approaches to preparedness and response to mitigate the impact of health emergencies in access to services, including those for immunization and nutrition, chronic infectious diseases and noncommunicable diseases, mental health, maternal and child health, sexual and reproductive health care services, rehabilitation and long-term care in accordance with the 75th WHA resolution.
Section 3 – Health as a human right

(3.1) That given the financial gap to achieve the UN Sustainable Development Goals for Health, additional investments are needed within and between countries to achieve UHC, enabling equitable access to health care and ultimately health for all, regardless of socio-economic and other status.

(3.2) That in line with the WHA74.7 resolution, it is critical to take steps to ensure that the response to health emergencies and pandemics does not exacerbate other global health challenges, including the ongoing necessity to tackle issues such as lack of access to health services and medicines, the burden of neglected diseases, and the necessity to prevent antimicrobial resistance, in alignment with the concept of one health.

(3.3) That there is a human rights, moral, and economic obligation to ensure universal and equitable access to diagnostics, treatments, and vaccines, and that the lack of universal access to such health products represents a threat to global public health. Parliamentarians play a pivotal role as they can hold their governments accountable and promote policies and plans that measure and enact the commitment towards UHC.

(3.4) That there is a need to align drug policies with global health and human rights, in order to achieve the SDGs agenda, including ensuring good health and well-being for all, tackling poverty, ending hunger, achieving gender equality and protection of the environment, and creating peaceful and inclusive societies, by providing access to justice for all; and that implementation of evidence-based harm reduction approaches to drugs result in better, more equitable and more cost-effective public health outcomes.

(3.5). That, as mentioned in 75th WHA, without peace there is no health and without health there is no peace. We need to address the global humanitarian crisis from a health perspective and make sure that national health systems are ready to deal with crisis beyond borders and to receive and treat those escaping from war. Furthermore, armed conflicts bring consequences “beyond bullets” and, as mentioned in the WHA74.7 resolution at the 74th WHA, attacks on medical and health personnel result in long-lasting impacts, including the loss of life and human suffering, weaken the ability of health systems to deliver essential life-saving services and produce setbacks for health development. In this regard, we recall the United Nations (UN) General Assembly resolution 75/125 of the 11th of December of 2020 on the safety and security of humanitarian personnel and protection of UN personnel, as well as resolution WHA65.20 (2012).
Therefore, we commit to:

(1) Establish the principles and guidelines identified during the UNITE Global Summit 2022 for our advocacy work as UNITE members and global health champions.

(2) Encourage multilateralism and international cooperation to strengthen health systems and improve pandemic preparedness, health financing, and universal health coverage to support sustainable health policies towards the achievement of the SDGs.

(3) Establish peer-to-peer collaboration from across regions under a common global health agenda, fostering international cooperation on pressing issues such as pandemic prevention, preparedness, and response, global health security, health financing, research and development, equitable access to new and existing health tools, universal health coverage, fighting against HIV/AIDS, tuberculosis, malaria, and other infectious diseases, digital health and the growing threat of antimicrobial resistance, among others.

(4) Support and promote the participation of parliamentarians in the negotiation process around the future international pandemic agreement, promoting a whole-of-government and whole-of-society approach.


(6) Promote an equitable and rights-based health response agenda, and identify, monitor, mitigate and overcome stigma and discrimination, and other human rights related barriers to access health services.

(7) Support a Health in All Policies (HiAP) approach, with the aim of collaborating across sectors to achieve common goals. Ensuring a strategy to include health considerations in policy making across different sectors that influence health, such as transportation, agriculture, land use, housing, public safety, and education. It reaffirms the essential role of public policy in addressing determinants of health, acknowledging the need to have one health and planetary health approach to the decision-making process.

(8) Recognize that the WHO assumes a pivotal role in being the main source of information during global crisis and, therefore, policymakers should find direct channels to make sure that policies at regional and national levels have a strong evidence-based support, to better serve the citizens that they represent.

(9) Support the work of the WHO and advocate for a common agenda that ensures that policymakers have the right information at the right time to support better public health policies in their regional and national contexts.
Signatures

Gisela Scaglia, **Argentina**

Peter Njume, **Cameroon**

Marta Bravo Salinas, **Chile**

Daniel Lilayu, **Chile**

Maria José Plaza, **Ecuador**

Jean François Mbaye, **France**

Levan Gogichaishvili, **Georgia**

Mariam Jashi, **Georgia**
Lenin Laínez, Honduras

Lynn Ruane, Ireland

Sabina Chege, Kenya

Kelvin Yii Lee Wuen, Malaysia

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Benjamin O. Kalu, Nigeria

Given Katuta, Republic of the Zambia

Carmen Leyte, Spain

Pia Cayetano, The Philippines
Galyna Mykhailiuk, Ukraine

José Rivera, United States of America

Luís Gallo, Uruguay

Ruth Labode, Zimbabwe

Daniel Molokele, Zimbabwe