



Inter-Parliamentary Union

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## **Webinar: Universal health coverage in times of COVID-19 – Parliamentary best practices and challenges**

**17 November 2020, 13.30 – 15.00 CET**

### **REPORT**

#### **Speakers**

Mr. José Ignacio Echániz, Vice-Chair of the IPU Advisory Group on Health; Member of Parliament, Spain

Mr. David Clarke, Team Leader, UHC And Health Systems Law, World Health Organization

Ms. Pechdau Tohmeena, Member of Parliament, Thailand; member of the IPU Advisory Group on Health

Ms. Rachel Blaney, Member of Parliament, Canada

Mr. Sven Spengemann, Member of Parliament, Canada

Ms. Patricia Torsney (moderator), Head of the Office of the Permanent Observer of the Inter-Parliamentary Union, New York,

#### **Introduction**

Following the adoption by the Inter-Parliamentary Union (IPU) of the resolution entitled *Achieving universal health coverage by 2030: The role of parliaments in ensuring the right to health* in October 2019, the IPU Advisory Group on Health acts as a global focal point for parliamentary accountability in implementing the resolution. As a first step in this process, the IPU organized a webinar on 17 November 2020 to assess the progress towards universal health coverage (UHC) made by parliaments, and the common challenges in accelerating these efforts. Given the current pandemic, the webinar provided a space for parliamentarians to discuss how to prioritize UHC in the COVID-19 response and recovery, as well as to give examples on how UHC supports emergency preparedness and response.

The webinar was attended by close to 100 participants from 36 countries, including parliamentarians, parliamentary staff, members of the IPU Advisory Group on Health and its technical partners.

Following the welcoming remarks by Mr. J. Echániz (IPU), an expert presentation was provided by Mr. D. Clarke (WHO). Two country perspectives were presented from Thailand and Canada. During an interactive discussion, participants shared their country experiences on the topics under discussion.

#### **Global and national commitment to UHC**

It was recalled that the fundamental principles of UHC were equity in health service use, quality and financial protection. Political commitment at the global level was enshrined in a number of instruments, in particular the Sustainable Development Goals, the 2019 Political Declaration of the United Nations General Assembly High-Level Meeting on UHC, and the 2019 IPU resolution on UHC.

At the national level, political commitment must be formalized by the establishment of a legal mandate for universal access to health services and products. A number of countries had taken steps towards UHC. However, even in high-income countries with established UHC systems, challenges remained in expanding coverage of health services and ensuring equitable health outcomes for vulnerable and marginalized populations. The COVID-19 pandemic posed new challenges in maintaining efforts towards UHC, as attention and resources were focused on the COVID-19 response.

The webinar highlighted the need for continued advocacy by parliamentarians to prioritize UHC as a key enabler of prosperity and security of societies. There was general agreement on the principle of UHC, even though divergencies might arise in the modalities of its implementation. Science and evidence-based approaches to decision-making could help overcome such divergencies. Common strategies and enhanced cooperation in the health sector could be promoted on the regional level.

### **Financing UHC**

The use of health services should be based on people's needs rather than their ability to pay. The webinar therefore highlighted financing as one of the key factors – and challenges – in implementing UHC. One of WHO's guiding principles was to move towards a predominant reliance on public revenue sources and ensure a predictable, stable flow of funds.

The webinar also reiterated the importance of adequate allocations to the health sector. The existing commitments, such as the Abuja Declaration by which African Union countries pledged to allocate at least 15 per cent of their annual budget to the health sector, were recalled. The efficient use of existing resources was equally important, as was fighting corruption in the health sector. Parliaments had an important responsibility in that regard through budgetary oversight.

### **Challenges and opportunities of the COVID-19 pandemic**

The COVID-19 pandemic had exposed and exacerbated health and social inequalities as well as weaknesses in health systems. Many health gains achieved in the past decades were being eroded. As a result, vulnerable and marginalized populations such as women, children, informal workers, the elderly, and indigenous people, had been disproportionately affected by the pandemic. Countries had to invest more in health care delivery due to the increased risks faced by marginalized populations.

It was reiterated that UHC was not only about individual use of health services but also about strengthening health systems. Measures taken by countries to provide access to COVID-19 related health services illustrated the importance of UHC in providing a timely response to health emergencies. It was concluded that there was a need for learning from countries' responses to the pandemic, while continuing to collaborate across party lines and with all relevant stakeholders to rethink the foundations of national health systems. Participants also called for parliaments to collaborate and exchange experiences in the spirit of solidarity enshrined in the IPU resolution on UHC.