Standing Committee on C-III/141/M

Democracy and Human Rights 15 July 2019

**Achieving universal health coverage by 2030: The role of parliaments in ensuring the right to health**

***Explanatory memorandum submitted by the co-Rapporteurs
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1. Every human being, without distinction of any kind, has the right to enjoy the highest attainable standard of physical and mental health, and a standard of living adequate for the health and well-being of the individual and the family. This includes access to adequate food, clothing and housing, and the continuous improvement of living conditions, especially for the millions of people for whom access to essential health services remains a distant goal. Health is a precondition for and an outcome and indicator of sustainable development; and despite the considerable progress made, challenges in global health remain and demand steadfast attention. They include major inequities and vulnerabilities within and among countries, regions and populations.

2. At least half of the world’s population still lacks full coverage of essential services. Health expenses lead to about 100 million people continuing to be pushed into extreme poverty (defined as living on US$ 1.90 a day or less). Over 800 million people (almost 12 per cent of the world’s population) spend at least 10 per cent of their household budget on health care.[[1]](#footnote-1) Vulnerable, stigmatized or marginalized groups – among others, women, children and girls, people living with disabilities, people on the move and those living in humanitarian and fragile settings[[2]](#footnote-2) – often face financial barriers to accessing health services and are therefore left behind. Women, children and adolescents – especially those from the poorest sectors of society and those who experience exclusion and discrimination – bear the greatest burden of ill health and preventable deaths. Over a billion people (about 15 per cent of the world's population) have some form of disability. People with disabilities have less access to health‑care services and therefore experience unmet health‑care needs.[[3]](#footnote-3)

3. Achieving universal health coverage (UHC) is one of the targets that the nations of the world set themselves when adopting the Sustainable Development Goals (SDGs) in 2015. Countries with agendas aiming for UHC will make progress towards the other health-related targets and other SDGs. UHC means that all individuals and communities receive the health services they need without suffering financial hardship. It includes the full spectrum of essential, quality health services, from health promotion to prevention, treatment, rehabilitation and palliative care. UHC enables everyone to access the services that address the most significant causes of disease and death, and ensures that the quality of those services is good enough to improve the health of the people receiving them. Protecting people from the financial consequences of paying for health services out of their own pockets reduces the risk that they will be pushed into poverty because unexpected illness requires them to use up their life savings, sell assets or borrow, thereby destroying their futures and often those of their family.

4. In 2017, the world committed to achieving UHC by 2030, as well as holding the UN High-Level Meeting, "Universal Health Coverage: Moving Together to Build a Healthier World", in September 2019 as part of the UN General Assembly. The Meeting is being organized under the direction of the President of the UN General Assembly in close consultation with the World Health Organization (WHO). It will bring together Heads of State, political and health leaders, policymakers, parliamentarians and UHC champions to advocate for health for all. The Meeting will focus on accelerating progress towards UHC, including access to essential health services, such as a skilled health workforce, financial risk protection and access to safe, quality, effective and affordable medicines and vaccines for all. It will result in a political declaration on UHC, negotiated by Member States and endorsed by Heads of State.

5. Within the context of the global UHC commitment, the IPU draft resolution, *Achieving universal health coverage by 2030: The role of parliaments in ensuring the right to health*, will be the major global parliamentary contribution to this process. It will recommend that parliaments take specific actions in terms of legislation, budget allocation, accountability and advocacy to achieve UHC.

6. During the 140th IPU Assembly (held in Doha), the IPU Standing Committee on Democracy and Human Rights held a debate on UHC. The draft resolution echoes the observations and follow‑up inputs of Member Parliaments and partner organizations. The contributions highlighted the centrality of UHC to realizing the human right to health, and the need for strong political commitment to achieve this goal. There was an emphasis on the need to provide people-centred health services without discrimination, with a specific focus on the most vulnerable groups. The observations stressed the link between UHC and socio-economic, political, climate and environmental determinants of health as enablers and prerequisites for sustainable development. The importance of promoting a multisectoral approach to health was also noted.

7. The draft resolution reaffirms UHC commitments within the SDGs (in particular Goal 3, target 8) and other critical commitments (such as the 2018 Declaration of Astana) to strengthening primary-health-care systems as an essential step towards achieving the SDGs. It affirms the central role of primary health care as the most efficient and cost-effective way to enhance people’s physical and mental health and well-being, and to achieve UHC around the world. In addition, the draft recognizes that investing in UHC means investing in human capital, with a high return on investment.

8. The draft resolution calls on parliaments to take all necessary action to reform national legal frameworks, so that UHC can be achieved and national health policies and programmes can align with international human rights standards. The text emphasizes the importance of the availability, accessibility and affordability of essential services, and stresses the key actions needed to strengthen health systems. It focuses on a whole-of-government and whole-of-society approach, inviting parliaments and the IPU to raise UHC public awareness. In addition, the draft resolution calls for increased efforts to allocate sustainable health financing so as to achieve UHC, ensure financial protection and eliminate financial barriers to accessing health services. The draft also encouragescountries providing official development assistance to increase that assistance for health issues. Finally, the text includes recommendations on the role of parliaments in relation to accountability. It encourages parliaments to develop indicators for measuring UHC progress, hold governments accountable for commitments made to UHC, monitor the impact of UHC policies and programmes, and establish mechanisms to follow up on the implementation of the resolution with the support of the IPU and other relevant partners.

9. The draft resolution underlines the connection between global health security and UHC, casting them as two sides of the same coin. The best defence against health emergencies is investing in strong health systems. Scaling up public-health emergency preparedness and response requires a strong multisectoral approach across several disciplines. This is critical to ensuring better management of future global health crises. It requires countries to ensure a system-wide approach to meet the increased health needs of communities and populations during emergencies. Weak, fragmented and underfunded national health systems are a significant threat to global health security. Only about one third of countries in the world can assess, detect and respond to public health emergencies. Ebola, Zika, yellow fever and other outbreaks have exposed national, regional and international weaknesses. Pandemic preparedness is essential to global health security and, in turn, to achieving UHC. Global and national multisectoral frameworks for preparedness should be established to engage multidisciplinary stakeholders, particularly those who operate outside the public-health sector. Critical gaps in health systems should be addressed to support the effective management of health emergencies at the national, regional and global levels. This means improving public-health preparedness and response, including strengthening countries’ individual core capacities and supporting the capacities of other countries in compliance with the WHO International Health Regulations (2005).

10. Finally, the draft resolution encourages parliaments, the IPU and other relevant partners to collaborate in order to translate UHC into specific national actions, monitor progress, and build the capacity of parliaments and parliamentarians to develop and monitor national UHC policies.

1. World Health Organization and International Bank for Reconstruction and Development / The World Bank (2017). *Tracking universal health coverage: 2017 global monitoring report*. [www.who.int/healthinfo/universal\_health\_coverage/report/2017/en/](http://www.who.int/healthinfo/universal_health_coverage/report/2017/en/) [↑](#footnote-ref-1)
2. World Health Organization (2017). *Emergency response framework – 2nd ed.* Geneva. [www.who.int/hac/about/erf/en/](http://www.who.int/hac/about/erf/en/) [↑](#footnote-ref-2)
3. World Health Organization and the World Bank (2011). *World report on disability*. [www.who.int/disabilities/world\_report/2011/en/](http://www.who.int/disabilities/world_report/2011/en/) [↑](#footnote-ref-3)