Standing Committee on C-IIII/141/DR

Democracy and Human Rights 15 July 2019

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

***Draft resolution submitted by the co-Rapporteurs
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 The 141st Assembly of the Inter-Parliamentary Union,

(1) *Recalling* that, as defined in the Universal Declaration of Human Rights, "everyone has the right to a standard of living adequate for the health and well-being of himself and of his family" and, as defined in the Constitution of the World Health Organization (WHO), "the enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, political belief, economic or social condition",

(2) *Also recalling* the 2012 IPU resolution, *Access to health as a basic right: The role of parliaments in addressing key challenges to securing the health of women and children,* and the 2017 addendum to that resolution, and expressing appreciation for the national and international efforts that have been made to advance the right to health for all,

(3) *Underlining* that the world’s governments have set achieving universal health coverage (UHC) by 2030 as a target of the Sustainable Development Goals (SDGs) (in particular Goal 3, target 8), and welcoming coordination mechanisms such as the Global Action Plan for Healthy Living and Well‑being for All and multi‑stakeholder platforms, including UHC2030,

*Note from the Rapporteurs: The inclusion of the reference to the Global Action Plan for Healthy Living and Well-Being is conditional on the adoption of the Plan, which is expected to happen in September 2019.*

(4) *Welcoming* the September 2019 United Nations High-Level Meeting on universal health coverage,

*Note from the Rapporteurs: This paragraph could be amended at the 141st IPU Assembly in October 2019 after the UN High-Level Meeting has taken place, to read: "Welcoming* the Declaration of the September 2019 United Nations High‑Level Meeting on universal health coverage*".*

(5) *Acknowledging* the important role of parliaments and parliamentarians in advancing the UHC agenda, and the need for meaningful collaboration with public authorities, non‑governmental organizations, academic institutions, private sector entities and all relevant stakeholders in order to achieve UHC,

(6) *Noting* that UHC means that all individuals and communities are able to receive the full spectrum of essential health services, from health promotion to prevention, treatment, rehabilitation and palliative care, that these services are of high quality and delivered in a respectful manner, and that using these services does not cause individuals and communities financial hardship,

(7) *Also noting* that, although major progress has been made towards UHC, half the world's population still lacks access to necessary health services, that 100 million people are pushed into extreme poverty each year because of health expenses, and that 800 million people spend at least 10 per cent or more of their household budget on health‑care expenses,

(8) *Recognizing* that UHC must ensure that no one is left behind, in particular the vulnerable, stigmatized or marginalized and, among others, children, youth, women, the elderly, people living with disabilities, people with rare or neglected diseases, migrants, refugees, people on the move, and people affected by mental health conditions or pre-existing medical conditions, regardless of race, religion, political belief or economic and social conditions,

(9) *Expressing concern* that women, children and adolescents bear the greatest burden of ill health and preventable deaths, and often have limited financial resources to pay for essential health care,

(10) *Recognizing* that primary health care is the most inclusive, effective and efficient approach to enhancing people’s physical and mental health and well-being, and that such health care is also the cornerstone of a sustainable health system capable of UHC, and welcoming the intergovernmental commitment in the 2018 Declaration of Astana to strengthen primary health care systems as an essential step towards achieving the SDGs,

(11) *Insisting* on the importance of people-centred health services, patient safety and quality health care as core components of health‑system governance in order to fully empower people to improve and protect their own health,

(12) *Underlining* that investment in UHC is an investment in human capital that generates jobs, increases growth and reduces inequalities, including gender inequality,and recalling the importance of increased and sustainable health funding,

(13) *Being mindful* that progress towards UHC also requires the political, social, economic, environmental and climate determinants of health to be addressed,

(14) *Noting* thattheincreasing number of complex emergencies is hindering the achievement of UHC, and that it is vital to ensure coordinated and inclusive approaches through national and international cooperation, following the humanitarian imperative and humanitarian principles to safeguard UHC in emergencies,

(15) *Conscious* of the connection between global health security and UHC, and of the need to continue delivering essential health care in emergency and fragile situations, and determined to take action to prevent epidemics and the spread of disease by advocating and supporting countries’ compliance with the International Health Regulations (2005) and to ensure strong public health capacities to prevent, detect and respond to emergencies,

(16) *Recognizing* that achieving UHC requires a paradigm shift, and that UHC is an overarching umbrella to achieve healthy lives and well-being for all at all ages that requires strong and sustained political commitment at all levels,

1. *Reaffirms* that the progressive realization of UHC is possible and affordable for all countries, and calls on parliaments and parliamentarians to take all possible measures to achieve UHC by 2030;
2. *Urges* parliaments to put in place a robust legal framework to make UHC a reality, and to ensure that the right to health is guaranteed for all in law and in practice, without discrimination;
3. *Also urges* States to work closely with their national parliament and the IPU to raise further awareness among parliaments and parliamentarians about UHC and fully engage them in the process, so as to sustain political support towards achieving UHC by 2030;
4. *Calls on* States to ensure that national health policies and programmes are evidence-informed and in conformity with international human rights standards, and urges parliaments to remove legal or other barriers preventing access to health services, including through clear guidance to and adequate training of health personnel;
5. *Calls for* priority to be given to the availability, accessibility and affordability of primary-health-care services, including essential services for women, children, adolescents and other vulnerable groups;
6. *Calls* *on* parliaments to strengthen health systems so as to reduce maternal, newborn and child mortality and morbidity by strengthening sexual, reproductive, maternal, newborn and adolescent services, promoting in particular breastfeeding, immunization and early childhood development interventions;
7. *Urges* parliaments to ensure that health‑sector interventions for protecting sexual and reproductive health, especially for adolescents, are combined with preventive and educational measures in other sectors, in particular with respect to promoting gender equality and combating child marriage, early and unintended pregnancies, and gender-based violence, including female genital mutilation;
8. *Calls* *on* parliaments to promote and foster access to affordable, safe, effective and good‑quality medicines, vaccines, diagnostics and other technologies, and to support research and development in medicines and vaccines for communicable and non‑communicable diseases;
9. *Underlines* the need for accessible health information and affordable health services for people living with disabilities or chronic physical and mental health conditions, and for efforts to empower and include them to be scaled up;
10. *Encourages* a partnership-based approach to achieving UHC on a whole-of-government and whole-of-society basis, and invites parliaments to raise public awareness of UHC and engage communities and all relevant stakeholders in the development of plans and strategies that respond to their realities;
11. *Underlines* the need fora systematic approach to issues of gender, equity and human rights in health planning and decision-making processes, and urges parliaments to insist on the establishment of robust national indicators and disaggregated data for measuring progress on UHC;
12. *Calls on* parliaments to allocate adequate domestic resources for the progressive realization of UHC through sustainable health financing, including through increased budgets where needed, as well as through measures to promote efficiency, cost containment and a stable basis for funding;
13. *Invites* parliaments to ensure financial protection, eliminate financial barriers that prevent access to health, and reduce out-of-pocket payments for health services;
14. *Requests* parliaments in countries providing official development assistance to work towards increasing their country’s assistance for health,andurgesparliaments to ensure that governments and international funding partners align their financial support with health systems, plans and priorities designed to achieve UHC in recipient countries;

1. *Calls on* parliaments to use their oversight powers to hold governments accountable for their UHC commitments, monitor the impact of UHC policies and programmes, and encourage governments to take corrective action where necessary, and urges parliaments to establish mechanisms to follow up on the implementation of this resolution;
2. *Also calls on* public authorities and other national and international entities to ensure continued care and treatment for people in armed conflict, fragile contexts, or health and other emergencies, such as natural disasters;
3. *Further calls on* parliaments to take all possible measures to ensure global health security by preventing the spread of diseases and strengthening surveillance and response systems, and to advocate for the implementation of the International Health Regulations (2005) and for the allocation of appropriate resources to meet countries’ obligations and address critical gaps in public-health capacities to prevent, detect and respond;
4. *Urges* parliaments to address the political, social, economic, environmental and climate determinants of health as enablers and prerequisites for sustainable development, and to promote a multisectoral approach to health;
5. *Requests* parliaments to facilitate and support the learning and sharing of UHC experiences, best practices, challenges and lessons learned across IPU Member Parliaments and their parliamentarians;
6. *Also requests*the agencies of the United Nations system, in particular WHO, to provide countries with coordinated, multifaceted support aimed at achieving UHC, and requests the IPU to collaborate with WHO and other partners in monitoring progress towards UHC and building the capacity of parliaments and parliamentarians to develop and monitor national UHC policies.