



HAUT-COMMISSARIAT AUX DROITS DE L'HOMME • OFFICE OF THE HIGH COMMISSIONER FOR HUMAN RIGHTS

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REFERENCE: TESPRDD/DESIB/ESCR/HFF

Subject: Call for Contributions: Example of a Human Rights-Based Approach to Universal Health Coverage

The Office of the United Nations High Commissioner for Human Rights (OHCHR) presents its compliments to all Permanent and Observer Missions to the United Nations Office in Geneva, specialized agencies, other intergovernmental organizations, national human rights institutions, and non-governmental organizations and has the honour to inform of the following call for contributions.

In light of United Nations Member States' commitment to ensuring universal health coverage (UHC) by 2030 to ensure that all people have access to essential health services without suffering financial hardship,¹ OHCHR is developing a policy brief that will provide guidance on implementation of UHC that is consistent with legally binding human rights norms, including the right to health and the principles of equality and non-discrimination.

In this regard, OHCHR seeks inputs for good practice case studies that demonstrate how States use human rights principles to conceptualize, design, implement and monitor and evaluate UHC. Written contributions should be maximum five pages and in an accessible format (Microsoft Word). The Office would be grateful for any inputs to be submitted by **3 April 2023**, addressed to the Registry of OHCHR, indicating in the subject matter 'Input to Policy Brief Universal Health Coverage'. For any follow-up queries, kindly contact harumi.fuentes@un.org

Contributions should aim to highlight one or more of the following:

a) **UHC policies and programs that explicitly prioritize health care access and financial protection for populations that are most left behind**, as called for by the principle of non-discrimination.² Examples may include policies and programs that:

- Include(d) conducting an assessment to identify populations that are farthest behind in healthcare access and to examine the barriers that prevent them from accessing these services;
- Specifically focus on extending coverage to populations farthest left behind, including people living in extreme poverty, informal sector workers, people living in informal settlements, and populations that face significant stigma and discrimination and other non-financial barriers to healthcare services;
- Are designed to facilitate access to universal health coverage and health care services for populations farthest left behind;
- Focus on facilitating the development of healthcare infrastructure in areas with large left behind populations, such as informal settlements and rural areas, and increasing coverage of primary care services for populations farthest left behind;

¹ [General Assembly resolution 70/1. Transforming our world: the 2030 Agenda for Sustainable Development](#), September 25, 2015.

² Committee on Economic, Social and Cultural Rights (2000) General Comment No. 14, para 12 (b) (iii), U.N. Doc. E/C.12/2000/4.

- Use(d) pro-poor health financing approaches, including general taxation and progressive income taxes, to finance affordable health services for populations left farthest behind;
- Use(d) targeted information or other campaigns to raise awareness about UHC and increase enrollment of populations left farthest behind into UHC schemes.

b) UHC packages that were determined based on human rights principles and the right to health. Examples where:

- Coverage packages include at least affordable access to essential medicines for children and adults, primary health services, sexual, reproductive, maternal, and child health services, as well as immunization and prevention, treatment and control of epidemic and endemic diseases.³
- States explicitly sought to use available resources as efficiently as possible to ensure the best health for the most people.⁴
- States explicitly used human rights standards, such as the right to the highest attainable level of physical and mental health, in determining their UHC packages.

c) Proactively and progressively increasing resources available for health services. Examples where States:

- Increased resources available for health services over time, based on a deliberate effort to progressively extend one or more of the vectors of UHC (who is covered, what is covered, and to what extent services are covered);
- Provided transparency to their populations about what resources are made available for universal health coverage and health services, how it determined that these constituted the use of “maximum of available resources,” what essential health services were not included in the UHC package due to resource limitations, and what steps were planned to make the additional resources available that are needed to meet the health needs of the entire population.
- Took steps to improve tax collection, combat tax avoidance, undertook anti-corruption, or used intellectual properties flexibilities to make additional resources available for health services or to reduce the cost of such services.

d) Removing non-financial barriers to health services. Examples of State efforts to:

- Counter stigma and discrimination that prevents and impedes specific population groups in accessing health services;
- Repeal legal provisions that limit access to services, such as laws currently limiting informed consent and legal capacity, bans on abortion and other sexual and reproductive health services, laws that make migrants ineligible for health services;
- Repeal legal provisions that criminalize specific populations, such as people living with HIV, sex workers, people who use drugs, migrants and LGBTI.

e) Ensuring an inclusive, transparent and accountable process. Concrete examples of:

³ Committee on Economic, Social and Cultural Rights (2000) General Comment No. 14, para 12 (b) (iii), U.N. Doc. E/C.12/2000/4; Committee on the Rights of the Child. General Comment 15, CRC/C/GC/15, para. 72.; Committee on Economic, Social and Cultural Rights (2016) General Comment No. 22, para 49.

⁴ UN Special Rapporteur on Health, SDGs and the right to health, August 2016, para 82.

- The proactive and meaningful inclusion of marginalized or left behind populations in UHC conceptualization and decision-making processes, including about what, who, and how much is covered and about steps in progressively meet the healthcare needs of the entire population;
- Monitoring and evaluation processes that are inclusive of marginalized or left behind populations and, on an ongoing basis or periodically, assess the implementation of UHC and its impact on healthcare access and financial protection for these populations;
- Initiatives that were or are used to prevent the undue influence of corporate actors and other institutions or individuals with commercial, political or ideological interests on UHC processes.

f) **Addressing the needs of specific populations.** Concrete examples of UHC policies and programs that sought to address the needs of various populations that require specific attention in the conceptualization, design, implementation and monitoring and evaluation of UHC, including women and children, migrants and refugees, LGBTI populations, and persons with disabilities in all phases of the design and implementation of UHC.

The Office of the High Commissioner for Human Rights avails itself of this opportunity to renew to the Permanent Missions to the United Nations Office at Geneva, United Nations entities, specialized agencies and related organizations, intergovernmental and non-governmental organizations and national human rights institutions the assurances of its highest consideration.



4 March 2023