Response to call for inputs: policy brief Universal Health Coverage

Input by the International Committee of the Red Cross

To whom it may concern:

The International Committee of the Red Cross (ICRC) commends the Office of the High Commissioner for Human Rights for seeking input from various sources to inform its new policy brief with guidance on implementation of Universal Health Coverage (UHC). This contribution presents some key considerations and concrete examples from the ICRC's humanitarian activities in over 80 countries affected by armed conflict and violence, which present particular challenges to achieving UHC.

## I) Key consideration: Include neglected and "forgotten" populations in the UHC policy brief and implementation guidance

*Relevant to points a), b), e), and f) of the call for inputs*

In situations affected by armed conflict and violence, the ICRC has long-standing experience delivering healthcare to often-neglected populations, including persons deprived of their liberty, displaced, and living in areas controlled or contested by armed groups – the latter comprising an estimated 175 million people.

Good practice: In detention settings, for example, the ICRC works with detention authorities to ensure that equitable standards of care (comparable to those offered to the surrounding communities) are available for persons deprived of their liberty. The specific health needs of this population related to sub-standard conditions of detention (e.g. reduced effectiveness in the control of communicable diseases, overcrowding, insufficient nutritional intake, unmet mental health needs, substance abuse, etc) combined with unfavorable social determinants of health (as detainees often come from marginalized groups of society) should be considered as part of UHC.

The ICRC suggests that dedicated strategies to access and respond to the needs of the previously mentioned populations should be reflected in the brief. These should include considerations related to access to healthcare in exceptional conditions which are caused or exacerbated by armed conflict (e.g. lack/absence of personal documents, security-related constraints, sanctions) and the role of impartial humanitarian organisations in undertaking humanitarian activities, including providing or facilitating access to healthcare, as envisaged by international humanitarian law (IHL).

## II) Key consideration: Protect the health workforce and promote conducive environments for healthcare

*Relevant to points c) and d) of the call for inputs*

The ICRC's experience in delivering healthcare in situations of armed conflict or violence confirms that security conditions are often unstable and directly hamper the implementation of health activities.

Good practice: Because of this reality, in armed conflict, IHL contains specific protections for healthcare workers and facilities. For ensuring UHC it would also be necessary to take measures to prevent and mitigate violence against health workers. Through such measures, the health workforce would be protected and thus better able to provide health services to people who need them most.

Moreover, the ICRC suggests that the brief should interdependence of essential services (such as water, energy, and waste disposal systems) and health systems, favoring a holistic public health approach that also considers the social determinants of health and factors or systems outside the health system which impact health and the delivery of health services. An approach that considers access to safe potable water, adequate sanitation, adequate supply of food and housing, and healthy occupational and environmental conditions and access to information is critical.

III) Key consideration: Enhance coordination and collaboration mechanisms to ensure quality and equity in UHC

*Relevant to points c), d), e) and f) of the call for inputs*

Good practice: While respecting different organizations and Ministries' mandates, the ICRC suggests that the brief should reinforce the importance of coordination and collaboration between multiple stakeholders, to amplify the coverage and capacity to deliver quality healthcare to all, ensure sustainability of UHC efforts by amplifying the coverage in areas with reduced access, and promote higher standards of care. This includes Ministries and stakeholders outside Ministries of Health whose decisions impact healthcare, including with respect to sanctions, funding, import/export, and essential services such as water, sanitation, and power. In the event national health systems require humanitarian support to ensure the implementation or continuity of UHC, humanitarian access should be facilitated.

For the case of detention settings, for example, inter-ministerial collaboration (e.g. Ministries of Health, Interior, Justice and Defense) could help lift barriers that prevent health policies and services from adequately covering such specific populations as detainees.

IV) Key consideration: Reinforce specific monitoring and care related to mental health and neglected diseases

*Relevant to points a), b), c), d) and f) of the call for inputs*

Good practice: By addressing in its operations the health needs of populations "left behind", the ICRC sees specific value in including monitoring and care related to mental health and neglected diseases (e.g. neglected tropical diseases) in UHC-related policies. This is because situations of armed conflict and violence create or compound mental health needs where there is often limited or no care available. They also see a disproportionately high burden of neglected diseases.

The ICRC thanks OHCHR for the opportunity to input into the development of its UHC policy and remains opens for dialogue and exchange on further detailed examples based on operational experience, which might be relevant to your consideration.

*Geneva, 3 April 2023*