

Health as a Human Right
- 4 June 2021 -

HIGHLIGHTS¹

SUMMARY

The COVID-19 pandemic has placed concerns related to health at the top of the global political agenda. Responses to the pandemic have varied significantly, but the past year has demonstrated that health is not only a question of peoples' rights, but of security and stability of societies. In the interest of contributing to an accurate understanding of the importance of adequate medical care for peaceful and sustainable development and learn about the UHC2030 international partnership, the OSCE Parliamentary Assembly organised a web dialogue on "Health as a Human Right" on 4 June 2021, under the auspices of the Bureau of the General Committee on Democracy, Human Rights and Humanitarian Questions. Moderated by Senior Programme Officer Farimah Daftary, some 50 parliamentarians and staff from Bulgaria, Canada, Cyprus, Denmark, Finland, France, Georgia, Germany, Latvia, Luxembourg, Norway, the Russian Federation, Switzerland, Ukraine and the United States attended the discussion surrounding the complexities of health policy and shared national experiences in meeting these challenges.

Opening the event, **OSCE PA Secretary General Roberto Montella** emphasised the value of parliamentary input on such matters, as legislators were the ones with financial and regulatory oversight of the government. He proceeded to stress that any health strategy should be implemented on the basis of inclusivity and equality. Faced with problems of a global scale, he added that platforms for international cooperation like the UHC2030 were essential to identifying and advancing common solutions.

In his welcome to participants, the **Chair of the OSCE PA's human rights committee, Kyriakos Hadjiyianni (Cyprus)** observed that while states had on several occasions committed to the right to health, it had yet to be fully realised. He noted that this posed a severe risk, as proper medical care frequently served as a precondition for the exercise of other basic guarantees. He especially regretted the continued exclusion of marginalised communities from health policies, raising the risk of their contracting and succumbing to illness.

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EXPERTS' KEY POINTS

Gabriela Cuevas, Co-Chair of UHC2030 international health partnership

- It remains a pressing matter of political will to make achievements in medical science available to all. This is one of main objectives of the UHC2030 that seeks to accelerate progress towards universal health coverage.
- At least half of the global population lacks access to medical services. For many more, financial burdens get in the way of having healthy lives. In 2015, around 930 million people had to spend more than 10% of their household income on healthcare; about 210 million spent more than 25%.
- According to WHO projections, if trends do not turn about in the next decade, in the best case only 63% of citizens will be able to get medical services. Yet if states worked on expanding primary health care interventions in low and middle-income countries, 60 million lives could be saved and the life expectancy could rise by 3,7 years by 2030.
- Only a few states across the world have set targets in line with SDG indicators for increased medical coverage or financial protection.
- Parliamentarians can help reach the realisation of a more universal right to health by adopting corresponding legislation, passing well-designed budgets, involving civil society and holding governments to account.

Kyle Knight, Senior Researcher, Human Rights Watch

- The right to health goes beyond the availability of accessible, affordable and qualitative medical care, to encompass broader, underlying determinants.
- The deployment of the COVID 19 vaccine only alleviates the acute crisis. Long-term health strategies should focus on effective social protection and elimination of discrimination.
- Lessons from past public health emergencies should be instructive for how states respond to this one. As such, infrastructure that promotes people's dignity, rather than just treating them as a threat, should be a priority.

Francesca Colombo, Head of Health Division, OECD

- Right now, political attention is on the improvement of preparedness for future health emergencies and mechanisms for early detection of new diseases. But it will be impossible to stop all pandemics. Therefore, it is crucial to build resilience.
- The OECD estimates that an additional 1,5% of GDP in core investments are necessary to strengthen the foundations of health systems and uphold medical care for all. Spending should be directed towards:
 - The delivery of high-quality medical care: Only 10% of health expenditure is targeted at correcting preventable errors, exacerbating damage.
 - Addressing unhealthy behaviours and risk factors: A cross-sectorial, sustained approach is needed to prevent vulnerabilities.
 - The enhancement of primary care: This currently receives less than 15% of health expenditure. More of a focus would reduce more costly secondary or tertiary level interventions.
 - The support to the health workforce: Projections suggest that there will be a global shortfall of approximately 18 million trained medical professionals by 2030.
 - The employment of digital technologies: States should take advantage of telemedicine to spread access to medical services.

- The use of health data: Vital statistics should be safely and quickly shared between institutions and countries so as inform research and clinical optimisation.
- By June 2021, less than one in ten people had received at least one shot of the vaccine. With mutations of COVID-19 likely, it is imperative that barriers to the licencing of intellectual property, facilitation of technologies transfers and development of manufacturing capacity are discouraged. Joint efforts are required to return to a stable economy.

THE DISCUSSION

Following the presentations, panellists and parliamentarians noted that although there was consensus on the theoretical significance of the right to health, the exact parameters for its translation into practice were more controversial. However, it was emphasised that existing political will had to be coupled with concrete legislative and budgetary proposals. In this regard, participants stressed that healthcare should not just be seen as a financial burden, but an economic opportunity by creating a healthier, more productive workforce. Any viable health strategy thus had to include historically disenfranchised groups like women, minorities and migrants. Such groups' institutional distrust regarding healthcare should not be blamed on individuals, but instead taken as an incentive for reform. Finally, participants confirmed experts' calls to make simple changes now and invest in established mechanisms, so as not to replicate the disastrous impact of COVID-19.