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Committee on Social Affairs, Health and Sustainable Development

Minutes

of the hearing on "Promoting Universal Health Coverage" held in Strasbourg on 6 December 2024

In the framework of the report currently in preparation on "Promoting Universal Health Coverage" by **Ms Heike Engelhardt** (Germany, SOC), the Committee held a hearing with **Ms Marjolaine Nicod**, Head of the UHC2030 Secretariat of the World Health Organisation.

The Chair recalled that this hearing was part of the work programme of the report "Promoting universal health coverage". The rapporteur intended to clarify and systematise the framework of human rights that can be mobilised for Universal Health Coverage (UHC), to explore, in the European context, the effective levers of public, social and economic health policy, and to look more closely at the issues of gender, reproductive health and access to healthcare for migrants. On this basis, it would put forward concrete proposals to strengthen the role of the Council of Europe and parliamentary action in favour of the UHC between now and 2030. To support this commitment, one of the recommendations that the rapporteur would make was to invite the Council of Europe to join the International Partnership for Universal Health Coverage by 2030 (UHC2030). Created in 2016, this collaborative platform helped countries make progress towards Sustainable Development Goal 3 (SDG 3), which aimed to "enable all people to live in good health and promote well-being for all at all ages" by prioritising universal access to healthcare.

Ms Nicod pointed out that the Secretary General was a former Health Minister, which was a good factor in promoting the initiative to join the UHC2030 Platform. The speaker began by presenting an overview of the UHC2030 platform (I.). She then clarified why the UHC was important (II.) and the means of engagement and opportunities for collaboration within the framework of UHC 2030 (III.).

I. Vision / mission UHC2030: to accelerate progress towards UHC so that all people have access to all the quality healthcare services they need, when and where they need them, without financial hardship > noting that the definition of UHC include the full continuum of all services, from health promotion to prevention, treatment, rehabilitation and palliative care. To accelerate sustainable progress towards UHC, UHC was focusing on building equitable and resilient health systems that leave no one behind and provide the foundations for achieving health security. The UHC partners were committed to working collectively towards equitable and resilient health systems in line with the principles of the UHC2030 Global Compact.

The principles of the UHC2030 Global Compact were:

- leaving no one behind a commitment to equity, non-discrimination and a rights-based approach.
- transparency and accountability for results.
- evidence-based national health strategies and government leadership to ensure availability, acceptability, acceptability and quality of service delivery.
- making health systems everybody's business with the engagement of citizens, communities, civil society and the private sector;
- international cooperation based on mutual learning between countries, irrespective of development, status and development effectiveness principles.

¹ The minutes were approved and declassified by the Committee on Social Affairs, Health and Sustainable Development at its meeting on 27 January 2025.

UHC Strategic Framework 2024-2027: The change we want to see: translating for each country the commitments made in the UN High-Level Meeting's Political Declaration on UHC into laws, budgets, policies and programmes for the achievement of Goal 3.8 of the SDGs by 2030. This meant:

- Advocacy: influence the decisions of political, economic and social institutions to advance universal public health.
- Accountability: monitor the implementation of commitments to promote decisions, policies and programmes in favour of universal public health.
- Alignment: bring stakeholders together to share and highlight the importance of alignment on a national level and with government public financial management systems and share their actions.
- **II. Health is a right** (Article 25 of the Universal Declaration of Human Rights): we were not on track to achieve Sustainable Development Goal 3.8. It was one of the greatest violations of human rights:
 - more than half the world's population had no access to essential health services.
 - and when they did have access, half of them faced financial difficulties, and more than a quarter of them were pushed into poverty or further into it;
 - there was a need to improve both access to services and protection against financial risks.
 - even countries with more mature health systems were in difficulty: rising cost of medicines, ageing population, people on the move (refugees and illegal migrants).

The UHC goes beyond health and well-being. Health was wealth and represented a smart long-term investment in sustainable development. Critical factors:

- impact of UHC for better health outcomes and beyond including equity, social cohesion and gender equality.
- the basis for better preparedness for health emergencies, including pandemics, humanitarian crises and health threats linked to climate change.
- benefits to the national economy: by increasing labour force participation and productivity, and strengthening the resilience of individuals, families and communities.
- return on investment: 9 dollars for every dollar invested, with a direct link between public health and household spending and consumption.

An opportunity and a necessity for gender equality: the UHC made it possible to offer equal opportunities between the genders and to advance the rights of women and girls.

- Better representation of women in health and political leadership, to include diverse voices and perspectives in decision-making processes at all levels.
- A strengthened health and care workforce to deliver quality, gender-sensitive health services, reduce inequalities and ensure safe, decent and equal working conditions for women.
- A comprehensive package of essential health services that meet the specific needs of women and girls, including sexual and reproductive health rights throughout their lives.
- Better financial protection that takes account of the increased financial barriers women face in accessing healthcare.
- Recognition that gender can influence health risks, progress and outcomes, while gender norms, socialisation and power relations contribute to differences such as vulnerability to disease, health behaviours and access to services.

UHC Day 2024: Call on governments to protect the most vulnerable from financial hardship linked to healthcare costs:

- Adopt and implement laws to protect people from impoverishing healthcare costs.
- Allocate budgets for a package of accessible essential health services, using an approach centred on primary health care.
- Establish national health schemes, financed by national taxes, guaranteeing a package of essential health services covering the whole population.
- Reduce or abolish charges for the neediest users, particularly those on low incomes or suffering from chronic illnesses.
- Make UHC and financial protection for health a national priority.

III. Potential benefits:

- Engage in a unique platform for mutual learning between all stakeholders and across regions on what works.
- Collaborate to improve awareness, accountability and coordination at all levels.
- Bring regional, national and sectoral perspectives to influence the global health agenda on critical issues.

- Maintain a strong voice for national leadership in setting the political agenda, formulating and implementing policies, and monitoring progress through an inclusive approach across society.

Joining UHC 2030 involves:

- Endorsing the UHC 2030 Global Compact.
- Formal commitment through membership of the Steering Committee.
- Informal collaboration through specific campaigns, joint events and knowledge exchange.

Specific opportunities:

- Mobilise parliamentarians with specific tools and resources to influence agendas in their countries through UHC Day campaigns, election manifestos, and legislative initiatives.
- Promote the right to health and the UHC through advocacy notes and debates in relevant political processes (UN high-level meetings, MDG process, G7/G20, EU).
- Promote inclusive and participatory governance, in particular through the implementation of the World Health Assembly resolution on social participation (adopted in May 2024).
- Monitor progress in implementing global commitments through national consultations.

Mr Schennach asked two questions on behalf of the rapporteur: 1/ Concerning the prioritisation and allocation of resources, he asked what concrete measures parliamentarians could adopt to ensure that the UHC is a priority in laws and budgets, particularly in countries with limited resources. 2/ With regard to monitoring and accountability, he wondered how parliamentarians could use the tools and frameworks provided by UHC2030 to monitor progress and ensure transparency in the implementation of UHC-related commitments.

Ms Nicod stressed the importance of the budget, the main tools for governments to implement the necessary reforms to progress towards UHC. She stressed that although governments are faced with competing priorities, it was not necessarily a question of spending more, but spending better. Priority must be given to primary healthcare. She spoke of the importance of identifying services and targeting to prioritise spending, which was a gradual process to improve the coverage of services and population groups. The WHO could provide technical assistance in this regard to its member States. She also pointed out that UHC Day on 12 December was an opportunity to encourage governments to invest more in health.

In response to **Mr Gevorgyan**, who spoke of the need for inclusive and participatory governance, emphasising the role of local and regional authorities in this process, **Ms Nicod** said that it was often easier to work at a local level, as it was the first point of entry. However, the tools of local governance depended very much on the state model, whether it was a centralised or federal state.

Mr Schennach pointed out that one of the major obstacles to UHC was the independence of health insurance in some countries such as Germany and Austria, which made budgetary constraints a major brake on progress.

Ms Leyte stressed that the right to health was a fundamental right, even in countries with limited resources. She stressed the need to guarantee a minimum level of care in all circumstances.

Ms Nicod responded that for systems with independent health insurance it was critical to look at supervision and the regulatory framework. She noted that there was a general tendency, of increasing health costs, even in rich countries, which presented individuals with a dilemma: to seek treatment and become poorer, or to forego care. She proposed three avenues for better monitoring and greater transparency: involving civil society and providing it with the means to be consulted by the public authorities; establishing tools to enable parliaments to verify progress; and relying on the WHO, which quantifies progress via regular reports and the UHC2030 assessments.

The Chair thanked the speaker and said that Ms Engelhardt's work would continue and that the report would be presented during the fourth part-session of the Assembly in October 2025.

List of presence / Liste de présence

(The names of members who took part in the meeting are in bold / Les noms des membres ayant pris part à la réunion sont en caractères gras)

Chairperson / Président:

Ms Saskia Kluit	Netherlands / Pays-Bas
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Vice-Chairpersons / Vice-Président-e-s :

Ms Danuta Jazłowiecka	Poland / Pologne
Mr Armen Gevorgyan	Armenia / Arménie

Members / Membres	Country / Pays	Alternates / Remplaçant⋅e⋅s
Ms Jorida Tabaku	Albania / <i>Albanie</i>	Zz
Ms Bernadeta Coma	Andorra / Andorre	Ms Susanna Vela
Mr Armen Gevorgyan	Armenia / Arménie	Ms Hripsime Grigoryan
Mr Franz Leonhard Essl	Austria / Autriche	Ms Agnes Sirkka Prammer
Mr Stefan Schennach	Austria / Autriche	Ms Doris Bures
Ms Anne Lambelin	Belgium / Belgique	Mr Andries Gryffroy
Mr Benoît Lutgen	Belgium / Belgique	Ms Marie-Christine Marghem
Ms Darijana Filipović	Bosnia and Herzegovina / Bosnie-Herzégovine	Mr Šemsudin Dedić
Ms Atidzhe Alieva-Veli	Bulgaria / Bulgarie	Zz
Ms Denitsa Sacheva	Bulgaria / Bulgarie	Zz
Ms Zdravka Bušić	Croatia / Croatie	Ms Rada Borić
Ms Christiana Erotokritou	Cyprus / Chypre	Mr Constantinos Efstathiou
Ms Ivana Mádlová	Czechia / Tchéquie	Mr Aleš Juchelka
Ms Michaela Šebelová	Czechia / Tchéquie	Mr Ondřej Šimetka
Ms Camilla Fabricius	Denmark / Danemark	Ms Karin Liltorp
Ms Hanah Lahe	Estonia / Estonie	Zz
Ms Minna Reijonen	Finland / Finlande	Ms Miapetra Kumpula-Natri
Ms Sophia Chikirou	France	Ms Nicolas Bonnet
Mr Alain Milon	France	Mr Alain Cadec
Ms Maud Petit	France	Mr Jean Laussucq
Mr Alexandre Dufosset	France	Ms Liliana Tanguy
Ms Eka Sepashvili	Georgia / Géorgie	Ms Ketevan Turazashvili
Ms Heike Engelhardt	Germany / Allemagne	Ms Franziska Kersten

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Mr Andrej Hunko	Germany / Allemagne	Ms Catarina Dos Santos-Wintz
Mr Christian Petry	Germany / Allemagne	Ms Martina Stamm-Fibich
Mr Harald Weyel	Germany / Allemagne	Ms Katrin Staffler
Mr Ioannis Oikonomou	Greece / Grèce	Ms Maria Syrengela
Mr Georgios Stamatis	Greece / Grèce	Mr Alexis Tsipras
Ms Mónika Bartos	Hungary / Hongrie	Ms Katalin Csöbör
Ms Mónika Dunai	Hungary / Hongrie	Ms Zita Gurmai
Mr Bjarni Jónsson	Iceland / Islande	Ms Jódís Skúladóttir
Mr Joseph O'Reilly	Ireland / Irlande	Ms Reada Cronin
Ms Elena Bonetti	Italy / <i>Italie</i>	Mr Roberto Rosso
Ms Aurora Floridia	Italy / <i>Italie</i>	Mr Giuseppe De Cristofaro
Mr Alessandro Giglio Vigna	Italy / Italie	Mr Graziano Pizzimenti
Mr Stefano Maullu	Italy / Italie	Mr Francesco Zaffini
Mr Andris Bērzinš	Latvia / Lettonie	Mr Edmunds Cepurītis
Mr Peter Frick	Liechtenstein	Ms Franziska Hoop
Mr Kęstutis Masiulis	Lithuania / Lituanie	Ms Rasa Budbergytė
Ms Stéphanie Weydert	Luxembourg	Mr Paul Galles
Ms Romilda Zarb	Malta / Malte	Mr Joseph Beppe Fenech Adami
Mr Ion Groza	Republic of Moldova / République de Moldova	Ms Diana Caraman
Ms Christine Pasquier-Ciulla	Monaco	Ms Béatrice Fresko-Rolfo
Mr Miloš Konatar	Montenegro / Monténégro	Mr Boris Mugoša
Ms Saskia Kluit	Netherlands / Pays-Bas	Zz
Ms Carla Moonen	Netherlands / Pays-Bas	Mr Theo Bovens
Mr Bekim Kjoku	North Macedonia / Macédoine du Nord	Mr Sadula Duraki
Ms Lisa Marie Ness Klungland	Norway / <i>Norvège</i>	Ms Linda Hofstad Helleland
Ms Danuta Jazłowiecka	Poland / Pologne	Mr Mirosław Adam Orliński
Mr Jan Filip Libicki	Poland / Pologne	Ms Magdalena Biejat
Mr Ryszard Petru	Poland / Pologne	Mr Mr Jan Kanthak
Ms Jamila Madeira	Portugal	Mr Nuno Fazenda
Mr Carlos Silva Santiago	Portugal	Mr Telmo Faria
Mr Andi-Lucian Cristea	Romania / Roumanie	Mr Ion Prioteasa
Ms Alina-Ştefania Gorghiu	Romania / Roumanie	Mr Cristian-Augustin Niculescu-Țâgârlaș
Ms Diana Stoica	Romania / Roumanie	Ms Daniela Oteşanu
Mr Gerardo Giavagnoli	San Marino / Saint-Marin	Ms Alice Mina
Ms Tatjana Pašić	Serbia / Serbie	Ms Jelena Milošević
Mr Vladimir Đorđević	Serbia / Serbie	Mr Predrag Marsenić

Ms Anna Záborská	Slovak Republic / République Slovaque	Mr Pavol Goga
Mr Dean Premik	Slovenia / Slovénie	Ms Iva Dimic
Ms María Fernández	Spain / Espagne	Mr Alfonso Rodríguez
Mr José Latorre	Spain / Espagne	Ms Marta González Vázquez
Ms Carmen Leyte	Spain / Espagne	Ms Luz Martinez Seijo
Ms Sofia Amloh	Sweden / Suède	Mr Denis Begic
Ms Victoria Tiblom	Sweden / Suède	Ms Boriana Åberg
Ms Céline Amaudruz	Switzerland / Suisse	Ms Valérie Piller Carrard
Ms Sibel Arslan	Switzerland / Suisse	M. Pierre-Alain Fridez
Mr Berdan Öztürk	Türkiye	Ms Ayşegül Doğan
Mr Sevan Sivacioğlu	Türkiye	Ms Sena Nur Çelik Kanat
Ms Gökçe Gökçen	Türkiye	Mr Namık Tan
Mr Cemalettin Kani Torun	Türkiye	Mr Ali Fazıl Kasap
Ms Olena Khomenko (<i>en ligne</i>)	Ukraine	Ms Larysa Bilozir (<i>en ligne</i>)
Ms Yuliia Ovchynnykova (<i>en ligne)</i>	Ukraine	Mr Andrii Lopushanskyi
Ms Lesia Zaburanna	Ukraine	Mr Rostyslav Tistyk
Ms Kate Osamor	United Kingdom / Royaume-Uni	Ms Linsey Farnsworth
Ms Alicia Kearns	United Kingdom / Royaume-Uni	Mr Dan Aldridge
Ms Michelle Welsh	United Kingdom / Royaume-Uni	Mr Mike Reader
Ms Elaine Stewart	United Kingdom / Royaume-Uni	Mr Perran Moon

Council of Europe staff / Secrétariat du Conseil de l'Europe

Ms / *Mme* Gioia Scappucci, DGI Mr / *M.* John Dorber, PACE / *APCE*

Secretariat of Delegation or of Political Group / Secrétariat de Délégation ou de Groupe politique

Mr / M. Sabih Gazi Öztürk, Türkiye

Ms / Mme Francesca Arbogast, SOC PACE

Ms / Mme Anna Kolotova, UEL / GUE

Ms / Mme Marianna Ntalla, SOC PACE

Experts / Expert-es

Ms / Mme Marjolaine Nicod, Head, UHC2030 Secretariat - World Health Organization / Cheffe, UHC2030 Secretariat - Organization mondiale de la santé

Other persons present / Autres personnes présentes

Ms / Mme Hanna Serheieva, Ukraine

Secretariat of the Parliamentary Assembly / Secrétariat de l'Assemblée parlementaire

Committee on Social Affairs, Health and Sustainable Development / Commission des questions sociales, de la santé et du développement durable

Ms / Mme Catherine Du-Bernard	Head of the Secretariat / Cheffe du Secrétariat
Ms / Mme Aiste Ramanauskaite	Secretary to the Committee / Secrétaire de la commission
Ms / Mme Jannick Devaux	Secretary to the Committee / Secrétaire de la commission
Ms / Mme Claire Dubois-Hamdi	Secretary to the Committee / Secrétaire de la commission
Ms / Mme Grazia-Alessandra Siino	Project Manager / Chargée de projet
Ms / Mme Xenia Birioukova	Assistant/ Assistante
Ms / Mme Özgü Tan	Assistant/ Assistante