**Input to Policy Brief Universal Health Coverage**

**Submission by the International Development Law Organization (IDLO)**

**In response to the OHCHR Call for Contributions: Example of a Human Rights-Based Approach to Universal Health Coverage**

**3 April 2023**

IDLO is the only global intergovernmental organization exclusively devoted to promoting the rule of law to advance peace and sustainable development. We have experience working in more than 90 countries around the world with various legal systems. IDLO has enjoyed United Nations Observer Status since 2001. This submission stems from IDLO’s experience working on rule of law programs, including in health law.

At both global and local levels, the law is a powerful tool for advancing the right to health, addressing the social determinants of health, empowering individuals to access to health services, promoting universal health coverage, strengthening public health systems, and addressing public health emergencies. Now more than ever, strong legal capacity and well-designed legal frameworks are needed to support effective national and international health responses and build more resilient public health systems. Appropriate laws, policies, regulations, and fiscal measures can help countries to safeguard and promote public health and safety; and create equal opportunities for all people to lead healthy lives.

IDLO’s work on global health and legal empowerment contributes to the 2030 Agenda for Sustainable Development and the achievement of the Sustainable Development Goals (SDGs), including SDG 16 (peace, justice, and strong institutions), SDG 2 (improved nutrition), SDG 3 (healthy lives and wellbeing), SDG 5 (gender equality) and SDG 13 (climate action). The IDLO Strategy 2021-2024 aims to contribute to the specific strategic objective (SO6) of ‘promoting healthy lives and well-being for all’ with a focus on empowering people to access health services and strengthening the enabling environment for effective public health legal and policy frameworks. Therefore, advancing global health law advocacy and thought leadership through strengthened collaboration with WHO and other national and international partners, research, and programming initiatives, including on Universal Health Coverage and Health Systems Strengthening, is a priority for IDLO’s Health Law Programme[[1]](#endnote-1).

Some good practices from IDLO’s Programmes contributing to UHC are detailed below. These programs contributed to ‘Removing non-financial barriers to health services’ and ‘Ensuring an inclusive, transparent, and accountable process’, among other areas cited in the OHCHR call for submissions.

**INTEGRATING LEGAL EMPOWERMENT AND SOCIAL ACCOUNTABILITY FOR HIV SERVICES FOR ADOLESCENT GIRLS AND YOUNG WOMEN** (November 2016 – November 2018)

Some of the main drivers of HIV among adolescent girls and young women (AGYW) are rooted in local social and political dynamics. These individuals are more vulnerable to HIV because they are subjected to a range of gender and age-based biases, discrimination, and violence, including sexual assault, forced marriages and trafficking. Both AGYW and their communities often lack economic, social, and cultural support and resources to assert their rights and bring about their own protection and well-being. Health and justice sector professionals are unaccountable to marginalized service beneficiaries, and HIV prevention information and services are not available to disempowered communities. For interventions to be successful, they must therefore address these structural barriers and directly engage with AGYW and the actors who constrain their access to critical services. This was done in IDLO’s project ‘Integrating Legal Empowerment and Social Accountability for Quality HIV Health Services for Adolescent Girls and Young Women’, implemented as a part of the DREAMS Innovation Challenge, an expansive partnership aimed at reducing new HIV infections among AGYW in sub-Saharan Africa. The project was designed to address specific vulnerability factors and structural barriers to accessing HIV Related Health Services (HRHS) among AGYW. The project focused on the legal and social drivers affecting AGYW and their communities’ ability to keep HIV service providers accountable in Tanzania and Uganda.

With an innovative blend of legal empowerment (LE) and social accountability (SA) strategies at national, regional, and local levels, the project targeted the drivers of accountability and gender inequality upon which challenges continue to thrive. While these approaches have evolved separately, they share common aims and overriding principles: both promote human rights and social justice and provide knowledge and skills to individuals and communities through grassroots education, mobilization, and empowerment. When effectively integrated, LE and SA can help strengthen agency, support access to information, address grievances for marginalized individuals, mobilize collective action from community members, and exact accountability from responsible state actors. With this understanding, IDLO adopted a careful approach to integrating LE and SA strategies from the earliest stages of the programming cycle and throughout implementation and monitoring, building on targeted capacity building of multiple actors and utilizing a phased and adaptive process.

The use of LE+SA focused on three components: 1. Empowering AGYW and their communities to demand quality HIV-related service delivery for AGYW, including protection against SGBV and discrimination; 2. Enhancing capacity of local health committees and justice and health service providers to develop and use rights-based local engagement and feedback processes for improving HIV-related service delivery for AGYW; and 3. Improving policy debates on HIV-related service delivery for AGYW through evidence-based monitoring.

IDLO’s programming integrated elements from both approaches, including the use of a rights-informed community scorecard. Sequenced activities allowed for a participatory social accountability process at a local level, complemented by legal empowerment initiatives raising awareness of legal entitlements in relation to HIV prevention services and providing a platform for individuals to voice needs and identify violations of rights. Girls and women were able to identify gaps in health and justice service delivery, voice their concerns, and note violations of their rights in the presence of government health and justice service providers. By targeting different actors involved in HIV prevention service delivery, this approach also ensured that girls and women were at the center of programming. These included both health and justice professionals as well as local and national government representatives in order to tackle root causes of HIV incidence. Integrated strategies were utilized to eliminate barriers to access justice by promoting legal aid through multi-media campaigns and peer-learning (awareness was raised of legal aid services and matters were referred to paralegals and lawyers); and by monitoring legal progress through utilizing a case-tracking tool (progress of cases related to HIV and sexual and gender-based violence were tracked and support services were provided to survivors).

IDLO’s DREAMS project demonstrated the potential of LE+SA strategies to make a sustainable impact in the fight to reduce HIV, including through improved access to justice for AGYW. Through a series of targeted capacity-building initiatives and training of over 550 stakeholders and community members, awareness-raising and advocacy campaigns, initiation of national dialogues, establishment of common action plans and the introduction of a community scorecard system for services, the project achieved strengthened services, redress mechanisms and advocacy strategies for legal and policy reform. The results also present paths forward to continue to develop LE+SA programming, building on identified lessons and good practices. Overall, the methodology holds promise for accelerating justice for women and girls and ensuring no one is left behind in the achievement of SDGs 3, 5 and 16.

**GLOBAL RECAP: GLOBAL REGULATORY & FISCAL CAPACITY BUILDING PROGRAMME: Promoting Healthy Diets and Physical Activity (Phase I and II)** (January 2019 – June 2025)

The Global RECAP is a collaborative Programme between IDLO and the World Health Organization (WHO), implemented in collaboration with the International Development Research Centre (IDRC). After a successful implementation, a second phase of Global RECAP has started from July 2022 and is currently supported by the Swiss Agency for Development and Cooperation (SDC). The first phase of RECAP been implemented in five selected countries (Bangladesh, Kenya, Sri Lanka, Tanzania, and Uganda), complementing WHO’s ongoing work, and continues providing support to RECAP I countries, with the intention of scaling up the intervention. GLOBAL RECAP builds national legal capacity through legal and regulatory reform to promote healthy diets and physical activity; and strengthens enabling environments for evidence-informed, coherent, and equitable public policies and government interventions to address non-communicable diseases (NCDs).

The Programme focuses on five (5) policy areas: reformulation to reduce salt and added sugars; restrictions on marketing of foods and non-alcoholic beverages to children; nutrition labelling; fiscal policies to promote healthier diets; and regulatory and fiscal policy measures to promote physical activity. The Programme has been to date and continues to be achieved through delivering complementary components of capacity building, social mobilization, and research. Each of the RECAP implementing agencies (WHO, IDLO and IDRC) collaborate and contribute to each of the Programme’s components based on the respective comparative advantage. The general approach for implementation is that these components inform, strengthen, support and feed into each other with real-time and dynamic learning.

Engagement and collaboration among policymakers, government officials, lawyers, public health professionals and civil society are essential to effectively and sustainably strengthen national regulatory and fiscal frameworks that promote healthy diets and physical activity. Therefore, whilst international partners support the three objectives, the in-country work is led by government with maximal engagement of civil society, including academia, subject to government processes. The role of civil society is key in advocating for a human rights-based approach (HRBA) to the policy process and ensure accountability. The first argument for the inclusion of CSOs in national responses to NCDs is grounded in international human rights law, where a fundamental principle is the participation of communities in the development and implementation of related policies, programmes, and strategies that affect them. It is in turn central to the realization of other human rights, including the right to health and the right to food, and hence to NCD prevention and control. Finally, robust, proportionate, and effective regulatory and fiscal policy measures rely on strong supportive evidence, so the role of academia and researchers in generating local evidence and research is also key.

The Programme assessed the need for facilitating coordination mechanisms with the support of CSOs, governments and researchers or rather identify opportunities and entry points to create synergies with existing platforms. Activities include the establishment and coordination of country teams of stakeholders from different sectors trained under the capacity-building Programme to work toward policy reforms and CSO-led collaborative advocacy working groups that bring together different stakeholders for the promotion of coordinated advocacy initiatives. These platforms aim at facilitating the implementation of activities under the respective country work plans. Where possible and appropriate, the Programme also aims to facilitate integration and/or synergies of RECAP initiatives with other relevant coordination mechanisms at national level to ensure coordination and coherence between RECAP work and other relevant national policy agendas and plans.

In line with the HRBA and in compliance with the principle of participation, the role of CSOs within the above-mentioned platforms is key in undertaking advocacy initiatives by which multiple stakeholders will be sensitized on and their coordinated action to promote regulatory and fiscal measures for healthy diets and physical activity promotion supported.

1. https://www.ohchr.org/documents/publications/faqen.pdf [↑](#endnote-ref-1)