



Universal Health Coverage and Human Rights

Project Partner: UNAIDS

About UNAIDS

UNAIDS is a joint and co-sponsored programme, bringing together the efforts and resources of the UNAIDS Secretariat and eleven co-sponsoring organizations, agencies, funds and programmes of the United Nations system (UNHCR, UNICEF, WFP, UNDP, UNFPA, UNODC, UN Women, ILO, UNESCO, WHO and the World Bank), which has as its vision: a) zero new HIV infections; b) zero discrimination; and c) zero AIDS-related deaths.

UNAIDS' mission is to lead and inspire the world in achieving universal access to HIV prevention, treatment, care and support. It undertakes this by: uniting the efforts of the United Nations system, civil society, national governments, the private sector, global institutions and people living with and most affected by HIV; speaking out in solidarity with the people most affected by HIV in defence of human dignity, human rights and gender equality; mobilizing political, technical, scientific and financial resources and holding itself and others accountable for results; empowering agents of change with strategic information and evidence to influence and ensure that resources are targeted where they deliver the greatest impact and bring about a prevention revolution; and supporting inclusive country leadership for sustainable responses that are integral to and integrated with national health and development efforts.

Project Overview

Background

Goal 3.8 of the UN Sustainable Development Goals, the central global development agenda for 2015-30, adopted by the UN General Assembly in 2015, is a commitment by States to:

Achieve universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all.

Universal Health Coverage, if truly universal and comprehensive, could assist in ending the AIDS epidemic. It has the potential to ensure comprehensive integrated approaches to health service delivery and improving the capacity to address multiple health needs of people living with HIV or vulnerable to HIV.



Yet, whether

- certain groups will be excluded from coverage, or
- certain forms of treatment or prevention services are left out of the UHC package of services, or
- broader social and structural barriers continue to operate, or are even created, that breach the human rights of, make a universal system inaccessible to, certain groups,

will all depend on exactly how such a universal health coverage system is developed and implemented.

In particular, key populations,¹ people living with HIV, adolescent girls and young women have expressed concerns as to the potential for universal health coverage to exclude their communities or operate in such a way as to violate their human rights.

The Human Rights Centre Clinic will undertake research on a sub-set of these communities to determine how governments are either excluding or including them in their current UHC frameworks and what would need to be done to ensure the UHC framework is human rights compliant for these communities. The communities UNAIDS is interested in for the purposes of this research are:

1. young women and young key populations who are survivors of violence,
2. young people who use drugs,
3. young transgender persons.

‘Young’ is defined as being aged 15-24. These will be referred to throughout the project as the **‘communities of focus’**. The communities of focus have been chosen due to a concern that these particular groups are not receiving the same level of attention as regards UHC as others.

In terms of the health and human rights concerns to be reviewed, while these will be determined in part through the research project, what we do know is that the following issues have been identified by communities of focus: what is included in the essential services package, how individuals access UHC (both physically and financially), integration of referrals to services for survivors of violence, the availability of late-night drop in centres or the need for an insurance card, fees, broader human rights determinants such as criminalisation, age discrimination, parental consent laws and practices, stigma and

¹ UNAIDS considers gay men and other men who have sex with men, sex workers, transgender people, people who inject drugs and prisoners and other incarcerated people as the five main key population groups that are particularly vulnerable to HIV and frequently lack adequate access to services.



discrimination, lack of comprehensive sexuality education that covers gender identity. These all impact the accessibility and acceptability of health services in relation to the communities of focus.

At the same time, it should be possible to create an inclusive and completely universal health coverage framework. A human rights-based approach to UHC would include, among other things, participatory decision making, proactive outreach and tailored strategies for those most left behind, community education on rights and entitlements, free health care for those that need it, education and information to all, and the removal of discriminatory practices, policies and laws as well as the provision of a framework of accountability and remedy. However, more information and good practice examples are needed on what countries can and are doing to ensure universality of health coverage.

Project output

Working with UNAIDS, the Human Rights Centre Clinic will develop:

1. A monitoring tool comprised of human rights indicators, for assessing the human rights compliance of a country's UHC frameworks and implementation with international human rights standards, in relation to the human rights concerns of the communities of focus as identified by these communities. This should address not only UHC frameworks but broader laws and policies that may hinder access to services and affect health such as criminalisation or ability to obtain a legal change of gender.
2. A 20-25 page report which will make recommendations and collate findings of best practices from 5 selected countries for ensuring a human-rights compliant UHC for the communities of focus, and which can be used by other countries as a reference point.

Looking at laws, policies and systems in 5 countries, each from a different region, that rank highly on the WHO service coverage index, to be identified in discussion with UNAIDS, the report will identify:

- a) best practices to be found in ensuring human rights protections and a human rights approach in UHC
- b) harmful laws and practices, or omissions, that breach human rights or create barriers to a human-rights compliant UHC.



Research methods

1. Review of international human rights norms, standards and guidelines relevant to the rights of communities of focus.
2. Desk research on human rights indicators (research by the HRC Clinic on indicators a few years ago will provide a very solid grounding).
3. Desk review of the human rights concerns surrounding UHC in relation to the communities of focus, including literature produced by academics, civil society and international organisations in these areas.
4. Desk review of the laws and policies of the five countries, and review of the public health information on the countries and the grey literature and media on UHC and the health of the communities of focus.
5. Interviews with civil society organisations, including leaders of youth organisations, from the communities of focus, UN and health organisations within the five countries on best practices and issues surrounding universal health coverage.

Project Outline:

November-December (5 weeks)

- Literature Review of the human rights concerns surrounding UHC in relation to the communities of focus and of international norms, standards and guidelines relevant to the rights of the communities of focus (8 pages). This will be submitted to UNAIDS by 13 December for review by 10 January.
- Develop understanding of human rights indicators, and develop a draft indicators framework (2 pages). This will be submitted to UNAIDS by 13 December for review by 10 January.
- Develop a communications strategy that covers how the team will communicate internally as well as with the partner and any external contacts (1 page). The external communications elements will be agreed with UNAIDS.
- Submit an ethical consent application by 13 December

January-March (10 weeks)

- Drawing on the literature review undertaken during the first term, draft a set of indicators to assess a country's performance in ensuring human rights of the communities of focus are protected in universal health coverage laws, policies and frameworks, to be submitted to UNAIDS by the end of term
- Research and draft report on 5 countries (20-25 pages), to be submitted to UNAIDS by the end of term



- Undertake interviews as required to support the research on the countries, as well as to address any gaps in the literature review undertaken during the first term

April-June (10 weeks)

- Make amendments to the set of indicators in response to lessons learned in researching the 5 countries.
- Edit the reports and submit final versions to UNAIDS by the end of term.

Project Bibliography:

The following resources are not comprehensive and serve an orientation purpose for students at the start of the project.

Norms, standards and human rights concerns

WHO [Consolidated guidelines on HIV prevention, diagnosis, treatment and care for key populations](#) 2016

UNAIDS [Fast Track and Human Rights](#) 2017

UNAIDS [Gender Assessment Tool](#) 2018

OHCHR, UNFPA and others: [Reflection Guide on a Human Rights-Based Approach to Health \(OHCHR, UNFPA, others\)](#)

UNAIDS and OHCHR [International Guidelines on HIV and Human Rights](#) 2006

ICESCR [General Comment 14 Right to Health](#) 2000

Social [Protection Assessment Tool](#) 2017

Global Commission on HIV and the Law [HIV and the Law: Risks, Rights and Health](#) 2012 and [2018 Supplement](#)

Guttmacher – [Lancet Commission on sexual and reproductive health rights for all](#) 2018 (for expanded definition of SRHR)

WHO [Consolidated Guidelines on sexual and reproductive health and rights for women living with HIV](#) 2017

[Community Engagement Checklist on the WHO SRHR guidelines](#), UNAIDS-many partners (2018)



WHO [recommendations on adolescent sexual and reproductive health and rights](#) 2018

[The ALIVHE Framework \(community engagement on GBV-HIV\), Salamander Trust](#), UNAIDS

Human Rights Concerns on UHC

HIV and Human Rights Reference Group [Statement on UHC](#) 2019

Engagement Hub for Communities Living with affected by and who care about HIV: [2019 survey results, analysis & asks from communities who live with, are affected by and who care about HIV](#) (note this is the key document on identifying community concerns).

Civil Society Engagement Mechanism for UHC [Website](#) (particularly the advocacy and resource docs)

UNAIDS [Delivering on SDG3: Strengthening and integrating comprehensive HIV responses into sustainable health systems for Universal Health Coverage](#) 2019

Human Rights Centre Clinic, Indicators for Measuring Economic, Social and Cultural Rights: Report prepared for OHCHR Colombia (2016)

Implementation

WHO [Global Monitoring Report](#) 2017