



**Doc. 16243 – Compendium of written amendments**  
02/10/2025

**(Final version)**

## **Promoting universal health coverage**

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## A. Draft Resolution

1. Universal health coverage (UHC), based on the principle of “leaving no one behind”, is a central political commitment of the United Nations 2030 Agenda for Sustainable Development, and is the subject of target 3.8 of Sustainable Development Goal (SDG) 3. In the Pact for the Future adopted in 2024, the Heads of State and Government meeting at the United Nations General Assembly reiterated their commitment to redoubling efforts to achieve this goal.
2. Health is a political priority for the Council of Europe. As the Secretary General pointed out on the occasion of World Health Day (7 April), “Health is our most precious gift – and a top concern for all Europeans... Now more than ever, health care is about trust, safety and access – and this calls for a holistic approach... On this day, and every day, let us reaffirm that equitable, high-quality health care is essential to a healthy democracy.”
3. The objectives pursued in the field of health, both at global and regional levels, are based on a solid legal foundation for which there is broad consensus. The right to the highest attainable standard of physical and mental health, the right to protection of health and the right to social protection without discrimination are fundamental human rights, inseparable from human dignity and crucial for the effective exercise of all other rights.
4. The Parliamentary Assembly has already put this on its agenda in Resolution 2500 (2023) “Public health emergency: the need for a holistic approach to multilateralism and healthcare”. In that resolution, it recalls that primary healthcare is the cornerstone of UHC, providing prevention, health promotion, treatment and financial protection, and requires sustainable financing. In this context, since preventing and combating gender-based discrimination are essential, UHC must fully encompass sexual, reproductive, and mental health, as well as comprehensive care for victims of violence.
5. UHC is a strategic investment in sustainable development. It improves health outcomes, social cohesion, equity, gender equality and economic stability. It is recognised as an essential basis for global health security to withstand health, geopolitical, economic and climate crises. Despite this, progress towards UHC has stalled, with more than 4.5 billion people not fully covered by essential services, 2 billion facing hardship due to out-of-pocket health spending, and 344 million in extreme poverty due to health costs and worsening financial protection.
6. Although Council of Europe member States are making better progress than the world average, inequalities in

### **Amendment 3**

**Tabled by Mr Rónán MULLEN, Mr Patrick CASEY, Mr Joseph O'REILLY, Sir Edward LEIGH, Ms Mónika BARTOS, Mr Namik TAN, Mr Robert-Ionatan SIGHIARTĂU, Ms Elena BONETTI**

*In the draft resolution, paragraph 4, third sentence, replace the words “fully encompass sexual, reproductive, and mental health, as well as comprehensive care for victims of violence” with the following words:*

*“address emerging risks, including pornography consumption and its mental health impacts, and encompass comprehensive care for victims of violence in the context of sexual, reproductive and mental health services”*

access to healthcare and health disparities persist and are in some cases worsening. The Assembly stresses the urgent need to step up action to achieve target 3.8 of SDG 3 by 2030, by fully leveraging the 2024-2027 Strategic Framework of the UHC2030 platform, ahead of the next high-level meeting scheduled for 2027.

7. A leading advocate for the advancement of UHC, the Council of Europe makes a unique contribution based on human rights. Through its treaties – the European Convention on Human Rights (ETS No. 5), the European Social Charter (revised) (ETS No. 163) and the Convention on Human Rights and Biomedicine (ETS No. 164, “Oviedo Convention”) – it influences the social and public health legislation and policies of its member States. This holistic approach, centred on human dignity, combines the case law of the European Court of Human Rights and the European Committee of Social Rights, the efforts of the Steering Committee for Human Rights in the fields of Biomedicine and Health, the work of the Commissioner for Human Rights and initiatives by the Congress of Local and Regional Authorities. It is a crucial lever for making the right to health a reality for everyone, in line with the objectives of UHC and of SDG 3.
8. The Assembly recognises that the European Social Charter is the Council of Europe's key instrument for promoting UHC. Articles 11 and 13 of the Charter, interpreted in the light of the World Health Organization's (WHO) definition of health, guarantee the right to protection of health for all persons present in the territory of the State Parties, regardless of administrative status. The case law of the European Committee of Social Rights reinforces this framework by specifying the positive obligations on States: to guarantee available, economically and geographically accessible, culturally acceptable and quality care, while ensuring effective access to essential healthcare. It also incorporates the social determinants of health (housing, energy, food), thus emphasising a comprehensive and integrated approach to UHC.
9. The Oviedo Convention directly supports target 3.8 of SDG 3 by establishing the principle of equitable access to quality care, taking into account health needs and available resources. Building on this, Recommendation CM/Rec(2023)1 of the Committee of Ministers calls on States to provide equitable access to medicines and medical equipment, including in times of shortage, for people with serious health conditions. The Assembly also welcomes the efforts of the Steering Committee for Human Rights in the fields of Biomedicine and Health, which has made equitable and rapid access to medical innovations a strategic priority.
10. Against the backdrop of diminished political support, growing geopolitical tensions and budgetary constraints, the Assembly stresses the importance of conveying a clear, collective message that will galvanise support for UHC. The SDG commitments are binding on Council of Europe member States. For UHC to become a reality, it is vital that each State embrace these objectives, and that each parliament play an active role in implementing them in national public policies.

11. The Assembly considers it entirely appropriate that the Council of Europe should join the UHC2030 platform, alongside other international organisations such as the Organisation for Economic Co-operation and Development. Such a move would enhance its contribution to the global alignment of efforts to achieve UHC and provide an opportunity to promote its standards and tools within a multilateral framework. By joining the platform's Steering Committee and endorsing the UHC2030 Global compact, the Council of Europe could further rally support among its member State governments and parliaments, strengthen the place of human rights in health systems and help to make UHC a common, shared and measurable goal.
12. The Assembly calls on the member and observer States of the Council of Europe, and States whose parliaments enjoy observer or partner for democracy status with the Assembly:
  - 12.1. with regard to UHC and health policies, to:
    - 12.1.1. include the objective of UHC as a national political priority, in accordance with target 3.8 of SDG 3 and the commitments reiterated in the Pact for the Future adopted in 2024, allocating a sufficient budget for its achievement in accordance with, inter alia, the WHO recommendations;
    - 12.1.2. ensure, in particular for people in vulnerable situations, equitable, affordable and quality access to physical and mental healthcare, including proactive intervention mechanisms for individuals who, due to their health condition, are unable to recognise their need for care or to travel to services;
    - 12.1.3. invest more and sustainably in primary healthcare, recognised as the foundation of UHC and an essential condition for social and health resilience;
    - 12.1.4. recognise and integrate the social determinants of health (such as access to housing, food, energy and a healthy environment) into public health and social cohesion policies;
    - 12.1.5. include, within the framework of UHC, comprehensive and accessible services for prevention, sexual, reproductive and mental health, as well as support for victims of sexual violence;

**Amendment 1**

**Tabled by Mr Rónán MULLEN, Mr Namık TAN, Mr Sigurður Helgi PÁLMASSON, Mr Titus CORLĂȚEAN, Mr Robert-Ionatan SIGHIARTĂU, Ms Elena BONETTI, Mr Patrick CASEY, Mr Joseph O'REILLY, Sir Edward LEIGH, Ms Mónica BARTOS**

*In the draft resolution, at the end of paragraph 12.1.4, insert the following words:*

*", and also take account of digital-related considerations such as screen time, the right to disconnect and protection from harmful online content, in order to promote mental health, family well-being and healthy child development."*

**Amendment 2**

**Tabled by Mr Rónán MULLEN, Mr Robert-Ionatan SIGHIARTĂU, Mr Namık TAN, Ms Elena BONETTI, Ms Octavie MODERT, Mr**

**Patrick CASEY, Mr Joseph O'REILLY, Sir Edward LEIGH, Ms Mónica BARTOS**

*In the draft resolution, after paragraph 12.1.5, insert the following paragraph:*

*"address, within the framework of UHC, the problem of early exposure to pornography, its impact on children's mental health and psychosexual development, and the risk of compulsive and aggressive sexual behaviour in children and adolescents;"*

- 12.2. with regard to leveraging Council of Europe instruments, to:
  - 12.2.1. make progress towards wider acceptance of the provisions of the European Social Charter (revised) that are necessary to reduce health inequalities and move forward on the commitment to leave no one behind;
  - 12.2.2. refer systematically to human rights standards and activities of the Council of Europe when developing health policies, in particular the European Social Charter (revised) and the Oviedo Convention;
  - 12.2.3. apply the recommendations of the Committee of Ministers on equitable access to medicinal products and care, in particular Recommendation CM/Rec(2023)1, including in times of crisis or shortage;
  - 12.2.4. actively promote the work of the Steering Committee for Human Rights in the fields of Biomedicine and Health on equitable and rapid access to medical innovation;
- 12.3. with regard to co-ordination and multilateralism, to:
  - 12.3.1. affirm their commitment to UHC in the relevant international fora and make the case for a human rights-based approach in health systems;
  - 12.3.2. support Council of Europe membership of the UHC2030 multilateral platform, in order to give voice to social rights and to promote alignment between international commitments and European standards;
  - 12.3.3. enhance parliamentary accountability in implementing the objectives of UHC, in particular by providing parliaments with tools and resources offered by the UHC2030 platform and the Inter-Parliamentary Union guides, in order to monitor, guide, evaluate and adjust public health policies;
  - 12.3.4. translate into national legislation the multilateral commitments made in the area of UHC (in particular within the framework of the UHC2030 platform), by adopting laws, dedicated budgets and parliamentary monitoring mechanisms, drawing on European standards and best practice gleaned from international co-operation.