

## Ensuring for All Universal Conditions of Good Health

Framing: Should the FCGH use the present three-part framing of the universal conditions of good health? – 1) health systems that provide quality health care; 2) the underlying determinants of health (which have been defined by General Comment 14 of the Committee on Economic, Social and Cultural Rights;<sup>1</sup> these are similar thought not equivalent to standard public health services);<sup>2</sup> and 3) the broader social determinants of health (e.g., gender equality, employment, education)?

Social determinants of health: What social determinants of health (e.g., gender equality, education, employment) should the FCGH specially address among the universal conditions? [NOTE: Question also in Social Determinants section, which also addresses standard-setting for the social determinants.]

Criteria on universal conditions: Are existing international guidelines (e.g., WHO), rights (including their interpretations through General Comments and General Recommendations), and other recognized criteria sufficient for determining standards of the health systems and underlying determinants of health to which everyone is entitled? Or are supplementary methods needed? If so, what might they be?

Health outcomes and universal conditions: Should certain health outcomes have a role in defining the health systems, underlying determinants of health, and broader positive social determinants of health to which everyone is entitled? For example, a certain level of, or increase in, life expectancy or quality-adjusted life years (QALYs), reductions in disability-adjusted life years (DALYs), or levels of or improvements in health equity (across and within nations)? If so, what, and based on what rationale? Or would the requirements for health outcomes be linked to certain key areas (e.g., AIDS, maternal health, cardiovascular disease), and possibly global commitments or targets in these areas, linked to the actions required to achieve these targets?

Participatory processes and universal conditions: What role should participatory processes have, possibly feeding into the development of the FCGH or initiated by it (such as by establishing a process that would, within a given period of time, define these interventions or categories of interventions of that all health systems should be able to provide, or standards for underlying determinants of health)?

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<sup>1</sup> “The Committee interprets the right to health...as an inclusive right extending not only to timely and appropriate health care but also to the underlying determinants of health, such as access to safe and potable water and adequate sanitation, an adequate supply of safe food, nutrition and housing, healthy occupational and environmental conditions, and access to health-related education and information, including on sexual and reproductive health. A further important aspect is the participation of the population in all health-related decision-making at the community, national and international levels.” Committee on Economic, Social and Cultural Rights, General Comment No. 14, The Right to the Highest Attainable Standard of Health, UN Doc. No. E/C.12/2000/4 (2000), at para. 11, <http://www1.umn.edu/humanrts/gencomm/escgencom14.htm>.

<sup>2</sup> These include, chiefly, clean drinking water and adequate sanitation, sufficient and nutritious food, vector control, injury prevention, tobacco and alcohol control, and healthy built environment. Others key public health functions, such as immunizations and control of communicable diseases, are closely linked to health care.

Cost and universal conditions: What role, if any, should cost and cost-effectiveness have in defining the FCGH standards of health systems, underlying determinants of health, and broader positive social determinants of health to which everyone is entitled? Is there a different answer for each of these areas?

National criteria for specific health care and other conditions of health: Should the FCGH include a minimum set of criteria that states should use in adapting FCGH standards on health systems, underlying determinants of health, and the social determinants of health? If so, what should these factors be (e.g., health needs-based, epidemiological trends and national/global burden of disease considerations, priorities of marginalized populations, input from population's participation, gender sensitivity, costs, availability of resources, life course perspective)? Would these criteria be expected to vary from one country to the next? If so, how should the FCGH capture these differences?

Process of translation FCGH standards to national level: To the extent that the FCGH incorporates requirements on national participatory processes required to tailor standards on the universal conditions of good health in the FCGH to national laws and policies, what should these processes be? How precisely should the FCGH define this process (or should it be limited to providing broad principles, and if so, which?) while also respecting the need for national ownership? How can they ensure that perspectives of marginalized populations are incorporated?

Multiple levels of standards on universal conditions of good health: Should the FCGH have any additional requirements for wealthier countries – beyond those required of all countries – with respect to ensuring effective health systems, underlying determinants of health, and the broader social determinants of health? Should the FCGH have a tiered approach, obliging countries to elevate the standards of the universal conditions of good health once they achieve a given level (e.g., stricter definition of what everyone is entitled to as an improved water source, increased level of health services guaranteed to all through health systems, additional progress required on addressing particular social determinants of health)? If so, would the FCGH specify these further tiers? Or might it include only factors to take into account but leave the content of these further tiers largely to states to define themselves? Would this be useful in informing specific obligations to progressively achieve the full realization of the right to health?