

Policy Brief

Solidarity, Equity and Rights-Based Approaches to Universal Health Coverage (UHC) Reforms

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Summary

This briefing address the central, but neglected principle of solidarity in universal health coverage reforms. Solidarity is the key to understanding rights-based approaches to health, while ensuring a good fit with broader sustainability goals.

UHC reforms and rights based approaches to health

The goal of 'universal health coverage' (UHC) is promoted by the World Health Organization (WHO) as the key proposal for global health post-2015 (WHO 2012) and '**the most powerful concept that public health has to offer**' for global health reform. UHC reforms address the provision of necessary health services and expansion of insurance coverage.

Global health reforms are strongly influenced by the rise of the rights-based approach to health. The 1946 WHO Constitution, UDHR (1948) and ICESCSR (1966, Art.12) address the right to health specifically, and expansively, as the right to 'the highest attainable standard of health as a fundamental right of every human being'. The right to health is included in a number of regional rights conventions, including the American Declaration of the Rights and Duties of Man (Art. 11), the 1981 African Charter on Human and Peoples' Rights (Art. 16), and the 2000 European Union Charter of Fundamental Rights (Art. 35).

The rights-based approach defines duties, criteria

and standards that states and non-state actors (such as international organizations and private corporations) have duties to respect, protect and fulfil as a matter of international laws and norms. The right to health obliges governments to act positively to create conditions for 'the highest attainable standard of health' and refrain from harming people's right to health. While this does not mean that everyone automatically has the right to be healthy, the Right to Health obliges governments to ensure that timely, acceptable, and affordable health care is available to all, without discrimination, that care is aligned with medical ethics, is culturally appropriate, safe and medically appropriate. Rights-based approaches require active and positive non-discrimination measures. Special provisions exist prioritizing the vulnerable, needy and disadvantaged. Pregnant women and children are afforded special protection, while occupational health and disease control are also priorities (UN Economic and Social Council 2000).

The 2008 World Health Report remains key to global health reforms, representing the **transformative agenda for health equity** advanced at the 1978 International Conference on Primary Health Care, Alma-Ata, with the popular slogan: 'Health for All' (International Conference and WHO, 1978). The language of rights and equity connected the WHO to

a broad social movement of professionals, researchers, institutional and government reformers, progressive civil society and grassroots organizations, collectively aiming to tackle the '*politically, socially and economically unacceptable*' health inequalities in all countries, and effect a value change towards people-centred healthcare based on 'social justice and the right to better health for all, participation and solidarity' (WHO 2008, 1, original emphasis).

The major deleterious global trends facing health systems are growing inequalities; 'inverse care' (disproportionately focused on high-cost, specialist, tertiary interventions); fragmented care (due to the multiplication of vertical health programmes and projects); and problems arising from the commercialization of health care. The most important trends are: urbanization, ageing, and the globalization of cost-containment and deregulation policies (WHO 2008, 11). UHC to improve equity is the first of four needed reforms. The others are: service delivery reforms to make health services more people-centred; public policy reforms to prioritise community-based health protection and promotion; and leadership reforms to make health authorities more answerable and reliable (WHO 2008, xvi). The rationale for reforming health care is fundamentally democratic – that '[p]eople expect their health systems to be equitable', obliging governments to reform systems to achieve '**universal access to health services with social health protection**' (WHO 2008, 23).

The right to health can gain greater depth through a fuller engagement with UHC's twin concerns of collective health and health financing. Underlying both are the social and political arrangements influencing health provision and risk sharing. This policy brief suggests that the core concept of **health solidarities** needs to be better understood in both global health reform and human rights advocacy. Solidarity is a concept that underpins the links between health and other global sustainable development goals (UNGA 2012).

Recommendations

A rights-based approach to universal health coverage should address solidarity as a core concern.

A human rights-based approach to health reforms guarantees available, accessible, acceptable quality health care services to all, equitably, without discrimination and with special care towards the most vulnerable and disadvantaged.

The primary health care (PHC) approach remains key for addressing major deleterious global trends challenging the development of effective and equitable health systems.

Social solidarity must be understood as a vital component of sustainability, given the global trend towards ageing societies, making strong demands on intergenerational solidarity.

In developed countries, increasing needs and retreating welfare state are widening health care gaps between the well-off who can afford private insurance and care solutions and lower income groups who require income and risk solidarity in order to access care equitably.

The policy focus on individual responsibility must be complemented with government action to preserve solidarity

Environmental concerns should be incorporated in order to sustain improvements in wellbeing.

Policy implications

Solidarity takes UHC reform beyond narrow concepts of financial sustainability, to reconnect current rights to health and well-being to those of future generations.

The current generation imposes significant risks and costs on future generations, and public health involves collective goods that must be maintained.

Solidarity is thus an important consideration underpinning the centrality of health in the pursuit of the 'triple bottom line' of social, ecological and financial sustainability.

Further Reading

An expanded version of this policy brief was published as: Khoo, S. (2015) Solidarity, Equity and Rights-Based Approaches to Health Provision, in Andrew Robertson (Ed.) *Commonwealth Health Partnerships 2015*. London: Commonwealth Secretariat/ Nexus Strategic Publishing, pp. 128-30

The original research article upon which these policy briefs were based is: Khoo, S. (2015) Solidarity and the Encapsulated and Divided Histories of Health and Human Rights, *Laws*, 4, 272–295. Open Access PDF <http://www.mdpi.com/2075-471X/4/2/272/pdf>

