

## B1. What is the right to health and how is it linked to UHC?

UHC and the right to health have a synergistic relation. The right to health is a human right, enshrined in articles of the WHO Constitution in 1946 and committed to by Member States in Article 25 of the United Nations 1948 Universal Declaration of Human Rights and the 1966 International Covenant on Economic, Social and Cultural Rights. UHC reflects the right to health and is an important vehicle for its progressive realization.

What does the right to health mean in practice? As stated by the United Nations Special Rapporteur on the right to health

The right to health can be understood as the right to effective and integrated health system encompassing health care and the underlying determinants of health, which is responsive to national and local priorities, and accessible to all. Underpinned by the right to health, an effective health system is a core social institution, no less than a court system or a political system (31).<sup>1</sup>

To operationalize the right to health, the United Nations Committee on Economic Social and Cultural Rights adopted General Comment 14, which elaborates on what the right to health means in practice. It states that a State Party has three obligations:

- *respect*: simply not to interfere with the enjoyment of the right to health;
- *protect*: to ensure that third parties (non-State actors) do not infringe upon the enjoyment of the right to health; and
- *fulfil*: to take positive steps to realize the right to health.

In order to implement the above effectively, General Comment 14 specifies four principles or elements that form the core of the right to health (31)<sup>2</sup>:

- *Availability*: Functioning public health and health-care facilities, goods and services, as well as programmes in sufficient quantity
- *Accessibility*: Facilities that are accessible physically (in safe reach for all sections of the population, including children, adolescents, older people, people with disabilities and other vulnerable groups) as well as financially and on a basis of non-discrimination. Accessibility also implies the right to seek, receive and impart health-related information in an accessible format (for all, including people with disabilities) but does not impair the right to confidential treatment of personal health data.

<sup>1</sup> The United Nations Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health (2006), quoted in reference 20.

<sup>2</sup> Note: 3AQ is now expanded to 4AQ or even 5AQ wherein adaptability and accountability have been added.

- *Acceptability*: Facilities, goods and services that respect medical ethics and are gender-sensitive and culturally appropriate; i.e. are both medically and culturally acceptable.
- *Quality*: The facilities, goods and services must be scientifically and medically appropriate and of good quality. These include, in particular, trained health professionals, scientifically approved, unexpired drugs and hospital equipment, adequate sanitation and safe drinking-water.

General Comment 14 also states the core content that States Parties are obligated to ensure immediately. These minimum essential services include essential primary health care; minimum essential, nutritious food; sanitation; safe, potable water; and essential drugs. Another core obligation is adoption and implementation of a national public health strategy and plan of action, which must address the health concerns of the whole population; be devised and periodically reviewed in a participatory, transparent process; include indicators and benchmarks by which progress can be closely monitored; and pay particular attention to all vulnerable or marginalized groups. States Parties must also take steps to conform with the principle of progressive realization, which imposes an obligation to move forward as expeditiously and effectively as possible, individually and with international assistance and cooperation, to the maximum of available resources.

So, how is the right to health linked to UHC? The core principles of the right to health should be the basis of UHC. UHC enshrines the principle of universalism, which places equity as a central political consideration when choices are made on who benefits and who's left behind on the pathway towards UHC (32). UHC also reinforces the place of the comprehensive primary health-care approach as the foundation on which health systems and their financing must be built.