

## Universal health coverage: necessary but not sufficient

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**Abstract:** *In this article, we highlight key considerations for better addressing sexual and reproductive health and rights issues within universal health coverage (UHC), particularly in the context of the post-2015 sustainable development agenda. We look at UHC as a health, development and health care financing issue, and its history. We discuss its limitations as currently understood from a human rights perspective, and show why structural barriers to health and the legal and policy environment, which are essential to health (particularly to sexual and reproductive health and rights), require critical consideration in current discussions about health in the post-2015 development framework and must be taken into account above and beyond UHC in any future health goal. As a result, we suggest that UHC alone will not result in universal access to sexual and reproductive health, and certainly not to sexual and reproductive rights. Instead, it should be considered as a means to achieving broader health and development goals. A goal such as seeking to reach the highest attainable standard of health or maximizing healthy lives that is informed by a rights-based approach should be the aspiration for the post-2015 development agenda.* © 2013 Reproductive Health Matters

**Keywords:** universal health coverage, development policy framework, human rights, health care financing, sustainable development goals, sexual and reproductive health and rights

This article explores the promise and limitations of universal health coverage (UHC) with particular attention to its implications for the full realization of the right to health and sexual and reproductive health and rights. The urgency of securing sexual and reproductive health and rights was recently affirmed in the Report of the UN Secretary-General's High-Level Panel of Eminent Persons on the Post-2015 Development Agenda (HLP report).<sup>1</sup> The empowerment of women and gender equality is one of 12 proposed overarching goals in the HLP, and ensuring universal sexual and reproductive health and rights is one of five targets for the suggested goal to 'ensure healthy lives'.<sup>1</sup> The 2013 Millennium Development Goals report analyses MDG 5 (maternal and reproductive health),

noting persistent gaps, and the fact that this goal is lagging far behind in its targets.

In its 2011 review of the ICPD Programme of Action (ICPD beyond 2014), the UN General Assembly passed a resolution which stressed that Member States should re-commit themselves to its goals and objectives at the highest level. It also extended the Programme of Action and Key Actions for its further implementation beyond 2014, to ensure that the goals and objectives are fully met.

The recognition of the importance of addressing health inequities and advancing sexual and reproductive health and rights is timely. Access to sexual and reproductive health and rights is a major element of the larger goal of securing

health as a human right on a basis of equality and non-discrimination, beyond both ICPD and the MDGs.<sup>2</sup> But other major elements remain to be achieved too, i.e. that health care becomes accessible, acceptable, affordable, and of high quality,<sup>3</sup> and is delivered in a non-discriminatory and equitable manner. This is closely linked to the conversations about UHC and the aspiration that all people can use needed health services – promotive, preventive, curative and rehabilitative – without financial hardship.

The WHO Constitution (1948) declares health to be a fundamental human right, reiterated in the Health for All Agenda (1978).<sup>2</sup> The core elements of UHC<sup>2</sup> are anchored in the right to health and enshrined in a number of international human rights norms and standards (e.g. the Covenant on Economic, Social and Cultural Rights, Convention on the Elimination of all Forms of Discrimination Against Women, Convention on the Rights of the Child and Convention on the Rights of People with Disabilities) and further guaranteed in many national constitutions, all of which make duty-bearers legally obligated to support people in the realization of their right to health (of which sexual and reproductive health are a part).

UHC is fast emerging as a priority in post-2015 development consultations. Previously, it was not only raised in the 20-year review of ICPD but also gained prominence at the UN General Assembly (as evidenced in GA Resolution A/67/L36). The *World Health Report* featured UHC in 2008, 2010, 2012 and 2013 reports.\* Indeed, the 2013 Report focuses on research on universal health coverage and expands the definition of UHC from “coverage” to “care”.<sup>4</sup> However, in general, UHC has tended to focus on health coverage (ensuring protection from financial hardship) rather than universal health care for all.

In June 2012, the UN Conference on Sustainable Development, Rio+20, emphasized UHC’s role in enhancing not just health but also social cohesion, economic growth and development. It called for action on the social and environmental determinants of health and pledged to strengthen health systems towards the provision of equitable universal coverage, through a multi-stakeholder process.<sup>5</sup> Then, in December 2012, the UN General Assembly recommended that UHC be included

in discussions on the post-2015 development agenda,<sup>5</sup> explicitly recognizing that “the importance of universal coverage in national health systems, especially through primary health care and social protection mechanisms, to provide access to health services for all, in particular for the poorest segments of the population”.<sup>6</sup> Indeed, within the UN Development Group’s (UNDG) consultation process on the post-2015 agenda, UHC has featured prominently in the global thematic consultation on health, alongside reducing health inequities, addressing non-communicable diseases (NCDs) and safeguarding hard-won gains on the health MDGs. The UN Secretary-General’s High-Level Panel Report calls for “steady progress in ensuring Universal Health Coverage and access to quality essential health services.”<sup>7</sup> It also calls for attention to synergies across different potential goals or priorities.

The report of the Sustainable Development Solutions Network (SDSN) proposes that “by 2030, every country should be well positioned to ensure universal health coverage for all citizens at every stage of life, with particular emphasis on the provision of comprehensive primary health services delivered through a well-resourced health system.”<sup>3</sup> Current post-2015 policy discussions are primarily taking place within the Sustainable Development Goals Open Working Group.

Given UHC’s prominence, it is fitting to investigate how UHC can and should support other internationally agreed goals: universal access to reproductive health (MDG 5b) as well as the enjoyment of the right to health, free from discrimination,<sup>3</sup> within emerging proposals for the new development agenda.

It is important to note in this regard that what is consistently being articulated as UHC is a commitment to universal health coverage (financial support for health care), rather than universal health care (or health for all), although the latter represents a more far-reaching goal. This paper takes up this distinction as a critical issue for advocates of the right to health.

### *What is UHC?*

According to WHO, UHC means providing all people with access to affordable, quality health care services in order to ensure that they “obtain the health services they need without suffering financial hardship when paying for them”.<sup>2</sup> UHC can contribute to the realization of the right to

\*At: <http://www.who.int/whr/en/>. Previous reports can be found at: <http://www.who.int/whr/previous/en/>.

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