

EDITORIAL

How is the Human Rights Based Approach to Change the Ethics and Praxis of Achieving Universal Health Coverage?

Is UHC a progressive reform or a neoliberal plot?

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Introduction

Much is being said these days about Universal Health Coverage (UHC). The UN Secretary General is persistently asking for programs, such as UHC, to operationalize the human rights framework in all domains of development. Mostly, this has meant expensive international conferences are now devoted to the discussion and elaboration of UHC.

But there is much ambiguity regarding this concept. In its earliest conception, UHC was about creating unified, comprehensive, publicly funded healthcare systems. In the current climate – dominated by neoliberal ideologies – the discussion is focused on offering patients “choices.” Having choices is important, but the choices offered to patients occur in a particular political and economic environment and they are not politically neutral. The powers-that-be have exploited the ambiguities surrounding the term “UHC.” Instead of promoting a unified, comprehensive public system, the focus is on creating a healthcare market driven by (mainly) private insurance companies. Such markets commodify health and are an anathema to those of us who see health as a human right. (Turiano and Smith 2008)

In this editorial, I will discuss the challenges

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that are faced in recuperating the original meaning of UHC as the embodiment of human rights and not simply as another vehicle for feeding the coffers of the global Medical Industrial Complex. Key to my argument is that we need a political understanding of the way forward.

The Rationale for a Human Rights based Approach to Health

The human rights-based approach to health work is nothing new. Indeed veteran health activists have long been calling for a more political approach to providing universal access to health services. (Schuftan. 2005) What are some of the essential components of this approach that can be useful to us now?

First, we must understand that those relegated to live in poverty are the most effective analysts of their own problems and the best placed to advocate for their own solutions. In their absence, it is not possible to formulate effective and sustainable interventions. (Lewis. 1999)

Second, we need to critique the current development paradigm that - as it applies to health - is seen primarily as a technical and not as a *political* matter. (Schuftan. 1988) Whenever we try to avoid politics, we end up with solutions that are timid and narrow. The stark reality is that there is no escape from politics, no way to represent the social world free of ideology.

Third, we must remember that a “political climate” is something humans create and not a

fact of nature. Only when we actively push for our agenda will we promote change. Remaining politically passive, we cannot expect any fundamental change, except that of the painfully slow variety where each step takes two generations or more.

Fourth, we understand efficiency in healthcare not in the way used in a market environment, but rather in terms of the results achieved through investing in a public good through a single payer system.

Fifth, whatever definition is used, the duty to fulfill the right to health does *not* depend on economic justifications or excuses. If in 2016, Coca-Cola alone planned to spend 1 billion dollars promoting its products, we should ask why our health systems are underfunded.

Sixth, the added value of the rights-based approach lies in creating and enforcing the legal accountability of states to respect human rights. This is what legitimizes the use of political means in the process of enforcing, in our case, a human rights-based UHC.

Lastly, the human rights discourse resurrects a return to a greater focus *and action* on the structural causes of preventable ill-health, preventable malnutrition, and preventable premature deaths which still remain tragically under-addressed, particularly due to a lack of focus on their structural determinants. (UNICEF. 1990) These aspects are entirely lost in an insurance-based, private market driven by the profit motive.

Human Rights in the era of globalization

The term globalization is a euphemism for a process of domination. Power differentials are at its crux. This is a reality we cannot wish away. In practical terms this means that comprehensive UHC will fall through the cracks unless we consciously and politically fight globalization. Let us see what this will have to look like in practice.

The Human Rights discourse applied to UHC

When governments agreed to become signatories of the Economic, Social, and Cultural Rights Covenant they, knowingly or not, agreed to a new human rights paradigm. It is now up to us to get them to apply this new paradigm to UHC. States have the duty to improve the fair distribution of and access to health care benefits. And we have to hold them accountable for it.

Many current health policies are not human rights-friendly. They certainly do not demonstrably give protection to the most vulnerable and impoverished in society. Our action as watchdogs of the enforcement of an equitable UHC is now, more than ever, called for. (Lewis. 1999)

Getting from here to there

The fundamental changes needed to realize UHC are not possible without entering into conflict with the powers-that-be. How, then, can we turn our vision into a political reality?

There is no progressive politics without the masses

The struggle for a progressive vision of UHC will not be won in the conference centers of the world. It requires the active involvement of those effected by human rights violations: the claim holders. Unless they are mobilized nothing will advance.

Human rights work applied to UHC should break the silence of powerlessness, a silence that keeps the needs and desires of poor and marginalized people from being part of national political agendas. Yet, for the disempowered to get voice is not enough; human rights work is about getting them *influence* --and about the processes that lead from having voice to having influence.

This mobilization needs to materialize into a practical, hands-on resistance to social injustice. We need to start from the *people's felt needs*, translate those into *concrete and effective demands* that bring about *people's organizations to start exercising* growing, de-facto *power*, and then *consolidating* (their newly acquired) *power* with that of other like-minded similar organizations. This struggle will primarily revolve around the people's economic, social, and cultural rights since all rights are indivisible. (Schuftan. 1990 and 2003)

Keeping a broad perspective

To apply the human rights-based approach in everyday work to achieve the realization of UHC undoubtedly calls for a paradigm break or shift. But so far, this break has only been primarily conceptual, not yet operational.

What is thus needed is to counter a host of complex social and political issues that are preventing people from improving their health -- and these are mostly related to who controls decisions in a given society. (Commission on the Social Determinants of Health. 2008)

Commitment to change coming from technical and/or ethical imperatives alone does not fuel great social movements anymore. It is not enough to encourage the articulation of a shared moral vision, because it leaves us unable to consolidate this vision into moral outrage and that outrage into political power to change an unfair state of affairs impinging on the very rights of people, UHC included.

Without following both the ethical and political imperatives in our application of human rights principles to UHC, it will remain a toothless and idle slogan and overwhelmingly serve the interests of the 'haves', especially insurance companies.

Avoiding the minimalist trap

Taking a minimalist stand towards the right to UHC may do no harm; small reforms can help, but they are often co-opted. Indeed, the neoliberal development paradigm has consistently favored solutions that do not challenge the overall system. For instance, 'safety nets' are nothing but part of a strategy to manage poverty so as to keep social unrest to a minimum.

Moreover, reformist solutions typically call for monitoring and evaluation using *measurable statistics* (as for instance those being proposed for the SDGs). These metrics are intrinsically limited (they involve what is easily measured) and do not capture the dimensions that are important in human rights, namely *participation, equality, and fulfillment and protection of human rights*.

Working at the National Level

First and foremost we must translate this approach to the national level. Snail-pace progress in implementing UHC by governments violates their ratification of international human rights covenants. Our work will thus require committed leadership to expand popular demands for UHC focused on ensuring claim holders' democratic participation to secure improvements in the incomes of those rendered poor and, yes, universal access to affordable quality health care (especially for women and children).

As a start, at the country level, we need to check on the follow-up each country has made on major recommendations from international health and human rights conventions and regional conferences that their governments endorsed when they attended and ratified.

Steps also have to be taken to clarify the universal minimum core content of human rights applied to the realization of UHC in each country. Furthermore, existing health policies that are not in conformity with expected human

rights principles and standards have to be openly contested.

The importance of self-criticism

There is not yet among our peers a felt responsibility for the creation of national and international conditions favorable to the realization of UHC using the human rights framework.

Most of us could be accused for our complacency towards the status-quo and towards the myriad violations of the right to health. We must critique the overall lack of progress in implementing true UHC policies. The fact that we are “just doing something” (that does not work) does not get us off the hook. We cannot escape taking part of the blame.

Where do we start?

Our work may begin with a dream, but for something to change we need both feet firmly planted on the ground.

Political Leadership

We need moral advocates to *influence perceptions*. We need mobilization agents and social activists to *influence action*. But we also need political advocates to *raise political consciousness and provide leadership*. The latter cannot be left for later. Therefore, agreeing on the politics of the right to UHC is the real challenge.

On most of the issues here depicted, we do not exert effective political leadership yet. Nonetheless, we can show (and have shown) intellectual leadership. All of us are called upon to help legitimize and enforce all UN-sanctioned people's rights. Only thus will we see comprehensive UHC being achieved in our life times.

Building National Human Rights Committees

We also urgently need to contribute to the setting up and strengthening of National Human Rights Committees or Commissions.

Work at the grassroots level

To the above, we will have to add the needed work at grassroots and mass organizations level to make clarity to all about what these rights are and mean in practice for the achievement of UHC. This will have to be followed by the launching of the social mobilization and empowerment processes needed to pursue the path alluded to earlier. (Cornwall and Brock. 2005)

Additional tasks:

To succeed, we must strengthen the capacity of health workers to apply the human rights principles to UHC; a challenge closer to home for us as health professionals. (Lewis, 1999). We must overcome the culture of apathy of our staff around right to health issues; this means they will have to work more directly with communities.

We must eliminate the mindset that there is a division between politics and our respective professional endeavors.

We must not wait for opportunities, but create them. [Rights have to be taken; they are not given!]; we must “walk the talk and not talk the talk.”

We must monitor the intentions and deeds of governments, of the health and pharmaceutical industry, and of donors to implement UHC in the realm of economic, social, and cultural rights.

Last, but not least, we must move from seeing UHC as a basic human need -- which only brings promises -- to seeing UHC as a human rights issue -- *which calls on states to fulfill their correlative duties*. In the latter, the recipient populations are actually bona-fide claim holders.

The added value of the rights-based approach really lies in creating and enforcing the legal accountability needed and in legitimizing the use of political means in the process of enforcing, in our case, UHC. The establishment of national and international complaints procedures is, therefore, also needed. It is public interest civil society organizations that need to take up this watchdog function on their own shoulders.

Conclusions

The struggle for a progressive vision of UHC is part of the long, painful process of creating societies that obey the rule of law and not simply the wishes and whims of the powerful. It remains an enormous task for us all to right past wrongs so as to make the next decade a time for UHC and for human rights.

Everywhere we see systems in crisis. Our rulers have little to offer us other than using the same tired medicine applied in more places, to more people, with greater intensity and with more exploitation. Surely, this is a time and an environment in which people are looking for new solutions –not only in health. We need to act proactively and not only react.

We are in for exciting new times. We need all the courage we can muster. Wouldn't you rather become a protagonist than a bystander?

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