

RIGHT TO HEALTH & HEALTH EQUITY: ESSENTIAL FOR UNIVERSAL HEALTH COVERAGE

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State obligations:

International human rights law lays down obligations which countries are bound to respect. By becoming parties to international treaties, states assume obligations and duties under international law:

The obligation to **respect**

states must refrain from interfering with or curtailing the enjoyment of human rights

The obligation to **protect**

states must protect individuals and groups against human rights abuses

The obligation to **fulfill**

states must take positive action to facilitate the enjoyment of basic human rights

WHO and the Right to Health:

WHO

PREAMBLE TO THE CONSTITUTION

The STATES parties to this Constitution declare, in conformity with the Charter of the United Nations, that the following principles are basic to the happiness, harmonious relations and security of all peoples:

Health is a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity.

The enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, political belief, economic or social condition.

The health of all peoples is fundamental to the attainment of peace and security and is dependent upon the fullest cooperation of individuals and States.

The achievement of any State in the promotion and protection of health is of value to all.

Unequal development in different countries in the promotion of health and control of disease, especially communicable disease, is a common danger.

Healthy development of the child is of basic importance; the ability to live harmoniously in a changing total environment is essential to such development.

The extension to all peoples of the benefits of medical, psychological, and related knowledge is essential to the fullest attainment of health.

Informed opinion and active cooperation on the part of the public are of the utmost importance in the improvement of the health of the people.

Governments have a responsibility for the health of their peoples which can be fulfilled only by the provisions of adequate health and social measures.

ACCEPTING THESE PRINCIPLES, and for the purpose of cooperation among themselves and with others to promote and protect the health of all peoples, the contracting parties agree to the present Constitution and hereby establish the World Health Organization as a specialized agency within the terms of Article 57 of the Charter of the United Nations.

“The enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, political belief, economic or social condition.”

WHO Constitution

WHO and the Right to Health

[The right to health] *“is not confined to the right to health care... It embraces a wide range of socio-economic factors that promote conditions in which people can lead a healthy life, and extends to the underlying determinants of health, such as food and nutrition, housing, access to safe and potable water and adequate sanitation, safe and healthy working conditions, and a healthy environment”*.

General Comment No. 14 (“the Right to Health”) to the Article 12
of the International Covenant of Economic, Social, and Cultural Rights

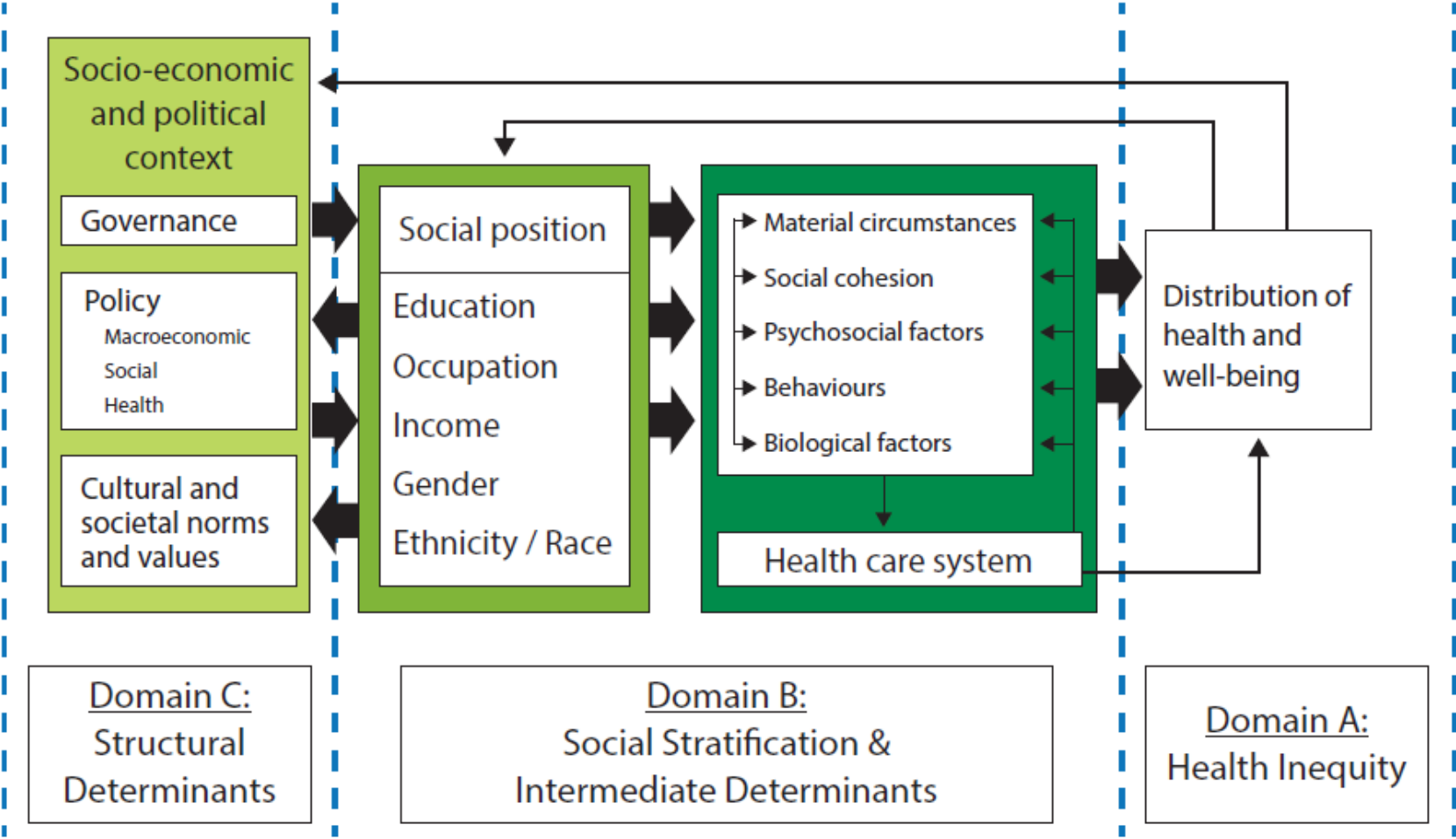
Human Rights Based Approach

A human rights-based approach (HRBA) to health is guided by human rights standards and norms, ensuring that health interventions support the capacity of “duty-bearers” (primarily governments) to meet their obligations and empowering “rights-holders” (such as beneficiaries and affected individuals and communities) to claim their rights.

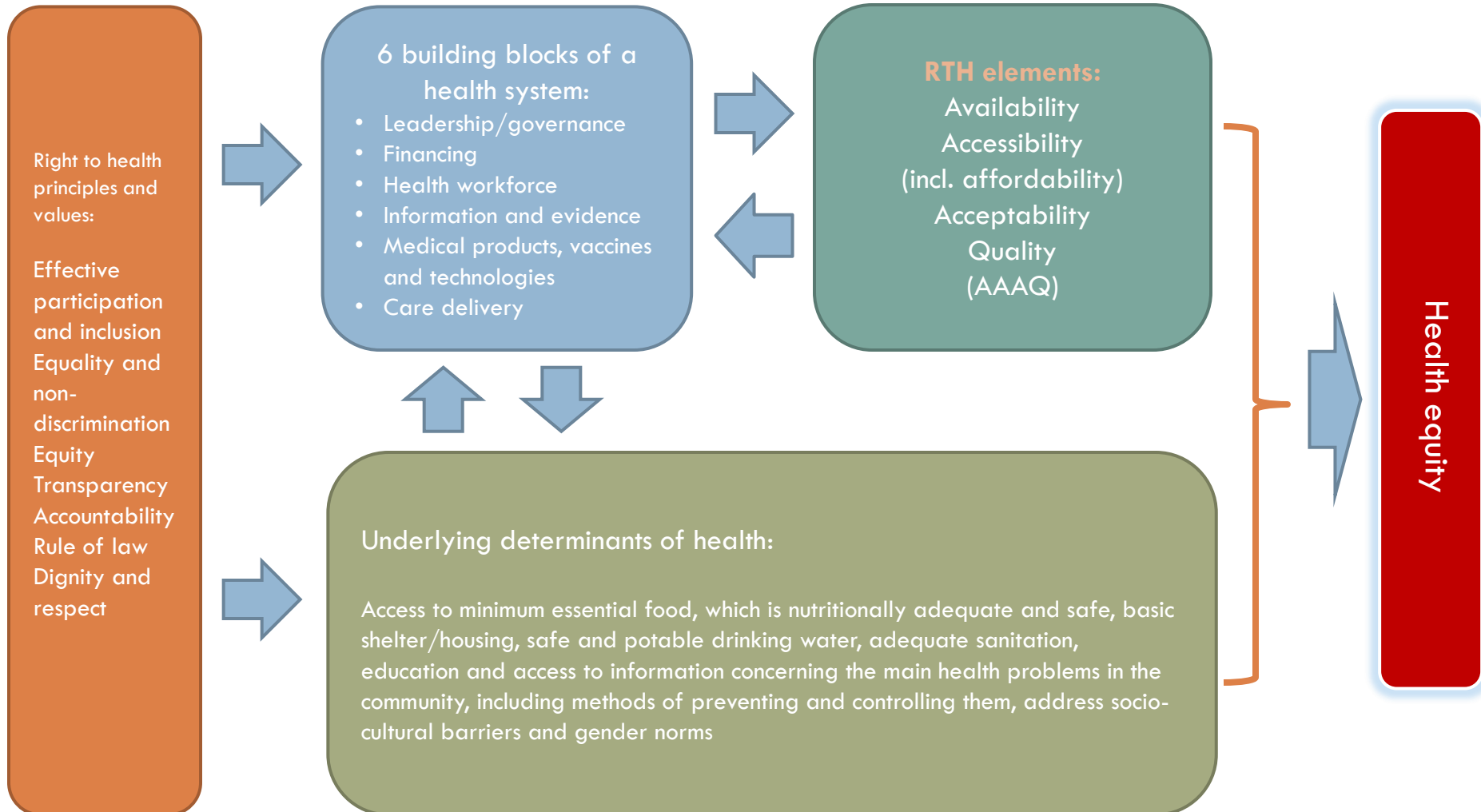
A HRBA requires that all health interventions and processes are guided by the following core human rights standards and principles:

- Principle of equality and non-discrimination
- Principle of effective participation and inclusion
- Principle of accountability
- Principle of transparency
- General comment 14 (E/C.12/2000/4) of the Convention on Economic Social and Cultural Rights (ICESCR) obligates Member States to progressively ensure that health services, goods and facilities are **Available, Accessible, Acceptable, and of good Quality (AAAQ)** and provided with **dignity** and **respect**.

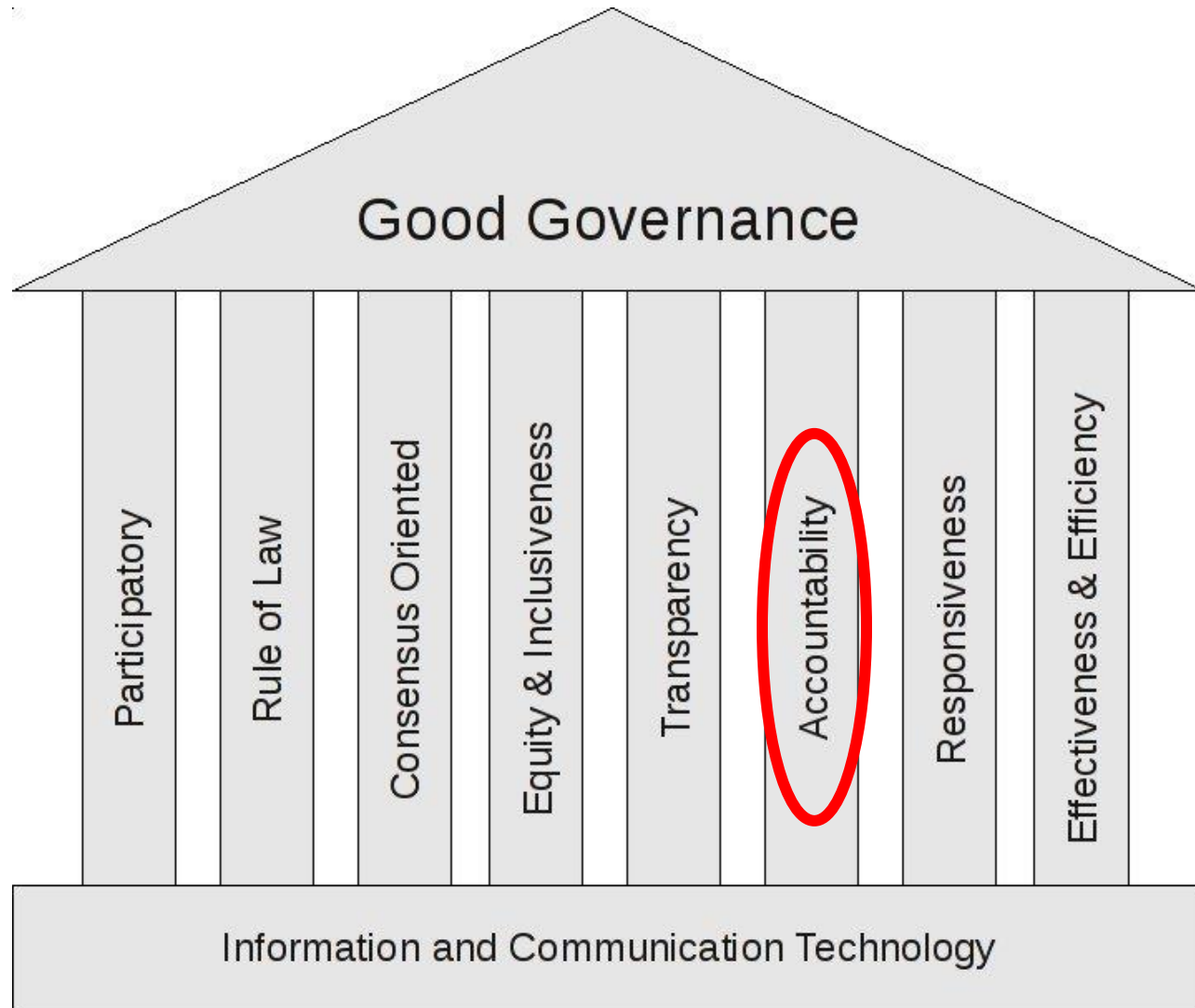
Social determinants of health and health inequities



Comprehensive right to health and equity-focused public health approach:



Accountability as an element of Right to Health & a pillar of *good governance*



Universal health coverage (UHC):

The goal of UHC is to ensure that all people obtain the health services they need without suffering financial hardship when paying for them.

Universal health coverage has a direct link to the right to health. Access to health services enables people to be more productive. It also ensures that children can go to school and learn. At the same time, financial risk protection prevents people from being pushed into poverty when they have to pay for health services out of their own pockets.

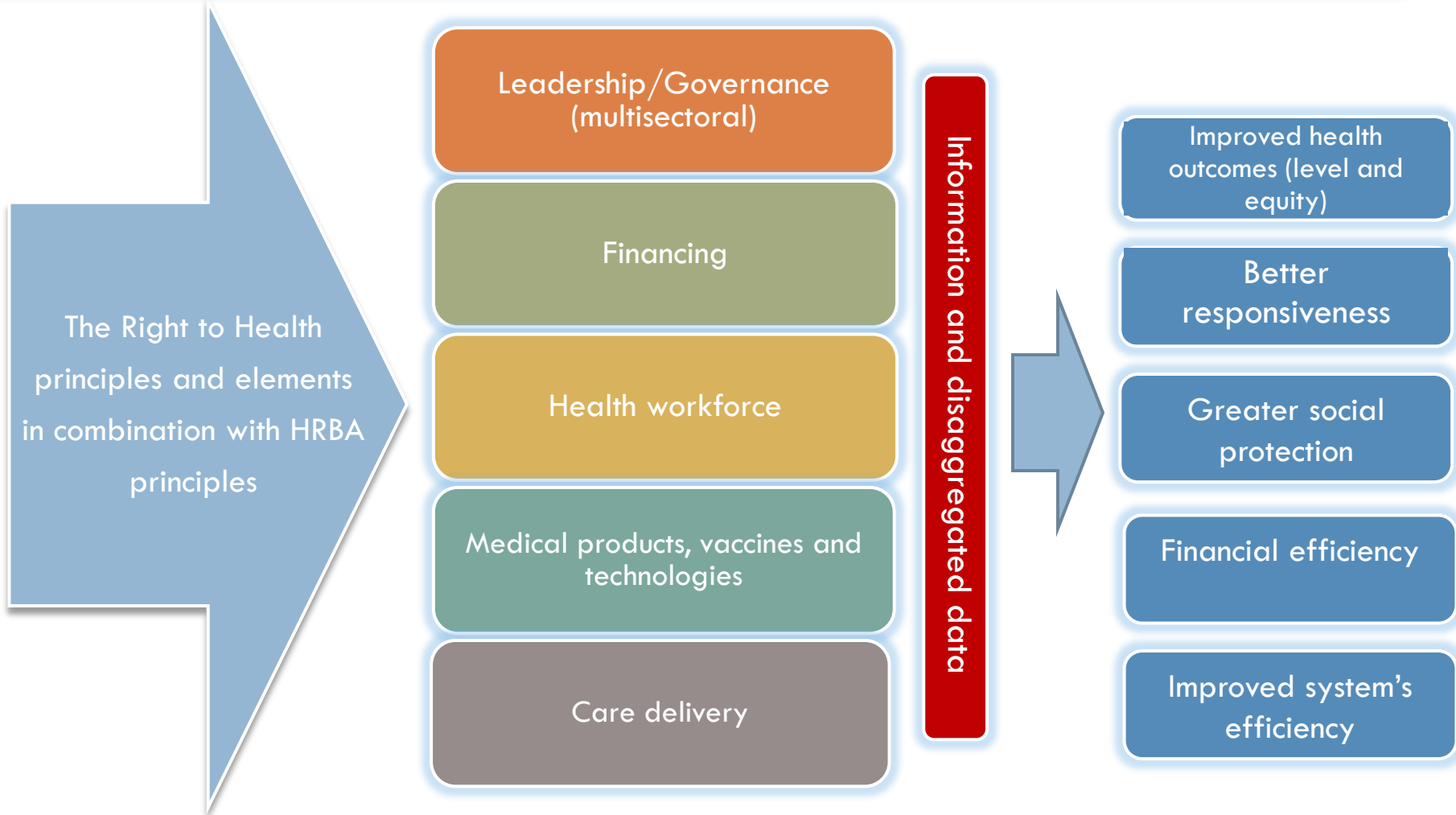
Universal health coverage is thus a critical component of sustainable development and poverty reduction, and a key element of any effort to reduce social inequities.

EMR/RC60/R.2 (2013)

Universal health coverage

“Ensure sustained political commitment to universal health coverage in order to ensure that all people have access to essential health services that are of sufficient quality, without the risk of financial hardship, and to achieve the health system goals”

Added value of the right to health to health systems strengthening for progressive realization of Universal Health Coverage



Right to Health in Health Governance

HRBA Principles

International commitments and agreements (treaties, charters, declarations, meeting documents, etc.)

National constitutions

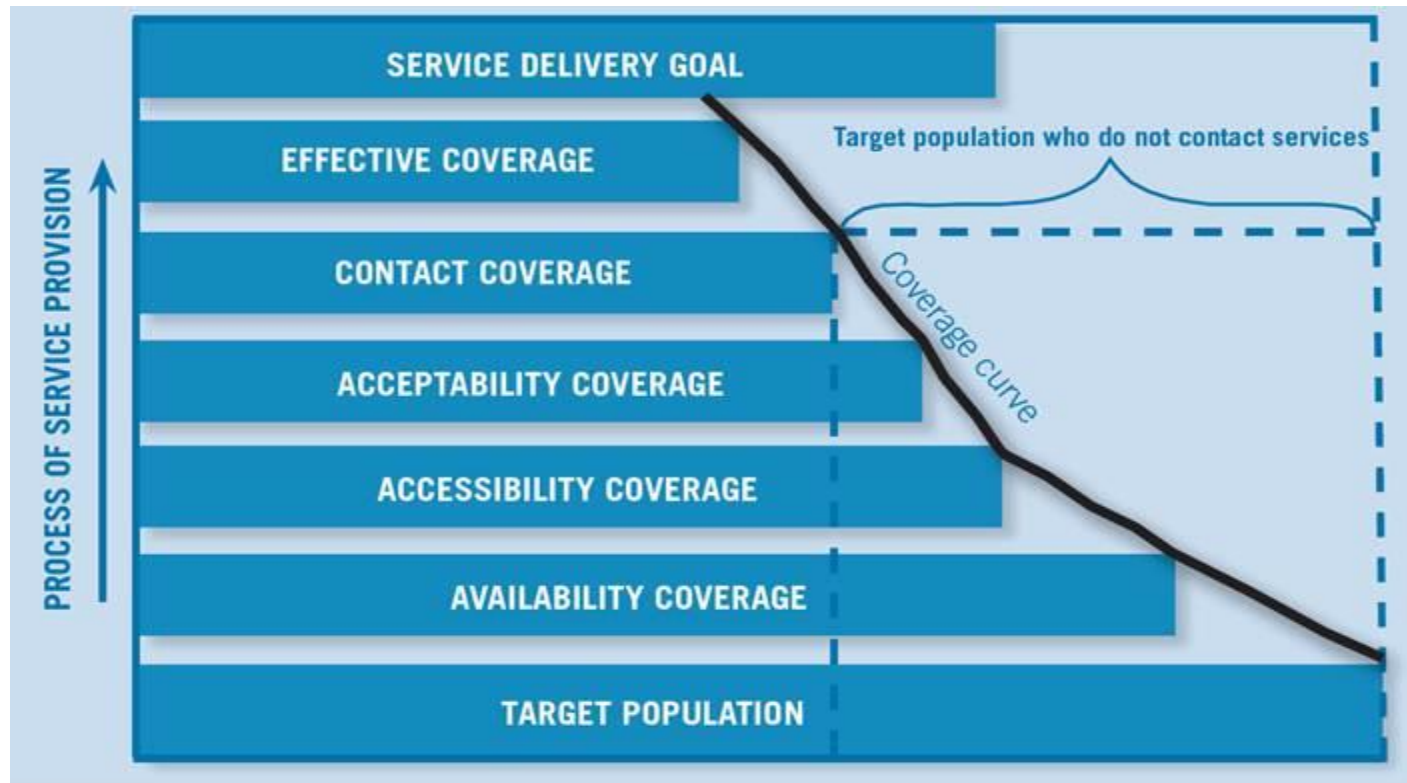
Public health laws and policies

Rules and regulations

Implementation and health outcomes

Public health response monitoring & evaluation

Who should we focus on?



Those with no adequate access to acceptable, affordable, quality health services and prevention programs are in focus!

Ref: *Tanahashi framework for effective coverage (WHO, 2010; Tanahashi, 1978)*

Barriers to equity

- **Geographical barriers:** target/prioritize underserved areas
- **Financial barriers:** reduce out-of-pocket expenditure, consider targeted subsidies to underserved groups
- **Information barriers:** ensure language, gender, ethnicity sensitivity
- **Socio-cultural barriers:** Discrimination, stigma, fear of social isolation: improve quality, reduce provider bias, address confidentiality

The Right to Health challenges in the Eastern Mediterranean region

- Inconsistency between international commitments and obligations vs. constitutions vs. public health laws and policies vs. their implementation
- Right to health based approach is challenged by the weak multisectoral response which results in in-country inequities (access to quality affordable health care and essential medicines, reproductive services, disproportionate vulnerabilities in regard to maternal and child mortality and NCD morbidity and mortality, etc.)
- Presence of vulnerable groups and magnitude of refugees and migrant workers exerts an additional challenge and burden on already fragmented health sector response: socially unprotected mothers and children, street children, elderly, migrant workers and refugees,
- Extensive disparities: geographically determined, socio-economic, age-based, sex-based, gender-based;
- Widespread poverty and economic vulnerabilities resulting in unhealthy practices;
- Poor nutrition / unhealthy diet (high sugar, fats and salt content);
- Low access to health-related information resulting in low awareness and harmful behavior;
- Low access to quality education;
- Low access to medicines and quality treatment;
- High smoking prevalence (largely due to lack of enabling environment) despite ongoing interventions;
- Low physical activity (partially due to lack of enabling infrastructure and socio-cultural and economic determinants)

Regional structural challenges (1):

Security/conflict

- Change in demographic composition, population profiles, and population's needs/vulnerabilities
- Disrupted health systems/health information system

Insufficient national capacities

(human and financial resources to conduct equity data analysis, interpret, report and translate to action)

Regional structural challenges (2)

Lack of availability of disaggregated data to track gaps in coverage and financial protection (i.e., a lack of evidence to show the need for systems changes to promote equity);

Lack of attention to reduction of health inequities in key health policies and plans,

Lack of independent regulatory and coordinating mechanisms

Inconsistency/non-alignment between different data collection and reporting systems (inter- and intra-sectoral)

MESSAGES

- Adopting a human rights based approach is not a luxury rather than a MUST
- HRBA should be integrated at all stages of public health and programme management
- Policies have to be coherent and informed with people-centered evidence applying an equity lens
- Numbers could be misleading always look for the root causes

THANK YOU FOR YOUR ATTENTION!