



# UHC & The Right to Health; buoyed or drowning in sustainable development?

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Fig.1 4 Go4Health's 4 work packages and their Institutional co-ordinator

- FP7 research (2012-2015)
- Interdisciplinary, 6 regions, 12 institutions
- Social contract theory
- UHC as post-2015 goal, shared (CBDR) responsibility
- Analyzing post-2015 process
- Consultations with leaders and communities
- Identifying priorities for implementation health SDG
- Policy dialogue on recommendations, political drivers & feasibility

# EU role in Global Health & position on SDGs

## Council Conclusions (2010): The EU role in Global Health

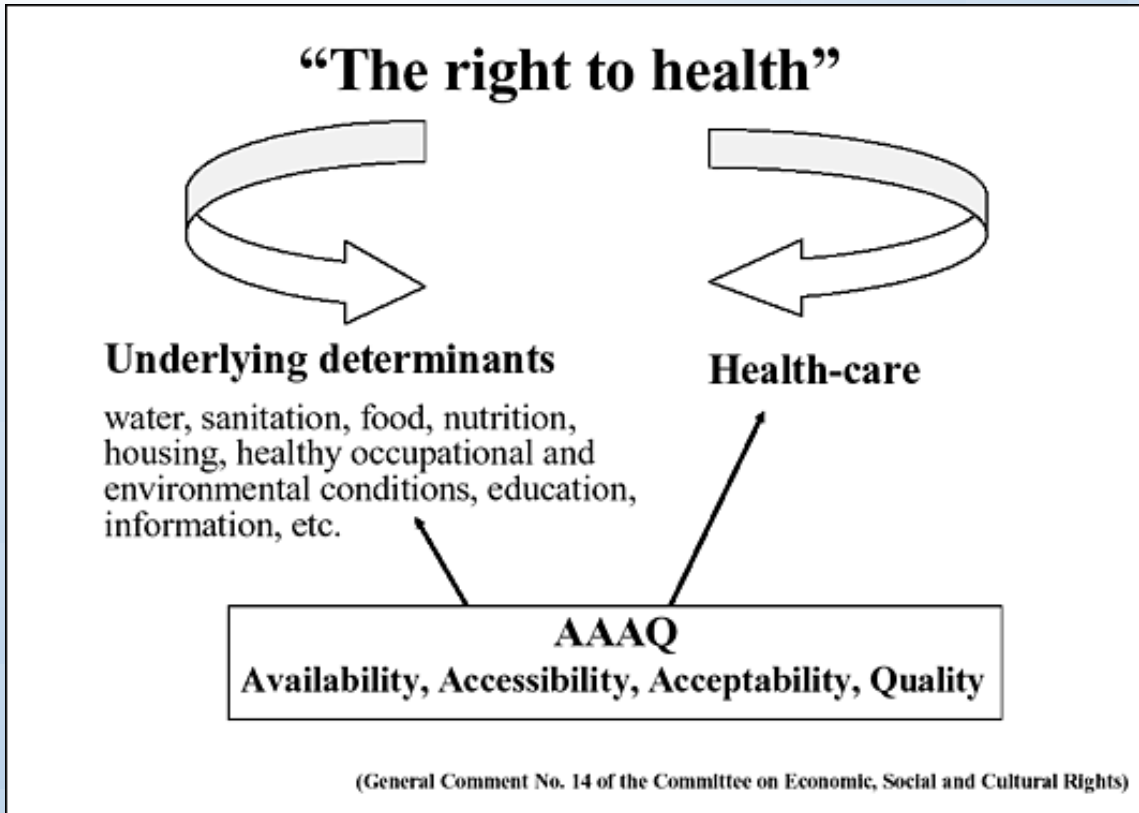
- Protect and promote the Right to Health
- Common agreed EU values; solidarity, equity, UHC
- Support HRH, access to medicines, infrastructure and logistics, financing and management & SDH/HiaP
- EU support increased leadership WHO
- EU strong & coherent voice global health governance

## CCs (14/15): Post-2015 agenda & A new global partnership

- Emphasizes critical importance of UHC
- Mainstreaming sustainable development in domestic public finance
- EU reaffirms commitment to achieve 0.7% ODA/GNI. Catalyse investments LDCs & fragile states (0.2% ODA)
- leveraging additional finance; international levies and taxes
- Policy coherence for development



# The Human Right to Health



### Universal health coverage anchored in the right to health

Gorik Ooms,<sup>a</sup> Claire Brolan,<sup>b</sup> Natalie Eggermont,<sup>a</sup> Asbjørn Eide,<sup>c</sup> Walter Flores,<sup>d</sup> Lisa Forman,<sup>e</sup> Eric A Friedman,<sup>f</sup> Thomas Gebauer,<sup>g</sup> Lawrence O Gostin,<sup>f</sup> Peter S Hill,<sup>b</sup> Sameera Hussain,<sup>h</sup> Martin McKee,<sup>i</sup> Moses Mulumba,<sup>j</sup> Faraz Siddiqui,<sup>f</sup> Devi Sridhar,<sup>k</sup> Luc Van Leemput,<sup>a</sup> Attiya Waris<sup>l</sup> & Albrecht Jahn<sup>m</sup>

“These ‘MDGs-plus’ would **provide the basic rights that every citizen on the planet should expect** ... with, where necessary, for the poorest countries, the **support of the international community** through continued overseas development assistance.”

(Piebalgs A. *Achieving the MDGs and looking to the future*.  
Luxembourg: European Commission; 2012)



Table 1. Ten Indicators for UHC Based on the Right to Health.

	Indicator	Underlying legal principle	Data source
1	The existence of a legal mandate for UHC in the country	Minimum core obligation/progressive realization	Global health law repository
2	The extent of coverage in terms of depth (which services are covered)	Minimum core obligation/progressive realization	Household Survey Data
3	The extent of coverage in terms of breadth (who is insured) with attention to equity	Minimum core obligation/progressive realization	Household Survey Data
4	The extent of coverage in terms of height (what proportion of costs are covered) with focus on reduction in share of out-of-pocket payments for health care	Minimum core obligation/progressive realization	World Bank's Living Standards Measurement Surveys/Household Survey Data
5	The commitment of adequate resources to deliver UHC with focus on percentage of gross national product for healthcare	Minimum core obligation/progressive realization	World Bank Statistics
6	Cost-effectiveness with attention to equity	Cost-effectiveness/nondiscrimination	Data on use of branded/generic drugs or high-tech/basic equipment
7	International assistance as a percentage of GDP	Shared responsibility	OECD-DAC Database
8	Existence of an international development policy explicitly including specific provisions to promote and protect the right to health	Shared responsibility	
9	SARA assessment on participatory decision making	Participatory decision making/nondiscrimination	Extended SARA
10	SARA assessment on prioritization of marginalized groups	Attention to vulnerable and marginalized groups/nondiscrimination	Extended SARA

Abbreviations: GDP, gross domestic product; SARA, Service Availability and Readiness Assessments; UHC, Universal Health Coverage; OECD-DAC, Organisation for Economic Co-operation and Development's (OECD) Development Assistance Committee.

Sridhar, Devi, et al. "Universal Health Coverage and the Right to Health From Legal Principle to Post-2015 Indicators." *International Journal of Health Services* 45.3 (2015): 495-506.




# What does this imply for UHC policies?

Chatham House Report

## Shared Responsibilities for Health

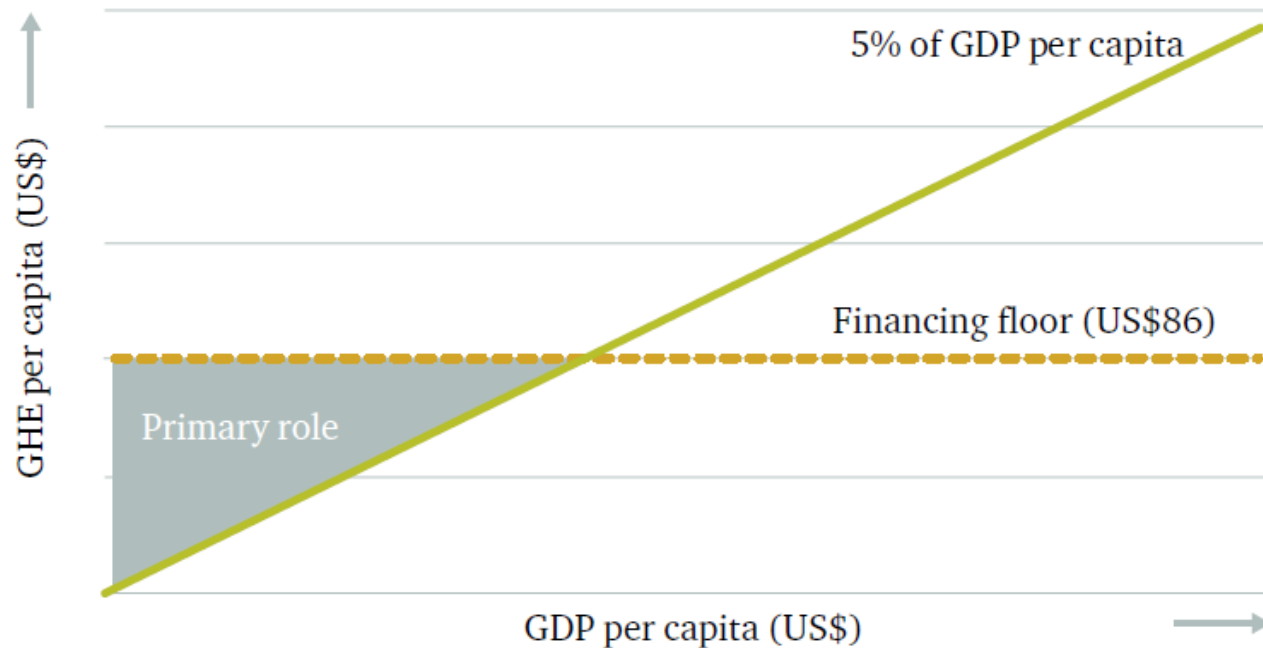
A Coherent Global Framework for Health Financing

Final Report of the Centre on Global Health Security Working Group on Health Financing

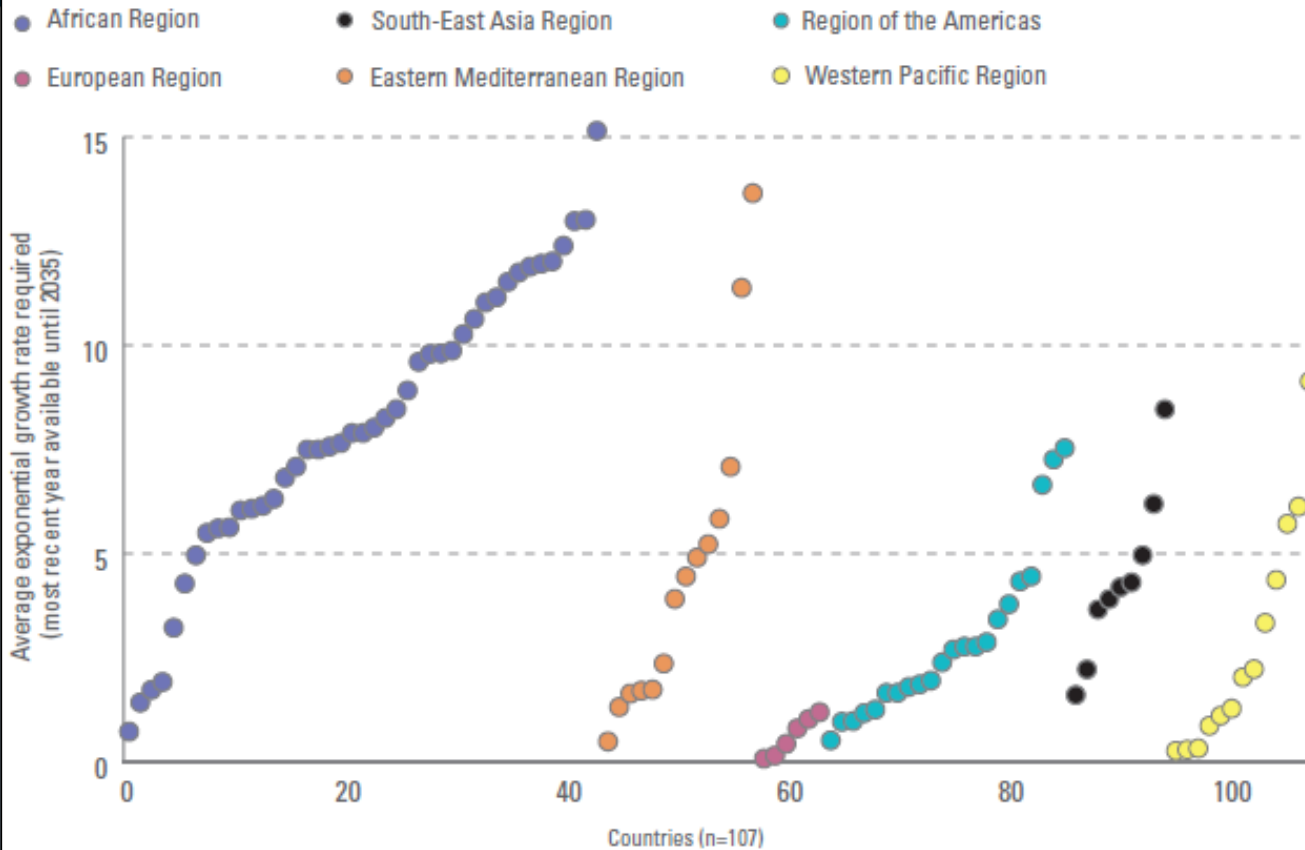


**CHATHAM HOUSE**  
The Royal Institute of International Affairs

Figure 3: Primary role of external financing for health



Average exponential growth rate of the skilled health workforce required to reach a 34.5 per 10 000 population threshold in 2035



“There is a current deficit of about 7.2 million skilled health professionals. A projection model driven by population growth would lead to a global deficit of about 12.9 million by 2035.”

A Universal Truth: No Health Without a Workforce (WHO/GHWA 2013)





RESEARCH ARTICLE

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# “Everywhere but not specifically somewhere”: a qualitative study on why the right to health is not explicit in the post-2015 negotiations

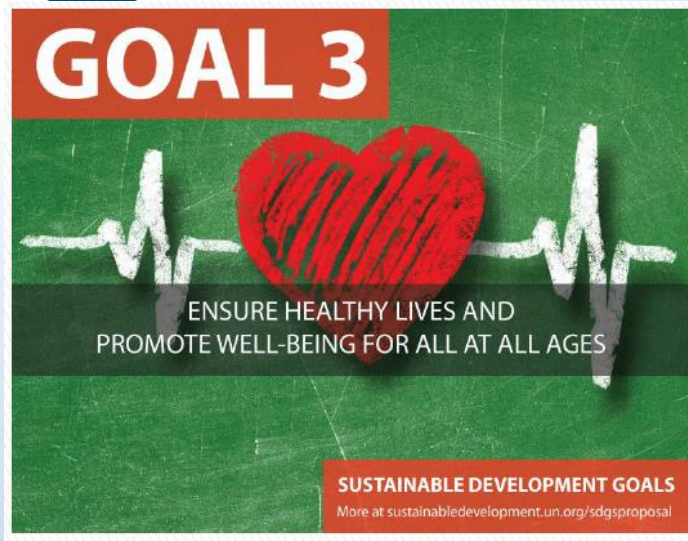
Claire E. Brolan<sup>1\*</sup>, Peter S. Hill<sup>1</sup> and Gorik Ooms<sup>2,3</sup>

## 6 reasons (mentioned by interview responders)

- RtH has been somewhat on the sides
- It is part of a broader sidelining of Human Rights
- Specific anxiety about SRHR, implications for negotiations
- Overarching post-2015 RtH goal too big to be defined
- RtH goal is too difficult to be implemented
- RtH already implicit in the existing health goal



# A policy window advancing UHC...?



- SDGs global diplomatic consensus
- UHC explicitly incorporated in targets
- EU member states have supported UHC in post-2015 agenda and governance
- Pithy recommendations
- Post-2015 ‘Universal’ agenda
- Constructive incrementalism = “progressive realization”
- Advancing health security must be grounded in strong, universal, equitable health systems (‘human security’)
- Sustainable development, health security, climate change agendas might move health systems strengthening to center of G7/G20 and EU foreign policy (EEAS, EU delegation) ?



# Annex 1 Coverage indicators

Table A1.1. Definitions of indicators of health intervention coverage for monitoring universal health coverage

Indicator	Primary data source	Numerator	Denominator	Equity measurements available for this report
Promotion/prevention				

# Annex 2 Financial protection indicators

Table A2.1. Definition of indicators of (lack of) financial protection

Concept	Lack of financial protection (LFP) indicators	Financial protection (FP) indicators <sup>1</sup>
	LFP headcount ratios = Numerator/total population	FP headcount ratios are rescaled versions of the lack of financial protection ones, i.e. FP ratios = 1 – LFP ratios
Catastrophic health expenditures		



# TRACKING UNIVERSAL HEALTH COVERAGE

FIRST GLOBAL MONITORING REPORT



## Governance

# Senior UN official castigates World Bank over its approach to human rights

UN special rapporteur accuses bank of leading 'race to the bottom' on human rights, and says organisation is better at talking about issues than tackling them

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‘They won’t touch human rights’ ... Philip Alston, the UN special rapporteur on extreme poverty and human rights, has taken aim at the World Bank. Photograph: Pablo Cozzaglio/AFP/Getty Images

# Financial measures: Addis Ababa Conference on Financing for Development July 2015

## Domestic resource mobilization

**Government:** countries agreed to measures aimed at widening the revenue base, improving tax collection, and combatting tax evasion, and illicit financial flows.

**Private Sector:** Importance of matching private investment with Sustainable development incentives and disincentives through public policies and regulatory frameworks

**Development Assistance:** countries reaffirmed commitments for official development assistance (e.g. existing promises of 0.7% GNI, 15-20% to least developed countries and fragile states). ODA leverages further investment and innovative, blended, finance mechanisms

➤ **CBDR principle excluded from SDG partnership!**

(Adapted from Evans, 2015)



# ...contradiction of Growth

“The goals are not only a **missed opportunity**, they are actively **dangerous**: they **lock in the global development agenda** for the next 15 years around a **failing economic model** that requires urgent and deep structural changes.”

“Eradicating poverty of this magnitude would require **changing the rules of the global economy** to make it fairer for the world’s majority. The SDGs fail us on this. They offer to **tinker with the global economic system** in a well-meaning bid to make it all seem a bit less violent.”

Jason Hickel: Five reasons to think twice about the UN’s Sustainable Development Goals, Sept. 2015

<http://blogs.lse.ac.uk/africaatlse/2015/09/23/five-reasons-to-think-twice-about-the-uns-sustainable-development-goals/>



# EU Leadership opportunity

## EU as a global health actor



- ▶ EU Council decision on global health 2010
- ▶ *Governance for global health*
- ▶ “The EU aims to ensure its internal and external policies are consistent with each other. “

The best kept secret?

- ▶ Global health governance
  - ▶ *multilateralism*
- ▶ Global governance for health
  - ▶ *Trade*
  - ▶ *Development*
  - ▶ *Security*
  - ▶ *Migration*
  - ▶ *Climate change*

Cosmopolitan moment  
2015?

# Governance of the global risk society

- ▶ **A SHARED GLOBAL SPACE OF THREAT** and a shared global space of **RESPONSIBILITY**

Global public goods

- ▶ .. global risks open up a **complex moral and political space of responsibility** in which the others are present and absent, near and far, and in which actions are neither good nor evil, only more or less risky. The meanings of proximity, reciprocity, dignity, justice and trust **are transformed** within this horizon of expectation of global risks. (Ulrich Beck 2009)

Transformation

Kickbusch © Graduate Institute  
Geneva 2015



# Governance of the global risk society

- ▶ **A SHARED GLOBAL SPACE OF THREAT** and a shared global space of responsibility:
- ▶ needs the highest political commitment, reliable mechanisms and significant financing

EU leadership

- ▶ **Political determinants of health:**
- ▶ **The political cannot be denied – it must be managed**

PDOH

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Geneva 2015



# Contact details and further info

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