Anjali Singh[1]
Maulik Chokshi[1]

REALIZING RIGHT TO HEALTH THROUGH UNIVERSAL HEALTH COVERAGE

[1] Indian Institute of Public Health. Delhi, India.

Correspondence: Maulik Chokshi. E-mail: maulikrdchokshi@yahoo.com.

ABSTRACT

Recognition of right to health is an essential step to work towards improvement of public health and to attain highest standard of physical and mental health of the people. Right to health in India is implicit part of right to life under Article 19 mentioned in the Constitution of India but is not recognized per se. Universal Health Coverage adopts rights based approach and principles of universality, equity, empowerment and comprehensiveness of care. The Universal Coverage Report of India makes recommendations in six identified areas to revamp the health systems in order to ensure right to health of Indians. These areas are: health financing and financial protection; health service norms; human resources for health; community participation and citizen engagement; access to medicines, vaccines and technology; management and institutional reforms. This paper attempts to determine the ways in which Universal Health Coverage can make a contribution in realizing right to health and thus human rights in developing countries.

Keywords
Human Rights; Right to Health; Universal Health Coverage.

RESUMO

O reconhecimento do direito à saúde é um passo essencial para a promoção de avanços em termos de saúde pública e para que se alcancem elevados padrões de saúde física e mental na população. O direito à saúde na Índia é parte integrante do direito à vida, previsto no Artigo 19 da Constituição do país, mas não é reconhecido *per se*. A Cobertura Universal de Saúde tem como base os princípios de universalidade, equidade, empoderamento e integralidade dos cuidados em saúde. Com o objetivo de aprimorar o sistema de saúde e, assim, garantir o direito dos indianos à saúde, o Relatório sobre Cobertura Universal de Saúde na Índia faz recomendações em seis áreas: financiamento da saúde e proteção financeira; normas para os serviços de saúde; recursos humanos para a saúde; participação da comunidade e engajamento dos cidadãos; acesso a medicamentos, vacinas e tecnologia; e reforma administrativa e institucional. Este artigo tem o objetivo de delinear os caminhos pelos quais a Cobertura Universal de Saúde pode contribuir na realização do direito à saúde, e consequentemente dos direitos humanos, nos países em desenvolvimento.

Palavras-chave
Cobertura Universal de Saúde; Direito à Saúde; Direitos Humanos.

Introduction

Every human being born on earth has a right to being healthy and right to receive health services whenever needed irrespective of one's biological or social features or background in terms of geography, religion, class, creed or caste. Right to health and human rights are intertwined and is an obligation of the governments to provide to all its citizens. The goal of "Health for All by the Year 2000" was established by the global community, but not achieved. Similarly, it is believed that Millennium Development Goals (MDGs) for 2015 are least expected to be met in many developing countries for the reasons such as lack of political will, "structural adjustment policies, poor governance, population growth, inadequate health systems" and insufficient research on primary health care in low-income countries[1].

Right to health emphasizes that every individual has a right to receive healthcare services when and where needed in an appropriate manner. It also highlights that not just health care, but even the underlying determinants affecting health need to be addressed[2]. To realize the right to health of the people, it is necessary that every individual has access to the relevant and needed health information, services and products. The concept of universal health coverage (UHC) is being recognized as a powerful one and has adopted rights based approach. UHC report submitted to Planning Commission of India is a comprehensive one and makes recommendations not only on health services, drugs, human resources in health, regulatory mechanisms, management and institutional reforms, but also about ways of addressing social determinants of health and encourages community participation.

In this paper, an attempt is being made to determine the ways in which universal health coverage can make a contribution in realizing right to health and thus human rights in developing countries.

I.   Right to health

Recognition of right to health is an essential step to work towards improvement of public health and to attain highest standard of physical and mental health of the people. Various international treaties and instruments identify health as a fundamental right of individuals. For example, Article 12 of International Covenant on Economic, Social and Cultural Rights, states that the governments signing the covenant "recognize the right of everyone to the enjoyment of the highest attainable standard of physical and mental health"[3]. Right to health is an important part

---

[1]WALLEY, John; LAWN, Joy E.; TINKER, Anne; FRANCISCO, Andres de; CHOPRA, Mickey; RUDAN, Igor; BHUTTA, Zulfi qar A.; BLACK, Robert E.; LANCET ALMA-ATA WORKING GROUP. Alma-Ata: Rebirth and Revision 8: Primary health care: making Alma-Ata a reality. *The Lancet,* v. 372, p. 1001-1007, Sept. 13, 2008. Available at: <http://fogartyfellows.org/wp-content/uploads/2012/09/2-C-Alma-Ata.-Lancet-2008.pdf>. Accessed in: Sept. 30 2014.
[2]THE RIGHT to Health Fact Sheet, n. 31, WHO, UNHCR.
[3]Id. Ibid.

of human rights as also enshrined in Article 25 of Declaration of Human Rights. Researchers have acknowledged that health and well-being of individuals and human rights are inseparable and protection and promotion of the former leads to achievement of the latter and thus has "conceptual and practical implications"[4].

Right to health in India is implicit part of right to life, which is enforceable under Article 19 mentioned in the Indian Constitution but is not recognized *per se*. However, under Directive Principles, Part IV of Indian Constitution, which is not enforceable, the government is directed by the constitution to make provisions for welfare of people, raise level of nutrition and standard of living and improve public health. The government is also directed to protect and improve environment which also has a health implication.

The Government of India from time to time have developed and implemented laws related to health, however, the focus on right to health has been limited. In view of the Directive Principles of the Constitution, The Government has drafted The National Health Bill in 2009 focusing on rights-based approach. According to this bill, right to health is defined as "right of everyone to a standard of physical and mental health conducive to living a life in dignity"[5].

The 2009 National Health Bill identifies various aspects of right to health such as right to access, use of and enjoying health services, right against discrimination, right to dignity, justice, participation and information. The bill further enumerates rights specifically related to users of health care such as survival, integrity and security, right to seek health care and treatment, receive, use and enjoy health care and treatment, emergency treatment and care; right to quality of care, rational health care, choice, continuity of care; right to information, medical records and data; right to autonomy/ self-determination and prior voluntary informed consent; right to confidentiality, information disclosure, privacy etc.

Acknowledgement of these rights is primary requirement to design, develop and implement relevant health policies, effective health programs, quality health products and efficient health services which will be available to all the human beings thus leading to achievement of the principle of universality.

II. Universal Health Coverage

World Health Organization (WHO) Director-General, Margaret Chan, says "I regard universal health coverage as the single most powerful concept that public health has to offer. It is inclusive. It unifies services and delivers them in a comprehensive and integrated way based on primary health care"[6].

[4]MANN,Jonathan M. et al. Health and Human Rights. *Health and Human Rights,* v. 1, n. 1, p. 6-23, Autumn, 1994.
[5]THE NATIONAL Health Bill, 2009. *MoHFW, GoI Working Draft*. Version January'09. Available at: <http://www.prsindia.org/uploads/media/Draft_National_Bill.pdf>. Accessed in: Sept. 30 2014.
[6]WORLD HEALTH ORGANIZATIONS. *Universal health coverage*. Available at: <http://www.who.int/universal_health_coverage/en/>. Accessed in: Sept. 30 2014.

"Universal health coverage, sometimes called universal coverage, is the aspiration that all people obtain the health services they need without suffering financial hardship paying for them"[7]. This definition highlights the financial constraint faced by people in accessing health services and thus suggests that UHC should find ways to alleviate suffering of people in receiving health services due to financial limitation.

However, financial reason is one of the many reasons which prohibit people in enjoyment of highest standards of health. Reasons such as quality, accessibility and accountability of health services, equity, and discrimination on the grounds of place of residence, social status, gender, religion, class and caste also contribute in poor health status of the people.

The Report by Indian High Level Expert Group (HLEG) on UHC gives a very comprehensive definition of UHC as

> **Ensuring equitable access for all Indian citizens**, resident in any part of the country, regardless of income level, social status, gender, caste or religion, **to affordable, accountable, appropriate health services of assured quality** (promotive, preventive, curative and rehabilitative) **as well as public health services addressing the wider determinants of health** delivered to individuals and populations, **with the government being the guarantor and enabler**, although not necessarily the only provider, of health and related services[8] (authors' emphasis).

This definition endeavours to capture the key principles identified by the 2009 National Health Bill such as principle of "universality, equity, empowerment and comprehensiveness of care". UHC adopts comprehensive set of principles to recommend designing of health policies, programs and services. These principles are

> non-exclusion and non-discrimination, financial protection, quality and rationality of care, protection of patients' rights, appropriate care, patient choice, portability and continuity of care, accountability, transparency and participation, pivotal role of public financing, substantial contribution of tax based funds, single payer system, consolidated and strengthened public health provisioning as a key component of UHC and supplementary operational tenets[9].

UHC advocates for adoption of rights based approach and it is being seen as a step towards realizing human rights. While adopting a rights-based approach, UHC recommends that the State must make provisions for health services and at the same time work towards addressing broader determinants of health. The HLEG

---

[7] KIENY, Marie-Paule; EVANS, David B. Universal health coverage. *Who Emro*, v. 19, n. 4, Apr. 2013.
[8] INSTITUTED BY PLANNING COMMISSION OF INDIA. *High Level Expert Group Report on Universal Health Coverage for India*. New Delhi, Nov. 2011.
[9] Id. Ibid.

report has made recommendations after reviewing literature and holding several consultations with stakeholders and experts. These recommendations are categorized in the following sub-sections:

(1) Health Financing and Financial Protection

(2) Health Service Norms

(3) Human Resources for Health

(4) Community Participation and Citizen Engagement

(5) Access to Medicines, Vaccines and Technology

(6) Management and Institutional Reforms

III.   Recommendations of UHC[10]

There are 11 recommendations related to **health financing and financial protection**. In India, the government expenditure on health which is 1.2% of Gross Domestic Product (GDP) is abysmally low. The HLEG report urges government to double the public spending on health bringing it to at least 2.5% by the end of the 12th plan, and to at least 3% of GDP by 2022. Apart from appealing for growth in health budget, there is a recommendation for increasing public spending on drug procurement to safeguarding the availability of free essential medicines. Not everyone in the country can afford to buy expensive medicines. Inability to buy medicines of people below the poverty line is a major cause of their continuous ill-health. Therefore, the government must provide essential medicines free of cost. Another recommendation relates to free healthcare services. It suggests that government revenue should not come from user fees as such fees only increases inequality in accessing treatment. Poor people will be left out. The differential fees model was considered, however, it was ruled out due to complicated mechanisms of identification of categories for differential fees. The report also recommends not levying sector specific taxes for financing. For healthcare financing, the government should use general taxation as the chief source and add on the compulsory deductions for healthcare from salaried individuals and tax payers which could be in the form of taxable income or as a proportion of salary.

Seven recommendations have been made in relation to **health service norms** by the HLEG report. Health as we mentioned earlier, is a human right which means every human being has a right to receive healthcare (curative care) in times of ill-health and preventive and promotive services for all healthy people. To achieve this, the report recommends development of a national package offering essential

---

[10]INSTITUTED BY PLANNING COMMISSION OF INDIA. *High Level Expert Group Report on Universal Health Coverage for India*, cit.

health services that cover preventive, promotive, diagnostic, curative and rehabilitative services at all the levels of the healthcare delivery system. The private sector needs to be roped in to complement public health system and to utilize the special features of private sector such as innovation, invention, choice, competitive quality. The public-private partnership framework needs to be much more robust than the current one and should incorporate strong regulation, accreditation, supervision and auditing. Healthcare provision should focus substantially on primary healthcare. The district hospitals under UHC have to play a crucial role in service delivery and health professional training, therefore, should be adequately equipped and staffed. All the public and contracted-in private health facilities should adhere to Indian public health standards; they have license and accreditation to provide National Health Package as steps of quality assurance and have to display the certificate prominently. The report recommends redesigning urban healthcare facilities to reach urban poor.

Adequate numbers of well-trained health service providers is essential to reach every individual in need of healthcare. This in turn requires numbers of health educational institutions, diverse training programs and mechanisms to prescribe monitor and regulate education at such institutions. The recommendations of HLEG report under **human resources for health** focus on increasing numbers of trained healthcare providers; improving the quality of existing trainings; establishing dedicated training for community health workers; investing in educational institutions; establishing state health science universities and establishing the National Council for Human Resources in Health.

Community participation in planning, delivery and governance of health care can enhance the value and usage of the services. The recommendations of HLEG report upon implementation will contribute in strengthening institutional mechanisms for involvement of communities in health related decision-making. The recommendations seek to transform existing village health committees into participatory health councils and organize regular health assemblies. The role of elected representatives and civil societies is sought to be strengthened. The public should have access to grievance redressal system for getting knowledge of and obtaining their health entitlements. Such a system is recommended at the block level.

It is known that almost three-fourth private out-of-pocket expenditures are on drugs[11]. Many households can neither afford medicines nor get free at public health facility. Drugs in the market are expensive and many irrational and non-essential ones. Therefore, **access to medicines, vaccines and technology** is another important feature of UHC. Pricing and availability of essential drugs, rational use of drugs and regulatory mechanisms are necessary to make provision for easy accessibility to medicines and technology. The recommendations seek to enforce

---

[11]INSTITUTED BY PLANNING COMMISSION OF INDIA. *High Level Expert Group Report on Universal Health Coverage for India*, cit.

price controls, suggests revision and expansion of essential drugs, rational use of drugs, setting up national and state drug supply logistics corporations, protecting safeguards provided by Indian patents law and empowering the Ministry of Health and Family Welfare, Government of India to strengthen the drug regulatory system.

Six recommendation related to **management and institutional reform** emphasize on introducing public health service cadres, state level health systems management cadre and strengthening management of UHC system; improving mechanisms of recruitment, retention, motivation and performance, rationalize salary and incentives and assure career tracks for competency-based professional advancement; developing national health information technology network; ensuring linkages and synergies between management and regulatory reforms and account-ability to patients and communities; ensuring financing and budgeting systems to streamline fund flow and establishment of agencies for regulation, accreditation, support and evaluation of health systems. The recommendation also emphasizes investment in research and innovation to inform policy and programmes.

Conclusion

There have been progress made since Alma Ata, however, the human race still lags behind in making health provisions for all the people. The reasons for failure are diverse ranging from health systems inability to ensure accessibility of healthcare to the community members, to lack of community involvement to regulatory and management systems for controlling pricing of medicines and drugs and health financing. Right to health of all individuals if recognized will help in enforcing the entitlement to health services.

Universal health coverage emerged as a concept that makes an effort to realize right to health of individuals. The UHC report of India adopts the right based approach and the principles mentioned in the 2009 National Health Bill which are comprehensive. The UHC report identifies six key areas and makes recommenda-tions to strengthen the health systems and encourage community participation. The recommendations of the UHC lucidly depict that if they are implemented with adequate investment, then every individual will enjoy his/her right to health.

References

INSTITUTED BY PLANNING COMMISSION OF INDIA. *High Level Expert Group Report on Universal Health Coverage for India*. New Delhi, Nov. 2011.

KIENY, Marie-Paule; EVANS, David B. Universal health coverage. *Who Emro*, v. 19, n. 4, Apr. 2013.

MANN, Jonathan M. et al. Health and Human Rights. *Health and Human Rights,* v. 1, n. 1, p. 6-23, Autumn, 1994.

THE NATIONAL Health Bill, 2009. *MoHFW, GoI Working Draft*. Version January'09. Available at: <http://www.prsindia.org/uploads/media/Draft_National_Bill.pdf>. Accessed in: Sept. 30 2014.

THE RIGHT to Health Fact Sheet, n. 31, WHO, UNHCR.

WALLEY, John; LAWN, Joy E.; TINKER, Anne; FRANCISCO, Andres de; CHOPRA, Mickey; RUDAN, Igor; BHUTTA, Zulfi qar A.; BLACK, Robert E.; LANCET ALMA-ATA WORKING GROUP. Alma-Ata: Rebirth and Revision 8: Primary health care: making Alma-Ata a reality. *The Lancet,* v. 372, p. 1001-1007, Sept. 13, 2008. Available at: <http://fogartyfellows.org/wp-content/uploads/2012/09/2-C-Alma-Ata.-Lancet-2008.pdf>. Accessed in: Sept. 30 2014.

WORLD HEALTH ORGANIZATIONS. *Universal health coverage*. Available at: <http://www.who.int/universal_health_coverage/en/>. Accessed in: Sept. 30 2014.

Anjali Singh – Master of Social Work; Master of Public Health; Bachelor of Law. Associate Professor at Indian Institute of Public Health. Delhi, India. E-mail: anjali.singh@iiphd.org.

Maulik Chokshi – Master of Science; Master of Public Health. Associate Professor at Indian Institute of Public Health. Delhi, India. E-mail: maulikrdchokshi@yahoo.com.