

OHCHR overview on Universal Health Coverage and the Right to Health

A. Introduction

As part of the 2030 Agenda for Sustainable Development, United Nations Member States have committed to ensuring universal health coverage (UHC) for their populations by 2030 so that all people have access to essential health services without suffering financial hardship.¹ In fulfilling this commitment and the promotion and protection of the right to health, the United Nations, including the World Health Organization (WHO), have developed guidance and reports to support countries navigate the many complex substantive and procedural questions they may encounter.²

This information sheet by the [Office of the High Commissioner for Human Rights \(OHCHR\)](#) focuses on how UHC can be implemented in a way that is consistent with legally binding human rights norms, including the right to health and the principles of equality and non-discrimination. A forthcoming policy brief will provide more detailed guidance on these questions.

B. What is UHC?

The goal of UHC³ is to ensure that people worldwide have access to the health care they

need, from health promotion to prevention, treatment, rehabilitation and palliative care, without suffering financial hardship.⁴ UHC is closely linked to several key global agendas around human rights, equality and non-discrimination and the eradication of poverty. For people in situations of heightened vulnerability, universal access to health services may be a matter of life or death.

Ensuring UHC is central to the 2030 Agenda for Sustainable Development and the overall imperative to leave no one behind.⁵ Given that catastrophic health expenditure—out-of-pocket spending on health services that exceeds a person or household's capacity to pay—drives an estimated 100 million people into poverty every year,⁶ UHC is also critical to the United Nation's social protection agenda which seeks to protect people from becoming trapped in poverty and to empower them to seize opportunities.⁷ With its disproportionate impact on populations that are already left behind, the COVID-19 pandemic has once more underscored the critical importance of robust approaches to advancing the right to health, including through UHC programs worldwide.⁸

¹ United Nations General Assembly, [Res. 70/1](#), (2015).

² World Health Organization (WHO), [The World Health Report 2010](#), (2010); WHO, [Together on the road to universal health coverage](#) (2017); WHO, World Bank (WB), [Tracking Universal Health Coverage](#) (2017); and WHO, WB, [Tracking universal health coverage](#) (2021).

³ There is no single universally accepted definition of Universal Health Coverage (UHC). Yet, global organizations like the International Labor Organization, WB and WHO all identify the key common elements of ensuring access to essential health services to all and protecting individuals and families from suffering financial hardship as a result of seeking such services.

⁴ WHO, [Universal health coverage topic page](#).

⁵ SDG 3 seeks to “ensure healthy lives and promote well-being for all at all ages.” Target 3.8 strives to “achieve universal health coverage, including financial risk

protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all.” UHC is also closely linked to other SDGs, such as SDG 1 on poverty eradication and SDG 10 on addressing inequality.

⁶ WHO, WB, (2017), op. cit.

⁷ SDG 1, target 1.3 seeks to “implement nationally appropriate social protection systems and measures for all, including floors, and by 2030 achieve substantial coverage of the poor and the vulnerable.” UHC is one of the four pillars of the social protection floors.

⁸ OHCHR, [Report of the United Nations High Commissioner for Human Rights on economic, social and cultural rights to the Economic and Social Council](#), (2021); United Nations, Report of Secretary General: [Question of the realization of economic, social and cultural rights in all countries](#), (2021).

C. What is the link between UHC and the right to health?

Human rights are fundamental and universal rights inherent to all human beings, regardless of nationality, ethnic origin, age or any other status without which they cannot live a dignified life. These principles should be at the center of all public policies and practices, including, as WHO's Constitution recognizes, those related to health and health care.⁹ But human rights norms and standards are not just widely accepted: human rights treaties create specific legal obligations for member states that have ratified them to respect, protect, and fulfil these rights in the development and implementation of laws, policies and programs. The right to the highest attainable standard of physical and mental health¹⁰—a right that practically all countries have committed to uphold—articulates numerous concrete obligations for States relevant to UHC, thus making UHC an expression of an important dimension of this right. Among others, it requires that States ensure the availability, accessibility, acceptability, and quality of health services. Some of these obligations and principles are discussed below.

There are also compelling practical reasons why countries should take a human rights-based approach to UHC. Human rights norms are a helpful tool for ensuring that laws, policies and practices, as well as national, sectoral and local

budgets, are developed in a manner that is inclusive, transparent and accountable, and are responsive to the needs of the entire population.¹¹ Research has repeatedly found that proactive measures to comply with the rights to health and social security help countries improve health equity, achieve better social cohesion, and build resilience to shocks.¹²

D. What key actions are necessary to ensure a human rights-based approach to UHC?

Human rights norms and standards have numerous implications for how UHC is designed and implemented. Below follows a selection of some of the most important obligations for UHC flowing from the right to health.

Prioritize populations that are most left behind.

The obligation of equality and non-discrimination is of immediate effect. In parallel, it requires an explicit focus on progressively closing gaping healthcare inequalities.¹³ This means that UHC should be designed in a way that populations that are left farthest behind are prioritized. It requires that, in developing UHC, policy makers identify and address the different needs and rights of populations in all their diversity, especially those that are vulnerable due to poverty, stigma and discrimination or other non-financial barriers. In countries with large informal sectors, this means that an

⁹ WHO, [Constitution of the World Health Organization](#), (1946).

¹⁰ A variety of international human rights treaties and declarations provide for the right to health, including Article 12 of the International Covenant on Economic, Social and Cultural Rights (ICESCR), Article 24 of the Convention on the Rights of the Children, Article 12 of the Convention on the Elimination of All Forms of Discrimination against Women, Article 25 of the Convention on the Rights of Persons with Disabilities, and Article 25 of the Universal Declaration of Human Rights.

¹¹ OHCHR, [A human rights-based approach to health](#), undated.

¹² Bustreo, Flavia, Hunt, Paul & WHO, [Women's and children's health: evidence of impact of human rights](#)

(2013); Stangl, A.L., Singh, D., Windle, M. et al. [A systematic review of selected human rights programs to improve HIV-related outcomes from 2003 to 2015](#). BMC Infect Dis 19, 209 (2019).

¹³ The Committee on Economic Social and Cultural Rights (CESCR) specified that "States have a special obligation to provide those who do not have sufficient means with the necessary health insurance and health-care facilities, and to prevent any discrimination on internationally prohibited grounds in the provision of health care and health services, especially with respect to the core obligations of the right to health." CESCR, General Comment No. 14, E/C.12/2000/4, (2000), para 12 (b) (iii).

approach to UHC that starts with enrolling populations already in better-off positions, such as civil servants or formal sector employees, will not be compliant with the right to health.¹⁴ The UHC package should also ensure that user payments, either through prepayment schemes or at the point of service, do not make services practically unaffordable.¹⁵ For the poorest segments of the population this may mean that physical and mental health services and medicines must be provided completely free of charge.¹⁶ Countries should rely, first and foremost, on domestic resources and general taxation, such as progressive income taxes, to fund UHC given that contributory schemes, such as social security or private insurance, disproportionately benefit better-off populations.¹⁷

Include coverage for essential services. When developing the health coverage package, countries face difficult decisions on what services to include and not. The right to health requires countries to include at least a minimum set of interventions. These include affordable access to essential medicines for children and adults and primary health services and prioritizing sexual, reproductive, maternal, and child health services; immunization; and prevention, treatment and control of epidemic and endemic diseases.¹⁸ Moreover, the right to health requires countries to use available resources as efficiently as possible to ensure the best health for the most people.¹⁹ This means, among others, that investment in primary health

services should generally be prioritized over investment in tertiary care, as the former benefits far more people.²⁰

Proactively increase resources available for health services. States should take steps to “progressively realize” the right to health, investing the “maximum of available resources.”²¹ They have a duty to make information publicly available, justifying the resources that are available for UHC and the health system and explaining how additional resources will be made available over time to ensure that the health needs of the entire population are met.²² Thus, they must increase the amount of resources for health by increasing allocations to health from national budgets, improving tax collection, combating tax avoidance, introducing anti-corruption efforts to free up additional resources for health budgets, and seeking debt relief or international assistance.²³ Countries should also seek to ensure existing resources are allocated and spent as efficiently as possible to attain the highest standard of health for as many people as possible. Among others, they should explore whether intellectual property flexibilities can be used to reduce the cost of medicines and technologies.²⁴ The international community has a duty to support countries with low resources to ensure access to essential health services, in line with the [Addis Ababa Action Agenda](#) and the

¹⁴ UN Doc. A/71/304, paras 44 and 78 (2016).

¹⁵ CESCR (2000) op. cit., para 12b.

¹⁶ Ibid.

¹⁷ WHO (2010) op. cit.; O’Hare, Tax and the Right to Health, HHRJ 20(2), (2018); Nygren Krug, H, The Right(s) Road to Universal Health Coverage, HHRJ 21(2), (2019).

¹⁸ CESCR (2000), op. cit., para 12 (b) (iii), U.N. Doc. E/C.12/2000/4; Committee on the Rights of the Child. General Comment 15 on the right to health, CRC/C/GC/15, para. 72; Committee on Economic, Social and Cultural Rights (2016) General Comment No. 22, The right to sexual and reproductive health (article 12 of the International

Covenant on Economic, Social and Cultural Rights). 2016, para 49.

¹⁹ UN Doc. (2016), op.cit., para 82.

²⁰ Ibid.

²¹ ICESCR Article 2.

²² OHCHR, Report of the United Nations High Commissioner for Human Rights on Economic, social and cultural rights: Universal Health Coverage and Social Security, May 2019, paras 35 and 36.

²³ WHO (2010) op. cit.; O’Hare, (2018), op. cit.; Nygren Krug, H, (2019) op. cit.

²⁴ OHCHR, (2019), op. cit.; Nygren Krug, H, (2019), op. cit.

Remove non-financial barriers to health services.

Stigma, discrimination, and criminalization are major barriers that impede access to health services for many populations, especially those left farthest behind.²⁶ A human rights-based approach to UHC requires the proactive removal of these barriers through taking effective steps to counter stigma and discrimination and repeal legal provisions that limit access to services, such as consent and legal capacity laws, bans on abortion and other sexual and reproductive health services, laws that make migrants ineligible for health services, or that criminalize specific populations, such as people living with HIV, sex workers, people who use drugs, migrants and LGBTI.²⁷

Ensure an inclusive, transparent and accountable process. UHC should be developed through a participatory, transparent and accountable process. All relevant stakeholders, especially marginalized or left behind populations, should play a meaningful role in making key decisions around UHC, including what, who and how much is covered, as well as in monitoring and evaluating UHC.²⁸ This is key

for identifying the needs of those who are most left behind and responsiveness of UHC to those needs. States should likewise take effective steps to prevent the undue influence of corporate actors and other institutions or individuals with commercial, political or ideological interests on the UHC process,²⁹ and business enterprises that engage in the health sector should operate in accordance with the Guiding Principles on Business and Human Rights.³⁰

E. What resources are available to support countries to implement a human rights-based approach to UHC?

Building on OHCHR's 2019 report on UHC and human rights, this information sheet provides an introduction to a human rights-based approach to UHC. An accompanying policy brief will provide examples and practical guidance to countries on the implementation of a human rights-based approach to UHC. OHCHR will continue working with the UN system and other relevant actors to promote a human rights-based approach to UHC and mainstream such an approach into all UHC-related guidance, to accelerate action to achieve the Sustainable Development Goals (SDGs) by 2030, and in line with the Secretary-General's call for a renewed social contract anchored in human rights.³¹

June 2023

²⁵ Article 12.1 of ICESCR; CESCR (2000), op.cit., paras 43 and 44.

²⁶ OHCHR, Report of the United Nations High Commissioner for Human Rights on Economic, social and cultural rights (2019), paras 18 and 19; UN Doc. (2016), op. cit. para 40-43.

²⁷ OHCHR, (2019), op. cit.; Chapman, Assessing the universal health coverage target in the Sustainable Development Goals from a human rights perspective, BMC International Health and Human Rights (2016) 16:33; Nygren Krug, H, (2019) op. cit.; UN Doc. (2016), op. cit.; Lougarre, C, Using the Right to Health to Promote

Universal Health Coverage: A Better Tool for Protecting Non-Nationals' Access to Affordable Health Care?, HHRJ 18(2), December 2016.

²⁸ CESCR (2000) op. cit., para 11; WHO, Anchoring universal health coverage in the right to health: What difference would it make? Policy brief, undated.

²⁹ UN Doc., (2016), op. cit., para 35.

³⁰ OHCHR, Guiding Principles on Business and Human Rights, 2011

³¹ United Nations, [Report of the Secretary-General: Our Common Agenda](#), 2021.