Universal Health Coverage (UHC):
Médecins du Monde/Doctors of the World (MdM)
Position Paper

Background
With the introduction of the Sustainable Development Goals (SDGs) in 2015, all United Nations (UN) member states adopted a new approach to global healthcare: the commitment to **Universal Health Coverage (UHC)** by 2030, which is defined as: “*all people and communities can use the promotive, preventive, curative, rehabilitative and palliative health services they need, of sufficient quality to be effective, while also ensuring that the use of these services does not expose the user to financial hardship.*”

The UHC approach is an attempt to address the limitations of specific disease-focused global health initiatives and move towards wider health systems strengthening.

UHC addresses three dimensions of health care: (1) Comprehensiveness of the services provided 2) Percentage of population covered by national health system 3) Percentage of the cost covered by means other than out-of-pocket payments.

At a high-level meeting on 23rd September 2019, all UN member states adopted a landmark Political Declaration on UHC, agreeing to a series of health-sector commitments under the new strategy. Médecins du Monde (MdM) is concerned that some important assertions are missing in the final document, which could lead to the Right to Health for All being undermined.

**Médecins du Monde and UHC**
Ensuring universal access to healthcare and healthy living conditions lies at the core of MdM’s mandate and work. MdM works directly with people who are marginalized and who lack access to health services around the world. MDM serves as a witness to how social, economic, political and other non-biological determinants are critical in shaping people’s health.

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A proximity to vulnerable communities offers MdM a unique perspective on the realities of access to healthcare and means that MdM can provide evidence that can help verify the reports that Member States make to the UN. For example, MdM works with people who continue to lack access in countries that have formally declared achievement of UHC. Because of this discrepancy between what is reported and the actual state of affairs on the ground, we feel that UHC is simply not a sufficient measure of actual access.

**Rights-based approach**

While the move towards UHC is important, we need to progress to a rights-based approach to health, represented more adequately in earlier initiatives, such as the Primary Health Care concept (Alma Ata Declaration 1978) and the Health for All WHO strategy (2000).

A rights-based approach asserts health as a fundamental human right, underscoring that everyone has the right to the highest attainable standard of physical and mental health. This approach has multiple advantages

- **Recognizes the political, economic and social determinants** that strongly influence the health of individuals and populations. A health in all policies approach is needed to address determinants beyond the health and social protection system.
- **Applies a people- and community-centered approach** and establishes inclusive and accessible formal mechanisms of participation and dialogue. Empowers people and communities to claim their rights.
- **Ensures no one is left behind**, by conveying rights to people at higher risk, including non-citizens, migrants and refugees. Places an obligation on States to provide additional attention and support to ensure that vulnerable groups can fulfill their human rights to the same level as the wider population.
- **Addresses all forms of discrimination** or exclusion from health and public services, not only financial.
- **Guarantees the right to health for all rather than a minimum level of health coverage.**
- **A strong and well-funded UN system** including the WHO and other relevant UN agencies is needed to serve in an oversight and monitoring role.

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3 “Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.” WHO Constitution, July 22, 1946
State responsibility

A rights-based approach recognizes the essential role of the State in building an inclusive and equitable public health system. Each State has a duty to respect, protect and promote every person’s right to health. This includes:

- Overseeing and regulating the private sector. The State is obliged to ensure that quality public health services are available to all.
- High income countries should maintain and improve their health and development policies to strengthen support of health systems in low and middle income countries so that they can ensure the right to health for all.

Sexual and reproductive health and rights

Because the right to sexual and reproductive health is a core principle of MdM and there is no specific mention of this right in the WHO Constitution, MdM urges that UHC include the entire range of sexual and reproductive health and rights (SRHR) continuum of care. It is critical that the specific needs of girls and women, especially their sexual and reproductive health and rights, are given special attention. SRHR are a key component of the right to health and sustainable development and are a necessary precondition for gender equality and non-discrimination. The recognition of SRHR as a priority component of UHC will play a strong role in progress for both.

Conclusion

The work of MdM throughout the world has been guided by the principle of “leave no one behind.” Since our founding, we have prioritized the most marginalized and vulnerable among us, and we believe that Universal Health Coverage should be grounded in this principle. UHC can only be fully realized when every individual is guaranteed health as a fundamental right.