

The Right To Healthcare Or The Right To Health? Lessons From The European Public Health Conference 2017

The right to health is a key principle through which the SDGs are going to be achieved globally. Its implementation is however compromised by different interpretations and perspectives, which need to be synchronized across sectors and programs in order to succeed. Below are some of the issues to consider towards achieving the right to health.

It should be noted that the right to health is not merely the right to be healthy but rather the right to enjoy the highest attainable standard of physical and mental health. Further that it is not just the right to health care but also the right not to be affected by the determinants of health such as poverty, discrimination, violence etc).

At any point in time, different populations might be availed different rights with some unable to have even the basics. When it comes to rights there are things people often take for granted. For instance things such as the ability to access three square meals per day, to have a nearby health facility with drugs, having a minimum wage job or access to clean and safe water. While these things are basic necessities, there is a big proportion of people globally who are unable to access them. Does this change the yardstick through which rights for different populations should be determined? NO! It does not. In fact it should raise the advocacy efforts to close the gaps between those who have these basics (and take them for granted) and those who are so disadvantaged that piped water and a pair of shoes sounds like a pipe dream.

Further, rights should not only be provided to some at the expense of others. As one speaker cautioned using maternal death as an example. She cautioned against looking at these deaths as mere statistics but to interrogate each death and systematically tease out the potential constraints that keep the vicious cycle of maternal death alive in many low and middle-income countries. Its root causes are usually classified simply as the three delays yet in reality these issues are underpinned by complex, dynamic, perverse and stubborn circumstances on both demand and supply sides such as lack of family planning poor antenatal behavior, lack of referral transport, lack of health supplies, poorly motivated health workers to mention but a few. Clearly single bullet/shotgun interventions are inadequate for addressing health systems challenges like these and should be re-thought. When it comes to maternal health the rights of communities, clients and health providers should indeed count.

The right to health is an expensive goal to attain and should be viewed as a progressive goal rather than an end goal and it should not be defined in a standard manner across different contexts. The reason for this is that a country like Sweden is more able to provide more rights to its population as compared to a country like Uganda at this point in time. It was emphasized that this fact does not in any way absolve governments from meeting the rights to health but rather calls on them to work towards that goal in a progressive manner.

The right to health needs to be considered through different lenses for both health and its socio-determinants, therefore there is need to broaden the discussion on the right to health so that it goes beyond the provision of health services to the provision of basic necessities also referred to as entitlements. However many governments have shied away from clearly stipulating what these entitlements are, making it legally impossible to bind them to their commitments. This would require ensuring that everyone understands clearly what the right to health is.

There is need to promote and clarify the right to health and rights based approaches while identifying good practices, challenges and obstacles to achieving it. This will require addressing existing imbalances in resources and power within and outside of the health system. To move beyond “survival” of children as a buzz word for development towards investment in services and interventions that promote the right to be health emotionally and socially.

There is need to re-orient the discussions around “rights” towards addressing the needs of the marginalized such as those disabled mentally and physically instead of merely looking at approaches to redress human rights violation which are characterized by efforts to provide institutionalization and medicalization.

Lastly, it is important to note that all rights are indivisible and interdependent. The realization of the right to health is threatened if other rights are violated. Therefore discrimination needs to end and universal human rights principles need to be upheld. The right to health will only be achieved when all efforts are geared towards creating more *Healthy Systems, Healthy Workers, Healthy Policies, Healthy People And Healthy Societies*.