UHC is the right goal, but is not the same as the right to health

In their Comment (August, 2023),[1] the co-chairs and Political Advisory Panel of the UHC2030 Steering Committee detailed recent important actions conducted by the universal health coverage (UHC) movement, including the launch of an Action Agenda that is intended to inform the 2023 Political Declaration on UHC and other activities in the future.

In carrying out these concrete actions and advocating for further measures on UHC, the co-chairs and Political Advisory Panel showed that their intentions are well meaning. This is as it should be—the world deserves strong advocates for UHC in positions where they are poised to make a difference. However, their Comment also revealed a troubling conflation between the right to health and UHC. The two concepts are not the same thing, and they should not be conflated.

As I teach students in my Sociology of Health and Health Care class, although UHC and the right to health (or health care) might sound like the same thing, or at least might lead casual observers to believe that the concepts are compatible with one another, they are in fact different. As I discuss in the concluding chapter of my book, *Achieving Access: Professional Movements and the Politics of Health Universalism*,[2] in Latin America, the right to health provisions in national constitutions has led to the spectacular growth of litigation by citizens against governments where this right is enforceable in courts.

For countries in this region that have UHC programmes, such as Brazil, the constitutional right to health has led to tension with UHC by enabling court decisions to effectively reprioritise government health spending, putting access to medicines with broad benefits to all into jeopardy. Although the right to health has broadened access to some essential medicines, in some instances, these cases have been brought forward by the rich seeking high-priced medications and experimental treatments.[3] In others, pharmaceutical companies have been found to have had an active role in bringing right to health cases to court.[4] In countries such as Brazil, the right to health litigation has ultimately forced the state to foot the bill for costly drugs, such as onasemnogene abeparvovec, widely known as the most expensive drug in the world.[5]

These are obviously not the outcomes the framers of constitutional rights had in mind when seeking to ensure that people who are poor and marginalised had a way to hold the state accountable for the provision of health care and medicine. However, these scenarios illustrate the differences between the two related—but not always mutually supportive—ideas and institutions.

The tensions between the right to health and UHC concepts are further complicated by the fact that the right to health is not the same as the right to health care, that some rights to health and health care are justiciable in some countries but are only symbolic in others, that some countries' justice systems offer precedent-setting legal decisions, while judicial decisions in other countries apply more narrowly only to individual cases, and that some countries have no such rights (or constitutions) or have only symbolic (and not justiciable) rights, but have quality UHC programmes that have positive effects on people's lives.

As a scholar who studies comparative health systems and the politics of UHC, I firmly believe that few goals exist that are more noble or important than expanding access to health care, despite also knowing that the social determinants of health have a much larger role in determining people's health. We should be careful not to let loose language related to the right to health and UHC confuse or conflate these substantive and worthwhile goals.

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