

Human Right to Health Care

The human right to health guarantees “the creation of conditions which would assure to all medical service and medical attention in the event of sickness.”

- International Covenant on Economic, Social and Cultural Rights, Art. 12

What Are the Key Principles of the Human Right to Health Care?

- **Purpose of Health Care:** A health care system must be designed to protect health, social well being and dignity.
- **Universal Access to Quality Care:** Human rights standards require that access to comprehensive, quality health care must be available and affordable for all.
- **Equity:** A health care system must ensure that resources, including health facilities, goods and services, are equitably and fairly distributed.
- **Non-discrimination:** A health care system must provide care without discrimination on any basis, including income, immigration status, race, religion, ethnicity, gender, disability, sexual orientation or any other status.
- **Private sector accountability:** The privatization of the health sector must not constitute a threat to the availability, accessibility, acceptability and quality of health care to all.

Components of the Right to Health Care

Access: Access to care must be universal, and protect everyone’s health on an equitable basis. Facilities, goods, and services must be affordable and comprehensive for all, and accessible where and when needed.	Availability: Adequate health care infrastructure (e.g. hospitals), goods (e.g. drugs), and services (e.g. primary care doctors, mental health care) must be available in all geographical areas and to all
Acceptability and Dignity: Health care institutions and providers must respect dignity, provide culturally appropriate care, be responsive to diverse needs, follow medical ethics and protect patients’ rights.	Quality: All health care must be medically appropriate and of good quality, guided by quality standards and control mechanisms, and provided in a timely, continuous, safe, and patient-centered manner.

What are the Government Obligations to Ensure the Human Right to Health Care?

- Recognize the human right to health care in national and state level legislation;
- Adopt a national health strategy and plan of action based on principles of universality, equity and accountability
- Provide legal and administrative remedies for violations of the right to health care; and
- Hold the private health care industry accountable for ensuring equal access to health care for all.

Implementing the Right to Health Care

Do Other Countries Recognize Health Care as a Human Right?

Yes. The right to health care is included in a number of national constitutions and the European Union Charter, and countries around the world have embraced national policies that define the goal of health care to be health protection and a healthy society. Moreover, every other industrialized country,¹ and even South Africa, has adopted a national health care plan ensuring access for all.

Years When Governments Enacted Universal Health Care

Germany	1883	Canada	1966
Switzerland	1911	Denmark	1973
New Zealand	1938	Australia	1974
Belgium	1945	France	1978
United Kingdom	1946	Italy	1978
Sweden	1947	Portugal	1979
Greece	1961	Spain	1986
Japan	1961	South Africa	1996

Does the United States Recognize the Human Right to Health Care?

No. The United States has failed to recognize a universal human right to health care on a national level, and has not even adopted national principles that would distinguish the human rights and public health goals of health care from the pursuit of profits.² This failure is reflected in a health care financing system that leaves 47 million people without any health insurance. Health care is treated as a commodity, not a shared public good.

Can the U.S. Afford Universal Access to Health Care Without Lowering the Quality of Care?

Yes. The United States is already the world's biggest health care spender, exceeding countries that provide universal access to health care. According to the U.S. government's General Accounting Office, "If the U.S. were to shift to a system of universal coverage and a single payer, as in Canada, the savings in administrative costs [10 percent of health spending] would be more than enough to offset the expense of universal coverage."³ Such a shift would not require decreasing the quality or scope of services. Instead, it would require redirecting health care dollars spent on wasteful administrative costs by insurance companies and advertising by pharmaceutical companies, as well as eliminating unjustified and excessive private sector profits.

What Are the Greatest Obstacles to Achieving Universal Quality Care for All?

The greatest obstacles to achieving universal quality care for all include the lack of a national health care plan that ensures that costs and benefits are shared as public good, with everyone contributing according to their means and receiving care based on their needs. The current, fragmented market based system does not set the protection of health as the ultimate and primary goal of a health care system. The private sector is not adequately regulated to ensure that profiteering does not interfere with everyone's equal access to quality of care.

¹All Organization for Economic Cooperation and Development (OECD) countries except Korea, Mexico and Turkey.

²For more on the cultural and moral foundations missing from U.S. health policy, as compared to other industrialized nations, see Lawrence D. Brown, "Comparing Health Systems in Four Countries: Lessons for the United States," *American Journal of Public Health*, January 2003, Vol. 93, No. 1.

³"Canadian Health Insurance: Lessons for the United States," 90 pgs, ref no: gao-03-672sp. Full text available online at www.goa.gov.