

For universal social health insurance

Since the United Nations General Assembly adopted the Universal Declaration of Human Rights in 1948, and a set of broadly shared aspirations and needs have become rights, States have taken on the commitment to uphold those rights, to promote them and protect them for all citizens. Fundamental rights are inherent to human nature itself, and are therefore unrenounceable and unquestionable. This is why the ethical principles and moral obligations that underpin and guide both our individual and political action must be considered.

Among the fundamental rights that have inspired regulations and international and European statutes is the right to health. Article 25 of the Universal Declaration of Human Rights recognizes *the right of all persons to a standard of living adequate for the **health** and well-being of himself and of his family, including food, clothing, housing and medical care and necessary social services*. And while all human rights are intrinsically interdependent and indivisible, the right to health is essential for exercising any and all other rights.

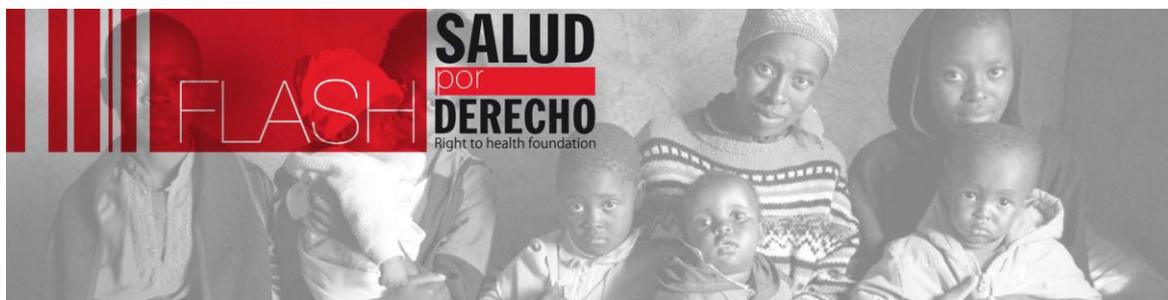
But in order for the right to health, understood as defined by the World Health Organization as a state of physical, mental, and social well-being and not merely the absence of disease or illness, to actually materialize, in addition to ensuring that all persons access to services, certain prerequisites enabling persons and communities the possibility of leading a healthy life must also be ensured. This includes dignified work, a balanced diet, availability of drinking water, sanitation, a healthy environment, and so forth. This is reflected in article 12 of the International Covenant on Economic, Social, and Cultural Rights.

The right to health can therefore only be achieved in a context of human, economic, social, and sustainable development.

Article 12 of the International Covenant on Economic, Social and Cultural rights also establishes a set of responsibilities and obligations on the part of States to respect, protect and promote their citizens' right to health. Similarly, the Covenant includes international obligations of the members of the international community whose responsibility it is to assist countries with fewer resources in making the right to health effective.

For sixty years, Humankind has had a universal human rights framework that nevertheless has proven itself unable to ensure economic and social rights in practice. As things currently stand, none of the parties is meeting its responsibilities:

- More than 1,000 million persons live in extreme poverty. This equates to 20 times the population of Spain.
- 100 million people fall below the poverty line due to health care related expenses.
- 99% of the deaths of children under the age of five occur in poor countries and 8 million children die every year.
- While in rich countries 1 woman dies in every 2,800 childbirths, in poor countries the figure is 1 in 16.
- Barely 40% of persons living with HIV who need treatment have access to it.
- Poor countries carry more than 90% of the burden of the diseases around the globe while most of the causes have been widely solved in developed countries and would be solved through quality primary health care available to all.



The international agenda to meet health-related Millennium Development Goals in 2015 involves both the quantity and the quality of assistance, in addition to structural changes related to trade or tax regulations. Nevertheless, in order for deeper lying changes to come about that truly bring us close to the goal of achieving the right to health for all, there must be a change of model.

The basic inspiration of the development model we believe in resides in the need to move from a will-based model to a model based on **global responsibility** as the only way to bring about a sustainable solution. We believe that this philosophy, this change, must be the base on which the current framework used to tackle cooperation in general and the area of health specifically should be based since it will mark a difference in securing access to a basic health package on a permanent basis for each and every person in impoverished countries, irrespectively of their levels of income and the wealth of the countries in which they live.

Political and legal instruments must be put in place to make the right to health finally attainable, so that citizens can claim this right, and in order to make it compulsory for States to ensure these rights. Moreover, establishing the principle of **global co-responsibility**, including financial responsibility, and establishing a global architecture for health with instruments and forms of government able to accommodate this vision is indispensable.

This is why we believe that the best response to ensure that all persons can access a **basic package** of quality services would be **universal social health insurance for low and middle income countries** to extend the concept of solidarity, currently confined to national borders. It could be financed on an ongoing basis through an equitable, dynamic contribution model based on a given country's wealth. Funding would come both from domestic sources and official development assistance and would be a sustainable solution because all of the States would contribute on an ongoing, foreseeable basis.

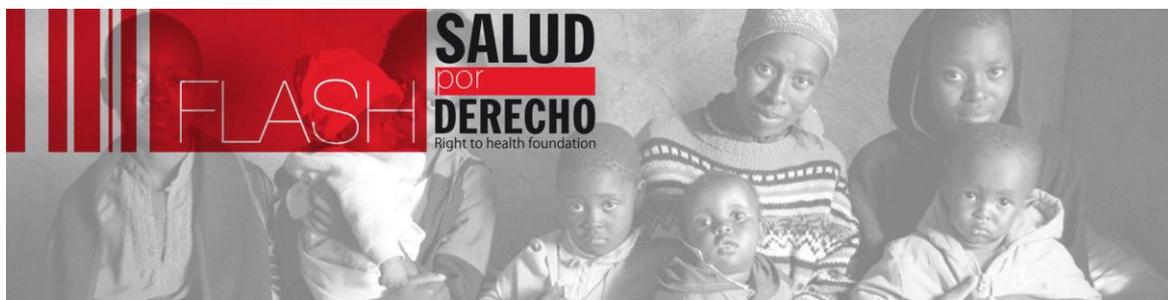
In this dynamic approach, medium and low-income countries would gradually take on increasing amounts of responsibility in funding this social insurance as their economies grow. This model would be compulsory for all States and would require an international agreement regulated by a multilateral body under the aegis of the United Nations.

We believe that not only the set of values that defines the current model of international assistance, but also its philosophical and political underpinning, must be transformed. Currently, international assistance is based on voluntary donations from countries, on a lack of co-responsibility, on a lack of donor and implementer accountability, and a lack of a common project. Change must be geared towards a model of **global cohesion** defining minimum, common standards for development and coverage of fundamental needs that enables dignified standards of living for all human beings. And this would be attainable if inscribed in a framework of shared responsibility. This is humankind's great ethical challenge.

For Saludpor Derecho, the establishment of universal social health insurance and the transformation of Official Development Assistance (ODA) into "**global cohesion funds**" are attainable goals only in the long term, but they are feasible. Whether or not they materialize will depend on the road taken by the world, already undergoing deep transformations, and on how we tackle our most immediate challenges in development cooperation and global health.

These are some of the challenges:

- Donor countries must rapidly, urgently increase their ODA to meet the 0.7% mark as soon as possible and in any event before 2015, and they must make this contribution a compulsory commitment for all donor countries.



- The volume of ODA devoted to health in general, and to HIV/AIDS specifically due to its exceptional repercussion in all spheres of development, must be both significantly and urgently increased.
- Health systems able to provide effective, accessible care leading to results in people's health must be established and/or bolstered. At the same time, the most prevalent diseases in impoverished countries, such as AIDS, malaria and tuberculosis, must be combated.
- Current financing instruments must be perfected so that they can become more effective based on lessons learned, and a mix of those instruments must be conjugated intelligently for use instead of setting different approaches and tools for aid, which should be complementary instead of being set against each other.
- The components of a basic health package should be defined on a worldwide basis. Without this definition, it is impossible to define the obligations that States have vis-à-vis their inhabitants, or the duties of high-income countries vis-à-vis others.
- The Global Fund to Fight AIDS, Tuberculosis and Malaria, which is increasingly comprehensive and flexible in the health issues it tackles, should cover its financial needs by establishing a non-voluntary contribution model based on an objective assignation of all high income countries' contributions based on their wealth. This is indispensable for achieving the Millennium Development Goals, and will also serve as a testing ground for a shared, global system to finance a basic health package.
- Calculations on financial needs for health must be consolidated, based on a single methodology that avoids double counting.
- Both the current framework of economic and social rights and States' political and financial responsibility must be made operative in order for the principle of shared, global responsibility and universal social health insurance to be set.
- A global health architecture must be implemented that does not leave priority needs unmet, that ensures the harmonization and coordination of all actors, that avoids the fragmentation of assistance and intervention, and that encompasses the most appropriate multi and bilateral instruments for each task.

Which services would be included under universal social health insurance, what their **cost** would be, how **financial responsibilities** would be established and which criteria would be used to do so, **how these criteria would be implemented** in practice, and what **international agreement** would be needed to ensure their viability are basic questions that must be answered in order both to conceptualize and to implement universal social health insurance to ensure a basic health care package for all, irrespectively of their income or the income of the country where they reside. This is a goal for the future, but work has to start today. The decisions and solutions that are taken today to face these challenges must set out a road map to pave the way for universal social health insurance that can prosper in the medium and long term.