There is no UHC without Universal Medicines Coverage

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This has been adapted from a blog previously published on this website to mark Universal Health Coverage (UHC) Day 2020.

Very many of the blogs that you will read today will start with the message that 'health is a fundamental Human Right', and this blog is no exception. But not so many will go on to argue for access to essential medicines as a human right, and moreover, that without fulfillment of that right, all the targets for health that now abound, will simply fail, including UHC. This, in itself, is no surprise, even the Director General of the World Health Organization (WHO) agreed when he said 'There is no Universal Health Coverage, no health security without access to quality medicines' (Sept. 2018).

One third of the world's population still lack access to quality-assured and affordable essential medicines. Indeed, while the essential medicine list expands with each new rendition, there seems to be no end to the catastrophic expenditure endured by sick people and their families in low and middle-income countries, particularly when diagnosed with 'high-cost diseases' like cancer. The promise of UHC by 2030 is, in my mind, no quick fix to affordability of such medicines, simply because these drugs are so far out of reach, that even the richest countries in the world cannot afford them. Meanwhile, many countries in the Global South face a crisis in sexual and reproductive health rights partly due to lack of access to commodities. Take Uganda, for example, where low availability of magnesium sulphate resulted in a high rate of deaths due to preeclampsia. Thanks largely to the efforts of our partner, HEPS-Uganda, that is now changing. A lack of access and uptake of other SRHR commodities can also have a deadly impact. In Burundi, less than 10% of sexually active adolescent girls use a modern contraceptive method, which is no doubt a major factor in the high maternal mortality rate the country faces.

We must not berate governments, social insurance funds, even private insurance funds because they can't afford the drugs demanded, it is the pharmaceutical industry and its pricing model that is the culprit. To achieve UHC, medicine prices must come down by all means possible. The access-to-medicines community is trying, and finally, a number of rich nations, whose health systems are groaning under the strain of unaffordable medicines, are listening. So is the WHO. The COVID-19 pandemic has seen to it that they must. Yet, resistance remains, as demonstrated by the reluctance of major economies, including the US and the UK, to sign up to the WHO's COVID-19 Technology Access Pool (C-TAP). The same is true of the opposition shown by so many in the Global North to India and South Africa's proposal for a TRIPS waiver at the World Trade Organization that would expedite

access to vaccines and therapeutics to fight COVID-19 across the world.

Sadly, UHC is an acronym all too readily bandied about. The trouble is, it can mean many things to many people—at one end of the scale, a rallying cry to activism and synonym for ‘Health for All’ and at the other it means the privatisation of health. As WHO are keen to point out, it doesn’t mean all technologies to all people, free of charge, because although that is the dream, this hasn’t yet been achieved anywhere in the world. UHC must also embrace social determinants of health, communications, quality assurance and public health initiatives like clean water. And it definitely does not mean just a basic minimum health package. UHC must grow in its ambition and expand to achieve the right to the highest attainable standard of physical and mental health–including both strong health systems and affordable access to safe, effective and quality assured medicines.