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Ubuntu Enhancing Universal Health Coverage (UHC): Legal Pathways for Equity and Access in African Health Systems

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Abstract

Universal Health Coverage (UHC) remains a principal goal for health systems on the continent, but uneven access, high out-of-pocket spending, geographic variation, and deficiencies in essential services hinder its achievement. These problems show the gap between the acknowledgement of the right to health and realities faced by marginalized communities. This paper seeks to determine how Ubuntu, an approach based on human dignity, solidarity, compassion, reciprocity, and shared responsibility, can help strengthen the legal basis for more equitable UHC in Africa. In particular, the research examines Ubuntu's relevance to the right to health, possible legal ways to incorporate it into national and regional health governance frameworks, and the obstacles to doing so. The research uses a doctrinal approach and applies descriptive and analytical methods to analyse international and regional human rights instruments, constitutions, laws, policies, and academic sources. The study shows how Ubuntu could enhance health governance through inclusive decision-making, community involvement, non-discrimination and accountability, among other things. The research concludes that Ubuntu philosophy should guide legislation, funding, and healthcare delivery. The paper calls for clear legal protection, equal resource distribution, and participation to ensure accessible, affordable, and high-quality health care across diverse African settings.

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1. Introduction

Universal Health Coverage (UHC) is an essential element of sustainable development because it aims to ensure everyone has access to all necessary health care services without financial burden (Yamin, 2015; Yamin, 2023). Despite various international and national commitments to UHC, access to necessary health care remains inconsistent in many African states, especially for people in rural areas and those from disadvantaged backgrounds (Loewenson et al., 2021; Chola et al., 2025). Persons with disabilities, women, children, the elderly and displaced people often face financial, geographical, infrastructural and socio-cultural barriers that affect access to necessary healthcare (Adekola, n.d.; Chibwe & Yona-Chirwa, 2026). Though there are some African states where constitutional protections, health sector policies and health insurance have been established, such approaches have failed to ensure affordable, accessible and high-quality health care services (Adeyemo, 2025; Keuler et al., 2026). Excessive out-of-pocket payments, shortages of medical staff, poor medical facilities, a disjointed financing system, and unequal access to essential medicines hinder the effective realization of UHC (Malesa, 2022; Lichty, 2026). However, the COVID-19 pandemic highlighted gaps in healthcare system readiness, service provision, and the safety of vulnerable groups, showing what happens when health systems are unequal (Snyman et al., 2019; Soudien, 2025). Thus, UHC must go beyond promoting health insurance to include the availability, accessibility, acceptability, and quality of health services, with equitable financing and accountable systems (Jecker et al., 2022; Malizgani, 2026). To reach this goal in Africa, legal arrangements must counteract structural disparities, treat healthcare as a human right, and ensure State finances are allocated based on population needs (Bah, 2023; Cerf, 2018). Thus, a context-sensitive legal perspective is needed to bridge the gap between formal policy-making and on-the-ground realities in African health systems (Anani et al., 2023; Rabwoni, 2025).

Ubuntu provides an ethical and socio-cultural philosophy through which African health systems can rethink equitable health care (Mukhlis et al., 2023; Byangango & Ajibade, 2026). Based on the view that humans create their identity and well-being through relationships, Ubuntu values human dignity, interrelatedness, empathy, reciprocity and collective responsibility (Jecker et al., 2022; Mhlongo & Ngcobo, 2026). Applying these values to UHC challenges the conception of healthcare as purely a commodity or service, instead viewing it as a social good that requires collective security (Chilufya, 2025; Dunkley, 2026). It acknowledges that the enjoyment of health rights is based on relationships between individuals, families, communities, health practitioners and government institutions (McCormack & McCance, 2026; Ochasi et al., 2026). Ubuntu focuses particularly on individuals who face barriers to accessing healthcare because of poverty, disability, gender, age, geographic location, or social factors (Phethedi Mleya, 2024; Niekerk, 2026). Therefore, it supports the recognition of substantive equality that goes beyond treating everyone identically and requires healthcare organizations to consider people's different needs, vulnerabilities, and structural disadvantages (Mleya, 2024; Ekwe & Kumoi, 2026). From a legal standpoint, Ubuntu offers insights into interpreting constitutional rights, defining the public duty of

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healthcare organizations, and evaluating policies that could exclude marginalized groups (Abdullahi & Ariffin, 2026; Uzualu & Ajibade, 2026). However, Ubuntu should not substitute the existing human rights standards, which must be supported by the African normative perspective.

Another way Ubuntu can contribute to UHC is through its approach to participation, solidarity, and institutional accountability (Loewenson et al., 2021; Chibwe & Yona-Chirwa, 2026). Community participation helps ensure healthcare policies reflect the needs of the target population. Ubuntu therefore promotes proper consultation with patients, civil society organizations, and marginalized communities whose perspectives are often ignored in health-care decisions (Dunkley, 2026; Pillai & Challa, 2026). Furthermore, Ubuntu's focus on mutual support and collective efforts can support preventive measures, health-care education, emergency preparedness, and community health-care programs (Ekpenisi et al., 2026; Rabwoni, 2025). Ubuntu can foster respectful patient care, cultural awareness, confidentiality, and compassionate practice within health-care institutions (McCormack & McCance, 2026; Mhlongo & Ngcobo, 2026). At the governmental level, ubuntu mandates that governments pool health-care resources, minimize inequalities, and protect people and families from catastrophic health expenses (Keuler et al., 2026; Malesa, 2022). These principles matter legally, as community involvement can be achieved through mandatory consultation obligations, accountability through transparent reporting and complaints mechanisms, and equity through non-discrimination clauses and needs-based resource distribution (Lichty, 2026; Sekalala & Chatikobo, 2026). However, adequate legal provisions are needed for applying Ubuntu, since collectivist values cannot be applied in ways that undermine individual autonomy, the right to reproduction, privacy, and equal protection (Bah, 2023; Cerf, 2018). In this way, Ubuntu should reinforce the principles of universal human rights and legal pluralism so that individual dignity and freedom are enhanced.

Legal provisions for UHC in Africa can be seen in various international, regional, and national human rights treaties, where states have duties to protect and progressively realize the right to health (Yamin, 2015; Yamin, 2023). Article 12 of the International Covenant on Economic, Social and Cultural Rights provides for the right to the enjoyment of the highest attainable standard of physical and mental health, whereas Article 16 of the African Charter on Human and Peoples' Rights provides for the right to enjoy the best attainable State of physical and mental health. The Protocol to the African Charter on the Rights of Women in Africa is another international instrument that seeks to protect healthcare rights, especially those pertaining to women's health and reproductive rights, while domestic constitutions and health-related legislation are other ways of ensuring the protection of healthcare entitlements (Adekola, n.d.; Abdullahi & Ariffin, 2026). Such instruments require States to ensure that appropriate steps are taken in order to ensure the accessibility, availability, acceptability and quality of healthcare services in the country while upholding all obligations under progressive realization and non-discrimination (Jecker et al., 2022; Sekalala & Chatikobo, 2026). The implementation of such provisions can be difficult owing to the fact that even though there may be recognition of certain healthcare rights under the Constitution, there might still be a lack of legislation, healthcare budget allocations or remedial measures for individuals affected by exclusion and sub-standard healthcare services (Chola et al., 2025;

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Byangango & Ajibade, 2026). Therefore, marginalised communities continue to suffer the consequences of unequal resource distribution, weak infrastructure, and poor institutional accountability (Ochasi et al., 2026; Ekwe & Kumoi, 2026). Existing legal structures may not always incorporate the Ubuntu philosophy's values of solidarity, participation, compassion, and collective responsibility in a meaningful way (Chilufya, 2025; Malizgani, 2026). The essential issue here, therefore, is designing legal structures that link these philosophically inspired values to the State's responsibilities for health financing and the provision of health services (Malesa, 2022; Lichty, 2026).

There is ample research on topics such as the right to health, healthcare financing, social determinants of health, and the relevance of communitarian philosophies to social development (Loewenson et al., 2021; Soudien, 2025). It is not clear, though, whether there is Scope to analyse the relationship between Ubuntu philosophy and the possibility of creating legal pathways to realise UHC in Africa (Jecker et al., 2022; Mukhlis et al., 2023). This study addresses that gap by exploring the relationship between the ethics of Ubuntu and the requirements of UHC in terms of laws and institutions. It does not suggest that Ubuntu serves as an alternative to human rights law, constitutionally or internationally, but instead explores how Ubuntu may inform its implementation and enforcement (Bah, 2023; Cerf, 2018). In particular, the research is dedicated to analyzing how the implementation of Ubuntu may help to achieve greater equality of access to health care services, participation of the community, non-discrimination, financing and accountability in health care institutions (Chilufya, 2025; Keuler et al., 2026). Also, the issue of necessary legal measures that need to be implemented to ensure that communitarian approaches comply with the principles of individual dignity, autonomy, privacy, and human rights is under discussion (Aidonojie et al., 2025; Uzualu & Ajibade, 2026). Thus, the research aims to identify legal and institutional mechanisms that would allow Ubuntu to help create a more just health care system, especially for marginalized groups (Ekpenisi et al., 2026; Pillai & Challa, 2026).

2. Method

The study employs doctrinal research to explore how Ubuntu can contribute to building a robust legal regime for universal health coverage in Africa's healthcare systems. This methodology is appropriate because the issue involves analyzing legal norms in terms of content, meaning, consistency, and implementation. A descriptive methodology will be employed to examine the legal framework encompassing the right to health, State obligations, equality guarantees, participation, and legal norms on health financing and service provision. An analytical methodology will be used to examine, evaluate, and highlight shortcomings in the materials in question. In particular, it will be explored whether and to what extent the values of Ubuntu can contribute to the development and interpretation of legal norms. The study will be evaluative in that the ability of the existing legal arrangements to accommodate the Ubuntu-informed rights-based UHC approach will be examined.

The study will identify the principal doctrinal sources by analyzing international conventions, regional human rights instruments, declarations, constitutions, national health legislation, regulations, case law, and relevant policy papers. Important sources include the International Covenant on Economic, Social and Cultural Rights; the African Charter on Human and Peoples' Rights; the Protocol on the Rights of Women in Africa; selected national

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constitutions and statutes. Sources will be identified using official databases and repositories from the United Nations, African Union, national governments and courts. Sources will be selected based on legal weight and relevance to health rights, equality, non-discrimination, public participation, financing, and accountability. The comparison will be made against relevant standards that may promote or hinder the incorporation of Ubuntu philosophy in legal and institutional mechanisms for UHC. African Charter on the Rights and Welfare of the Child will also be considered where relevant.

Secondary sources for this study will be drawn from peer-reviewed journal articles, academic books, academic edited volumes, research papers, and publications by reputable international and regional organizations. Sources will be identified through scholarly databases and search engines using key search terms such as Ubuntu, universal health coverage, right to health, health equity, African health care systems, solidarity and access to health care. Selected sources will be credible, relevant, contemporary, and contribute to existing scholarly discussions on the research questions posed. The descriptive review will arrange the sources thematically under the concepts of Ubuntu, barriers to UHC and legal approaches to the concept. The analysis will be conducted objectively to identify the strengths and weaknesses of the arguments, areas of consensus and disagreement in the existing literature, and gaps in scholarly studies. Interpretation and recommendations will be made through critical reading of primary and secondary sources.

3. Results and Discussion

3.1. Universal Health Coverage in African Health Systems

Universal Health Coverage refers to a health system that allows everyone and all communities to access affordable, quality, effective, and safe health care without financial hardship (Yamin, 2015; Yamin, 2023). This includes health promotion, disease prevention, treatment, diagnosis, rehabilitation, and palliative care throughout an individual's lifetime (Loewenson et al., 2021; McCormack & McCance, 2026). In Africa, universal health coverage is a critical development goal because access to healthcare services still depends on factors such as poverty, geographical inequities, poor infrastructure, and a lack of skilled medical professionals (Malesa, 2022; Chola et al., 2025). According to the World Health Organization (WHO), universal health coverage is a key part of Sustainable Development Goal 3, especially target 3.8, which calls for achieving Universal Health Coverage and Financial Protection in countries (WHO, 2025; Yamin, 2023). In Africa, achieving this aim requires increased public health financing, sound regulation, affordable medicines, and sound healthcare policy (Lichty, 2026; Malizgani, 2026). Therefore, UHC should be viewed not only as a public health commitment but also as a human right that requires governments to establish lasting legal and institutional structures to safeguard all individuals against preventable illness and exclusion (Bah, 2023; Cerf, 2018).

UHC is based on three interrelated dimensions: population coverage, service coverage, and financial protection (Yamin, 2015; Yamin, 2023). Population coverage refers to providing healthcare services to all people, especially those who are discriminated against and marginalized (Mleya, 2024; Phethedi Mleya, 2024). Service coverage refers to the availability of quality healthcare services, including maternal and child health care, immunization, prevention and control of infectious diseases, emergency services, and management of non-communicable diseases (Ochasi et al., 2026; Ekpenisi et al., 2026). Financial protection means that people do

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not become poor or lack basic needs because of high medical costs (Malesa, 2022; Lichty, 2026). This is especially true in African countries, where out-of-pocket spending, insufficient health insurance, and uneven medical infrastructure hinder access (Loewenson et al., 2021; Adeyemo, 2025). According to the WHO and World Bank's 2025 Global Monitoring Report, in 2023 approximately 4.6 billion people lacked adequate coverage for essential health services, and in 2022 about 2.1 billion people faced financial difficulties due to medical costs (WHO & World Bank, 2025; Yamin, 2023). These figures indicate that access to healthcare depends on more than policy statements, and that adequate legal coverage, sustainable funding, and institutional accountability are necessary (Abdullahi & Ariffin, 2026; Sekalala & Chatikobo, 2026). This means African governments need to incorporate these elements into health legislation and budget frameworks to ensure access to affordable healthcare (Byangango & Ajibade, 2026; Rabwoni, 2025).

Although many governments have committed to UHC, structural, funding, and institutional issues in African health systems affect the delivery of equitable healthcare services (Loewenson et al., 2021; Soudien, 2025). One issue is insufficient healthcare funding, which increases reliance on out-of-pocket payments and creates economic difficulties for poor households when accessing health services (Malesa, 2022; Lichty, 2026). According to WHO's State of the Health Workforce in Africa 2026, there will be a need-based deficit of approximately 5.85 million health workers in the African region by 2030, indicating the level of human resource problems (WHO, 2026; McCormack & McCance, 2026). In addition, inefficient pharmaceutical supply chains, poor regulatory compliance, corruption, inefficient infrastructure development, and poor investment in primary healthcare remain ongoing challenges affecting service delivery (Malizgani, 2026; Ekwe & Kumoi, 2026). The challenges mentioned above impact women, children, people living with disabilities, elderly persons and poor members of society adversely (Mleya, 2024; Phethedi Mleya, 2024). Therefore, UHC can not be attained through the creation of health insurance programs and the building of medical facilities (Adeyemo, 2025; Anani et al., 2023). It calls for coordinated legal, economic, and administrative measures to address structural inequalities, strengthen public sectors, and ensure equitable distribution of healthcare resources (Aidonojie et al., 2025; Rawson, 2026).

Table 1: Impact of Air Pollution on Nigerians' Health

The WHO's 2024 Nigeria Health and Environment Scorecard identifies significant air pollution exposure and associated health risks.

Health impact	Brief explanation
Stroke	Increased risk of cerebrovascular disease.
Ischaemic heart disease	Cardiovascular complications associated with polluted air.
Respiratory diseases	Increased risk of respiratory illness and impaired lung function.
Premature mortality	Increased risk of early death from pollution-related diseases.

Realizing UHC is also closely linked to implementing the right to health under international, regional, and national legal regimes (Yamin, 2015; Yamin, 2023). Article 12 of the International Covenant on Economic, Social and Cultural Rights guarantees everyone the right

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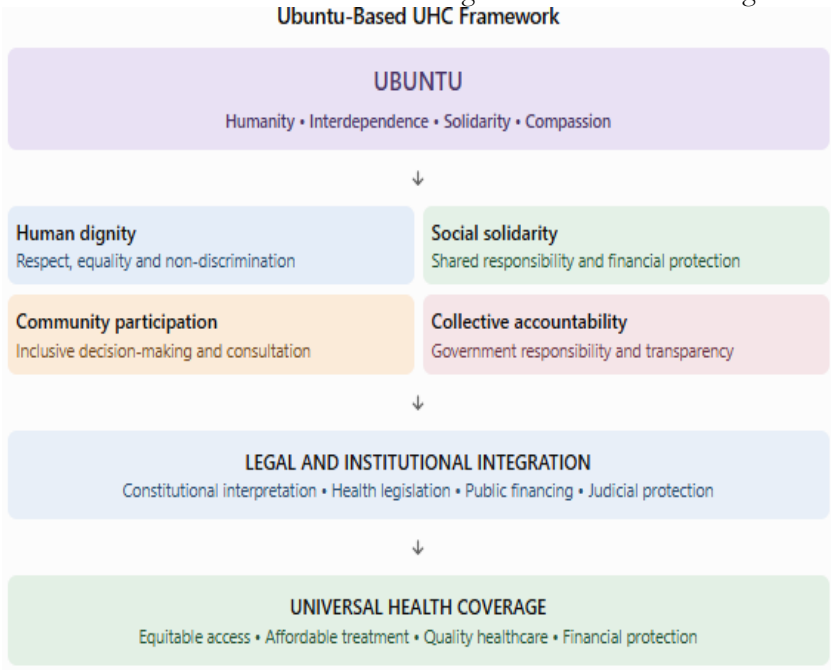
to the highest attainable standard of physical and mental health (Bah, 2023; Cerf, 2018). Likewise, Article 16 of the African Charter on Human and Peoples' Rights obligates African countries to protect their populations' health and provide medical care in cases of illness (Adeyemo, 2025; Abdullahi & Ariffin, 2026). In addition, Article 14 of the Protocol to the African Charter on the Rights of Women in Africa contains provisions on women's health rights and reproductive rights (Mleya, 2024; Niekerk, 2026). Such instruments lay the basis for legislation on healthcare accessibility, public health expenditures, and discrimination. Another important aspect is the guarantee of access to healthcare through legal provisions and institutional accountability (Sekalala & Chatikobo, 2026; Anani et al., 2023). Nevertheless, the mere existence of legal provisions does not guarantee access to healthcare, as implementation is often impeded by insufficient financing, enforcement, and institutional capacity (Loewenson et al., 2021; Malizgani, 2026). For this reason, African states need to develop strong legal obligations, complaint mechanisms, transparency in health budgeting, and judicial protection of health rights (Byangango & Ajibade, 2026; Rabwoni, 2025). Including Ubuntu within such a legal framework could further strengthen this.

3.2. Concept of Ubuntu Enhancing Universal Health Coverage in African Health Systems

The Ubuntu philosophy is an African philosophy which is based on such principles as humanity, interdependence, compassion, dignity, solidarity, and responsibility of a community (Jecker et al., 2022; Mhlongo & Ngcobo, 2026). The Ubuntu philosophy is mostly expressed in the idea that "a person is only a person through other persons." This means individual well-being cannot be separated from the well-being of the community as a whole (Chilufya, 2025; Dunkley, 2026). In African health care systems, the Ubuntu philosophy is a key element that helps people understand healthcare as a social responsibility rather than an entitlement or a commodity (Loewenson et al., 2021; McCormack & McCance, 2026). Thus, applying this philosophy to Universal Health Coverage implies recognizing the responsibilities of governments, healthcare providers, the community, and individuals in protecting human health (Chibwe & Yona-Chirwa, 2026; Malizgani, 2026). This philosophy includes community, interconnectedness, dignity, solidarity, and responsibility, and can serve as a normative guide for making the practical realization of health rights possible (Jecker et al., 2022; Niekerk, 2026). In other words, this philosophy is a culturally rooted one, which can be used by African nations as a framework in which healthcare governance can be improved and in which healthcare access for poor and disadvantaged people can be ensured (Adeyemo, 2025; Bah, 2023).

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Figure 1: Ubuntu as a Framework for Enhancing Universal Health Coverage



Source: Author's conceptual framework, informed by Himonga (2013), WHO (2025) and WHO (2026).

Human dignity is an essential principle linking Ubuntu and UHC because it acknowledges that everyone possesses inherent value regardless of economic standing, gender, disability, location, or socioeconomic background (Cerf, 2018; Mhlongo & Ngcobo, 2026). Such a principle contradicts the discriminatory nature of healthcare practices that target those who cannot afford their medical services or who belong to marginalized groups (Adekola, n.d.; Mleya, 2024). According to the Ubuntu philosophy, African health care systems recognize provisions on human and people's rights in constitutions and international charters as duties aimed at providing real security to vulnerable groups (Bah, 2023; Adeyemo, 2025). The right to health is provided for in Article 16 of the African Charter on Human and People's Rights, while Article 12 of the International Covenant on Economic, Social and Cultural Rights defines the right to the highest attainable standard of physical and mental health (Jecker et al., 2022; Loewenson et al., 2021). The principle of Ubuntu adds to these guarantees by stressing that an individual's pain is the problem of the community as a whole (Chilufya, 2025; Dunkley, 2026). Thus, healthcare policies should focus on promoting equitable access to medical facilities, affordable drugs, maternal healthcare, emergency care, and disability services (Malizgani, 2026; Malesa, 2022). Its use also calls for respectful treatment, obtaining informed consent, and maintaining patient confidentiality (McCormack & McCance, 2026; Niekerk, 2026). Therefore, Ubuntu can further strengthen the moral and hermeneutic foundations of healthcare equality without replacing the enforceability of individual rights (Cerf, 2018; Bah, 2023).

Social cohesion and social responsibility are important elements of Ubuntu that can enhance the economic foundation of Universal Health Coverage in Africa (Chilufya, 2025; Jecker et al., 2022). Ubuntu understands that ensuring community health requires cooperation,

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support, and joint action against illness and socioeconomic vulnerability (Dunkley, 2026; Loewenson et al., 2021). Applying these values to healthcare financing can mean advocating publicly financed health insurance, risk pooling, cross-subsidies, and equitable resource allocation (Keuler et al., 2026; Malesa, 2022). They ensure that individuals do not rely too heavily on out-of-pocket payments, which often prevent poor families from accessing necessary health care (Lichty, 2026; Adeyemo, 2025). According to the WHO and World Bank's 2025 Global Monitoring Report, about 2.1 billion people worldwide suffered from financial difficulties related to healthcare expenses in 2022 (WHO & World Bank, 2025; Loewenson et al., 2021). This means that measures should be taken to ensure financial protection is enhanced as a main part of UHC (Keuler et al., 2026; Malizgani, 2026). Ubuntu helps morally justify allocating resources based on the population's needs, not their purchasing power (Jecker et al., 2022; Malesa, 2022). In addition, it promotes cooperation among governments, communities, civil society, and private healthcare providers to support vulnerable populations (Chibwe & Yona-Chirwa, 2026; Dunkley, 2026). However, the sense of collective responsibility should be converted into clear statutory requirements, long-term budgets, and reliable funding institutions (Bah, 2023; Cerf, 2018). Thus, incorporating Ubuntu into health care financing can help achieve social justice, alleviate financial exclusion and improve equal access to basic medical care (Lichty, 2026; Adeyemo, 2025).

Another way Ubuntu ideology can improve Universal Health Coverage in African health care systems is through community participation (Chilufya, 2025; Loewenson et al., 2021). This concept assumes that people are interlinked and that decisions about a community's well-being should consider community members' views and needs (Jecker et al., 2022; Mhlongo & Ngcobo, 2026). In terms of governance in health care services, the principle implies that communities, government, and medical institutions need to collaborate in policy development and evaluation of health service delivery (Chibwe & Yona-Chirwa, 2026; Dunkley, 2026). The participation of these parties improves an institution's responsiveness because health care interventions better reflect community conditions, culture, and socioeconomic factors (McCormack & McCance, 2026; Niekerk, 2026). For instance, community involvement in programs aimed at maternal health care, vaccination, disease prevention, and public health education may improve the relationships between health care service providers and communities (Malizgani, 2026; Mleya, 2024). The philosophy of Ubuntu equally fosters empathic relationships between the medical practitioners and their patients, ensuring respect for effective communication, confidentiality and culturally-appropriate care (McCormack & McCance, 2026; Mhlongo & Ngcobo, 2026). This is especially important in rural African communities, where mistrust, limited information, and physical distance may affect the use of health care services (Adekola, n.d.; Malesa, 2022). Legally, governments can implement Ubuntu-based participation through statutory consultations, community health committees, a complaints mechanism, and accountability processes (Bah, 2023; Cerf, 2018). As such, Ubuntu shifts healthcare governance from an administrative process to one that involves participation aimed at enhancing collective well-being and equity.

Table 2: Statistical Illustration: Why Ubuntu-Informed Healthcare Reform Matters

Evidence from institutions	Statistical finding	Relevant Ubuntu principle

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WHO: African health workforce shortage by 2030	5.85 million	Collective responsibility
WHO: Global population experiencing financial hardship from health expenditure (2022)	2.1 billion	Social solidarity
WHO: Global population not fully covered by essential health services (2023)	4.6 billion	Human dignity and equality
WHO: Global UHC service coverage index (2023)	71/100	Inclusive access

Ubuntu can therefore offer an effective legal and institutional approach to achieving UHC by integrating African philosophical values into legal obligations regarding healthcare services (Jecker et al., 2022; Adeyemo, 2025). Its principles can be used to interpret constitutions and legislation, formulate healthcare policies, and support institutional accountability processes (Bah, 2023; Cerf, 2018). Specifically, the government can adopt Ubuntu-related values in legislation on discrimination, participation, financing, patient protection, and resource distribution in the healthcare sector (Lichty, 2026; Malizgani, 2026). Ubuntu's significance to the right to health lies in its focus on dignity, community, interdependency, and responsibility (Jecker et al., 2022; Mhlongo & Ngcobo, 2026). The importance of this strategy is demonstrated by the WHO 2026 assessment, which estimates a shortage of about 5.85 million health workers in Africa by 2030 based on needs (WHO, 2026; Loewenson et al., 2021). Ubuntu can motivate governments to invest in health workforces, improve rural facilities, and foster partnerships, increasing access to services (Keuler et al., 2026; Malesa, 2022). Nevertheless, implementation must consider constitutional supremacy, individual autonomy, gender equality, privacy, and international human rights (Bah, 2023; Cerf, 2018). Communitarianism must not justify discrimination or violate people's liberties (Mleya, 2024; Niekerk, 2026). Finally, incorporating Ubuntu into binding laws is expected to improve accountability and help develop healthcare governance that guarantees access to affordable, high-quality care in Africa (Adeyemo, 2025; Chibwe & Yona-Chirwa, 2026).

3.3. Legal Pathways for Equity and Access in African Health Systems Through Ubuntu

The constitutional inclusion of the right to health provides a significant legal basis for incorporating Ubuntu principles into Universal Health Coverage in African health systems. The principle of Ubuntu upholds human dignity, interconnectivity, compassion, and collective responsibility, values that can help in enhancing the interpretation of constitutional provisions regarding equality and access to health care. According to Article 16 of the African Charter on Human and Peoples' Rights, states are obliged to safeguard the health of all their peoples and provide medical care to those who are ill. Similarly, Article 12(1) of the International Covenant on Economic, Social and Cultural Rights (ICESCR) provides the right to health care in accordance with the highest attainable standard of physical and mental health. According to Article 2(2) of ICESCR, states must not discriminate in the enjoyment of the rights set forth in the Covenant. Article 2(1) also requires states to take steps to realize these rights progressively. However, constitutional acknowledgment without effective implementation is insufficient.

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Ubuntu thus provides a theoretical framework for enhancing judicial accountability, equitable healthcare laws, and public health policy (Jecker et al., 2022; Loewenson et al., 2021).

Equitable access to healthcare needs legal provisions that take into consideration the diversity of circumstances of individual and communal lives, especially those of women, children, persons living with disabilities, elderly people, and those who are economically disadvantaged. Ubuntu provides a normative justification for this legal provision, as it recognizes the responsibility to ensure the welfare of vulnerable individuals as a communal duty rather than a mere personal one. The right to health is established by Article 16 of the African Charter on Human and Peoples' Rights. Meanwhile, Article 18(4) of the same charter stipulates that states must eradicate discrimination against women and safeguard their rights. Article 14(2)(a) of the Protocol to the African Charter on the Rights of Women in Africa stipulates the provision of adequate, affordable, and accessible health services. In addition, Article 24 of the Convention on the Rights of the Child also recognizes children's right to the highest attainable standard of health. These laws create space for the development of specialized healthcare measures for these children. The major challenge is ensuring that the legal protection is turned into actual services, especially to those in rural areas. Ubuntu can help by fostering solidarity, community participation, and need-based allocation of healthcare resources (Adekola, n.d.; Chibwe & Yona-Chirwa, 2026; Malizgani, 2026).

Community participation is an important legal pathway through which Ubuntu can facilitate equitable healthcare access, especially in rural and underserved parts of Africa. Ubuntu encourages participatory decision-making and views communities as active in ensuring their health security, rather than passive beneficiaries of government services. This is in line with the African Charter on the Rights and Welfare of the Child, Article 14(2)(i). Further, Article 14(2)(j) of the same charter provides incentives for resource mobilization from local communities for developing primary healthcare. In a similar manner, paragraph 12(b) of the General Comment No. 14 on Article 12 of the International Covenant on Economic, Social and Cultural Rights, issued by the Committee on Economic, Social and Cultural Rights, recognizes accessibility as an integral component of the right to health, whereas paragraph 11 recognizes participation in health decisions. However, it needs to be understood that participation of community members cannot be used to make them accountable for government healthcare responsibilities, especially where poor people are concerned. Governments are responsible for providing finance, regulation, and delivery of necessary services.

Another legal route to operationalizing Ubuntu for achieving equitable UHC through African health care financing systems is sustainable health care financing. Ubuntu recognizes that solidarity should underpin health care financing, since health care provision should not depend solely on individuals' ability to pay. Article 2(1) of the ICESCR provides that the States Parties will take positive steps to progressively realize the recognized rights by utilizing all the resources at their disposal. Further, Article 12(2)(c) and (d) provide that measures aimed at preventing disease, medical treatment and ensuring that individuals can obtain medical attention constitute the core content of the right to health. This means that equitable health budgets, public insurance schemes and underserved people's needs will be taken into consideration. For example, the South African Constitution's Section 27(2) provides that measures will be taken to progressively realize access to health care within available resources. Limited resources should never be used as an excuse for insufficient health care budgets and discriminatory allocation of health care resources. Therefore, legal reforms should entrench

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need-based funding, limit excessive out-of-pocket spending, and strengthen public primary healthcare (Keuler et al., 2026; Lichty, 2026; Malesa, 2022; Adeyemo, 2025).

Furthermore, any attempt to integrate Ubuntu into African health legislation should include measures to ensure institutional accountability and protect individual human rights. While Ubuntu emphasises communal good, its communitarian nature should not mean that individuals are treated as mere members of communities, or that collective preferences take precedence over individual rights. The South African Constitution, through sections 9 and 10, protects equality and inherent human dignity. Section 27 of the same constitution ensures access to healthcare services and provides a right not to be refused emergency treatment. These sections show that constitutional guarantees can provide for both solidarity and individual rights. Also, Article 16 of the African Charter obligates all states to protect public health and provide medical care. In fact, only through legislation, administration, and legal action can Ubuntu create enforceable standards for health delivery. Governments must create complaint mechanisms, independent regulation, patient protection measures, and remedial procedures for discrimination in medical practice. In addition, cultural practices must align with principles of equality, informed consent, and reproductive choice. Ubuntu must act as an additional interpretive and governance paradigm that complements, rather than substitutes for, constitutional and international human rights norms (Bah, 2023; Cerf, 2018; Jecker et al., 2022; Malizgani, 2026).

4. Conclusion

Ubuntu philosophy has been found to be a necessary philosophical and normative basis for the achievement of Universal Health Coverage in African health care systems based on equity, solidarity, human dignity, and collective responsibility. This study has revealed that there already exist some legal frameworks at international and regional levels, such as Article 16 of the African Charter on Human and Peoples' Rights, Article 12 of ICESCR and Article 14 of the Protocol on the Rights of Women in Africa, that are legally enforceable to protect the right to healthcare accessibility. But even then, inequities, inadequate funding, shortages of healthcare professionals, and poor institutional accountability remain hindrances to enforcement. Ubuntu philosophy can serve as a bridging mechanism to ensure that the gap between legal obligations and healthcare is filled through inclusion, compassionate service delivery, equitable resource allocation and community participation in healthcare decision-making. Yet at the same time, the implementation of Ubuntu must be used as a complement rather than a substitute for constitutional protections and individual rights that have been internationally recognized.

First, African governments should incorporate Ubuntu's values of solidarity, dignity, empathy, and shared responsibility into each country's health care law and UHC strategy without undermining the enforceability of individual rights. Constitutional and legislative changes could emphasize non-discrimination, patient protection, community participation, and access to remedies for violations of health care laws. Secondly, governments need to ensure fair health care financing through sustainable public health insurance, progressive resource allocation, and increased investment in primary health care in rural areas. Thirdly, governments ought to establish legally recognized community health committees to enable effective participation in health care management and policy-making. Fourthly, governments need independent regulatory bodies in the health care sector to ensure accountability, transparency, professional standards, and the enforceability of patients' rights. African Union organizations should also encourage cooperation and the exchange of experience in implementing the

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Ubuntu philosophy in health care governance. Finally, governments ought to invest more in health care workers, drugs, facilities, and public education in the health care sector.

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Conflict of Interest

Nil

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