

FIFTY YEARS OF SYNERGY BETWEEN HEALTH AND RIGHTS

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Fifty years ago, the World Health Organization was founded on the basis of a Constitution which projects a vision of health as a state of complete physical, mental and social well-being — a definition of health that is more relevant today than ever. It recognizes that “the enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being” and that “governments have a responsibility for the health of their peoples which can be fulfilled only by the provision of adequate health and social measures.”

On the fiftieth anniversary of the Universal Declaration of Human Rights — a document that sets out the conditions necessary for health — the world continues to confront complex and difficult challenges with serious consequences for health and for human rights. As we seek new approaches to prevent and mitigate the impact of the unevenly distributed burden of known communicable and noncommunicable diseases, new threats to our physical, mental and social well-being continue to emerge. The expanding prevalence of microbial resistance to drugs (as is the case for tuberculosis and malaria); newly discovered infectious agents (such as those responsible for hemorrhagic fevers); increasing recognition of the negative and long lasting consequences of violence in its various forms; and many of the health issues linked to risk-taking behaviors (such as unprotected sex, and alcohol, tobacco and illicit drug use) force us to query both the evolving meaning of health and the reasons why the conditions necessary for its attainment have not been met. The Universal Declaration of Human Rights, in particular its explicit attention to discrimination, affords us a convenient framework to recognize, examine and address these conditions.

When the World Health Organization set out to improve health 50 years ago, there were hopes that the existence of antibiotics, and the progress achieved in the development of vaccines and in biomedical technology would provide the tools sufficient to enable individuals everywhere in the world to reach the highest attainable standard of physical, mental and social well-being. However, decades of health development have clearly shown that regardless of the effectiveness of technologies, the civil, cultural, economic, political and social conditions underlying ill-health have to be addressed as well. Indeed, we need to realize that health depends on the fulfillment of all human rights and attention to the increasingly complex relationship of people to their environment. The major determinants of better health lie outside the health system and include better education and information, and fulfillment of those rights which enable people to make and effectuate the decisions relevant to their lives. Poverty and underdevelopment, in fact, epitomize the compounding effects of ill-health and lack of realization of human rights. Poverty most severely affects the developing world which carries over 90 percent of the global disease burden — with access to only 10 percent of the resources for health. Poverty also persists in industrialized countries where the social, economic and health gaps between the haves and the have-nots relentlessly continue to grow. And as a new recession threatens the world's economies, governments and the international community are being provided with new opportunities to examine the ways in which health can best be assured, including the provision of safety nets for the most vulnerable populations. Failing this, the prospects for better health in the next century are alarmingly bleak.

Poverty and the threat of recession illustrate a situation where the neglect or the inability of governments to recognize and fulfill their human rights obligations may impact on health. Discrimination — on the basis of such factors as race, color, sex, language or religion — may further compound the adverse effects of poverty on health. Even where poverty is not a critical issue, discrimination can have a severe negative impact. No community is fully protected from discrimination and its detrimental consequences to individual and public health. In particular, gender-based discrimination

poses a pervasive threat to health. Girls and women who are denied access to education, information and various forms of economic, social and political participation are particularly vulnerable to the impact of discrimination on their health. Discrimination can undermine any efforts we make towards better health and a better society. This is true when discrimination is recognized, tolerated, acknowledged or even condoned by governments, but also when it remains insidiously hidden or deliberately ignored behind an accepted status quo. Unrecognized or unattended, its burden on health surreptitiously continues to grow. Recognized, it challenges governments, both individually and collectively, to implement deep social reforms.

In this year of the fiftieth anniversary of the Universal Declaration of Human Rights, we have come to realize that there is a powerful synergy between health and rights. By design, neglect or ignorance, health policies and programs can promote and protect or conversely restrict or violate human rights. Similarly, the promotion, protection, restriction or violation of human rights can have direct impacts on health. Thus, health and rights should inform and inspire each other. Both public health and human rights recognize the ultimate responsibility of governments to create the enabling conditions necessary for people to make and effectuate choices, cope with changing patterns of vulnerability and keep themselves and their families healthy. The recognized, and yet incompletely explored, synergy between health and rights offers us a way forward.

The WHO is working to accelerate and strengthen the operational bond between its health mandate and human rights. In this context, the WHO has recognized the concept of "health security," a principle which encompasses a constellation of rights enshrined in the Universal Declaration of Human Rights. It necessitates universality in health care, access to education and information, the right to food in sufficient quantity and of good quality, and the right to decent housing and to live and work in an environment where known health risks are controlled. Knowledge, freedom of choice and, through various forms of societal and economic transformation, the empowerment of people to effect desired changes in their own lives are understood as critical to move health se-

curity from theory to reality.

The WHO of the twenty-first century is embarked on a set of challenging tasks. It aims to enhance the fight against communicable and non-communicable diseases; it strives towards sustainable health development; it is determined to roll back malaria and committed to a Tobacco Free Initiative. These priorities, and others which form the work of WHO, necessitate a health and human rights response. Diseases find fertile ground where information and education are lacking, and where the freedom of community organization is restricted. They recede when the conditions exist for individuals to acquire knowledge and to organize. Malaria spreads and kills where the right of individuals to a healthy environment is not fulfilled. The conditions for malaria transmission and reduced access to treatment also occur where massive violations of human rights result in community disintegration, population displacement and civil unrest. The pandemic of tobacco smoking is fueled by creating addiction among young people in a manner which overruns the rights of the child, as when governments allow tobacco companies to target young populations in the developing world for the dumping of their most health damaging products.

Even when governments are well-intentioned, they may have difficulty fulfilling their health and human rights obligations. Governments, the WHO and other intergovernmental agencies, should strive to create the conditions favorable to health, even in situations where the base of public finance threatens to collapse. We need to build sustainable and equitable health systems that can stand the test of changing times and economic restraints. This is a particular challenge in today's context of widespread health sector reform. These reforms are expected to bring about welcome improvements but, as they take place, we must be mindful that human rights are not undermined and inequalities in health accentuated. The reorientation of public health strategies and reallocation of resources will require us to be attentive to our obligations to all people and, consequently, to the availability of safety nets for those who are most vulnerable. Furthermore, the increasing role of nongovernmental organizations and civil society in the health field, at a time when governments are stepping back from their traditional role as care providers,

creates a compelling need to reexamine the concept of partnership in health. Human rights can guide us to redefine ways in which governments and the international community as a whole are accountable for what is done and not done about the health of people.

Our continuing quest for the full attainment of health and human rights requires progressive measures defined not only by resources, but by our commitment. This concept of progressive implementation, recognized by the Universal Declaration of Human Rights 50 years ago, helps us to deal with the ever-changing complexities of our present world, as we strive towards our long term goal in a spirit of constant progress.