



60th Anniversary of the Universal Declaration of Human Rights

Action for Global Health Statement on the Right to Health

On the occasion of the 60th Anniversary of the Universal Declaration of Human Rights, Action for Global Health – a network of 16 European NGOs advocating for greater progress on the health Millennium Development Goals – is calling for more urgent action by donors, developing country governments and international civil society to fulfil the right to health. In the Declaration the human right to health was laid out and internationally recognised for the first time. In 1966, it was enshrined within international law in the Covenant on Economic, Social and Cultural Rights and in 1978 the right to health was reaffirmed in the Declaration of Alma Ata. The Universal Declaration of Human Rights states that:

“Everyone has the right 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 the right to security in the event of unemployment, sickness, disability, widowhood, old age or other lack of livelihood in circumstances beyond his control.”

Universal Declaration of Human Rights (1948), Article 25 (1)

Sixty years on from the signing of the Universal Declaration of Human Rights, governments around the world have failed to fulfil their obligations and the right to health remains largely rhetoric, with more than a billion people around the world lacking even the most basic levels of health care. A failure to apply the principles of the right to health has led to a persistence and widening of health inequalities both between and within countries.

Health inequalities

Between countries

Under-five mortality, for example, differs dramatically between countries. A child born in Sierra Leone is three and a half times more likely to die before its fifth birthday than a child born in India, and more than a hundred times more likely to die than a child born in Iceland or Singapore

Within countries

Within all countries there are dramatic differences in health that are closely linked with degrees of social disadvantage. For example, a study of over 50 low-income countries found mothers in the lowest wealth quintile less than half as likely to receive skilled attendance at birth as those in the wealthiest group.

(WHO Commission on the Social Determinants of Health, Health Warning, Action for Global Health Policy Report 2007)

The dismally slow progress towards the health **Millennium Development Goals (MDGs)** is further evidence of the failure to achieve the right to health. Between 1990 and 2006, about 27 countries - the large majority in sub-Saharan Africa - made no progress in reducing childhood deaths; and by the end of 2007 only 3 million of the estimated 9.7 million people in need of AIDS treatment in developing countries were receiving the drugs. Maternal health is the only MDG on which no progress has been made with 1 in 16 women dying in childbirth in many African countries (UN MDG Report 2008). Sexual and reproductive health are still far from being achieved. A shortfall in funding alone does not explain this lack of progress; a rights-based approach to health is needed to ensure that no one is left behind in the race to achieve the MDGs.

Realisation of the right to health

The right to health obliges States to protect the health and well-being of their people; it requires legal and policy frameworks that support non-discrimination, equity and promote universal access to resources and services; and it necessitates accountability mechanisms, the participation of civil society in the design and implementation of policies that will affect them, and their involvement in holding governments to account.

The right to health calls for a **holistic and multi-sectoral approach**, due to the wide social determinants of health; and it calls for shared responsibility to be taken with governments, donors, civil society organisations and community members all having an important role to play. However, the right to health places a focus on the primary duty-bearer, the State, and its **obligation** to ensure the right to health is realised and to ensure all stakeholders are included in this process. State obligations fall into three categories, the obligations to *respect*, *protect* and *fulfil* the right to health.

State obligations in implementing the right to health

Respect the right to health

This obliges the State to refrain from interfering directly or indirectly with the right to health. They should not, for example, limit access to health services or contraceptives, censor or misrepresent health information or impose discriminatory practices relating to women's health needs. States must also respect the enjoyment of the right to health in other countries.

Protect the right to health

This obliges the State to prevent third parties from interfering with the right to health. This includes ensuring that privatization does not threaten the availability, accessibility, acceptability and quality of health-care goods and services and the protecting of individuals from acts that may be harmful to their right to health—e.g., prevent women from undergoing harmful traditional practices such as female genital mutilation.

Fulfil the right to health

This obliges the State to adopt appropriate legislative, administrative, budgetary, judicial, promotional and other measures to fully realize the right to health. The State must, for instance, provide sufficient resources to ensure that the right to health of individuals or groups, particularly those who are poor, vulnerable or with fewer opportunities, can be fully realized. The State is also obliged to adopt a national health plan covering both the public and private sectors; ensure the provision of health care and development of effective integrated systems and ensure equal access for all to the underlying determinants of health, such as safe and nutritious food, sanitation and clean water.

(The Right to Health. Factsheet No. 31. WHO and UNHCR, The Right to Health: A Resource Manual for NGOs, Asher, J)

States must urgently comply fully with the right to health if progress towards the MDGs is to be accelerated. It needs to be integrated into the policymaking and program implementation of all governments, donors and international agencies. Realisation of the right to health means the building of strong integrated primary health care systems, including sexual and reproductive services, which are universally accessible and incorporate health promotion and prevention and meaningful community participation.

A Call for Action for the Right to Health

Action for Global Health (AfGH) is a network of 15 NGOs across Europe working to accelerate progress towards the health Millennium Development Goals. AfGH is committed to fostering a strengthened, concerted and inclusive right to health dialogue from the local level up to the global policy level. On the occasion of the 60th Anniversary of the Universal Declaration of Human Rights, Action for Global Health calls on European governments, the European Commission, donors, and international agencies to prioritise and comply with the Right to Health as key to ensuring the health MDGs are met.

This requires:

- a) Governments to put in place legal structures and policies that will protect the right to health, provide a holistic development framework and integrate a gender mainstreaming approach;
- b) Governments, donors, European Commission and international agencies to implement policies that ensure women, children and all other vulnerable and marginalised groups have equal access to primary health care, and tackle the underlying social determinants of health that limit access;
- c) Governments, donors, European Commission, international agencies to actively engage with civil society and ensure community participation in designing and implementing policies and in holding them to account and
- d) Donor governments to allocate 0.1% of their gross domestic income to official development assistance for health, and partner governments to allocate sufficient domestic resources to health. In Africa this requires governments to meet the Abuja Target of allocating 15% of their national budgets to health.