

The right to health: from rhetoric to reality

Human Rights Day on Dec 10 marks the 60th anniversary of the Universal Declaration of Human Rights (UDHR). A year ago, in the run up to this important milestone, UN Secretary-General Ban Ki-moon launched a campaign that aimed to increase knowledge and awareness of human rights. During the course of the year, many governments and educational, cultural, and human rights institutions have reaffirmed their commitment to the values and principles of the UDHR. The health sector has been strikingly silent, which is tremendously disappointing given that the foundation for the right to health is laid out in this historic document. Perhaps one of the reasons why the health sector has been so quiet is the general lack of understanding about what the right to health is and what it means in practice.

As clearly demonstrated in a landmark report—led by Paul Hunt, former UN Special Rapporteur for the Right to Health, and health and human rights practitioner, Gunilla Backman—published today in *The Lancet*, the right to health is much more than a convenient phrase which health workers, non-governmental organisations, and civil-society groups can brandish about in the vague hope that it might change the world. The right to health is a legal instrument—a crucial and constructive tool for the health sector to provide the best care for patients and to hold national governments, and the international community, to account.

Although enshrined in several binding international treaties and national constitutions, it was not until 2000 that the UN Committee on Economic, Social and Cultural Rights adopted general comment 14, which states that in addition to access to health care, the right to health also includes underlying determinants of health, freedom from discrimination, participation, and accountability. Central to this argument are the sensible points that the goal of reaching the right to the highest attainable standard of health is subject to progressive realisation—an ongoing commitment rather than an immediate achievement—and depends on available resources.

The Lancet report discusses the main points of general comment 14, but the authors' aims are much more ambitious. In addition to unpicking what the right to health means in practice, the authors examine the key features of health systems—a process that builds on

Hunt's valuable work as Special Rapporteur, in which he submitted many reports on specific health issues, such as maternal mortality and right-to-health guidelines for the pharmaceutical industry, to the Human Rights Council. The authors then devise a list of 72 indicators that can objectively measure the salient right-to-health requirements that should be universally present in health systems. This exercise is particularly relevant given that health systems have been the focus of much-needed international attention this year, such as the 30-year anniversary of Alma-Ata, the G8 Summit, and the recent Ministerial Global Forum on Health Research in Bamako, Mali.

The authors collect data for these indicators for 194 countries and use five countries as case examples. Although a substantial amount of data are not available—because such data have not been internationally collected, an important and scandalous finding in its own right—the authors discuss several important results. For example, although having a national health plan is a requirement of general comment 14, to date only 57 countries have fulfilled this obligation. Most importantly, the authors suggest the way forward and give specific recommendations for different sectors and actors.

UN High Commissioner on Human Rights, Navanethem Pillay, gives her support to the report, and in another Comment Amartya Sen echoes the importance of the right to health. Although it has its limitations, this significant study is a comprehensive and constructive exercise that begins the process of monitoring dimensions of the right to health that should be present in all health systems. The report also serves to inform and engage the health sector, and others, in the practicalities of the right to health.

The 60th anniversary of the UDHR is a fitting occasion for the right to health to be brought in from the cold and be universally recognised and understood as a fundamental human right. There is no longer an excuse for ignoring right-to-health requirements in national and international health policy. Health workers, health policy makers, and all who care about the health of individuals, groups, and the global population, should mainstream the right to health by using this valuable and practical tool in their everyday practice. ■ *The Lancet*



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See [Comment](#) page 2005, 2007,
2008, and 2010

See [Perspectives](#) page 2015

See [Right to Health](#) page 2047

For the right-to-health guidelines for the pharmaceutical industry see http://www2.essex.ac.uk/human_rights_centre/rth/docs/GA%202008.pdf

For the right-to-health reports written by the UN Special Rapporteur see http://www2.essex.ac.uk/human_rights_centre/rth/reports.shtml

For information about what health workers can do to champion the right to health see [Viewpoint Lancet 2008; 371: 2213–18](#)