

## **Fourth Annual Global Health Symposium**

### **“Global Health and Human Rights”**

Wednesday, March 5, 2008

#### **Keynote Address: Florence Chenoweth**

Health Care and Human Rights: The World Cannot Wait

#### Introduction

I would like to begin my address on the topic: Health Care and Human Rights: The World Cannot Wait, by commending the University of Wisconsin-Madison Center for Global Health and co-sponsors for organizing this Fourth Annual Global Health Symposium, to highlight the many exciting global health efforts of the UW faculty, staff, and students. I especially like to commend you on the foresight that led to the focus on health as a human right.

By devoting this Symposium to discussion of the “right to health” you have taken another significant step in a gradual recognition that treating health as a human right is practical, operational and adds value. By featuring here today, a variety of global health activities that represent the broad range of interdisciplinary approaches to improving health, you will also provide further clarity on the subject, and enable health professionals and those still in training, to reframe their work in a way which makes the right to health meaningful. It is a great pleasure, therefore, for me to participate in this Global Health Symposium. I am also happy to take part in your symposium

because much of our work in the University of Wisconsin-Madison Human Rights Initiative is focused on the goal of gathering and providing information that will make the right to health and other human rights practical and meaningful.

We are encouraged by your obvious understanding of the linkages between health and human rights, and by how you use this to achieve your mission of developing and supporting international health curricula, research, and service programs, to contribute health improvements throughout the world. At a time in the life of this first class public university, when the vision is to go beyond this, and on to it being global - a great public and first class university in a changing world. I would not want to miss the opportunity to also commend you all on the many areas of uniqueness of your program i.e., strong collaboration and interdisciplinary, focus on education with strong impact on students – a model recognized by other institutions, and your guiding focus of “one health”. On this later point, I must say that in our world today, where the state of the poor, especially that of children’s health and women’s health, can be described through data and statistics that catalogue death, disability, and suffering, you’ve got it right! One health – a packaged approach to meeting the health needs for all that is about the sick and distressed person, the family or community, including their animals and the environment.

### Linkages Between and Human Rights

Health is a fundamental human right, linked, inextricably to all other human rights. The linkages between health and human rights, and how promoting

and protecting health and respecting, protecting and fulfilling human rights are inextricably linked is summed up in three clear points by the World Health Organization (WHO)<sup>1</sup>. They are:

- Violations or lack of attention to human rights can have serious health consequences (e.g. harmful traditional practices, slavery, torture and inhuman and degrading treatment, violence against women and children).
- Health policies and programs can promote or violate rights in their design or implementation (e.g. freedom discrimination, individual autonomy, rights to participation, privacy and information).
- Vulnerability to ill health can be reduced by taking steps to respect, protect and fulfill human rights (e.g. freedom from discrimination and account of race, sex and gender roles).

As we know from working in both the health and human rights fields, discussions about health care have not included human rights consideration and the two have rarely been linked in an explicit manner with few exceptions, mainly involving access to health care. Similarly, health perspectives have generally been absent from human rights discourse except when obvious damage to health is the primary manifestation of a human right abuse, such as torture<sup>2</sup>. A conscious recognition of the “right to health” approach can encourage best practice. Importantly, recognition of health as a human right will ensure a non-discriminatory approach to patient care and respect for all individuals.

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<sup>1</sup> All human rights are inextricably linked and the enjoyment of one right may have implication, negative or positive, on the enjoyment of the other (WHO on Health and human rights) 2005.

<sup>2</sup> **Health and Human Rights:** [Jonathan M. Mann](#) (Editor), [Sofia Gruskin](#) (Editor), [Michael A. Grodin](#) (Editor), [George J. Annas](#) (Editor). New York Routledge C-1999

## Historical Development of the Expression “Human Rights”.

Before going further, let me, for the benefit of the students, take a couple of minutes to give a short background on the historical development of the expression “human rights”. The idea of human rights really become a universal political ideology and the yardstick by which many people measure “human progress”, at the end of the Second World War.

The timeline on discussion of this topic, however, dates back to January 6, 1941, and to a famous speech by the US President Franklin Roosevelt to Congress. In that speech which is commonly referred to today as “The Four Freedoms”<sup>3</sup>, President Roosevelt made the first assertion of the belief that every human being is born with certain inherent right. He said, and I quote: “In the future days, which we seek to make secure, we look forward to a world founded upon four essential human freedoms. The first is freedom of speech and expression -- everywhere in the world. The second is freedom of every person to worship God in his own way -- everywhere in the world. The third is freedom from want -- which, translated into world terms, means economic understandings which will secure to every nation a healthy peacetime life for its inhabitants -- everywhere in the world. The fourth is freedom from fear -- which, translated into world terms, means a world-wide reduction of armaments to such a point and in such a thorough fashion that no nation will be in a position to commit an act of physical aggression against any neighbor-- anywhere in the world.” End of quote.

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<sup>3</sup> The “Four Freedoms” Franklin D. Roosevelt’s Address to Congress January 6, 1941 Chapter 36

Four years later when the Second World War ended, many countries around the world embraced the four freedoms, and this eventually became part of the Universal Declaration of Human Rights which was adopted by the United Nations General Assembly on 10 December 1948.

The era of the human rights debate began in earnest in 1946, with the creation of the United Nations Commission on Human Rights. The Commission, which was composed of 18 member states, set up a drafting committee that had as its sole task, preparation of a draft of the Universal Declaration of Human Rights.

Throughout the two year process, the drafters were able to maintain a common ground for their discussions and a common goal – respect for fundamental right and freedoms - despite their conflicting views on some questions. They agreed that the Declaration had to be universal, and that it would include the principles of non-discrimination, civil and political rights, and social and economic rights.

Ultimately, the fact that the Universal Declaration of Human Rights contained both civil and political rights to which the title of “the first-generation rights” was assigned, and which were favored by capitalist nations, and the economic, social and cultural rights to which the title of “second-generation rights” was assigned, and which were favored by communist nations, a strong divide between the two led to a lack of international consensus necessary for it to be a binding treaty. To solve this problem, the components were divided and two binding Covenants were

created instead of one: the International Covenant of Civil and Political Rights (ICCPR) and the International Covenant of Economic, Social and Cultural Rights (ICESCR). The right to health is included in the International Covenant of Economic, Social and Cultural Rights.

The Universal Declaration of Human Rights affirmed that a decent standard of living, including access to health and education, were fundamental human rights. Subsequent international agreements legally committed governments to the progressive realization of these rights. The Preamble to the WHO constitution also affirms that it is one of the fundamental rights of every human being to enjoy "the highest attainable standard of health". Inherent in the right to health is the right to the underlying conditions of health as well as medical care.

The United Nations expanded the "Right to Health" in 1966 and again in 2002 and with these expansions, came specific calls for:

- the "provision for the reduction of ... infant mortality and for the healthy development of the child;
- the improvement of all aspects of environmental and industrial hygiene;
- the prevention, treatment and control of epidemic, endemic, occupational, and other diseases; and
- the creation of conditions which could assure to all medical service and medical attention in the event of sickness."

The expansions also allowed for the historical content of this right to be further explored; for further defining of the meaning of an adequate health care system; for detailing obligations of states and Non Governmental Organizations (NGO); for more clarity in the defining violations and discussing the basics of implementation.

The Universal Declaration of Human Rights, with its broad range of rights, inspired more than 60 human rights instruments which together, constitute an international standard of human rights. The right to health has been enshrined in numerous international and regional human rights treaties as well as national constitution all over the world<sup>4</sup>.

Like all human rights, the right to health imposes on the State Party, three types of obligations: Respect (non interference with the enjoyment of the right to health); Protect (ensuring that third parties (non-state actors) do not infringe upon the enjoyment of the right to health); Fulfill (taking positive steps to realize the right to health).

The right to health does not mean the right to be healthy. It means that governments and public authorities are obliged to put in place, policies and actions plans that will, in the shortest time possible, lead to available and accessible health care for all. Such conditions range from ensuring

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<sup>4</sup> Examples of UN human rights treaties are: International Covenant on Economic, Social and Cultural Rights (ICESCR), 1966; Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW), 1979; Convention on the Rights of the Child (CRC), 1989. Examples of regional human rights treaties: European Social Charter, 1961; African Charter on human and Peoples' Rights, 1981; Additional Protocol to the American Convention on Human Rights in the Area of Economic, Social and Cultural Rights (the Protocol of San Salvador), 1988

availability of health services, healthy and safe working conditions, adequate housing and nutritious food.

The right to health does not make new and burdensome demands on health professionals; rather it sets their day-to-day practice within a universally accepted framework of values. It provides a broad normative framework for health practice. It calls for respect for the dignity of patients, for listening and talking to them in a way that recognizes their unique individuality, for seeing them as people rather than as the conveyors of illness or disease; and for understanding and respecting the fact that people vary in their information needs, and in their ability to absorb information, particularly when ill or under stress. Many health professionals are already working in ways that protect and promote the right to health, yet they may not be familiar with describing the practice in this context.

Human rights protect and promote the integrity and dignity of all human beings, and as such, implementing the right to the highest attainable standard of health should be the ultimate objective of action in the field of public health. However like many other economic, social and cultural rights it has been neglected and violated on a huge scale in many parts of the world.

Let me refer to only one statistic here: According to figures reported in UNICEF's report: *The State of the World's Children 2008*, fewer children are dying today than in 1960, the earliest year for which the annual number of child deaths is currently available. In fact, the report states that over the past 46 years, the annual number of child deaths has halved, from 20 million in 1960, to under 10 million in 2006. The actual figure is that 9.7 million

children died in 2006 before their fifth birthday. That is, over 26,000 children a day. They die from a disease or a combination of preventable diseases, or from sheer hunger. Simply put, they die because they were born into the trap of poverty that their parents were unable to break out of. That is a silent tsunami a week, 52 tsunamis a year. The death of a child is a tragic loss. Over 26, 000 deaths a day from diseases that can be prevented or treated by existing inexpensive means, or from hunger in a world that has enough to feed everyone, is morally wrong. It is a shameful fact — a terrible indictment of the world in 2008 and it's an issue that needs to be solved.

### Poverty and Human Rights

This brings me to the issue of poverty. When we consider the reality of poverty in today's world: a world where the great majority of the 1 billion people who live in poverty are women; where the world's poorest have little access to functioning health and education services; where poverty is closely linked to injustice and exploitation; where the environment is being degraded, not only to support economic growth, but also to support the mere survival of the poor – we cannot but ask what has gone wrong?

Poverty is the element that impacts on health as nothing else. With 60 percent of the global population being almost equally poor and receiving less than 6 percent of its income, with annual income of the richest 500 people in the world exceeding that of the poorest 416 million, and with the cost of ending extreme poverty being around \$300 billion – less than 2% of the

income of the richest 10% of the world's population<sup>5</sup>, with 89.5 million Americans spending a part of the last two years without health insurance (more than 1/3 of the non-Medicaid population below 65 yrs)<sup>6</sup>, poverty, not a particular disease or group of diseases, is the world's greatest health problem.

Poverty is multidimensional, involving not only a lack of income, but also ill-health, illiteracy, lack of access to basic social services, and little opportunity to participate in the processes that influence people's lives. It is also pervasive, as 1.2 billion people around the globe still live on less than a dollar a day; over 850 million people go to bed hungry every night; over 500,000 children die every year and many others are left blind in a world where a relatively inexpensive vaccine and treatments for many of the diseases that they die from has been available for over 40 years; where a treatable disease like tuberculosis kills some 1.7 million people a year, most of them in their prime productive years; and where over one billion people – one sixth of the world's population – still lack access to improved drinking water<sup>7</sup>.

Human rights principles and standards, including the right to the highest attainable standard of health, offer powerful moral arguments for governments and the international community of the need to invest in health. In tandem with this, the human rights framework – by focusing attention on

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<sup>5</sup> Human Development Report 2005, United Nations Development Programme; Available at: [hdr.undp.org/en/media/hdr](http://hdr.undp.org/en/media/hdr)

<sup>6</sup> Benatar SR. *PLoS Med* 2005;2(12):e400:1207-1210. Benatar SR, et al. *Intl Affairs* 2003;79:107-138. Horton R. *Lancet* 2004;364:1069. Editor's choice. *BMJ* 10 April 1999;318. Available at: <http://www.pubmedcentral.nih.gov/articlerender.fcgi?artid=1115376>. Accessed 1/20/08

<sup>7</sup> FAO State of Food and Agriculture 2007; WHO Annual Report 2007; UNICEF The State of the World's Children 2008

vulnerable populations, minorities, the rural poor and women especially – provides a powerful standard to ensure that the health needs of the most vulnerable in communities are being met.

In 2002, the Commission on Human Rights created a new mandate – a UN Special Rapporteur on the Right to Health. The Special Rapporteur, Professor Paul Hunt of Essex University has focused his work increasingly on how human rights principles and tools of accountability can be more directly applied to the task of strengthening health systems. He has argued that the right to health can be understood as a right to an integrated and effective health system – which is responsive to national and local priorities, and is accessible to all. As he has stated... “..the right to health underpins the call for an effective health system accessible to all” It is my message to-day that we will not make substantial progress towards the objective of access to health for all without greater attention to the links between health and the realization of fundamental human rights.

Achieving improvements in health outcomes requires looking beyond the health sector. This requires strong connections with other sectors such as education, water and sanitation, nutrition, gender and the environment. A good understanding of the causes of poverty and of ill health must be reflected in national health and development plans, in the daily work of every health professional, and in training programs at all levels. It requires that we take a “Rights Approach” as the base from which to launch our interventions to improve health.

Taking a “Rights Approach” however requires that we do not assume a “one prescription for every ailment” approach. The meaning of a “Rights” approach in a “Resource-Poor” context is different from that in a “Resource-Rich” context. I can assure you that if you went to a village in my home country of Liberia today, and asked a woman who survived over 25 years of political unrest, what a human rights approach means to her, she will most likely say: “freedom from violence, food, clean water, a health center, and a school for my children”. It is important to reflect on the links between the inaccessibility of health care, human rights, and the incidence of poverty and how we have relegated some of the most important determinants of poverty – such as lack of respect for women’s rights, lack of equitable access to basic health services, to education, to clean water, lack of access to decent employment opportunities, all internationally recognized human rights – to peripheral rather than central importance.

### Concluding Remarks

Health and Human Rights: Our world Cannot Wait is the theme of today’s talk. When you heard the topic, did you wonder just what it is that our world cannot wait for? When I was asked to present as the keynote speaker at this Fourth Annual Global Symposium on Global Health and Human Rights, I immediately said yes because I never want to pass up an opportunity to fight by any means that I can, for something that I am so devoted to: a world in which mankind can enjoy the basic rights set out in the Declaration of Human Rights. When I choose the topic for my own talk, I did ask myself the question: when it comes to health and human rights, what is it that the world cannot wait for?

Probably, knowing that in this audience, there are many medical Doctors and trained health specialists, I should have announced my disclaimer for any thing that resemble medical facts at the beginning rather than close to the end of my address since this is not my field of specialization. I do so now, and at the same time, I promise you that the opportunity to hear about health and human rights from a medical Doctor is only hours away:

Tomorrow, the Wisconsin Human Rights Initiative will have its Workshop on this topic right on these grounds, and the presenter will be a medical Doctor, and also, one who is involved in cutting edge research and leading a world renowned program at the Harvard University. That being said, here is my list of what the world cannot wait for when it comes to health care and human rights. The world cannot wait:

1. for there to be a renewal of the concept that medicine and all of its institutions are a public trust, and should advance – not hinder – the advancement of human rights;
2. for there to be a critical analysis of the assumptions that underlie current social, political, economic, and cultural systems, and a 180 degree turn around in the politics of health care that today, leads to declining access, variable quality and increasing cost, in a world with decreasing life expectancy, high infant mortality, high maternal mortality for the majority, over-all, preventable high mortality rates, and where a single disease, HIV/AIDS - the leading cause of mortality among adults aged 15-59 years - is responsible for over 2.2 million deaths annually.

3. for a truly global perspective – one that will embrace commonality of issues and partnership, and as Bill Gates said at the World Economic Forum in Davos earlier this year, be opened to finding a way to make the aspects of capitalism that serve the wealthier people serve the poorer as well. He calls this idea creative capitalism.

After reviewing the facts and figures about world health and human sufferings in the various UN and other reports, many development partners have summed up their reactions to the picture that they saw in a single, or very few worlds. I would like to end by quoting four of these:

- “staggering” to quote the World Bank;
- “dire to quote the USAID;
- “a human disaster” to quote the World Health Organization;
- “shameful and immoral” to quote the FAO;
- “a health emergency”, to quote the African Union; and
- “a human right scandal of shocking proportions, one to which we must respond” to quote Amnesty International.<sup>8</sup>

The world cannot wait for us to look at poverty and disease, both of which exposes deep inequities in social, political, and economic systems, and find what it takes to motivate us to think critically about the values and assumptions that underlie current systems. It cannot wait for us to

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<sup>8</sup> Konare 2004; USAID 2004; Wagstaff and Calson 2004; Who 2003; Amnesty International of Economic, social and cultural rights.

ask and answer the question: what is our ethical obligation to address these inequities? It cannot wait for us to do what is moral and right – find ways and the means to remove the obstacles that keep a 21 century world from honoring each person’s right to a standard of health necessary for human dignity.

Thank You