

**Lessons Learned from Rights Based Approaches to Health**  
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***The Right to Health: Practical Implications of Fulfilment***

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Colleagues and Friends

I wish to express my sincere thanks to Dabney Evans and her colleagues at the Institute of Human Rights, Emory University, for organising this historic event. I would like to extend my thanks to Emory's collaborating partners: the World Health Organisation; CARE USA; the US Centers for Disease Control and Prevention; the Carter Center human rights office; and Doctors for Global Health.

The conference at which we are gathered today draws together an unprecedented number of experts on health and human rights. Your pioneering work is the inspiration for, and will enrich this event. Our time in Atlanta offers us invaluable opportunities to learn from each another and forge new partnerships.

Over fifty years ago, the Constitution of the World Health Organization stated that "the enjoyment of the highest attainable standard of health is a fundamental right of every human being."

Yet until recently, a conference of this scale on the topic "lessons learned from a rights-based approach to health" would not have been possible. That it is possible today testifies to profound, inter-connected developments in the fields of health and human rights.

For many years, the relationship between health and human rights remained unclear. The health and human rights communities worked in parallel; interactions were infrequent.

In recent years, conceptual links between health and human rights have been established. The right to health has moved from the margins to the mainstream of human rights practice. Human rights awareness has grown in the public health and health professional communities: today human rights considerations inform the work of these practitioners as never before.

Many activists have contributed to the *rapprochement* of health and human rights. But the work and ideas of Jonathan Mann deserve particular mention. Jonathan Mann was

particularly interested in how health policies affected human rights, the bearing of human rights violations on health, and how human rights and health reinforce each other. This conference is in many ways a testimony to Jonathan Mann's inspiration.

While there have been many advances, challenges remain. At the conceptual level, there is still a lack of clarity surrounding some right to health issues. At the practical level, there are institutional obstacles to operationalizing the right to health. I will shortly return to talk more about these difficulties.

The most significant obstacle is the magnitude of right to health challenges around the world. The scale of health problems that impact on human rights is intimidating. Every year more than 10 million children die of preventable illness. More than 500,000 women a year die in pregnancy and childbirth. 42 million people are living with HIV/AIDS, 39 million of them in developing countries. Tuberculosis causes 2 million deaths a year. Malaria deaths, now 1 million a year, could double in the next 20 years. More than 1 billion people lack access to safe water. In the 1990s diarrhoea killed more children than all the people lost to armed conflict since 1945. Violence is the leading cause of death worldwide for people aged 15-44.

These shocking statistics represent only some issues that concern us all. I use them only to illustrate how far away the attainment of the right to health is for so much of the world's population.

Health has risen up the international agenda in recent years. States have made important commitments towards health at, among others, the International Conference on Population and Development, the Fourth World Conference on Women and the UN General Assembly Special Session on HIV/AIDS. Health is prominent among the Millennium Development Goals. These commitments hold tremendous promise for the right to health and other human rights – we must capitalise on them.

Yet political, social and economic obstacles prevent progress. The persistence of poverty increases the risk of ill-health for many people around the world. Religious and cultural sensitivities often deny individuals information and services fundamental to good health. Health remains a low priority for too many Governments, and some health issues, such as mental health, are marginalized in the health sector.

The right to health has a key role to play in addressing these obstacles.

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