

Build and Co-ordinate Campaigns to Fulfill the Right to Health at Local, National and Global Levels!

STRENGTHEN LOCAL CAMPAIGNS FOR NATIONAL AND INTERNATIONAL ACCOUNTABILITY FOR HEALTH AND HEALTH SERVICES

On March 25-26, 2011, a range of organisations working on campaigns for health and social justice met in Johannesburg, South Africa. The organisations were primarily from South and Southern Africa, but also included delegates from Brazil, India, Kenya, Tanzania, the United States and Europe.

The purpose of the meeting was to share experiences of campaigns for health in order to try to find a common vision and strategy for realising the human right of everyone to 'the highest attainable standard of physical and mental health'. Participants aimed to reignite a movement for health whose objectives are understandable and able to mobilise millions, and to promote shared actions towards realizing this right.

Participants in the conference agreed to the following statement of principle and purpose and agreed to share and seek support for this statement with people who fight for social justice, including the right to health, across the globe.

Johannesburg Conference Consensus:

Health is a human right!

Because health is a human right people have a right to demand that states protect and promote their health. People have a right to demand to live in conditions that are health-promoting and to have genuine access to affordable, adequate health care services to both treat and prevent illness and protect health.

Good health is essential for human development, for equity and for justice.

But it concerns us that although health is increasingly recognized in both international and national law to be a justiciable (legally enforceable) right, the health of poor and marginalized people receives little actual protection or promotion.

Health and access to health care services and to the social determinants of health remain grossly unequal and uneven across the globe, both between countries and within countries. For millions of people, health is under daily threat or deteriorating, and many millions of poor people die unnecessarily every year, including of TB, HIV, and non-communicable diseases, during pregnancy and childbirth, in infancy of preventable diseases resulting from poor diets and from unsafe living, working and community conditions.

Unfortunately violations of the right to health are neither monitored or measured; they are also too numerous to quantify. These violations form part of a process of multiple violations of other 'rights' of poor people, including to employment, to gender equality, to water, sanitation and housing.

To us, this means that campaigns for the right to health must not be in isolation from campaigns for social justice generally. It also means that the power and will of oppressed people that was organized in our liberation struggles in Africa, that has advanced democracy in Latin America and that is evident in campaigns against autocracy in Egypt, Tunisia, Libya, Syria and Swaziland is the same power that must be harnessed for the right to health in every country of the world.

Genuine participatory democracy and social solidarity is essential for health.

Call for accountability!

The Universal Declaration of Human Rights asserts that 'all people are born equal in dignity and rights'. The right to health inheres in (belongs to) people. Yet the forces and powers that determine this right are largely out of the people's control. They include developed country governments that use their donor 'aid' to influence policy; our own governments, elected by the people, but often unaccountable to them; unelected dictatorships; private multinational corporations, and private philanthropists.

We recognize and commend the efforts of some of these powers to promote health. But their efforts are uncoordinated, often motivated by political interests that have nothing to do with our health, and unaccountable.

It is clear to us that vastly improved accountability is essential for health.

Accountability starts within the community. It begins with accountability of local health services and conditions. But it must build upwards to national and international accountability for resources and outcomes for health.

However, accountability can only be achieved through effective community organization, through building grassroots power and capacity, through creating health and human rights literacy, through demanding democracy. Instrumental to achieving the right to health, and to enabling civil society mobilization for the right to health, is the right of access to information.

To this end, we commit to effective human rights activism that builds the voices and power of the poor. *Activism, social mobilisation and increased popular power is a social determinant of health.*

Prevent emerging threats to the right to health

Unfortunately our health does not wait for society to resolve the problems that face it. We are extremely concerned about emerging threats to health, which can rapidly worsen an already desperate situation.

In particular we note as threats the effects of climate change, its link with growing food insecurity, increasing global inequalities in wealth, global unemployment and accompanying violent conflict.

We resolve to build alliances with those fighting for climate justice, the right to food, and to equitable economic development. We call for these movements to join campaigns for the right to health. In this regard, we support calls to effectively implement the Framework Convention on Climate Control and to calls such as in the Nagoya Protocol for fairness in the distribution of the benefits of global biological resources.

Campaign for a global accountability framework

We draw attention to the urgent need to reform and democratize those institutions that are meant to protect health, particularly those within the United Nations, especially the World Health Organisation (WHO).

These institutions and the people who participate in them although formally accountable to Member States (country governments) are in reality often unaccountable to the world's most needy people, and too often grossly wasteful.

We call for the principles of social solidarity that are an accepted part of governance within many nations to be extended to the international level. We call for a public statement by governments of wealthier countries that recognizes that financial and technical support to developing countries is a duty, not a choice, nor a mere matter of charity.

But we also demand that developing country governments accept their own responsibilities to prioritize expenditure on people's needs and to fight corruption. An international framework capable of realising the right to health does not exist. There are multiple laws, comments and declarations. But their complexity and contradictions makes it difficult to realize the right to health, even when its determinants and components are well known.

In this regard, as part of our campaign we have agreed to explore, research and initiate debate about the idea of a human rights-centred Framework Convention on Global Health (FCGH).

Build unity around human rights and social justice

We will build this campaign among poor communities, particularly in the South. But we call on human rights activists in the North to work with us, and to campaign for and popularise the idea that health is a global responsibility within populations of developed countries. The demand for global justice must also involve the populations of the North, as much as it is a cry from the South.

We commit to building and unifying civil society campaigns across the spectrum of health and health care, including HIV, TB, malaria, health worker rights and responsibilities, and women's and children's rights and health.

Finally, we call for an alliance between civil society and governments that genuinely believe in human rights. Particularly we will seek out the support and global leadership on the right to health from the governments of South Africa and Brazil, and any others who have made an express commitment to health equality, at home and around the world.

In addition to the statement above a number of specific resolutions were taken by the conference:

On the right to health:

We agree to:

- Campaign for accountability for the provision of health services and the social determinants of health – by strengthening or starting campaigns for health and accountability within communities and building these campaigns to a national and international level together with like-minded organisations and movements.
- Call governments to use the powers of the state to protect public health and in particular to:
 - Ensure access to affordable quality medicines;
 - To regulate trade in unhealthy processed foodstuffs that contribute directly to the explosion of non-communicable diseases (NCDs)
 - Ensure adequacy of their capacities to update and enforce their public health laws
- Actively participate in the Third People’s Health Assembly (PHA) to be held in Cape Town, South Africa, in July 2012. The PHA is an opportunity to engage and mobilize communities and activists around the right to health and to consider instruments such as a Framework Convention on Global Health.
- Build a broader alliance around the right to health in the Southern African region, including trade unions, NGOs and social movements and faith based organizations.
- Demand that the UN High Level Meeting on AIDS in June 2011 maintains universal access to treatment and prevention as a global objective and mobilizes sustainable and sufficient funds for the AIDS response.
- Ensure that health equity and women’s equality is central to and measured in all campaigns for health.
- Better understand climate change and its impact on health, including
 - Making RTH a central issue the 17th Conference of Parties to the UN Framework Convention on Climate Change (known as at ‘COP 17’) that will be held in Durban from November 28th – December 9th 2011;
 - Building an alliance between RTH campaigners and climate justice campaigners in the lead up to COP17;

On exploring a FCGH:

We agree to:

- Campaign for and popularize the idea that the right to health is a justiciable (legally enforceable) right
- Call to the need for a clearer, more accessible international legal framework around the right to health;
- Establish small work/research groups to explore and research questions linked to a possible FCGH, including:
 - Whether international human rights instruments do or have the potential to make any difference to the enforcement of rights at a national level?
Could a FCGH create better national accountability for health, particularly

- in the context of increasing complexity of global governance of health, and how?
- Whether and how a FCGH can exert control over multi-national corporations (non state actors)? In particular whether and how a rights instrument can have authority over critical determinants of health, such as trade and intellectual property, and the Conventions that protect them.
 - Investigating the financial resources that would be necessary for health and how these resources could be controlled and regulated.
 - How to create true democracy and accountability at the United Nations and WHO?
 - Defining more clearly the principles, objectives and possible ambit of a FCGH, including how it could be most effective in eliminating national and global health inequities.
- Use debate and research about a FCGH as an opportunity to popularize, simplify and create better knowledge within communities of existing rights to health in national and international law and mobilize civil society behind campaigns for the right to health;
 - Explore possible phases for the development of a FCGH including developing a civil society framework on realizing the Right to Health and building support for it globally.
 - Call on developing country governments to be part of a process to explore a Framework Convention on Global Health.

For more information about this statement or to sign-on, please contact: Varsha Lalla at lalla@section27.org.za

For access to articles about a possible Framework Convention on Global Health go to: www.section27.org.za/2010/11/23/jali

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