

# Understanding the Right to Health

Public Lecture: Paul Hunt, UN Special Rapporteur on the Right to Health

By Katie O'Byrne

Around the world, 500,000 women die every year from complications during pregnancy or childbirth. In sub-Saharan Africa the risk from such complications is 1 in 16. More shocking than the figures themselves is the fact that most of these deaths are avoidable. This was the example given by Professor Paul Hunt, UN Special Rapporteur on the Right to Health, to highlight the lack of emphasis placed on the "right to health" by the international community.

On 1 May 2006, Professor Hunt delivered a Castan Centre lecture before a full house at the Monash Law Chambers on "The right to the highest attainable standard of health: opportunities and challenges." While lamenting the stunted evolution of "the right to health", particularly in contrast to classical civil and political rights, Hunt stated that he was encouraged by the gradual acknowledgement of the right as one of fundamental importance. An example of this progression is reflected in the codification of the "right to health" in national, regional and international law, as well as the creation of significant jurisprudence in countries where constitutional provisions protecting the right to health have been developed. Hunt stressed however that much more work needs to be done and emphasised that developed states have both moral and legal obligations to assist poorer countries in achieving a right to health.

Hunt described the right to health as encompassing "underlying determinants of health, such as safe drinking water, adequate sanitation and access to health-related information." Freedoms, such as the right to be free from discrimination, and entitlements, such as the right to a system of health protection, are also considered fundamental to realising this right. Hunt acknowledged that these conditions cannot be achieved overnight and suggested that "indicators and benchmarks that would monitor progressive realisation of the right and encompass the active and informed participation of individuals in health-making decisions that affect them" would be required. And crucially, because the right to health gave rise to entitlements and obligations, it also demanded effective mechanisms of accountability.

Hunt explained that by combining accountability, obligations and standards, vulnerable individuals and disadvantaged communities would be empowered to deal with right to health issues. Policy makers must acknowledge that the right to health is more than just a slogan and fundamental principles such as "dignity, well-being, autonomy and equality" must be at the heart of policies on health.

Hunt described his role in terms of clarifying the content of the right to health in specific contexts. He referred to a 2005 report he submitted to the UN General Assembly which considered the right to health for Indigenous peoples. The report outlined the vast health disparities between Indigenous and non-Indigenous peoples and noted that



Paul Hunt (Centre) with Deputy Director Paula Gerber and Project Manager Marius Smith of the Castan Centre

"according to international human rights law, Indigenous people had the right to specific measures to improve their access to health services and care as well as the underlying determinants of health." These services, he added, "should be culturally appropriate, taking into account traditional preventative care, healing practices and medicines."

Hunt emphasised the importance of examining the specific needs and situations of each country in context. He referred to his trip to Uganda to prepare a report on "neglected diseases". These are primarily suffered by poor people in poor countries which, because of their negligible purchasing power, attract very little research and development. Hunt's report underscored the imperative of developing an integrated health system that is responsive to local priorities. He claimed that "vertical interventions that focused on one particular disease could actually weaken the broader health system." Furthermore what was needed was effective monitoring and accountability devices, as "existing parliamentary and judicial accountability mechanisms were not enough in relation to those diseases mainly affecting the disadvantaged."

In closing Hunt stressed that not upholding the right to health must be understood as a gross violation of human rights. He argued that if issues such as avoidable maternal mortality were embraced with the same passion as the 1990's campaign against domestic violence then many lives would be saved and communities bettered. He emphasised that right to health issues need to be specifically investigated to determine where responsibility lies and to ensure that appropriate policy changes are introduced as a matter of urgency. This process, Hunt concluded, "would inevitably lead to other crucial issues, not least the vital importance of constructing effective health systems that are accessible to all. And this in turn leads to a far-reaching insight: "an effective health system is a core social institution, no less than a court or political system."