

Challenges to health rights: Need of solidarity more than ever

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It must have taken big efforts in time to establish health as a fundamental human right in 1948. Although listed in treaties and acknowledged in constitutions, the rights are not ensured in reality. One of the major efforts to comprehend statutory health rights into reality was the goal of Health for All by 2000. Comprehensive Primary Health Care was the chosen strategy to get the goal through Alma Ata Declaration.[1] The situation would have been better if it was implemented sensibly.

World Health Organization emphasized non-discrimination as a key principle in human right and further clarified that needed goods, services and technology must be available, accessible, acceptable and of good quality. It has well acknowledged the role of state to create the environment in which individual can enjoy the highest attainable standard of health.[2] The ingredients of such an enabling environment are wide, including health care services and technologies, availability of resources, social-cultural factors, politics and power structure. Those dimensions are collectively termed as social determinants of health. Health is not a single entity. It develops on the matrix of socio-cultural, environment, political and economic factors. Therefore, right to health is also multifaceted. Freedom of choices and people's sovereignty on decisions are deeply embedded in the health right agenda. Health right is a socio-economic and political agenda aiming to fairness and equity.

There are several challenges to health right, some of them have a local and some have impact on a global scale. Austerity is one of the persistent and prime challenges to people's health rights. During the time of financial crisis, social sectors including health, education and other welfare programs are made primary target for cut-off of the public expenditure. Limiting public expenditure on those sectors and deregulation of services are often seen as the remedy for the crisis [3]. Alternative ways should be searched for this, rather than emptying the budget from those social sectors. Policy makers and their advisors should recall the adverse consequences of structural adjustment programs on the health status of poor people living in developing countries.

Reducing public expenditure on health promotes privatization of health care services. Privatization is increasing in spite of market failure on health service delivery. Asymmetric information between the needy people and service provider increases the probability of users being abused by the profit-motivated private sector.

Capitalism through globalization has extended its hegemony. It is so massive and organized that our thinking and behavior are affected. Commercialization and consumerism have increased difficulty on livelihood in resource deprived condition. Enormous scale of production from the rich forms is making small scale producers to extinct, challenging the sustainability of the local economy and livelihood. Mega producers are profitable because of the lower wage and their economy of scale.[4] Transnational corporations are catalyzing polarization of wealth. Such polarization further worsens the life of people from resource deprived settings. Multinational companies are gen-

erating revenue in a scale which exceeds the GDP of some of the nations, ultimately resulting in the worsened quality of life [5,6]. International treaties and trade negotiations abolish the small scale producers-farmers in the name of principle of national treatment. Patent right is responsible for price- hiking of essential medicine and healthcare technology. Patent right on the seeds and crops are upcoming threat to the food sovereignty.

Environment degradation is another challenge to the ecology. Economic activities like mining and “extracting wealth” are major challenges for ecological sustainability.[7] People living in the resource- deprived conditions are the ones who suffer most from the adverse consequences of the environmental changes. Privatization of the universal environmental resources like water and land further worsens the situation.

During 2000s, Millennium Development Goals drew the attention of national and international “actors” on health and development. However, MDGs are not free from controversies. Dissatisfaction exists towards the process of indicator/target setting, process of the intervention implementation, neglecting equity issues and underestimating people’s participation.[8] Despite the dissatisfaction, governments and civil societies across the globe supported the MDGs. Now it is time to incorporate the lessons learnt from the past in the agenda for post MDG era. Review of the progress and meticulous evaluation of the MDGs should be the starting point for this. Health and human rights should be the primary focus of post MDG era. Agenda after broad discussion, consultation and engagement of the alternative thoughts would be more representative, rather than overnight agendas.

In 2008, Report of Commission on Social Determinants on Health (CSDH) warned national and international actors regarding the persistent inequality in the health status and widening gap. [9] Recommendation of this report accelerated the discussion on universal health coverage. There is an agreement that UHC is the only way to avoid catastrophic out-of-pocket health expenditure. There is still a gap in the promotion and commitment to implementation of UHC by global health agencies. [10]

Past experience suggests that global community is reluctant to change; significant examples are: Comprehensive Primary Health Care was sabotaged [11], recommendations of CSDH are not implemented seriously, are willing to jump to next step without evaluating MDGs. In this situation, alternative monitoring is needed to warn international community towards their responsibility and commitments [12]. People’s health movement has started doing so through global health watch [12].

There are persistent threats towards people’s health right, sometimes the agendas established by people’s movement are diverted towards the interest of some particular nation, firm or companies. We need to change the perception that health is produced only from pills or sophisticated technology. It is rather generated by the social cultural factors, our right to food and seeds, right to clean water, air and other resources, right to education and access to scientific knowledge and employment opportunities. However, there are and there will be struggles at local and global level to protect people’s rights and sovereignty. Struggle for people’s health right concerns with all the struggles for welfare of human being and always inspire mankind to fight for justice and fairness, until there is health for all.

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