The Human Right to Health

Jonathan Wolff
192 pp., A$19.95
ISBN: 978 0 393 34338 0 (pbk)

Amnesty International commissioned this welcome book as part of its Global Ethics Series. Jonathan Wolff is a professor of philosophy and Director of the Centre for Philosophy, Justice and Health at University College London. The human right to health is an important topic; and a great title for a book. The Human Right to Health provides a valuable exposition of the history and development of human rights thinking as applied to health following establishment of the United Nations in 1945 and the World Health Organization in 1948.

The ‘right to the highest attainable standard of physical and mental health’ was formally enshrined in international law in 1976 when 134 countries ratified the International Covenant on Economic, Social and Cultural Rights. It was given effect just 2 years later at the first International Conference on Primary Health Care, held in Alma-Ata in the former Soviet Union in 1978.

The Alma-Ata conference gave impetus to the right-to-health movement, which was beginning to find its feet. (p. 9)

In 2000, the Committee on Economic, Social and Cultural Rights explained that governments must work towards progressive practical realisation of the right to health by ensuring the availability, accessibility (non-discrimination, physical accessibility, economic accessibility and information accessibility), acceptability and quality of health care.

How does Wolff suggest we should strengthen the ability of national governments to meet their human right to health obligations in the future? His answer is twofold, and I tend to agree with this ‘prescription’.

First, data.

Human rights activism starts with monitoring: the collection of data. Independent monitoring and evaluation of interventions is also vital. (p. 133)

So, national governments need to devote more resources to data collection and to high-quality independent evaluations.

Second, global health governance.

The work of Paul Farmer, activist, medical practitioner and anthropologist, features powerfully in the book. I love the fact that the work of the late Jonathan Mann comes to life and we are left in no doubt that Mann ‘...did perhaps more than anyone else to present HIV/AIDS in human rights terms’ (p. 162). So, we have some role models at the individual level.

What about the organised efforts of society? Collective action?

Here, Wolff leaves us in no doubt that the human right to health developed alongside the HIV/AIDS epidemic, first in wealthy countries (initially through gay activism in San Francisco and New York in the late 1980s) and then as part of a global response to the epidemic (p. 38).

Civil society activism needs to take the lead. Wolff asks a great set of questions:

...how extensive is the grassroots movement for health?
And what are its prospects? (p. 136).

He is so perceptive here: if human rights activism for health cannot gather support and interact with a broader base it will be ‘...the preserve of the wealthy and well connected’ (p. 136).

This is a very real concern. Is human rights discourse the preserve of the privileged? The People’s Health Movement claims to have a broad base of support. In practice, Wolff recognises that it will be very difficult to build a base of support that extends beyond academics, health workers, non-governmental organisation activists and those campaigning on specific health issues that affect them or their family or friends.

Who cares about health unless you earn your living that way or are ill? (p. 137)

In summary, this is a valuable resource for academics, activists, health professionals and policy makers. The Human Right to Health is good value.

Stephanie D. Short
The University of Sydney
Sydney