THE IOWA CITY APPEAL
ON
ADVANCING THE HUMAN RIGHT TO HEALTH

Adopted 22 April 2001
by
The Global Assembly on Advancing the Human Right to Health
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I. VISIONS FOR THE NEW MILLENNIUM

The new millennium brings with it unprecedented opportunity and challenge to advance the Human Right to Health for all. Health is a fundamental human right and a central objective of social development.

It has been more than twenty years since the forging of an international commitment at Alma Ata to achieve health for all people of the world with primary health care as key. Since then, new threats and the need for new responses have emerged, including the need for gender-specific remedies and heightened environmental consciousness. Numerous new global and regional treaties and other instruments have advanced our thinking and help to create a new framework for advancing health and the Human Right to Health, including, most recently, General Comment 14 on Article 12 of the 1966 International Covenant on Economic, Social and Cultural Rights. The collected wisdom of these instruments and the momentum behind them propels our understanding of health as an indispensable prerequisite for the enjoyment of all other human rights. Achieving this ambitious goal is more compelling than ever.

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* A gathering of more than 275 persons organized by The University of Iowa Center for Human Rights, The University of Iowa Global Health Studies Program, and the François-Xavier Bagnoud Center for Health and Human Rights of the Harvard University School of Public Health. The Global Assembly was comprised of US and foreign health care providers, legal professionals, and community activists together with faculty and students in public health, medicine, law, and the social sciences from The University of Iowa and other US-based academic institutions. Co-sponsors at The University of Iowa included the Office of the Associate Provost for International Programs (Stanley Major Projects and the National Resource Center), the Office of the Associate Provost for the Health Sciences, the College of Medicine, the College Public Health, the Department of Anthropology, and Students Against Sweatshops. Other co-sponsors included Doctors for Global Health, the Global Health Corps of the University of Northern Iowa, Global Lawyers and Physicians and the Health Law Department of the Boston University School of Public Health, Physicians for Human Rights, and The Stanley Foundation.

The combined forces of modern technology, economic globalization, and militarism have had contradictory impact on the world's health. Despite unprecedented levels of wealth, the world faces growing deprivation, inequality, and instability. Billions of people suffer unnecessarily from preventable diseases and disorders, live in fear of violent conflict, or face loss of livelihood and home from increasingly frequent and deadly disasters. Weapons of mass destruction (many poised for instantaneous launch), the depletion of natural resources at an alarming rate, and the degradation of the global environment pose a grave threat to the health of all. In so doing, they compromise fundamental human rights and thwart efforts at attaining health and well-being for all people, simultaneously posing major obstacles to social and economic development and contributing to the increasing instability of communities, whole societies, and even nation-states.

Advancing the Human Right to Health and charting a course for the future requires a broad and inclusive conceptualization of health *and* an ethic of rights founded upon respect for the intrinsic value of each person. Every human being has a right to enjoy the living conditions that support health. An ethic of rights entails maintaining and strengthening *respect* for all persons and communities in all matters relating to health, ensuring *equality, equity, well-being, fairness,* and *justice* in reforming health systems—*reducing disparities, respecting difference,* and *eliminating inequities* in health worldwide. Advancing the Human Right to Health means affirming a vision of life and social relations that celebrates the vitality and the power of people to live with dignity in harmony with one another and with nature. Health for all is a right to be claimed, an entitlement for being human rather than a privilege, in contrast to charity, which is inadequate and unsustainable.

II. CONCEIVING HEALTH AND THE HUMAN RIGHT TO HEALTH

With this Appeal, we acknowledge the World Health Organization's definition of health as *a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.* We also acknowledge the recent definition of the Human Right to Health set forth in General Comment 14 on Article 12 of the 1966 International Covenant on Economic, Social and Cultural Rights, to wit, that *all people have the right to the highest attainable standard of health . . . as a prerequisite for the full enjoyment of all other human rights.* We wish to clarify and expand upon these statements by acknowledging the requisite corollaries to achieve and maintain health.

To enjoy health, all people require self-esteem, a sense of purpose, meaning, and belonging. An individual's state of physical and mental health is embedded in a complex of linked cultural, economic, educational, environmental, political, and social factors, local to global. The health of individual persons thus reflects the social health of their communities and the physical health of their environment. This holistic health concept can be understood as a sustained sense of physical and mental well-being induced by a state of equilibrium between our external and internal environments.

The Human Right to Health for all means ensuring that all people, regardless of age, caste, class, disability, domicile, ethnicity, gender, nationality, political opinion, religion, race, or sexual orientation, have the opportunity to fulfill their human potential. Human rights are about human dignity—about protecting individuals and groups against oppression and exploitation, poverty and injustice, degradation and marginalization. The struggles for civil and political rights and for social, economic, and cultural rights are central to the struggle for human health and dignity and the relief of human suffering. The achievement of health is dependent on the realization of all other human rights. One set of rights is incomplete without the other.

The realization of economic, social, and cultural rights requires recognition that all human rights involve at least three obligations: *to respect, to protect, and to fulfill* human rights. Apart from individual and group rights which states are obligated to respect by non-interference, or individual and group rights which states are obligated to protect when these rights are threatened or infringed, states are obligated also to facilitate the realization of economic, social, and cultural rights, to provide basic levels of protection for such rights, and to promote and publicize knowledge about the realization of these rights to the maximum extent possible. And to these ends states are obligated, to the maximum of their available resources, to ensure progressively the basic resources and infrastructures, especially lacking in most developing countries and in some developed countries as well, upon which the full realization of the Human Right to Health depends. In this sense, economic, social, and cultural rights, more than civil and political rights, are dependent upon international cooperation—fortified by international agreements—for their realization. However, respect for civil and political rights is necessary for the realization of economic, social, and cultural rights—and vice versa.

These complex needs and agendas face resistant interests and entrenched powers. Thus, sustained gains cannot be expected through independent actions or actors working on any single front. With the multiple interests involved, a convergence of skills and resources is required. Efforts in a larger context embrace a wider range of issues and disciplines, and, if successful, promise greater health gains. Global programs for global agendas are desirable but must contain the flexibility and the capacity to address the local needs and priorities of all countries and regions and must include the small scale, local commitments of concerned people.

III. CURRENT CONDITIONS: HEALTH DEPRIVATION

Since Alma Ata, there have been some limited successes for global health in human rights-related areas: the elimination or reduction of important communicable diseases; increases in food production and longevity; elimination of some threats to the environment; and reductions in infant and child mortality. Nevertheless, success overall has been grossly inadequate. Critical health problems persist and are growing, and new threats have emerged. The ever-expanding global health crisis knows no borders or boundaries.

What is more, the enormous amount of money spent in the medical sciences has done little to stem the tide of the most significant health challenges. Similarly, billions spent on the development and trade of military hardware and training programs to ensure national securities have done nothing to stem the tide of human misery or threats to global stability. Poverty is pervasive, yet even in communities where transnational capital flows produce or support material wealth, individual and national autonomy, identity, and health have all been undermined by global economic interests indifferent to the health impacts of their commercial activities.

Far too many communities and people lack basic health supports such as safe water, adequate nutrition, secure housing, and equality and equity in the distribution of social, economic, educational, and other goods, all of which present insurmountable barriers to their well-being. The context of ill health is the critical barrier to their resolution; achieving health means reassessing and addressing the many complex elements—cultural, economic, political, and social—that produce ill health. Achieving health is far more than avoiding disease. Only when global politics and economics place people first will the necessary infrastructure that supports global health be achievable.

Thus, the full realization of the Human Right to Health is more a matter of improving the cultural, economic, environmental, and sociopolitical conditions that determine health status than it is a matter of treating illness or injury. Among these conditions are the following:

- **Inequality, Poverty, and Ill Health**
  Although the world produces more than enough food to feed its entire population and while medical science has made many spectacular advances, there is widespread malnutrition, high rates of preventable mortality, and increasing burdens of preventable diseases such as tuberculosis, malaria, and HIV/AIDS. In Sub-Saharan Africa where 40.6% of the population live below the poverty line and 34.6% are not expected to survive to age 42, immunization of children against tuberculosis and measles is only 67% and 53%, respectively; 50% of inhabitants have no access to safe water; 32% of children under age five are underweight; and there is an infant mortality rate of 169 per 1000 live births. Similarly, for most of Central America where the foreign debt amounts to 93% of GDP, 66% of the population lives under the poverty line. Around the world, 600,000 impoverished women die of preventable pregnancy-related conditions every year. An estimated one billion people in the world are not adequately housed and more than 100 million are homeless. All across the planet, in rich and poor countries alike, extremes of poverty and misery condemn hundreds of millions to a category of sick, worthless, expendable, and disposable persons.

- **Race, Gender, Minority Status, and Ill Health**
  Racism, gender relations, and prejudice against those of any minority status, help explain most of the significant differential health issues and consequences

of diseases on these vulnerable and marginalized populations. More women and girl-children die each day from various forms of gender-based discrimination and violence than from any other type of human rights abuse. Every year, more than one million infant girls die because they are born female, millions of women are mutilated, battered to death, burned alive, stripped of their legal rights, and bought and sold in an unacknowledged international trade in slaves for domestic or sexual purposes. Similarly, others of minority status suffer discrimination, violence, unequal access to education, employment, safe environments, and general lack of social protection or access to goods including health care.

! **Discrimination, Marginalization, and HIV/AIDS**

HIV/AIDS continues to be marked by discrimination, neglect and violation of human rights. In most of the world, discrimination also jeopardizes equitable distribution of access to HIV-related goods for prevention and care, including drugs necessary for HIV/AIDS care and the development of vaccines to respond to the specific needs of all populations, in both the global North and the global South. Individuals experience neglect, denial, and violation of their rights in the context of the HIV/AIDS pandemic in three ways.

1) People *infected* with HIV may suffer from violations of their rights when, for example, they face government-condoned marginalization and discrimination in relation to access to health, education, and social services.

2) People are *affected* by HIV/AIDS when their close or extended families, their communities, and, more broadly, the structures and services that exist for their benefit are strained by the consequences of the pandemic and as a result fail to provide them with the support and services they need. These effects may be compounded by marginalization and stigmatization on the basis of such attributes as race, migrant status, behaviours, or kinship that may be perceived as risk factors for HIV infection.

3) *Vulnerability* to HIV is the lack of power of individuals and communities to minimise or modulate the risk of exposure to HIV infection. For example, gender differentials may impose on a monogamous woman that she engage in unprotected sex with her spouse, even if he is engaging in sex with others. Adolescent girls and boys may be vulnerable to HIV by the mere fact that they are denied access to preventive information, education and services. Sex workers may be at greater vulnerability to HIV if they can not access services able to diagnose and treat sexually transmitted infections, particularly if they are afraid to come forward because of the stigma associated with their occupation.

! **Global Environmental Threats and Ill Health**

The health of the global environment is a common concern of humanity. Global forces such as deforestation, ozone depletion, global warming, toxic chemical

contamination, and water resources depletion pose major threats to the physical and mental well-being of all, most severely the vulnerable and marginalized throughout the world. All living healthy beings require a living healthy planet.

! **Labor and Ill Health**
Millions of workers throughout the world, adults and children alike, toil daily in virtual slavery for little or no pay, often in situations hazardous to their health and safety, without opportunity for education or to participate in the workplace decisions that affect their lives. Marginalized populations are the most vulnerable, *i.e.*, ethnic/racial minorities, immigrant and seasonal laborers, women, and children.

! **Militarism and Ill Health**
Militarism and war rob societies, both rich and poor, of the resources needed to protect, promote, facilitate, and support health. The enormous financial, physical, and intellectual resources that are used to advance militarism deplete, contaminate, and destroy vital resources and add to increasing crime and violence throughout the global community. The manufacture and sale of small arms and the manufacture, storage, and triggering of nuclear arms degrade social as ell as physical environments and entail serious health threats to all populations. Landmines, small arms trade, and the development of weapons of mass destruction, including chemical and biological weapons, contribute to increasing forced migrations (refugees, asylum-seekers, internally-displaced persons, most of whom are women and children), and to increasing numbers of persons both mentally and physically traumatized, all of which places additional unsupportable strain on health systems throughout the world.

! **Consumerism, Meaninglessness/Disease-Inducing Lifestyles, and Ill Health**
Rates of preventable chronic diseases such as diabetes, heart disease, and lung cancer are all on the rise, as are substance abuse, suicide, and other "diseases of despair." People of all ages worldwide are finding it harder and harder to cope with such characteristics of modern globalized life as loss of community and local identity, isolation, increased unemployment, crime, domestic violence, environmental degradation, and diminished physical, emotional, and economic support systems. Given the pressures and stresses under which they survive, more and more people turn to health-destroying activities and habits that are encouraged by an unrestrained and misleading promotion of products known to be unhealthy, such as tobacco, alcohol, and firearms.

IV. RESPONSIBILITIES: PUBLIC AND PRIVATE

The Human Right to Health implies the fulfilment of obligations by both the public and private sectors. These responsibilities fall primarily on governments, NGOs, health care institutions and practitioners, and private and public purchasers. To fulfill their responsibilities, they must redouble their efforts—on a continuous basis—to reduce the

world's burdens of illness, injury, and disability, and in accordance with the full range of obligations to respect, protect, and fulfill the Human Right to Health. To these ends, they must recognize that advancing the Human Right to Health requires a broad, inclusive conceptualization of health, including the understanding that health is closely intertwined with the unfolding processes of economic globalization. The greatest challenges facing our ability to advance the Human Right to Health are not medical but cultural, economic, environmental, political, and social. Health is the sum of empowering education, adequate nutrition, safe environments, social support, and community cohesion. Success in advancing the Human Right to Health requires the commitment of people around the globe to develop a new, moral center of species identity that is conscious of social justice, human dignity, and human rights—and on all fronts, including the following:

- **The Global Economy Must Serve Human Needs**
  The Human Right to Health for all can only be advanced by addressing the interrelated global issues of poverty, inequity, unemployment and under-employment, inequality of women, abuse of children, discrimination against minorities, and indigenous peoples, and environmental degradation. These issues have profound interactive effects for good or ill on each other. Poverty and lack of education are the worst enemies of the development of health, and other economic, social and cultural rights. Poverty cannot be eradicated as long as the economies of developing countries are crippled by external debt. Debt forgiveness for countries crippled by external debt makes sense economically and as a strategy for advancing the right to health. The trend accompanying globalization, by which the disparity between economically wealthy and impoverished countries has become significantly wider, must be reversed.

- **Solutions to Health Must Be Contextualized Within Local Realities**
  Priorities and approaches to health solutions must be individualized and must respond to concerns identified by local communities. We affirm and support the critical role of grassroots communities in achieving health goals by working to strengthen intersectoral collaboration at all levels of society to address the cultural, economic, environmental, political, and social factors central to population health gains, and to identify and support essential public health functions as prioritized locally in affected communities. Local conditions will improve only if solidarity within and between nation-states leads to mechanisms for monitoring the Human Right to Health, along with education and other cultural, economic, political and social rights that directly and indirectly contribute to good health.

- **Advancing the Right to Health Means Addressing All Forms of Discrimination**
  Only when the rights to health and well-being for all are addressed together with efforts to eliminate discrimination based on age, caste, class, disability, domicile, ethnicity, gender, nationality, political opinion, religion, race, or

sexual orientation will health, human rights, and true global security be achieved. So long as roles, responsibilities, and access to social goods in cultures and economies are determined by such differences, peoples concerns, vulnerabilities, and risks will be different from those of the majority culture, race, religion, or men. Health practitioners must not allow economic incentives to result in the over- or under-treatment of patients and must comply with all codes of medical ethics, including guidelines for medical and genetic research in human subjects. Collection and analysis of data disaggregated so as to capture the differential aspect of health determinants by ethnicity, gender, race, religion, and other distinctive status is essential. Special indicators of women's inequality, focussing on such issues as domestic violence and condom use is also mandatory.

! **Workers Must Be Protected From Abuse and Exploitation and Ensured A Living Wage**

High-tech automated production, booming global commerce, and unprecedented material abundance will enrich relatively few if they are not organized around the physical and mental health and well-being of working people. Access to socioeconomic and physical well-being must be extended to the global workforce if the expansion of the Human Right to Health is to be achieved and to be of benefit to all, including workers in the wealthy economies themselves. Among other things, workers must be ensured the right to know the hazards of the materials and other circumstances of their employment and to be free to refuse to work with hazardous substances without penalty if they so choose. In addition, the prevention and elimination of health and safety hazards in the workplace must be achieved via the active collaboration of health professionals, engineers, technical personnel, and other workers.

! **Public Health Measures Must Respect Basic Civil and Political Rights**

Public health policies, programs, and practices are in large measure promulgated, implemented, and enforced by the state; and they can promote human rights or, conversely, violate or interfere with them. The human rights framework recognizes that it is sometimes legitimate to restrict rights for the sake of public health. Interfering with freedom of movement when instituting quarantine or isolation for a serious communicable disease—for example, typhoid or untreated tuberculosis—are examples of restrictions on rights that have been found to be necessary for the public good and that therefore can be considered legitimate under international human rights law. On the other hand, as in the case of mental health illnesses and the HIV/AIDS pandemic, governmental authorities have been sometimes prone to impose arbitrary restrictions without regard to valid alternatives and thus have trampled upon such fundamental civil and political rights as the right to be free from torture or slavery, the right to a fair trial, and the right to freedom of thought. Certain rights are non-derogable, absolute; and even though interference with most rights can be justified as necessary, such

interference must be exercised only as a last resort and subject to the following strict criteria: (1) that it is provided for in, and carried out in accordance with, the law; (2) that it is in the interest of a legitimate objective of general interest; (3) that it is strictly necessary to achieve the objective; (4) that it is no less intrusive and restrictive means is available to reach the same objective; and (5) that it cannot be unreasonable or otherwise discriminatory in the way it is written as a law or policy or in the way it is applied.

! **Organized Violence and Militarism Must Be Delegitimized**

Civilians are increasingly the primary victims of armed conflicts. Harm to women, the very young, the very old, and the very sick and frail makes a mockery of existing international humanitarian law and all human rights doctrines, principles, and rules. Billions of dollars of public money are spent each year on developing and promoting new methods of killing. Legitimatizing violence through violent media imagery, games and toys, and advertisements contributes to a culture wherein the Human Right to Health does not constitute the categorical imperative its international recognition reaffirms. To advance the Human Right to Health, the legitimization of violence to sustain privileges and inequities must end. Education for life in our global environment should be built around learning of respect, compassion, accommodation, and conflict mediation skills violence as entertainment has no place in a healthy global community.

! **Provision of Health Care Serves A Common Good and Must Be Excluded From The Commercial Model That Seeks To Commodify Health**

The healing professions must not be diverted from their primary purpose: the relief of suffering, the prevention and treatment of illness, and the promotion of health. Pursuit of corporate profit and personal fortune should not distort priorities in care-giving. Potent financial incentives that reward “over-care” or “under-care” weaken professional bonds and must be prohibited. Health care reform efforts must be oriented toward responding to the needs of populations, particularly the poor and vulnerable, in ways that are fair and just. Health care must be patient-centered, timely, and equitably based on patient needs and values, the patient as the source of control, shared knowledge, and the free flow of information, transparency, and anticipation of needs. The privatization and “corporatization” of health care must not be allowed to result in the destruction of national health care systems.

There must be a commitment to appropriate resource support for comprehensive primary health care, including public financing through progressive taxation. Such care involves an integrated approach to health system development that includes, on a non-discriminatory basis, health promotion, disease prevention, provision of necessary medicines, personal and reproductive health care, the ability to respond to emergent health issues, and concern for appropriate informed consent and other ethical aspects of research involving human subjects.

Advancing the science of medicine and health care, global health reform, and the Human Right to Health includes networking, international partnerships, alliances, coalitions, and exchanges on specific or common health concerns, within and across national borders; increasing human resources for health by investing in research and knowledge development and their applications for health development, education, and training in relation to individual and professional development worldwide; harnessing information and other emerging technologies, including their use in the advancement of knowledge and its dissemination and effective use; and respect and support for the role of communities in the work they do to redress inequities and create healthy environments in which to live, work, and play.

V. STRATEGIES FOR ACTION

Accepting the foregoing public and private responsibilities that are critical to the advancement of the Human Right to Health and reflecting a strategy that identifies coordinated efforts on many fronts, that aims at reducing health inequities within and between populations, that calls for the application of fairness and justice criteria to guide global economic, political, and health care reform, and that strives for measurable assessment standards to more clearly demonstrate progress or its lack for individuals and groups at greatest health risk, WE APPEAL to governments, international agencies, NGOs, and health and human rights activists and workers throughout the world to endeavor conscientiously to achieve, within their respective professional and diplomatic settings, the following concrete objectives to advance the Human Right to Health:

1. **The establishment of a UN special rapporteur on the Human Right to Health**
   Because a strategy of action to achieve the Human Right to Health must draw on international human rights law and the treaty mechanisms of the United Nations and regional organizations, as well as the special procedures established by the UN, we strongly support the work of the special rapporteurs and independent experts mandated by the UN Commission on Human Rights and its Sub-commission. Their work on education, housing, food and nutrition, the right to development, structural adjustment, and related issues has contributed considerably to our understanding of the conditions for advancing the Human Right to Health. The time has now come, however, for the Commission to establish a special rapporteur on the Human Right to Health. Through such a position, the Member States and NGOs can benefit from an integrated and coordinated approach in the promotion and protection of health related human rights. The Special Rapporteur on the Human Right to Health should be mandated to: *(a)* seek, receive and respond to information on all aspects of the health-related human rights including the development of a human rights approach to improvement of health status in the context of the eradicating of poverty; *(b)* establish cooperation with governments, intergovernmental organizations (in particular the World Health Organization), and non-governmental organizations on the promotion and effective implementation of the right to health, and to make appropriate recommendations regarding the realization thereof, taking

into consideration the work already done in this field throughout the United Nations system; and *(c)* identify emerging issues related to the right to health worldwide.

2. The ratification and implementation by the United States (as well as other countries) of multilateral treaties and related instruments important to the advancement of the Human Right to Health

A useful means by which governments cooperate to advance the Human Right to Health is via the ratification and implementation of multilateral treaties. The US is a party to the conventions on genocide (1948), racial nondiscrimination (1965), civil and political rights (1966), torture (1984), and the elimination of the worst forms of child labor (1999), each of which contain provisions relating to health. These conventions should be implemented in good faith, rescinding, where necessary, reservations that relieve the Federal Government of accepting essential obligations.

To date, however, the United States has refused to sign or ratify other key treaties that reaffirm the Human Right to Health. Given the importance and sway that the United States holds in world affairs, ratification by the US, without crippling reservations, of existing international human rights and related treaties is essential to the successful advancement of the Human Right to Health worldwide. It also is essential to opening new possibilities for citizens to advance this right domestically.

In particular, the United States must pay serious heed to the following six treaties, all of which are central to the Human Right to Health: the 1966 International Covenant on Economic, Social and Cultural Rights (ICESCR); the 1979 Convention on the Elimination of Discrimination Against Women (CEDAW); the 1989 Convention on the Rights of the Child (CRC); the 1990 Convention on the Rights of Migrant Workers and the Members of Their Families; the 1997 Convention on the Prohibition of the Use, Stockpiling, Production and Transfer of Anti-Personnel Mines and on their Destruction; and the 1997 Kyoto Protocol to the United Nations Framework Convention on Climate Change. The United States has signed but not ratified the first three of these treaties as well as the 1997 Kyoto Protocol. As soon as possible, the President of the United States should submit each of them to the US Senate for its advice and consent to ratification, and without the addition of reservations, declarations, or understandings that would reduce excessively the obligations the US would accept. It also should sign and secure as soon as possible the ratification of the 1990 migrant workers convention and the 1997 land mines convention.

With or without ratification of the aforementioned treaties by the United States, however, their normative content should guide the US Congress in developing legislation that can implement the substance of their provisions for coordinated and comprehensive responses to the problems identified. Other significant

normative instruments that likewise should guide legislative policy to advance the Human Right to Health both domestically and internationally include, *e.g.*, the UN Guidelines on HIV/AIDS and Human Rights, the Declaration on Violence Against Women, the Resolution on Trafficking of Human Beings, and declarations and plans of action of major international conferences and summits such as the Declaration and Programme of Action of the 1993 World Conference on Human Rights (Vienna), the Programme of Action of the 1994 UN International Conference on Population and Development (Cairo), the Declaration of the 1995 Fourth World Conference on Women (Beijing), the Programme of Action of the 1995 UN World Summit for Social Development (Copenhagen), and the 1996 Habitat II Agenda of the Second UN Conference on Human Settlements (Istanbul).

3. The transformation of international investment to favor the world's economically disadvantaged citizens and the forgiveness of the debts of impoverished nations

The activities of international financial and investment institutions and actors (World Bank, International Monetary Fund, multinational corporations) must be restructured according to genuinely democratic and transparent principles. Socially responsible "adjustment" must be "participatory" and pro-poor. The only condition imposed on countries receiving debt relief should be that of establishing an independent nongovernmental entity to channel freed resources towards social development.

Social movements working on global economic justice issues should be included as overseers of poverty reduction programs so that macroeconomic policy issues can be better integrated with broader social development goals and be non-regressive and transformative. Supporting health through, among other things, education and food security should be the cornerstone of a massive public and private sector investment in human resources development. Rich, industrialized nations must significantly increase development aid to support programs that are based on the priorities, capacities, and active involvement of the peoples of the developing world. This will involve support for a multifaceted, pervasive, and catalytic role of governments in the development and transformative process, equitable sharing of the fruits of growth and development, and improved living and working conditions and wages on an equitable and sustainable basis worldwide.

It must involve also the invention and evaluation of new methods for redistributing wealth for public benefit. One approach with great potential is the so-called Tobin Tax, a small tax on international currency transactions. Every day, around $2 trillion changes hands through international currency markets, over 90% of which is speculative. The market is huge and volatile. Worldwide, 300 times as much money is traded daily through such non-productive speculative transactions as changes hands for actual services and production; and when markets crashed in East Asia in 1998 ten million people were thrown into poverty. The proposed Tobin Tax, which would levy a tax between 0.1% and 0.5% of volume (about

10 to 50 cents per $100) on all international currency transactions daily, could simultaneously help to stabilize markets (by discouraging short-term currency trades) and generate huge revenues that, if well directed, could pay for the basic health and poverty-related needs of everyone on earth whose needs remain unmet. Based on a 0.25% rate and $2 trillion foreign exchange market turnover during each of 240 trading days annually, these revenues could total some $360 billion per year worldwide.

4. **The reformation of the global trading system so as to protect health and general well-being for all**

The World Trade Organization (WTO) and other trade regimes oftentimes operate in ways that are inimical to human health and general well-being. It is essential to reform the global and regional trading systems so that they cease to violate the cultural, economic, environmental, and social rights, including health rights, of individual persons and groups, particularly among the vulnerable and marginalized populations of the world. Global and regional trading systems must be redirected to favor the developing countries in order that they may have a better chance in of fulling their obligations to respect, protect, and fulfill the Human Right to Health.

5. **The prevention of patents and other intellectual property protections from interfering with the universal right to health care**

Patents and intellectual property protections must not interfere with the Human Right to Health. The pharmaceutical industry must be prevented from using international intellectual property protections to thwart the possibility of compulsory licensing and the introduction of generic competition in developing countries—the crucial means to lower prices and facilitate access to essential medicines. To these ends, the United States, among others, should: (1) terminate all bilateral pressure on countries for pursuing intellectual property policies designed to make essential medicines more available to those in need; (2) cease efforts to incorporate intellectual property protections in new trade agreements, especially those that contain provisions that go beyond the 1994 General Agreement on Trade-Related Aspects of Intellectual Property Rights (TRIPS); (3) license to the World Health Organization all HIV/AIDS drugs that the US Government has played a substantial role in developing to ensure widespread distribution in the developing world; and (4) license to the World Health Organization patent rights held by the US to other essential medicines, permitting the World Health Organization to disseminate low-priced versions of the medicines worldwide.

6. **The elimination of commercial activities and products that are harmful to individual and environmental health**

Unrestrained promotion of activities and products known to be unhealthy to individuals and to the environment must be curtailed and alternate activities encouraged and supported. All nations, in a spirit of global partnership, must commit to conserve, protect, and restore the health and integrity of the earth's

ecosystems for the sake of all living beings. Corporate interest in molding political processes around the globe must be reduced and the burden of proof of physical or environmental harm must be shifted to proponents of a potentially hazardous activity. Where there are threats of serious hazard or irreversible damage to human health or the environment, lack of full scientific certainty shall not be used as a reason for postponing measures to prevent environmental degradation or for the promotion of potentially toxic chemicals or procedures. An example of a means of achieving this goal, addressing the health of our shared physical environment, is the 1997 Kyoto Protocol, which must be signed and enforced by all nations.

Another example is the Framework Convention on Tobacco Control that calls for the elimination of tobacco advertising and promotion that appeal to children and young people, keeps tobacco corporations out of public health policy-making, and includes strict timelines and enforcement mechanisms for compliance by business enterprise. It, too, must be supported. The World Health Organization estimates that the number of lives lost from tobacco use will rise to 10 million per year by 2030, making it the leading cause of death globally. Health and human rights workers should strive to harmonize taxes on tobacco products at the international level, to severely limit the international smuggling of cigarettes, and to ban the advertising of tobacco products and sponsorships by tobacco companies.

Finally, the burden of proving the safety of new products and technologies must shift from the affected consumer having to prove harm or risk of harm to the producer having to prove a product or technology safe (the precautionary principle).

7. The curtailment of the manufacture and global trade of arms

Military expenditures must be radically cut-back and laws to prohibit or severely restrict the sale, transfer, and use of conventional of weapons of war, especially those such as landmines that cause indiscriminate personal harm, must be developed and enforced. Such laws and acts would reduce health-destroying casualties and free-up money for the common good. Weapons of mass destruction must be abolished. The global trade in weapons must be curtailed, the Comprehensive Test Ban Treaty signed, and the UN and other relevant organizations strengthened in their duty to enforce human rights through vastly expanded support of nonviolent conflict resolution and other peacekeeping efforts that challenge the legitimacy of organized violence.

8. The facilitation of the autonomy of indigenous peoples and their right to self-rule

Indigenous peoples must be enabled to administer their own affairs, and to plan and implement popular decisions in matters that concern them, especially regarding the use of their communally owned natural resources which impacts upon their individual and collective health. It is essential to support and not

exploit indigenous knowledge systems and resources, and to apply the precautionary principle in relation to them when engaging in the use of new bio-technologies.

9. The development of human capital and resources for health

The Human Right to Health cannot be realized without investing in education, training, and professional development in the health sciences. Achieving the vision of health for all requires the necessary human and financial resources to get the job done. It is imperative that we address the inequity of human resources, the "brain drain" by strengthening leadership and human resources development. A summit of leaders within the health professions should be held to develop strategies for restructuring clinical education to be consistent with the principles of this Appeal for undergraduate, graduate, and continuing education for medical, nursing, and other professional training programs. There must be a concomitant commitment to building an information infrastructure to support health care delivery, consumer health, quality measurement and improvement, public accountability, clinical and health services research, and clinical education. Educating health professionals, including disseminating practical information and providing logistical support to facilitate taking full advantage of existing international human rights law and procedures, is the beginning of such a strategy.

10. The encouragement of human rights education both within the curricula of primary, secondary, and higher education institutions and at the community level

The realization of the Human Right to Health cannot wait for, or depend solely upon, the decisions of governments and business entities. A major task of health and human rights advocates is therefore to initiate and spread human rights education in schools, colleges, universities, and community settings so as to enable people, especially persons whose Human Right to Health is not fully realized, to develop strategies of their own choosing to overcome the obstacles to their physical and mental health and overall well-being. Such transformative human rights education allows people to understand the conditions that jeopardize their health, to take action using human rights concepts and methods to change their social condition and hold states accountable for their human rights obligations, and thereby to achieve the Human Right to Health for themselves and their communities. Additionally, including human rights education in schools, colleges, and universities is essential to building the capacity of future citizens to understand and address their right to health and other human rights, and for developing the next generations of leaders who will help to ensure that the obligations to respect, protect, and fulfill the Human Right to Health are met.