

The Right to Health: An Assessment of Kenya's Commitment to Health as a Fundamental Human Right
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A message from Paul Farmer, MD, PhD

*Presley Professor and Vice Chair, Department of Social Medicine, Harvard Medical School
Associate Chief, Division of Social Medicine and Health Inequalities, Brigham and Women's Hospital
Co-Founder, Partners In Health*

I've been invited by my colleagues at Physicians for Human Rights to write a letter marking the opening of the first annual Health and Human Rights Conference here in Nairobi. I applaud all of you for your commitment and wish to briefly discuss how we can begin to implement an expanded and pragmatic view of health and human rights.

Despite the persistence of neoliberal orthodoxy in both international health and human rights, much has changed over the past few years, and some of it for the better. Take the example of AIDS. Following the lead of groups led by people living with HIV, by activists, and by a handful of organizations serving the destitute sick, the recent influx of funds designated to treat poor people with AIDS in the spirit of providing a public good, rather than a commodity, has challenged modern public health orthodoxy. These large-scale efforts were not launched on grounds of cost-effectiveness; rather, they were the result of powerful thinking about ethics and the alleviation of suffering. Human rights and social justice, once staples of public health, are slowly being revived on a grand scale.

All this is to say that health and human rights needs to move beyond its traditional exhortatory role, which stems from insistence on respect for conventions to which most states are signatory. The yield on an expanded and pragmatic view of health and human rights might be greater than we think. Preventing disease, saving lives, eradicating malnutrition, and promoting universal primary education will help to reverse the concentration of power in the hands of a few. It might not be naïve to argue that when people are not facing both destitution and disease, they might be able to participate more in civic processes. In short, I advocate reversing the present priority which places civil and legal rights first and adjourns substantive rights for another day. It is when people are able to eat and be well that they have the chance to build democratic institutions.

So where do we start in an effort to promote an expanded and pragmatic view of health and human rights? Even though there are no secret formulas, there is an urgent need to support what may seem to be a rather prosaic agenda. Let's talk about food, and also about sutures, medications, electricity, water, and other basic goods that may not seem very immediate to most people now commenting on health and human rights. And although it's true that there's no magic bullet to counter poverty, ill health, and a lack of both materials and personnel, there's much that could be done to address poverty and the diseases and complications that accompany it. Perhaps the most important of these, in the places in which Partners In Health has worked, has been the recruitment and training of community health workers alongside efforts to support established medical personnel.

A lack of health infrastructure is no reason for inaction: rather, it is a clarion call to action. Only the public sector, not nongovernmental organizations, can offer health care as a right. We must build or rebuild public infrastructure as we roll out services. Billions of dollars are now being invested in responding to epidemics that have spun out of control. If we want these dollars to be invested wisely, we have to link our projects to rebuilding health systems and to poverty alleviation and food security—at the level of individual patients and their families and also at the macro level of governments and global health policy. Meanwhile, we also need to continue investing in basic science and product development.

With adequate resources and attention we can work on all of these levels at once. So let's get going.

Best wishes for a productive conference.