

Health and Justice Activists Gather to Debate Strategies to Achieve the Right to Health

- **SECTION27 hosts groundbreaking Southern African Regional Activist Dialogue on a proposed Framework Convention on the Right to Health (FCGH)**

On March 25 - 26 2011, SECTION27 brought together [70 activists and experts](#) from 16 countries, mostly from Southern Africa but also from India, Brazil, the United States and Europe. Participants included many experts and advocates from health sectors, trade unionists and organisations including TAC, Greenpeace, Medico International, the People's Health Movement and Equinet. Individuals included Vuyiseka Dubula, the General Secretary of the Treatment Action Campaign; Stephen Lewis, former UN Special Envoy on AIDS in Africa; Anand Grover, UN Special Rapporteur on the Right to Health; and Prof Larry Gostin, director of the O'Neil Institute for National and Global Health Law at Georgetown University.

The activists gathered in Johannesburg to discuss the state of health services in the Southern African region, the barriers faced by activists and how to strengthen and unify campaigns around a new vision for achieving the right to health internationally – and in our lifetimes. The conference programme and presentations are available [here](#).

The meeting's aim was to build a common vision, and if possible programme, for realising the right to health and to discuss how to mobilise and support new campaigns for health at local, national, regional and global levels.

The conference tried to analyse why, despite growing global recognition that health is a human right, there are widening health inequalities and, in many areas of the world, people's access to health care services is deteriorating. It debated possible new campaigns and the lack of accountability of both States and United Nations institutions to those in whose interests they claim to act. The importance of building capacity and power within poor communities where health conditions are most dire, ensuring participation of the most affected and vulnerable populations was reaffirmed.

A major objective of the consultation was to explore and debate whether, in future, a Framework Convention on Global Health (FCGH) could be an effective international legal instrument for coordination of currently fragmented activities, sustainable and sufficient resource mobilisation and standard-setting to realise the right to health. Could it be a means to greater accountability for and enforcement of the right to health? Could a global instrument assist and advance national and local struggles for health?

The consultation provoked intense debates and discussion on the right to health. Participants were unanimous that the right of everyone 'to the highest attainable standard of physical and mental health' must be given more meaning and lead to results. Delegates felt that the legal obligations binding states to the right to health must be clarified and enforced. In the context of Southern Africa, where HIV continues to cause death and illness on a huge scale, there was a demand that the United Nations High Level Meeting (HLM) in June 2011 must be used to secure sustainable growth and funding for the response to HIV/AIDS and TB.

The conference reinforced the view that there is a need to mobilise people from the grass-roots level to fight for their own rights to health by educating people on and

popularising the right to health, and linking community and national movements into a truly global movement of the poor for the right to health.

Finally, it confirmed the importance of exploring the idea of a future FCGH as one component of this struggle. Shortly after the conference this idea and the need for this debate was given a boost when the UN Secretary General, Mr Ban Ki Moon, included the following statement in his report on '**Implementation of the Declaration of Commitment on HIV/AIDS and the Political Declaration on HIV/AIDS: Uniting for universal access: towards zero new HIV infections, zero discrimination and zero AIDS-related deaths**' (paragraphs 73 & 74):

II. Share responsibility and build ownership for sustainable outcomes

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While some US\$ 16 billion was available for the global response in 2010, a significant gap remains between investment needs and available resources—and the gap is widening. We must ensure the sustainability of our efforts, including protecting access for the more than 6 million people receiving treatment in low- and middle-income countries and ensuring access for the millions who are still in need. Countries must commit to global solidarity, built on the tenets of shared responsibility, true national ownership and mutual accountability. The global South must exercise greater leadership in the governance of AIDS responses at all levels. **Let the AIDS response be a beacon of global solidarity for health as a human right and set the stage for a future United Nations Framework Convention on Global Health (our emphasis)**

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The Secretary-General therefore calls on Member States, and all actors in the response to HIV, to undertake the following actions in forging a revitalized framework for global solidarity to reach universal access to HIV prevention, treatment, care and support by 2015:

- a. Exercise inclusive and accountable leadership, and create space for national debate on priorities, strategic investments, social protection and legal measures to foster broad ownership and access to entitlements, ensuring that people living with and vulnerable to HIV—young and old—are able to act as partners in the governance, design, delivery and evaluation of the response;
- b. Meet fair-share commitments to reach investment needs, whereby international donors realize their long-term, predictable financing commitments while domestic investment in low- and middle-income countries is significantly scaled up; emerging political and economic powers assume their share in international and regional leadership for the AIDS response; and innovative financing mechanisms are expanded; and
- c. Actively support and strengthen the capacity of national institutions, community systems and human resources for health to mount evidence-informed and rights-based responses, including by promoting South-South cooperation and using regionally sourced technical support.

In the months ahead, discussions on a FCGH will continue and be refined within our organisations and communities, as well as at a meeting to be convened by the People's Health Movement in Delhi in May 2011.

A conference statement and resolutions from the southern African regional dialogue will be made available in the near future.

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