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HEALTH AND HUMAN RIGHTS: THE EQUITY ISSUE **
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I have to confess some little trepidation about entering a discussion on human rights and particularly in relation to health, as sometimes I have had vigorous reaction to my appreciation of the validity or otherwise of some of the common current notions. I grew up with the conviction that the Universal Declaration on Human Rights of 1948 was a credo that could guide my own actions. I considered the basic human rights to be those of life, liberty and the security of person.

Later, I came to be concerned at the proliferation of needs and attributes that were said to be basic or fundamental human rights and saw so many of the things related to health included in that category. But I often took comfort in the words of the American Declaration of the Rights and Duties of Man which, in relation to health affirmed:

> *Every person has the right to the preservation of his health through sanitary and social measures relating to food, clothing, housing and medical care to the extent permitted by public and community resources.*

Of course, had I been a participant I would have insisted that the declaration be gender neutral and include promotion as well as preservation... Nevertheless, this was for me very much in line with the Universal Declaration which did not speak of a right to health, but the right to a standard of living adequate for health and well-being. I also saw with pleasure the Declaration of the World Conference on Human Rights of three years ago, which said, *inter alia* that all human rights derive from the dignity and worth inherent in the human person.

I recognize that many of these words and phrases are not contextually empty, and it is more than a provision for an exercise in word play to have a forum where those interested in health can discuss their concerns and practices in relation to human rights. I therefore congratulate Dr. Jonathan Mann on establishing such a forum and was pleased to note that he envisages for this meeting exchanges of information on what we do as well as what we think.

When I became the Director of the Pan American Health Organization (PAHO), I made it clear that two basic principles would guide our work and be an indication of our most important core values. These two principles were equity and panamericanism. The former can give rise to

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many intricate interpretations, but I regard it simply as a search for fairness and often remind my colleagues of Aristotle's dictum that the essence of inequality is to treat in an equal manner those that are unequal. The latter represents our firm conviction that the countries of the Americas can advance more rapidly in health if they genuinely work together - PAHO was established to facilitate this joint work.

Thus, I tend to see many, if not most major health problems, through these lenses and I would posit that the three major global challenges we discuss this morning, exist as problems in large part because of the inequity that exists between and within countries. My opinion is, of course, colored by my experience in the Americas.

The new and emerging diseases must concern us all, and I am aware of CDC's view that in the last 20 odd years there have been some 50 diseases that are new or once thought passé, are haunting us now. When one looks at the factors that have caused this phenomenon, one is struck obviously by the changes in the microbes themselves, but equally important are the environmental degradation, the alterations in human behaviour and the demographic changes that have occurred. These changes are intimately linked with inequality of opportunity that, for example, causes the massive urbanization, the creation of large slums and large populations of the depressed and deprived.

It is common to attribute these differences among people to the vagaries of economic opportunity and I presume that the third of our challenges - development - refers mainly to economic growth. In PAHO, we view this more widely and speak only of human development with health and economic growth as two key components of that development. The inequity in the economic sphere is well documented and we take no pride in the fact that the Americas is the Region with the greatest disparity of income distribution. It is the absolute poverty as well as the unequal distribution of wealth that contribute to the situation mentioned above, as an incubator for many of the new or reemerging diseases.

We know better the situation with respect to children and particularly their health. The differences in child mortality between rich and poor countries is common knowledge. It is equally shocking to note the differences within countries. In the capital city of one of our countries, the infant mortality rate is about 50 per thousand live births, while in some of the rural areas it might be three times as high.

What does PAHO do to address these basic problems of inequity, or rather how do we help our countries to search for such equity that I believe is related to much of the discussion on rights? First, after having indicated the vision we have of an Organization working towards securing equity, we articulated a mission that identifies what we will do, and the essence of that mission is our commitment to technical cooperation with countries and stimulating cooperation among them in the spirit of panamericanism to which I referred.

Then we ensured that our structure responds to the need to seek equity through specific program areas. Our Governing Bodies identified five areas which are referred to as our Strategic and Programmatic Orientations. I will only mention two of these areas and the Technical Divisions

that cover them as illustrations. One of our Divisions is Health and Human Development. A great part of the technical cooperation in this division is directed towards demonstrating the validity of our thesis that health is an integral part of human development, and we have structured a deliberate approach to a wide array of resources to this end. Among the most important of these are political resources and we have systematically sought and got access to Presidents, Prime Ministers and their Cabinets to present to them the notion of health as an equity issue and one that is much wider than care; one that is at the heart of their efforts for national development. We have established firm contacts with the Parliaments of the Region and with their commissions on health to articulate the same messages.

But it is not enough to speak of inequity, we have to be able to show where it exists and have the data to demonstrate whether one or other intervention is effective. Therefore, we have a vigorous program that assists countries in the generation of reliable data and in their analysis. We will soon have basic core data on health from every country in the Americas available to everyone in the hemisphere. I am convinced that one of our responsibilities is to monitor the human condition. When rights are breached and the result is health damage, our call for correction must be based on data. We publish a fact sheet on basic indicators on health and health related areas that we will be pleased to share with anyone who is interested.

I cannot let pass this opportunity to mention one of the programs in this Division of which we are proud — the Program on Women, Health and Development. We concentrate on those health conditions that are a manifestation of gender inequity. It is an uphill struggle to have the health establishment recognize the need to be sensitive to the needs of women as women, and to be conscious of the subtle but real gender discrimination that exists, for example,in our health services. We are not short of examples of events and actions that run contrary to the affirmation of the World Conference with respect to the dignity and worth inherent in the human person when such a person is female.

One of the other Divisions in PAHO is concerned with the organization of health systems and services and the main focus of its work recently has been assisting countries with their health sector reforms. Some 28 of our Member States are undertaking some type of health sector reform, with the major goal being to seek equity in the provision of services. We know, for example, that whereas in the richest of our countries almost 100 percent of women have prenatal care, in the poorest ones this figure is about 60 percent. As would be expected from these figures, almost 100 percent of births in the rich countries are attended by trained personnel while for the poorest ones this figure is about 40 percent.

Certain approaches to reform are common in the countries. There is universal acceptance of the need for decentralization, establishment or expansion of health insurance, adopting some basic package of health services, and ensuring that the State retain responsibilities for what might be called the traditional public health services — those services that have been demonstrated to have high positive externalities. We still continue to press for the application of the strategy of Primary Health Care and are helping our countries, in practical ways, to renew their enthusiasm for Health For All which is essentially an equity issue. We no longer beat the drum of shifting resources to the

primary care level and concentrate more on making the other areas so efficient that there are indeed resources available for primary care.

Ten minutes do not permit me to discuss our other program areas such as environmental health, health promotion and protection, and prevention and control of disease. I am sure that I would show in each one of these, the importance of the equity focus. My last Annul Report to our Governing Bodies showed the centrality of equity in our programs.

But I must mention one program that relates to children and perhaps their rights. PAHO is proud of its Special Program on Vaccines and Immunization. It is now common knowledge that five years have elapsed since there was paralytic poliomyelitis in the Americas and measles is disappearing fast. In the last four years, not a single case of measles has been reported from the Caribbean and in the last year there was no importation of measles into this country from Latin America. This means that our countries have been successful in immunizing their children. These children enjoy the right as expressed in the American Declaration, to *specific sanitary and social measures*, certainly as related to one aspect of medical care. There is no inequity as far as immunization is concerned and the success of the effort has been a marvelous tribute to the panamerican approach.

One is then tempted to ask, why there are so many manifestations of inequity in other areas of child health, and why the right to access to sanitary measures is not universally observed and practiced. I am not satisfied with the simplistic answer that it is because of the availability of the technology. Perhaps solutions in some of these fields will only be found when the underlying inequity is raised as a moral and ethical issue in the Aristotelian context of *personal morality and the ends of human life*.

You will have perceived, quite properly, that our focus as a public health agency — one that is primarily concerned with the health of the public — is the health of population groups. But I always insist that we must never lose sight of the individual concern and need, because at a very basic level, pain, illness and death are individual events. Similarly, my major orientation is towards the deprivation of rights of groups, that finds expression in disturbances of the public's health while maintaining the consciousness and conscience alive to individual rights. But indeed, deprivation of any rights is a manifestation of the creation of a class of *others*, and deprivation is heinous particularly when comparison is made with those who are not affected or deprived. The fundamental rights by themselves create a class that we recognize as having them. If there were no deprivation, there would be no *otherness*. I translate this into health, and shape it in terms of equity or inequity and I hope I have shown in this brief presentation, some of the ways we are seeking to reduce that inequity. This is for moral, ethical and very practical reasons. And I might add a philosophical reason. I have said that perhaps health and the reduction of inequities that exist, just might be the kind of noble cause to which nations of the world might address themselves, now that many of the other reasons for divisive struggle on a global scale are past. And as I thought of that exciting possibility, in the words of the old song *I said to myself, what a wonderful world*!

I thank you.

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