

A framework convention on global health: a catalyst for justice

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Growing inequalities in wealth, gender and disability, as well as in other areas, constitute a grave and unconscionable affront to our common humanity. A mere decade ago, people living with human immunodeficiency virus (HIV) infection were suffering the consequences of gross inequity. Treatment was becoming widespread in developed countries, but in the hardest hit, developing country communities, demands for treatment were met with derision and condescension. Africans, they told us, could barely tell time, let alone adhere to complex regimens. Today, more than 6 million Africans receive treatment for HIV infection and acquired immunodeficiency syndrome (AIDS) and global health leaders have begun to look forward to something formerly unimaginable: an AIDS-free generation.¹

An unprecedented bottom-up social movement has made this possible.² Arguing for the human right to health, advocates for patient rights and other advocacy groups campaigned for universal access to treatment, prevention, care and support for people living with HIV. The first high-level United Nations health summit, held in 2001, was devoted to AIDS,³ and successive high-level meetings on HIV/AIDS in 2006 and 2011 have produced political declarations – a form of soft law – setting out ambitious goals.⁴ Civil society continues to hold world leaders to account, and in 2012 186 countries have reported on progress towards attaining these goals. Such is the power of political mobilization.

Although advances in prevention and treatment have been remarkable, the AIDS community recognizes that the road towards zero new HIV infections, zero discrimination and zero AIDS-related deaths will be an arduous one. Even hard-won gains are at risk, as international support has stagnated and some communities have witnessed a renewed assault on human rights. The fear of economic retrenchment and social discrimination among those living with HIV are mirrored in the global

health arena itself. The Rio+20 Summit, a high-level meeting on sustainable development held in June 2012, revealed a global health community deeply divided over investment priorities and unable to frame a unified, cogent argument on the need to invest in health.

Clearly, global health advocates must think strategically about positioning health in the post-2015 development agenda. After all, health is intrinsic to human dignity and a precondition for economic transformation, stability and security. What better way to start than by rekindling our common interest in the right to health? This is exactly what the Joint Action and Learning Initiative on National and Global Responsibilities for Health (JALI) is doing.⁵ JALI is mobilizing civil society towards a vision of a global framework convention, based on the human right to health, that defines what states and the international community are obligated to do to provide conditions conducive to good health. JALI demands that the convention establish global norms for ensuring access to a full range of services – clinical and public health services, essential medicines – as well as addressing the socio-economic determinants of well-being.

The proposed framework convention identifies national and international financing targets linked to resource capacity and health needs. It also promotes a health-in-all-policies approach, including health assessments of non-health-sector policies that could threaten health, on the premise that attaining and maintaining good health require action beyond the health sector. Examples of such action are the establishment of health-related standards for bilateral and regional trade and investment treaties. Furthermore, the convention places justice at its core by calling for equity measures across all commitments and by seeking the repeal of unjust laws that involve, among other things, the criminalization and persecution of sexual minorities. Under the framework convention, a strong accountability system would allow civil

society to hold states accountable for fulfilling their obligations vis-à-vis the right to health, including greater precision on their duty to invest adequate resources to progressively realize economic, social, and cultural rights.⁶ The evidence that international treaties have the power to elevate norms protecting human health and dignity is irrefutable.⁷

To make the dream of a framework convention on global health a reality, we must marshal the determination of the AIDS movement to be the “rising tide that lifts all boats” in the sphere of global health and social justice. The AIDS community needs to understand that this is in its interest. All eyes now need to be on the bigger prize.

The global response to AIDS has been championing the principles of shared responsibility and global solidarity – principles that are common to JALI and other framework convention proponents. These principles must drive the post-2015 development agenda towards more sustainable and equity-oriented goals.

We join others in calling for a critical debate and for unprecedented social and political mobilization towards a framework convention on global health. Many of the pioneers of the AIDS movement are now leading JALI’s call for a convention. Among them are Mark Heywood, long-time activist from the Treatment Action Campaign, and Anand Grover, the UN Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health.

As we approach the post-2015 agenda on sustainable development, with its emphasis on justice, mutual responsibility and solidarity, let us look to the proposed framework convention on global health as a catalyst to making justice in global health a common cause. ■

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