

“Health and Human Rights,” edited by Doris Schroeder, welcomes contributions on all areas outlined below. Submitted papers are peer-reviewed (short discussion papers will be reviewed by at least one, full papers by at least two reviewers). To submit a paper or to discuss suitable topics, please e-mail Doris Schroeder at dschroeder@uclan.ac.uk.

Editorial

DORIS SCHROEDER

Human rights are universal. By virtue of being human rather than British, South African, or Indian, we have certain rights. One of these rights is the right to health. In the Universal Declaration of Human Rights (1948) it is enshrined as the “right to a standard of living adequate for . . . health and well-being” (Article 25). Similarly, the Constitution of the World Health Organization is based on the principle that the “enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being.” Essentially and simplified, the right to health means the right of access to healthcare. Whether one suffers from tuberculosis, HIV, migraines, repetitive strain injury, dementia, or whooping cough, healthcare personnel are trained and equipped to prevent, heal, or ease suffering, often with the help of essential medicines.

The Universal Declaration of Human Rights will celebrate its 60th birthday at the end of this year. Yet, its realization has not advanced significantly beyond a small number of privileged, welfare-oriented countries. On the contrary, one of those countries, Great Britain, currently considers curtailing the right to health for a particularly vulnerable population, namely, irregular immigrants. As Phillip Cole shows in the following article, Great Britain will take a step backward in its realization of universal access to healthcare within British borders, if current plans were to be realized. In “Migration and the Human Right to Health,” he therefore argues that the legal discourse on human rights needs to be strengthened by a foundational theory of the human good. And, according to him, the topic of access to healthcare may well be the best resource to build such a global theory of the human good.

Although the situation in Britain is worrying for a vulnerable subsection of the population, the lack of access to healthcare is much more disturbing in developing countries. Even in the 21st century, roughly one third of all human deaths are due to avoidable causes, such as lack of access to vaccines, medicines, or rehydration packs. At the same time, new drugs and vaccines urgently needed for the local health needs of developing country residents are not being developed due to insufficient purchasing power in those countries. Simultaneously, generic drug producers are being severely curtailed in their commercial activities under the Agreement on Trade-Related Aspects of Intellectual Property

Rights (TRIPS). And even where drugs are available at prices affordable to the poor or are being subsidized by governments or charitable foundations, their efficient administration is being hampered by the brain drain of doctors and nurses relocating from, for instance, the Philippines and South Africa to the United States and Britain.

Desperate situations require bold and visionary ideas! Thomas Pogge has been developing such an idea over a number of years. He has already introduced his "Health Impact Fund" in an earlier edition of this column¹ and provides the latest developments and arguments in the following article. A recent *Nature Medicine*² article examined 21 current proposals to align the commercial needs of pharmaceutical companies with the moral need to end unnecessary poverty-related deaths and suffering. Pogge's proposal was the only scheme without medium- or long-term shortcomings. I am certain that *CQ* readers will remain interested in his ideas and follow developments at <http://www.incentivesforglobalhealth.org>

Notes

1. Pogge T. Montréal statement on the Human Right to Essential Medicines. *Cambridge Quarterly of Healthcare Ethics* 2007;16:97–108.
2. Nathan C. Aligning pharmaceutical innovation with medical need. *Nature Medicine* 2007;13(3): 304–8.