The Right to Health: An Introduction

Alison J Blaiklock
Health and Human Rights Group, Centre for Human Rights Law, Policy and Practice
mountains@ihug.co.nz

ABSTRACT: The right to the highest attainable standard of health is a fundamental human right that encompasses the right to healthcare and determinants of health. This paper defines the right to health and examines what it means in practice. It outlines current issues that are being examined through a right-to-health perspective, including recent developments. An appendix describes leading organisations working to advance the right to health.

KEY WORDS:
Right-to-health, Health, Healthcare, ICESCR, WHO, Equity, Indigenous rights, Child rights, Equity.

Introduction

The aim of this introductory working paper is to provide a general overview of the right to health and what it might mean in practice, and outline key recent developments. It is also a positioning paper for the Health and Human Rights Group. An appendix describes some leading organisations working for this right.

Health and human rights are integrally and inextricably interlinked. Respecting, protecting and fulfilling people's rights to health is closely associated with people's right to development, and leads to flourishing lives.[1] For example, standards of health are higher when people are able to enjoy their rights to participation, non-discrimination, education, and an adequate standard of living. The vast inequities in health throughout the world result from "a toxic combination of poor social policies and programmes,

unfair economic arrangements and bad politics” [2, p. 9] - such policies, programmes and economic arrangements are violations of human rights.[3]

What is the right to health?

The right to the highest attainable standard of health is recognised in the United Nations Declaration on Human Rights,[4] and made more explicit in the Covenant on Economic, Social and Cultural Rights.[5] It is affirmed in other core international human rights treaties about racism, and the rights of women, children, migrant workers and persons with disabilities;[6-9] the Declaration on the Rights of Indigenous Peoples;[10] and in key global health agreements including the constitution of the World Health Organisation (WHO), the Declaration of Alma Ata, the Bangkok Charter for Health Promotion, and the WHO Framework Convention on Tobacco Control.[11-14]

Every country in the world has agreed to be bound under international law to at least one human rights treaty that includes the right to health. Thus, all States are obligated by international human rights law to progressively realize people’s rights to health. Fulfilling these rights is also a matter of justice, humanitarianism, professional ethics, and ensuring effective and sustainable health systems..

In Aotearoa New Zealand, *hauora* (health and wellbeing) is one of the *taonga* guaranteed to all citizens under Te Tiriti o Waitangi – as is health equity. Indigenous concepts of health encompass a collective and individual perspective and a holistic understanding. Thus the right to health cannot be seen in isolation from rights to indigeneity, self-determination, culture, language, land, and the natural environment.[15, 16]

Current understandings of the application of ‘the right to health’ have been strongly influenced by the work of Jonathan Mann and others in the 1980s and 1990s,[17] who argued that the response to the HIV/AIDS epidemic should be seen as much a human rights issue as a communicable disease issue. Efforts to end discrimination were essential for addressing HIV/AIDS,

and highlighted that public health and human rights are complementary approaches to improving health and wellbeing.[18]

In 2000, the United Nations Committee on Economic, Cultural and Social Rights (the independent expert monitoring body established to monitor States' compliance with the Convention) made an authoritative statement on what the right to the highest attainable standard of health entails. In General Comment No 14, the Committee said that the right to health is not a right to be healthy, but "a right to the enjoyment of a variety of facilities, goods, services and conditions necessary for the realization of the highest attainable standard of health . . . (It) is an inclusive right extending not only to timely and appropriate health care but also to the underlying determinants of health."[19] The United Nations Committee on the Rights of the Child in a just released General Comment, also said the right to health is an inclusive right, including the right of children to grow to their full potential.[20]

Half of the Millennium Development Goals are directly about health. A right to health approach challenges the means that are used to deliver the Goals, to ensure the benefits accrue to those who are most vulnerable and disadvantaged, ensure participation, and use accountability mechanisms to enhance the effectiveness of vertical programmes.[21, 22]

New Zealand has ratified the International Covenant on Economic, Social and Cultural Rights and the Conventions on the Elimination of All Forms of Racial Discrimination, the Elimination of Discrimination against Women, the Rights of the Child, and the Rights of Persons with Disabilities, all of which include the right to health. However in ratifying the Convention on the Rights of the Child in 1993, New Zealand made, and still maintains, a reservation that it could distinguish between children according to their legal authority to be in New Zealand.[23] Children who are not citizens or legally resident have substantially reduced eligibility for publicly funded health services.[24] The Committee on the Rights of the Child has repeatedly urged New Zealand to withdraw this reservation.[25-27]

In consultation to develop New Zealand's first human rights action plan, the right to health was the right given the highest priority by participants. The New Zealand legislative framework, policy and practice, and key issues have been described by Bell and the Human Rights Commission.[28-30] New Zealand's right-to-health obligations under the International Covenant on Economic, Social and Cultural Rights and other human rights treaties are broad and encompass various elements of domestic legislation and regulations - for example, the Code of Rights under the Health and Disability Commissioner Act focuses on aspects of health care delivery which is just one aspect of the right to health.

The right to health in practice

The right to health provides a framework that can be used across disciplines, communities and cultures (and, indeed, with sectors outside health) for developing, delivering and evaluating health-related policies, services and programmes to ensure they are robust, sustainable, effective, and equitable.

Paul Hunt, the first United Nations Special Rapporteur (independent expert) on the right to the highest attainable standard of health,[1] has clarified what the right to health means in practice. Hunt argues that more traditional human rights techniques of activism and litigation are insufficient on their own (although judicial and quasi-judicial processes can be useful in vindicating human rights) and encourages a complementary inter-disciplinary policy approach including new human rights tools such as indicators, benchmarks

[1] Paul Hunt is a New Zealand and British national, a Professor at the Human Rights Centre at Essex University, England, and Adjunct Professor at the School of Law at Waikato University. He was nominated by the New Zealand Government and elected by the United Nations General Assembly to the UN Committee on Economic, Social and Cultural Rights from 1999 to 2002. He was UN Special Rapporteur on the Right Health from 2002 to 2008 and currently works part-time on human rights issues with WHO. In 2012 he led two New Zealand workshops on the right to health, which were organized by the Health Promotion Forum, Auckland University Centre for Development Studies, and the University of Otago Wellington Public Health Summer School.

and rights impact assessment, alongside strengthening international jurisprudence. [31-33] Rights-based approaches are being used to improve the design of health programmes, especially by strengthening health systems,[34-38] and provide a framework for action on the determinants of health.[3, 39, 40]

In comparison with civil and political rights, there is little jurisprudence around economic, social and cultural rights. Although Judicial processes may be complex, costly and of little immediate practical help to improving health, [41] they are increasingly being used in some countries, especially in South America.[42]

Hunt et al developed a useful 10 part analytical framework to describe States' right-to-health obligations, for use in the design, delivery and evaluation of services:

- States must comply with national and international human rights laws, norms and standards.
- States must act to progressively realize the right to health over time. Full realisation of the right requires sufficient resources. But States must make progress, have a plan, benchmarks and indicators.
- Some obligations – such as the duty to avoid discrimination - must be put into effect immediately.
- Health services, goods and facilities must be available, accessible, acceptable, and of good quality.
- States must recognize both freedoms and entitlements about health – for example freedom from discrimination and entitlement to decent food, clean water and sanitation.
- States have duties to respect, protect and fulfill the right to health – which means states must actively do things to ensure people can enjoy their right to health, not to do things which interfere with people's right to health, and must stop others interfering with people enjoying their right to health.
- Special attention must be given to issues of non-discrimination, equality and vulnerability. These are issues that are central to ideas of human

rights, just as they are in health. The right to health gives rise to the government's obligation to ensure an equitable health system and equitable access to the determinants of health.

- Individuals and groups must be able to take part in designing services that are for them, and in the development of policies that affect them.
- States have right-to-health obligations around international assistance and co-operation.
- States must have effective, transparent and accessible mechanisms for monitoring and accountability around the right to health, and, in turn, are accountable to the international community.[33]

Recent developments

There is growing appreciation that a right to health approach that keeps the continual strengthening of the health system as its focus, is an equitable and sustainable way of fulfilling human rights obligations - and an effective way of ensuring health systems are equitable and sustainable [see, for example, 33, 34, 38].

There is increasing recognition - and jurisprudence - that sexual and reproductive rights are an integral part of the right to health. Sexual and reproductive health rights include maternal health, access to contraceptive methods and safe abortion services, and protection from sexual assault [37, 43].

What the right to health means for mothers and children is receiving growing attention. Recent reports from the UN High Commissioner on Human Rights have given technical guidance on applying human rights approach in implementing policies and programmes to reduce preventable maternal mortality and morbidity,[36] and stressed "that the survival, protection, growth and development of children in good physical and emotional health are the foundations of human dignity and human rights."[44] The UN Committee on the Rights of the Child recent General Comment about the right to health says it is "an inclusive right extending not only to timely and appropriate prevention, health promotion, curative, rehabilitative and palliative services, but also a

right to grow and develop to their full potential, and live in conditions that enable them to attain the highest standard of health by implementing programmes that address the underlying determinants of health.” [20] The right to health, especially strengthening implementation, accountability mechanisms and the determinants of health, is the subject of the March 2013 Human Rights Council annual meeting on the rights of the child.[45]

The human rights and health equity movements have considerable opportunities to work together to realise joint goals of improving health through addressing inequities in power and resources, with both utilising the discourse, evidence base and policy momentum of health equity and right-to-health indicators, benchmarks and legal standing.[40]

Largely in response to the persistent state of global health inequities, and driven by the Joint Action Learning Initiative (a broad-based civil society collaboration, www.jalihealth.org), work is being done to strengthen global and national accountability by calling for a Framework Convention on Global Health. This aims to achieve international consensus based on the right to health on what are essential health services and goods, shared national and international responsibilities including towards the world’s poor people, and the associated required global governance structures.[46, 47]

Enjoyment of the “right to health will increasingly depend on the right to a safe environment and a stable climate,”[48] especially as the health impacts of climate change and environmental degradation are experienced disproportionately and inequitably by people in low income countries and vulnerable groups such as children.[49-52]

Conclusion

The right to health is more than just a legally binding covenant that places obligations primarily on states; it is also a compelling practical tool that can assist people working in health care to provide accessible and acceptable quality health services to all people. It supports evidence-informed ethical professionalism, sound leadership, humanitarianism, and sustainable

development. It promotes participatory approaches and accountability that can be used to address many health issues and problems.

Appendix: Some leading organisations working to advance the right to health

The oversight of international human rights treaties is with the United Nations, which mandates the Office of the High Commissioner for Human Rights and the treaty monitoring bodies. States must report every five years on their progress towards realization of human rights, and shadow reports from civil society are received, by the monitoring Committees and the Human Rights Council (the principal intergovernmental human rights body within the United Nations).

Monitoring of States' obligations about the right to health comes from the Committee on Economic, Social and Cultural Rights and the Special Rapporteur on the Right to Health. It is also a responsibility of the Human Rights Council, and other treaty bodies and special mandate-holders. The United Nations Permanent Forum on Indigenous Issues, whose past work ensured the establishment of the Declaration on the Rights of Indigenous Peoples, has a mandate to advise the Economic and Social Council, including discussing the health rights of indigenous peoples.

UNICEF and the World Health Organisation (WHO) are key multinational organisations promoting the right to health. Since 1996, UNICEF has recognised that its work is based on the Conventions on the Rights of the Child and the Convention on the Elimination of Discrimination Against Women. WHO was involved in consultation on General Comment 14 and has become more proactive in promoting rights-based approaches. Within WHO, the Health and Human rights team works to advocate for and integrate a human rights-based approach to health into the activities of WHO and its members, and international development.[53]

There is interest in the right to health from international development

organisations and funders as they incorporate human rights approaches. For example, the World Bank Institute's Health Team has a project about equity and the right to health in Latin America. There is considerable Latin American support for human rights approaches because of the history of oppressive regimes - which brings together health practitioners, decision-makers, civil society and the judiciary.[54, 55]

National statutory human rights organisations also promote the right to health. In New Zealand, the Health and Disability Commissioner has responsibilities to protect and advocate for the rights of individual consumers [56] and the Children's Commissioner and Human Rights Commission have advocated for rights to health services and the determinants of health [see, for example, 30, 57].

Recognition of the right to health has been, and is, largely driven by the efforts of academia and non-governmental organisations. The People's Health Movement is a widespread network of health activists calling for "health for all now" as a human right, and builds the right-to-health movement through networking, support for local activism, mobilization and capacity building [58-61]. Within international health, leadership comes from the People's Health Movement, consumers organizing around particular issues, and health professionals – such as the Amnesty International Health Professional Network (www.amnesty.org), the International Federation of Medical Students Associations (IFMSA, www.ifmsa.org) and Médecins Sans Frontières (MSF, www.msf.org), who all advocate, inform, educate, and promote human rights approaches to the provision of health services. The International Federation of Health and Human Rights Organisations (IFHHR, www.ifhhro.org) offers networking, training, consultancy and advocacy.

There are also civil society networks that provide information, training, advocacy, research and advice around the right to health as part of their wider work on economic, social, cultural and other human rights. These include the Child Rights Information Network (CRIN, www.crin.org), the International Network for Economic, Social and Cultural Rights (ESCR-Net, www.escr-

net.org) and the Center for Economic and Social Rights (CESR, www.cesr.org). Many human rights advocacy organisations within countries link to these networks and promote the right to health alongside other human rights.

The leading academic journal about the right to health is the online free *Health and Human Rights* (www.hhrjournal.org) which emphasises critical scholarship and action-oriented review [62].[62]. Paul Farmer, a leader in delivering community-based high quality health services in resource-poor settings, is the Editor-in-Chief. *Health and Human Rights* comes out of the François-Xavier Bagnoud (FXB) Center for Health and Human Rights at Harvard University (www.harvardfxbcenter.org), the first academic centre that focused exclusively on health and human rights. It offers highly regarded teaching, research, and advisory services to advocates and policy-makers. There are an increasing number of academic centres focusing on health and human rights.

Acknowledgements

The author appreciates the invaluable and insightful suggestions and advice fof other members of the Health and Human Rights Group - Carmel Williams, Pat Neuwelt, and Sione Tu'itahi - and the considered thoughtful comments from two peer reviewers.

Alison Blaiklock is a public health physician, Honorary Senior Clinical Lecturer at Otago University Wellington and Associate of the Health Promotion Forum of New Zealand, who is currently studying tropical public health. She was previously Executive Director of the Health Promotion Forum of New Zealand and founding chair of Action for Children Aotearoa. She was honoured by the New Zealand Public Health Association as 2012 Public Health Champion.

Email: mountains@ihug.co.nz

Phone: +64 21 382209

References

1. Sen, A., *Development as Freedom*1999, Oxford: Oxford University Press.

2. WHO Commission on Social Determinants of Health, *Closing the Gap in a Generation: Health equity through action on the social determinants of health*, 2008, World Health Organisation: Geneva.

3. Hunt, P., *Missed opportunities: human rights and the Commission on Social Determinants of Health.* Global Health Promotion, 2009. **Suppl (1)**: p. 36-41.

4. United Nations, *Universal Declaration of Human Rights. GA Reslution 217A (III), UN GAOR. Resolution 71, UN Document A/810.*, 1948, United Nations: New York.

5. United Nations, *International Covenant on Economic, Social and Cultural Rights (ICESR), UN GA Resolution 2200 A (XXI), 16 December 1966*, 1966, United Nations,: New York.

6. United Nations, *Convention on the Elimination of all Forms of Racial Discrimination, (ICERD). UN GA Resolution 2106A (XX).* 1965, United Nations: New York.

7. United Nations, *Convention on the Rights of the Child (CRC), UN GA Resolution 44/25, 20 November 1989*, 1989, United Nations: New York.

8. United Nations, *International Convention on the Protection of the Rights of All Migrant Workers and Members of Their Families (CMW). UN GA Resolution 45/158 of 18 December 1990*, 1990, United Nations: New York.

9. United Nations, *Convention on the Rights of Persons with Disabilities (CPRD). UN GA Resolution A/RES/61/106, 13 December 2006*, 2006, United Nations: New York.

10. United Nations, *United Nations Declaration on the Rights of Indigenous Peoples. UN GA Resolution 61/295, 2 October 2007*, 2007, United Nations: New York.

11. World Health Organisation, *WHO Framework Convention on Tobacco Control*, 2003, World Health Organisation: Geneva.

12. World Health Organisation, *The Bangkok Charter for Health Promotion in a Globalized World. 11 August 2005*, 2005, World Health Organisation: Geneva.

13. World Health Organisation, *Constitution of the World Health Organisation, adopted by the International Health Conference, NewYork, 19 June to 22 July 1946, signed on 22 July 1946*, 1946, WHO: Geneva.

14. World Health Organisation, *Declaration of Alma-Ata, adopted by the International Conference on Primary Health Care, 6-12 September, 1979*, 1979.

15. Reid, P. and B. Robson, *Understanding Health Inequities* in *Hauora: Māori Standards of Health IV. A study of the years 2000-2005*, B. Robson and R. Harris, Editors. 2007, Te Rōpū Rangahau Hauora a Eru Pōmare: Wellington.

16. Durie, M., *An Indigenous Model of Health Promotion*, in *18th World Conference on Health Promotion and Health Education*2004: Melbourne.

17. Gostin, L.O., *Public health, ethics, and human rights: a tribute to the late Jonathan Mann.* Journal of Law, Medicine & Ethics, 2001. **29**(2): p. 121-30.

18. Mann, J., et al., eds. *Health and Human Rights: A Reader*. 1999, Routledge: New York.

19. United Nations Committee on Economic Social and Cultural Rights, *General Comment No. 14: The Right to the Highest Attainable Standard of Health, 11 August 2000. UN Doc E/C.12/2000/4*, 2000.

20. United Nations Committee on the Rights of the Child, *General comment No. 15. The right of the child to the enjoyment of the highest attainable standard of health (Article. 24). Advance unedited version. 14 March 2013. UN Doc CRC/C/GC/15*, in *Geneva*2013, United Nations Committee on the Rights of the Child.

21. Hunt, P., *Report of the UN Special Rapporteur on the right to the highest attainable standard of health to the United Nations General Assembly UN Doc A/59/422*, 2004, United Nations: Geneva.

22. Office of the High Commissioner for Human Rights, *Human Rights: Key to Keeping the MDG Promise of 2015. Key Human Rights messages for the MDGs Review Summit, New York, 20-22 September 2010*, 2010: Geneva.

23. United Nations Secretariat. *United Nations Treaty Collection: Convention on the Rights of the Child*. 2013 [cited 2013 15 March 2013]; Available from: http://treaties.un.org/pages/viewdetails.aspx?src=treaty&mtdsg_no=iv-11&chapter=4&lang=en - EndDec.

24. Minister of Health, *Health and Disability Services Eligibility Direction 2011. Pursuant to section 32 of the New Zealand Public Health and Disability Act 2000.*, M.o. Health, Editor 2011, New Zealand Gazette: Wellington.

25. United Nations Committee on the Rights of the Child, *Concluding observations of the Committee on the Rights of the Child: New Zealand. 24 January 1997. UN Doc CRC/C/15/Add.71.*, 1997, United Nations Committee on the Rights of the Child: Geneva.

26. United Nations Committee on the Rights of the Child, *Concluding observations of the Committee on the Rights of the Child: New Zealand. 27 October 2003. UN Doc CRC/C/15/Add.216.*, 2003, United Nations Committee on the Rights of the Child: Geneva.

27. United Nations Committee on the Rights of the Child, *Concluding observations of the Committee on the Rights of the Child: New Zealand. 11 April 2011. UN Doc CRC/C/NZL/CO/3-4*, 2011, United Nations Committee on the Rights of the Child: Geneva.

28. Bell, S., *The Right to Health*, in *Law into action : economic, social and cultural rights in Aotearoa New Zealand.*2011, Thompson Reuters: Auckland.

29. Human Rights Commission, *Human Rights in New Zealand Today Ngā Tika Tangata O Te Motu. New Zealand Action Plan for Human Rights Mana ki te Tangata*, 2004, Human Rights Commission: Auckland.

30. Human Rights Commission, *Human Rights in New Zealand. Ngä Tika Tangata O Aotearoa*, 2010, Human Rights Commission: Auckland.

31. Meier, B.M., et al., *Bridging international law and rights-based litigation: Mapping health-related rights through the development of the Global Health and Human Rights Database.* Health and Human Rights, 2012. **14**(1).

32. Hunt, P. and G. Backman, *Health systems and the right to the highest attainable standard of health.* Health Hum Rights, 2008. **10**(1): p. 81-92.

33. Hunt, P., et al., *The right to the highest attainable standard of health*, in *Oxford Textbook of Public Health*, R. Detels, et al., Editors. 2009: Oxford University Press.

34. Williams, C. and G. Brian, *Using health rights to improve programme design: a Papua New Guinea case study.* Int J Health Plann Mgmt, 2012.

35. Williams, C. and G. Brian, *Using a Rights-Based Approach to Avoid Harming Health Systems: A Case Study from Papua New Guinea.* Journal of Human Rights Practice, 2013.

36. Office of United Nations High Commissioner for Human Rights, *Technical guidance on the application of a human rights based approach to the implementation of policies and programmes to reduce preventable maternal morbidity and mortality. Human Rights Council Twentieth session. 2 July 2012. UN Doc A/HRC/21/22*, 2012, United Nations: New York.

37. Hunt, P., et al., *The right to the highest attainable standard of health*, in *Oxford Textbook of Public Health*, R. Detels, et al., Editors. 2009, Oxford University Press: Oxford. p. 335-350.

38. Backman, G., et al., *Health systems and the right to health: an assessment of 194 countries.* Lancet, 2008. **372**(9655): p. 2047-85.

39. Yamin, A.E., *Our place in the world: Conceptualizing obligations beyond borders in human rights-based approaches to health.* Health Hum Rights, 2010. **12**(1): p. 3-14.

40. Rasanathan, K., J. Norenhag, and N. Valentine, *Realizing human rights-based approaches for action on the social determinants of health.* Health Hum Rights, 2010. **12**(2): p. 49-59.

41. Williams, C., *Health promotion, human rights and equity.* Keeping Up to Date, Health Promotion Forum of New Zealand, 2011(35).

42. Biehl, J., et al., *Between the court and the clinic: lawsuits for medicines and the right to health in Brazil.* Health & Human Rights, 2012. **14**(1): p. 36-52.

43. Kismödi, E., et al., *Human rights accountability for maternal death and failure to provide safe, legal abortion: the significance of two ground-breaking CEDAW decisions.* Reproductive Health Matters, 2012. **20**(39): p. 31-39.

44. United Nations High Commissioner for Human Rights, *Report of the United Nations High Commissioner for Human Rights on the right of the child to the enjoyment of the highest attainable standard of health. 4 December 2012. UN Doc A/HRC/22/31*, 2012, United Nations: New York.

45. United Nations Human Rights Council, *Concept Note. Annual Full Day Meeting on the Rights of the Child. The right of the child to the highest attainable standard of health. Palais des Nations, Geneva. Thursday, 7th March 2013.*, 2013, United Nations Human Rights Council: Geneva.

46. Gostin, L.O., et al., *National and global responsibilities for health.* Bulletin of the World Health Organization, 2010. **88**(10): p. 719-719A.

47. Gostin, L.O., et al., *The Joint Action and learning initiative: towards a global agreement on national and global responsibilities for health.* PLoS Medicine / Public Library of Science, 2011. **8**(5): p. e1001031.

48. Health and Human Rights, *Intersection 1: rights and responsibilities amid climate change and environmental degradation (Editorial).* Health & Human Rights, 2011. **13**(1): p. E4-6.

49. Health and Human Rights, *Intersection 1: Rights and responsibilities amid climate change and environmental degradation.* Health Hum Rights, 2011. **13**(1).

50. Costello, A., et al., *Managing the health effects of climate change: Lancet and University College London Institute for Global Health Commission.[Erratum appears in Lancet. 2009 Jun 27;373(9682):2200].* Lancet, 2009. **373**(9676): p. 1693-733.

51. UNICEF Innocenti Research Centre, *Climate change and children: A human security challenge*, in *Policy Review Paper*2008, UNICEF: Florence.

52. Patz, J., et al., *Climate Change and Global Health: Quantifying a Growing Ethical Crisis.* Ecohealth, 2007. **4**(4): p. 397-405.

53. World Health Organisation, *The Work of WHO on Health and Human Rights*, W.H. Organisation, Editor undated, World Health Organisation: Geneva.

54. World Bank Institute Regional Initiative on Priority Setting, E.a.C.M.i.H., ,, *Creating a Sustainable Platform for Multi-stakeholders to Coalesce and Address the Progressive Realization of the Right to Health. Progress report: Argentina, Brazil, Chile, Colombia, Costa Rica, Peru, and Uruguay*, 2011, World Bank Institute: Washington.

55. World Bank Institute's Health Team. *Join the Conversation: Protecting the Right to Health in Latin America*. 2011 27 June 2012]; Available from: http://wbi.worldbank.org/wbi/news/2011/09/19/join-conversation-or-learn-more-about-ongoing-activities-around-protection-right-hea.

56. Drage, J., *New Zealand's National Health and Disability Advocacy Service: A successful model of advocacy.* Health Hum Rights, 2012. **14**(1).

57. Dickinson, A., et al., *More than an apple a day: Children's right to good health*, 2006, Office of the Children's Commissioner: Wellington.

58. Turiano, L. and L. Smith, *The catalytic synergy of health and human rights: The People's Health Movement and the Right to Health and Health Care Campaign.* Health Hum Rights, 2008. **10**(1): p. 137-147.

59. PHM Global Secretariat, *Right to Health Campaign Moves Towards Mobilization.* PHM Global News Volume, 2012. **2**(1): p. 1.

60. People's Health Movement, *The Assessment of the Right to Health and Health Care at the Country Level: A People's Health Movement Guide*, 2006.

61. PHM Global Secretariat, *Some conceptual issues concerning The Right to Health Approach - vision of the People's Health Movement. March 2012.*, in *PHM Discussion Paper*2012, People's Health Movement.

62. Farmer, P., *Challenging orthodoxies: The road ahead for health and human rights.* 2010. **10**(1): p. 5-19.