

Exclusion from health rights: from human rights to citizens' rights and back

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While it is now taken for granted that human rights are rights held by all people simply because they are part of the human species, this was not self-evident when the expression 'human rights' gained currency. The French Declaration of the Rights of Man and of the Citizen of 1789 was, in effect, a declaration about the rights of (some) French citizens. The Universal Declaration of Human Rights of 1948 was intended to be "a common standard of achievement for all peoples and all nations", resulting in a single set of rights for all people. But the corresponding obligations were placed on states, predominantly, and thus the scope of each human right is curtailed by the ability of the state one lives in. Thus, the effect of the 'common standard' is not really a single set of human rights. The Millennium Declaration confirmed that states, in addition to their separate responsibilities to their societies, also "have a collective responsibility to uphold the principles of human dignity, equality and equity at the global level". Some modest signs of internalisation of this collective responsibility can be found in the practice of international assistance to address some health issues, such as HIV/AIDS. However, such efforts remain exceptional, and are uncertain in the long run.

I contend that humanity is still struggling with the notion of human rights and corresponding responsibilities. We accept responsibility for fellow citizens, not so much for other human beings. The way many high-income states treat migrants and other minority groups – at times in flagrant violation of human rights law – is merely the other side of the same coin: if they are not our fellow citizens, we are not responsible for their health. If we want to make progress in migrant health, we need to embrace and further elaborate the human right to health.