Framework Convention on Global Health[3] to reshape governance for global health and address the unequal burden of disease among the world's poorest people.

We declare no competing interests.

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Social and political remedies needed for the Ebola tragedy

Lawrence Gostin and Eric Friedman (May 9, p 1902)[1] have emphasised various immediate causes of the Ebola epidemic in Guinea, Liberia, and Sierra Leone, discussing under-resourced health systems, disregard for the International Health Regulations, and shortcomings of WHO. However, these authors ignore some fundamental causes.

According to the UN Human Development Index rankings,[2] Liberia is ranked 175th, Guinea 179th, and Sierra Leone 183rd. Yet, these countries are not poor: they are richly endowed with natural wealth. However, much of this wealth is removed from the region as illicit outflows of capital and cheap, under-priced exports, leaving behind impoverished and war-ravaged populations, and degraded environments.[3,4] This extracted wealth includes people: more doctors from Liberia and Sierra Leone work in Organisation for Economic Co-operation and Development member countries than do in their home countries.

These facts are not new, including neglect of health-system strengthening and decades of WHO being undermined. Gostin and Friedman's proposed solutions might strengthen the global technocratic apparatus for epidemic control. However, in depoliticising the Ebola tragedy and ignoring the active underdevelopment of these poor countries, these authors exclude the need for other important measures, including those designed to curb corporate profiteering, tax evasion, so-called brain robbery,[5] and illicit arms trading.

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The right to the highest attainable standard of health

John Tasioulas and Effy Vayena's (April 25, e42)[1] stimulating Viewpoint on the crucial part played by human rights in directing global health policy correctly emphasises the significance of the moral and legal imperative inherent in the human rights rationale. Where this Viewpoint seems to err is in its use of the right to health moniker—the right to the highest attainable standard of health being a qualified, rather than an absolute right.

The term right to heath is appealing, yet, tellingly, lawyers avoided the label right to justice for the analogy of health care. The right to due process can no more guarantee justice than can a health-related intervention guarantee health (not to mention immortality). The term was coined as a shorthand expression during development of health rights by eminent lawyers and academics.[2] Problematically, in apparently purporting to guarantee health, the term risks degrading health rights discourse and health service planning, and confounding patients' expectations.

The most authoritative definition of this right is 65 paragraphs long;[3] it amounts to a set of social arrangements—norms, institutions, and laws—an enabling environment that best secures enjoyment of the right.[4] The authors' two conclusive points—that some factors important to health are not human rights issues and some are covered by or compete against non-health rights law—are inconsequential because the international human right to the highest attainable standard of health requires the enabling environment to be achieved.

I was involved in creation, drafting, writing, and ratification of UN General Comment 14.

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