

THE UNIVERSITY *of York*

— DEPARTMENT OF —
HEALTH SCIENCES

Health and Human Rights

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- What can human rights bring to health?



- Scale of the problems
 - Maternal mortality: >500,000 women die as a result of pregnancy and childbirth annually - 1500 every day
 - 99% in developing world
 - Mainly of preventable causes

- Scale of the problems
 - Undernutrition
 - Leading cause of health loss internationally
 - Maternal and child undernutrition cause of 3.5 million deaths annually: 3.5% of disease burden in children <5
 - Suboptimal breastfeeding alone responsible for around 1.4 million child deaths annually
 - Not only in developing world - lack of breastfeeding, and obesity important causes of mortality/morbidity in developed world
 - Preventable with adequate food intake

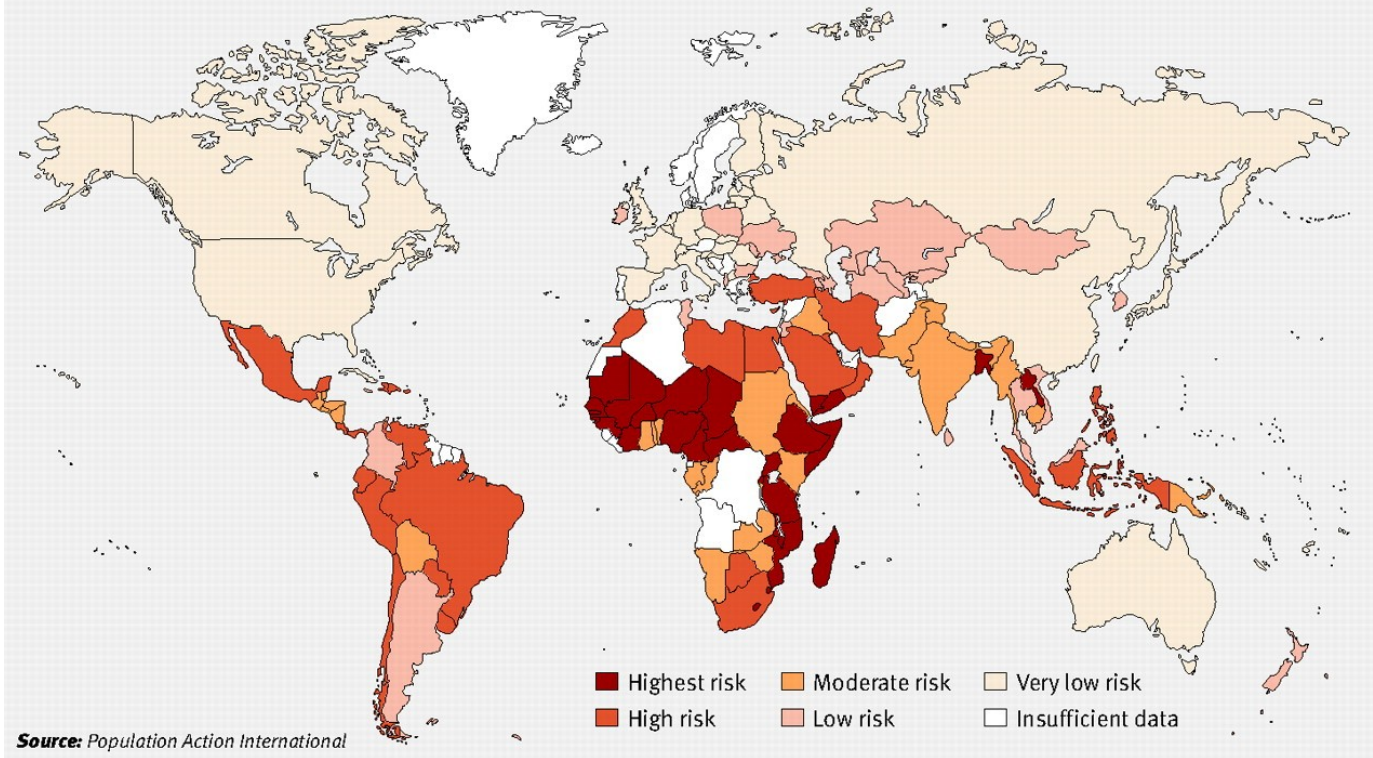
- Scale of the problems
 - Infectious diseases
 - ~ 33 million people living with HIV/AIDS
 - ~2.7 million newly infected in 2007: half of these in young people <25
 - ~ 2 million AIDS deaths 2007
 - Both developed and developing countries
 - Most cases and most deaths in developing countries
 - Preventable with adequate education, condoms; treatable with ARVs

- Scale of the problems
 - Infectious diseases
 - > 1 million die of malaria annually
 - Mostly infants, children, pregnant women
 - Mostly in Africa
 - Preventable and treatable condition

- Scale of the problems
 - Sexual and reproductive health
 - ~ 90 million people infected with chlamydia worldwide
 - US - ~ 1 million women develop pelvic inflammatory disease annually
 - ~ 350 million people lack access to contraception
 - Preventable with education, empowerment of girls and women, condoms, disease treatable with antibiotics etc

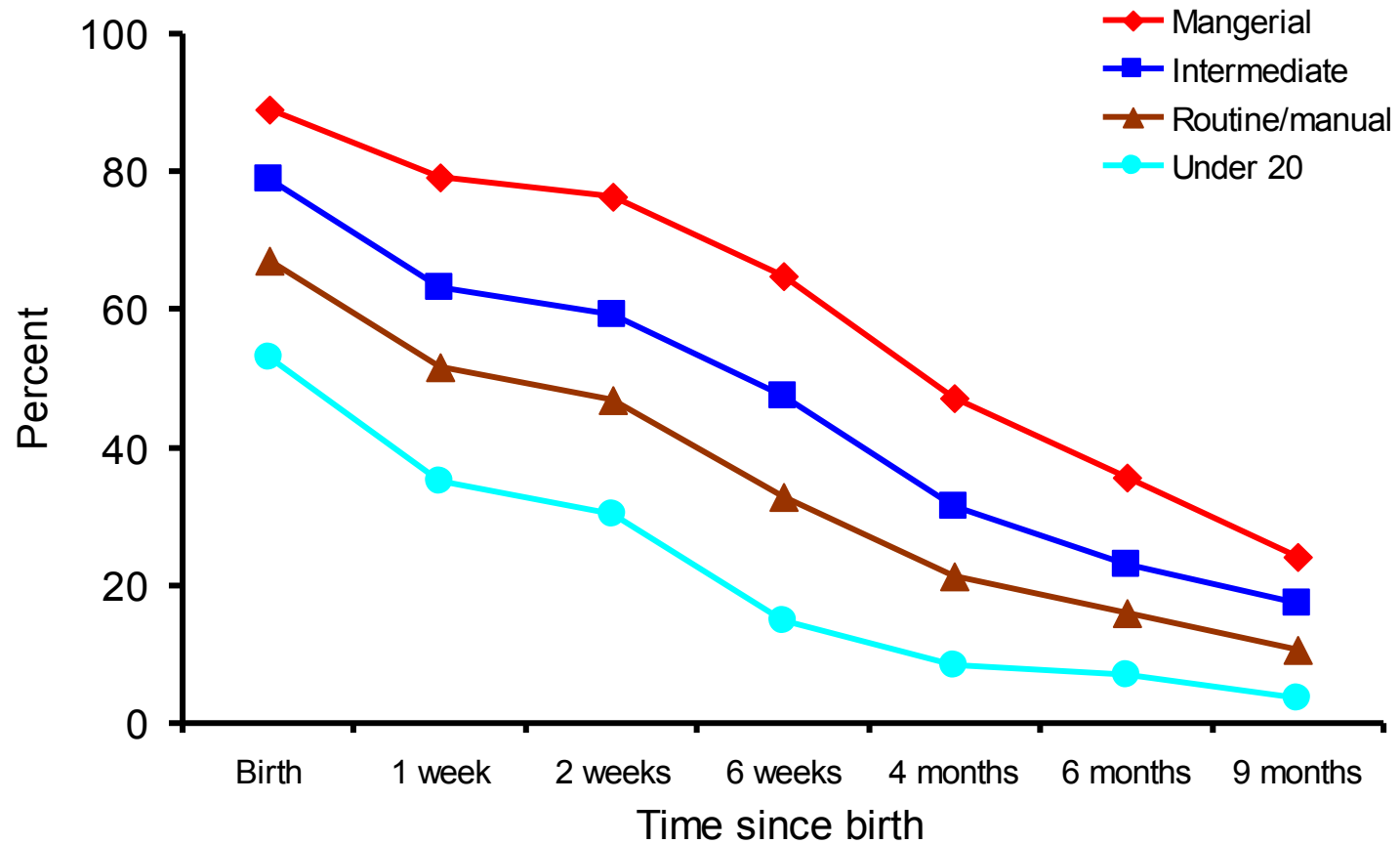
- Inequalities
 - Between countries - widespread poverty
 - Within countries - marginalised groups

RISK TO WOMEN'S SEXUAL AND REPRODUCTIVE HEALTH WORLDWIDE



Wise, J. *BMJ* 2007;335:845

Duration of breastfeeding by mothers' socio-economic group plus under 20s - 2005



- Underlying causes
 - Poverty
 - Inequalities
 - Lack of education
 - Disempowerment
 - Low priority
- Limitations of public health approaches alone

- Scale of the problems
- Complex strategies needed
 - eg public health, development, law, policy...

- What can human rights bring to health?



- Historical dichotomy of civil and political rights vs. economic, social and cultural rights
- Positive vs negative rights
 - Obligation to prevent vs provide

- Intrinsic connections between health and human rights recognised 1980s-1990s
 - HIV/AIDS pandemic
 - Women's health issues including violence
 - Violations of HR in Great Lakes region of Africa, Balkans etc.
- Active programme in development work using rights based approaches
 - Filtered through to public health
- United Nations adopted human rights approach - Kofi Annan

- Right to the 'highest attainable standard of physical and mental health'

ICESCR Article 12 1976

Defining a "Right to health"

"The right to health does not mean the right to be healthy, nor does it mean that poor governments must put in place expensive health services for which they have no resources. **But it does require governments and public authorities to put in place policies and action plans which will lead to available and accessible health care for all in the shortest possible time.** To ensure that this happens is the challenge facing both the human rights community and public health professionals."

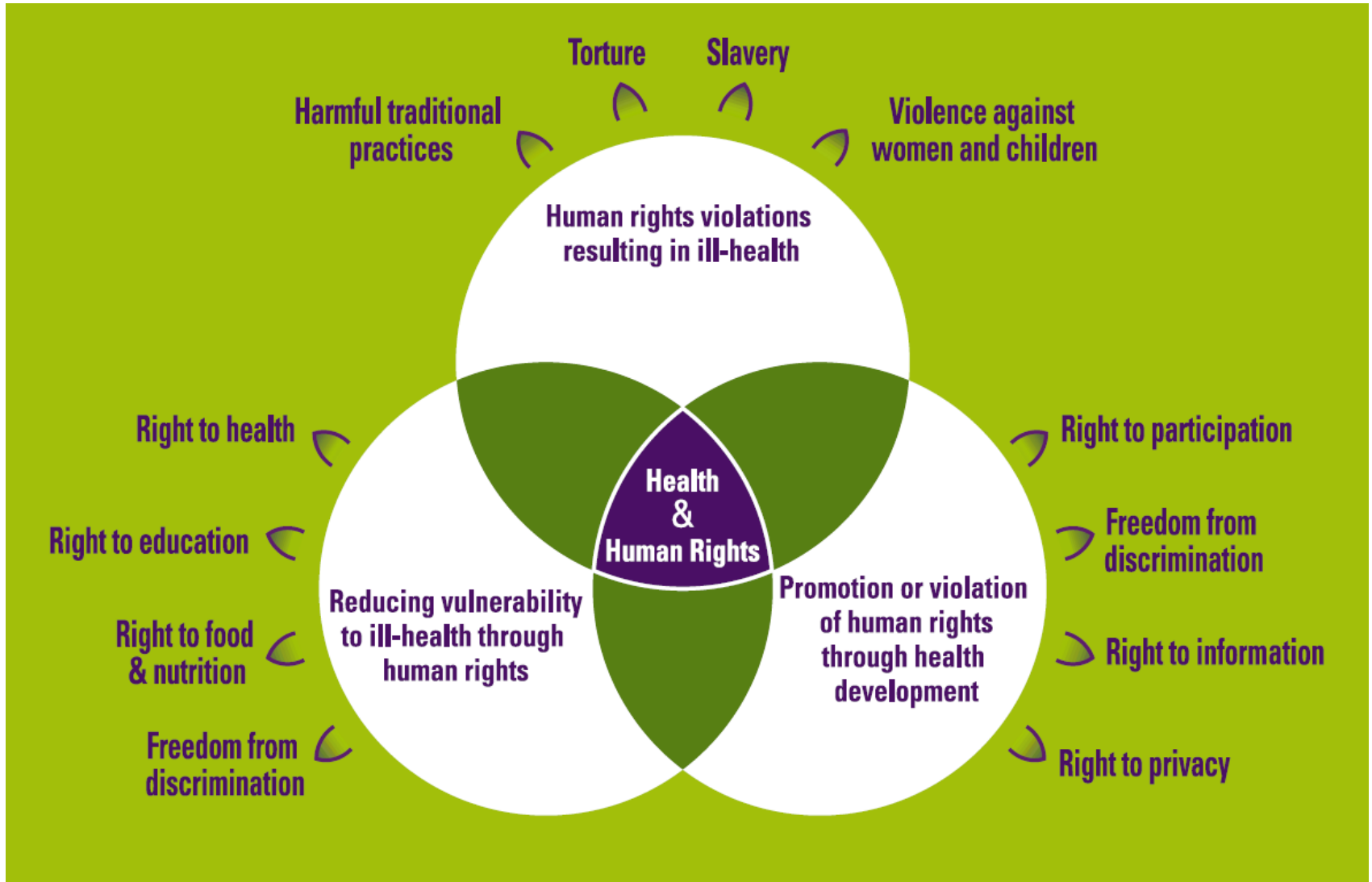
Mary Robinson

United Nations High Commissioner for Human Rights

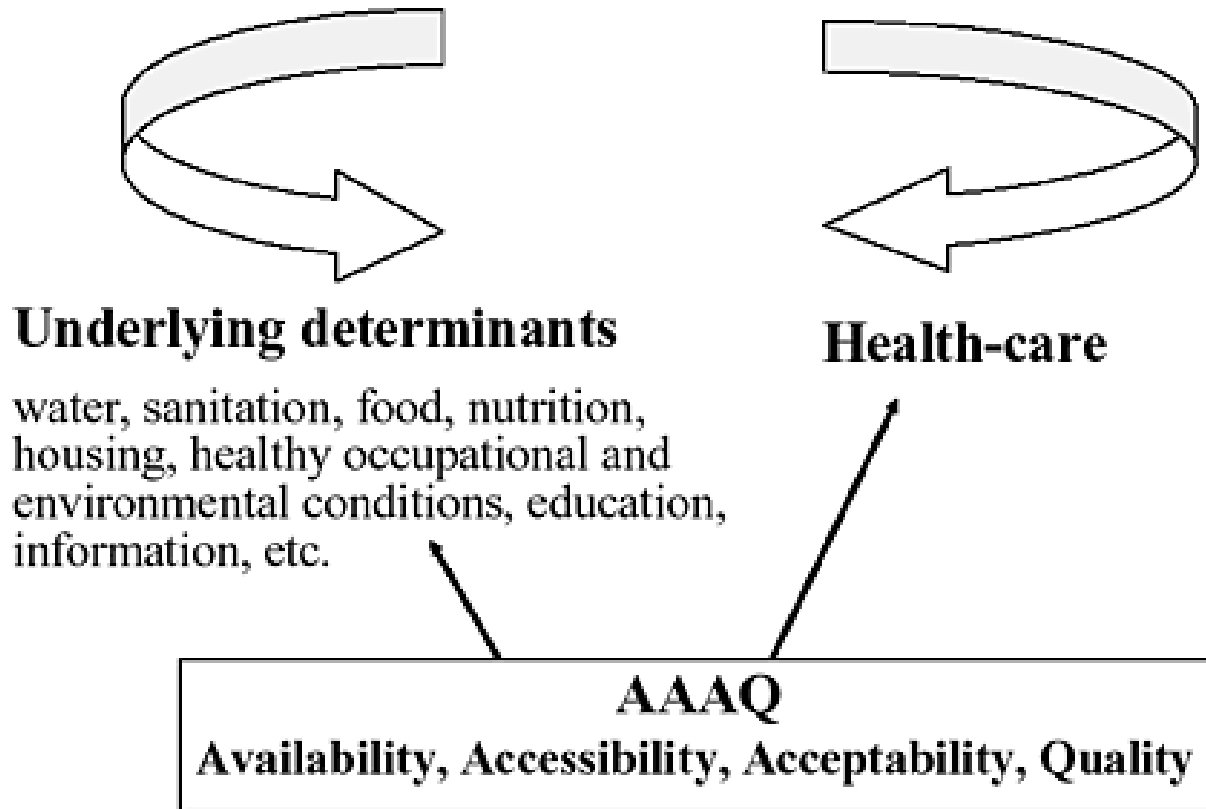


- Issued by the Committee on Economic, Social & Cultural Rights, 2000
- Clarifies nature, content & obligations of a “right to health”
- Progressive realization
- Recognizes the “right to health” is closely related to and dependant upon the realization of the other human rights

Indivisibility of rights



“The right to health”



(General Comment No. 14 of the Committee on Economic, Social and Cultural Rights)

Public health vs human rights approaches

■ Public health

- Motivation charity, prudence, best practice
- Focus on target population defined by need or feasibility
- Prioritisation can ignore marginalised groups
- Health interventions
- Fulfilment of duty socially/politically driven
- Health workers only

■ Human rights

- Legal and moral obligations
- Rights are universal
- Principle of non-discrimination
- Addresses social, economic conditions
- Accountability mechanisms
- Multidisciplinary, multisector

- NHS Constitution 2008
- Sets out rights of NHS users

1. **Putting human rights principles and standards at the heart of policy & planning**
2. **Empowering staff and patients with knowledge, skills and leadership to achieve HRBAs**
3. **Enabling meaningful involvement and participation of all key stakeholders**
4. **Ensuring clear accountability throughout the organisation**
5. **Non-discrimination and attention to vulnerable groups**



- Redefining accountability of government and government agencies
- Addressing needs of most vulnerable
- Non-discrimination
 - Focus on inequalities in health care
- Participation
 - Encourage empowerment & involvement of patients & health professionals in decision-making
- Health sector as route of access for others

- Accountability mechanisms
- Sceptical and entrenched response from some health workers, public
- Application of rights-based models: drawbacks and limitations
- Significant research agenda to advance collective understanding of health & human rights relationship

- HIV/AIDS
- Maternal mortality
- Nutrition

- Analysis
- Strategies and framework for action
 - Empowerment
 - Meaningful participation
 - Non discrimination - focus on disempowered groups
 - Accountability