Adopting human rights approach to health carries many benefits, because it emphasizes the equality of all persons and their inherent right to health as the foundation of the health care system. It also argues that promotion and protection of health are fundamentally important social goals, focuses particularly on the needs of the most disadvantaged and vulnerable communities, balances individual needs with the common good, and so forth. However, it also raises some practical issues, such as organization of interdisciplinary education and work, and different use of the language, which often goes unacknowledged. The relationship between human rights and health is a reciprocal one, and can be beneficial or harmful. For the relationship to be beneficial and successful, the differences between human rights and public health approach to health, centered around the perspective taking, attitudes, and abilities of health professionals, need to be acknowledged and reconciled, and the need for interdisciplinarity adequately fulfilled.

**Key words:** education; health policy; human rights; interprofessional relations; public health

The place of human rights in the context of health care is an issue that has received increased attention in recent years by international health agencies (WHO, UNICEF), nongovernmental organizations, policy makers, and scholars (e.g., Francois Bagnoud Health and Human Rights Center at Harvard). This relationship between human rights and health is reciprocal and can be either beneficial or harmful in its effects. Here I present the arguments in favor of the view that a human rights approach can enhance the provision of health services. Also, I identify the conditions, such as attitudes and abilities of health professionals and their interdisciplinary backgrounds, which need to be met to ensure a beneficial relationship.

**What Is Health – What Are Human Rights?**

According to the World Health Organization (WHO) statement from 1946, health is “a state of complete physical, mental, and social well-being, not just the absence of disease or infirmity” (1). This definition of health is a shift-away from a purely biomedical view of health, encompassing its mental and social dimensions of health. In the Declaration of Alma Ata from 1978 (2), health is described as “a social goal whose realization requires the action of many other social and economic sectors in addition to the health sector”. This definition of health also encompasses health promotion, which was defined in the 1986 Ottawa Charter (3) as “the process of enabling people to increase control over, and to improve, their health”. To do so, “an individual or group must be able to identify and realize aspirations, satisfy needs, and change or cope with their environment” (3).

Three key features of human rights are the following (4,5): 1) human rights are universal and apply to everyone, regardless of who they are and where they live; 2) the concepts of equality, freedom, and solidarity form the basis of human rights; and 3) human rights are just – rights, not privileges or favors. They provide people with legitimate claims. Human rights focus on the relationship between individuals and states. This means that every person has a claim upon his or her government with regard to human rights. Governments are obligated to respect individuals’ rights.

Some of the key elements of human rights, such as equality, solidarity, and freedom, came into international focus in the 18th century with the French revolution and American independence. However, the modern human rights movement really began with the end of World War II. The atrocities carried out during World War II, followed by the Nuremberg trials, brought human rights to international attention. The United Nations (UN) was established in 1945 and human rights were one of its core objectives (4). In 1948, the Universal Declaration of Human Rights came into existence, setting out a list of basic rights and proclaiming those rights to be “a common standard of achievement for all people and all nations” (5). According to the Declaration, individual and collective well-being depend upon “the promotion of universal respect for and observance of human rights” (5).
In 1966, two covenants were approved: the International Covenant on Economic, Social, and Cultural Rights (6) and the International Covenant on Civil and Political Rights (7). The two covenants were ratified 10 years later in 1976. The Universal Declaration and the two covenants together are often called the “International Bill of Rights”. The International Covenant on Economic, Social, and Cultural Rights includes, among other things, the right to work, health, food and education, whereas the International Covenant on Civil and Political Rights encompasses well-known rights, such as freedom from torture, security of person, and the right to form political associations.

Mainstreaming Human Rights and Health

There is clear evidence that human rights are now being taken into account by many health professionals. For example, the WHO General Program of Work for 2002-2005 (8) states that “health is a fundamental human right” and calls for “adopting a broader approach to health within the context of human development, humanitarian action, equity between men and women, and human rights.” This reflects the current UN policy of “mainstreaming” human rights. Mainstreaming human rights is “the process of assessing the human rights implications of any planned action, including legislation, policies or programs, in all areas and at all levels. It is a strategy for making human rights an integral dimension of the design, implementation, monitoring, and evaluation of policies and programs in political, economic, and social spheres” (9).

Other international bodies that have recently also adopted human rights perspectives are the United Nations International Children’s Emergency Fund (UNICEF) and Amnesty International. UNICEF has explicitly adopted a human rights approach, which guides all of their work (10). Amnesty International is broadening its traditional focus by including cultural and economic rights, such as the right to health and the right to education, in addition to civil and political rights, such as rights to freedom from torture and disappearance.

Alongside international and nongovernmental organizations, academics have also become more interested in the relationship between health and human rights. The late Jonathan Mann and his colleagues at the Francois Bagnoud Center for Health and Human Rights at the Harvard School of Public Health have been particularly influential in the development of a theory concerning the human rights and health relationship (11). They have also initiated research to both confirm and clarify the nature of this relationship.

Relationship between Human Rights and Health

Health and human rights influence one another in two ways. Health programs and policies may have negative (or positive) impact on individuals’ rights. For example, mandatory testing and vaccination can infringe on an individual’s right to liberty and security; compulsory isolation and restriction of movement can infringe one’s right to liberty of movement and/or right to peaceful assembly; prioritization of health needs based on existing discrimination rather than actual needs can infringe peoples right to be free of discrimination; or if the government refuses to disclose on what basis it has reached a health policy decision, peoples right to “seek, receive, and impart information and ideas” (12) and “to take part in the government... directly or through freely chosen representatives” (13) may be violated.

Conversely, human rights infringements can also affect individual’s health. Some health effects are obvious, such as when people are tortured or imprisoned under inhumane conditions. However, there are also less obvious effects, which are at times more far-reaching. They include a) the long-term effects of torture on victims and family (14); b) the impact on women’s and children’s health due to discrimination against women (15); and c) the inability of people to protect themselves against unwanted pregnancy and sexually transmitted diseases, including human immunodeficiency virus (HIV) infection and acquired immunodeficiency syndrome (AIDS), because their right to information is infringed by laws that forbid the provision of contraception information.

There is also increasing evidence that the level of respect for human rights independently and decisively influences health (16).

Case for a Human Rights Approach to Health

In a paper presented to the Economic and Social Council (ECOSOC), the American Association for the Advancement of Science presented a number of positive effects that a human rights approach to health could have (17). Human rights approach 1) emphasizes the equality of all persons and their inherent right to health as the foundation of the health care system; 2) conveys the idea that health and state action to promote and protect health are fundamentally important social goals and should be considered differently from other goods and services; 3) focuses particularly on the needs of the most disadvantaged and vulnerable communities (embracing both nondiscrimination and affirmative efforts to correct historical inequities); 4) balances individual needs with the common good, making the viability and effectiveness of the public health sector a shared concern and responsibility; 5) creates state obligations both to protect individual rights relevant to health (security of person, right to free exchange of information) and to provide certain levels of services or support necessary for good health, such as universal primary education, social security, childhood immunization, and maternal and child health services; 6) empowers individuals to assert their claims by creating clear individual entitlements to state protection or provision of benefits; 7) underscores the importance of public participation in setting priorities, monitoring public policies, and operating health sector institutions; and 8) provides potential recourse for those who experience violations.
There are four further reasons why I believe a human rights approach can enhance health care. First, it emphasizes the underlying social causes of ill health. Second, it eliminates unnecessary restrictions on rights. Third, it is useful to all parties involved – individuals, community groups, nongovernmental organizations, states, and international organizations. And fourth, it provides a uniform or universal standard of rights.

**Conditions for Enhancing the Relationship: Perspective Taking**

Whereas the influence that health programs and policies and human rights have on each other is now fairly well established and documented, the relationship between public health and the human rights approach to health is less straightforward. Members of the public health and human rights communities at times do acknowledge tensions, and even conflicts, between their respective communities. I believe some of these conflicts arise out of misconceptions about human rights and health perspectives and the possible relationship between those perspectives or approaches. For example, public health workers can see human rights activists as an impediment to effective implementation of health policies and programs, whereas human rights activists can see their main role in protecting individuals from having their rights infringed by those same policies and programs. Such conflicts can also arise from different perspectives on who the “client” is – an individual or a population. Public health professionals are generally “population-oriented”, whereas human rights advocates have an individual orientation. They may regard an orientation different from their own as “inappropriate”. In turn, this can lead to conflict.

However, when we examine the two approaches more closely, I believe that what they share with and contribute to each other is more significant than their differences, real or perceived. For example, both the human rights and public health communities operate on a field that is ultimately based on the relationship between a government and individuals. Health policies and programs are generally created and implemented by governments or governmental agencies, whereas human rights deal with claims individuals have against governments.

The view that advocating and supporting human rights will be used to restrict the ability of health agencies to carry out effective programs and policies is also debatable. Both human rights and public health approaches share the same concern that health policy and programs are efficient and effective. This shared concern is evident in the work of a group of colleagues at the Harvard School of Public Health who developed the “Human Rights Impact Assessment” (18). This tool for evaluating health policy involves a seven-step evaluation process, including evaluation of effectiveness and “opportunity costs” of potential programs.

Another possible misconception about human rights is that they are absolute. This is not true. In certain situations, when it is necessary to protect general welfare, it is appropriate to restrict people’s rights (19). The Syracuse principles (20) provide guidelines for restrictions, e.g., to be allowed, restrictions must be strictly provided for by law, neither arbitrary nor discriminatory, based on objective considerations, necessary to respond to a pressing social need, (e) proportional to the social aim, and no more restrictive than necessary to achieve the intended purpose.

Another feature that “human rights” and “public health” approaches to health have in common is that they are both concerned with societal determinants of health. It is now understood that types of behavior and their economic, social, and cultural contexts are directly related to health and disease (21).

The Ottawa Charter (3) further states that “political, economic, social, cultural, environmental, behavioral, and biological factors can all favor health or be harmful to it”. The principles set out at Alma Ata and then reaffirmed in 1998 in a World Health Declaration by the World Health Assembly (22) focus on the need for primary health care. Primary health care was defined at Alma Ata (2) as “education concerning behavior over time can be difficult for some professionals who are required to have a particularly high level of competence in a particular discipline. However, for policy makers in particular, this capability is desirable. Public health needs people who understand what makes disciplines different (epistemology) and who are open to the different points of view that different disciplines offer.

**Interdisciplinarity**

One of the major challenges to adopting a human rights approach to health is the need for interdisciplinary work. Whereas public health is an interdisciplinary area, the number of people involved who have, or can offer, a strong interdisciplinary orientation is not high. Maintaining an interdisciplinary orientation over time can be difficult for some professionals who are required to have a particularly high level of competence in a particular discipline. However, for policy makers in particular, this capability is desirable. Public health needs people who understand what makes disciplines different (epistemology) and who are open to the different points of view that different disciplines offer.
Education programs for health professionals should have an explicit interdisciplinary character. However, this involves some obstacles, such as the amount of knowledge that has to be learned or how broad (or narrow) we define which fields make up the public health field. It is not possible to be expert in everything. An option to address these problems is the creation of interdisciplinary teams. This, in turn, creates further issues that need addressing. For example, different disciplines use different language: we need to find ways of understanding and communicating with each other. There are also traditional conflicts between the “soft” and “hard” sciences that can lead to problems with the credibility and weight given to different team member’s opinions. We need to develop strategies to deal with these issues.

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