

Chapter 2

Health and Human Rights—A Public Health Perspective

Gudjón Magnússon, MD, PhD

Health and Human Rights may at first sight look like two separate issues. Both valued highly but distributed very unevenly. Both desirable but hard to sustain. At a closer look, we will find that Health and Human Rights are not only closely linked but interrelated and highly synergetic.

Health and Human Rights is a relatively new topic in public health training in Europe, but has a longer history in the USA. The first course in Health and Human Rights at the Nordic School of Public Health took place in 1995 and was organized jointly with the Harvard School of Public Health in Boston, USA. This was a great success and inspired two summer courses and is now part of the standard courses offered at the Nordic School.

The reasons for the increased interest in Health and Human Rights are many and varied. First, it has to do with global trends:

- the demographic revolution;
- human rights initiatives;
- market economy;
- regional integrations;
- increased role for non-governmental organizations (NGOS);
- globalization.

According to one source, one of the 20th century's hallmark achievements is its progress in human rights. In the year 1900, more than half the world's people lived under colonial rules, and no country gave all its citizens the right to vote. Today, some three-quarters of the world live under democratic regimes. Over 25 years (1974–1999), multi-party electoral systems were introduced in 113 countries. Europe is making human rights a key priority, as is clearly shown in the work of the Council of Europe and from the impact of the European Court of Human Rights.

Market economy can be seen both as a threat to human rights and health and also as a promoter of freedom and human development. It has been interesting to observe how human rights records of different applicant countries to the World Trade Organization have figured in the debate as to whether or not they should be allowed to become members.

The increased importance of non-governmental organizations is well recognized. During only one decade (1991–1999), the number of NGOs worldwide increased from 23,600 to 44,000 in 1999. The roles of the NGOs vary widely, but include being a watchdog for social injustice and initiating new measures to assist and care for those most in need.

Finally, the effects of globalization can be similar to market economy, either seen as a real threat to health and human rights or as increased opportunity to promote health and human rights.

In the Human Development Report 2000, it is noted that

The mark of all civilizations is the respect they accord to human dignity and freedom. All religious and cultural traditions celebrate these ideals. Yet, throughout history, they have been violated. Every society has known racism, sexism, authoritarianism, xenophobia—depriving men and women of their dignity and freedom. And in all regions and cultures the struggle against oppression, injustice and discrimination has been common. That struggle continues today in all countries, rich and poor.

2.1 Health and Human Rights—How Linked?

The first relationship, Health → Human Rights, concerns the potential impact of health policies, programmes, and practices on human rights. The challenge is to negotiate the optimal balance between promoting and protecting public health and promoting and protecting human rights. A good example is the optimal balance between individual freedom of movement and the societal needs to isolate an individual or groups of individuals to reduce the risk of spreading a communicable disease.

The second relationship, Health → Human Rights, expresses that violations or lack of implementation of any or all human rights have negative effects on physical, mental, and social well-being (health). This is particularly true in times of war, conflict, and political repression and also in peacetime. A good example is torture of human beings.

The third relationship, Health ↔ Human Rights, underlines that the best possible results are obtained when health and human rights act in synergy.

2.2 What Do We Mean by Health?

WHO has defined health as “a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.” This definition, which dates back to 1948 when WHO was founded, has been criticized for being more political than operational. A goal that is impossible to reach! Several attempts to revise the definition have been made like the one presented here:

Health is a condition of well-being free of disease or infirmity and a basic and universal human right. R. Saracchi, BMJ, 1997

The focus is put on health being a basic and universal human right. Even WHO is using more than one definition depending on what purpose the definition is being used for. If we look at Health21—The Target Document for Health Development in the 21st Century in the European Region—we see this definition:

Health is the reduction in mortality, morbidity and disability due to detectable disease or disorder, and an increase in the perceived level of health.

What is new here is the emphasis on “reduction due to *detectable* diseases and disorders, and an *increase* in the perceived level of health.”

At the Fourth International Conference on Health Promotion, we see yet another development in the definition:

Health is a resource for everyday life, not the object of living. It is a positive concept emphasizing social and personal resources as well as physical capabilities.

Here the emphasis is on seeing health as a resource and not as the object of living. When it comes to Health Impact Assessment, we find this definition:

Health is the highest attainable level of physical, mental and social well-being. It includes capacity to cope with physical, psychological and social stress. A more easy to measure but also more restricted aspect of health is the absence of indications of somatic or psychic illness.

The first part of the definition derives from the WHO Constitution, but the emphasis is on coping with long-term illnesses, disorders and stress.

Finally, we have the “Health Poem” by the Danish poet Piet Hein that he wrote to celebrate WHO’s 40th Anniversary.

Health is not bought with a chemist’s pills
Nor saved by the surgeon’s knife
Health is not only the absence of ills
But the fight for the fullness of life.

Before proceeding, it is important to make clear that modern concepts of health derive from two different disciplines, medicine and public health. While medicine focuses on the health of the individual, public health emphasizes the health of populations. At the Nordic School of Public Health, we favour this definition of public health:

Public Health can be said to be: the science and art of preventing disease, prolonging life and promoting health through organized efforts of society.

The Acheson Report, 1988

2.3 Health and Human Rights in Professional Training

The Nordic School and the Council of Europe arranged jointly the First European Conference on Health and Human Rights in Strasbourg, 15–16 March 1999. More than 300 participants met to share and gain knowledge. The main conclusions were the need to

- Ratify and respect all international treaties relating to health and human rights;
- Recognize that equitable access to health care, good quality services, and high professional standards are an integral part of human rights and that their absence may constitute violations of human rights;
- Take measures to ensure health services of a high quality, paying special attention to vulnerable groups and to the rights of patients;
- Pay due attention to the opportunities as well as the serious ethical and medical risks in the context of the development of new technologies in the biological and medical fields;
- Focus attention on preventive care and promotion of health as important measures for individual and public health, thus adding quality of life;
- Support humanitarian work in areas of tension and conflict and safeguard security and human rights for the benefit of the assisted populations and the humanitarian aid workers;
- Acknowledge the link between health and social cohesion.

Furthermore, educational authorities and universities were invited to

- Introduce health and human rights education programmes in the curricula of universities and schools, in particular schools of Public Health.

At the Nordic School we have taken on that challenge to integrate teaching in Health and Human Rights in one curriculum and are offering training courses in all the topics related to Health and Human Rights. We sincerely believe that Health and Human rights is an indispensable tool in promoting health, preventing disease, ensuring basic rights, and reducing suffering worldwide.

Bibliography

- Health and Human Rights: A reader. Mann J.M., Gruskin S., Grodin M.A., Annas E.J., (eds). Routledge Publ.: 1999a.
- Health and Human Rights. Report from the European Conference held in Strasbourg March 1999. Stefan Winter (ed.). NHV-Report 2: 1999b.
- Health Impact Assessment: From theory to practice. Report on the Leo Kaprio Workshop, Nordic School of Public Health, October 1999. NHV-Report 9: 2000.
- Health21: An introduction to the Health for All policy framework for the WHO European region. Copenhagen, WHO, European Health For All series 5: 1998.
- Human Rights and Human Development. Human Development Report 2000. UNDP, 2000.

Public health in England: The report of the Committee of Inquiry into the Future Development of the Public Health Function. Presented to Parliament by the Secretary of State for Social Services by command of Her Majesty, January 1988.

Saracci R.: The World Health Organization needs to reconsider its definition of health. *Br. Med. J.*, 10, 314: 1409–20, 1997.

Concepts and Practice of Humanitarian Medicine

Gunn, S.W.A.; Masellis, M. (Eds.)

2008, XX, 324 p., Hardcover

ISBN: 978-0-387-72263-4