

Special Focus: Rights-Based Approaches to Health

E d i t o r i a l

**RIGHTS-BASED APPROACHES
TO HEALTH:
Something for Everyone***Sofia Gruskin*

Rights-based approaches to health have gained a prominence not even imaginable when attention to non-discrimination against People Living with HIV became entrenched in the first Global AIDS Strategy over 20 years ago. We have learned that explicit attention to human rights shows us not only who is disadvantaged and who is not, nor simply whether a given disparity is merely a difference or in actuality constitutes an injustice. Human rights are now understood to offer a framework for action and for programming, even as they provide a compelling argument for government responsibility — both to provide health services and to alter the conditions that create, exacerbate, and perpetuate poverty, deprivation, marginalization, and discrimination. A diverse array of actors are increasingly finding innovative ways to relate human rights principles to health-related

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work, thereby demonstrating how a human rights perspective can yield new insights and more effective ways of addressing health needs within country settings, as well as in the policy and programmatic guidance offered at the global level.

A great accomplishment for everyone who has fostered the dialogue around “rights-based approaches to health” is that this term is now being used to characterize a wide range of activities. A great challenge is that the term is used in very different ways by different people. This has led to confusion both between those of us who consider ourselves to be part of the health and human rights community and amongst those people whose work intersects with ours. At worst, the inconsistencies in how we conceptualize rights-based approaches to health threaten to undo major accomplishments. At best, the diversity in interpretation of what is meant by rights-based approaches to health means the field is alive and well. In fact, as the health and human rights field becomes more strongly rooted in robust human rights principles and sound public health, it is heartening that different interpretations and applications to practice are coming forward.

The last few years, nonetheless, have seen a worrisome trend where, in some quarters, the inadequate success of certain public health strategies is blamed on “unnecessary attention to human rights.” While those arguments are often vague, unfocused, and based on misinterpretations of how human rights and health actually operate, the skepticism driving such arguments needs to be addressed. Greater clarity about the central paradigms of health and human rights is essential to make our work more effective, as well as to enable us to make counter-arguments that will be persuasive not only to the skeptics but to the public health community at large.

Of critical importance is documentation of the effectiveness of rights-based approaches to health. That is, we must present solid evidence of how human rights approaches to public health initiatives have actually strengthened those initiatives and informed sound public health practice rather than acting as deterrents.

The need for clarity about rights-based approaches to health was a central concern at a landmark conference held in Atlanta, Georgia, in April 2005. The Institute of Human Rights at Emory University co-sponsored the conference, en-

titled "Lessons Learned from Rights-Based Approaches to Health," with the World Health Organization (WHO), CARE USA, The Carter Center human rights office, the US Centers for Disease Control and Prevention, and Doctors for Global Health. Delegates representing 39 countries and more than 200 institutions participated in this three-day event, which featured a rich selection of addresses, workshops, and poster presentations.

An invaluable body of information emerged at the gathering, leading *Health and Human Rights* to invite presenters to submit manuscripts based on their work for potential inclusion in a special thematic issue of this journal. A large number of high-quality submissions made it through the journal's extensive peer review process. Consequently, the editors decided to publish this material in two issues. Vol. 9, No. 1 of *Health and Human Rights* included four commentaries dealing with rights-based approaches to health, and this issue presents articles based on original research. The content of this issue, much like the Emory conference, mirrors the current state of the field of health and human rights. In many ways, what is reflected is innovative and exciting. One can be truly inspired by the vast number of health-related programs, policies, studies, and initiatives that seek to incorporate human rights principles. At the same time, the conference and the subsequent articles underscore the need for further clarification of what is meant by "rights-based approaches to health."

This need — both at the conference and more significantly within the field of public health more broadly — has led to careful reflection on the numerous ways the term is currently being used. One way to distinguish between many different types of health and human rights work is to think of three broad categories of activity: legal, advocacy, and public health practice.

- We would describe work in the *legal* category as pursuing legal accountability through national laws and international treaty obligations. This often takes the form of analyzing what a government is or is not doing in relation to health and how this might constitute a violation of rights; seeking remedies in national and international courts and tribunals; and focusing on trans-

parency, accountability, and functioning norms and systems to promote and protect health-related rights.

- We would describe work in the *advocacy* category as using the language of rights to draw attention to an issue, mobilize public opinion, and advocate for change in the actions of governments and other institutions of power. Advocacy efforts may call for the implementation of rights even if they are not yet in fact established by law, and in so doing serve to move governmental and inter-governmental bodies closer to legitimizing these issues as legally enforceable human rights claims.
- We would describe work in the *public health practice* category as applying a human rights framework to the design, implementation, monitoring, and evaluation of programmatic initiatives. Generally speaking, work in this category refers to the inclusion of key human rights components within programmatic initiatives and in daily practice. This means, among other things, attention to the participation of affected communities, non-discrimination in how policies and programs are carried out, attention to the legal and policy context within which the program is taking place, transparency in how priorities are set and decisions are made, and accountability for the results.

As the wide array of excellent articles in this issue demonstrates, rights-based approaches to health are all over the map, whether encompassing legal, advocacy, or programmatic efforts. An advantage of presenting these different ways of conceptualizing and pursuing rights-based approaches to health alongside each other in the same publication is that one can get a clearer sense of what work is needed to move the field of health and human rights in the direction of greater clarity. The idea is not to impose one definition of rights-based approaches to health over another, but rather to encourage a discussion about how efforts amongst different parties working in health and human rights can be better aligned. A preliminary step is to examine our differences rather than to obscure them.

Hence we invite readers to consider the following articles, and the “rights-based initiatives” they are aware of

more generally, with some questions in mind. How are concepts of rights-based approaches to health complementary and where do they diverge from each other? What purposes are served by framing different kinds of issues as rights-based approaches? Should the health and human rights community develop more consensus about what is and is not a rights-based approach, or is this diversity simply to be appreciated? How can we best communicate about rights-based approaches and about health and human rights more generally to the international public health community and the international community at large?

It is hoped that addressing these questions will strengthen our collective impact, as well as improving our ability to generate the evidence of the effectiveness of rights-based approaches to health. The challenge is now to harness the power of human rights to improve the work of public health in all domains. This will require marshalling the skills and commitment of the entire public health community. We must embrace the differences in how we do this work but ensure that public health and human rights continue to come together in powerful and practical ways.