

## **Keeping up to date - the twentieth edition**

This summary of recent health promotion literature is intended to help:

- increase health promoters' access to the health promotion literature;
- increase health promoters' awareness of some of the current thinking and latest research findings in the field;
- increase health promoters' use of this information in practice.

*Keeping Up to Date* is produced four times a year. Assistance with accessing articles in journals/periodicals should be available through university, polytech, DHB or local libraries. However if you have difficulty accessing any of the papers, contact the Forum and we can point you in the right direction.

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**Title** Health and Human Rights

**Author(s)** By Sylvia Bell, Director of Research, Human Rights Commission [www.hrc.co.nz](http://www.hrc.co.nz)

**Introduction** The right to health means the right to health care and the determinants of health. It envisages health care that people are entitled, rather than privileged to access, and which is provided in a non-discriminatory manner respecting diversity and difference. This issue of *Keeping up to Date* describes some publications that highlight the relevance of the right to health and how it is increasingly being used to inform policy and legislation.

The international legal framework for the right to health is found in the Universal Declaration of Human Rights. Although itself not enforceable, the Declaration has been codified in a number of international instruments and treaties which are. The treaty most relevant to the right to health is the International Covenant on Economic, Social and Cultural Rights but a variety of other Conventions dealing with groups who are considered particularly vulnerable - such as children and women - also contribute to how the right to health is interpreted and realised. All these international agreements conceive of the right to health as part of a wider social environment which includes not only timely and appropriate health care but also the underlying determinants of health such as safe working conditions, and adequate food and shelter. These agreements can be found at the UN high Commissioner for Human Rights website [www.ohchr.org](http://www.ohchr.org).

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<b>Title</b>	The Right to Health: Te tika ki te whai ora. Chapter 14 of <i>Human Rights in New Zealand Today</i>	<b>Comments</b>	The chapter provides an overview of the relationship of the international human rights standards and the provision of healthcare in New Zealand. It explains the international context and how it impacts on the implementation of domestic law and policy. The chapter is written in accessible language and includes a useful bibliography.
<b>Author(s)</b>	Warren Lindberg, Sylvia Bell	<b>Source</b>	Human Rights in New Zealand Today: <i>Nga Tika Tangata O Te Motu</i> , 2004 available in hard copy from the Human Rights Commission or accessible online at <a href="http://www.hrc.co.nz">www.hrc.co.nz</a> .
<b>Context</b>	As a result of an amendment to the Human Rights Act in 2001, the Human Rights Commission was required to develop a national plan of action for human rights. However, it was first necessary to identify how well New Zealanders felt their rights were protected at present. <i>Human Rights in New Zealand Today</i> is the result of a consultation process that involved over 5000 people. Although participants agreed that on the whole human rights were well respected in New Zealand, the subsequent plan of action makes 180 recommendations for further improvement. The plan of action can be viewed on the Commission's website at <a href="http://www.hrc.co.nz">www.hrc.co.nz</a> .		
<b>Overview</b>	The right to health is reflected in a number of international agreements. Chapter 14 identifies the international standards as well as relevant local law. Using the international framework of availability, accessibility, acceptability and quality of services it describes how New Zealand measures up in terms of the right to health. It also stresses that, given the inevitable resource constraints and need for prioritisation, in a human rights analysis those identified as the most vulnerable should have preference in the allocation of funding. The groups identified as most vulnerable in the consultation exercise were people on benefits or low incomes who often found health services to be limited because of cost; Maori and Pacific peoples who were identified as having consistently poorer health status than other groups across a number of indicators; children and young people, particularly those at risk of suicide; refugees and migrants; older people; intersex and transgender people and disabled people. The report concludes that for a small country New Zealand performs reasonably well in protecting the health of its people but there is room for improvement in certain areas including reduction of the disparity associated with ethnicity and socio-economic status, and the poor health linked to poverty and inadequate housing.		

<b>Title</b>	<b>The UN Special Rapporteur on the Right to Health: Key Objectives, Themes and Interventions</b>	<b>Comments</b>	A readable introduction to the role of the Rapporteur. Particularly useful as the UN monitoring system and international human rights criteria assume increasing importance as measures of States' performance in particular areas.
<b>Author(s)</b>	Paul Hunt	<b>Source</b>	<i>Health and Human Rights</i> Vol.7 No.1 (2003). An international journal, Health and Human Rights, is held in the Human Rights Commission library. The contents of individual volumes are accessible on the internet at <a href="http://www.hsph.harvard.edu/fxbcenter/journal.htm">www.hsph.harvard.edu/fxbcenter/journal.htm</a> . You can also obtain this article from the Human Rights Commission library <a href="mailto:library@hrc.co.nz">library@hrc.co.nz</a> . More reports from Paul Hunt are at <a href="http://www2.essex.ac.uk/human_rights_centre/rth/rapporteur.shtm">http://www2.essex.ac.uk/human_rights_centre/rth/rapporteur.shtm</a>
<b>Context</b>	The role of the UN Rapporteur on the right to health was created in 2002 by the UN Commission on Human Rights. In the UN system the appointment of a Special Rapporteur is regarded as a "special procedure" to monitor implementation of the UN treaties relating to the right in question.		
<b>Overview</b>	Paul Hunt, a New Zealander, is the first person to be appointed to the position of Special Rapporteur. The commentary describes the key objectives, themes and interventions he intends pursuing during his term in office. He sees his three primary objectives as promoting the right to health as a fundamental human right; clarifying the contours and content of the right to health and identifying best practice to operationalise the right to health at community, national and international level. In his role as Special Rapporteur he is required to gather, request, receive and exchange information on the right to health; to dialogue and discuss possible areas of cooperation with all relevant actors, including governments, UN bodies, specialised agencies and programs such as the WHO, as well as NGOs and international financial institutions; report on the status of how the right to health is being realised throughout the world, including laws, policies, good practices and obstacles; and make recommendations on appropriate measures to promote and protect the right to health. The eradication of poverty, the elimination of stigma and discrimination experienced by women and people living with HIV/Aids and the importance of addressing neglected diseases such as tuberculosis are seen as central to realising the right to health. The need to ensure consistent and coherent application of the right to health across all policy making processes at both national and international level is stressed but also identified as a challenge.		

*The following three articles are from a selection of working papers produced by authors connected with the Francois-Xavier Bagnoud Centre for Health and Human Rights. A complete list of the papers is available and can be downloaded free of charge on <http://www.hsph.harvard.edu/fxbcenter/working-papers.htm>.*

**Title** Health from a human rights perspective

**Author(s)** Stephen P Marks

**Context** The international agreements provide a normative framework for implementing the right to health at a domestic level. In order to appreciate how a country such as New Zealand is performing in observing its international obligations, it is necessary to understand the framework which defines the right and provides accountability.

**Overview** The article starts by outlining the distinction between human rights and bioethics but quickly moves on to establish the links between bioethics and the right to health in the contemporary human rights framework. The article traces the history of human rights including the events of the Second World War which spurred the international community into adopting the Universal Declaration of human rights in 1945. All the major international treaties derive from the Universal Declaration but despite the acceptance by the international community of the importance of the principles in the Declaration and the recognition that human rights are universal, indivisible, interdependent and interrelated, individual countries prioritise rights differently. Promoting one group of rights over another can be counterproductive as a variety of rights and social factors impact on the ability to fully realise a healthy life. Discrimination based on race, class or gender, along with denial of education and decent working conditions, for example, will contribute to increased rates of morbidity and mortality. The article groups rights according to whether they are rights of existence (physical and mental

integrity), rights of autonomous action (such as freedom of expression, non-discrimination and equality which allow one to live an autonomous life) or rights of social interaction (education, family and culture) and highlights their relationship to the right to health.

**Comments** Relatively complicated language and concepts for those unfamiliar with the area but a good description of the international framework, its relationship to the right to health in the domestic context and the importance of the social determinants of health. The article could be useful for those wishing to comment on reports to UN bodies about New Zealand's performance in the area of health.

**Title** Health and Human Rights

**Author(s)** Sofia Gruskin and Daniel Tarantola

**Context** This article also outlines the international background to the right to health but provides more practical information on government obligations and monitoring mechanisms, including guidelines on country reporting under Article 12 of the ICESCR.

**Overview** The paper outlines the contemporary human rights framework and goes on to explain how it can enhance the work of policy makers, practitioners and researchers. Three distinct areas of work are identified as likely to benefit from the application of a human rights approach. Best practice and a systemic human rights analysis will ensure evidence-based health policy which uses benchmarks and indicators as a way of capturing disparities within a population and analysing trends and gaps. On another level health and human rights can converge and ensure health systems and practice are informed by human rights norms and standards - for example, balancing the need to protect public health and protecting the human rights and dignity of individuals in times of emergency. In developing policy, a human rights approach emphasises participation and consultation between decision makers, those involved with human rights and concerned populations. Finally, the article reiterates the need for research on the reciprocal impact of human rights and health in order to conceptualise and implement appropriate policies. Although the authors conclude that the challenges are immense in ensuring a human rights approach to policy is universally accepted, they also note that evidence indicates that public health initiatives that respect, promote and fulfil human rights are more likely to succeed than those that violate or neglect human rights.

**Comments** Although lengthy, the paper is relatively easy to read and provides a good argument for adopting a human rights approach to the development of public policy.

**Title** International Responses to Drug Abuse among Young People: Assessing the Integration of Human Rights Obligations.

**Author(s)** Allison Smith Estelle

**Context** This essay illustrates how a public health problem – in this case drug abuse - is exacerbated if a human rights approach is not applied to the development of relevant policy. The author argues that the failure by governments to respect, protect and fulfil human rights compromises both the prevention of drug abuse and effective treatment of those who abuse, or are at risk of abusing, drugs.

**Overview** The paper identifies the human rights standards relevant to young people with drug abuse problems. Some - such as article 33 of the UN Convention on the Rights of the Child which requires States to take "all appropriate measures" to protect children from the illicit use of narcotic and psychotropic drugs and prevent them being used in trafficking drugs - are explicit about the obligations which arise. Other standards are less obviously linked to the problems of drug abuse but still have significant implications as young peoples' right to health, to a decent standard of living and to education are all affected if drug abuse is not adequately dealt with. By not complying with their human rights obligations, therefore, governments not only do not protect the rights of children and young people but are at risk of "grossly violating their rights." Overall drug abuse is a global issue that in the long term cannot be addressed by fragmented policies at a national level. However, short term approaches, such as attempts to control the supply of drugs and measures such as prevention education, are often seen as independent of each other and compete for resources. In reality both are a necessary part of a comprehensive approach to the problem and better viewed as interdependent requiring the explicit integration of human rights. Without the recognition, respect, protection and fulfilment of human rights, the author concludes that drug abuse strategies will inevitably violate the rights of young people.

**Comments** The paper is easy to read and provides an interesting example of how a human rights framework can be applied to a specific problem.

<p><b>Title</b> Health, human rights and mobilization of resources for health</p> <p><b>Author(s)</b> Reidar K Lie</p> <p><b>Context</b> The prioritisation of resources is an inevitable consequence of limited funding. This paper argues that a human rights framework can increase understanding of the values that should guide a country's health policy.</p> <p><b>Overview</b> Allocation of funding is almost always a significant issue in the provision of health services. While a human rights framework does not have all the answers for deciding how resources should be prioritised, it can provide assistance in tackling inequality of access. Access to adequate health care is linked to social class - throughout the world the poor invariably receive less benefit from health services than the wealthy even in countries where there is a relatively good publicly funded health system. The international agreements require rights, including the right to health, to be provided on a non-discriminatory basis. However, given the inevitable resource constraints, it is accepted that no country will be able to comply absolutely and the international agreements relating to social and economic rights therefore include the concept of "progressive realisation" which permits a State to claim it is providing services to the best of its ability given the resources it has available. Where this leads to differential access to health care services, at times the allocation of funding may be questioned as being discriminatory even though different treatment should be permissible if it is necessary in order to achieve equality. While the right to health is not going to be much help in deciding how funds are allocated among different patient groups, it can provide a mechanism for questioning equality of access.</p> <p><b>Comments</b> Topical discussion on the value of applying a human rights approach to the allocation of government funding on health. Describes how the concept of non-discrimination can be used to query some aspects of spending on public health services.</p> <p><b>Source</b> <i>BMC International Health and Human Rights</i> 2004, 4:4 available at <a href="http://www.biomedcentral.com/1472-698X/4/4">http://www.biomedcentral.com/1472-698X/4/4</a>.</p>	<p><b>Title</b> The development of a strategy for tackling health inequalities in the Netherlands</p> <p><b>Author(s)</b> Johan P Mackenbach &amp; Karien Stronks</p> <p><b>Context</b> The article describes the development of a strategy designed to address socioeconomic inequalities in health in the Netherlands.</p> <p><b>Overview</b> Since the 1980s the Dutch government has pursued a systematic, research based approach to addressing socio-economic inequalities in health. Like New Zealand there are significant health disparities between different groups in the Netherlands. For example, the life expectancy between different socio-economic groups can be as much as 14 years. Effective interventions were identified and tested, and the implications for the development of policy aimed at reducing inequalities in health analysed. A committee was then formed to oversee the development of a more comprehensive strategy to address the persistent and widespread nature of the inequalities. Although the Dutch approach has been influenced by similar initiatives in other countries, it is unique in its emphasis on the need for a systematic evidence base for interventions and policies to reduce health inequalities.</p> <p><b>Comments</b> Useful description of a project which reinforces the importance of the contribution that the social determinants of health can make to the reduction of health inequalities and the need for a whole of government approach. Includes references to comparative projects in other countries.</p> <p><b>Source</b> <i>International Journal for Equity in Health</i> 2004, 3:11 available at <a href="http://www.equityhealthj.com/content/3/1/11">http://www.equityhealthj.com/content/3/1/11</a>.</p>
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**Title** *Social Determinants of Health: the solid facts* (2<sup>nd</sup> edition) edited by Richard Wilkinson & Michael Marmot

**Author(s)** World Health Organisation

**Context** Policy makers are increasingly recognising the role that social determinants play in good health. This publication provides a useful resource on the impact of economic and social policies in the area of health.

**Overview** Throughout the world, it is an inescapable fact that poor people live shorter lives and are ill more often. The disparity is attributed to factors in the social environment. This recent edition of *The Solid Facts* looks at what is known about the most important social determinants of health and the role that public policy plays in shaping a social environment that is conducive to better health. Each chapter addresses a key determinant – stress, early life, social exclusion, working conditions, unemployment, social support, addiction, healthy food and transport – summarising the most recent relevant research in each area, and identifying the implications for public policy. A limited number of references for further research are listed at the end of each chapter.

**Comments** Accessible commentary that could be useful for NGOs and policy analysts needing evidence of the interrelationship of social determinants and health. The World Health Organisation has a policy of providing information and advice in the health field, a responsibility it fulfils in part through its publications program. The final section of the commentary contains a list of relevant publications that can be accessed online. See also the PAHO/WHO website: <http://paho.org/> for other health related resources.

**Source** World Health Organisation, regional office for Europe, Copenhagen Denmark. Available online as PDF file at <http://www.who.dk/Document/ER81384.pdf>.

**Title** *Enabling People: Human Rights Law and Disability*

**Author(s)** Staff of Interights Legal Centre with international contributors including Mary O'Hagan from New Zealand.

**Context** One tenth of the world's population live with some kind of disability, and suffer some of the worst discrimination and violation of their rights. Until comparatively recently there was no UN instrument addressing the needs of disabled people and as a group they were overlooked in much human rights discourse. To remedy this a Convention for disabled people is currently being drafted. It will not simply enumerate various rights but is intended to ensure that disabled people are able to enjoy the same rights as others on the same terms. This edition of the Interights Bulletin highlights some of the legal issues relating to disabled people and considers how recognition of disability as a human rights issue can be translated into practical action.

**Overview** The Bulletin contains a number of articles, some of which are reasonably abstract while others provide practical examples of how disability has been addressed in different countries. Taken together they provide a powerful illustration of the importance of applying a human rights approach to the development of policy and legislation and ensuring the participation of those to whom it applies. For many years disabled people have had to battle with a mindset that a human rights perspective was unnecessary as their need were adequately catered for in the charity sector. This issue outlines some of the methods disabled people have resorted to in order to raise their profile in the human rights discourse. Although the bulletin does not claim to be a complete examination of all the issues that disabled people have to contend with, it provides some insight into how far they have come. Among the articles of note is a useful overview by Gerard Quinn of the limitations of the major international human rights treaties and the need to develop a thematic treaty that ensured that the existing treaty system worked better for disabled people. (His in depth report, *Human*

*Rights and Disability: The Current Use and Future Potential of the United Nations Human Rights Instruments in the Context of Disability*, can be found at [http://193.194.190/disability / indx.htm](http://193.194.190/disability/indx.htm)). Also of interest is Charlotte Mclain-Nhapo's article on the vexed question of intersectionality and the importance of ensuring that both gender and disability are taken into account in addressing the concerns of disabled women.

**Comments** The bulletin provides an accessible resource on international and comparative human rights law and developments in human rights law. This issue consists of a series of short readable articles which identify recent developments in the area of disability.

**Source** (2004) 14 INTERIGHTS Bulletin available at: [www.interights.org](http://www.interights.org).

**Title** **Linking Health and Human Rights: what are the possibilities?**

**Author(s)** By Dianne Otto. See *Keeping up to Date – the seventeenth edition, January 2005*, [www.hpforum.org.nz/resources/ KeepinguptoDatejan05.pdf](http://www.hpforum.org.nz/resources/KeepinguptoDatejan05.pdf)