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A Human Rights Based Approach to Health - summary

A HRBA to health makes explicit reference to human rights from the onset of programmes, policies, and projects. Introduction of a HRBA into public health is about approaches and processes as well as maximum public health gains. Evidence indicates that applying a HRBA to maternal and child health will contribute to improved access and quality of services, as well as collaboration with other sectors. Where a HRBA to health has been applied, it has contributed to significant reduction in maternal and child morbidity and mortality. There is also evidence that applying a HRBA to health will improve quality of mental health services.

The UN, WHO and Sida have developed interpretations of HRBA to health, which are similar in understanding, but slightly different in terminology. This brief shows how to use these HRBA tools to analyse and monitor health initiatives.

A human rights based approach to health takes a starting point in **international human rights commitments and standards**. At the heart of the right to health is a functioning health system, accessible to all without discrimination. The right to health makes a number of demands on health system, including primary health care and reproductive health services. Key questions when assessing and monitoring a health initiative are:

- Is the right to health recognised in the constitution, bill of rights or national legislation? If so, how can Sweden use these commitments to strengthen dialogue and programming?
 - Is the program based on an analysis of the causes of the non-fulfilment of the rights to health?
 - Is there a national public health strategy/ national health plan based on these analyses and on internationally recognised standards for health systems, which can guide donor contributions?
 - How does the initiative ensure/contribute to **availability** (public health-care facilities, goods/essential medicines, health services, information and programmes that are available in sufficient quantity to all)?
 - How does the initiative ensure/contribute to **accessibility** (affordability and accessibility of health facilities and services for all, without discrimination e.g. physically accessible and in safe reach for all, including women and girls, and disadvantaged persons (for example persons with disabilities)?
 - How does the initiative ensure/contribute to **acceptability** (respect for medical ethics and confidentiality, cultural appropriateness, sensitive to gender and life-cycle requirements)?
 - How does the initiative ensure/contribute to **quality** (health facilities that are scientifically and medically appropriate and of good quality)?
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An important element in a human rights based approach is the focus on **empowerment and capacity development** of both rights holders and duty bearers. Key issues to consider when assessing support for health initiatives are:

- Does the intervention build capacity of the authorities and health workers to plan, deliver and monitor availability, accessibility, acceptability and quality health services?
- Does the intervention build capacity of the poorer households and marginalised groups so that they know how, where and when they can demand/ complain concerning their rights to health?

In addition to the AAAQ components, a human rights based approach to health is about planning and monitoring how the values and principles underpinning the UN human rights treaties - **non-discrimination, participation, accountability and transparency** - are applied in the programme design and processes. Key questions to consider are:

<p>Participation</p> <p>International treaties state that women, men, girls and boys have a right to participate in decision-making that affects them.</p> <ul style="list-style-type: none"> • Are patients informed about treatment options and invited to have a say? • Are civil society organisations that organise marginalised groups invited as resources in program design and policy development? Are they taking part in local health committees, consultative development councils and likewise? • Are care providers and health staff recognised as stakeholders in health programs? 	<p>Non-discrimination</p> <p>Health Services must be provided to all without discrimination regardless of gender, religion, ethnicity, age, language, political or other opinion, national or social origin, property, birth, physical or mental disability, health status (including HIV/AIDS), sexual orientation and civil, political, social or other status.</p> <ul style="list-style-type: none"> • Are non-discriminatory policies in place? • Are legal, physical, structural and attitudinal barriers addressed? • Are resources explicitly allocated to reach/include the poorest and most excluded areas/groups? • Is disaggregated data on access to health services available?
<p>Transparency</p> <p>In order for individuals to hold states' accountable for their duties – information on health policies, budgets and services must be made available to the public.</p> <ul style="list-style-type: none"> • Is information regarding plans and budgets communicated to the public (and to health staff) via accessible formats and channels? • Is information on available health services communicated to the public via accessible formats and channels? 	<p>Accountability</p> <p>Governments must take responsibility for providing quality health services for all, and mechanisms must be put in place to monitor performance.</p> <ul style="list-style-type: none"> • Are there functional monitoring and complaint mechanisms in the health system – also when services are provided by private or civil society actors? • Is the international community facilitating access to essential drugs (defined by the WHO Action Program on Essential Drugs) and capacity development of local medical expertise?

To learn more on a human rights based approach to health, read the full thematic guide.