A Human Rights Based Approach to Development: Right to Health

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Assessing a rights based approach

- Is the purpose the enjoyment of rights?
- Is it transformative? Of structures and of people particularly gendered power?
- Does it address structural causes?
- Does it empower people to have control over their lives?
- Is it owned, managed with and evaluated by the most marginalised?
- Is it accountable to those people?
- Does it look at the intersectionality of rights and discrimination?
Obligation to Respect

- As the Duty Bearer states must not cause health rights violations. For example by:
  - prohibiting health services (HIV, SRR, excluding particular groups);
  - Conducting forced sterilisation;
  - testing medicines on communities;
  - Perpetrating state violence or other hr violations;
  - Re-locating people into unhealthy communities.
Obligation to Protect

- As the Duty Bearer states must act with due diligence to stop others impeding health rights in various ways including by:
  - Passing laws, national plans and enforcement mechanisms to stop violence against women;
  - Passing laws and enforcement mechanisms to stop pollutants, environmental degradation and harmful products being produced by private sector;
  - Legislate for and enforce occupational health and safety laws
  - Introduce taxes on unhealthy private sector products and practices
Obligation to Fulfil

As the Duty Bearer states must act with due diligence to fulfil health rights in various ways including by:

- Working with communities to develop health policies, strategies and services that meet their local needs;
- Ensuring universal, non-discriminatory access to healthcare;
- Developing national sexual and reproductive health rights plans that ensure, inter alia, women can choose the number and spacing of children;
- Ensuring availability and access of nutrition to all (inc by setting living wage and food security policies, access to land);
Obligation to Fulfil

- As the Duty Bearer states must act with due diligence to fulfil health rights in various ways including by:
  - Right to information about all product and possible impact (foods, pesticides, chemicals, nano-technology), risks and pollutants etc.
  - Right to access health information and confidentiality;
  - Health education and promotion with wholistic approach to enjoyment of health rights;
  - Sexual education in schools;
  - Capacity building of health professionals that addresses power inequalities and rights;
## Example – Maternal Mortality

<table>
<thead>
<tr>
<th></th>
<th>Service Delivery</th>
<th>Human Rights Based Approach</th>
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</thead>
<tbody>
<tr>
<td><strong>Cause</strong></td>
<td>bleeding/hemorrhage (25%), infections (13%), unsafe abortions, (13%), eclampsia (12%), obstructed labour (8%), other direct causes (8%),</td>
<td>Consider symptoms but look at structural causes: Lack of free healthcare, lack of contraception and access to safe abortion, lack of sex education, VAW, cultural prejudices, child marriage, appropriateness of health officials, fair and equal access to nutrition, water.</td>
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<tr>
<td><strong>Policy making process</strong></td>
<td>Government and health experts</td>
<td>Broad community ownership including women from the community, particularly those most effected, women’s rights advocates and CSOs, Governments, health experts and health employees.</td>
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<td><strong>Prevention</strong></td>
<td>Increase check ups for women, increase medical information</td>
<td>Sex education for girls and boys, gender equality national plan, empower women advocates, increase universal, specialist care that is accessible geographically and culturally.</td>
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<tr>
<td><strong>Data</strong></td>
<td>Focuses on causes and</td>
<td>Records intersecting and structural causes,</td>
</tr>
<tr>
<td>How to enforce the right</td>
<td>National Reproductive Rights and Health Strategy including. Rights protected in law and constitution, accountability mechanisms, patient ombuds, hospital boards include community.</td>
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Human rights are good for your health!