PRARI poverty reduction and regional integration

RePIR reducción de la pobreza e integración regional

The Open University

PRARI Policy Brief

December 2014

Human rights to health: a case for regional pro-poor approaches

Since 1950, December 10th has served to advance the cause of Human Rights and in particular the human right to health. For millions of people throughout the world, however, full enjoyment of the right to health remains a distant goal. Despite some progress in poverty reduction, poverty is still a principal driving force behind ill health, lack of access to healthcare and medicines and under-development.[i] At the same time, awareness of the interplay between human rights, social development and the social determinants of health increasingly feature on global policy agendas on poverty, equality and health. Where do regional organisations fit into these agendas, and how can they be enabled to progress them in the interests of the human right to health?

Human Rights in Global Policy

Health as a human right is addressed in numerous declarations, including the Universal Declaration of Human Rights, which has since 1948 supported Member States and multilateral development agencies. In recent years, health has been given greater and specific prominence. In 2000, the UN Committee on Economic, Social and Cultural Rights issued legal guidance on implementing the right to health and sponsored global declarations and commissions on the social determinants of health (Box 1). Despite this international focus, formulating adequate policies that effectively tackle poverty and the causes of ill-health remain a challenge.

Devoting more attention to poverty reduction through effective, context-specific, policy interventions demands attention to the increasingly important role of regional organisations in tackling poverty through regional health policy, processes and institutions. While neglected partners in global efforts to tackle poverty, regional organisations offer unique opportunities to strengthen actions on poverty reduction and health equity.

Box 1: General Comment 14 on the Right to the Health

According to General Comment 14, *The right to health is a variety of facilities, goods, services and conditions necessary to realise the highest attainable standard of health. It includes "underlying determinants of health" including water and sanitation, food, housing, good workplace conditions, and "access to health-related education and information, including on sexual and reproductive health." It also includes the right to meaningful participation of the population in decision-making at all levels. It should be provided in a non-discriminatory way. At a minimum, governments must define a "core" of services available to all, including immunisation against the major infectious diseases, basic primary health care, access to essential medicines, reproductive health services, and access to information on health problems.*[ii]

PRARI Policy Briefs present accessible information on current issues in regional social policy and poverty. Readers are encouraged to quote from them or duplicate them, but as copyright holders, the PRARI team request due acknowledgement. This Brief may be cited as Pia Riggirozzi 2014 'Human rights to health: a case for regional pro-poor approaches', PRARI Policy Brief No 2, The Open University, Milton Keynes. This Brief is available at http://www.open.ac.uk/socialsciences/prari/

For all enquiries please contact us at: prari@open.ac.uk

This work was carried out with support from the Economic and Social Research Council (ESRC), Grant Ref. ES/L005336/1, and does not necessarily reflect the opinions of the ESRC.

E·S·R·C ECONOMIC & SOCIAL RESEARCH COUNCIL

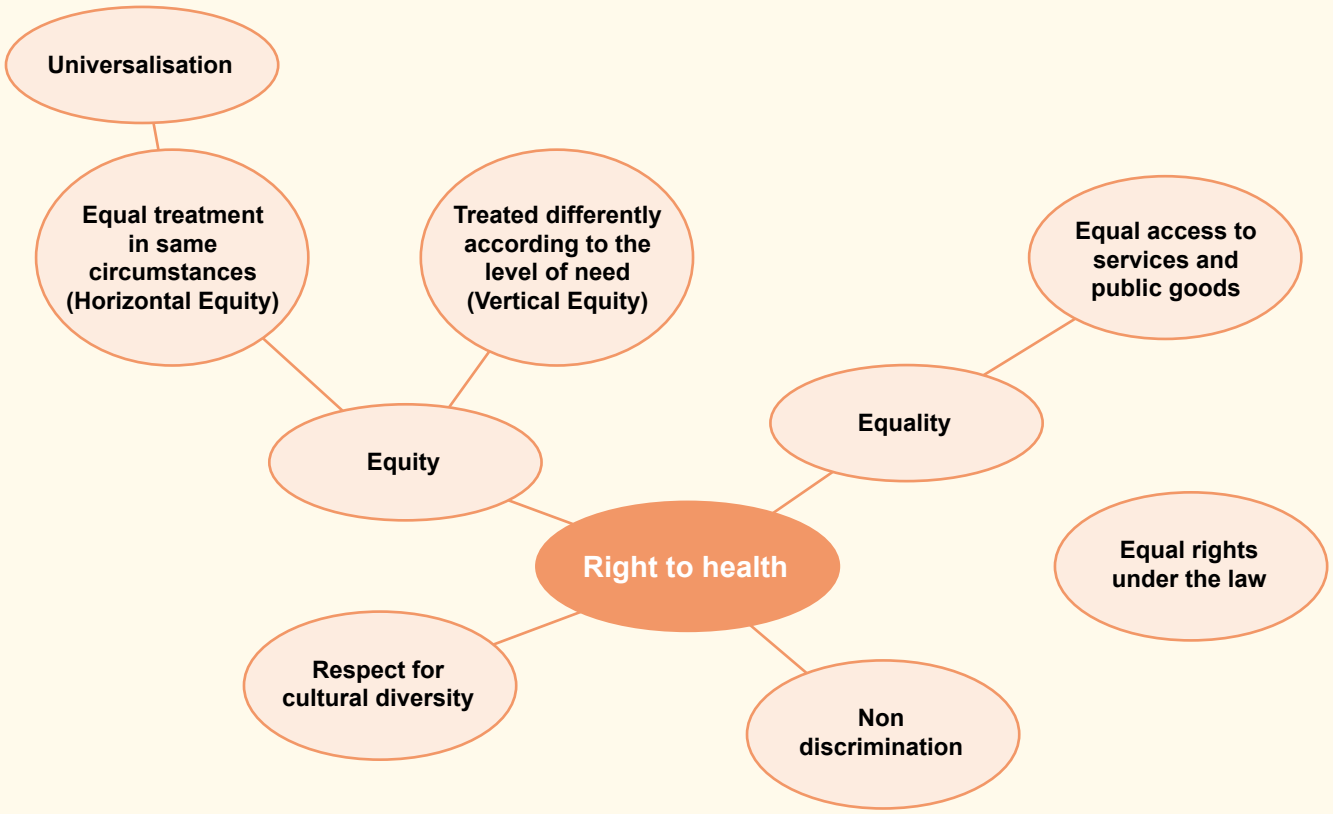
UKaid from the British people

Research jointly supported by the ESRC and DFID

Approaches to the Right to Health and horizontal vs vertical equity

Approaches to the right to health usually take the form of a set of minimum social guarantees for all as a starting point for social equity in health. Horizontal equity entails equal treatment for those in the same circumstances, while vertical equity involves treating people differently according to the nature of need (Graph 1).

Graph 1: Approaches to the Right to Health



Source: author's elaboration based on WHO, 'Health and human rights', at http://www.who.int/hhr/en/; Commission on Social Determinants of Health (CSDH), *Closing the gap in a generation: Health equity through action on the social determinants of health* (Geneva, Switzerland: World Health Organization, 2008).

Debates rage whether a vertical approach (promoting disease-specific and targeted specialised clinical services) or a horizontal approach (tackling interrelated health issues while aiming at strengthening health systems) is a more effective means of ensuring effective provision of and access to healthcare for all. Vertical programmes are more prevalent; they often compete with one another for funding and professional recognition.[iii]

Treatment campaigns for diseases such as HIV, malaria and tuberculosis (which together account for over 90 per cent of the global disease burden) are substantially resourced, yet they have done little to strengthen weak healthcare systems, which are in many cases unreachable or mistrusted by the very people who need them most. Undoubtedly, the Global Fund and GAVI (the Global Alliance for Vaccines and Immunisation), amongst other funders and philanthropies, have had success in slowing the rate of HIV infection, tuberculosis, and malaria and providing vaccines and immunisation against diseases such as pneumococcal disease and meningitis worldwide.

At the same time, it is less evident how they contribute to the development of effective, integrated, comprehensive and sustainable health care solutions. Furthermore, other diseases, such as dengue, leishmaniasis, Chagas and Chikungunya, that also add to the increasing toll of human life and to the poverty-disease burden, receive little attention, owing to the focus on the more prevalent global diseases. The risk is that what is *visible* and *urgent* takes priority over what is deemed *marginal*. Actions targeted on people living in poverty that ignore the social determinants of poverty and social exclusion risk discriminating against the very people they are ostensibly designed to benefit. The end result not only affects the attainment of health equity but also normalises and even reproduces social inequalities.[iv]

Health equity requires a focus on the structural determinants of (under)development and poverty through better concerted interventions to enhance access to health care, to medicines, to opportunities. Global vertical health initiatives focused on a disease, a group of diseases, or a special topic could be better integrated with on-going horizontal initiatives whose primary purpose is to contribute to the strengthening of health systems. **Regional organisations** can provide platforms for practitioners, academics and policy makers to collaborate and network towards this aim. Neglecting this jeopardises effective development aid and the Sustainable Development Goals.

Taking a stand: regional organisations acting on health equity

Regional organisations can support effective ways of securing **cross-border coordination** of national projects (for example cross-border employment projects, social protection, disaster mitigation funds, vaccination campaigns, food programmes). They can provide **regulatory frameworks** for policy harmonisation supporting comprehensive health system development, surmounting institutional fragmentation between programmes and emphasise long-term development needs. Acting as a **training hub**, regional organisations can bring together policymakers, negotiators, and practitioners, providing technical assistance and capacity building, strengthening skills and institutional capacity through a range of activities. In this capacity, regional organisations can tangibly support national efforts to reform health services, and help improve the roll-out of regional best practice in delivering services to people living in poverty and conditions of social marginalisation (Box 2).

Box 2. UNASUR: capacity building and support towards universalisation

The South American Institute of Health Governance (ISAGS), part of the Union of South American Nations (UNASUR), supports Ministry of Health officials in Paraguay and Guyana for the implementation of national policies regarding primary attention and preparation of clinical protocols, and more recently reforms towards the universalisation of the health sector in Colombia, Peru and Bolivia.[v]

For social and advocacy actors, regional organisations can provide a distinctive platform for **consensus building** and for (regional) civil society organisations to engage in common initiatives and implementation of programmes (Box 3).

Box 3. SADC Partnership Forum: a platform for consensus building

The Forum brings together major players in the HIV/AIDS-sector, civil society organisations formalised through the Regional African AIDS NGOs (RAANGO), and donors. It convenes twice a year to discuss the strategic planning of the SADC Secretariat. In 2008, for example, civil society was extensively consulted on the next strategic plan for HIV/AIDS thorough RAANGO, which was used as a referral body for SADC in the process. If strengthened, these types of regional partnerships can support advocacy initiatives on the right to health.[vi]

Thinking regionally, acting globally

Southern regional organisations have recently engaged in new forms of **'regional diplomacy'**, initiating new norms to improve health rights in international arenas. For instance, led by Ecuador, and based on its national Mission 'Manuela Espejo', UNASUR presented an action plan for greater recognition of rights of disabled people within the normative framework of the WHO, which was approved in May 2014 as the WHO's 2014-2021 Disability Action Plan. The plan will assist member countries with less-advanced disability and rehabilitation programmes and will be carried out by the WHO in conjunction regional organisations such as the Caribbean Community (CARICOM), the Central American Integration System (SICA), the Southern Cone Common Market (MERCOSUR) and UNASUR.

UNASUR states have also coordinated common positions within the WHO since 2010 speaking with a single voice at the executive board of the organisation to strengthened visibility and negotiating power on issues of representation, financing, and access to medicines. Particularly relevant has been the work of SADC and UNASUR in encouraging collective negotiations vis-a-vis other regional blocs, pharmaceuticals and within the WHO, maximising leverage to change the conditions offered by their counterparts and potentially enhancing equity and the right to health in their regions.[vii]

Addressing health through regional integration efforts can strengthen their member states' social response and health equity, as well as the resilience of regions. This is critical when interacting with donors since it helps to encompass what the main priorities in the area are. Those interested in development and health equity cannot afford to ignore these issues and should recognise the value of regional formations as spaces of co-operation and policy-making, facilitating the (re)allocation of resources, and creating new and reforming existing national institutions in support of rights-based development and health equity.

[i] UN MDGs at www.un.org/millenniumgoals/.../MDG%202014%20English%20web.pdf

[ii] 'The right to the highest attainable standard of health' 08/11/2000. E/C.12/2000/4. (General Comments) at www.un.org/documents/ecosoc/docs/2001/e2001-22.pdf

[iii] Braveman P., et al (2005) 'Socioeconomic status in health research' at http://www.ncbi.nlm.nih.gov/pubmed/16352796

[iv] Penfold, E. and P. Fourie (2014) 'Ebola and Cultures of Engagement: Chinese vs Western Health Diplomacy, at http://www.saiia.org.za/opinion-analysis/ebola-and-cultures-of-engagement-chinese-versus-western-health-diplomacy.

[v] ISAGS/UNASUR Report (January 2013) at http://issuu.com/isagsunasur/docs/informe_ing

[vi] Godsater, A. (2014) 'The democratization of the Southern Africa Development Community', International Democracy Watch Yearbook, forthcoming

[vii] Penfold, E and P. Fourie (2014) Africa: The Economics of Pro-Poor Health Policy at http://allafrica.com/stories/201412012305.html; Riggirozzi, P (2014) Regional Organizations and Health Equity, at http://www.cris.unu.edu/.../Policy_brief_UNU-CRIS_5___November_2014.pdf