Commentary

'Rights-based approaches' to health policies and programmes: Why are they important to use?

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Abstract Clients of foreign aid in developing countries have long been 'served', but have they been well served as human rights-holders? This commentary discusses why it is important to pursue rights based approaches for health programs, especially those intended to serve low income populations, especially in the developing world.

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Clients of foreign aid in developing countries have long been 'served', but have they been well served as human rights-holders? Use of a rights-based approach (RBA) facilitates alignment of public health policies and programmes with the human rights and entitlements of the target group of individuals. Using a RBA reduces the chance that such policies and programmes might inadvertently transgress the human rights of the people they are intended to serve. Second, the RBA, which emphasises non-discrimination and the interdependence of human rights, provides a framework for a more holistic approach to public health, one that seeks to integrate health policies with other social policies. Third and most basic, the human rights framework embodies values concerned with respect to the human dignity, autonomy, and voice of the individual. By employing the RBA, public health professionals imbue their interventions with these values; this could enhance the legitimacy of those interventions in the eyes of the individuals intended to benefit.

The authors present an important and useful overview of various articulations of the RBA, in relation to development generally and

with a more specific public health focus. The aim of the overview is to draw out and highlight the key features of the RBA as a prelude to promoting 'consistency in assessing the value added of a RBA to health'. Below, I address issues arising from the key RBA features the authors identified, including that of context specificity, and their implications for the work of public health professionals.

Given the range of RBAs available, how does the public health professional contemplating adopting the RBA to health, ensure its validity? The authors' identification of key RBA features move readers towards addressing this problem but ultimately it will be necessary for public health professionals to reach back to the underlying rationale of RBAs to ensure that it is reflected in the particular form of the RBA being employed.

That rationale rests on the idea that impetus for public policy interventions, including in public health, is as much the human rights and entitlements of individuals as it may be theories of public management, development, or good governance. Individuals are not simply passive recipients of such interventions; they have an expectation of them, and their manner of delivery, as of right. Viewed from the RBA perspective, a public health policy failure can be a denial of rights that forms the basis for claims of redress. The RBA thus provides a framework for demanding 'explanations for the denial of those rights and steps towards their alleviation'.¹

Adopting a RBA means the public health professional must think of any policy or intervention in terms of its role in realising the rights to health of the individuals or groups with whom he or she is working. Any interdisciplinary or cross-sectoral collaboration in public health must also be considered in terms of its human rights effects. With regards to collaboration, in adopting the RBA, public health professionals will likely work, even if only at initial or formulative stages, with human rights and legal professionals. Doing so may involve considerations of cultural fit that may not have otherwise arisen. Finally, all rights issues are political in nature and public health professionals may wish to consider if or how they would deal with this political dimension, which may undermine or limit their work in certain countries.

Regarding key features of the RBA highlighted by the authors, the realisation of rights without discrimination may be singled out as of fundamental importance: it defines the central obligation of states

as set out in the founding human rights treaties.² The principle of non-discrimination also underlies the RBA's emphasis on availability and accessibility of services and aspects of their acceptability and quality. Public health professionals may already design and implement policies on a non-discriminatory basis, placing importance for instance on monitoring data on a disaggregated basis. If so, the RBA's principle of non-discrimination serves to emphasise such efforts and to mandate extending them to other policy and/or operational areas.

I alluded already to the principle of accountability when discussing the rationale of the RBA as placing central focus on the individual as rights-holder and claimant. Often, this is taken as a reference to the legal accountability of the government to the individual or group concerned. However, public health professionals employing the RBA must also consider their relationship with 'client' communities in like terms. How are they accountable in what they do with these communities? An emphasis on the legal aspects of the RBA or the legal framework in which it is employed can obscure dimensions of accountability other than those founded in law. Employing the RBA should thus cause public health professionals to adjust or re-conceive their relationship with the individuals and communities with whom they work if their systems of accountability are weak or non-existent.

The authors' emphasis on process is important; it matters not only that human rights are realised but also the manner in which that realisation is achieved. It may be that public health professionals already practise many of the process dimensions of the RBA, such as participation, monitoring, setting of targets and benchmarks, and baseline considerations as set out, for instance, by the Committee on Economic, Social, and Cultural Rights.³ If so, the RBA may contribute in casting such dimensions as human rights considerations with the concomitant emphasis on identifying rights claims, on non-discrimination, and where competing rights claims arise, ensuring they are balanced, with minimal incursion on the realisation of rights of those concerned.

Finally, public health professionals employing the RBA must take into account the local context and adapt their RBA accordingly. Contextual considerations are valid under international law on human rights and may be articulated in terms of the appropriateness

or reasonableness of the measures taken. How would public health professionals know that their contextual adaptation is valid? This can be a challenge and will ultimately be a matter of judgement keeping in mind the key features of the RBA discussed by the authors and the underlying human rights rationale of the RBA presented here.

Arguably contextual considerations must also feature in determining the assessment criteria for RBAs in operation, which is the authors' next project. Such criteria will be important in aiding the exercise of judgement just referred to.

About the Author

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