Reflections from UK Public Health Network summit 6 18 October 2017

Right to health: equity and ethics with teeth

- Human rights including the right to health, as agreed by the UN, are a code of conduct for all governments. This means governments must take all reasonable measures available to optimise the health of individuals, communities and populations.
- The UK Human Rights Act enshrined civil and political rights but there is no legal framework for social and economic rights (including health). However, by signing up to international law the social & economic principles apply to the UK. Rights that are violated can seek redress in court and therefore provide constructive accountability for the delivery of human rights.
- The UN adopted a General Comment setting out that the right to health extends not only to timely and appropriate health care but also to the underlying determinants of health, such as access to safe and potable water and adequate sanitation, an adequate supply of safe food, nutrition and housing. There are four functions of the right to health: availability, accessibility, acceptability and quality (AAAQ).
- The right to health is subject to progressive realisation and no backsliding. Developed countries are expected to deliver rights more fully and at a quicker pace.
- The right to health is related to all other rights; upset one and it upsets all rights. Eg: removing employment puts housing and health is put in jeopardy. All rights are indivisible, interrelated and interdependent and all with equal status. They can be insurrectional (in demanding change), judicial, inspirational and operational.
- The demand for human rights comes from beneficiaries. If there are no expectations for being treated better then there is no basis on which to say the system needs to change.
- Good public health is good human rights and there are numerous international examples in support of this – eg: South Africa's achievements for people with HIV.
- There is currently a good opportunity to generate a right to health argument because of the need for a sustainable health system but a collective response needs initiating.
- There are two ways that human rights could be put into operation. 1: National government could choose a couple of priority themes (eg child obesity, mental health) 2. Invite its territories to choose one or two priority issues that could achieve a human rights approach in their areas.
- If the evidence supports public health interventions and there is low or no cost to the State then the Government has a duty to act on a social rights basis.
- Reframing public health messages as a right to health would also help gain both political support and public demand. Eg: alcohol consumption affects others because of individual choice. Smoking in public places and employers' responsibility to staff were framed around right to health.

- Principles – to be used by organisations and individuals:

  Participation: informed about decisions
  Accountable for decisions
  Non-discriminatory furthest to travel here, including need to redress discrimination in budgets / resource allocation
  Empowerment: need to understand rights in order to claim them.
  Legal

  PANEL principles deliver health gains that are person-focussed with evidence of what works coming from people with the lived experience.

- Public health bodies may not be human rights organisations but they can only achieve the highest attainable standard of health for the population by maintaining a sharp focus on right to health and those experiencing the worst inequalities. NHS Health Scotland embeds this in its vision statement of "a Scotland in which all of our people and communities have a fairer share of the opportunities, resources and confidence to live longer, healthier lives."

  SWOT analysis
  Strengths and weaknesses internal to the UK public health system were identified, along with potential external opportunities and threats.

Strengths	**Weaknesses**
• Lends weight to investment case for a sustainable NHS. • Common issues with public health – evidence, focus on disadvantage etc • Engages experience in third sector • Scotland's experience plus achievements (eg on food labelling) that were based on rights. • Rights based approach uses judicial standards and mitigates traditional risk-based approach to public health	• Low human rights literacy of health professionals. • Evidence base needs developing. • Conflicting agendas between expectations and what is being measured • Not a level playing field across the UK
Opportunities	**Threats**
• International legal powers • Strongly participatory • Local Government likes rights-based approach. • Brexit: opportunity to promote rights-based issues and ensure protections remain.	• Not enshrined in UK law • Ideological opposition • Complexity of the message • Branding issues to avoid equating with terrorism. • Vested interests.

Actions

The UK public health system has achieved much already but there are a number of actions that the public health system could take collectively to deliver the right to health, including:

- A public health system briefing that explains the right to health framework, the PANEL principles and provides examples particularly from Scotland's work, including its "Fairer healthier strategy."
- Policy and practice case studies, with examples of successful use of a rights-based approach such as tobacco control, front-of-pack labelling, air pollution, Future Generations Act etc.
- Links with Equality & Human Rights Commission in London and build on relationships with the Human Rights Commission in Scotland and NI.
- Rights-based arguments for the sustainability of NHS.
- Benchmarks for assessing the progressive realisation of the right to health.
- Using Brexit as an opportunity to deliver improvements in human rights, such as through trade and investment agreements.
- Developing literacy in public health and human rights communities and encourage collaborations to create the demand for human rights realisation.

Individually, organisations within the public health system volunteered to investigate:

- Adding human rights training to the public health curricula.
- Taking a rights-based approach in business planning and work on inequalities.
- Adopt human rights and the right to health as a conference theme.
- Ask National Institute for Health Research to develop a call for research proposals and evidence reviews on public health and the right to health.
- Disseminate examples of good practice.

Conclusion

Human rights will always be a work in progress but it is work underpinned by legal obligations. This is not just about "public health" or "human rights" but enabling the public health system to use rights as a tool so that public health organisations are rights-based. People will always advocate to counter arguments – the public health community should be heard and be understood. The UK public health system can start by saying it!