

# Health based on Human Rights and a Sustainable Development perspective

Presentation at the U21 Health Science Group Annual  
Meeting in Johannesburg, September 19, 2017



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# **Health - Human Rights - Sustainable Development**

**"Connecting the dots"**

From Alma Ata Declaration  
("Health for All"; 1978) to Health  
and Human Rights in the SDG/  
Agenda 2030-Perspective  
(2015)

During this period (1978-2015)  
our perception of health and  
how to best achieve it has  
undergone a radical change

A shift from an atomistic/  
mechanistic-based approach to  
a holistic/systems-based view

# **Contributing shifts (1):**

Health is seen both as an outcome and as a (non-linear) process

# Contributing shifts (2):

Accepting the physicists' (not the physicians'!) suggestion regarding how the world works:

Oscillation between chaos (unbound energy) and order (materia, life) described by the concept of an open complex system

Materia in the form of life, is best described as an outcome of a process where the living organism **constructs/re-constructs itself and thereby adapts to the environment** based on the principle of an **open complex system**

This has become the standard theoretical framework for life sciences, but the full implications has perhaps not been realized when considering health in individuals or in a population



# Contributing shifts (3):

The emerging issue of health inequity

The WHO Commission on Social Determinants of Health (CSDH) states in its final report published in 2008 that health inequity is **killing people** around the world on a **massive scale**

# Contributing shifts (3):

CSDH also launched the idea of a **moral imperative**; since much of the causes of health inequity is amenable, we can not refrain from acting on this knowledge.

# Contributing shifts (3):

CSDH defines the causes of health inequity as an **inequitable distribution of social determinants of health (money, power and other resources)**

# Contributing shifts (3):

CSDH: Thus, health equity is a matter of **social justice** which further underpins the importance of the **Right to Health as one of the fundamental Human Rights** (and much broader than the Right to Health Care)

# Contributing shifts (3):

**Amartya Sen**, one of the members of CSDH, had stated in his previous work (Development as Freedom, 1999) that health is the result of enhancing and not restricting the **capabilities** of every individual to realise one's life chances (i.e. optimal adaptation to one's environment)

## **Contributing shifts (3):**

**Amartya Sen** also concludes that since health is an important pre-requisite for full enjoyment of Human Rights, the **Right to Health** could be seen as **the most fundamental of all the HRs**

# Conclusion

The Right to Health in a SDH-perspective leads to the conclusion that all individuals should have **equal rights to SDH** in order to develop their capabilities (i.e. equal life chances relevant for a good state of health)

It also supports the notion that **health is both a pre-requisite/process and an outcome in relation to the enjoyment of HRs**

# Health, HR and a sustainable development (1)

The Sarkozy Commission on Economic Performance and Social Progress (CEPSP, 2009) Amartya Sen, Joseph Stiglitz and Jean Paul Fitoussi: **GDP/Monetary measures are not suitable for measuring a sustainable development of our society**



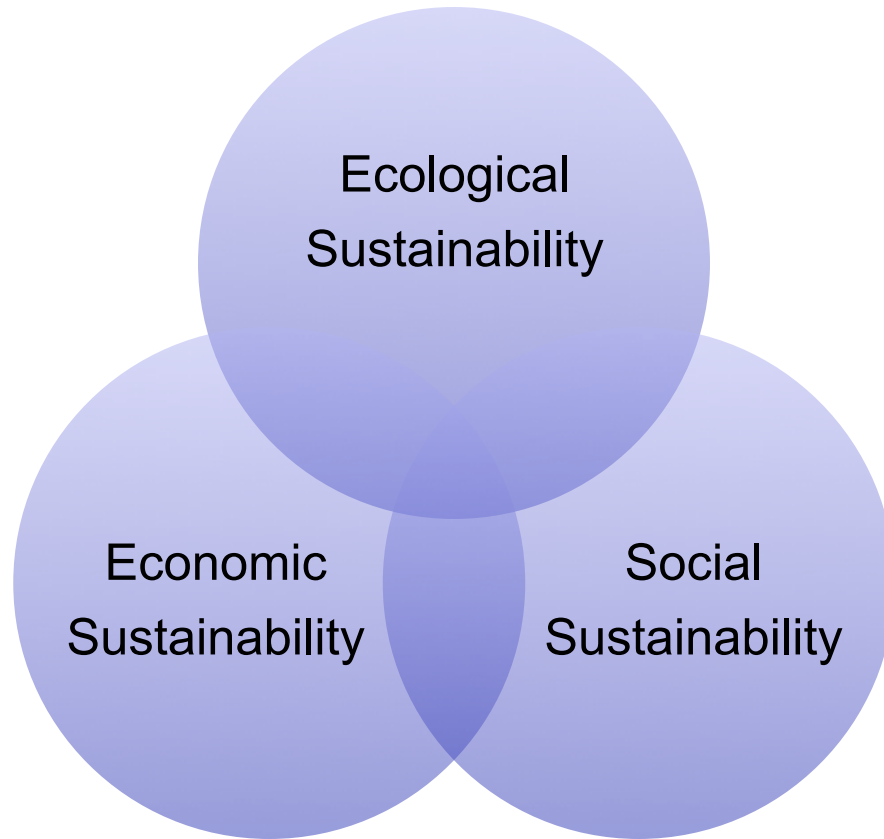
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**Michael Marmot (In The Health Gap: The Challenge of an unequal world, 2015): The best measure of societal progress in a sustainable development perspective is Health and Health Equity**

# Health, HR and a sustainable development (2)

The UN World Commission on Environment and Development (WCED; aka the **Brundtland Commission**), Final report: Our Common Future, in 1987



Ecological  
Sustainability

Economic  
Sustainability

Social  
Sustainability

# WCED model of sustainable development

The three domains should not be seen as communicating vessels; must be understood by means of a **systems-theory approach**

I.e., the strategy "economy first" is not appropriate

Focus on long-term survival of the human species, connects with the adaptation view of health

# **Health, HR and a sustainable development (3)**

## **Health policy post Alma Ata declaration:**

Disease prevention, health promotion, and empowerment, are effective approaches to improved health (i.e. a broadened focus outside health care services)

# **Health, HR and a sustainable development (3)**

**Health policy post Alma Ata declaration:**

Millenium Development Goals (MGD): Three explicit health goals, but obviously gender, right to education, no hunger/food security, etc. were implicit health goals

# **Health, HR and a sustainable development (3)**

## **Health policy post Alma Ata declaration:**

MDG were by and large ad hoc, they lacked an elaborated theoretical framework, they were not "complete" and targetted the poor countries with an implicit "mopping-up remaining pockets of poverty" approach

# **Health, HR and a sustainable development (4)**

## **Agenda 2030 and the Sustainable Development Goals (SDGs)**

**Clear theoretical framework based on the WCED-model**

**Concerns all parts of the world – a holistic approach**

**Stronger links to the HR-perspective**

**Change of the "system" necessary (as opposed to the "mopping-up" approach)**



# Conclusions (1)

Health is at the center of Agenda 2030/all the SDGs

The **Human Rights** perspective (not money) **makes the connection** between health and a sustainable development

(Put differently: It is about life and death and social justice (i.e. health and health equity) in the future, not how we could become richer)

# Conclusions (2)

## Implications for the role of the health practitioner

Health should be seen as a **process and an outcome in relation to the adaptation process** of the individual

The right to health in a sustainable development perspective should be **the modern interpretation of the hippocratic oath** and its relation to all other human rights should be acknowledged

# Conclusions (3)

## Hippocratic oath, modern version (final paragraphs):

I will remember that I do not treat a fever chart, a cancerous growth, but a sick human being, whose illness may affect the person's family and economic stability. My responsibility includes these related problems, if I am to care adequately for the sick.

I will prevent disease whenever I can, for prevention is preferable to cure.

I will remember that I remain a member of society, with special obligations to all my fellow human beings, those sound of mind and body as well as the infirm.

(Written in 1964 by Louis Lasagna, Academic Dean of the School of Medicine at Tufts University, and used in many medical schools today.)

# Conclusions (4)

## Implications for learning objectives in health profession curricula

Train the **holistic gaze based on health as an adaptation process in terms of the Right to Health/other HRs** regarding the analysis of a patient case

Train to view health interventions as a **part of a holistic intervention for improving the fulfillment of HRs in a Sustainable Development perspective which might entail collaboration** with other actors (professionell and lay ones)

**Train to record and analyse information for evaluating the impact and need for revision of intervention mode (both regarding individual health and health at the population/group level) using the Right to Health and applicable SDGs**

**Thank you for your attention!**