Political, Historical and Social Features of the Human Right to Health: A Brief Interdisciplinary Review of the Literature

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Abstract

The consecration of the right to physical and mental integrity at the time of the establishment of the World

Health Organization (WHO) in 1946 and the United Nations Universal Declaration of Human Rights (UN) in 1948 established the human right of access to health. Conversely, the practical guarantee of this right has gone through many nuances since then, so that today the process of its implementation is closely related to the political, historical and social aspects of each country, demanding from the administrative power an interdisciplinary look for this issue. The problem that involves this conjuncture drives the researchers of this field to question themselves: what is the role of the State in this right? What is the performance of health professionals in fact? Is it possible to achieve the universality of human rights in an economically and culturally globalized world? In the light of the above, this narrative review aimed to collect in the literature the scenarios that permeate this reality providing tacit examples of how the human right to health is shaped according to the conjunctures of insertion of each community that tries to implement it

Keywords: public health; access to health; human rights; politics

1. Introduction

In the context of a post-War world, with the fall of Nazism and especially with the lifting of the full evidence of existence, location and practices of concentration camps, humanity in its locus of essence was an emerging and urgent subject. The Nuremberg trial exposed to the world some of the heinous practices committed in the name of improving medical sciences by then Nazi party member Josef Mengele: his fixation on the study of gene correlations between identical twins, for example, are still recurring news nowadays. From this historical scenario derive the two main milestones of human rights in the area of health: the consecration of the human right to physical and mental integrity at the time of the constitution of the World Health Organization (WHO) in 1946 (Figure 1) and the Universal Declaration of Human Rights of the United Nations (UN) in 1948 (Figure 2).

Substantial achievements have been made over the years, initiatives such as the establishment of human rights-based approaches (HRBAs) aimed at ensuring the highest possible health standard for the entire human species. The documentation of the macro regulatory of civil rights of access to culture, in addition to economic, social and political normative guarantees seeks to promulgate the basic constraints necessary to achieve the appropriate health status for all, which generates a conjuncture that favors the right to health, also ensuring professional action in this area by physicians, nurses, nutritionists, physiotherapists, psychologists, among others, who will play their role as representatives of the State in the effectiveness and supervision of this human right (VLASSOFF; JOHN, 2019).

Figure 1. The Interim Commission, which was charged with establishing the United Nations Health Agency that eventually became WHO, discussed the possibility of publishing a journal to promote its work several times at meetings from 1946 to 1948. Source: World Health Organization. Available at <http://www10.who.int/bulletin/volumes/86/Interim-com-group-1946.jpg >

Figure 2. Drafted of the Universal Declaration of Human Rights (UDHR) proclaimed by the United Nations General Assembly in Paris on 10 December 1948. Source: United Nations. Available at <https://www.un.org/sites/www.un.org/files/2015/10/07/universal-declaration-human-rights.jpg>

The HRBAs also assist in identifying the relevance of the entire procedural framework necessary to not only ensure individual health, but mainly of public, community, family and free health prophylaxis. Through the WHO, principles such as participation, responsibility, equality and non-discrimination among

all humans are integrated more assertively and effectively in the field of public health practice as a set of evaluations, analyses, diagnosis prevention and treatment. In turn, these initiatives help to define the priorities of each population group so that the planning and development of social programs becomes easier processes to implement and monitor. The so-called State actors – responsible for the execution of health promotion at the local level – through strategies such as this, end up performing their respective roles in an interchangeable way generating an essential link between the health professional and the community served (MCKINNON et al., 2019; HALL-CLIFFORD; COOK-DEEGAN, 2019).

For this reason, health in a global way is considered today an area of interdisciplinary activity and training that has its beginning still in basic education reaching its apex in academic disciplines encompassing the knowledge of the medicine, natural and social sciences. Concomitantly, in its conceptual path, this interdisciplinarity also derives the fact that health as a matter was not established in a coherent and transversal set, but rather evolved into evidence-based learning, highlighting especially for the epidemiological sector within the Academy. Moreover, this interdisciplinary view of the human right to health resulted in the sharp growth of adherence to movements to fight for the visibility of minorities and this not only in the historical sphere, but also in scientific research boosting empirical direct observation aspects of the abuse situations to which these populations are vulnerable (HALL-CLIFFORD; COOK-DEEGAN, 2019).

However, this emphasis observed in the higher education area loses strength in graduate health courses. In an editorial letter to The Lancet, Rubenstein & Amon states that, for example, an online search for the curricula of 31 universities that have a graduate degree on health and/or public health in Canada, revealed that only 6 offer some discipline of human rights education or health-related rights. This fact is also observed in the U.S. public universities: most likely due to competition for academic curriculum availability and the lack of knowledge, funding and prioritization by rectors. In these institutions there are very similar gaps in relation to teaching in the area of human rights (RUBENSTEIN; AMON, 2019).

2. Access to health and its political nuances

As also as the state of health and the guarantee of access with quality of this service is directly related to the political situation of the country, the literature reports that even before becoming president of Brazil, Jair Bolsonaro already influenced some of the public health strategies in the national territory. Montenegro and collaborators report on the work entitled “Public Health, HIV Care and Prevention, Human Rights and Democracy at a Crossroad in Brazil” that, for instance, the Cuban authorities expressed intention to withdraw from the More Doctors Program (PMM) right after the elections with the news of Bolsonaro’s victory, even before his inauguration, because in several campaign speeches the then candidate cast doubt on the quality of the Cuban medical education, even doing so in a satirical and offensive manner (MONTENEGRO et al., 2019).

In Brazil, access to quality health has always been compromised due to the historical unbalanced concentration of medical teams in coastal and urbanized regions in detriment of regions lacking in human resources; thus, this Program – created during Dilma Rousseff’s government in 2013 and mediated by the Pan American Health Organization (PAHO) - came as a relief for some territories in which primary health

care was sometimes even non-existent and was essential, for example, access to the appropriate treatment of HIV infection in regions such as the Amazon bay and the northeastern hinterland. Besides that, the Program quickly and effectively managed to control epidemic levels of tuberculosis, dengue and to provide rapid response to the Zika virus and malaria outbreak. Moreover, it was also crucial in the basic care in the management of chronic noncommunicable diseases (NCDs) such as diabetes and systemic arterial hypertension (SAH) (RUBENSTEIN; AMON, 2019; MONTENEGRO et al., 2019).

After elected, however, Jair Bolsonaro publicly questioned the training of the program's doctors and demanded radical changes in the international contract mediated by PAHO, motivating the withdrawal of thousands of Cuban doctors who were able to cover about 60 million of Brazilians living in rural and hard-to-reach areas, including indigenous communities. In all, by that time, about 20,000 Cuban officials had been sent who were responsible – as representatives of the State to guarantee the right to health – for bringing medical treatment in more than 3,600 Brazilian cities. In percentage numbers, Cuban physicians were the only health professionals who were present actively in 75% of indigenous territories in the country (RUBENSTEIN; AMON, 2019; MONTENEGRO et al., 2019).

Another strong example of how political issues affect the guarantee of the human right to quality health is the freezing of public spending with the Unified Health System (SUS) in Brazil. Created with the constituent of 1988 (magna letter that established in a legal regime to "health as a universal right and a responsibility of the State"), the SUS became in a few years the largest public health system in the world, having benefited in 2018 about 150 million of people. However, in 2016 constitutional amendment proposal No. 95 (EC 95/PEC 55/ PEC 241) was approved, which puts at serious risk the three decades of universal coverage of the program. This is a law that makes up a package of austerity measures to block all public spending by correcting its annual increase only by the inflation rate for the next two decades (MONTENEGRO et al., 2019).

The freezing of these expenses leads to a direct short- and long-term loss of federal investments, including education and health. In 2019 alone, the budget for the funding of science in the country faces a cut of about 45% and the decline in spending on the SUS is estimated at R$ 415 billion by 2036. The most assertive simulations show that the measure will bring as one of the consequences to public health the increase in infant mortality in Brazil already in the next decade – a situation that had been controlled since the 1990s (MONTENEGRO et al., 2019).

3. A new concept of the right to health

At the same time, in a more universal context, the human right to access health goes through a paradigm in terms of its conceptualization. This is due to the fact that the health of the individual cannot – or should not under any circumstances – be understood as an end in itself, on the contrary, is a concept that needs to be constantly revised and updated in the face of evolution and sociocultural transformations to which humanity is inserted. Some theorists question the validity of the postulation of a universal right to the health field, since healthy individuals within a specific culture can simultaneously be classified as sick in other historical and social perspectives. In view of this, it is questioned that for modern man, what are human rights? For the development of explanatory theory, what are the social determinants of health? What

are the cause and effect relationships these determinants have on a society's clinical and environmental scenario? (HAIGH *et al.,* 2019).

Each of these structures of universal construction contributes to the formation of properties and attributes of the being, of the entity of being endowed with health – which is if not another, precisely what differentiates it within this set. In turn, the attributes of human rights may include the normative conjunctures by which rights mediate relations between society (holders of claims) and the State (holders of social obligations); regulatory scenarios in terms of fundamental principles governing and creating their own structuring structure; and also, the procedural context given that every right implies the questioning and claim of those who feel harmed by the non-compliance with the rule (HAIGH *et al.,* 2019; VENTURA *et al.,* 2019).

In this sense, the normative set can be crystallized in a universal and community vision, but it can also encompass individual contradictions according to the means of insertion and its cultural context where its effector cohort will be made. The specificity of these properties defines – such as a programmed computing model – which systems will be activated and, in the borderline of this abstraction, whether this activation is legitimate or not. In this case, the effector mechanisms of human rights may include the process of generating information as well as its orientation, persuasion, warning and law enforcement itself. Such mechanisms, however, are not always clear enough by those who practice it (giving rise to abuses of law) since their activation depends on the same mechanisms as another subject who will read and interpret this normative. These biases can significantly alter the capacity of the population and society to hold health officials accountable in the event of negligence of this right (HAIGH *et al.,* 2019).

Since the development of human rights in the 1940s, the issue of security and factual implementation of its execution has become imperative for society, especially to minority action groups trying to ensure the protection of these rights in order to improve global public health. Historically, the populism has affinity for social conjunctures, but 70 years later it is still too early to predict how this policy can in fact provide sufficiently impactable subsidies to the population in terms of access to community health. (MEIER *et al.,* 2018).

In recent years the questioning of the human rights *status quo* has come to life again in the face of the growing wave of political radicalism motivated by the unquestionable rise of radical nationalism and the consequent occurrence of racist, xenophobic, anti-Semitic and Islamophobic attacks; in this sense, talking about human rights today is also theorizing about civil rights, especially in the Western world. In general, politicians have radically responded to these virtually inevitable damages from the advent of globalization, provoking a lewd fear of global elites who watch international migration not always in a peaceful way. According to Meier and co-workers in the work "Human Rights in Public Health: Deepening Engagement at a Critical Time", this ethnic nationalism, which sees human rights as an anathema of national identity, damaged the universality of rights, undermining the very foundations of the movement by health and human rights. Moving away from liberal democratic values, radical governments end up violating some of human rights principles by limiting the protection of civil society by suppressing minorities, attacking gender equality, ignoring scientific evidences and, consequently, delaying the advance of public health (MEIER *et al.,* 2018).

4. Conclusion

Sim & Mackie in an editorial for the Public Health Journal reports that, speaking of health and interdisciplinarity, the consequences of the actions of this political, economic and social scenario are exemplified in the case of female athletes who have had to lower their natural testosterone levels to participate in some sports during official events and competitions. Obviously, there is a potential inequality in all professions, and as species and individual, extreme attitudes are often taken in the face of what makes personal and collective success possible and likely. In the case of these sports women this situation requires, according to Sim & Mackie, a serious consideration of all evidence from the point of view of interdisciplinary ethics, human rights, medicine, biochemistry and physiology, before considering inhuman decisions that are not based on a reliable science and that relate excessively to Joseph Mengele (SIM; MACKIE, 2019).

5. Acknowledgement

The authors report no conflict of interest of any kind.

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