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The inextricable link between public health and human rights and threats to progression in far-right populism and neoliberal systems

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Human rights are not the ideals of a good life for humans; rather they are concerned with ensuring the conditions, negative and positive, of a minimally good life.
– Philip Alston[1]

Human rights are based on both moral philosophy and the legal and political processes of society.[2] Ethicists define human rights as the basic rights to which an individual is entitled, simply based upon being human.[3] The World Health Organization (WHO) 1946 constitution recognises "the highest attainable standard of health as a fundamental right of every human being"[4] and the 1948 Universal Declaration of Human Rights states that everyone has the right to a standard of living adequate for health, including medical care and social services.[5] Despite this international agreement that health is a fundamental human right, in 2011, just 25% of national constitutions guaranteed, or aspired to, the right to public health for all their citizens and only 38% guaranteed the right of all their citizens to medical services. Eighty-six countries (46%) did not guarantee their citizens any health protection.[6]

Freedoms associated with a right to health include the right to control one's own body and to be free from interference (such as torture or abuse), while entitlements associated with a right to health include the right to a system of health protection that gives everyone equal opportunity to achieve the highest attainable level of health.[7] Accepting and understanding health as a human right creates a legal obligation for countries to ensure universal access to timely, acceptable, affordable, quality healthcare and to address the underlying socioeconomic determinants of health such as access to safe, nutritious food and water, appropriate shelter, sanitation, education and gender equality. A rights-based approach to health requires prioritisation of policy toward those with the greatest need, thus focussing on non-discrimination alongside equality, with steps to decrease any discriminatory law, practice or policy.[8]

Disregard for human rights, including upholding discriminatory practice, policy or law, can have serious adverse health effects, particularly for those from lower socioeconomic backgrounds, people with disabilities, Indigenous populations, sex workers, substance misusers and those who identify as LGBTQI*.[8,9] A human rights-based approach to health aims to support sustainable development outcomes by addressing inequalities. The core principles of a human rights-based approach are accountability, equality and non-discrimination, and participation.[9] Alongside this are the core elements of a right to health: availability, accessibility and quality including safety, effectiveness, people-centeredness, timeliness, integration, efficiency and equity.[8]

The Universal Declaration of Human Rights (UDHR) and the development of global health governance via the WHO have laid the foundations of human rights in global health over the last seven decades.[10] International human rights law is central to global public health policies, yet on regional levels, governments fail to address the fundamental determinants that underpin health and human rights.[11]

In some countries, the shift has been made from the development of human rights under international law to the implementation of those rights via national and local governance.[10] The American Public Health Association (APHA) is paving the way for bridging the gap between public health and human rights with their new Human Rights Forum, which seeks to increase the capacity of public health professionals to incorporate human rights into mainstream health.[10] In operational practice, this has several branches: political advocacy, human rights litigation and treaty implementation monitoring.[10] The APHA has adopted 84 policies that directly address human rights violations or directly reference human rights principles.[10] As the importance of human rights in public health is gaining more awareness and momentum, the APHA International Human Rights Committee (IHRC) has worked to provide a model for public health practitioners to incorporate human rights into practice.[10]

There is, however, a contradiction inherent in current global political and economic systems that may not truly allow for the operation of human rights theory into practice. The rise of far-right populism observed across the Westernised world of recent years is a real threat to human rights and human rights-based public health. Right-wing populist politicians are defined by a preference for nationalism and seek to undo the common humanity proclaimed by the Universal Declaration of Human Rights.[10]

The political left and right are divided by their views on the right of the individual versus the right of the collective, with democratic progressives favouring the needs of society and the collective, emphasising human rights and equity, and conservative traditionalists favouring the right of the individual, the free market and liberty.[12] It is at this intersection that human rights and public health also collide, for example, the incongruence of free global movement and prevention of infectious disease; the public have a right to be protected from infectious diseases and the individual has the right to movement and liberty.[13] This struggle has been highlighted by lockdown and travel restrictions during the COVID-19 pandemic, separating families and stranding some people abroad.[14] Where does the middle ground lie in terms of public health and human rights and, indeed, with political climates as they currently are, and is it possible to integrate individual human rights and public health entirely? When applying a public health lens, we need to

consider human rights in terms of those for the collective rather than the individual; to do this we need to analyse the causes of public ill health – the social and economic determinants of health.

The development of neoliberalism

Public health theory and practice is informed by the socioeconomic determinants of health: the conditions in which people are born, grow, work, live and age.[13] Thus, the right to health involves addressing these social and economic determinants. But this requires political appetite.

The post-war – largely European – concept of social citizenship conceptualised the idea that all citizens, regardless of wealth or productivity, have a right to certain essential services such as healthcare, education, pensions and unemployment insurance, simply by being a 'member' of a society. Alongside this was acceptance from governments that the state held responsibility for promotion of economic growth. While economies were (and still are) largely based upon a free-market model, many countries established welfare programs and complementary state regulation of the economy.[15]

Modern neoliberalism was globalised in the 1980s, owing to a set of policies implemented by the International Monetary Fund, the World Bank and the United States Treasury Department to aid countries in crisis: the 'Washington Consensus'.[16] The aim of these policies was to stabilise the macro-economies by reducing the role of governments. Part of this, however, involved denigration and defunding of the welfare state, such as health and education, which were viewed as impeding the free market.[16] Thus, contemporary neoliberalism was unleashed. Contemporary neoliberalism is sometimes referred to as 'supercapitalism': an intensely competitive market, unregulated and dependent on consumerism.[15]

Right-wing politicians advocate for the free market in healthcare systems, arguing it is more efficient, cost-effective and thus can deliver health services more effectively. Discounted, however, are the "deleterious effects of market-based approaches for human welfare" argues Chapman, author of *Global Health, Human Rights and the Challenge of Neoliberal Policies*.[15] Welfare reduction significantly impacts on programs that serve as safety nets for the lower socioeconomic groups.[15] Consequentially, Chapman and other scholars argue that neoliberal ideologies are "fundamentally incompatible" with human rights, stating the two are "conflicting paradigms" and argue that human rights advocates should take a strong stance against neoliberalism. Neoliberal policies favour the most socioeconomically advantaged, while human rights prioritise meeting the needs of the vulnerable and socioeconomically disadvantaged. Market-based priority setting is, by its very nature, incompatible with human rights frameworks.[15]

The neoliberal perception of human rights is narrow: acknowledging a limited set of civic and political rights but focusing on the freedom of the individual. Contrary to this, a human rights approach is based upon public goods. When applied to healthcare, this means that health and healthcare are social and public goods rather than commodities at the mercy of the marketplace.[15] Viewing healthcare as a commodity means further societal inequality: removing the 'non-players' who are unable to buy health insurance – the chronically ill, disabled and elderly – owing to higher premiums or outright exclusion.[16] The deregulation of government healthcare systems across the world has led to increased privatisation and provision of only basic services to the lowest socioeconomic demographic.[17] Widening socioeconomic inequality increases crime rates and decreases societal cohesion,[18] both of which further affect individual and public health.[19,20]

Neoliberalism in healthcare: the degradation of human rights in Australia?

In Australia, neoliberal policies were adopted under the Hawke (Labor) 1983–1991 and Keating (1991–1996) leaderships and this impacted on the reform and design of healthcare systems. The essence of neoliberalism in healthcare reform is cost-cutting and this discourse pervades the current healthcare landscape, with frequent observance of terms such as: spending cuts, inefficiencies, downsizing, competitiveness, chopping, difficult choices and justifiable sacrifices. Healthcare is increasingly viewed as a consumer good rather than a public good.[21] Neoliberal economics in healthcare dictates that at both the individual and collective levels, power over life is exerted by the market in a system driven by profit rather than welfare.[17]

While the health system in Australia remains semi-socialist, arguably, neoliberal systems in the Australian politico-economic systems are creating greater inequalities and impinging human rights as per the social determinants of health. Those in lower socioeconomic groups are more likely to suffer ill-health.[22] In a neoliberal health system, the lowest socioeconomic groups are also the least likely to be able to afford healthcare and, consequentially, neoliberalism becomes incompatible with the most basic human rights: the right to life and the right to the "highest attainable standard of health". In short, the very ideology of neoliberalism in society is in conflict with the just distribution of wealth and power and, consequentially, health services for all and human rights equality.[21] Further to this, privatised industries have little incentive to take responsibility for any damage they may cause, particularly to the environment, and this can be significantly detrimental to public health.[23] Nowhere in Australia is health inequity for marginalised groups more observable than in Aboriginal and Torres Strait Islander populations. However, all marginalised populations are affected. The neoliberal agenda has directly affected the health and healthcare of the disabled, causing deprivation, stigmatisation and insecurity. Reducing welfare benefits and strict eligibility criteria mean an increasing number of the disabled and chronically ill are inappropriately forced into employment.[16]

Arguably, we cannot address human rights in health and make healthcare truly equitable without focussing further on the social determinants of health and economic policies that continue to drive inequality both within and between countries. Society will be healthier not only when all people have access to healthcare, but also when the social determinants of health are addressed and individuals are better educated and have improved social and physical environments and increased income.[3]

A rights-based approach to public health

A rights-based approach to public health focuses on addressing the underlying socioeconomic determinants of health to support better, more equitable and more sustainable outcomes.[9] Framing health disparities as a violation of human rights creates obligations for governments to respond; already, some Australian State Governments have responded. In

Queensland, the *Human Rights Act 2019* came into effect in January 2020, which includes the right to access health services without discrimination and stipulating that a person must not be refused emergency life-saving treatment.[24] The legislation, however, offers no further details or rights, such as the right to free-at-the-point-of-service non-emergency care, treatment for chronic conditions and treatment for mental health conditions, nor indeed the socioeconomic determinants of health.[24]

Public health practitioners and policy makers have a significant role to play in ensuring rights-based healthcare. While advocating for human rights and for governments to act as 'duty bearers' – the duty to protect, respect and fulfil human rights – public health professionals can help ensure that every individual is a rights holder who is entitled to the same rights regardless of race, gender, sex, age, language, religion, political standpoint, sexual orientation, disability and more. Public health professionals can ensure their practice is without discrimination and hold others (and themselves) accountable where discriminations are observed.[25] The essence of public health is participation, ensuring every person is enabled, supported and empowered to participate in their healthcare.

Advocacy for movement towards healthcare that is grounded in human rights equates to advocacy for ending socioeconomic inequality and inequity and holding governments accountable for the capitalist systems that impinge on human rights. Human rights and capitalism are increasingly incompatible and, as gaps widen, it is up to those of us with voices to speak out for the disadvantaged and to petition for a world with fairer systems.

> *It means a great deal to those who are oppressed to know that they are not alone. Never let anyone tell you what you are doing is insignificant.* – Desmond Tutu[26]

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