



To eliminate health inequity in societies 消除社會上的健康不公平

醫護行者 Health In Action

The Right to Health and the Sustainable Development Goals Submission to the Office of the United Nations High Commissioner for Human Rights

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Purpose

1. Health In Action is grateful for the opportunity to provide input to the United Nations High Commissioner for Human Rights (OHCHR) for the preparation of its report on Sustainable Development Goals and Health. We have drawn on our experience working with vulnerable communities (in particular refugees, local ethnic minorities, and working poor families) in Hong Kong SAR (China) to share some of our observations and insights on how the right to health rhetoric contributes to the implementation and achievement of the Sustainable Development Goals (SDGs).
2. A key purpose of our submission is to highlight the notion that such contributions are not limited to the implementation and achievement of health-related SDGs only, but to a wider scope of SDGs, through adopting the framework of the social determinants of health.

The Right to Health and the Social Determinants of Health

3. Based on our experience adopting the right to health rhetoric in working with various stakeholders in Hong Kong SAR (China) (including lawmakers, international and local NGOs, the media, and members of the public), we have identified two crucial features of the right to health that often warrant explicit clarification.
4. Firstly, the right to health does not imply the right to be healthy.¹ In our experience, it is not uncommon for people to misperceive that the right to health implies that the state should ensure good health to everyone, which has at times caused confusion or even rejection of the right to health. We found it helpful to clarify this misconception by explaining that the right to health implies that the state should provide an *equal opportunity to be healthy* to everyone, acknowledging the roles of agency and inborn differences between individuals.
5. Secondly, the right to health is not confined only to health care, but encompasses broader social determinants of health, which are conditions in which people can be healthy.² Such determinants include food and nutrition, housing, access to safe and potable water and adequate sanitation, safe and healthy working conditions, and a healthy environment. To explain this concept to stakeholders, we found that the Dahlgren-Whitehead model (sometimes dubbed the “rainbow model”) appeared to be most effective model in delivering the message, due to its clear and intuitive presentation (see figure 1).
6. By articulating the right to health through a social determinants of health framework, the right to health rhetoric could provide a legitimate basis for advocacy in ensuring the protection of other rights, such as housing and food. One illustrative example is the protection of rights of refugees in Hong Kong SAR (China). While the 1951 Refugee Convention, which sets out the rights of individuals who are granted asylum, is not applicable in Hong Kong SAR (China), other international human rights treaties which have recognized the right to health (such as the International Covenant on Economic, Social and Cultural Rights, the Convention on the Rights of the Child, and the International Convention on the Elimination of All Forms of Racial Discrimination) is applicable. Thus, to realize the right to health of those seeking asylum in Hong Kong SAR (China), the government would also have to realize their other rights that constitute the social determinants of health.

¹ OHCHR and WHO. The Right to Health Fact Sheet No. 31. Available at <http://www.ohchr.org/Documents/Publications/Factsheet31.pdf> (accessed on 13 October 2017).

² Committee on Economic, Social and Cultural Rights, general comment N° 14 (2000) on the right to the highest attainable standard of health.



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Applications and best practices

7. In this section, we share some examples of how adopting the right to health rhetoric could facilitate the advancement of the SDGs in our work. We shall first start with the most straightforward health SDG (number 3). Afterwards, and more importantly, we shall highlight application to several other SDGs that may not seem apparently related to health but in fact are closely so.

Table 1. Examples of how the right to health rhetoric facilitates the advancement of SDGs.

Health SDG
<p><u>SDG 3 - Ensure healthy lives and promote well-being for all at all ages:</u> Given the level of development of Hong Kong SAR (China), the right to health rhetoric is especially applicable to the SDG target of reducing premature mortality from non-communicable diseases through prevention and treatment. Our work and research has shown that several vulnerable groups, such as refugees, working poor breadwinners, and ethnic minority elderlies, bear a higher burden of non-communicable diseases than the general population and we have reflected our findings and recommendations to the local government.³</p>
Other SDGs
<p><u>SDG 1 - End poverty in all its forms everywhere:</u> The right to health rhetoric could add weight to the advocacy efforts of eliminating poverty. Our recent research has shown that many working poor breadwinners were unable to access health care services. Their long and inflexible working hours created barriers in accessing public clinics and their low incomes made it difficult for them to access private clinics. Such dimension of poverty has attracted the local media's attention.⁴</p>
<p><u>SDG 2 - End hunger, achieve food security and improved nutrition and promote sustainable agriculture:</u> The right to health rhetoric has been useful in achieving the SDG target of ensuring access by all people, in particular people in vulnerable situations, to nutritious and sufficient food. Prior to 2015, refugees in Hong Kong SAR (China) received state-subsidized food bags once every 10 days, but the quality of food was found to be of poor nutrition value. We joined with other civil society actors in successfully pushing for the government to change its refugee food provision policy to supermarket food vouchers (monetary value at around USD150 per month), which improved refugees' access to nutritious and sufficient food.</p>
<p><u>SDG 4 - Ensure inclusive and quality education for all and promote lifelong learning:</u> One target under this SDG is to ensure that all learners acquire the knowledge and skills needed to promote sustainable development, including the appreciation of cultural diversity. Healthcare professionals in Hong Kong SAR (China) are predominantly Chinese and we have observed that many of them lack cultural sensitivity towards ethnic minority patients, such as unawareness of special dietary practices of certain religions. The right to health rhetoric thus provides an argument to enhance the cultural sensitivity of students who shall become future health care professionals.</p>
<p><u>SDG 5 - Achieve gender equality and empower all women and girls:</u> An application of the right to health rhetoric was in the SDG target of enhancing the use of enabling technology, in particular information and communications technology, to promote the empowerment of women. In our experience, refugee women face multiple barriers in their access to sexual and reproductive health. Therefore we launched a women's health empowerment program for refugees in Hong Kong SAR (China), where we used</p>

³ Health In Action (2017). Hong Kong Council of Social Service Policy Bulletin Issue 23, pages 20-31. Available at http://www.hkcss.org.hk/uploadFileMgmt/0_20171010115219.pdf (accessed on 13 October 2017).

⁴ Oriental Daily news report on 23 September 2017, available at http://hk.on.cc/hk/bkn/cnt/news/20170923/bkn-20170923193734365-0923_00822_001.html (accessed on 13 October 2017).



health and well-being as the theme to enhance the participation and decision-making of refugee women through the use of enabling technology, such as mobile applications to track menstrual cycles.

SDG 8 - Promote inclusive and sustainable economic growth, employment and decent work for all:

One target under this SDG is to achieve full and productive employment and decent work for all women and men. We have adopted the right to health rhetoric when speaking to the government to enhance the employment support services for ethnic minorities in Hong Kong SAR (China).⁵ We highlighted the importance of employment as a social determinant of health, which plays a significant role in the physical, mental, and social well-being of ethnic minorities.

SDG 10 - Reduce inequality within and among countries:

“Inequities in health” is an important form of “inequalities of outcome” that is often less commonly articulated under this SDG. The SDG target of ensuring equal opportunity and reducing inequalities of outcome is well fitted with the right to health rhetoric, both in ensuring the equal opportunity to be healthy and closing the gap of health inequities between social groups, such as across the socioeconomic ladder and between ethnic groups. Health In Action has adopted the right to health rhetoric in advancing our vision of eliminating health inequity in societies across all our work.

SDG 17 - Revitalize the global partnership for sustainable development:

The targets under this SDG on systemic issues encourage and promote multi-stakeholder partnerships across public, private, and civil society sectors. The social determinants of health framework in the right to health rhetoric provides a good platform for cross-sectorial partnership. For example, we have engaged with both the business sector and labour unions to improve the working environment for grassroots workers. In addition, the right to health rhetoric creates a common language for dialogue across parties across the political spectrum. We have worked with lawmakers with different political ideologies in the enhancement of health for all living in Hong Kong SAR (China).

8. In addition to these applications, we believe that the right to health rhetoric is also fitted to address some of the most pressing social problems in Hong Kong SAR (China), such as rising youth suicidal rate, major accidents due to poor occupational safety, and homicides of dependent elderly due to lack of community and carer support. Prevention of such tragedies requires fulfilling the right to health of these vulnerable groups to achieve the highest attainable standard of their physical and mental health. This is in line with the Sustainable Development Agenda of ensuring that all human beings can fulfill their potential in dignity and equality and in a healthy environment.

Challenges and obstacles

9. Despite the above examples of how the right to health rhetoric could enhance the implementation and achievement of different SDGs, our experience also showed that work has not been easy and many challenges remain. Key challenges include the low awareness of human rights in local context, lack of understanding of the right to health, limitations of the social determinants of health framework, and limitations of human rights rhetoric.
10. Firstly, we observed that the overall human rights rhetoric is generally not very well understood in Hong Kong SAR (China) outside of the legal sector and rights activist circle. This refers particularly to the limited knowledge base of international human rights treaties among members of the public. Such low level of awareness has

⁵ Health In Action (2017). Submission to the Legislative Council Subcommittee on Rights of Ethnic Minorities on "Employment support services for ethnic minorities". Available at http://www.legco.gov.hk/yr16-17/chinese/hc/sub_com/hs52/papers/hs5220170213cb2-773-3-ec.pdf (accessed on 13 October 2017).

minimized the potential of a creating a human rights movement that could resonate with a wide audience locally.

11. Secondly, among members of the public who are more familiar with the human rights rhetoric, the International Covenant on Civil and Political Rights (ICCPR) is often prioritized over, or even seen as more “important” than, the International Covenant on Economic, Social and Cultural Rights (ICESCR) which is less well known locally. Hence we have seen a general lack of interest in the right to health.
12. Thirdly, there is little education about the right to health to health care professionals during their training. We have observed that the right to health rhetoric is not immediately familiar with many health care professionals, even if their work is highly relevant to the exercising of this right to many of their patients.
13. Fourthly, the social determinants of health framework is helpful as a concept, yet it requires locally generated evidence to be useful for policy making. There has yet to be a thriving community of academic and/or civil society research on social determinants of health in Hong Kong. Therefore adopting the right to health rhetoric with a social determinants of health framework may not provide a clear solution to problems.
14. Finally, the right to health rhetoric places responsibility primarily on the state, which could limit its potential in implementing and achieving the SDGs if there is high inertia from the government.

Conclusion

Our submission hopes to reaffirm the notion that the right to health rhetoric contributes constructively to the implementation and achievement of the SDGs, including both the health and non-health SDGs. We have recommended adopting the social determinants of health framework and have drawn on our experience in Hong Kong SAR (China) to share case examples of such application, as well as existing challenges that need to be addressed. We wish to highlight that promoting both the right to health and the SDGs could create mutual synergy, as achieving the SDGs would also enhance the right to health for all, resonating with the principle of “leaving no one behind” in the 2030 Agenda for Sustainable Development.

Health In Action was established in 2011 and is a registered non-governmental organization in Hong Kong SAR (China). Our vision is to eliminate health inequity in societies and we firmly believe that health is a fundamental human right for all, irrespective of race, religion, gender or political affiliation. We aspire to drive positive social change through cycles of service, research, and advocacy. Our current target beneficiaries include local working poor families, ethnic minorities, and refugees. Health In Action is a member of the Hong Kong Council of Social Service and is in Special Consultative Status with the Economic and Social Council.

Appendix



Figure 1. The Dahlgren-Whitehead model of the social determinants of health. Adapted from: Dahlgren G, Whitehead M (1991). Policies and Strategies to Promote Social Equity in Health. Stockholm, Sweden: Institute for Futures Studies.