



NURSING MATTERS

Nursing Matters fact sheets provide quick reference information and international perspectives from the nursing profession on current health and social issues.

ICN on Health and Human Rights

"Everyone has the right to a standard of living adequate for the health and well-being... including food, clothing, housing and medical care and necessary social services"¹

Fact Sheet

This key notion is supported by the ICN Code for Nurses, which affirms that the need for nursing is universal and unrestricted by nationality, race, creed, colour, age, sex, politics or social status². ICN position statements³ and resolutions also echo the idea of health as a fundamental human right and a social goal. The World Health Organisation (WHO) goal of *Health for All* seeks the highest attainable standard of health as one of the fundamental rights of every human being⁴.

Yet despite progress in some areas, the goals of the *Universal Declaration of Human Rights* and WHO's *Health for All* remain unfulfilled for millions of people world-wide. One reason is failure to address major human rights issues which are sources of ill-health: poverty, discrimination and social exclusion. As well, human rights violations, such as torture and rape and other forms of violence, are direct causes of injury and death and impact on the health status of populations.⁵

A human rights approach to health

Human rights violations have a negative impact on health. It is therefore inconceivable to separate health and human rights and they need to be integrated into all aspects of health care including, policy, programme planning, implementation, monitoring and evaluation.

The human rights approach imposes a duty on health care providers and governments and legitimises the right of populations to have access to health care. A human rights approach also reinforces the ethical principles of equity, the right to information, individual autonomy, beneficence and not doing harm.

Public health, equity and human rights

The principle of equity or social justice should guide the provision of essential health care. Establishing a human rights approach to health implies the provision of cost-effective public health services to the entire population, including pro-active programmes for protection from health risks and diseases. The principles of primary health care namely, universal accessibility based on need, community and individual participation, multi-sectoral action for health, appropriate technology and cost-effectiveness are vital in linking human rights and health.

HHealth care reform and access to care

Using a human rights approach, health care reform can present a dilemma for health care providers: on the one hand the reform process aims to enhance cost-effectiveness and efficiency; yet reform mechanisms, such as user fees and cost-sharing, may reduce access to care for vulnerable populations.

There is also concern that some reform processes might absolve governments from their duty of providing essential health care and that health may become a commodity, subject to market forces and purchasing power. The result can be unequal distribution of services and erosion of human rights values.

GGender perspectives in health care

Social, economic, political and harmful traditional practices often combine to put women in a disadvantaged position, including poor access to health services. Women's choices and resources to promote their health and well-being are often restricted. Indeed violations of women's human rights such as sexual and other forms of violence, unwanted pregnancies related to rape and trafficking expose them to sexually transmitted diseases including HIV/AIDS.

A "rights" approach which brings the gender perspective into health care provides a starting point for understanding women's health and reproductive rights and addressing inequities.

Strategies for nurses and NNAs

National nurses' association (NNAs), individual nurses and other health care providers must play a leading role in strengthening the vital link between health and human rights and thereby contribute to prevention of disease and enhance equitable access to health care. More specifically they need to:

- develop understanding of the human rights declarations and instruments;
- create awareness about the vital link between human rights and health and the harmful impact of human rights violations on health;
- provide information to the public about access to health services and how best to use them;
- work with the media, human rights groups, lawyers' associations, women's associations and policy-makers to heighten awareness about the 'rights approach';
- use specific examples of human rights violations such as gender discrimination, female genital mutilation and other forms of violence to demonstrate their harmful consequences on health;
- mainstream human rights and ethics education into all levels of nursing curricula;

- lobby for equity and universal access to comprehensive, cost-effective and affordable health care for all people;
- monitor impact of health reform mechanisms such as user fees and cost sharing on access to health care and other social services;
- provide information that protects all people from unethical medical experimentation and exposure to harmful procedures and products.

For further information, please contact: icn@icn.ch

The **International Council of Nurses (ICN)** is a federation of more than 130 national nurses associations representing the millions of nurses worldwide. Operated by nurses and leading nursing internationally, ICN works to ensure quality nursing care for all and sound health policies globally.

TG/1999

References

¹ Universal Declaration of Human Rights, article 25 (1948), New York: United Nations.

² ICN Code for Nurses: Ethical Concepts Applied to Nursing (1973), Geneva: ICN.

³ E.g. refer to the following ICN Position Statements: (1) Publicly funded accessible health services (2) Nurses and human rights (3) Women's health (4) Health services of migrants, refugees and displaced person.

⁴ WHO (1947), Constitution of the World Health Organization, Geneva: WHO.

⁵ Anne-Marie Therese (1998), Health and Poverty: Reaping a Richer harvest.

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