

INTERSECTION 4: BUILDING HEALTH AND HUMAN RIGHTS INTO COMMUNITIES

The importance of creating a “culture of human rights” at the community level is typically discussed in relation to warfare and other forms of official violence. Only rarely do health and other key social and economic rights come into view. Yet it seems clear that commitment by national politicians—without which health will not be prioritized over other pressing individual or social imperatives—depends on strong advocacy in communities. The right to health turns out to be a homeostatic function as well as an interdisciplinary one. Among populations most vulnerable to illness, the capacity for effective grassroots action rests on a constellation of approaches that build local capacity not only to deliver health care and other key services, but also, for example, to ensure household financial security, literacy, and access to the vocabulary of health and human rights, including familiarity with the basic documents, and modes of strategic deployment in the local and national political arenas.

The movement to promote such “intersectoral” community-based approaches to health and human rights is still nascent. It includes initiatives established only in the last decade, such as Village Health Works in Burundi (<http://villagehealthworks.org>), Project Muso Ladamunen in Mali (<http://www.projectmuso.org>), and the Millennium Villages Project (<http://millenniumvillages.org>), which works in ten countries worldwide, targeting investments in agriculture, health, education, and business development. Each of these initiatives embeds a different interrelationship between its elements and works with its own cross-section of local and national institutions, but all see the social fabric of health and human rights

cutting across several different spheres of endeavor and initiative.

These intersectoral initiatives grow out of the hypothesis, perhaps most fully expressed by the economist Amartya Sen, that such goods as economic growth, community mobilization, formal education, and accessible health care must be community based and interconnected, and that together, rights-based approaches and health can have an impact greater than the sum of their parts.¹ This proposition offers a challenging and exciting area for research and action. When intersectoral capacity building is implemented at the community level, are there synergies that do not exist when elements are introduced in isolation? Do they help interrupt the poverty-disease cycle? If such synergies can be shown to exist, how would they be measured?

Assessing the economic and social impact of accessible health care in low-income countries is a complex question and research methods are in their infancy. Other studies are currently underway on the health impact of microenterprise initiatives. When dimensions such as advocacy training in health and human rights are added, these interactions become more complex still. From an operational perspective, community-based initiatives are highly motivated to document and share what they see as the necessary components to pilot and scale up such approaches, but the tools to study their synergistic impact are still in development.

Documenting these approaches to health and human rights—and answering the questions they raise—

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requires multidisciplinary collaboration between political scientists, education scholars, and researchers on social change and health policy. *Health and Human Rights* solicits articles on all these topics, exploring the historical trajectory, current status, and future directions of community-based programs to make the intersection of health and human rights a concrete endeavor and not just a normative objective.

REFERENCES

1. A. Sen, *Development as freedom* (New York: Anchor, 2000).