Global health, human rights, and the law

As educators in health and human rights, we were thrilled to see the recommendation in the Lancet Commission on the legal determinants of health¹ that "Both health graduates and law graduates should be introduced to the basics of international human rights law." Similar calls have been made by several health professional associations² and the truth and reconciliation commissions of various governments (eq, in the Truth and Reconciliation Commission of Canada³). Health practitioners are often closely connected to populations that are stigmatised or discriminated against, including sex workers, people who inject drugs, people with disabilities, and refugees. As a result, they might witness violations of human rights and, on occasion, play complicit roles in such violations. These connections illustrate in part why human rights protection should be considered a core competency among health practitioners, not only in public health, but also clinical medicine, allied health, and nursing.4

Yet globally, human rights education largely remains marginal in graduate schools of health. For example, in an online search of the curricula of 31 schools of health and public health across Canada, only six institutions appear to offer any form of education on human rights or law related to health (good examples of which are the health law degree options run by the Faculty of Health at Dalhousie University, Halifax, NS, and the right to health coursework and training at the Dalla Lana School of Public Health, University of Toronto, Toronto, ON, where the first author is located). A 2012 study of US schools of public health suggested similar gaps, which were due partly to competition for time in student schedules and inadequate faculty expertise, funding, and prioritisation by deans.5 We call on graduate health schools globally to mitigate these gaps by integrating courses, practical training, and programmes into their curricula to ensure that health professionals graduate with basic skills in human rights law related to health.

LF receives funding for health and human rights research from the Canada Research Chair Program, the Canadian Institutes of Health Research, and through her employment as an Associate Professor at the Dalla Lana School of Public Health, University of Toronto. KHK receives funding that supports research related to health and human rights from the Canadian Institute for Advanced Research, the Canadian Foundation for Legal Research, and through her employment as Assistant Professor within the Human Rights Program at Global College, University of Winnipeg. CEB receives funding for health and human rights research from the Canadian Foundation for Legal Research and as part of her University of Queensland Research Development Fellowship Award, and has run paid workshops on the right to health that were open to Queensland policy makers, civil society, lawyers, and the private sector.

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The Lancet Commission on the legal determinants of health¹ helps to highlight the role of the law as a determinant of health and its contribution to advancing global health. Unfortunately, however, the Commission did not address the role of law in advancing the human rights

and health needs of people living in fragile and conflict-affected states.

Globally, almost 350 million people live in extreme poverty in conflictaffected states, and 80% of these states are not on track to meet the Sustainable Development Goals.² Yet the Commission emphasises the creation of legal regimes that work towards advancing equity, equality, and good governance in relatively stable states, while ignoring the role of law in wartorn countries where health and health care is at risk, and hospitals, medical staff, and patients might be subjected to violent attack.3 Among the crucial legal determinants of health are national law (including military law), the capacity for criminal justice against perpetrators, mechanisms for accountability, and adherence to international law by nonstate armed groups.

The report also overlooks laws that undermine health by restricting humanitarian access and criminalising medical care under the guise of counterterrorism.⁴ In Nigeria, the USA has applied such laws that require aid groups to obtain special permission to serve individuals formerly associated with Boko Haram, including anyone kidnapped and held by the group for a period of 6 months or more (ie, those who have suffered the most).⁵

If the Commission's recommendation for an independent commission on global health and the law is to go forward, appropriate attention needs to be given to the needs of people suffering through war and instability.

We declare no competing interests.

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- 2 Samman E, Lucci P, Hagen-Zanker J, et al. SDG progress: fragility, crisis and leaving no one behind. September, 2018. https://www. odi.org/publications/11194-sdg-progressfragility-crisis-and-leaving-no-one-behind (accessed Sept 23, 2019).