Summary of Session

The session brought together leading figures from the often disparate communities of women’s rights, the right to health, HIV/AIDS, and the health workforce, to engage in discussion on the challenges underpinning discrimination in health care and the imperative, as well as opportunity, for action.

A hundred participants, including representatives from governments, international organizations, academic institutions, and civil society, joined the session. Prominent in the discussion was the need to learn from the success of the AIDS movement and to similarly expand voice, participation and accountability in the work towards advancing universal health coverage; to better appreciate the close link between the fulfilment of the rights of health workers, including labour and employment rights of community health workers, and that of health care seekers; and to build partnerships across sectors and communities, at local, subnational, national, and global levels, as necessary to meaningful action towards addressing discrimination in health care. Ongoing work towards generating evidence on interventions effective in reducing HIV-related stigma and discrimination, as well as work towards a joint UN interagency statement on eliminating discrimination in health care, was shared.

The session concluded with agreement to continue to build political momentum and partnership in the area, including a call for participants to engage in the agenda for zero discrimination in health care.

A voice recording of the session is available at: https://www.dropbox.com/s/f2d88xhpustfq2/rec0201-144119.mp3?dl=0

Speakers
James Campbell, Director, Health Workforce Department, World Health Organization;
Jim Campbell introduced the session, including its purposes, underlying context, and speakers. He pointed to the importance of understanding the health systems as a social institution, with health workers serving as the connection between policy and practice. Jim pointed to the fact that while health workers are important duty bearers, they themselves often face stigma, discrimination, and violence in health care settings. He set the scene for the ensuing discussion by calling for the realization of both the rights of the population and that of health workers.

Dainius Pursas, the UN special rapporteur on the right to health, commended the important work of his predecessors in developing the analytic framework on the right to health. He contrasted his own policy approach to advancing the mandate. Dainius pointed to the fact that discrimination does not simply occur in law but also in the implementation of health and health policy. He spoke to the complicated relationship between medicine and human rights, with the biomedical approach and medical education often conflicting with human rights. He also pointed to the dual loyalty that health workers are challenged with; loyalty both to their patients and to inform the state (e.g. illegal migrants). He pointed to the value of a human rights based approach, including its potential to transform the biomedical approach and health professional education. He similarly spoke to the importance of health professionals in addressing discrimination, urging professionals to make the connection between communities and policy makers.

Sarojini Nadimpally placed the challenge of accessing health services for Adivasi women in India within the broader neo-liberal economic construct. Emphasizing intersectionality and the compounding nature of discrimination, she highlighted systematic maternal deaths among a population of Adivasi women (with 44 maternal deaths occurring in a period of three months). She additionally emphasized that as we look to improving women’s health, we must also look to who provides them service. Here she identified ASHA workers / community health workers, often the lowest rung of health providers, as central to delivering care to rural and marginalized populations. Despite their significant responsibilities, Sarojini pointed to the contribution of ASHA workers not being appropriately recognized or rewarded. As illustration, Sarojini pointed to a scheme in India through which ASHA workers are to be paid one rupee for every packet of sanitary napkins that they sell. In addressing discrimination, Sarojini emphasized the importance of ensuring appropriate recognition and decent working conditions for ASHA workers, including paid employment, as opposed to a system that devalues and demeans their contribution.
Suparoek Srikham, director of a rural hospital in Thailand, spoke to her own experience with gender identity and its role in the work she is currently engaged in. She spoke to her own family’s acceptance of her identity and their role in giving her purpose to provide service for those most vulnerable. She spoke to the creation of family care teams as a means to bridge the gaps between communities and the hospital. She also called for political and financial commitment from all stakeholders to expand support for those vulnerable.

Sigrun Mogedal reflected on the learning from the beginnings of the Alma Atta movement and that of the AIDS movement. She contrasted the loss of the community participation and voice in the primary health care movement, with that of the AIDS movement where voice, participation and accountability remained central. She emphasized that without the voice of activism constantly pushing against walls of structure we would not make gains in the area. Sigrun additionally highlighted fragmentation across the communities interested in gender, disease specific topics, and human rights, as often created by donors, national policies, and the desire for quick results. Sigrun emphasized the need to build partnerships across the various communities, including engaging health care providers, labour unions and professional associations. She particularly emphasized the need for community-based health providers to be seen as part of the system, as opposed to a playground for delivering quick results. She also spoke to the need for literacy training for global partnerships in order to better addressing discrimination in health care.

Brianna Harrison identified discrimination as a social justice issue, with discrimination undermining access to health services and creating new vulnerabilities. She pointed to the SDGs as presenting both a challenge and opportunity to tackle discrimination in health care. She, particularly emphasised the need for better measurement of stigma and discrimination. Brianna pointed to UNAIDS and WHO’s collaboration around the Zero Discrimination in Health Care Agenda. She pointed to a forthcoming joint inter-agency statement that builds on existing evidence and seeks to get UN partners to speak with the same voice in calling for tangible actions to address discrimination in health care. These actions include work towards repealing discriminatory laws; ensuring that rights of both health workers and the population are fulfilled; and that monitoring, accountability and systems of redress are strengthened. Brianna also spoke to the need to invest in health workers, supported by strong law, policies, and professional standards.

Evelyn Rodriguez presented a systematic review currently being conducted by the US Centers for Disease Control and Prevention to strengthen the quantitative understanding of interventions effective in addressing HIV-related stigma and discrimination. Evelyn spoke to the importance of definitions, as well as the diversity of scales and measures. She also provided a good practice example where the affected community constituted the health workforce that delivered care. She additionally emphasized the need to both hold health workers accountable and to ensure they have appropriate working conditions and tools.
A wide-ranging discussion with meeting participants ensued, including questions and responses related to safety nets and means of redress for those most vulnerable; means through which the primary health workforce can empower the community; and the importance of the health workforce reflecting the population it seeks to serve.

Jim Campbell called on participants to continue to take the work forward, including through participation in the agenda for zero discrimination, through tangible actions towards building on the evidence, advocacy, and the promotion of human rights. He concluded the session by emphasizing the message that we must understand the health system as a people business. He called for the employment rights of health workers to be protected, so that the moral hazard they experience is reduced, and that they can serve as our agents and champions of change.