

Researchers develop method to ensure human rights in public health services

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When measuring the success of public health work—from immunizations to family planning services—experts rely on sets of standardized indicators. But these indicators often neglect the voices and human rights of people who use the services, according to USC researchers.

The USC Program on Global Health & Human Rights and the World Health Organization (WHO) developed a new methodology, published by *PLOS ONE*, to determine the extent to which commonly used public health indicators capture human rights concerns.

"Health practitioners, researchers and policymakers are looking for ways to ensure their work is sensitive to inequalities and that they are truly serving the people they intend to reach, and this is one of those ways," said Sofia Gruskin, director of the Program on Global Health and Human Rights, and lead author of the study.

Indicators are considered a vital component of any public health initiative—they provide guideposts to steer research and evaluate a program's performance and impact in relation to its goals.

"This is the first effort to identify indicators, select the ones that reflect people's experiences and provide a rigorous method of analysis to ensure that human rights are considered and people's voices are heard when decisions are made regarding what services will be strengthened or prioritized," said study co-author Laura Ferguson, assistant professor of [preventive medicine](#).

Key test case

The researchers used contraceptive services and programs as a test case for creating the methodology. In November, they launched a tool based on their findings with the WHO. The document guides countries looking to strengthen human rights efforts in their contraceptive services

and programming.

With support from WHO and an expert advisory group, the researchers created an analytic framework that helps sift through—and evaluate—indicators, from the quantitative (e.g. contraceptive prevalence rate) to the qualitative (e.g. contraceptive user satisfaction with services) to the political (e.g. whether the government ensures access to contraceptive information and services).

From the hundreds of commonly used indicators, they identified approximately 40 that could be used to monitor human rights concerns in public [health](#) work. They also pinpointed gaps where additional indicators are needed to capture certain human rights dimensions and ensure people's voices will be heard in determining if services are effective.

Shubha Kumar, assistant professor of clinical preventive medicine, and Alexandra Nicholson, program administrator for the Program on Global Health and Human Rights, also contributed to the study.

Provided by University of Southern California

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