

## Rights-based approaches to improve people's health in Peru



Peru is challenged by poverty, discrimination, and inequity, including starkly different morbidity and mortality rates and a high prevalence of avoidable illnesses and deaths in people who are poor, indigenous populations, and excluded groups.<sup>1,2</sup> Raising the importance of the right to health as a core obligation to be fulfilled and implementing rights-based approaches within health-sector development in Peru has proven helpful to tackle these challenges. Rights-based approaches, and their principles of inclusion, participation, and fulfilment of obligation, tackle the underlying causes of poverty and disadvantage, and work in partnership with a wide range of stakeholders to address these causes.

Although there have been remarkable advances in the provision of health services in the past 15 years,<sup>3</sup> citizens, health workers, and policy makers in the Peruvian health system have a limited understanding of health rights. Services still have serious limitations in their respect for culture, citizenship, or equity in terms of race, age, and gender.<sup>4,5</sup> Moreover, mechanisms are poor for holding state officers and health systems accountable for health rights. Against such a background, public policies and the way they are implemented are important in realising health rights.<sup>6</sup>

In recent years, there has been an increasing understanding of the vital role of citizens' participation in ensuring legitimate, inclusive, and sustainable social policies. The World Bank's 2004 *World Development Report*, and a related 2006 report<sup>1</sup> on the social sectors in Peru, stressed the importance of key relations between policy makers, health providers, and citizens or health-service users in health-service performance, in what the World Bank refers to as the triangle of accountabilities and responsibilities. The reports emphasised that citizens and civil-society networks are paramount in influencing health-policy making (what the World Bank calls the long route of accountability) and the performance of health providers (the short route of accountability). Improvements in the health of people who are poor and marginalised in countries with high inequity will not be achieved by technical interventions alone. Substantial and sustainable change will only be achieved if people who are poor have greater involvement in shaping health policies, practices, and programmes, and in ensuring that what is agreed happens.

Over the past 7 years, the role of Peruvian civil society in health has been strengthened in conceptual and organisational terms. ForoSalud, a civil-society network established in 2002, has become an important space for dialogue and consensus building.<sup>7</sup> ForoSalud has contributed to a new vision of health policy—a vision that is different from the excessive focus on supply-side and technobureaucratic approaches towards efficiency and extension of health-services coverage of the past decade's health-sector reform—to establish health as a universal right.<sup>8</sup> This establishment of a right to health has, in turn, meant prioritising the need for good-quality health services that should reach people who are the poorest and most excluded—the estimated 40% of the overall Peruvian population with no access to health services<sup>3</sup>—as well as establishing citizens' participation in health-policy decision making at national and regional levels, and setting standards for social surveillance of health policies and public health services.

Major advances have been made in the past 4 years towards this vision. Working with a range of allies, including CARE, ForoSalud has developed the capacity of citizens to participate in the formulation of health-policy proposals, by bringing their voice to policy design and public debate via the construction of bottom-up approaches.<sup>9,10</sup> Policy proposals have been presented in public dialogues in most of the country's 23 regions, and in diverse national and regional "invited spaces" in which ForoSalud has succeeded in including several proposals in regional health policies. (Those are spaces created by government for policy analysis and consensus building; "invited" to differentiate them from autonomous discussions by civil-society networks of policy analysis and debate.) ForoSalud has also been involved in passing and supporting laws on the rights of health-service users and on extending citizen-participation models for the management of health facilities in primary care.<sup>10</sup>

At the regional and local levels, ForoSalud has supported the development of accountability mechanisms for citizens' and civil-society groups, including the promotion of citizens' surveillance of health services in the regions of Piura in the north and Puno in the south. These programmes have linked female community leaders—including Quechua and Aymara leaders in Puno—to regional offices of the human-rights

Published Online  
December 10, 2008  
DOI:10.1016/S0140-6736(08)61785-7

See Online/Editorial  
DOI:10.1016/S0140-6736(08)61814-0

See Online/Right to Health  
DOI:10.1016/S0140-6736(08)61781-X



**Gloria Corimayhua**  
Community leader from Huancané, Puno, Peru, presenting health priorities of her community to Peruvian Ministry of Health officers and general audience at Third National Health Conference organised by ForoSalud. Lima, Peru, July 12, 2006.

ombudsperson to monitor women's health rights, particularly for good-quality and appropriate maternal health services. This process has promoted positive developments, including improved attitudes on the part of health-service providers towards women who use the services, and better responsiveness of services to the needs of poor people.<sup>11</sup>

CARE's and ForoSalud's experience and results stress the importance of working with alliances and civil-society networks as a prime means of pressing for the transformation of state structures. Rights-based approaches promote a better understanding of vulnerability as a structural issue, a vulnerability that derives from and results in inequitable power relations in society. Through new ways of working with both rights holders and duty bearers, rights-based approaches tackle unjust power relations and discrimination, to implement systems and mechanisms that ensure all actors are accountable in their core obligations towards health rights.<sup>12</sup>

Improving citizenship and governance complements key innovations that are state-driven, such as the use of right-to-health indicators to evaluate integral and comprehensive health-systems performance. This process demands not only constructing political will, but also improving the technical skills of public officers and service providers.<sup>6</sup>

The key lesson from Peru is the need to work in parallel not only with the supply-side of rights (authorities, health providers, and politicians) but also with the demand side (organised empowered citizens with greater capacity to demand and negotiate their rights).

\*Ariel Frisancho, Jay Goulden

CARE Perú, Jesus María, Lima 11, Peru  
afrisanchoarroyo@yahoo.es

We thank Paul Hunt for comments on an earlier draft. AF has been elected as an individual member of ForoSalud's Directorate. JG declares that he has no conflict of interest.

- 1 Cotlear D, ed. A new social contract for Peru: an agenda for improving education, health care, and the social safety net. A World Bank country study. January, 2006: 110–12. <http://web.worldbank.org/WBSITE/EXTERNAL/COUNTRIES/LACEXT/0,,contentMDK:20823300~pagePK:146736~piPK:146830~theSitePK:258554,00.html> (accessed Nov 26, 2008).
- 2 UN High Commissioner for Human Rights. UN Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health. March 11, 2008. [http://www2.sx.ac.uk/human\\_rights\\_centre/rth/docs/3pagerupdate%2003%2008.doc](http://www2.sx.ac.uk/human_rights_centre/rth/docs/3pagerupdate%2003%2008.doc) (accessed Nov 22, 2008).
- 3 Peruvian National Institute of Statistics and Informatics (Instituto Nacional de Estadística e Informática—INEI). National Demographic and Health Survey (ENDES ) 1996, 2000 and ENDES Continua 2004–2006. August, 2007. <http://www1.inei.gob.pe/biblioineipub/bancopub/Est/Lib0733/Libro.pdf> (accessed Nov 24, 2008).
- 4 Amnesty International. Peru: poor and excluded women. Denial of the right to maternal and child health. July 11, 2006: 21–30. <http://www.amnesty.org/en/library/asset/AMR46/004/2006/en/dom-AMR460042006en.pdf> (accessed Nov 20, 2008).
- 5 Physicians for Human Rights. Deadly delays: maternal mortality in Peru. A rights-based approach to safe motherhood. 2007. <http://physiciansforhumanrights.org/library/report-2007-11-28.html> (accessed Nov 20, 2008).
- 6 Frisancho A. Looking for more inclusive and sustainable health policies: the role of participation. In: Cholewka P, Motlagh M, eds. Health capital and sustainable socioeconomic development. Florida: CRC Press, 2008.
- 7 Eyben R, ed. Relationships for aid. London: Earthscan, 2006: 124–27.
- 8 UK Department for International Development. Alliances against poverty: DFID's experience in Peru 2000–2005. 2005. <http://www.dfid.gov.uk/pubs/files/peru/Alliances-Against-Poverty-full.pdf> (accessed Nov 18, 2008).
- 9 Arroyo J. ForoSalud: Memoria de una experiencia de construcción de sociedad civil 2000–2004. Lima, Peru: ForoSalud, 2007.
- 10 Suyama B. Mutual accountability in aid relationships: making aid work for the poor. CARE International UK. London. Aug 7, 2008: 16–17. [http://www.careinternational.org.uk/aid\\_policy/mutual\\_accountability](http://www.careinternational.org.uk/aid_policy/mutual_accountability) (accessed Nov 22, 2008).
- 11 Potts H. Accountability and the right to the highest attainable standard of health. 2008. [http://www2.essex.ac.uk/human\\_rights\\_centre/rth/docs/HRC\\_Accountability\\_Mar08.pdf](http://www2.essex.ac.uk/human_rights_centre/rth/docs/HRC_Accountability_Mar08.pdf) (accessed Nov 20, 2008).
- 12 UK Interagency Group on Human Rights Based Approaches. The impact of rights-based approaches to development: an evaluation-learning process. Bangladesh, Malawi and Peru. December, 2007. [http://www.crin.org/docs/Inter\\_Agency\\_rba.pdf](http://www.crin.org/docs/Inter_Agency_rba.pdf) (accessed Nov 22, 2008).