



Innovations in Governance

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2016 research from the University of Saskatchewan has raised the profile of stark inequity in health outcomes among regions and population groupings in Saskatchewan, a situation mirrored in other provinces. Access to health care services is only one factor impacting health status, but the complexity of federal, provincial, regional and tribal jurisdictions involved in providing health care services has sometimes made it difficult to identify accountability relationships in this area, in particular accountability to patients and the public. As health care decision-making increasingly reflects rationing and restricting of public health services, citizens lack influence to prevent retrogression against current health commitments and exacerbation of health inequity. The situation demands clear accountability for health outcomes, public participation in priority setting, legal support for procedural fairness, protection of vulnerable groups, and a broad sense of the social transformation required to address health inequity. These components are all part of a human rights-based approach to health. Substantial research takes place in Canada on health and health system improvement, but studies connecting health explicitly to the international framework of human rights are few. In this paper I will survey how contemporary international scholarship in law and public health has helped to shape an understanding of human rights as an optimal framework for advancing action on health equity and accountability in health care. I will propose that a health and human rights framework provides useful tools to support assessment and frame discussion between citizens and duty-bearers for greater equity in health.