Social Cash Transfer Policy as a Means to Realize a Human Right to Health in the Developing World

Paul Henry Brodish, MSPH,* Benjamin Mason Meier, JD, LLM, PhD & Sudhanshu Handa, PhD
Department of Public Policy, University of North Carolina at Chapel Hill

Introduction

- The human right to the highest attainable standard of health necessitates socioeconomic development to realize underlying determinants of health.
- Focusing on poverty as a fundamental underlying determinant of poor health, development policy has shifted from national-level development to individual-level development, most recently exhibited through the recent rise of social cash transfer (SCT) policy.
- In prioritizing SCT policy and structuring accountability for its realization, a human rights framework provides normative guidance in framing development policy.

Objectives

- As a means to assess the human rights implicated by SCT policy, this study:
  - investigates the potential of SCTs to alleviate deep poverty and promote health in developing countries
  - establishes a theoretical framework for applying SCTs to realize a rights-based approach to health by addressing underlying determinants of health.

Methods

- Through legal, policy, and epidemiologic analysis, this research examines a human rights framework to promote development and its end goal – individual capability for health.

Social Cash Transfers (SCTs)

- SCTs are emerging as important social protection instruments to mitigate the effects of poverty, build human and physical capital, and promote equality.
- SCTs serve to:
  - Protect basic levels of consumption to meet nutrition and health needs;
  - Facilitate investment in human and other productive assets to mitigate the effects of and allow escape from persistent, intergenerational poverty;
  - Strengthen the agency of those in poverty so they can move out of it.
- SCTs in sub-Saharan Africa (SSA) include:
  - South Africa’s Child Support Grant (CSG)
  - Smaller programs in Ghana, Kenya, Malawi, Mozambique, Tanzania, Ethiopia, and Zambia.
- In SSA, donors and aid agencies have advocated strongly for the expansion of cash transfers to mitigate the impact of AIDS on orphans.
- In comparison with conditional cash transfers, SCTs provide similar health outcomes with:
  - Lower administrative costs
  - No conditionalities potentially harmful to rights-based capability.

Social Determinants of Health

- The primary determinants of health are the social, economic, and political conditions in which people live.
- Recognizing that proximal interventions alone are unlikely to alter population health outcomes, policy has come to focus on these underlying, distal health determinants – the “causes of the causes.”
- A fundamental structural health determinant across the developing world is extreme (deep) poverty, which is:
  - a toxic stress, increasing the risk of physical and mental illness and cognitive impairment into adulthood
  - commonly intergenerational and intractable.
- Social protection becomes necessary in the context of deep poverty, where adults are unable to provide household environments supportive of childhood development.

Human Rights and SCT Policy

- Under a capability approach to human rights, SCTs can be viewed as a human rights obligation—at the intersection of the right to development and the right to health—with this rights-based approach to development policy serving as a means to support individual capability.
- This ‘capability approach’ frames development policy as a means to expand freedom, as both the primary end and principle means of public policy, seeking to remove barriers to freedom that leave people with little choice or opportunity to exercise their reasoned agency.
- Cash transfer policies facilitate individual health agency through social protection,
  - maintaining a minimum standard of healthy living in the face of economic shocks,
  - empowering individuals to meet the health and welfare needs of themselves and their children, and
  - removing financial barriers to freedom that leave individuals without opportunity to realize their capabilities.
- With conditional cash transfers limiting capability for individual health, the agency achieved through SCTs is instrumental to health capability and thus both a means and an end of rights-based development policy.

Conclusions

- SCTs can be central to an individual’s ability to function, providing maximum freedom without agency-diminishing conditionalities.
- Meeting rights-based obligations for the realization of SCT policy, a national strategy plan should fulfill the individual resources necessary for household consumption, assuring that necessary cash transfers are available, accessible, acceptable, and of sufficient quantity.