



Research article

Health and Human Rights Nexus: A Bibliometric Analysis

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ABSTRACT

This research aims to explore how human rights have been blended into health literature over time. The time frame of the reviewed literature was 1963 to February 2022. We retrieved the bibliometric dataset from Scopus. After compiling and processing the dataset, we finally got 5,458 documents on health and human rights issues. We used the open-source visualization software package Vos viewer 1.6.18 to process and analyze the data. The visualization focused on the top authors, most influential publications by citations, and most productive countries. The lexical network analysis shows that 'public health', 'HIV/AIDS', 'mental health', and 'ethics are frequently associated words with 'human rights. The USA, UK, Canada, and Australia are the top four countries dominating the field. Collaboration among the developed nations is much higher than among the world's developing countries. The University of Toronto, the University of British Columbia, and the University of Western Ontario are the top three organizations in Canada leading research on health and human rights issues based on citations. However, if we consider the publication's growth, the USA ranked first. Human rights have been perfectly blended in health literature, but a large gap exists in their spatial distribution and in making collaboration. Strong north-north and very weak south-south pattern in research collaboration are evident in visual effects that demand strong attention for future research.

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Introduction

The World Health Organization declared in its Constitution in 1948 that "Health is a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity and that the enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, political belief, economic or social condition. Enjoyment of this right is vital to all other aspects of a person's life and is crucial to realizing many other rights" (WHO, 2017). Hence the right to health is crucial for the realization of other human rights. Human rights refer to undeniable and fundamental rights that a person inherits as being a human (Peled-Raz, 2017). Violation of human rights has profound health implications (Mann, et al, 2002). Through the UN Universal Declaration of Human Rights, the United Nations brought health and human rights together (Arulkumaran, 2017).

Medical law and public health law are incapable of safeguarding patients in need from anecdotal mistreatment worldwide (Peled-Raz, 2017). Human rights are being violated in different forms while accessing or seeking health

care. The world Medical Association in Tokyo Declaration committed that the physician shall not countenance, condone or participate in the practice of torture or other forms of cruel, inhuman, or degrading procedures. Nor shall they provide any premises, instruments, substances or knowledge to facilitate such practice (World Medical Association, 2006).

Despite this strong commitment, the UN Human Rights Committee found severe patient abuse in a health care setting, even in those countries that have developed legal and regulatory systems (Care Quality Commission, 2011). Jonathan Mann, the proponent of rights-based approach to health, advocated for realizing health as a human right in public health to enhance the accessibility to the poor (Gruskin et al., 2007). Being an administrator of WHO, he realized the non-cooperative attitude of the developed world in dealing with the burning health issues of the developing world, like combating AIDS in Africa (Gruskin & Daniels, 2008). His rights-based approach to health was an effort to design a health system that would incorporate

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the human rights norms (Mann et al., 2002). Establishing health access as human right could assure legal protection against any health rights violation. The disease prevalence and health system differ in a broader range across the world. The neglected tropical diseases which include leishmaniasis (kala-azar), onchocerciasis (river blindness), Chagas' disease, leprosy, schistosomiasis (bilharzia), lymphatic filariasis, African trypanosomiasis (sleeping sickness) and dengue fever. Malaria and tuberculosis are also considered as neglected diseases (OHCHR, 2008). They are termed "neglected" because, despite their high prevalence, these tropical diseases fail to attract global funding for effective treatments and receive little priority in the current global health agenda.

If the research on treatment is underfunded and the developed nations only think of their priorities, the health needs of the poorer nations will be at stake. Health issues must be treated on humanitarian grounds; otherwise, world health will be in danger (Zeid, et al, 2015).

The recent pandemic introduced human rights and health differently. As for instance, isolation for the infected was simply a violation of human rights. However, it must be done to check the infection. The countries had no option but to go for an extensive lockdown to slow down the transmission, which was a violation of freedom to move and enjoy life (UN, 2020).

Under this background of flipped part of health and human rights, a deeper understanding on the implication of health and human rights is timely and significant in the academic and policy arena. Effective participation of people in the formulation of health strategy and transparent accountability of the implementing authority are two main pillars of the Human Rights- Based Approaches (HRBAs), which could assure equity in accessing health (Chowdhury and Osmani, 2010). The rights-based health system needs efforts in advocacy, application of legal standards, and public-health programming (Gruskin et al., 2007). This bibliometric analysis aims to study how health and human rights co-exist in literature. Bibliometric analysis statistically analyzes articles, books, and other publications. The goal of bibliometric analysis is to assess the productivity and influence of authors. Visualizing bibliometric data can aid in understanding the connections between various publications. Through bibliometric analysis, we sought to uncover the correlation between 'health' and 'human rights' using network analysis techniques. Temporal network analysis depicts the evolution of publications over time concerning the intersection of health and human rights. Spatial network analysis highlights the countries that are prominently engaged in these issues. Additionally, lexical network analysis elucidates how these two subjects intersect with other terms. These two terms complement each other and should be considered in tandem from a policy standpoint.

Materials and Methods

To find out the co-existence of the two terms 'human rights and 'health', the authors systematically searched data using Scopus, a well-known and frequently used search engine. The data was retrieved on 3rd March 2022. The search key incorporated different health system components to identify the link between 'health' and 'human rights'. The search was limited to social science and humanities, and the language had been confined to English. The search key was:

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TITLE-ABS-KEY ( ( health AND human rights ) ) AND (
LIMIT-TO ( DOCTYPE,"ar" ) OR LIMIT-TO (
DOCTYPE,"cp" ) OR LIMIT-TO ( DOCTYPE,"re" ) OR
LIMIT-TO ( DOCTYPE,"ch" ) OR LIMIT-TO (
DOCTYPE,"bk" ) OR EXCLUDE ( DOCTYPE,"cp" ) OR
EXCLUDE ( DOCTYPE,"bk" ) AND ( LIMIT-TO (
SUBJAREA,"SOCI" ) OR LIMIT-TO
(SUBJAREA,"ARTS" ) OR EXCLUDE (
SUBJAREA,"ARTS" ) OR EXCLUDE
(SUBJAREA,"PHAR" ) OR EXCLUDE (
SUBJAREA,"AGRI" ) OR EXCLUDE
(SUBJAREA,"BIOC" ) OR EXCLUDE (
SUBJAREA,"CENG" ) OR EXCLUDE
(SUBJAREA,"COMP" ) OR EXCLUDE (
SUBJAREA,"ENER" ) AND (LIMIT-TO
(LANGUAGE,"English")
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Scopus retrieved 5675 published materials, including journal articles, book chapters, and review papers. The data was then checked manually to exclude the irrelevant ones. As human rights were the keywords here, other social problems related documents were also retrieved like a child, gender, and ethical issues. We excluded the irrelevant documents and found 5458 documents, including 4516 articles, 287 book chapters, and 655 review articles. The duration of the yearly publication was from 1963 to 2022. The lower bound of the time frame had been kept open to find out the temporal distribution of research on health and human rights. Open-source visualization software VOS viewer version 1.6.18 has been used for network analysis.

Results

Temporal Network: The annual growth of publications on health and human rights varied wider. The temporal network depicts that the first article was published on health and human rights in 1963. The growth was slow up to 1987; research gained momentum, picked in 2008. The growth of publication continues to rise, and with the break of COVID 19, human rights violation has been studied as a tool to safeguard against disease transmission. COVID-19 situation pushed the human rights acts into acute crises, especially for the poorer families. They have weaker coping capacity and ask for restructuring public health response to safeguard their life and livelihood in such unexpected health emergencies (UN, 2020). Figure 01 presents the annual scientific production on health and human rights.

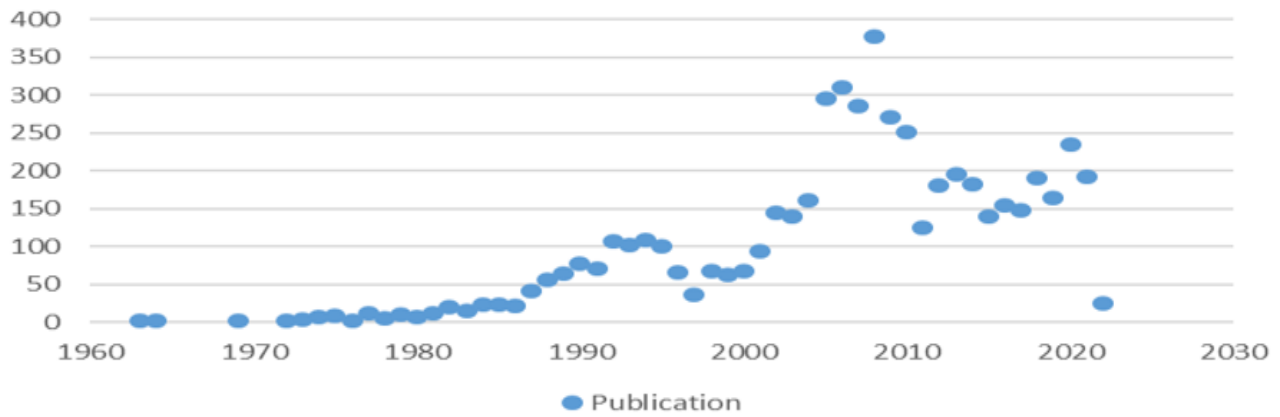


Figure 1. Annual Scientific Production on Health and Human Rights

Source Network:

If we look into the source of literature on health and human rights, journals dominating the field are from the USA and UK. Health and Human Rights published the highest documents on health and human rights whereas these two issues are also highlighted in Health Education

Research and Nursing Education Today. Health and human rights have also been emphasized in Aging and Social Policy, and the spatial dimension of ‘health’ and ‘human rights’ has been tinted in Health and Place. Table 01 represents the top productive journals and their impact factors that represent their influence in the field.

Table 1: Most influential journals

Journal	Documents	Publisher	Impact Factor (2022)
Health and Human Rights	337	Harvard	1.552
Health Education Research	224	University Press Oxford University	1.538
Nurse Education Today	202	Press Churchill	3.442
Health Promotion International	177	Livingstone Oxford University	2.483
Aging and Social Policy	128	Press Routledge	2.283
Accident Analysis and Prevention	119	Elsevier Ltd.	4.993
Health and Place	115	Elsevier Ltd.	4.078

Source: Authors’ compilation

Review papers lead here if we look for the most influential paper based on the citation. If the citation of literature is 100, that is considered a ‘classic’ or ‘super cited’ paper (Priovashini & Mallick, 2022). Here table 02 presents five super cited papers. The papers published in Health Promotion International put up the link between nature and health, which has 684 citations, and the authors are from

Australia. In contrast, the second one is on HIV/AIDS stigma published in AIDS Education and Prevention. The third and fourth highly cited papers are on spatial access to health care published in Health and Place, and the authors are from the USA. The fifth one is on obesity and is published in Future of Children and authored by research from Harvard School of Public Health.

Table 2: Most influential papers

Document Type	Author and Year	Title	Source	Citations
Review	Maller et al., (2006)	Healthy nature healthy people: 'contact with nature as an upstream health promotion intervention for populations	HealthPromotion International	684
Review	Brown et al., (2003)	Interventions to reduce HIV/AIDS stigma: What have welearned?	AIDS Education andPrevention	581
Article	Luo and Qi, (2009)	An enhanced two-step floating catchment area (E2SFCA) method for measuring spatial accessibility to primary care physicians	Health and Place	459
Article	Wang and Luo (2005)	Assessing spatial and non-spatial factors for healthcare access: Towards an integrated approach to defining health p rofessional shortage areas	Health and Place	366
Review	Lindsay et al., (2006)	The role of parents in preventing childhood obesity	Future of Children	352

Source: Authors' compilation

Spatial Network

Considering the number of publications on 'health' and 'human rights' and their citations, we can find the

acceptance and influence of the authors in the field. The list of most influential authors has been presented in Table 03.

Table 3: Most influential authors

Author	Country	Documents	Citations
Jennifer A Fischer	USA	6	375
Alicia Ely Yamin	USA	16	329
J. Hans Brug	The Netherlands	6	318
Sofia Gruskin	USA	16	306
Jascha de Nooijer	The Netherlands	5	285
Lawrence Oglethorpe Gostin	USA	16	285

Source: Authors' compilation

The highest number (43197) of publications published in the field is from the USA. The next country working on 'health' and 'human rights' is the

United Kingdom (16380) followed by Canada and Australia. The leading countries have been presented in table 04.

Table 4: Top countries working on health and human rights

Country	Documents	Citations
USA	43197	2278
UK	16380	764
Canada	10147	425
Australia	10647	388

Source: Authors' compilation

The co-authorship in the field revealed in figure 2

depicts the affiliations among the countries.

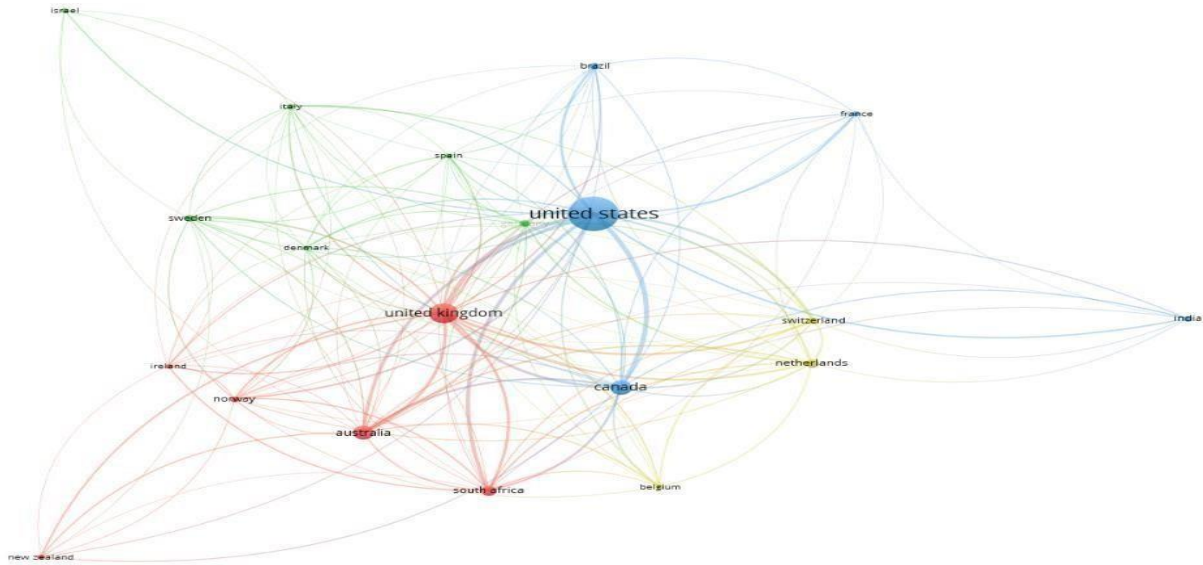


Figure 2. Co-authorship network of the 20 most common top countries (min. threshold forty documents)

Different organizations around the world are working on ‘health’ and ‘human rights’ issues. The University of Toronto of Canada has the highest 14 documents with 234 citations, followed by the University of British Columbia, Canada, having eight documents with 242 citations.

The next is the University of California, Sandiego published seven documents with 169 citations. Nevertheless, if we consider the citations, the University of Western Ontario of Canada has 170 citations. The most influential organizations have been presented in table 05.

Table 5: Top organizations working on ‘health’ and ‘human rights’

Organization	Documents	Citations
University of Toronto, Canada	14	234
University of British Columbia, Canada	8	242
University of California, Sandiego, USA	7	169
University of Western Ontario, Canada	6	170
Gillings School of Global Public Health, USA	6	27
Georgetown Law School, O’Neill Institution, USA	6	27

Source: Authors’ compilation

Lexical Network

The lexical network depicts the co-occurrences of the terms. Here, figure 03 depicts the co-occurrence of the top 33 author keywords found in the literature. The width of the nodes depicts the strength of the relationship between frequently occurred terms. The shape of the bubble showed that the most frequently occurring terms are human rights (252 times), public health (158 times), HIV/AIDS (100 times), mental health (75times), and ethics (68 times). The link

strengths among the terms are visually observed through the width of the nodes presented in figure 03.

The width of the nodes here depicts a strong link between human rights and public health (link strength 39), human rights and mental health (link strength 15), human rights and covid 19 (link strength 20), and human rights and ethics (link strength 9).

among regions. The whole world is not affected at the same level, 'gender equality' plays a vital role on the severity of disease prevalence (Stemple, et al, 2016). Henceforth access to health is affected by different dimensions like age, ethnicity, gender, income. SDG 3.8.2 reaffirms a strong commitment to assure financial risk protection against catastrophic health expenditure. This commitment can only be achieved if the health system could be altered following the principle of a human rights-based approach i.e. the elimination of all sorts of discrimination, all the interventions and policies will follow the international and national human rights laws. The lexical network found strong connection among 'health', 'human rights' and 'public health'.

Research from the developing world is lagging than the developed world to bring into health and human rights issues with public health which is a huge gap that is yet to be fulfilled. The lack of context-specific research in developing countries can lead to health policies and interventions that are not well-suited to local conditions, perpetuating health disparities.

Differentials in Health Needs

The southern part of Asia is struggling with different types of communicable diseases, non-communicable diseases, accidental health hazards, and neglected tropical diseases (OHCHR, 2008). The prevalence of Non-communicable Diseases (NCDs) is increasing in middle- and low-income countries putting pressure on the already stretched health system (Lee et al., 2015). An epidemiological transition is taking place where the pattern of disease prevalence and the burden are altering from communicable diseases to NCDs (Omran, 2005). Sixty percent of deaths in the world are caused by NCDs and eighty percent of them occur in developing nations, if the current trend continues, NCDs will account for seventy-three percent of deaths and sixty percent disease burden in the developing world (WHO, 2011). The African nations are struggling to combat HIV/AIDS. This regional variation in disease prevalence clearly depicts that the health priorities vary across the region.

Therefore, countries must devise their own solutions to combat widespread diseases. Additionally, they must collaborate both within and across regions. The lexical network analysis showed that studies linking 'health' and 'human rights' primarily focus on public health, mental health, ethics, and HIV/AIDS. There are 119 dedicated journals working to protect the health rights of HIV/AIDS patients. However, numerous patients face challenges in accessing care for cancer, renal failure, and accident-related health issues, yet research on these diseases is limited in the current literature. In conclusion, while countries need to develop their own strategies to address widespread diseases and foster regional and international collaboration, current research and resources are predominantly focused on HIV/AIDS, public health, mental health, and ethics. Despite the significant number of journals dedicated to protecting the health

rights of HIV/AIDS patients, there is a noticeable gap in the literature regarding access to care for other critical conditions such as cancer, renal failure, and accident-related health issues. This highlights the urgent need for more comprehensive research and attention to these neglected areas.

The Bibliometric Network Realities

The source network depicts that the developed nations having a strong health care network with a strong health care financing mechanism and a better law and order situation to safeguard human rights are paying additional attention to establishing a human rights-based health system than their developing counterpart. They are investing more in research and development to formulate appropriate medical laws and supplementary health policy, making collaborations among themselves at a rapid pace but a slower pace with a few selected developing countries. The countries who are economically and politically influential have stronger collaboration with the countries from the developed world, just like the trading arrangements. The internalization of Intellectual Property Rights (IPRs) made the scope too limited for the proponents of a rights-based approach in public health as IPRs promote that R&D which has a profitable market, not the suffering or severity of the disease (Correa, 2009).

While SDG 3 is strongly committed to assuring health care in need irrespective of race or ethnicity without facing any financial hardship, here, the polarization in health research only searching for the solution to the health problems of the developed world like aging, and mental health. The lexical network found a strong tie between human rights, aging, and mental health. 'Ethics' is another closely tied term with human rights. But here a larger part is concentrating on HIV/AIDS, which has global implications.

The data set revealed that several journals on ethical issues on health dominate the field, but they are mainly authored and published by western countries and the developing world is almost absent there. Among the top 20 collaborators on health and human rights, Brazil, India, and Israel are the representations outside the north zone. However, we know that those economies have strong regional influence, both economic and political. Those countries are working with the EU, northern and western zone. Here, all the countries under the EU are working hand in hand among them and with the western and Australian talents, but the collaboration among the developing world is almost nominal. The link strengths between Canada, the USA, the UK, and Australia are 62, 29, and 20. The link strength of the USA with the UK and Australia are 59 and 33. Whereas the link strengths of India with the UK, USA, and Australia are 5, 12, and 1. Compared to the developed world, the link between the north and south is much weaker than the north-north collaboration. Due to this gap in collaboration, the developing countries are lagging in the formulation of medical laws to safeguard health rights. Research in this field is limited in the existing literature.

Developing nations should collaborate with each other and with the developed world to address this gap.

Conclusion

UN development agenda, different human rights covenants, national or international law, neither of any covenant nor any organization could safeguard the right to health. With their intellectual ability and higher financial ability, the developed nations concentrate only on their health issues and at best the disease that seems threatening like HIV/AIDS. They consider the need of the developing world only as a broad market to sell their health products, from consultancy to health equipment or medicine and vaccines. The difference in coverage in vaccination of COVID 19 among the developing and developed world nakedly revealed the selfish attitude of the vaccine-producing countries in treating a global health problem. Hence there is no option for the developing world to depend on national

or international covenants of human rights; instead, they must concentrate on research to find out a way to establish a rights-based health system. The bibliometric finding strongly detected the polarization of the research on the human rights-based health system, which needs detailed study. Both north-south and south-south collaboration in research must be increased.

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Conflict of Interest

The authors declare no competing interests.

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