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SCIENTIFIC CONTRIBUTION

Health and human rights: epistemological status and perspectives of development

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Abstract The health and human rights movement (HHR) shows obvious signs of maturation both internally and externally. Yet there are still many questions to be addressed. These issues include the movement's epistemological status and its perspectives of development. This paper discusses critically the conditions of emergence of HHR, its identity, its dominant schools of thought, its epistemological postures and its methodological issues. Our analysis shows that: (a) the epistemological status of HHR is ambiguous; (b) its identity is uncertain in the absence of a validated definition: is it an action movement, an interdisciplinary field, a domain, an approach, a setting or a scientific discipline? (c) its main schools of thoughts are defined as “advocacists”, “ethicists”, “interventionists”, “normativists”; (d) the movement is in the maturation process as a discipline in which “interface”, “distance”, “interference” and “fusion” epistemological

postures represent the fundamental steps; (e) parent disciplines (health sciences and law) competences, logics and cultures introduce duality and difficulties in knowledge production, validation and diffusion; (f) there is need to re-write the history of the HHR movement by inscribing it not only into the humanitarian or public health perspectives but also into the evolution of sciences and its social, political and economical conditions of emergence. The ambiguous epistemological status of this field, the need to re-write its history, the methodological duality in its research, the question of the competence of the knowledge validation, as well as the impact of HHR practice on national and international health governance are the challenges of its future development. To meet those challenges; we call for the creation and implementation of an international research agenda, the exploration of new research topics and the evaluation of the movement's contribution to the national and global public health and human rights governance.

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“We might wonder whether those who practice a science would not be the most appropriate to lay out its epistemology.” Granger GG. *A quoi sert l'Epistémologie?* Droit et société 1992; 20/21 pp 35–42.

Introduction

Health has been associated to human rights for a long time. But it is with the AIDS epidemic that health professionals actually got aware of the strength of the link associating

health to the defence of human rights. Indeed promoting basic human rights (especially making women aware of their basic human rights) in remote areas of Africa paying a heavy tribute to AIDS was shown of having a positive effect on the AIDS epidemic (Gostin et al. 1994).

Since the Health and human rights movement (HHR) has shown obvious signs of maturation, both internally and externally. Internally, its foundation, which is essentially based on the links between health and human rights, is now both established and widely accepted (Gruskin et al. 2007; Burris 2002). Externally, the expansion of training programmes, especially at medical and public health schools, academic recognition as testified by the creation of chairs or academic teaching and research programmes, the creation of specialised scientific reviews, PhD theses, and the organisation and conduct of international conferences attest to the significant progress made during the last two decades (Brenner 1996; Cotter et al. 2009; Tarantola 2008).

However encouraging, this should not mask the fact that there are still many questions to be addressed. These issues include the movement's epistemological status and development perspectives, or in other words, its identity, realm, methods, main discourse, and aims. The answers to these questions are useful and necessary for the field itself, as well as related disciplines, for professionals who work in these fields, and for political decision-makers and other social actors.

The analysis of a discipline's epistemological status allows us to circumscribe and limit the borders of its realm, evaluate the pertinence of its founding principles, respond to potential identity crises, or justify its theories and practices (Zins 2006; Lézé 2007; Berthelot 2000; Jenkins 2003). For practitioners, knowledge and understanding of their discipline's concepts makes it easier to collaborate with theorists, and develop training programmes that are well-adapted to their field (Tedre 2007). Likewise, the theoretical inputs on a discipline's foundations may be instrumental when it comes to filling in gaps of understanding and between laypersons, scientists, and political decision-makers with regard to the perceived needs of research, programmes to be implemented, and resource allocation needed to build the field (Choi et al. 2005; Garvin 2002).

The current context is marked by budding scepticism and criticism of human rights' real value in terms of redefining public health policies as discussed by some authors (Tarantola 2006; Brauman 2001). Thus, the debate on health and human rights' epistemological status has become an opportunity for reflection as to its identity, assessment of progress made thus far, and vision for the future.

There is a debate about the epistemologic status of HHR. It is a four level debate. The first level addresses the

historical conditions prevailing in the genesis of the movement. The second is centred on the identity and the conceptual basis of the movement. The third focuses on the « écoles de pensée » which generate knowledge in the field of HHR. The fourth addresses the status of the movement as a scientific discipline and raises issues of its future.

Emergence conditions: a history to be re-written

The conditions of emergence of this movement must be considered within the scope of the socio-sanitary problems that were prevalent at its inception. However, the movement also needs to be analysed taking into account recent developments in scientific literature.

It should be noted that the movement's history has always and exclusively been presented in a humanitarian framework. Indeed it has addressed war horrors from Solferino to today's wars (e.g. the Nuremberg trials at the end of WWII). Since, it has tackled issues such as the HIV/AIDS epidemics and its social determinants (Gruskin et al. 2007; Tarantola 2008; Destexhe 1999; Iacopino and Waldman 1999). This is a partial perspective, not only because the health and human rights movement may be inscribed in a dynamic process of breaking down the classical distinction between natural and social sciences, but also due to the increased need for inter- and trans-disciplinary approaches (Hollingsworth and Müller 2008).

It is also of note that the movement seems to be inscribed in the continuity of the scientific evolution of the last 50 years, characterised by a significant trend towards applied approaches (applied linguistics, bioethics, political economy, health rights, etc.), and by an opening of the law to social sciences, particularly economics, sociology, and history. Another feature is the opening of medicine to anthropology, economics, philosophy, and ethics (Granger 1992; Teubner 1992).

Furthermore, we should keep in mind that this movement was conceived by personnel of an inter-governmental agency (WHO), rather than the classic university institutions. For science historians, this kind of scientific movement is defined as "knowledge which emerges from particular context of application (industry, government, think-tank, interest group...) with its own distinct theoretical structures, research methods, and modes of practice but which may not be locatable on the prevailing disciplinary map", which leads to the issue of its filiation (Gibbons et al. 1994). As to this filiation, there was a debate between Oppenheimer G et al. and Marks SP about the emergence of conditions of the HHR movement and its utility. Some argue that there is no necessity of the application of human rights to public health, since there is a commitment of public health to the protection of the

welfare of citizens against dominant power structures (Oppenheimer et al. 2002; Marks 2002).

One should further keep in mind that the movement has emerged in times of economic crises, of reinforced neo-liberalism, of structural adjustment policies, of increase in social inequalities, of globalization and of weakened States (Beaud 1989; Sarrasin 1997). Furthermore one should keep in mind that the movement has also roots in other social and health issues, such as the legislation of pregnancy interruption (Loi Veil in France 1975) or of preservation of a healthy environment (Garcia 2005; Journès 1979).

The symposium on the right to health co-organized in 1978 by the University of the United Nations and the Academy of International Law in La Haye is one of the founding stones of the HHR movement at a time when the interest in social, economic and cultural rights was on the rise (Dupuy 1979).

Finally, the creation in 1970 of the World Association for Medical Law has been viewed by some authors as a pioneering organization in the field of health and law: indeed one of its objectives is to “encourage the study and discussion of problems concerning health law, legal medicine and ethics, and their possible solution in ways that are beneficial to humanity and advancement of human rights” (WMA Statutes 2006), which in turn contributes to structuring the domain and to its professionalism.

There is the need to rewrite this history by inscribing it within the conjunctural problems of public health as well as the evolutionary history of science and social developments.

An uncertain identity

The multiple approaches and current absence of a validated definition of health and human rights constitute the two dominant traits related to uncertainty about its epistemological status. The movement displays multiple facets that researchers categorise depending on their work; it may be perceived as a research and action movement, interdisciplinary field, domain, approach, or setting. Rarely is it presented as a scientific discipline (Cotter 2009; Marks 2002; Mann et al. 1999; Singh et al. 2007). This confusion may be explained by the fact that the method used is considered to be the discipline itself.

Let us first clarify the various concepts

First the concept of scientific field refers to a locus, to limits, to contents in the organization of knowledge. It also refers, as stated by Bourdieu, to “the locus of a comprehensive struggle, in which the specific issue at stake in the monopoly of scientific authority, defined inseparably as technical capacity and social power, or, to put it another,

the monopoly of scientific competence, in the sense of a particular agent’s socially recognised capacity to speak and act legitimately in scientific matters” (Bourdieu 1999). It is a locus of a structured production, validation and circulation of knowledge as stated by Gingras (Gingras and Gemme 2006). But it is also a system. It is the locus where human actors in their interactions produce knowledge and are in a struggle for its validation and diffusion (Audet and Maluin 1986).

Concerning the concept of discipline it is in its etymological sense a branch of knowledge. It refers to a “set of discursive units, in which the particular configuration sets out an autonomous field of research and experimentation, but it is also a micro-institution, or rather, a rational manifestation of organised social challenges” (Leclerc 1989).

But disciplines are not only organized around a set of complex activities, they are also structured by the social challenge represented by the monopoly of the scientific authority.

As a matter of fact, a discipline corresponds to knowledge always redefined and deeply linked to the logic of the knowledge production system. The development of a new discipline calls for the identification of a specific object as well as the implementation of social conditions allowing its elaboration (Leclerc 1989).

The similarities and differences between the concepts of field and discipline are multiform and complex. They relate to the object under observation. But they also depend upon the methods of observation as well as upon the relative autonomy of a given discipline in regard to a scientific field from which it has appeared and in which it might disappear.

Not very different from the concept of scientific field is the concept of scientific domain defined as the knowledge accumulated by systematic study and organized by general principles. Scientific domain is not merely theory. It includes a central problem, items taken to be facts related to that problem, general explanatory factors and goals providing expectations as to how the problem is to be solved, techniques and methods, and sometimes but not always concepts, laws and theories which are related to the problem and which attempt to realize the explanatory goals. Scientific domain is often constituted around a paradigmatic problem (Klein 2001).

The concept of approach, often used in the context of human rights may be defined as a « framework for the pursuit of human development that is normatively based on and operationally directed to the development of capacities to realise human rights (Tomas 2005). It primarily relates to a methodology.

The absence of a definition for this movement is another paradoxical feature of its evolution. The paradox being based on the status of ever-changing scientific production, and above all on the actual theorisation efforts undertaken

during the last few decades (Mann et al. 1999; Gruskin et al. 2005). These previous efforts suggest the presence of certain elements which might serve as a basis for discussion in order to set out a validated definition of this domain. These elements are:

- a. Its essential components as *scientific discourse* and *social practice*. Research leads to valuable scientific knowledge and enriches the practice by increasing awareness of those concerned with healthcare and the well-being of individuals and communities. A systematic review of literature available on health and human rights in Japan reveals increased scientific production in this field during the 1983–2002 period, concluding that: *biomedical literature on human rights reflects an evolving interest among the biomedical community to raise awareness of human rights problems and to improve research and practice of human rights* (Jimba et al. 2005).
- b. *Its knowledge stems from several scientific disciplines* and not only from law and health sciences. Even if they have not been recognised, the contributions of economics, ethics, sociology, and history enrich this field. A recent bibliometric analysis covering the period 1999–2008 reveals that health and human rights publications were widely distributed across different disciplines (in both law and medicine.) and social sciences (political science) were publication channels for one-quarter of the scientific production in this field (Mpinga et al., in press).
- c. A *foundation* which lies on one hand on demonstrating the links between individuals' health status and their rights, and on the other, the necessity and use of turning to the tools and framework of both disciplines to *analyse and intervene* in situations affecting both health and human rights (Mann 1996).
- d. A *well-known goal* of improving the health of individuals and communities.

Together, these elements reveal a definition of health and human rights. This field may be defined as *a set of knowledge and multidisciplinary practises aimed at analysing and intervening in situations involving human rights, public health, and social development, with the goal of improving the well-being of individuals and communities, by mobilising theoretical approaches and the tools of several disciplines, including law and health science.*

Health and human rights and neighboring disciplines: convergences, complementarities and tensions

The HHR identity shows some uncertainty in regard to well established disciplines such as Medical Law, Health Care

Law, Biomedical Law, Biolaw, Bioethics, Medical Ethics, Public Health, Human rights, Public Health Law and Biomedicine (Kennedy and Grubb 1994; Kopelman 2006; Torrance 2010; Reichlin 1994; Hervey and McHale 2004). Indeed those disciplines have put the human beings and the human communities and their protection at the center of their concerns. Those disciplines are closely linked as they share similar founding values, identical study objectives and common challenges: thus their specificities might be difficult to be clearly identified.

As a matter of fact they share:

- **common roots** imbedded in (a) the Nuremberg trial and its Code, (b) the technological progress and its impact on the individual and the society, (c) the dehumanisation of medicine and (d) the development of international laws related to basic human rights (Pellegrino 1999; Neirinck 1994). As an example one could mention that the fundamental values of the field of bioethics are those put forward in the Universal Declaration of Human Rights as supported by Schmidt (Schmidt 2009).
- A **common nature** since they correspond to applied knowledge of law sciences to life sciences and health sciences and vice versa (Reichlin 1994; Aschcroft 2010).
- **Similar** studies on *identical themes* through various approaches (contraception, rights of patients, violence, inequalities in health care, discriminations): for example ethics might look at the question of contraception through moral point of view whereas the right to health might be more interested by the equal access for all to contraception programs.
- Aspects of **convergence, interdependence, complementarity, competition and conflicts**
 - Regarding convergence and interdependence for example between public health, the right to health, ethics and human rights one could mention the common interest “for the dignity and well-being of people, and the fields have historically championed the cause of vulnerable groups such as women and children, the aged, the disabled, and the politically disenfranchised” (Easley and Marks 2001).
 - Concerning complementarity of bioethics and human rights Sandor puts it as follows: “bioethics and human rights can enrich human rights by extending the traditional catalogue of rights in certain new fields. The theory of human rights nevertheless dictates some discipline in formulating new rights. Bioethical norms that had constituted only a rather short chapter in the medical curricula are now integrated into universal human rights norms” (Sandor 2008). A further illustration would be the

interweaving of human rights and bioethics in the process of developing international legal instruments such as the Unesco Declaration on human genome and human rights of 1997, and the Council of Europe's Convention for the Protection of human rights and dignity of human being with regard to the application of biology and medicine of 1996 (Oviedo Convention) or UNESCO's Universal Declaration on Bioethics and Human Rights of 2005.

- Tensions and competitions between the various fields exists and should be acknowledged: for example “bioethics and medical ethics in particular (...) are challenged now by international human rights in many aspects of professional regulation and normative theory including development, communication, interpretation, implementation and credibility” (Faunce 2005; Aschcroft 2010).
- **Common challenges** at the epistemological, methodological and institutional levels:
 - *At the epistemological level:* They all lack a clear and well circumscribed definition. They may be described by their nature of applied knowledge (bio-law, health law, bio-ethics) and/or as a framework (human rights approach) and/or as a set of multidisciplinary knowledge aimed at producing data, norms, facts likely to contribute to the health of the individual and the community (Reichlin 1994);
 - *At the methodological level:* There is some discrepancy between the proclaimed interdisciplinary approach and its concrete implementation in producing and validating knowledge. Interventionism and empiricism appear as key challenges in the development of those disciplines (Doucet 2008).
 - *At the institutional level:* They seem to face two major challenges: their academic recognition and their professionalisation (Kopelman 2006).

The model represented in Fig. 1 sums up the complex links between the HHR field and its sister/mother disciplines. As a scientific and social movement HHR, with its cultural and political components, is rooted in a triad composed of life sciences (biology), health sciences (medicine, public health, care) and law sciences (international law of human rights, civil rights, constitutional laws) which in turn are in close interconnection with the sciences of philosophy and morale (philosophy, ethics). This complexity supports the methodological pluralism and raises the question of the relevant validation authority.

The model also illustrates the way the various disciplines apply to each other i.e.:

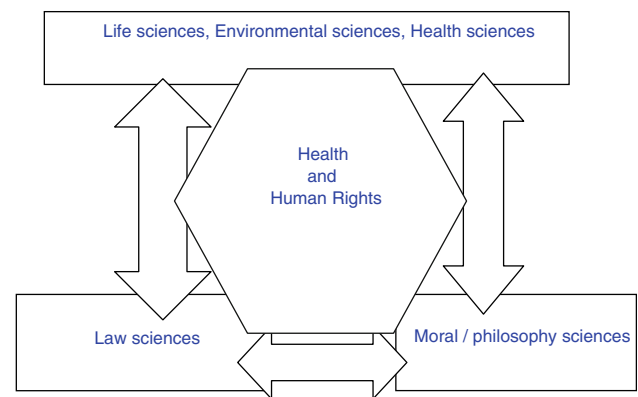


Fig. 1 HHR and related disciplines: a model of interactions

- The application of law-sciences to life-sciences, to environmental sciences and to health sciences generate medical laws, health laws, laws related to care, laws related to the living, reproductive laws;
- The sciences of moral and philosophy lead in the field of life sciences to bio-ethics and to medical ethics;
- The sciences of moral and philosophy lead in the field of law sciences to ethics of law and to the philosophy of law.

These realities explain the pluralism of the various lines of thought that characterize the health and human rights movement.

Theoretical pluralism and methodology: knowledge validation challenges

The health and human rights movement is neither mono-disciplinary nor mono-cultural. It encompasses schools of thought and action which share a common goal in which actors are influenced by their respective backgrounds, as well as by the aims of the institutions or organisation in which they evolve. In two complementary research works, Gruskin (2006) offered a first typology of the work that is carried out in this field, when she wrote in an August 2006 editorial on health and human rights that: “*One way to distinguish between many different types of health and human rights work is to think of three broad categories of activity: legal, advocacy, and public health practice*”.

One year later, she wrote, “*the idea of health and human rights as subject of study is fairly new, and we need to recognise the different ways in which health and human rights can be achieved. These ways can be categorised as advocacy, application of legal standards, and programming (including service delivery)*”(Gruskin et al. 2007). Though this categorisation generally labour division from an operational perspective into account, Gruskin appears to

neglect the founding role of the ethical values which serve as a basis for legal texts, lobbying practices, and the allocation of resources. Thus, **four major schools of thought** dominate healthcare and human rights discourse and practices, as well as the methods that are employed. These schools are:

- **Normativists:** The vast majority comes from legal sciences, and their work and actions revolve around analysing and developing legal or regulatory frameworks as a way to improve the health and well-being of population sectors. In terms of methodology, normativist researchers use a *legal approach* including case studies, legislative drafting, or dogma. Two examples of this school of thought are the collective work coordinated by Gevers et al. (2005) regarding health rights, human rights, and the convention on biomedicine, in which the principles of dignity, identity, and human beings are discussed in relation to the Council of Europe's 1997 Convention on Biomedicine and the publication of Hunt et al. (2007) human rights analysis of neglected diseases issue.
- **Ethicists:** Ethicists base their scientific arguments and actions on philosophy and ethics. They emphasise the values of social justice as a basis for health and human rights; the methods they employ are *ethical analyses*, among which principlism is the cornerstone (autonomy, good will, justice, no ill-will...). By insisting that guaranteeing justice depends on integrating human rights as a framework for analysing bioethical problems, Annas (2005) is certainly a representative of this school of thought. An other is A. Sen (2000, 2005a, b) who, in ethics has introduced the "capabilities" approach to analyse the foundations of poverty and exclusion by using the international human rights standards.
- **Interventionists:** This school of thought bases its discourse and action on familiarity with the needs of protection and promotion, of their determinants, as well as the research of appropriate means to fulfil these needs. They hail from the fields of health science or social action, and use socio-political analysis and *epidemiology* as research methods. One example is the work of Packer AAC, "*Using human rights to change tradition*," in which the author defines and analyses traditional practices which are dangerous for humans, in the framework of reproductive health in Sub-Saharan Africa, and lays out ways to give impetus to change, by using a human rights-based approach. An other example is the interesting book of Cook and Ngwenya (2007) which explores the challenges of applying human rights to promote health in settings ranging from local to global (Packer 2002).
- **Advocates:** This group is dedicated to spreading awareness among actors concerned by different health and human rights-related issues, by using information provided by the aforementioned groups, or by producing their own data. This school of thought is at the centre of the health and human rights movement, and brings together people of diverse backgrounds, who are generally openly committed to their cause. In addition to the previously mentioned methods, they also use social communication in their awareness campaigns relating to the contemporary challenges that affect health and human rights.

The "classic" works, *Perspectives on health and human rights*, coordinated by Gruskin et al. (2005) and the much earlier *health and human rights—A reader*, by Mann et al. (1999), contain a wide dimension of advocacy, beyond concrete conceptual efforts (Mann et al. 1999; Gruskin et al. 2005). In the same sense, *Pathologies of Power*, by Paul Farmer, builds on the concept of structural violence and its effects on the health of individuals and communities. This is an example of the advocacy approach, even if the author's action on the ground places him in the interventionist school of thought (Farmer 2005).

This categorisation leads us to the three following observations:

First, we note the field's **permeable** nature. Some studies combine different approaches and some authors even straddle multiple approaches in their work (Cook et al. 2003; Gostin and Lazzarini 1997). Moreover we acknowledge the persistence of a **duality** and a real methodological gap between the normative and interventionist approaches. Gruskin S and Ferguson L's work on the use of indicators of contribution (add-on value) to human rights in public health sheds light on this challenge. The authors were aware of this when they wrote, "*To assess the degree to which human rights are respected, protected and fulfilled in the area of health is to expand the notion of what constitutes an indicator in this field. Inevitably this brings with it complications, some of which are explored in this paper*" (Gruskin and Ferguson 2009). We find ourselves with two types of indicators, those dealing with public health, and those relating to human rights, rather than a sole and synthetic indicator for health and human rights.

Lastly, as members of a community, professionals working in this field share **common basic principles and values**, which give their discourse and practices meaning, guidance and recognition. These values are universalism, equity, social justice, equality, and non-discrimination, etc, which constitute the ideological basis of the discourse and practice of health and human rights, even if this basis not always stated. These are the values which nourish this discourse and provide it with coherence and sensibility.

On the contrary, this plurality raises the question of **instances**, and even more frequently, **competences**, in concrete situations relating to the validation of knowledge. Though peer review appears to be an appropriate procedure elsewhere and in established disciplines, in the present context, the “peers” have different backgrounds and perspectives when it comes to analysis. While it is difficult for some normativists to understand the public health approaches, some interventionists lack the necessary tools for evaluating legal research.

Epistemological postures and validation instances

The founding positions of knowledge produced in the field of health and human rights are based on four major frameworks of thought. These epistemological postures are illustrated in Fig. 2. These frameworks are:

- **Interface epistemology:** This is the most common framework, and applies to a partial area of overlap between health and human rights. It is supported by the movement’s founding fathers (Tarantola 2008; Mann et al. 1999). This posture appears to be more dominant in the conceptual bases of Mann’s legacy, which analyses the links, interactions, and implications between health and human rights, by calling for a dialogue between both disciplines, as well as supporting the claim that it would be more beneficial for the disciplines to work hand-in-hand than separately. “*The goal of linking health and human right is to contribute to advancing human well-being, beyond what could be achieved through an isolated health or human rights-based approach*” (Mann et al. 1999).

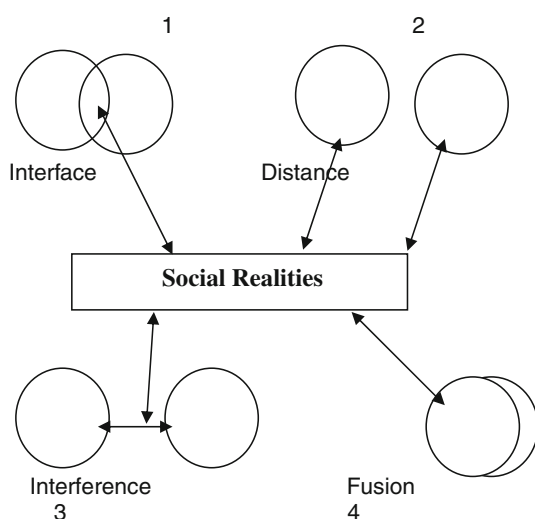


Fig. 2 Epistemological postures and evolution in health and human rights

Aside from the classic issues inherent to interdisciplinary research, as highlighted by Aagaard, notably difficulties related to the methods used (quantitative vs. qualitative), approaches (open vs. closed), objectivism vs. subjectivism, a descriptive approach vs. causality, representation vs. validity (Aagaard-Hansen 2007), two methodological problems of this posture concern (a) the delimitation of overlap (between) and the disciplines, and (b) criteria for integrating discourse and practices in this overlap.

The criteria for defining the scientific objective to be integrated in the interface, and conversely, the exclusion criteria of certain goals remain undefined.

- **Distance epistemology**, which stipulates that both disciplines work independently and autonomously on social realities which, in turn, condition their evolution. Among the proponents of this posture is D. Tarantola, who wrote, “*Health and human rights, each independently and together, seemed to have come of age in global development policies and formal commitments*”. This distancing must not be confused with a rejection of an interdisciplinary approach; it is the result of maintaining each discipline’s specific methods, analysis tools in the production of knowledge and social practices, as well as the promotion of health and human rights. Dialogue between the disciplines is thus based more on the objectives than on ensuring that the means used to achieve them are the same.
- **Interference epistemology**, in which both disciplines’ discourses and practices are autonomous while interacting on social realities. They do this through **proactive** approaches for collaboration on topics of research or on operational goals (campaigns, legal action) by mobilising expertise from both disciplines, or through **reactive** postures on specific topics, in which professionals react by protecting their fields of action. This posture is still somewhat uncommon in health and human rights-related literature. This is likely due to the divisions it creates in a field which is still dominated by the ideological dimension of good-will.
- **Fusion epistemology** is located at the opposite end of the spectrum from the distance framework, and constitutes the final stage of interdisciplinary practices in health and human rights. Here, methodological issues remain those of criteria, references, and particularly, the identity of this new science.

These epistemological postures are not concomitant. They correspond to stages of development in scientific disciplines described by Kuhn (1992), which were built on and expanded by Shneider (2009). Shneider was inspired by Kuhn, and noted that each scientific discipline evolves sequentially in four steps. During the first step, “*scientists*

introduce new objects and phenomena as subject matter". To do this, they "introduce a new language adequately describing the subject matter". During the second step, they develop "a toolbox of methods and techniques for the new discipline. Owing to this advancement in methodology, the spectrum of objects and phenomena that fall into the realm of the new science are further understood at this stage. Most of the specific knowledge is generated at the third stage, at which the number of original research publications is generated. The purpose of the fourth stage is to maintain and pass on scientific knowledge generated during the first three stages" (Shneider 2009).

By applying this process to the evolution of the health and human rights movement, we can reach three preliminary conclusions:

- During its maturation, this movement has already passed the first step of the aforementioned process; its basic concepts and the links which bind them have been the topic of numerous papers during the last 20 years. Since 1999, attention to human rights in public health has shifted increasingly from the question why should we deal with human rights to new question: How should we deal with human rights?" The question of identity (what?) is increasingly replaced by that of which methods should be used (how?), in line with Gruskin (2005).
- Current scientific work indicates that the field of health and human rights has reached the second step of evolution, in which scientists' interest consists of developing "all major techniques, enabling the language of the new science to be useful and sophisticated enough to describe a broader spectrum of phenomena. The main characteristics of the work of second stagers are ingenuity and inventiveness, an ability to implement ideas and high-risk tolerance of their tasks" (Shneider 2009). This issue of methods is at the very centre of Beyrer C and Pizer HF's collaborative work, which examines how complex interactions between health and human rights can be studied, analysed, reported, and how the tools of modern public health can contribute to reporting, understanding, and preventing any attacks or violations of human rights and vice-versa (Beyrer and Pizer 2007).
- Symptoms of scepticism, or even crisis, which some may perceive, may be interpreted as the beginning of a transition period, from the second to the third step. Thus, the step in which the challenges of development in this field will likely focus on the interferences between the two major components of the movement, and possibly give way to tensions, or even conflicts, regarding the management of a new discipline, which is characterised by the progressive overlap of concepts and methods is currently underway (Tarantola 2006).

Is it a discipline?

Important as it may be, this question may appear superfluous, given the attempted definition of HHR presented above, which recognises the multidisciplinary nature of the movement.

In the etymological sense, *disciplina*, or discipline, is a branch of knowledge as defined in the previous section. This means recognising that the notion of discipline has two components: the intellectual, in the sense of producing a coherent discourse on problems, methods, and goals deemed pertinent for the field in question, and the institutional, linked to the social organisation of places, structures, diffusion modalities, and the reproduction and validation of this knowledge. Whether or not scientific societies, specialised periodicals, standardised teaching programs, treaties, and training manuals exist is an indicator of the emergence, stability, or regression of these disciplines (Gayon 2004).

Besides these "external discipline" indicators, we see that there is a dominant paradigm, notably, a set of beliefs, recognised values, and common techniques between the members of a group, which confer disciplinary status to both knowledge and practices (Kuhn 1992). Hirst shares this point of view, and proposes four distinctive criteria (reference points) for recognising scientific knowledge as a discipline:

- A discipline has a network of specific fundamental concepts;
- These concepts form a distinct network which gives the discipline a logical coherence;
- Expression in this discipline may be subject to verification, using specific criteria;
- A discipline is irreducible, in the sense that it is separate from other disciplines (Hirst 1993). In Table 1 below, we have applied these criteria to the field of health and human rights, so as to test whether it is a discipline.

By analysing the state of the health and human rights movement under the dual perspective presented above, and taking the table's content into account, some conclusions may be derived:

- This movement may be considered as a discipline with respect to its institutional nature.
- However, it has not yet arrived at the stage of a discipline in the strictest sense of the word, due to its multidisciplinary basis and the enormous influence that parent disciplines still exert on its research methods, production spaces, and channels for disseminating knowledge.
- Indeed the HHR movement has not been able to generate specific concepts. It mostly refers to concepts used in health sciences (health, inequalities, epidemiology) or in the field of human rights (dignity, non-discrimination, equity). A conceptual synthesis is still due.

Table 1 Health and human rights: disciplinary criteria according to Hirst

Criteria (Hirst)	Health and human rights	Observations
1. Specific central concepts	Health, discrimination, inequality, human rights, dignity, equality	Non-specific concepts
2. Structural logic	Links between health and human rights	Epidemiological/legal logic
3. Specific experimental criteria	Experimental criteria of parent disciplines	Non-specific criteria
4. Irreducibility	Duality	Ongoing

- Furthermore the movement has not yet developed its structural logic. The legislative logic coexists with the logic of epidemiology and health promotion.
- The criteria related to experimentation also lack this specificity and are mostly related to the primitive/original disciplines.
- Yet some progress has been made, especially through the contributions of Backman et al. (2008) and Gruskin and Ferguson (2009) on appropriate indicators in monitoring health and human rights.

Such a statement may be disappointing for those who support and are eager to see this field become a real discipline, but it must also be seen as proof that the epistemological dilemmas affecting all new disciplines exist—for example, in tourism, epidemiology, information and communication sciences, network sciences, and even genetics (Gayon 2004; Tribe 1997; Leclerc 2005; Martino 2008; Camirana-Matos and Afsarmanesh 2005).

Confronted with identity and methodological dilemmas, the step toward disqualifying the notion of discipline may be easily made, as has already been the case for some (Favre 1995).

A few perspectives for development

The ambiguous epistemological status of health and human rights, the need to re-write its history, the methodological duality in its research, the question of instances' competence and validation, and above all, the impact of knowledge and practices of this field on national and international health governance will be the issues and challenges of its development during the coming decades.

So as to meet these challenges, the creation and implementation of an international research agenda is required, which respects the plurality of this field, the experiences and specificities of existing research groups, as well the need to explore new topics, or even expanding research to fields that are not well-represented in current production.

In the same sense, responses to these challenges require awareness of two conditions which consist of a minimum structure of the community of scientists and practitioners, and diversifying multidisciplinary spaces to disseminate knowledge.

Finally, training programs in traditional institutions must be strengthened, but so must those belonging to other organisations and social groups. In our opinion, this is imperative.

Conflicts of interests The authors declare that they have no Conflicts interests.

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