# The Right to Health

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# State of Global Health

- epidemics and war both cost as much in “blood and treasure”, but only war seems to be taken seriously by politicians. E.g Ebola
- ‘Health is among the most important conditions in human life’ (Sen)
- For a productive and content life
- For other rights
- Burden of disease and Life expectancy:

Causes: http://www.who.int/mediacentre/factsheets/fs310/en/

# What is the Right to Health?

Constitution of WHO, 1946, preamble:

- A state of **complete physical, mental *and* social** well-being and not merely the absence of disease or infirmity

ICESCR, 1966:

- Art. 12 the '**Highest attainable level of physical and mental health**' (art. 12, CESCR)

  Steps include curative and preventative actions:

  a. reduction of still-birth, IM, and healthy development of **children**

  b. Improve Environmental and industrial **hygiene**

  c. Prevention, treatment, control of **epidemics**

  d. conditions re. assure **to all** medical service/attention

# Mapping out right to health

- From Minimum Core, to more expansive:
  - essential drugs,
  - facilities,
  - plans,
  - procedures
  - and ‘guiding principles’
- e.g *Participation, Non-discrimination, Availability, Accessibility*, *Acceptability*, *Quality*
- national public health strategy, plan of action, indicators, benchmarks, focus on marginalised etc

# Monitoring:

- **Minimum essential levels**- key data on services
- **Realise rights progressively** – data over time
- **Eliminating discrimination**- disaggregated by group

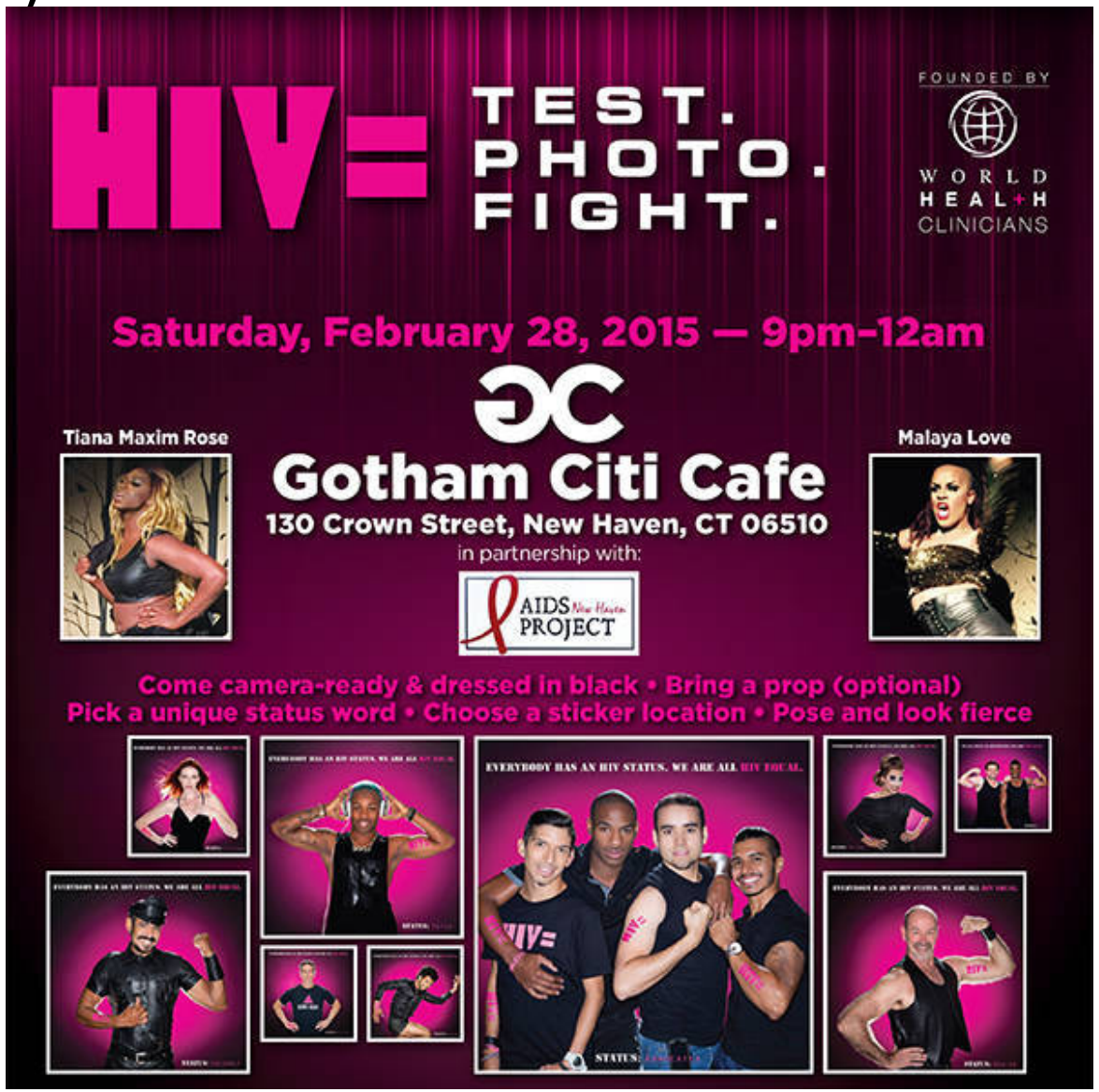
# Why need it?

- Scenario of disease outbreak:

- Q. Is it acceptable to quarantine people who have infectious disease e.g. TB?

# 2 PH paradigms:
# 1) Patient Coercion

# 2) Voluntarist (the state should be coerced instead)



**e.g Progress in infant mortality, under 5 mortality and maternal mortality in Kenya**

| | 2005 | 2006 | 2007 | 2008 | 2009 | 2010 | 2011 (UNFPA) |
|---|---|---|---|---|---|---|---|
| Rates of infant and under 5 child mortality per 1000 (all KDHS except 2011) | IMR 77<br>U5 115 | IMR 77<br>U5 115 | IMR 77<br>U5 115 | IMR 52<br>U5 74 | IMR 52<br>U5 74 | IMR 52<br>U5 74 | U5 86 [Nairobi :from **42 - 146** per 1000, ACPRC] |
| Maternal | 414 | | | 488 | | 460 | 400 |

# Discrimination and health Inequalities: Maternal Mortality

- **When mothers are strong and stable – physically, financially and socially – their children are more likely to survive and thrive.**
- Maternal mortality- strong overall target (75% reduction- but more specific targets?)
- MDGs: Low-hanging fruit: averages masked profound inequalities
- «The majority of babies whose lives have been saved were often the ones who were easiest to reach. Two decades of progress, despite great accomplishments, have left large gaps between rich and poor. The challenge now is to deliver proven solutions to the remaining communities and finish the job.” (Save the Children)
- Equity gap in New Born Mortality

# Global rates of MM and child mortality

- Angola 477 deaths/100,000 live births (2015 est.)
- https://www.indexmundi.com/map/?v=2223
- Comparing growth in gdp per capita, is progress adequate in minimum essential serivces? E.g skilled birth attendents? Immunisation? Spending of health, education etc?

# Challenges

- Resources (Abuja Declaration): adequate?
- Out of pocket expenditure: more than 40% of total
- Other ways: increase tax?
- Universal Health Coverage
- the SDGs represent a significant advance on the MDGs in human rights terms but still human rights as ad hoc