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Realizing the Right to Health: How can a rights-based approach best contribute to the strengthening, sustainability and equity of access to medicines and health systems?



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reos

Saturday, November 10, 2012

SALZBURG DIARIES

Calling all bloggers!

Salzburg Global Seminar has teamed up with the British Medical Journal to give you all the opportunity to share your opinions on the issues raised here at this seminar on 'Realizing the Right to Health'. If you would like to be considered for publication in the BMJ and on SalzburgGlobal.org, submit your articles to SGS Editor Louise Hallman (maximum 500 words).

You can follow this session online on our website and via Facebook and Twitter, using the hashtag #right2health.



Health Minister Agnes Binagwaho speaks to Fellows via videolink from Rwanda

SESSION OVERVIEW

Giving all that you can for everyone, everytime Bringing human rights to health care provision

By: Louise Hallman

Two billion of the world's population of approximately eight billion still live without access to medicine or basic medical services. The world's governments will fail to meet the Millennium Development Goals on HIV/AIDS, maternal health, poverty reduction, gender equality and environmental sustainability. Proof, says Leonardo Cubillos, senior health specialist at the The World Bank Institute (WBI), that we are failing as humankind.

But this needn't be the case. We are now richer than we have ever been, with an estimated \$70tn global wealth. According to Cubillos' figures, globally we spend \$6.5tn on health care - but what are we getting out of this? How can we ensure everyone's right to health is met? What do we mean by right to health?

For five days at Schloss Leopoldskron, over 70 health care and human rights professionals from 22 countries will consider 'Realizing the Right to Health: How can a rights-based approach best contribute to the strengthening, sustainability and equity of access to medicines and health systems?' at Salzburg Global Seminar, in the fifth in a series of health care

seminars, and the first global symposium to be held on the right to health and health systems, held together with the WBI and The Dartmouth Center for Health Care Delivery Science. Fellows will discuss not only the right to health but also the intersection of the right to health and health care systems, explained co-chair Cubillos in his opening remarks.

Also joining the opening remarks via videolink was Health Minister Agnes Binagwaho of Rwanda - a global success story in the provision of health care.

Since the genocide in 1994, the death rate in the central African country has fallen by 75 percent, explained Binagwaho. As infectious diseases have been tackled, the focus has shifted to non-communicable diseases, but despite this new challenge, here also there has been success - women in Rwanda now receive universal access to the vaccine against cervical cancer, something Binagwaho herself said she couldn't have imagined 10 years ago.

"When you don't provide healthcare to people who need it, it is against their human rights," said Binagwaho, but that doesn't mean that the right to health means providing everything to everyone - that's rarely possible due to resource constraints. Instead, explained

Binagwaho, ensuring everyone has the right to health is always providing what you can to everyone equally, regardless of class, race or gender.

Besides their right to health, governments need to also give their people "right to information, right to decision making," she added.

Whilst the right to health is widely regarded as important by society, governments, human rights organizations and some national constitutions, it can mean very different things in different countries. As one Fellow put it: "In Nepal it might mean access to basic healthcare; in Chile it could be access to top cancer drugs."

"We're here to re-think collectively," urged Cubillos. The 75 Salzburg Global Fellows will strive answer two key questions: How can health systems contribute to realization of right to health? And how can right to health contribute to strengthening of health systems? "It works both ways," Cubillos added.

Health care must be available, accessible, acceptable (respecting cultural differences) and be of a high quality, said Cubillo.

"By joining forces [human rights and health care] we will not only increase health outcomes and efficiency but also fairness of decisions and human dignity."



Facilitator Zaid Hassan explains the four levels of listening. *Downloading* - the polite listening without question or real interest; *debate* - listening followed questioning, arguing and disagreeing; *dialogue* - listening and asking questions without judgement to better understand; and finally *co-creation* - listening with the aim to collaborate and move forward.

TALKING POINT

Fairness & the Right to Health

“ Fairness to me is that everybody pays according to their means and everybody receives according to their needs.

But I think we need to make a pre-recognition of need because we have to take into account whether their need was inflicted by the person, by their behavior, or not.

And maybe we can create two different levels of equity: one is give to the poor people, and then think if...it was not their fault being ill then they need more help than those whose fault it was to be ill because of his behavior.

So first, I do believe that we have to take into account income and secondly, maybe we can redefine according to behavioral health.”

- Nelly Aguilera,
Researcher, Inter-American Conference on Social Security, Mexico

“ The issue is: the right of someone’s to health access maybe someone else’s denial. So you could say ‘[there is] fairness, provided it’s transparent’ but that doesn’t help...

I could say ‘Well, I only had \$20 to spend and this is better value than that. I wish I had \$40 to give it to you both, but I only have \$20.’ So the question is that fairness is in the eye of the beholder to some extent because it depends on the individual who’s got the disease and has a different perspective about his right to health - that’s understandable but it doesn’t mean that you can meet that right, that fairness because the system doesn’t allow us so and we have to make deliberative choices...

So how do we address that? We have to acknowledge that it exists! ... When does the right to offer an individual become a negative impactor on the right of another individual and how do you manage that?”

- Lloyd Sansom,
Special Advisor, National Medicines Policy Framework, Department of Health, Australia

“ Fairness doesn’t ask you to treat everyone, it doesn’t ask you to give everything to everyone. Fairness is not about unlimited generosity. Fairness is not about financial unsustainability. Fairness is not about charity. Fairness *is* about being responsible with your resources, in allocating them in such a manner that all parties agree not on the decision, but on the process...

Let’s have two societies, both equally rich or equally poor, and both of them face the same question - do we treat population A or population B? Both of them can come up with a different solution to that dilemma, and both solutions, although different in outcome, can be fair because the process...was. Fairness is not about the ultimate outcome - it is also about the process.”

- Leonardo Cubillos,
Senior Health Care Specialist, World Bank Institute, USA

“ Fairness in terms of right to health is about ensuring that all considerations are put in place. First and foremost to focus on those who cannot afford health care - that is the most vulnerable...the chronic poor, the active poor, as opposed to those who can actually pay for health care.

The question of fairness comes about because resources are always scarce and therefore policy makers and persons who are involved in planning health programs have to make key decisions on where they are going to get the maximum gain, and the maximum gain should always be around enabling people who cannot afford healthcare to get it so that they can become part of the productive sector.”

- Tina Ntulo,
Director - New Initiatives, Basic Needs, Uganda

Who do you agree with?

Carry on the discussion.
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