



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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OVERVIEW

Litigating for Health Rights

Siri Gloppen, professor at University of Bergen, Norway, co-authored the book 'Litigating Health Rights: Can Courts Bring More Justice to Health?' in 2011. On Sunday, November 11, she shared her answer to that question with Fellows: yes.

Whilst in her native Norway, most health-related litigation cases offer marginal gain for a high cost to the system, with people mostly seeking access to high-cost, low-success medication, in other countries, litigation is ensuring most the vulnerable are able to gain access to vital drugs - such as antiretrovirals for HIV/AIDs - available elsewhere in their country.

Gloppen admitted in some cases litigation can distort provision but in others, it can actually motivate the need for change by exposing weakness in the health care system.

"Individual litigation is not a solution but it does serve a useful purpose when the health care system doesn't work," said Gloppen.

"People mistakenly assume that judges have the last word, but there's rarely a last word," she explained.

"There has to be dialogue."

Gloppen's book is available in PDF for Fellows



Courts do have a role, says Gloppen



GSK's Strahlman explains the role pharma' companies can play in right to health

SESSION OVERVIEW

Unlocking Essential Medicines Lists Experiences from Australia & GSK

By: Felipe Estefan

The realization of the right to health requires collaboration, across regions and across sectors, in which a wide set of actors engage to produce much-needed positive transformations.

The need for collaborative, multi-stakeholder approaches is one of the key points that has emerged during the global symposium on "Realizing the Right to Health", hosted by the Dartmouth Center for Health Care Science Delivery, the Salzburg Global Seminar, and the World Bank Institute.

In a conversation moderated by the World Bank Institute's Leonardo Cubillos, panelists Lloyd Sansom, special advisor on the National Medicines Policy Framework at the Australian Department of Health, and Ellen Strahlman, senior vice president for GlaxoSmithKline, highlighted the importance and the willingness to engage in a collaborative approach to the realization of the right to health.

We have to "unlock" the potential for us to be partners in order "to make sure that health care is delivered," stated Strahlman.

She explained the potential for civil society to work together with pharmaceutical companies in ensuring that citizens have access to medicines, and that the right to health is realized for all.

Strahlman discussed the shared nature of the objectives of those working in pharmaceutical companies, like GlaxoSmithKline, and of those working elsewhere trying to advance the right to health from different sectors. Ultimately, "the people who go to work in these [pharmaceutical] industries... their mental map is to deliver medicines," she said.

Furthermore, Strahlman explained why the timing is right for multi-stakeholder intervention. "There has never been a better time," she told participants. The medicines are there, the technology is there, the communications tools are there, to ensure that the right to health can be realized.

Sharing the experience from the Australian case, Lloyd Sansom also stressed the importance of a collaborative approach and suggested that the realization of the right to health "represents a new
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SESSION OVERVIEW

Collective Innovation as the Path to Efficiency

How Peru changed the game on MDR-TB treatment



Jaime Bayona explains how an innovative solution helped defy the odds in MDR-TB treatment in Peru.

By: Louise Hallman

“Yes we can.” The slogan is readily associated with the US President Obama’s 2008 election campaign, but its determined message can also be attributed to Sunday morning’s speaker Jaime Bayona in dealing with multi-drug-resistant tuberculosis (MDR-TB) in Peru.

With the cost of curing MDR-TB in New York placed at \$250,000 per patient, Bayona, now with Dartmouth Center for Health Care Delivery Science, but previously director of Socios En Salud Sucursal Peru (the Peruvian branch of Partners in Health), was told it would be impossible to cure the widespread and persistent disease in the much poorer country of Peru.

An innovative approach was needed to attempt to solve the seemingly unbeatable disease in a context deemed unfavorable.

“We were told this is the best you can do with the resources you have,” said Bayona of their initial treatment program. But the tenacious Peruvian was unwilling to accept that judgement, and was determined to

improve their MDR-TB program.

Working through partnerships with the pharmaceutical companies providing the medicine capable of tackling MDR-TB, Peru was able to drive down the cost of each injection down from \$30 to 99¢ for its citizens. (Clearly, as Bayona pointed out, “the drugs are not showing the trust cost”).

But just simply having cheaper drugs available was not going to be enough to tackle this issue. Attitudes needed to be changed, and most importantly, communities engaged.

There was still the assumption is that poor (and often illiterate) population would not follow drug treatment properly and many doctors were reluctant to spend more than three minutes with patients for fear of infection, so instead communities were trained to help patients.

Volunteers were tasked to help patients follow the drug regimen, but also in their home visits they performed checks. Was the home well ventilated? Was the patient getting adequate nutrition? Was the patient able to find additional help in caring for their dependents to avoid their infection?

Advice given on these living conditions by doctors via the community volunteers further helped the patients’ chance of successful treatment, as well as helping avoid further infection.

Treating such persistent problems must be a mutual learning process, Bayona explained – communities need to learn from doctors, but doctors also need to learn from the communities they serve.

This community-involved model used to tackle MDR-TB in Peru is now being applied across country to improve health care right to health. The budget for treating tuberculosis in Peru has increased almost ten-fold from \$3.5m since 1996 to the \$33m it is today. Work is clearly not over.

“How can we teach patients from the beginning that MDR-TB is curable to avoid them dealing with hopelessness?” asked Bayona.

The innovative model’s success is proof that improving health care and enabling the right to health must involve doctors, patients and communities, educating all of them, and not just relying on buying better drugs.



Flanagan explains the importance of using games to and how they can relate to exercising the right to health



Fellows line up to toss their bean bag to earn points per throw and determine their health future



After playing their role Fellows were then tasked to devise initiatives that could help better realize the right to health

SESSION OVERVIEW

Serious gaming & critical play Solving the world's problems with games

By: Louise Hallman

Can playing a game save the world? Perhaps, if Dartmouth College-based Tiltfactor has anything to do with it.

Demonstrating their games for health and human rights, Tiltfactor director Mary Flanagan explained to Fellows how the “interdisciplinary innovation team” designs and studies “games for social impact” and how this approach can be a crucial driver of engagement in the path to the realization of the right to health.

From ‘POX: Save the People’, a board game and iPad app, which challenges players to stop the spread of a deadly disease in their community, to card game ‘Buffalo’ designed gender stereotypes and bias, Tiltfactor develops games in its “lab” to change social behaviors.

Well developed games can prompt changes in our own thinking and approaches to change and problems, and also help change group dynamics, Flanagan told Fellows, indicating that there is huge potential in the use of gaming in order to garner support and engage citizens with public policies, particularly within the sphere of right to health.

Tiltfactor has games designed to target not only school children, but all stakeholders in health - from policy makers to doctors and patients. Ensuring the right to health needs engaged stakeholders and partners; this engagement can be fostered and strengthened through such gaming.

Tiltfactor, Flanagan explained, not only design games, they also conduct thorough research into their game development and impact, sometimes with surprising results. In a revision of their POX game, zombies were added to the mix; Tiltfactor’s research found that players were more likely to understand systems thinking and resource allocation, as well as the importance of strategic vaccination of a population and herd immunity with the added element of zombies, rather than just considering a more realistic disease outbreak.

Tiltfactor is now working on other public health games at the request of Rwandan Health Minister and Dartmouth honorary doctorate, Agnes Binagwaho, including a game for five-year-olds to encourage hand washing and thus prevent the spread of easily communicable diseases called ‘Wash It!’ and ‘Source’, a game focusing on the spread of cholera.

After discussing the benefit of such games (and whether ethically they should carry a disclaimer/warning that they’re deliberately designed to alter behaviors and values), Fellows tried their hand at a game of role-play sport ‘Thrivel!’, part of Tiltfactor’s RePlay Health project.

Through the game, Fellows realized the impact that different events and situations can have on health conditions. As a level playing field started to quickly reflect unequal conditions, Fellows were able to participate in discussions about how to effectively implement programs and how to foster an enabling context for the effective realization of the right to health.

All of Tiltfactor’s games are available to buy and in some cases download from their website: www.tiltfactor.org/games

SALZBURG DIARIES

Photos by: Rob Fish



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paradigm” and as such it requires for a wide range of actors, from all around the world to “do this as a collective.”

One of the areas in which the realization of the right to health can lead to great progress is on the development of essential medicines lists in countries.

The issue of an essential medicines list is one directly linked to the impact that access to medicines has on the everyday lives of citizens around the world.

Sansom argues that the creation of such a list in a country must regard the social value of a particular medicine, by having citizens be active participants in an honest assessment of how having or not having access to a medicine in order to treat a particular condition may affect the way in which the patients, their families and their caretakers have to deal with such condition.

More so, from a global perspective, this issue is one connected directly to development and to the notion of fairness.

“Why is the accessibility, which includes availability and affordability so low in the developing world?...Why is accessibility so poor and affordability so variable, even within a country?” asked Sansom.

Sansom encouraged participants to collaborate on how to “increase the cooperation and improve the efficiency” of health systems applying a rights-based approach.

Collaboration around a common understanding of health from a rights-based perspective, can lead to important progress in the realization of the right to health and the strengthening of health systems around the world.

SALZBURG DIARIES

Share your opinion!

It's not too late to still submit your opinion piece/blog to Salzburg Global Seminar and British Medical Journal. 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.

Need photos for your own website? Ask Louise or Rob and we'll be happy to provide you with photos or get a shot of you in action.