



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?



World Bank
Institute



THE DARTMOUTH
CENTER
for HEALTH CARE
DELIVERY SCIENCE

Tuesday, November 13, 2012

SALZBURG DIARIES

Working for the Right to Health in Egypt

By: Dr. Alaa Ghanam &
Ayman Sabae

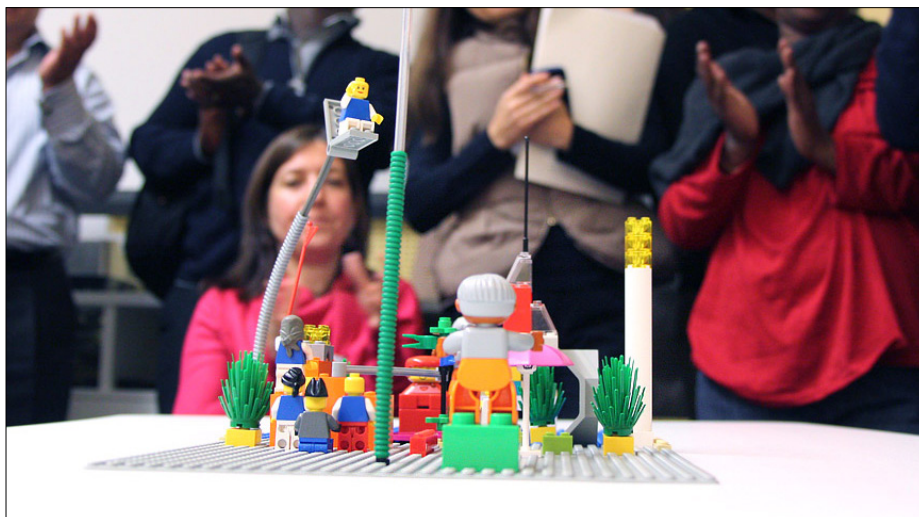
As human beings our health is a matter of daily concern.

Regardless of our age, gender, socio-economic or ethnic background; we consider our health to be our most basic and essential asset. The right to health is an inclusive right because it extends further than the right to healthcare, as it includes a wide range of factors that can help us lead a healthy life. These factors, the underlying determinants of health, include safe drinking water, adequate sanitation, safe food, adequate nutrition and housing, healthy working and environmental conditions, health-related education and information and gender equality. These determinants consider the core minimal obligations of the state to be coping with the right to health and working from the state towards achieving and fulfilling these will reduce the burden that fall on the healthcare system from the perspective of cost and utility.

During the Salzburg Global Seminar's 500th session, we have noted that, in the case of Egypt the following is of importance:

- Regarding the violation of the right to healthcare and the right to health, almost half of the Egyptians do not have health insurance and risk protection, namely those who are in the informal sector, self-employed farmers or rural resident.
- Egypt continues to spend less on health care compared to other countries of the same socioeconomic level and public spending have decreased over the years.
- The distribution of health expenditure and access to health services are greatly imbalanced particularly between urban and rural

Continued on page 3



Rapid cycle prototyping to find better ways to realize the right to health

SESSION OVERVIEW

Building more than just Lego Developing prototype initiatives

By: Louise Hallman

To the uninformed eye, Fellows of 'Realizing the Right to Health' spent Monday mostly building Lego models. Not so, explain Reos facilitators Joe McCarron and Zaid Hassan.

After spending the past three days immersing themselves in the issues, Monday saw the Fellows reach an inflection point, moving from being the "sponges" of information to "agents of change". Fellows identified what challenges they identified in their countries and regions, then moved on to rapid cycle prototyping - building models of their solutions from Lego bricks and character pieces - to find solutions and new initiatives to their challenges.

"When you have a short amount of time and a diverse group of people, working on a complex project, a methodology that uses your head and your hands is much more effective in creating the early seeds of ideas than having a bunch of people negotiate around a flip chart," explained McCarron in an interview with SGS editor, Louise Hallman.

Fellows ended the afternoon by presenting their ideas on a traditional flip chart. Why not start that way?

"When humans work with their hands and with words, they use a much larger percentage of their intellectual capacity to work together," explained McCarron.

The process encourages a more democratic, collaborative, explicit way of approaching a problem, allowing participants to assign meaning to metaphorical ideas in a manner that would take some 20 flip charts to explain.

"It's the difference between a 2D world and a 3D world," added Hassan.

"We're getting people to think about the physicality of life and the physicality of intervention."

"The intangible element of what we were doing today is how you build commitment and how you build emotional attachment to these ideas," said McCarron.

As Hassan said at the end of the day's presentations: "Ideas don't happen because they're good; they happen because people believe in them."

What ideas will you be taking forward?

OUR FELLOWS

“We Cannot Talk about Right to Health in a Vacuum” Right to food and right to shelter vital determinants



Ann Njogu presents her team's suggested initiative following the Replay Health game exercise

By: Felipe Estefan & Louise Hallman

Ann Njogu is the co-founder and the chairperson of the Center for Rights, Education and Awareness, as well as being the chief executive officer of Africa Community Development Media in Nairobi, Kenya.

She braved the cold, damp weather to speak with World Bank Institute's Felipe Estefan on what she sees as the definition to the right for health, the key challenges and drivers for success and what realizing the right to health would mean for her country.

How do you understand the concept of right to health?

The right to health is the right to accessible, equitable health care and health services, that also includes medicines as well as the services that would support you and enable you to attain that optimum level of health.

Through the work that you do and the conversations that we've been having here, what do you see as the main challenges to the realization of the right to health?

I think that of main challenges to the

realization of the right to health the big one is access; access or inaccess of health care and health services is caused by very many things. Top among them is a lack of transparency and accountability both by the duty bearers as well as the service providers all the way down in terms of the resources that have been allocated in realizing this right to health. The infrastructure that would support that realization of the right to health – the question of availing the medicines and the health care services in a manner that is transparent and accountable to the claim holders and the right bearers – that's a very, very big challenge. The second challenge, of course, and which is caused by very many other factors is the lack of transparency in the accountability is the lack of prioritization in resource allocation. The right to health ought to be top up there amongst the critical priorities of any government or any people, but you find that it is not one of the biggest priorities. You find that there is inequitable allocation of resources as well as inequitable distribution of the resources including the health services. This also does include the human resources that would be used to administer the health services and the health

care.

Another critical barrier is corruption and the diversion of resources that are meant for delivering good health care and the attainment of the right to health. And you find that with corruption – and corruption goes hand-in-hand with the lack of accountability and transparency – resources that were intended to be certain beneficiaries do not end up getting there, they end up being in the pockets of certain individuals or certain service providers. So this is also a very big barrier.

Another condition that stops the equitable access to health care is the lack of information, particularly to the claim holders and the citizens. The right to information hasn't been understood in a way that the claim holders are able to ask for information they would be able to use to make decisions and benefit their health.

Another big barrier to health care and to health care services is the lack a vision that is inspiring that makes everyone want to put their resources in line with the vision. This is mainly because maybe governments or duty bearers haven't been able to define the vision in such a way that it is persuasive,

it is inspiring, it makes everyone want to contribute towards its realization. And there are not enough people who are checking, making sure, holding the government to account vis-a-vis its commitment to the right to health. So these amongst many other challenges are the key obstacles to the realization to the right to health.

What are the factors that are required to overcome those obstacles? What things that we need to do?

I do not think you can talk about the right to health and not be talking about all the various determinates of the right to health. We must talk about the right to food and the other basic necessities including housing, including the sort of social support systems that enable you to guarantee the access of the right to health. We cannot talk about the right to health in a vacuum. You must look at all the social determinants and the economic determinants and geographical, as well as the various other barriers that come between the access and the realization of the right to health and making this a reality. So we must constantly not talk about the right to health in a vacuum but we must be able to see it in a nutshell... If people are well fed then it means that their immunity system is boosted in a manner that is able to fight off the opportunistic diseases. If they have shelter, again, it means they are able to fight off [disease]. If people are not poor, if they are not living in environments that make them very vulnerable to disease, then we will be able to talk about the right to health. So we must talk about all these others and connect the dots and not just talking about the right to health in an independent silo. It can be straight-jacketed. You have to look at the environment and all the other determinants of health.

The process upstairs is a process that is trying to bring people from different sectors, from different regions, from different experiences to work together to realize the right to health. Is it important to have a collaborative approach?

I think the process upstairs is not only enriching, it is also very inspiring because it brings people together from different regions, from diverse backgrounds in terms of what work they do. And all this then is put together to give perspectives that are very, very enriching, towards this journey of seeking to make the right to health a reality. And I think that we should do this more often. Not only in such conferences, but also when we go back. We must be able to pull together the critical stake holders in a room and put them together to see how they can work around the issues of the right to health in a manner that is not siloed, in a manner that cuts across

various interests, in a manner demolishes some of the artificial barriers that we put up, in a manner that also dissolves some of the mental blocks that stop us from seeing the problem... We need to be able to see it inside out. It also makes us bring the interests of the different stakeholders together, meaning that instead of talking down to the problem, we're actually at the ground looking for solutions to come up.

I think for me this is really valuable and beneficial.

You're from Kenya; how do you think that the realization of the right to health would have an impact in the life of the Kenyan people.

I think automatically it would mean that Kenyans would be able to realize one of their critical rights under the constitution—which is the right to life. You cannot have life without health! The other critical impact is we will have people participating in the development of the nation because they will be away from the obstacles of health. They'll be fully and wholly alert in a manner that enables them to participate in their development.

The other critical issue is that we will raise the unity of the country because everybody is contributing and we do not have a sick society. So for me, the right to health lies at the core of the kind of nation that we must build – where everyone is benefiting, where everyone is participating, where everyone is realizing their various contributions are building the kind of Kenya that we want, and therefore being a responsible global citizen in the rest of the world where every citizen fully, in great health, is able to be a good citizen to our neighbors as well as the global community.

Continued from front page

areas and between the north and south

- Girls are less likely to receive health care than boys. For example, Egyptian boys with acute respiratory tract infections or pneumonia are more likely than girls to be taken to a medical provider (77% of boys compared to 68% of girls). 60% of boys compared to 55% of girls are given antibiotics. It is important to note that untreated acute respiratory tract infection often lead to pneumonia which covers 15% of under-five deaths in Egypt.
- Lack of access to maternal and child health services especially in rural areas. Girls continue to be the subject of female genital mutilation putting their health and life at risk. There are still obstacles to achieving the highest attainable standard of maternal health for all.
- Stigma and discrimination against people living with HIV is very common.

The right to healthcare is still violated according to Egyptian Initiative for Personal Right's country report in 2010, which demands effective policies to address the social determinant of health towards ensuring progress of access to healthcare and setting in place efficient mechanisms to enhance the inter-sectoral coordination and extend the health insurance to all Egyptians and assure that all regions of the country and people of all income levels have equitable share of access to the health system.



Ghanam and Sabae build solutions to the challenges facing the realization of the right to health in Egypt with fellow MENA-region participants

SALZBURG DIARIES

So long, farewell, auf Wiedersehen, goodbye! Memories of Session 500 - Realizing the Right to Health

Photos by: Rob Fish

