

***Exclusion & the Right to Health: the Role of Health Professionals***  
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**Monitoring the Right to Health**

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## **Millennium Development Goals**

### **Goal 1 Eradicate extreme poverty and hunger**

*Target 1:* Halve, between 1990 and 2015, the proportion of people whose income is less than \$1 a day

*Target 2:* Halve, between 1990 and 2015, the proportion of people who suffer from hunger

### **Goal 2 Achieve universal primary education**

*Target 3:* Ensure that, by 2015, children everywhere, boys and girls alike, will be able to complete a full course of primary schooling

### **Goal 3 Promote gender equality and empower women**

*Target 4:* Eliminate gender disparity in primary and secondary education preferably by 2005 and in all levels of education no later than 2015

### **Goal 4 Reduce child mortality**

*Target 5:* Reduce by two-thirds, between 1990 and 2015, the under-five mortality rate

### **Goal 5 Improve maternal health**

*Target 6:* Reduce by three-quarters, between 1990 and 2015, the maternal mortality ratio

### **Goal 6 Combat HIV/AIDS, malaria, and other diseases**

*Target 7:* Have halted by 2015 and begun to reverse the spread of HIV/AIDS

*Target 8:* Have halted by 2015 and begun to reverse the incidence of Malaria & other major diseases

## **Absolute and Overall Poverty**

After the World Summit on Social Development in Copenhagen in 1995, 117 countries adopted a declaration and programme of action which included commitments to eradicate “absolute” and reduce “overall” poverty.

**Absolute poverty** was defined as *"a condition characterised by severe deprivation of basic human needs, including food, safe drinking water, sanitation facilities, health, shelter, education and information. It depends not only on income but also on access to services."*

(UN, 1995)



<b>Deprivation</b>	<b>Mild</b>	<b>Moderate</b>	<b>Severe</b>	<b>Extreme</b>
<b>Food</b>	Bland diet of poor nutritional value	Going hungry on occasion resulting in moderate malnutrition	Severe Malnutrition	Starvation
<b>Safe drinking water</b>	Not having enough water on occasion due to lack of sufficient money	Unimproved water supply within 200 meters of dwelling or less than 15 minutes walk away	Long walk to water source (more than 200 meters or longer than 15 minutes). Unsafe drinking water (e.g. open water)	No access to water
<b>Sanitation facilities</b>	Having to share facilities with another household	Unimproved sanitation facilities	No sanitation facilities in or near dwelling	No access to sanitation facilities
<b>Health</b>	Occasional lack of access to medical care due to insufficient money	Inadequate medical care. Only limited non-professional medical care available when sick	No immunisation against diseases or medical treatment when sick.	No care when sick.
<b>Shelter</b>	Dwelling in poor repair. More than 1 person per room	Few facilities in dwelling, lack of heating, structural problems. Four or more people per room	No facilities in house, non-permanent structure, no privacy, no flooring, just one or two rooms. Five or more persons per room	Roofless – no shelter
<b>Education</b>	Inadequate teaching due to lack of resources	Unable to attend secondary but can attend primary education	Child is 7 or older and has received no primary or secondary education	Prevented from learning due to persecution and prejudice

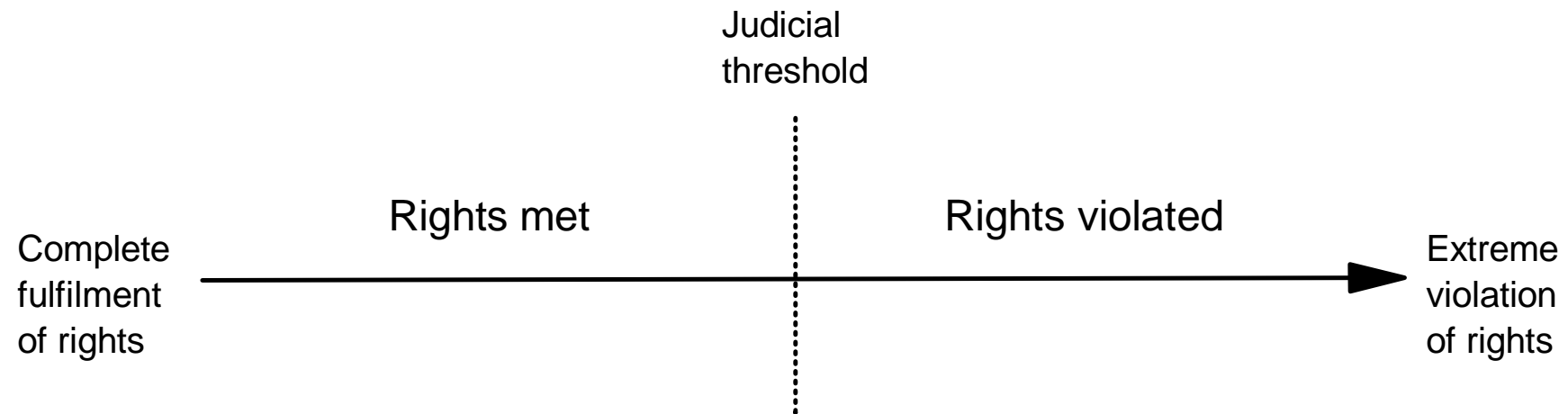
## Right to Health in UN CRC - Article 25 (2)

- *To diminish infant and child mortality;*
- *To ensure the provision of necessary medical assistance and health care to all children with emphasis on the development of primary health care;*
- *To combat disease and malnutrition, including within the framework of primary health care, through, inter alia, the application of readily available technology and through the provision of adequate nutritious foods and clean drinking-water, taking into consideration the dangers and risks of environmental pollution;*
- *To ensure appropriate pre-natal and post-natal health care for mothers;*
- *To ensure that all segments of society, in particular parents and children, are informed, have access to education and are supported in the use of basic knowledge of child health and nutrition, the advantages of breastfeeding, hygiene and environmental sanitation and the prevention of accidents;*
- *To develop preventive health care, guidance for parents and family planning education and services.”*

# The relationship between rights indicators and judicial decisions

## Two Problems

- 1) Many of the rights in the UNCRC are ambiguous or imprecise and require judicial judgements to determine their practical meaning
- 2) Judicial decisions are binary by nature – your rights have been violated or not



Deprivation	Severe deprivation	Indicators	CRC Article/ right infringed	Rights/ indicator s	% (number) of children deprived	
					NIGERIA	INDIA
<b>Food</b>	Severe malnutrition	Severe anthropometric failure in children under 5 (stunting, underweight, and wasting at <-3 standard deviations from reference population median)	24 (2) (c) HEALTH	'Imperfect / Indirect'	15% (3 million)	23% (27 million)
<b>Water</b>	Long walk to water (more than 200 meters) which is occasionally polluted	surface water or long walk (30 minutes) to water	24 (2) (e) HEALTH	'Imperfect / Indirect'	44% (26 million)	19% (77 million)
<b>Sanitation</b>	No sanitation facilities in or near dwelling	No sanitation facility (no toilet, pit latrine etc)	24 (2) (c) HEALTH	'Imperfect / Indirect'	26% (15 million)	68% (273 million)
<b>Education</b>	Unable to attend primary or secondary education	Child between 7-18 years and not currently in school and not received any education	28 (1) (a)/(b) EDUCATIO N	'Perfect/ Direct'	22% (7 million)	16% (33 million)

## Monitoring Death & Disease: Bills of Mortality

Details on circumstances and age at which people die have been collected since the 16th century in the UK.

In London in the 1530's the Parish clerks were required to submit weekly reports on the number of plague deaths. These *Bills of Mortality* were meant to tell the authorities when public health measures should be taken against epidemics. The first summary of these reports was published as the *London Bills of Mortality* by the Company of parish Clerks in 1604.

Many textbooks claim that social/medical statistics was founded by John Graunt of London, a 'haberdasher of small-wares' in a tiny book called *Natural and Political Observations made upon the Bills of Mortality*, published in 1672.

# The Eradication of Smallpox



## Larry Brilliant: Using the Internet for Global Monitoring



# **Requirements for a global monitoring system for the right to health**

1. Typology of health rights
2. Systematic search criteria in multiple languages
3. Web crawler for newspapers, blogs, professional press, etc
4. Critical appraisal of the results in multiple languages
5. Some ability to raise funding (circa \$500,000)

## **A Question for the Audience**

If you want a real time global health rights monitoring system

And you collectively have all the required skills

What is stopping you from doing it?