

Health as a right

- **Target group**

14-18 y.o.

- **Aims**

- Acquiring a new global vision of problems
- Educating to peaceful coexistence
- Respecting human rights by empathy, solidarity and cooperation

- **Educational Objectives**

- Introducing learners to the importance of the right to health for children and adolescents and to the large number of young people who lack access to the necessary health care
- Promoting awareness of important health issues among young people in your school or community
- Promoting individual and collective responsibility
- Developing attitudes and behaviours toward respecting himself/herself and the rights of other people
- Acting as a member of a team
- Working by cooperating

- **Cognitive Objectives**

- Promoting skills for understanding and using statistical information
- Presenting and interpreting data in a variety of forms appropriate for specific purposes
- Improving learner's research, writing and presentation skills
- Promoting effective written, oral and graphic communication skills

- **Methodology**

Individual work, brainstorming, discussion, team work, role playing game.

- **Activities Description**

Phase 1

Children at risk

The right to health is one of the fundamental rights for surviving: it is the right to live in a healthy environment, to get access to food and clean water and to be treated when we're ill. But is it so for everybody ?

Let students read the following text:

Every year in the world 11 millions children under 5 years die¹, almost 4 millions die within the first 28 days of life. Causes: respiratory infections, dysentery, measles, malaria and malnutrition, often put together, because an inadequate feeding weakens and makes us more vulnerable to illness. Malnutrition causes 6 millions childish deaths per year.

¹ WHO data.

An inadequate feeding affects almost 800 millions people and every year almost 21 millions babies are being born underweight from undernourished mothers. Besides an inadequate feeding makes the babies' conditions worse: they're too weakened to withstand even a banal infection.

Pre-school children suffering chronic malnutrition are almost 161 millions. It exposes people to a high risk of death; also it causes irrecoverable damages to health of young people. For example, the want of A vitamin can provoke blindness, while want of iodine causes mental deficiency.

The lack of potable water and/or correct draining systems also expose health to grave risk. In the countries where there aren't draining systems of sewages, water can be vehicle of illness, because it is contaminated by faecal wastes. So typhus, cholera, hepatitis A, diarrhoea, dysentery are transmitted.

Every year more than 2 millions people die by diarrhoea; most are children under 5 years. There is a link between poverty and illness, not just in the Southern countries, but also inside a Northern country. Poor children have a high probability to die in their childish age, more high than a well-off fellow of theirs.

In the countries where medical expenses are covered by private insurances there are people who have no access to doctors and hospitals, because they are too poor to pay insurance instalments. In USA, for example, there are almost 462 millions people without a health cover (15.7% of people). Not always they are unemployed, they often have a job, but they earn too little to be able to pay the expensive insurance instalments; just some of them can make use of State services. Therefore 11.2 % of ill minors has no health cover.

We can conclude that:

- children's survival and wellbeing depend on life's conditions and on the chance of having access to food, potable water, drugs and treatment.
- the right to health, as all human rights, does non have to be considered as isolated: its enjoyment depends on the enjoyment of many other rights. It's linked to the right to food, to have a shelter and a job, to education, to enjoying scientific progress, but also to the right to living, to equality, to freedom to move and get access to information.

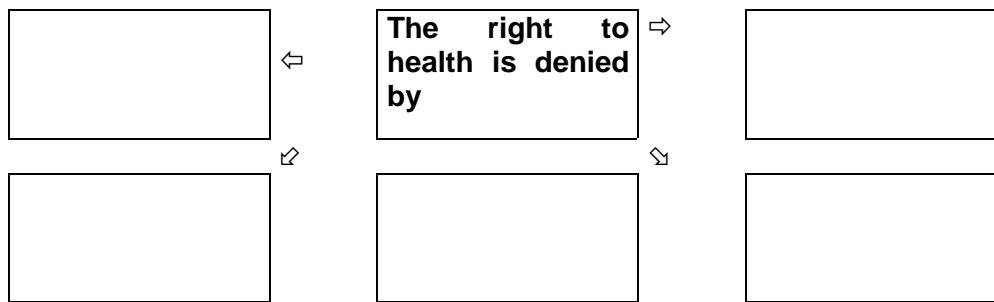
After reading the text, you can propose the following questions:

- 1) What is the percentage of children dying within the first month of life?
- 2) What is the percentage of children dying of malnutrition?
- 3) Which are the most common foods with A vitamin?
- 4) Do you think the percentage of minors without a health cover in USA is high or low? Justify your reply
- 5) Do you know a document preserving the children's right to health?

Then, you can make your students complete the following scheme, inserting the correct terms in the blanks (they can choose the words in the preceding text or other ones):

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² From www.census.gov (website of US Census Bureau, the American Institute for statistics).



Phase 2

The right to health for children and adolescents

The right to health, affirmed by the Universal Declaration of Human Rights (UDHR, 1948), art. 25, and even more authoritatively by the International Covenant on Economic Social and Cultural Rights (ICESCR, 1966), art. 12, is one of the most violated commitments by the international community.

Universal Declaration of Human Rights, art. 25

1) Everyone has the right to a standard of living adequate for the health and well-being of himself and of his family, including food, clothing, housing and medical care and necessary social services, and the right to security in the event of unemployment, sickness, disability, widowhood, old age or other lack of livelihood in circumstances beyond his control.

2) Motherhood and childhood are entitled to special care and assistance. All children, whether born in or out of wedlock, shall enjoy the same social protection.

International Covenant on Economic, Social and Cultural Rights, art. 12

1. The States Parties to the present Covenant recognize the right of everyone to the enjoyment of the highest attainable standard of physical and mental health.

2. The steps to be taken by the States Parties to the present Covenant to achieve the full realization of this right shall include those necessary for:

(a) The provision for the reduction of the stillbirth-rate and of infant mortality and for the healthy development of the child;

(b) The improvement of all aspects of environmental and industrial hygiene;

(c) The prevention, treatment and control of epidemic, endemic, occupational and other diseases;

(d) The creation of conditions which would assure to all medical service and medical attention in the event of sickness.

The international agency that acts as a coordinating authority on international public health is the World Health Organization (WHO), an agency of the United Nations (UN), established in 1948.

WHO's commitment was very important in defining the right to health since 1950, when the National Health Systems got stronger in the European countries, thanks to the economic recovery after the Second World War.

For WHO, health is “a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity”, acknowledging it as a right for every person without distinction of race, colour, national or ethnic origin, social conditions or political belief.

Recently, four valuation criteria have been identified for the right to health:

1. availability: public services and structures and health programs must be available in sufficient quantity
2. accessibility: health services and structures must be accessible for everyone: no discrimination; physical and economic accessibility; access to information
3. conformity: all services must be appropriate in respecting medical ethics; they must be able to meet the needs of different genders and ages
4. quality: services and structures must be scientifically qualified

In 1989 the General Assembly of the United Nations ratified the Convention on the Rights of the Child (CRC), promising children around the world the right to life, liberty, education, and health care (a child is defined as any person under the age of 18). It also provided protection from discrimination, from torture, or from cruel, inhumane or degrading treatment or punishment, protection within the justice system, and protection from economic exploitation. While children are entitled to all the same rights as adults contained in the Universal Declaration of Human Rights and other international treaties, the Convention on the Rights of the Child recognizes the special protections and conditions that children must have in order to develop fully as human beings. More nations have ratified the Convention on the Rights of the Child than any other treaty. The United States and Somalia remain the only two countries in the world that have not ratified the treaty. Despite the nearly universal recognition of the rights of the child, many children around the world still suffer abuse and neglect and are deprived of their most basic human rights.

As far as the **children's right to health**, art. 24 of the UN Convention on the Rights of the Child is fundamental.

Convention on the Rights of the Child, art. 24.

Children must have access to medical facilities and treatment for illnesses and rehabilitation, as well as access to primary and preventive care. Mothers must also have access to appropriate pre-natal and post-natal health care.

Governments must take steps to diminish infant and child mortality, and to combat disease and malnutrition by providing primary health care, adequate nutrition, clean drinking water and taking into consideration the dangers and risks of environmental pollution.

Parents and children should have access to education and information about basic child health and nutrition, hygiene and environmental sanitation and the prevention of accidents. Guidance for parents and family planning education and services should also be available.

Introduce the following activities about the children's right to health. Before starting, distribute copies of CRC.

1. Ask students to brainstorm a list of what children need to be healthy. Write their answers on the board.

Tips for Teachers

Encourage students to list things that children need for a healthy body, including nutritious food, exercise, check-ups with doctors, medicine if they are sick, etc., as well as things that are needed for a healthy mind, including a supportive family environment, education and stimulation, interaction with other children their age, time to play, protection from abuse, etc.

2. Ask students to compare their list with the rights described in Article 24, CRC. Ask them how the lists are similar or different.

Tips for Teachers

Be sure that students are familiar with the key aspects of the human right to health.

3. Now ask students to brainstorm conditions that threaten children's health. How does the environment and economic well-being impact health?

4. Distribute the following handout to students about the importance of vaccinations

1. Measles are not usually considered as a dangerous disease but almost 500.000 children died of measles in 2003, because this disease can cause serious complications as encephalitis, pneumonia and diarrhoea
2. Anyway there is a strong reduction of measles cases, especially in Africa. WHO's aim is reducing global measles deaths by 90% by 2010
3. It is a viral disease, affecting men and women. It is very infectious, but it is not the only lethal disease
4. Other infectious diseases, such as tuberculosis or poliomyelitis, kill two millions children per year (matched with measles)
5. Vaccinations protect children from these infectious diseases
6. In 1967 smallpox was a very frequent disease in more than 31 countries. Just in that year smallpox affected 10-15 millions people: two millions died and other millions got blind or disfigured for life³.
7. In that year WHO launched the Program against Smallpox providing vaccinations for everyone
8. The last case of smallpox was in Somalia, in October 1977. In 10 years this disease was defeated (no one felt ill with smallpox, thanks to vaccinations, so the virus couldn't reproduce and disappeared)
9. Poliomyelitis, or more simply polio, caused paralysis in 500,000 people at least up to 1961. In that year a vaccine was discovered. In 2003 just 700 cases of polio were recorded. Probably the world will be free from polio in 2008
10. Even though vaccination is an effective mean, in many States, for different reasons (especially economic or war issues), a basic vaccination for every child is not possible. When States are deficient, international Governative Organizations (as UNICEF) or NGOs represent the only hope we have

³National Committee for celebrating the UN 50° Anniversary, Italian Government, *Conoscere l'Onu. Manuale sulle Nazioni Unite per la scuola media*, Perugia, Italy, 1995

5. Lead students in a brief discussion that draws on the following questions:

- Why do you think children in poverty suffer from more illnesses than children who live in families with more resources?
- What role do you think awareness and knowledge might play in access to healthcare?
- Do you have access to healthcare any time you need it?
- Have you ever had to wait to see a doctor or not seen a doctor at all because it would cost too much money?
- What can be done to help meet the needs of children in our community that lack access to adequate healthcare?
- In addition to lacking vaccinations, can you identify more elements that put life and health at risk, especially children's?

Phase 3

Access to drugs

a) Another serious problem for health is access to drugs. It is not always possible. You can propose the following activities:

1. Distribute a copy of the following handout:

In recent years medical research got exceptional science progresses, but not the whole world is able to enjoy them. Most people in the world have no access to drugs for one of the following reasons:

- research **ignores** some diseases in underdeveloped countries, because they are not economically profitable
- the useful drugs production is **insufficient** or was neglected because patients are not profitable
- the **prohibitive prices** of the new drugs under patent

....there aren't drugs

The diseases affecting people in the world can be classified in 3 groups:

- **global diseases**, present in the whole world, such as tumours or cardiovascular diseases
- **disregarded diseases**, present especially in the less developed countries, as malaria (even in Europe, in the past) or tuberculosis
- **most disregarded diseases**, in the less developed countries, as sleeping sickness or other tropical diseases

There is another group: the **rare diseases**, present in the whole world⁴. For WHO they are almost 5,000: they can affect just a few hundreds people (eg, the Laron syndrome⁵, just 100 affected in the world) up to few millions people.

⁴ There is no uniform definition for all countries. In Europe a "rare" disease affects less than 5 patients on 10,000.

⁵ A recessive disorder characterized by an insensitivity to growth hormone (GH), caused by a variant of the growth hormone receptor. It causes short stature.

Pharmaceutical companies project drugs almost exclusively for **global** diseases, because they can be profitably sold in the rich countries: 90% of pharmaceuticals investments concerns diseases affecting 10% of the world people and just 10% of them concerns diseases affecting 90% of the world people⁶.

Research for **disregarded diseases** is limited because they cannot guarantee any sure gains: just 16 of the new drugs projected between 1975 and 1999 concerned tropical infections or tuberculosis. The same is true for **rare diseases** because few patients mean few gains.

There is no interest in the drugs for the **most disregarded diseases** because they concern people living in underdeveloped countries, who cannot afford to pay for them.

Sleeping sickness (or trypanosomiasis) affects 300,000 people⁷ in Sub-Saharan Africa every year; without treatment, it's lethal in 100% of the cases. It can be treated by an arsenic-based therapy. This drug is anyway dangerous and 30% of patients die for its side effects or its ineffectiveness.

Prices of **pentamidine** - used in the first phase of trypanosomiasis - raised exorbitantly because it's also useful to treat AIDS (so usable for patients living in rich countries).

The other drug - **eflornithine**, used in the second phase of trypanosomiasis - was withdrawn from the market in 1995 by its US producer Aventis, because it wasn't profitable. After 5 years, it came back as a face cream because it reduces facial hairs. It was a scandal: American women could use eflornithine to remove hairs from their faces while so many African people died! The international pressure (also by "Médecins Sans Frontières") induced Aventis to restart to produce this drug up to 2006.

... drugs are expensive

Even when drugs are available, they often cannot be bought by poor people because of their high cost.

Projecting a new drug needs 10-14 years and 250 millions dollars on average. Initially new drugs are protected by patent: the firm discovering them gets the "sole right" for 20 years, fixing the price and authorizing importing, use and selling. The local producers have to pay very expensive licences for a patented drug.

Pharmaceutical companies assert that the drugs prices depend on the scientific costs, but the high prices are not justified, because part of the funds come from States' financing. Moreover the gains of pharmaceutical companies are among the highest in the market⁸.

Pharmaceutical companies do not agree to fixing a double price, one for the rich countries and another for underdeveloped countries where the drugs price can exceed the yearly per capita income.

Once the patent expires, drugs can be produced by other firms too, becoming a **generic** drug, which is cheaper.

In 1997 the South African President, Nelson Mandela, signed the *Medicines and Related Substances Control Amendment Act*, by which the Ministry of Health can import or produce cheap versions of the most important drugs against AIDS. South Africa, with 4,7 millions AIDS patients, is the most affected country in the world by this disease. In Africa there are almost 25 millions affected or sieropositive people.

⁶ Source: "10/90. Report on Health Research 2003-2004", in www.globalforumhealth.org.

⁷ Source: "Médecins Sans Frontières" Association. www.msf.it.

⁸ The yearly rate of growth is 16-18% (www.medicisenzafrontiere.it/cosafacciamo/accesso/case_farmaceutiche.shtml)

39 pharmaceutical industries, called “Big Pharma”, brought an action against the Government. After 6 years, they came to an agreement: the South African Government’s right to issue laws to extend the access to drugs was acknowledged (it will be able to import generic drugs against AIDS) but it’ll have to consult the Multinationals, respecting the international laws about patents. The international indignation was essential to come to an agreement. But there's still a long way to go.

2. After reading it, ask your students to fill the table:

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<div style="border: 1px solid black; padding: 5px; display: inline-block;"> the global diseases because </div>		
<div style="border: 1px solid black; padding: 5px; display: inline-block;"> The pharmaceuticals industries don’t produce new drugs for </div>		
<div style="border: 1px solid black; padding: 5px; display: inline-block;"> the rare diseases because </div>		<div style="border: 1px solid black; padding: 5px; display: inline-block;"> the most disregarded diseases because </div>

3. Encourage your students to look for information about malaria in your country and to find out when and how it was defeated; after this research, encourage them to debate in classroom.

Possible reflections:

- Do you think the modality by which malaria was defeated in our country could be used also in other countries with the same results? If so, why does not it happen?
- What is the excuse adduced by pharmaceuticals industries about the high price of their production? Do you think it is sound or it is a banal pretext?

b) In order to stimulate a critical reflection about advertising and promote consciousness that “health isn’t a pill” but a life style, you can propose the following activities:

1. Distribute the table below to your students

In Europe advertising of drugs being sold by prescription-only is not allowed; just advertising of over-the-counter drugs (which may be sold without a prescription) is possible.

Could you mention 4 of them at least?	
Which diseases do they treat?	

2. Then, let them choose one of the mentioned items and analyse a commercial where it is advertised (use the scheme below)

Drug's name
It treats...
Who are the protagonists in the commercial?
Which are their attitudes before taking the drug?
Which are their attitudes after taking it?
How did the drug change their life?
What's the direct message in the commercial?
And the indirect one?

3. Ask every student to read his/her own table and encourage them to discuss about the messages in the commercials.

Possible field to be analysed

- Do you agree with the statement "Health isn't a pill, but a life style"? Discuss it with your fellows
- Mention 5 behaviours benefiting health and other 5 not favouring it in your opinion
- From where did you get these informations about correct and not correct life styles?

Phase 4

The right to health in the local community

a) You can propose the following activities where older students work with their younger fellows (and their parents, if applicable) in their school to raise awareness of the need for vaccinations, hygiene and other forms of preventive care.

1. Learners will first need to research general healthcare access issues for children in their community. They should locate existing research studies that explain the importance of different preventive healthcare measures. Learners will need to research what services are available for people in their community, such as free vaccinations or free health clinics. In conjunction with this

research, your class can elicit the help of the school nurse or a local community agency that provides health care services.

Tips for Teachers

If you are conducting this project as part of a math class, you may wish to include more statistically oriented research in this part of the project.

2. Working with staff at the agency or school, learners will then identify what specific health issue related to children they will help to raise awareness about and what audience they will target. Issues can include encouraging parents to get all needed vaccinations for infants, to seek preventive healthcare check-ups at local clinics for children of all ages, to promote hygiene and dental care for children, or encouraging adolescents to have regular doctor visits, to be comfortable seeking mental healthcare and to practice safe sex. Learners must then decide whether they will reach out to parents of small children in the community or at their school, or to fellow young people.

3. Work with learners to develop a plan for how outreach will be conducted to a target group of children, their parents or adolescents. Learners may wish to organize informational workshops where learners themselves will present information, as well as invited guest speakers. Workshops can be organized at the partnering agency, at the school, at a local day care center or community center where parents and young people can attend. Depending on the funds that are available, learners may wish to prepare flyers or informational brochures to distribute. Workshops and/or materials can include information about human rights standards for the right to health.

4. Once the plans have been finalized, learners should carry out their outreach project.

b) Threats to health can derive from the presence of toxic substances in the environment. Among them, one of the most dangerous is lead. You can propose the following activities:

1. Encourage the students to identify what human activities produce most of lead in environment.

2. Then propose to interview an expert, for instance a Medical Doctor in the Local Health Board, with the following questions:

1. What damages can lead produce to people's health, especially to health of children and pregnant women?
2. Are data about lead's quantity present in our community available?
3. Which diseases due to lead absorption are present in our community?
4. Which are the possible behaviours in order to reduce the lead absorption?
5. Have local authorities adopted any provisions to preserve people's health against damages by lead? If so, which ones?

3. After collecting data and info about the local situation, encourage your students to produce some posters, an exhibition, a cd-rom or other multimedia items, to inform and raise awareness of the local community about the damages lead can cause to health.

▪ Materials

Posters, pencils, newspapers, scissors...

▪ To know more

www.amnesty.org: Amnesty International web site

www.coe.int: Council of Europe web site

www.echr.coe.int: European Court of Human Rights web site
www.msf.org: Medecins sans frontieres web site
<http://www.hri.org/>: Human Rights International web site
<http://www.hrw.org/>: Human Rights Watch web site
<http://www.un.org/>: UN web site
www.unhchr.ch: UN High Commissioner for Human Rights web site
www.unicef.org: UNICEF web site
<http://portal.unesco.org/education/en/>: educational web pages of UNESCO (United Nations Educational, Scientific and Cultural Organization)
<http://hrea.org>: Human Rights Education Associates web site
www.crin.org: Child Rights Information Network web site
<http://cesr.org/health>: web pages about the right to health by the Center for Economic and Social Rights:
www.up.ac.za/chr: web site of the Centre for Human Rights – University of Pretoria (with a database about human rights in Africa and links)
<http://allafrica.com>
<http://www1.umn.edu/humanrts/edumat/studyguides/righttohealth.html>: web pages by the University of Minnesota Human Rights Center

Books

- Amnesty International, *First steps: a manual for starting Human Rights Education*, London, 1996
- *Compass - A Manual on Human Rights Education with Young People*; Council of Europe Publishing, 2002
- HREA - Amnesty International USA, *Human Rights and Service-Learning: lesson plans and projects*, New York and Cambridge, MA, 2007 (available in .pdf at the link: http://hrea.org/index.php?base_id=105)
- *Companion – A campaign guide about education and learning for change in Diversity, Human Rights and Participation*, Council of Europe Publishing, 2007

▪ **Timetable**

Phase 1: Children at risk (60 minutes)

Phase 2: The right to health for children and adolescents (90 minutes)

Phase 3: Access to drugs (120 minutes)

Phase 4: The right to health in the local community (the duration will depend on the specific approach followed)