

# Access to Health Care

**Ahmet SALTIK, MD**

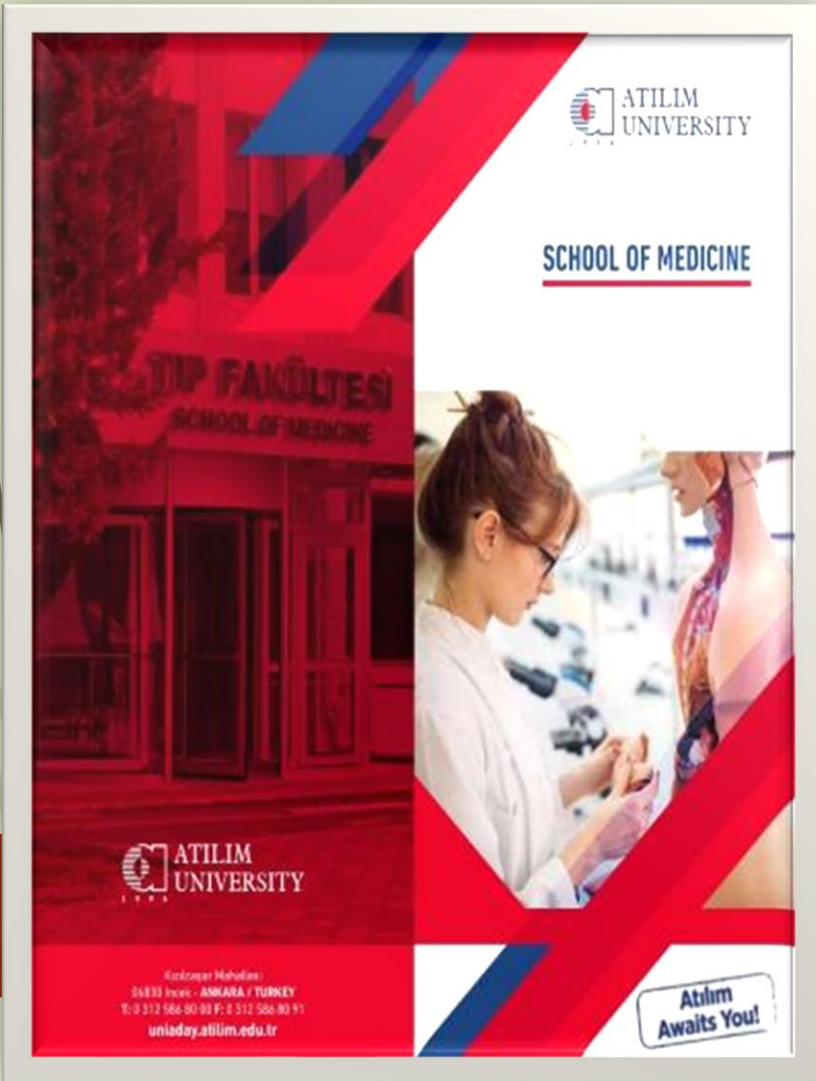
*Professor of Public Health*

*LLM; in Health Law*

*BSc; in Public Administration & Political Sciences*



Article 25 of the *Universal Declaration of Human Rights* covers a wide range of rights, including those to *adequate food, water, sanitation, clothing, housing and medical care*, as well as *social protection* covering situations beyond one's control, such as disability, widowhood, unemployment and old age. **UDHR**



*Phase 1 lecture, 2022 - 2023  
academic year, spring semester*

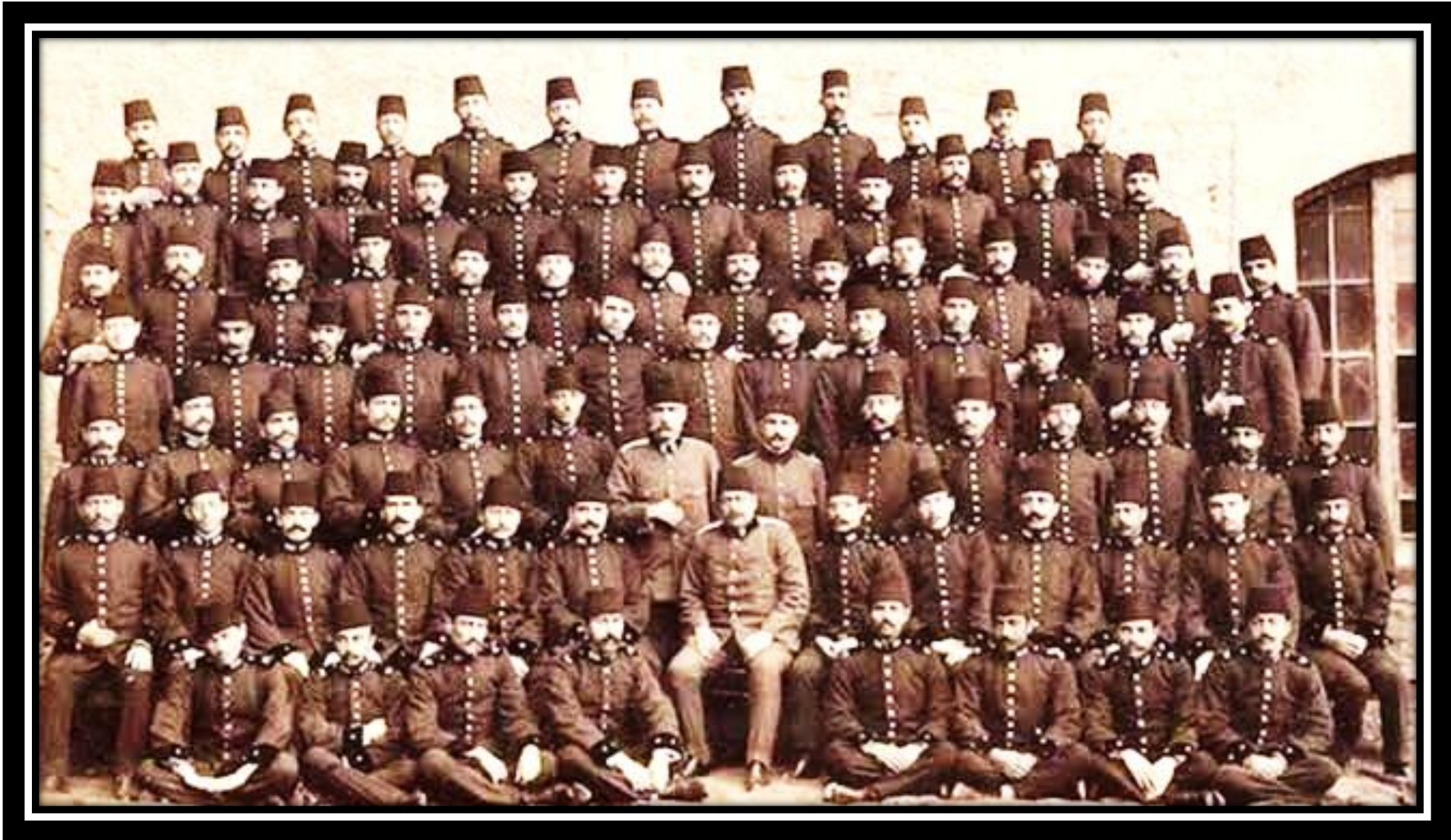
*03rd March 2023, Ankara - TURKIYE*

# 104th Anniversary of 14th March Feast of Medicine

- ❖ "The first Ottoman **Faculty of Medicine** was established under the title of "***Tiphane-i Amire***" and "***Cerrahhane-i Amire***" in Turkiye during ***the Sultan Mahmut II*** reign in March 14, 1827 at Tulumbacıbaşı mansion in Sehzadebasi district. In Turkiye this date is considered as the day ***when modern medical education*** began.
- ❖ Therefore, the school's founding date, **14th March** is celebrated as Medical Day. The 1st Medical Day celebration in Turkiye was held on **March 14, 1919** in Istanbul, while ***under the British occupation***. (*On 13 Nov. 1918, a French brigade entered the city to launch a de facto occupation of the Ottoman capital city Constantinopl. The invasion lasted until 13th Oct. 1922*)
- ❖ This celebration was also supported by the doctors of the era to **protest the invasion**.
- ❖ Therefore, this **resistance**, which took place for the sake of ***independence*** and which glorifies the spiritual values of the country, is of great importance in historical terms.



**Medical Students (Phase 1) of Istanbul Medical School, who all martyred in 1 night during defense of Dardanelles Strait, on 19 May 1915 and no graduate 6 years later, in 1921!**



# 104th Anniversary of 14th March Feast of Medicine

- ❖ In March 1919, *Mekteb-i Tıbbiye-i Şahane* in Istanbul was occupied by British troops.
- ❑ Medical students seeking remedies to rise up against the invaders and save the school;
- ❑ They decided to celebrate **14 March**, the anniversary of the founding of the school, collectively.
- ❑ Under the leadership of **Hikmet Bey**, a 3rd year medical student, they made a big show and hung a big *Turkish Flag* between the 2 towers of the school.
- ❑ The occupation forces intervened in this situation, but they could not stop it.
- ❑ The anniversary of this event, March 14, was the anniversary of the medical community's official confrontation with the *imperialist invasion* and the reason for today's **Medicine Day**.

# 104th Anniversary of 14th March Feast of Medicine

- ❑ On the day of the official **occupation of Istanbul**, the medical students hang a big Turkish flag between the 2 towers of *Haydarpaşa Medical School*, shouting to the face of the enemy that **this homeland is ours** and **they will fight for it.**
- ❖ *Even when the British occupied their schools, they showed resistance and continued this resistance throughout the War of Independence.*
- ❖ Medical students who participated in the **Çanakkale (Dardanelles) Defense War** are also saved a lot of lives by doing many surgeries without getting tired.
- ❖ **All of the first year medical students who came to Çanakkale from Istanbul were martyred in 1 night..** And there were no graduate physicians in 1921!
- ❖ It is this spirit that makes «**Çanakkale impassable**» and resists in occupied Istanbul. Of course, the efforts of our doctors and nurses who devotedly served at the front and behind; the front during and after the War of Independence are also of unforgettable value. ***So, we have to protect the holly heritage & Republic until the eternity.***



# 104th Anniversary of 14th March Feast of Medicine

- There were 3 medical doctors who will change the fate of the country on the Bandırma ferry that takes Mustafa Kemal Pasha to Samsun, on 19th May 1919.
- These were: Colonel ***Dr. İbrahim Tali Öngören***, Major ***Dr. Refik Saydam*** (later: Health Minister and Prime Minister) and Captain ***Dr. Behçet Efendi***.
- Also, **3rd year military medical student Hikmet Boran** who attended Sivas Congress on behalf of Istanbul Medical School in 1919 and we cannot pass without mentioning ***Dr. Reşit Galip*** as the Minister of National Education. He died of tuberculosis at 35 and there were only coins in his pocket.
- **Dr. T.R. Aras** also as the Minister for Foreign Affairs of **ATATÜRK**, lasted this job 12 years without interruption till 1937. He was also elected as the Chief for League of Nation which was predecessor of the United Nations.



Beni Türk hekimlerine emanet ediniz

K. Atatürk

***“Entrust me to Turkish physicians.”***



**"Hekimlik  
mesuliyet yükü  
her şeyden,  
ölümünden de ağır  
olan bir meslektir."  
Mustafa Kemal  
ATATÜRK**

***"Medicine is a profession whose burden of responsibility is heavier than anything else, even death."*** Mustafa Kemal ATATÜRK, *Founder of Türkiye*



# Learning objectives....

**At the end of this lecture, students are expected to :**

- ❖ Understand that ***accessing health services*** / goods is an essential / basic **human right**.
- ❖ Justify **access to health** on the basis of major national and international regulations.
- ❖ Conceive the described modalities for realising **access to health** in different systems..
- ❖ Summarize the importance of ***accessing health*** by giving concrete samples.
- ❖ Realise the rationale of the WHO's (*World Health Organisation*) **HFA (Health For All)** policy as a crucial tool for inforcement the target of **universal access to health care**.
- ❖ Explain the rationale of the WHO's UHC (***Universal Health Coverage***) Project focusing on reaching health care of all human beings in the World with no discrimination & excuse.

# Main Public Health Activities

- Prevention, promotion and protection
  - Communicable disease control
  - Selected health promotion
  - Organized immunization
  - Environmental health
  - Food standards and food safety
  - Screening programs
  - Health economy
  - Manpower improvements and supervision
  - Research

The **Quality-Adjusted Life Year QALY** is a generic measure of **disease burden**, including both the quality and the quantity of life lived. It is used in **economic evaluation** to assess the value for money of **medical interventions**.  
*One QALY equates to one year in perfect health.*



# United Nations

Peace, dignity and equality  
on a healthy planet

- **UN Charter art. 13/2** : Promoting international co-operation in the economic, social, cultural, educational, and **health** fields, and assisting in the realization of **human rights** and fundamental freedoms for all without distinction as to race, sex, language, or religion.
- **UN Charter art. 55/2** : *Solutions of international economic, social, **health**, and related problems; and international cultural and educational cooperation.*
- **UN Charter art. 62/1** : *The Economic and Social Council (ECOSOC) may make or initiate studies and reports with respect to international economic, social, cultural, educational, **health**, and related matters and may make recommendations with respect to any such matters to the *General Assembly* to the Members of the UN, and to the specialized agencies concerned (e.g. WHO, UNICEF, FAO, UNEP...).*

<https://www.un.org/en/about-us/un-charter/full-text>



# WHO and the Right to Health and well being:

# WHO

## PREAMBLE TO THE CONSTITUTION

The STATES parties to this Constitution declare, in conformity with the Charter of the United Nations, that the following principles are basic to the happiness, harmonious relations and security of all peoples:

Health is a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity.

The enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, political belief, economic or social condition.

The health of all peoples is fundamental to the attainment of peace and security and is dependent upon the fullest cooperation of individuals and States.

Healthy development of the child is of basic importance; the ability to live harmoniously in a changing total environment is essential to such development.

The extension to all peoples of the benefits of medical, psychological, and related knowledge is essential to the fullest attainment of health.

Informed opinion and active co-operation on the part of the public are of the utmost importance in the improvement of the health of the people.

Governments have a responsibility for the health of their peoples which can be fulfilled only by the provisions of adequate health and social measures.

ACCEPTING THESE PRINCIPLES,

*"The enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, political belief, economic or social condition."*

HEALTH  
is a state of  
COMPLETE  
physical, mental  
and social well-  
being and not  
merely the  
ABSENCE of  
disease or  
infirmity.

(WHO Constitution)



1948-1988  
WORLD HEALTH ORGANIZATION

Division of Public Information and Education for Health  
AVENUE APPA 151 GENÈVE 27 SWITZERLAND

# WHO Constitution

Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity

***Health promotion*** - "measures to preserve and increase the level of public health to ensure its full physical, spiritual and social welfare".

"The enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, political belief, economic or social condition."



# US President Franklin Roosevelt (1933-45; 4 terms)

## The Four Freedoms



Jan. 1941



Freedom  
of Speech



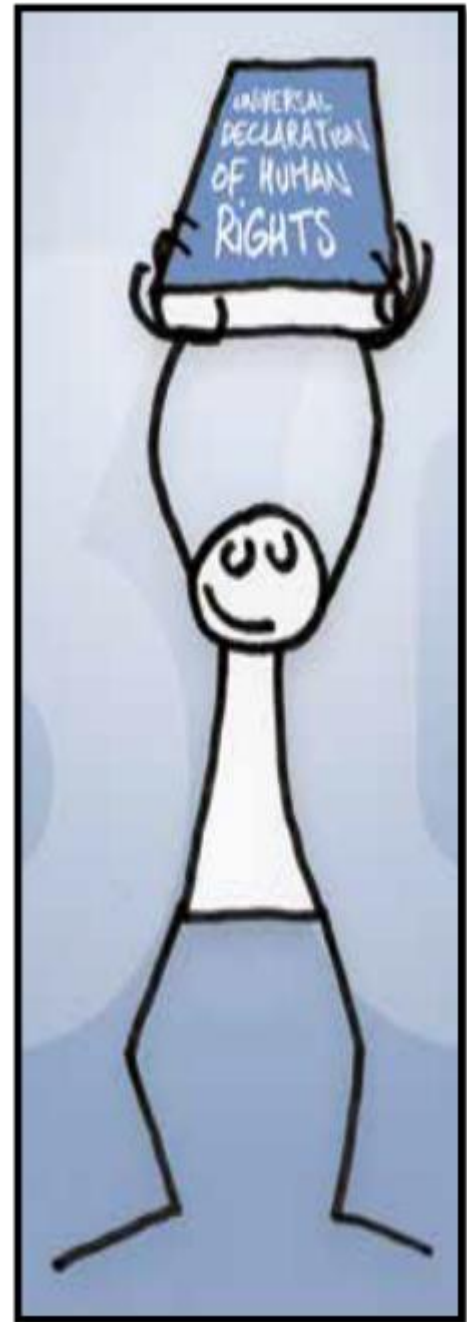
Freedom  
of Worship



Freedom  
from Want



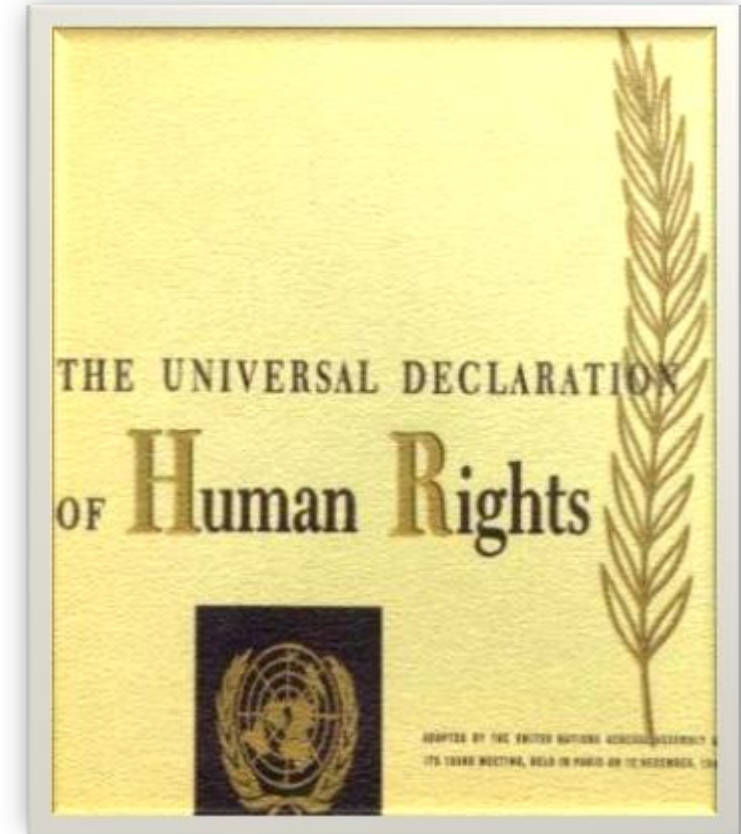
Freedom  
from Fear





# Universal Declaration of Human Rights - UDHR

- **Article 25** :
- 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.
- **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**.



<https://www.youtube.com/watch?v=DmhFw2Fls9k>

<https://www.youthforhumanrights.org/what-are-human-rights/videos/food-and-shelter-for-all.html>

[https://www.youtube.com/watch?v=Kwrl\\_IeKQO](https://www.youtube.com/watch?v=Kwrl_IeKQO)

# Public Health at the Crossroads : *Achievements and Prospects*

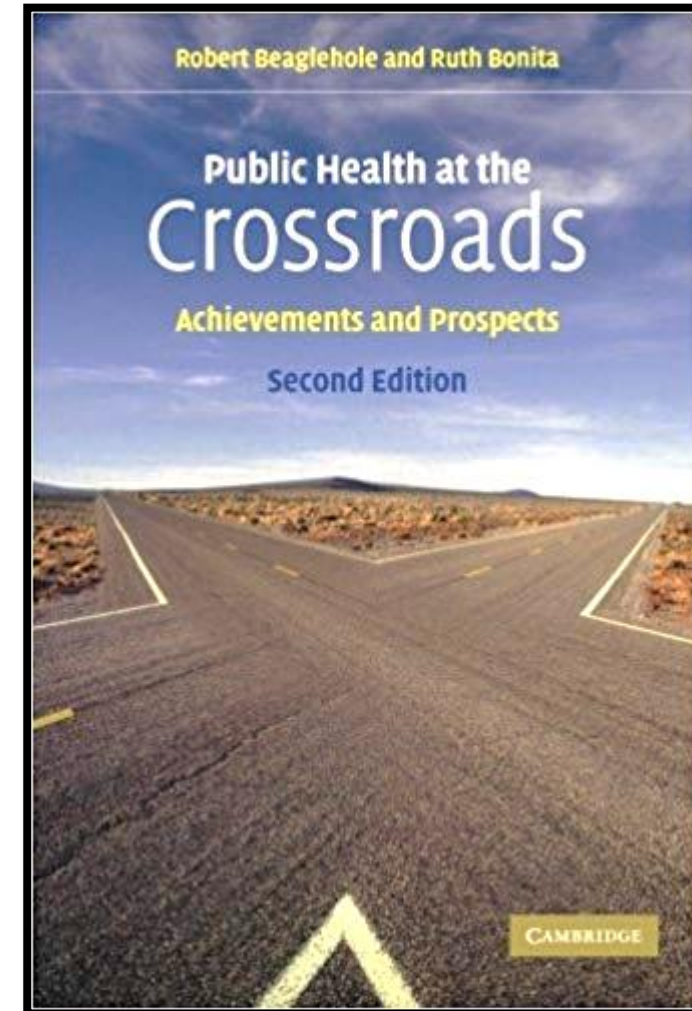
- *This book is an introduction to public health as a discipline and a critique of its recent development.*

***Identifying **p o v e r t y** as the greatest continuing threat to health worldwide,***

*it reviews epidemiological, demographic and Public Health trends internationally, and argues that the prospects for public health will improve only*

***if health in a broad sense becomes a central concern of the policy-making process.***

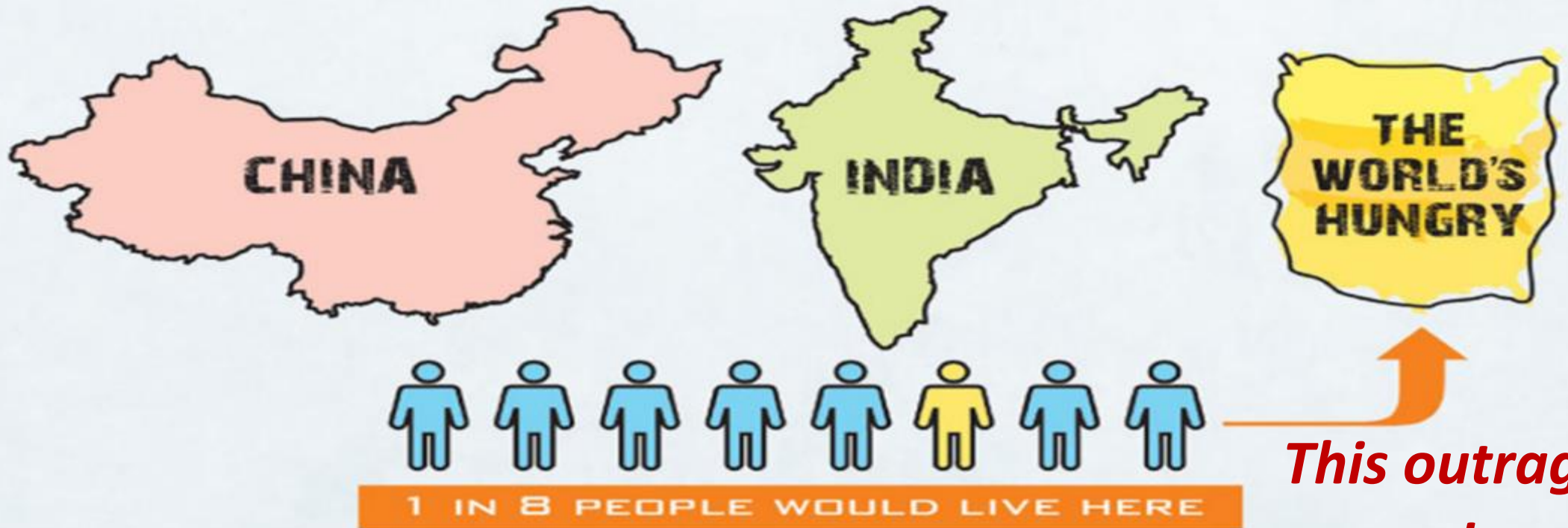
(R. Beaglehole, R. Bonita. WHO, Geneva, 2004)



# If HUNGER Were a Country

At any point in time, almost 1 billion people on our planet suffer from chronic undernourishment. That's about 1 in every 8 persons alive today. Moreover, about 24,000 people die every day from hunger-related causes and 16,000 of them are children under the age of five. If "hunger" were a country, it would be the third largest populated country in the world, just behind China and India. It would be almost three times the population of the USA.

## THE 3 LARGEST POPULATION GROUPS IN THE WORLD

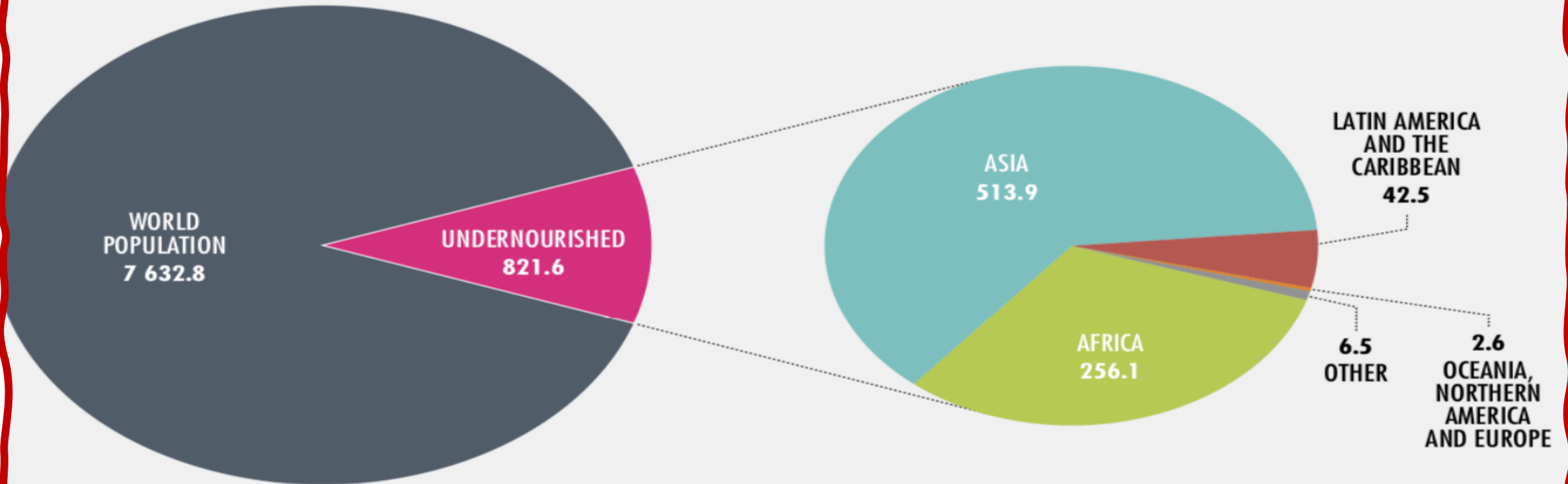


***This outrage must end!***



**FIGURE 9**  
**EVEN THOUGH ASIA STILL PREDOMINATES, MORE THAN THIRTY PERCENT**  
**OF THE UNDERNOURISHED IN THE WORLD LIVE IN AFRICA**

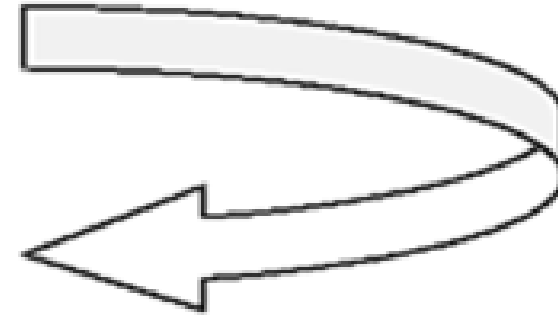
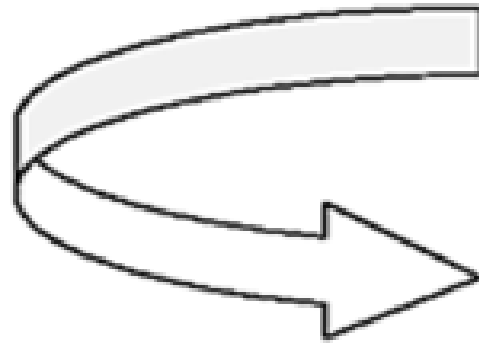
**DISTRIBUTION OF UNDERNOURISHMENT IN THE WORLD (IN MILLIONS) IN 2018\***



[FAO Report on World Hunger: More Than 820 Million People Are Hungry - Farm Policy News \(illinois.edu\)](#) 2.3.23

NOTES: \* Projected values.  
SOURCE: FAO.

# “The right to health”



## Underlying determinants

water, sanitation, food, nutrition, housing, healthy occupational and environmental conditions, education, information, etc.

## Health-care

**AAAQ**

**Availability, Accessibility, Acceptability, Quality**

(General Comment No. 14 of the Committee on Economic, Social and Cultural Rights)

**Dr. Tedros Adhanom Ghebreyesus, Director-General of WHO**  
***Human Rights Day***, 10th December 2017 & 70th year of the WHO

“The enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, political belief, economic or social condition.”

Almost 70 years after these words were adopted in the *Constitution of the World Health Organization*, they are more powerful and relevant than ever.

Since day one, the **right to health** has been central to WHO's identity and mandate.

It is at the heart of my top priority: **Universal health coverage (UHC)**.

The right to health for all people means that everyone should have access to the health services they need, *when and where* they need them, without suffering financial hardship. / **Your health your right!**



**Dr. Tedros Adhanom Ghebreyesus, Director-General of WHO**  
**Human Rights Day**, 10th December 2017 & 70th year of the WHO

*«..No one should get sick and die just because they are poor, or because they cannot access the health services they need. Good health is also clearly determined by other **basic human rights** including access to safe drinking water and sanitation, nutritious foods, adequate housing, education and safe working conditions.»*

The right to health also means that everyone should be entitled to control their own health and body, including having access to sexual and reproductive information and services, free from violence and discrimination. / **Your health your right!**

**Your health your right! : Dr. Tedros Adhanom Ghebreyesus,**  
**Director-General of WHO / *Human Rights Day*, 10th December 2017**

Everyone has the right to *privacy* and to be treated with *respect and dignity*.

Nobody should be subjected to medical experimentation, forced medical examination or given treatment without informed consent.

*That's why WHO promotes the idea of **people-centered care**; it is the embodiment of human rights in the practice of care.*

*When people are marginalized or face **stigma or discrimination**, their physical and mental health suffers. Discrimination in health care is unacceptable and is a major barrier to development.*

But when people are given the opportunity to be active participants in their own care, instead of passive recipients, their human rights respected, the outcomes are better and health systems become more efficient.

**Dr. Tedros Adhanom Ghebreyesus, Director-General of WHO**  
***Human Rights Day***, 10th December 2017 & 70th year of the WHO

We have a long way to go until everyone -*no matter who they are, where they live, or how much money they have*- has access to these basic human rights.

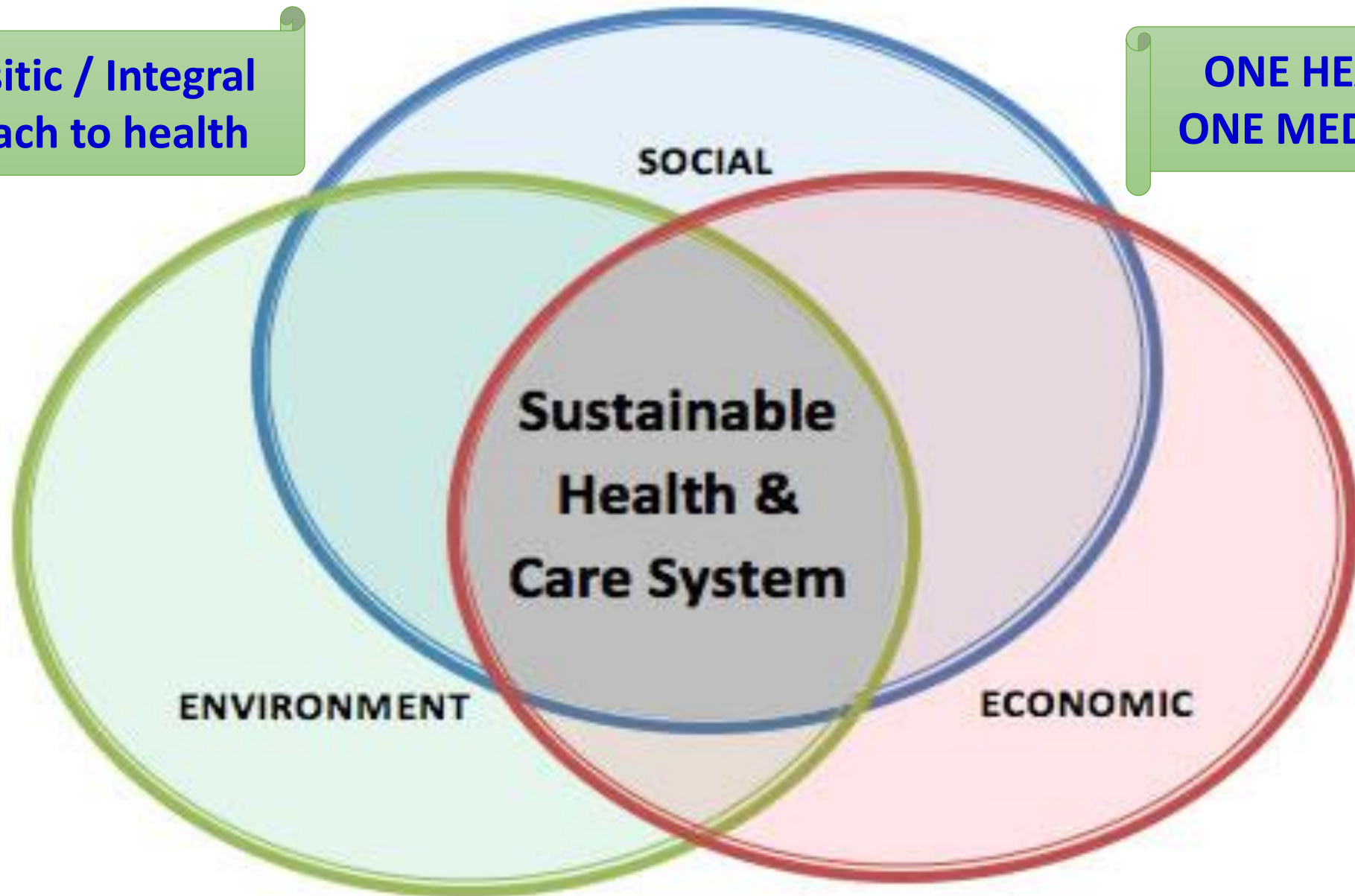
The central principle of the *2030 Agenda for Sustainable Development* is to ensure that no one is left behind. (*New motto : Sustainable life!*)

I call on all countries **to respect and protect human rights in health** – in their laws, their health policies and programmes. We must all work together to combat **inequalities and discriminatory practices** so that everyone can enjoy the benefits of good health, no matter their age, sex, race, religion, health status, disability, sexual orientation, gender identity or migration status. / **Your health, your right!**



**Wholisitic / Integral  
approach to health**

**ONE HEALTH,  
ONE MEDICINE!**



# Universal health coverage (UHC)

WHO uses 16 essential health services in 4 categories as indicators of the level and equity of coverage in countries:

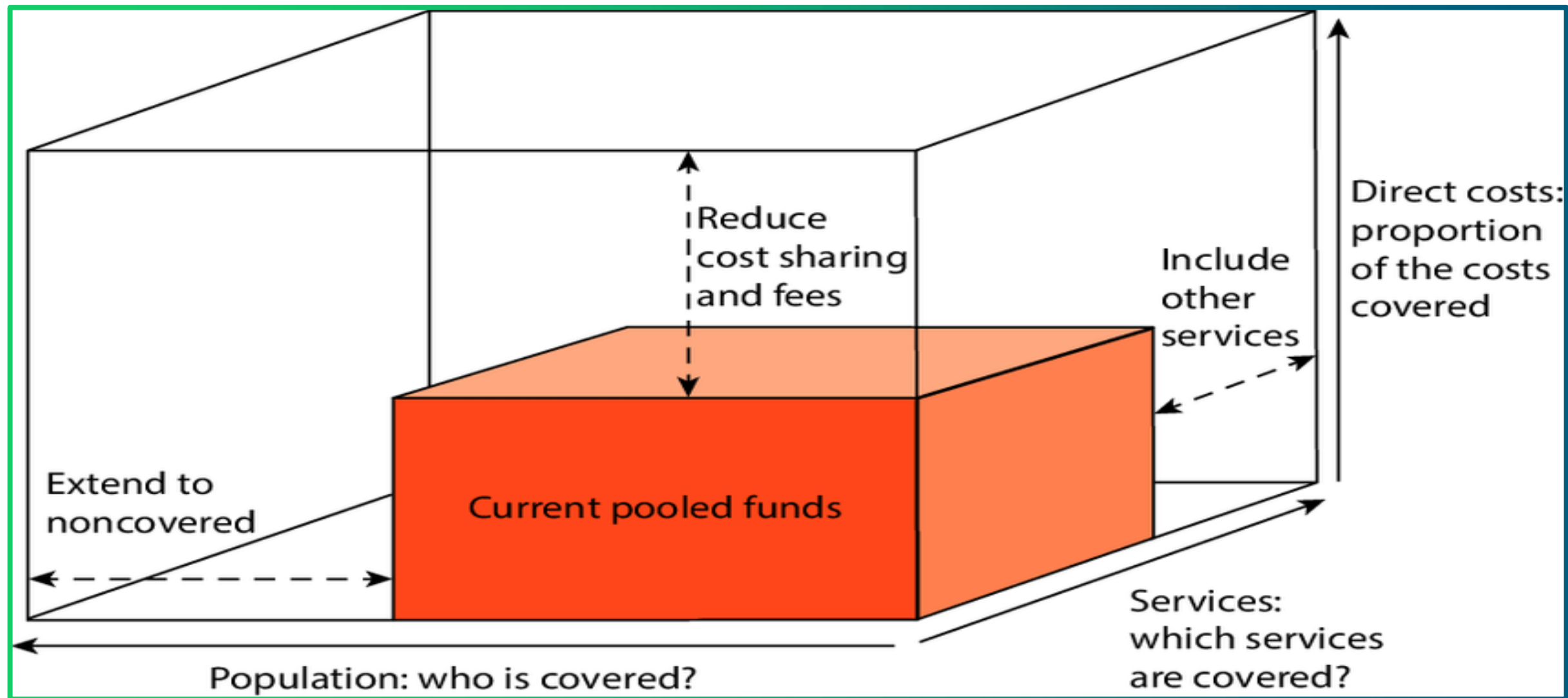
Reproductive, maternal, newborn and child health:

- **family planning**
- *antenatal and delivery care*
- **full child immunization**
- *health-seeking behaviour for pneumonia (for early diagnosis!).*

[http://www.who.int/news-room/fact-sheets/detail/universal-health-coverage-\(uhc\)](http://www.who.int/news-room/fact-sheets/detail/universal-health-coverage-(uhc)),  
01.09.2018



# Universal health coverage (UHC)-3D Model





# Safe motherhood

Family planning

Antenatal Care

Obstetric care

Postnatal care

Abortion care

STD/HIV control



Communication for behaviour change

Primary Health Care

Equity for Women

**WHO : The number of people living with depression increased by more than 18% between 2005 and 2015.**

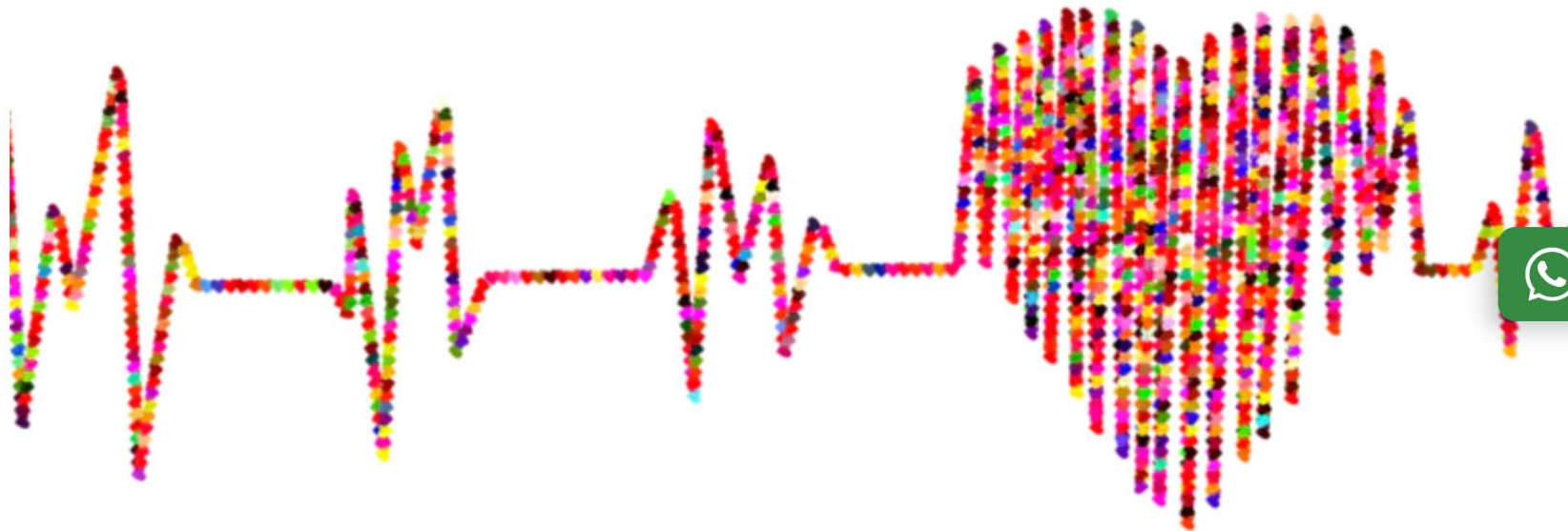
## ➤ **Depression: Let's talk**

- **World Health Day**, celebrated on **7 April** every year to mark the anniversary of the founding of WHO, provides us with a unique opportunity to mobilize action around a specific health topic of concern to people all over the world.
- The theme of 2021 World Health Day campaign is
- **“Together for a fairer, healthier World!”**
- The **World Health Day** is a global **health awareness day** celebrated on **7 April every year**.



# World Health Day April 7, 2021: *Building a fairer, healthier world...*

- ❖ World Health Day is celebrated on April 7 every year.
- ❖ The theme for *World Health Day* for 2021 is
- ❖ **Building a fairer, healthier world.**

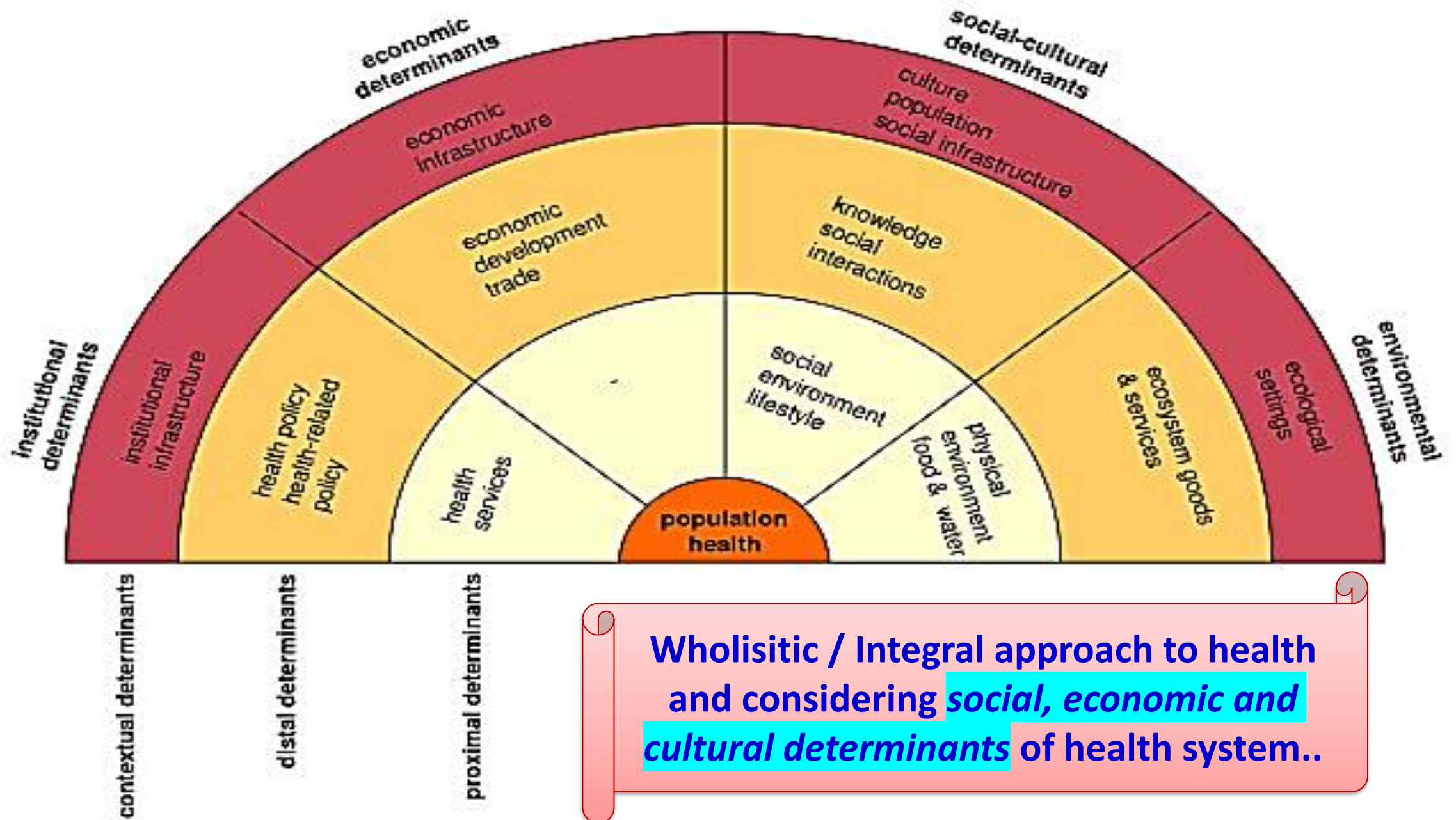




**Wholisitic / Integral  
approach to health**

**ONE HEALTH,  
ONE MEDICINE!**



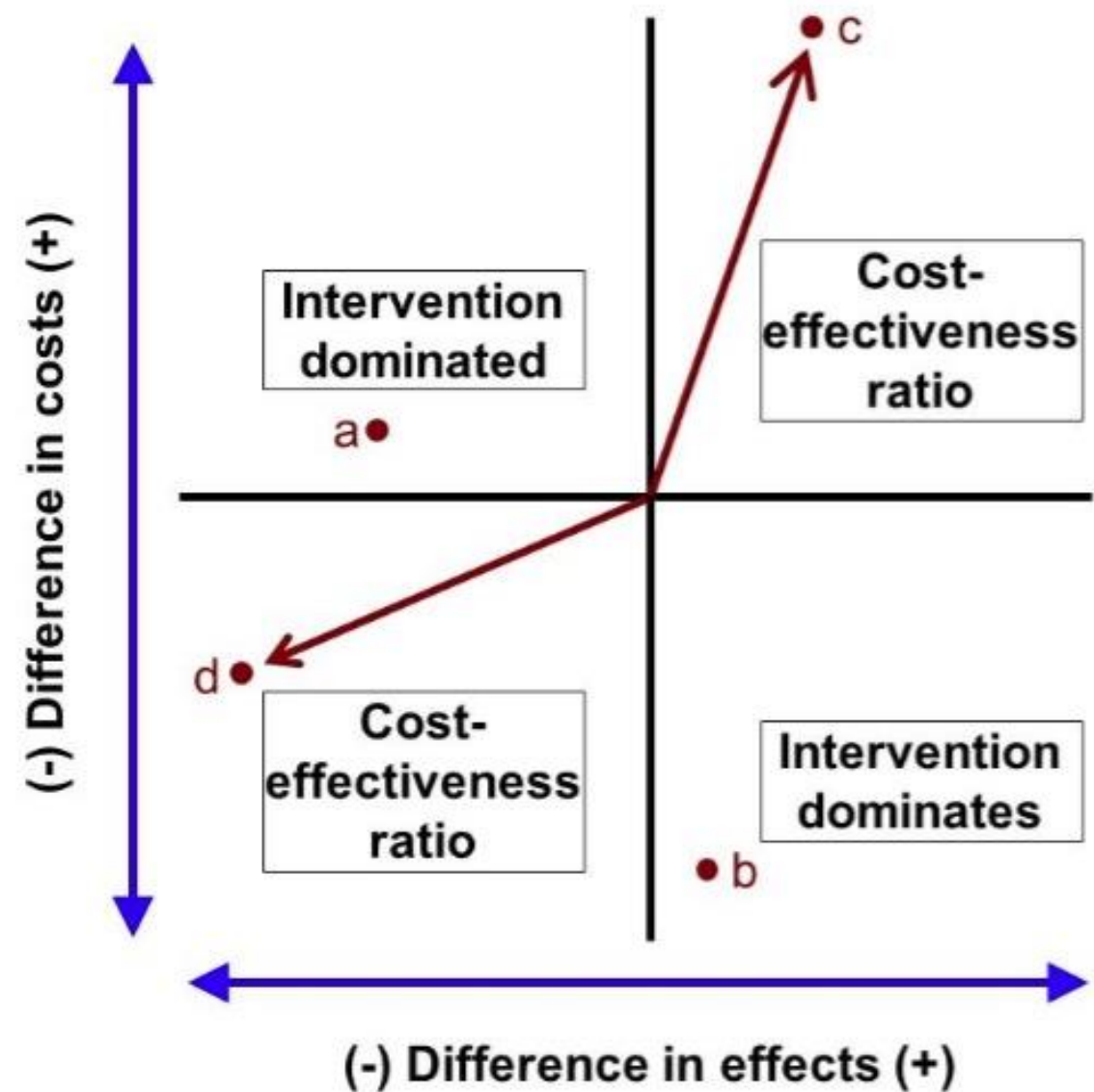


**Wholisitic / Integral approach to health and considering social, economic and cultural determinants of health system..**

## Assessing health care most cost-effectively

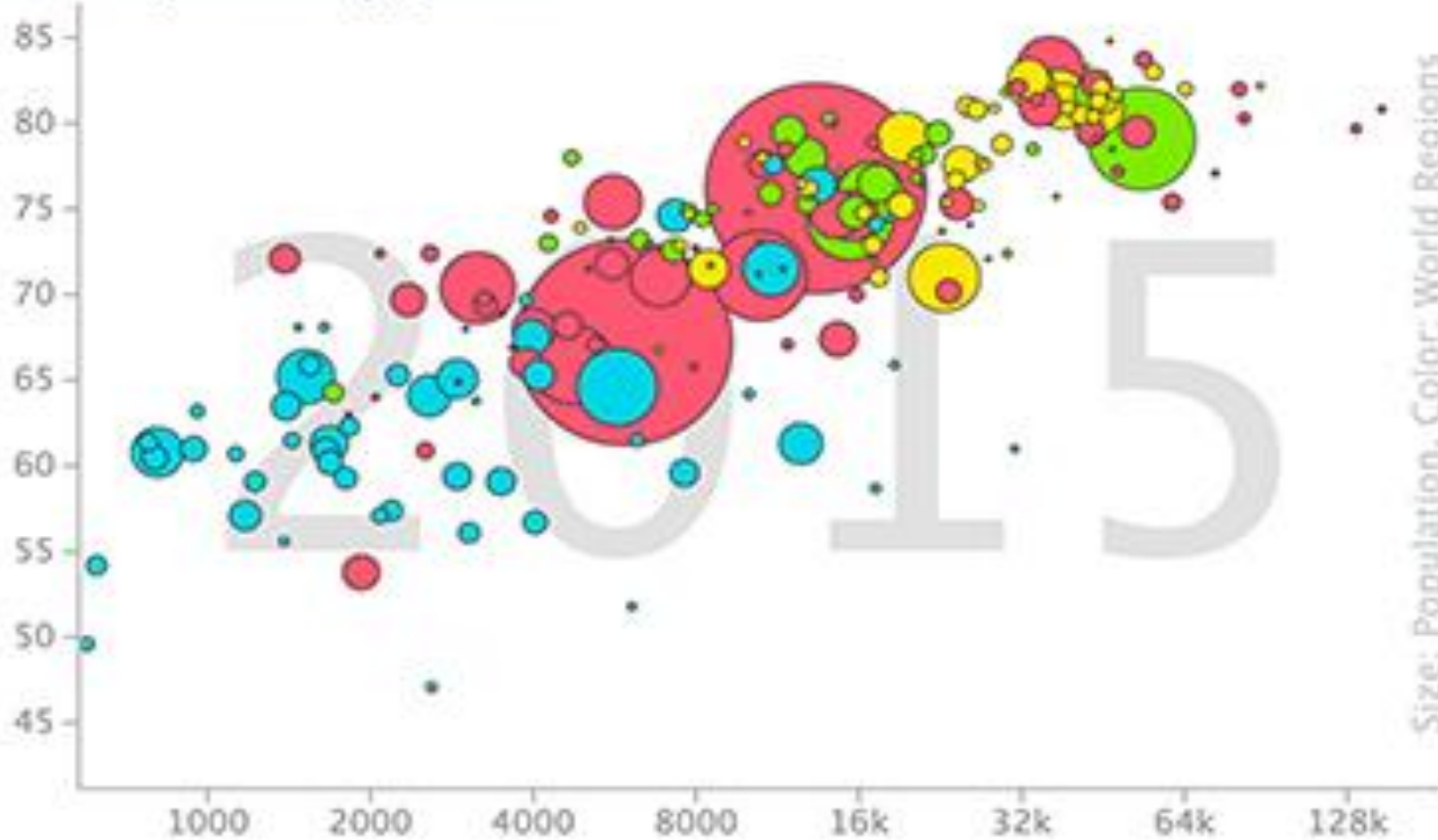
*Which approach is most cost-effective?  
a, b, c, d and why??*

*Is cost-effectiveness a must for a given healthcare service??*





Life expectancy, years



Income per person, \$/year (GDP/capita)

How can we explain the potential relationships between Life Expectancy at birth ( $E_0$ ) and income per person (GDP/per capita - per annum?) (pc/pa)

*Dose it seem to be linear?*

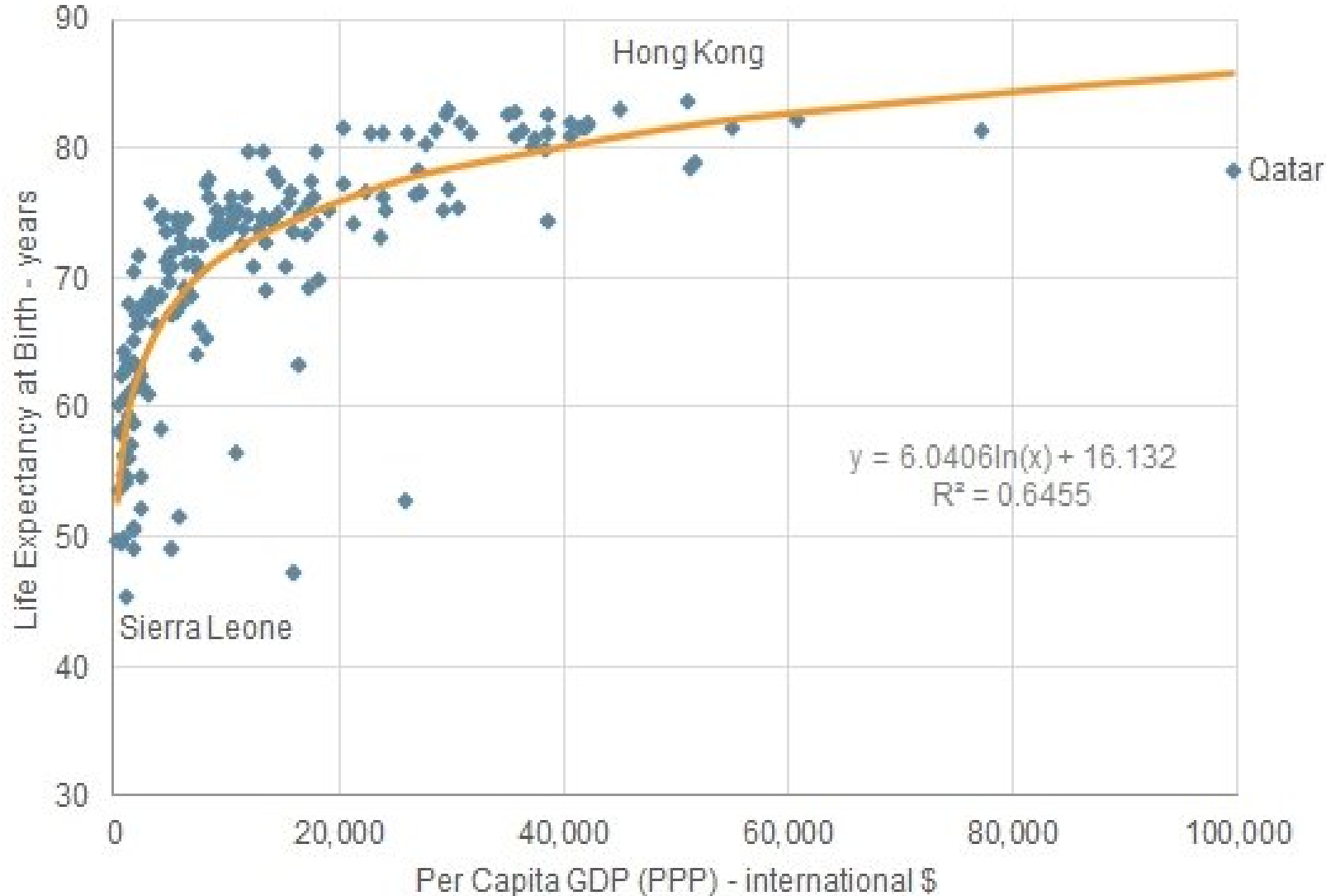
Is this linear correlation between 2 variables in terms of  $E_0$  & GDP/pc-pa statistically significant?

*Please read about and construct an idea on, discuss with each other.*



# The Preston Curve

n = 184



The relationship between income and life expectancy has been demonstrated by a lot of studies. **The Preston curve**, for example, indicates that individuals born in wealthier countries, on average, can expect to live longer than those born in **poor countries**. It is not the aggregate growth in income, however, that matters most, but the reduction in **poverty**. Exploring how the connection between per capita GDP and life expectancy weakens after reaching a certain level, and looking at examples where income gains didn't translate into **life expectancy** improvements is valuable.

<https://www.euromonitor.com/article/economic-growth-and-life-expectancy-do-wealthier-countries-live-longer>

## *The Growing Gap in Life Expectancy by Income*

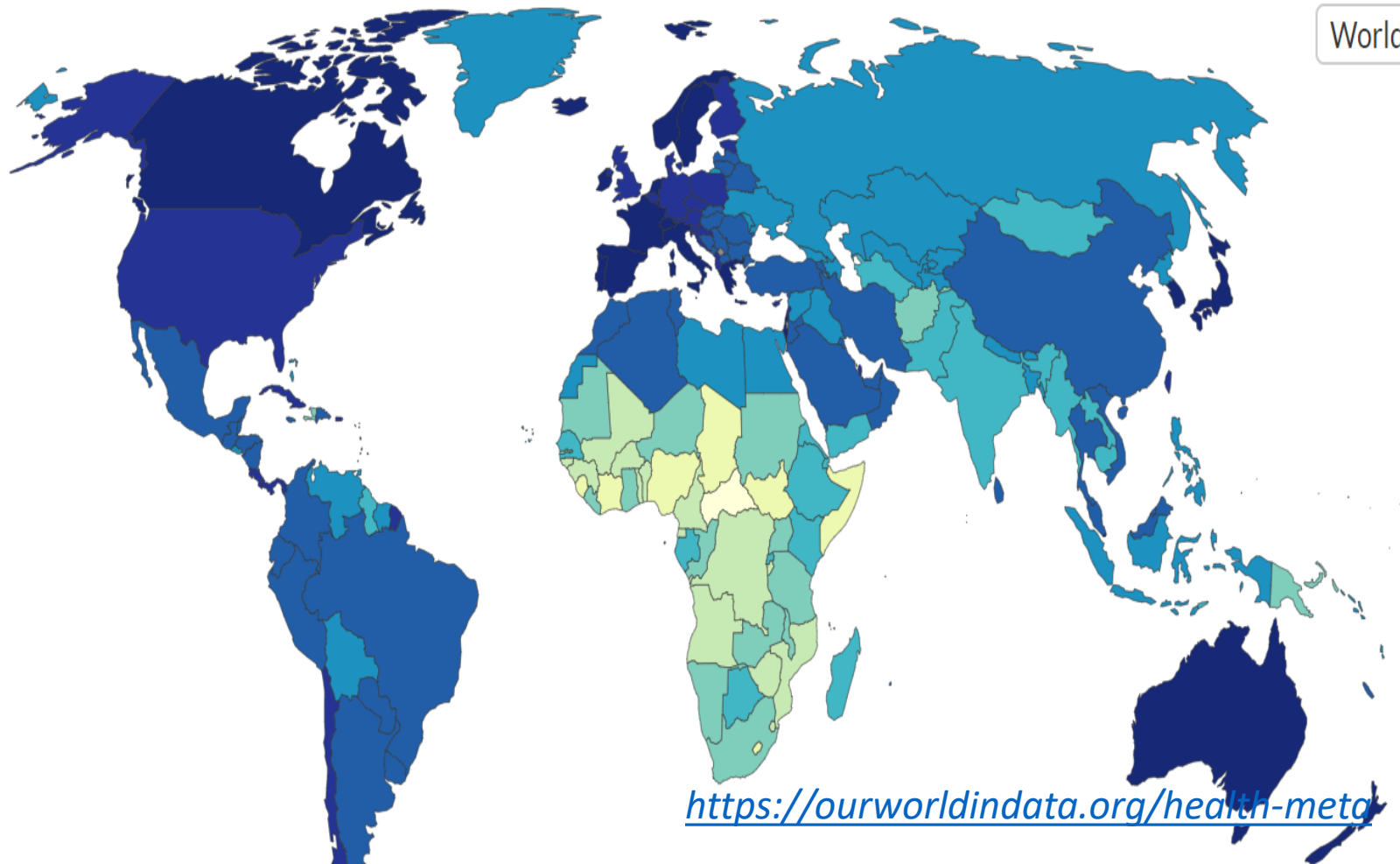


**Congressional  
Research Service**  
Informing the legislative debate since 1914

Recent research documents a substantial and growing gap in life expectancy by income. In comparison with individuals born earlier in the 20th century, cohorts of Americans born more recently are experiencing wider such gaps in life expectancy. That is, ***individuals with lower lifetime earnings are living shorter lives***, on average, than their counterparts with higher lifetime earnings—and this gap has continued to widen over recent decades.

# The global distribution of the disease burden

Life expectancy, 2019



This map shows **DALYs** per 100,000 people of the population. It is thereby measuring the distribution of the *burden of both mortality and morbidity* around the world.

We see that rates across the regions with the best health are below 20,000 **DALYs** per 100,000 individuals. In 2017 this is achieved in many European countries, but also in Canada, Israel, S. Korea, Taiwan, Japan, Kuwait, the Maldives, and Australia.

In the worst-off regions, particularly in Sub-Saharan Africa, the rate is higher than 80,000 **DALYs** per 100,000.

# Does ILO have right to health?

At its 110th Session in June 2022, the International Labour Conference decided to amend paragraph 2 of the ILO Declaration on Fundamental Principles and Rights at Work (1998) to include **“a safe and healthy working environment”** as a fundamental principle and right at work, and to make consequential amendments to the ILO.



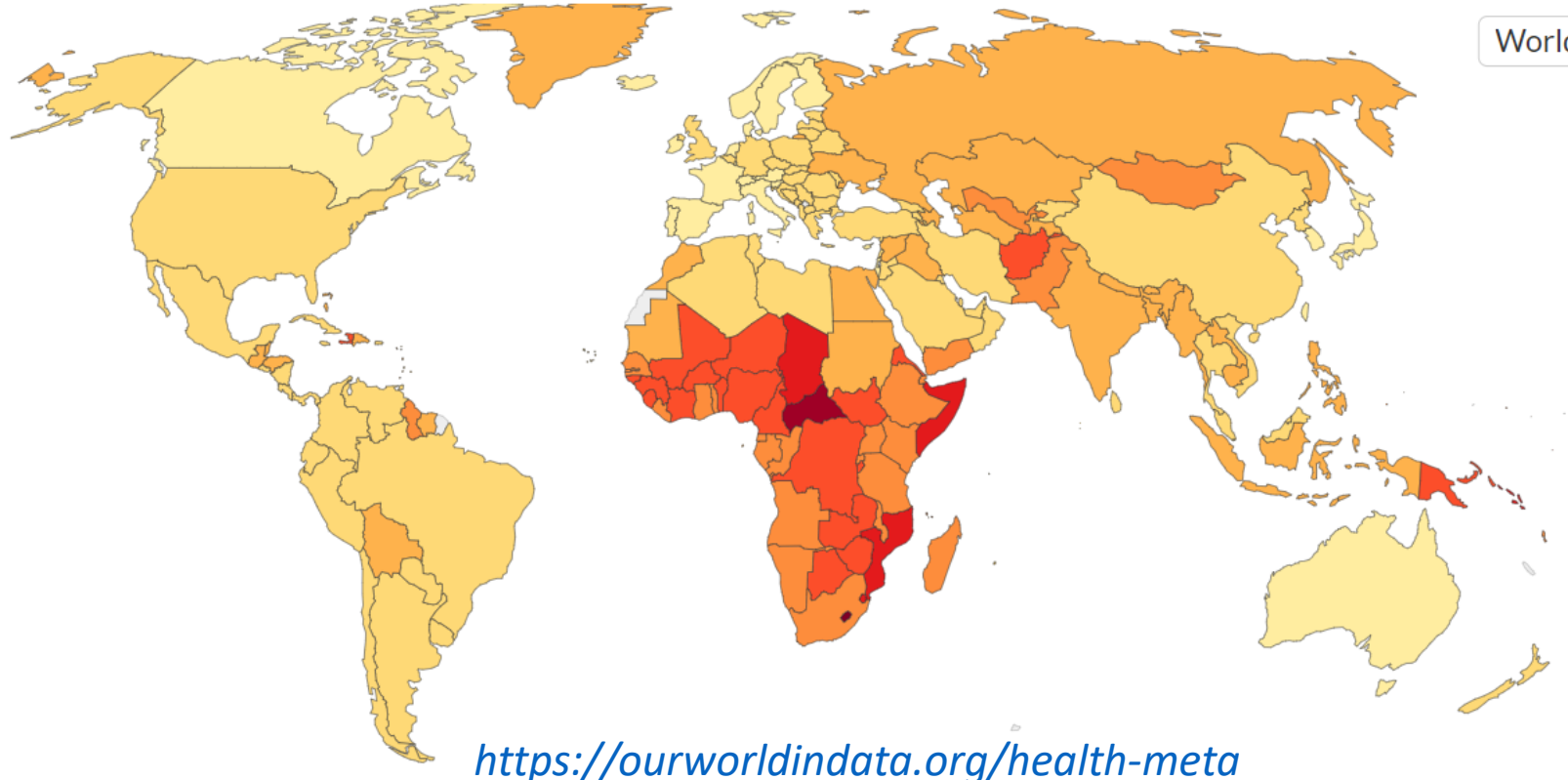


# Burden of disease, 2019

Disability-Adjusted Life Years (DALYs) per 100,000 individuals from all causes.

DALYs measure the total burden of disease – both from years of life lost due to premature death and years lived with a disability. One DALY equals one lost year of healthy life.

Our World  
in Data



World

According to the **Turkish Constitution**, access to health care is accepted as a human right. The laws for refugees in Turkiye are in compliance with those of the UN and European Union (EU) in many concerns. The rights on social issues are also guaranteed by the 1951 **Geneva Convention** and 1967 Protocol.

Source: IHME, Global Burden of Disease

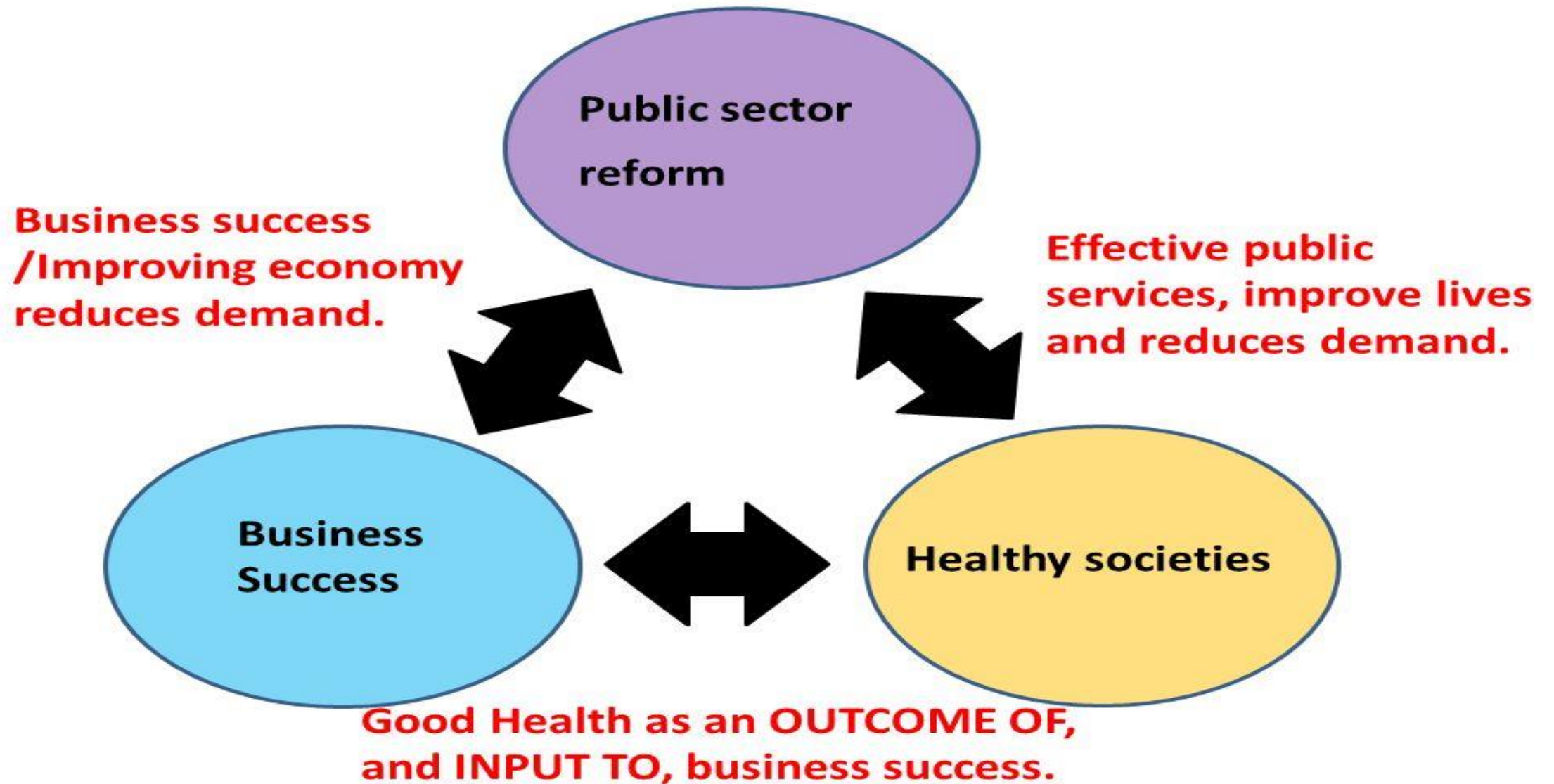
OurWorldInData.org/burden-of-disease • CC BY

Note: To allow comparisons between countries and over time this metric is age-standardized.

▶ 1990

Subscri

# Whole system approaches



# Essential Health Benefits

✓ Plans must cover 10 categories of mandated essential health benefits:

## Essential Health Benefit Categories

<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>	<b>8</b>	<b>9</b>	<b>10</b>
Ambulatory patient services	Emergency Services	Maternity and newborn care	Pediatric services including dental and vision care	Rehabilitative/habilitative services and devices	Mental health and substance use disorder services, including behavioral health treatment	Preventive and wellness services and chronic disease management	Hospitalization	Prescription Drugs	Laboratory services

It is not enough organising these full spectrum of health services; but **The State has to ensure accessing all citizens these services** without any pre-condition and financing should be based on *fair taxation system* rather than additional payments such as pocket or general health insurance system.

# The right to healthcare in today's challenging world:

Conclusion since 1945, when **the UN** was founded, human rights are in the spotlight.

Their distinction into categories or generations might not correspond with today's reality.

In opposition to civil and political rights and also 3rd generation rights, the scope of

***social rights*** is the realization of *de facto* **equality**.

They exist in order to blunt the conflicts so that every human being can live a life ***in dignity***.

Therefore, this must be the target during the formulation of every national **health care**

strategy consistent with international law.

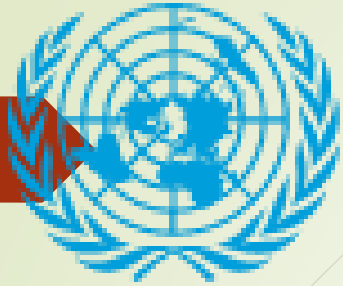
The preservation and the constant improvement of the ***appropriate health care services***

are elements indicative of the existence of a ***welfare state***.

The protection of the citizens means at the same time development and prosperity for the state itself. ***After all a state exists for its citizens and not vice versa.***

<https://rm.coe.int/090000168048d629> 2.3.23)





**United  
Nations**



UNITED NATIONS  
**HUMAN RIGHTS**  
OFFICE OF THE HIGH COMMISSIONER

«Access to health care is a  
*fundamental human right*  
& must be protected.

**Healthcare is a fundamental human right.»**

UN Human **Rights**



*Thank You*

**Ahmet SALTİK, MD**

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