

# Access to Health Care

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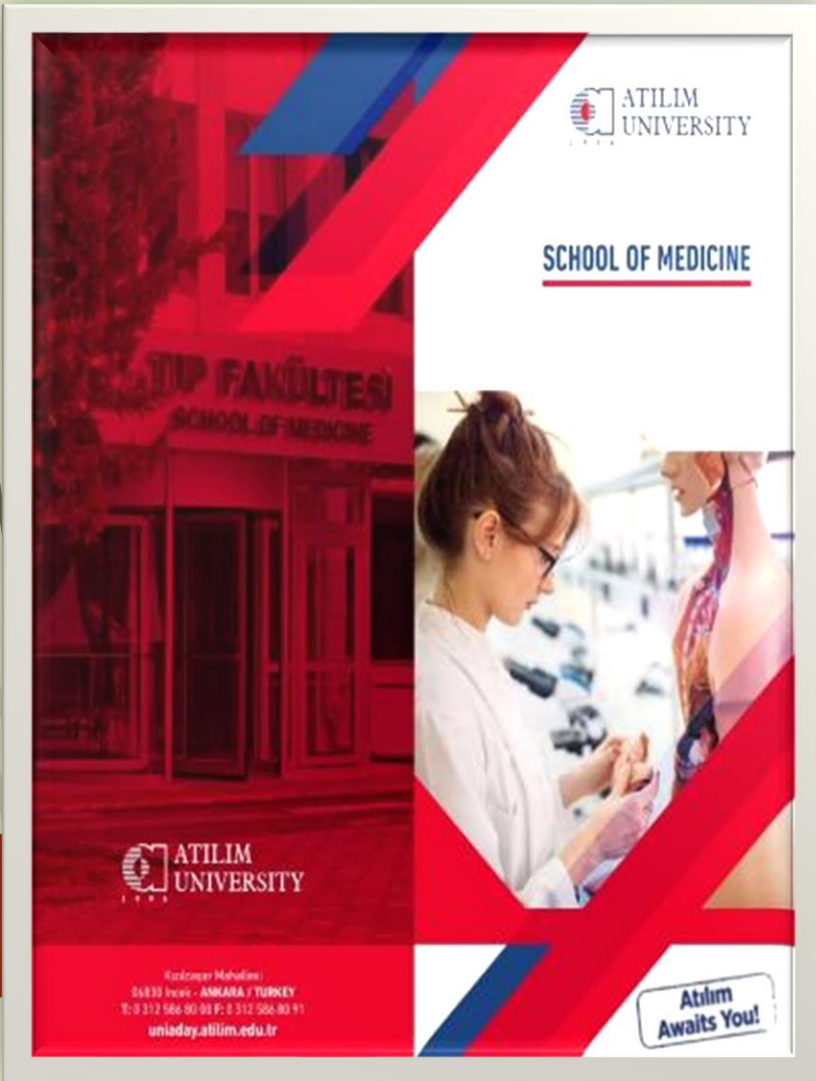
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*LLM; in Health Law*

*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, 2023 - 2024  
academic year, spring semester  
22nd Febr. 2024, Ankara - TURKIYE*



# 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 D. Roosevelt (1933-45; 4 terms)

## The Four Freedoms



Freedom of Speech

Freedom of Worship

Freedom from Want

Freedom from Fear

Jan. 1941

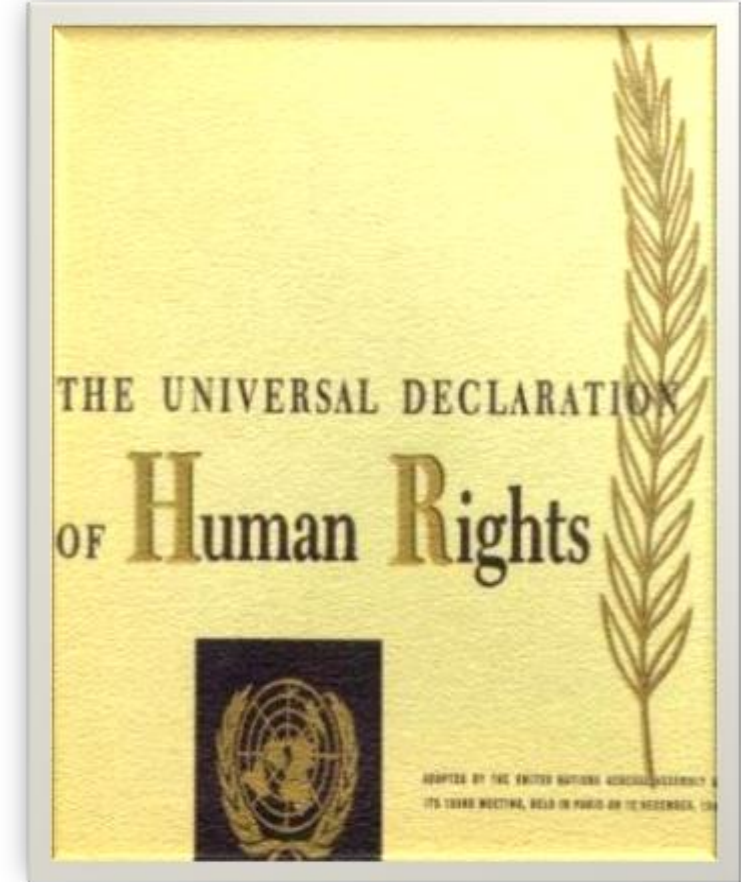


[www.britannica.com/event/Four-Freedoms](http://www.britannica.com/event/Four-Freedoms) [Four Freedoms | Encyclopedia.com](http://Four Freedoms | Encyclopedia.com)



# 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\\_IeOKQO](https://www.youtube.com/watch?v=Kwrl_IeOKQO)

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

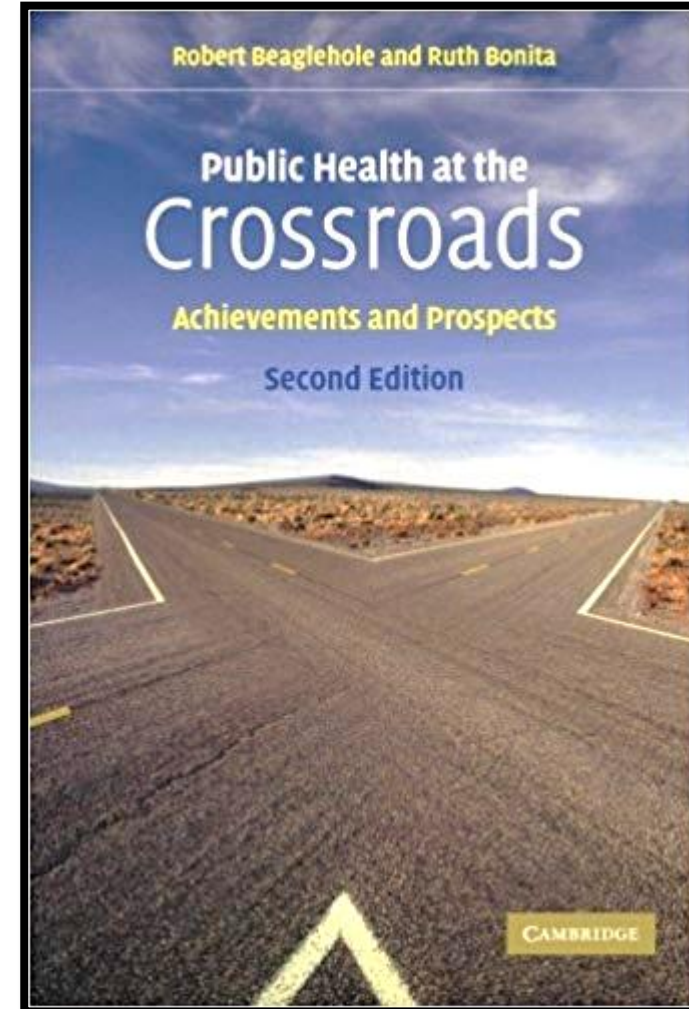
- *This book is an introduction to public health as a discipline and a critique of its recent development.*

***Identifying poverty 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)



## Extreme poverty.....

### How far have we come, how far do we still have to go?

- Two centuries ago the majority of the world population was extremely poor — even those living in today's richest countries. Back then, it was widely believed that widespread poverty was inevitable.
- But this turned out to be wrong. **Economic growth** is possible and poverty can decline. The world has made immense progress against extreme poverty.
- Yet even after two centuries of progress, **extreme poverty** is still the reality for every tenth person in the world. This means roughly 800 *million* people.

*Our World in Data newsletter@ourworldindata.org, 08.09.2023*

# 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.

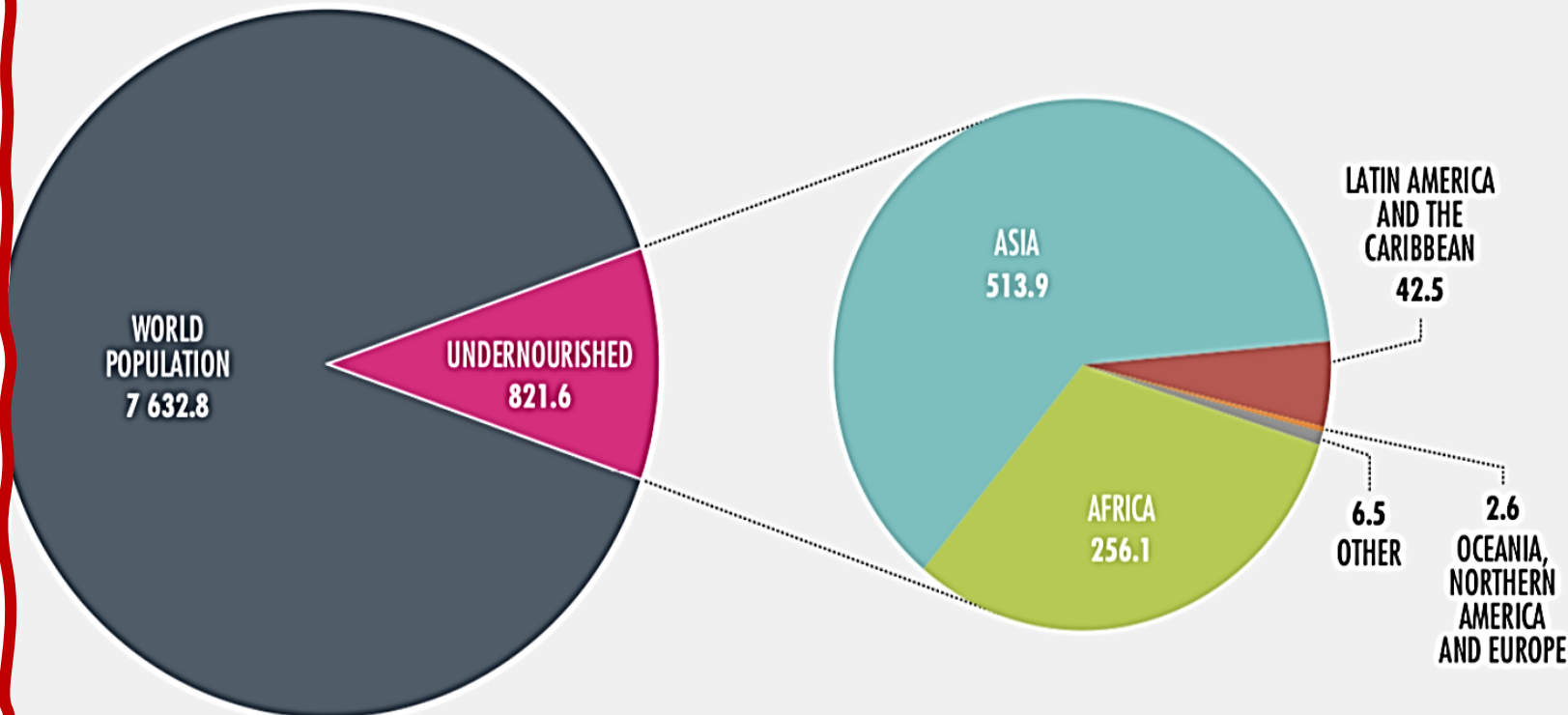
## THE 3 LARGEST POPULATION GROUPS IN THE WORLD



***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\***

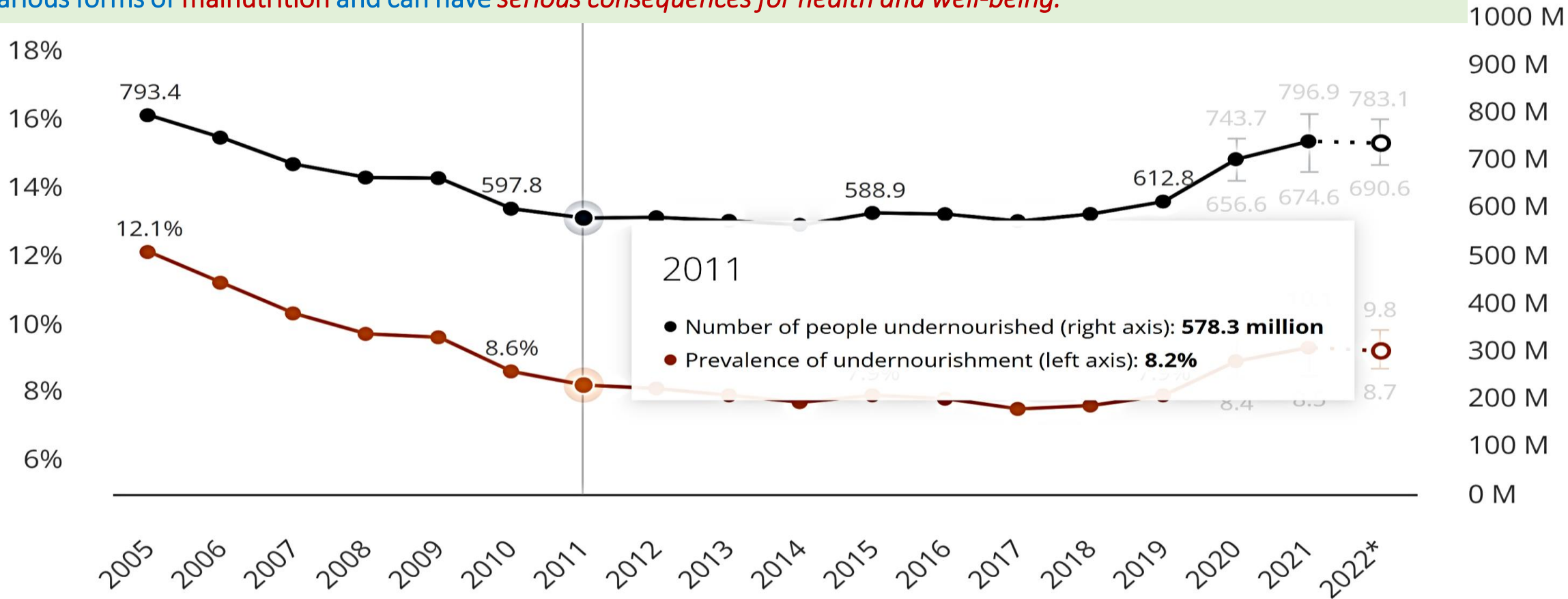


[FAO Report on World Hunger: More Than 820 Million People Are Hungry – Farm Policy News \(illinois.edu\)](#) 2.3.23

NOTES: \* Projected values.  
SOURCE: FAO.



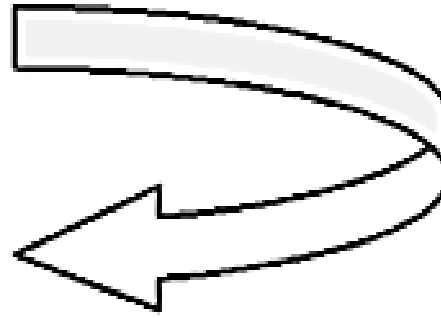
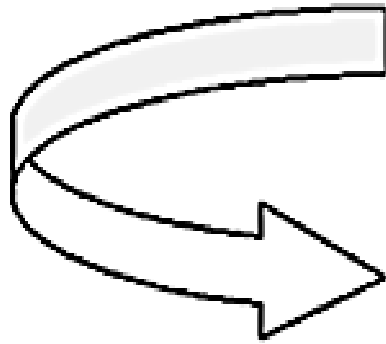
FAO's imperative is to make sure no one suffers from hunger. Yet, while many people may not be "hungry" in the sense that they are suffering physical discomfort caused by a severe lack of dietary energy, they may still be food insecure. They might have access to food to meet their energy requirements, yet are uncertain that it will last, or they may be forced to reduce the quality and/or quantity of the food they eat in order to get by. This moderate level of food insecurity can contribute to various forms of malnutrition and can have *serious consequences for health and well-being*.



**Between 691 and 783 million people faced hunger in 2022**

The Prevalence of Undernourishment (PoU) is FAO's traditional indicator used to monitor hunger at the global and regional level and is based on country data on food availability, food consumption and energy needs.

# “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

“When health is at risk,  
everything is at risk”

(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!*)

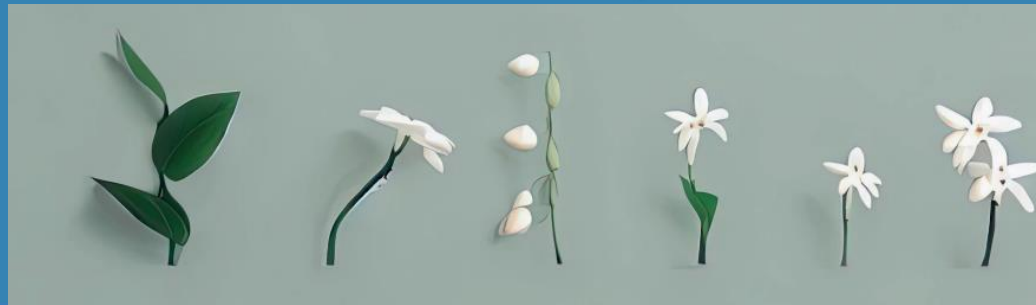
I call on all countries **to respect and protect human rights in health** – in their laws, their health policies and programmes. We must all work together to combat **inequalities and discriminatory practices** so that everyone can enjoy the benefits of good health, no matter their age, sex, race, religion,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



Weekly hot topic

# Seventy-sixth World Health Assembly

The Seventy-sixth World Health Assembly is being held in Geneva, Switzerland, on 21–30 May 2023. The theme of this year's Health Assembly is: WHO at 75: Saving lives, driving health for all. Proceedings are webcast live. Simultaneous interpretation is available in Arabic, Chinese, English, French, Russian and Spanish.



**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:

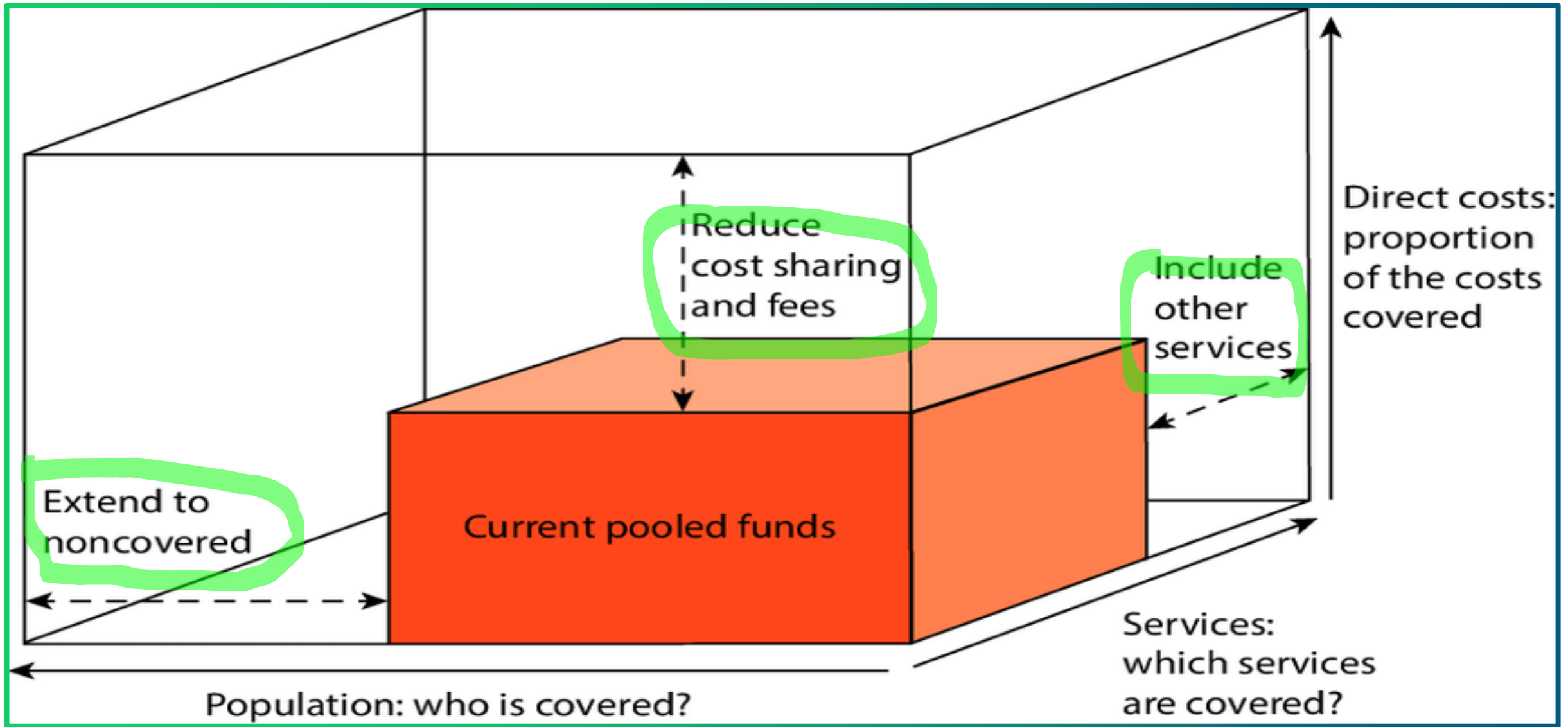
Reproductive, maternal, newborn and child health:

- **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 Dynamic 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.**

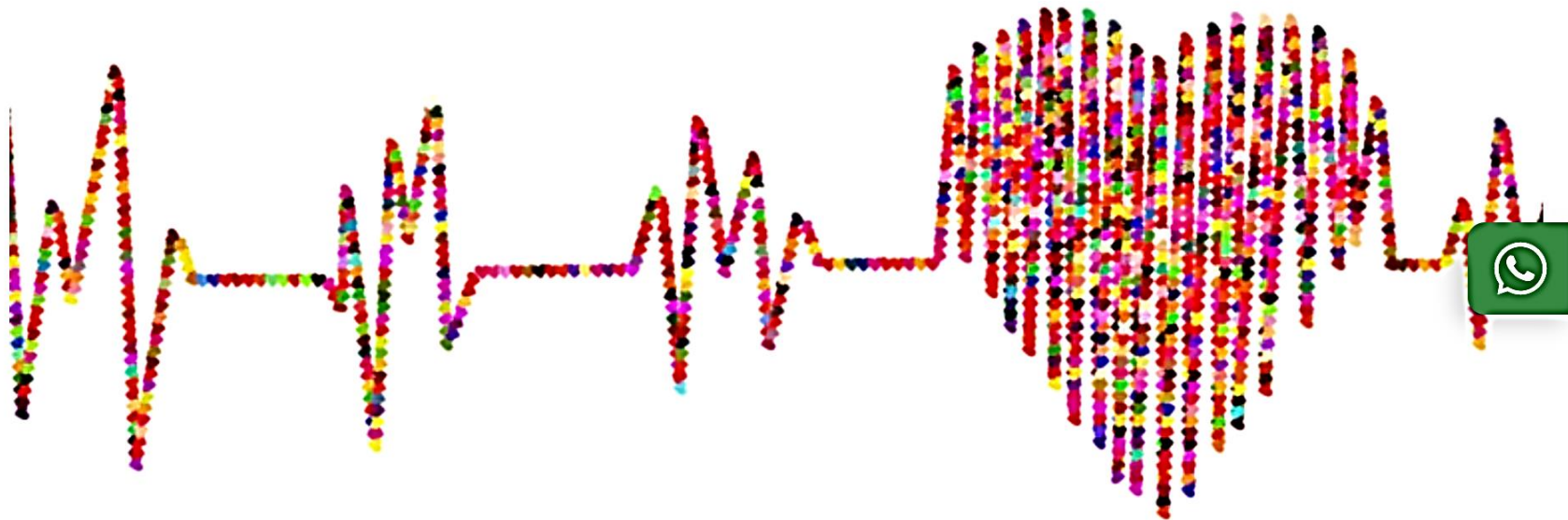
## ➤ **Depression: Let's talk**

- **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.**



**10  
minutes**



# World Health Days April 7...

World Health Day is celebrated on April 7 every year.

- ❑ World Health Day 2023: *Health For All*
- ❑ World Health Day 2022: *Our Planet, Our Health*
- ❑ World Health Day 2021: *Building a fairer, healthier world*
- ❑ World Health Day 2020: *Support Nurses and Midwives*
- ❑ World Health Day 2019: *Health for all : Everyone, everywhere*
- ❑ World Health Day 2018: *Universal Health Coverage : Everyone, everywhere*
- ❑ World Health Day 2017: *Depression : Let's talk*
- ❑ World Health Day 2016: *Beat Diabetes*
- ❑ World Health Day 2015: *Food Safety*
- ❑ World Health Day 2014: *Vector-borne diseases*



The main purpose is realising all people can access high quality health services whenever they need regardless their sex, ethnicity, religion... socio-economic condition as an essential human right..

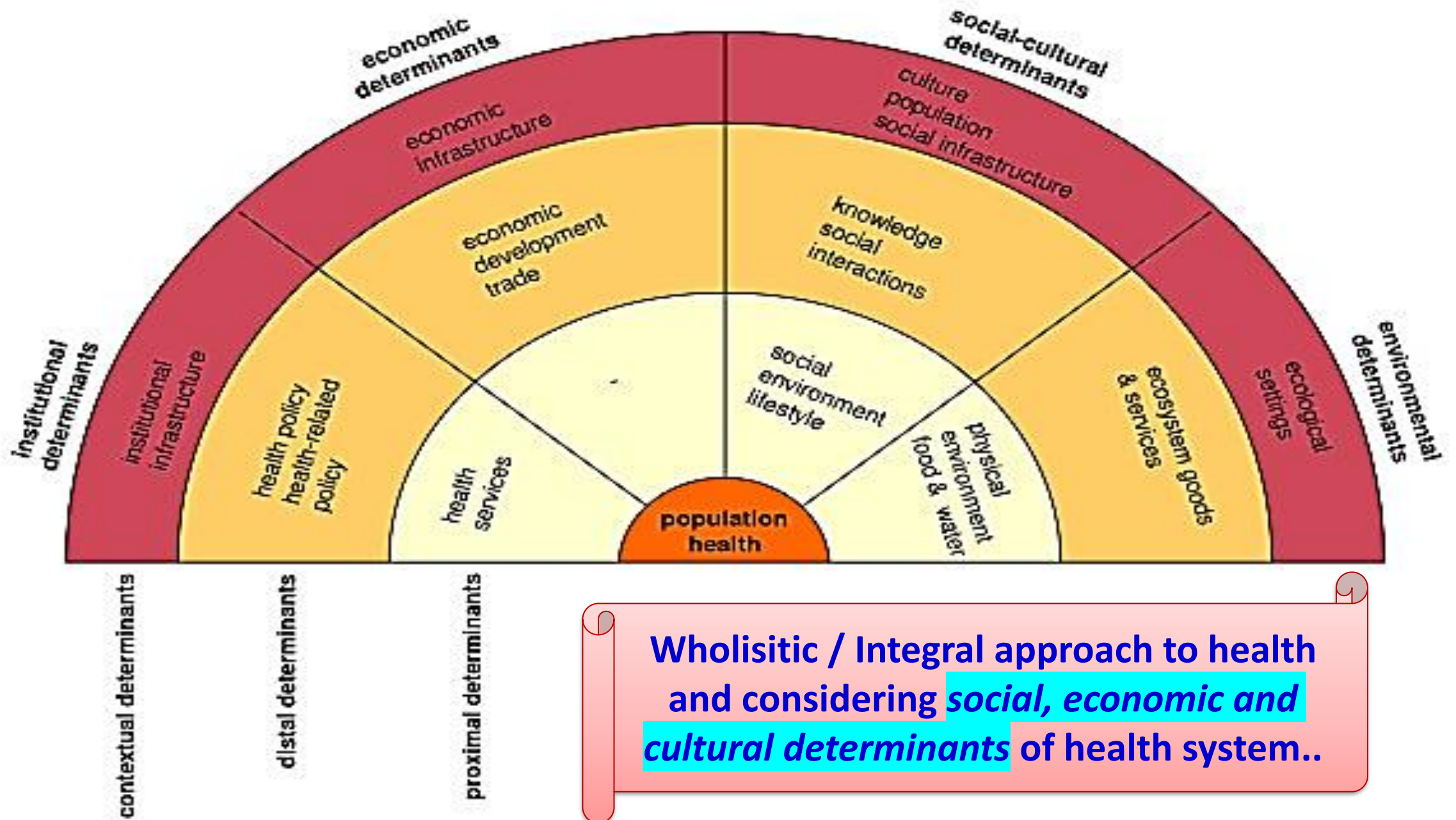
It is celebrated annually and each year draws attention to a specific health topic of concern to people all over the world.

The date of 7 April marks the anniversary of the founding of WHO in 1948.

**Wholisitic / Integral  
approach to health**

**ONE HEALTH,  
ONE MEDICINE!**



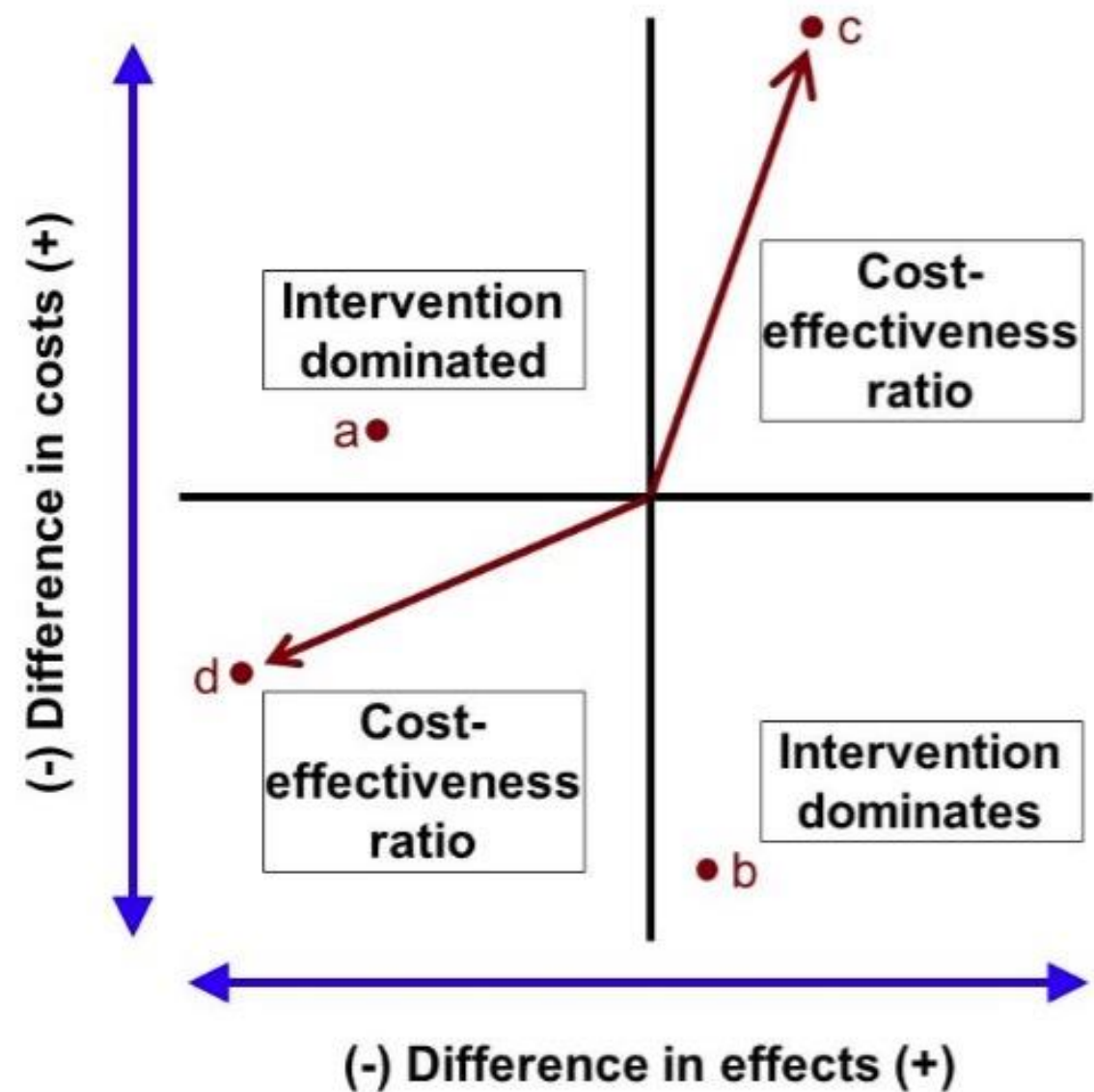


Wholisitic / Integral approach to health and considering social, economic and cultural determinants of health system..

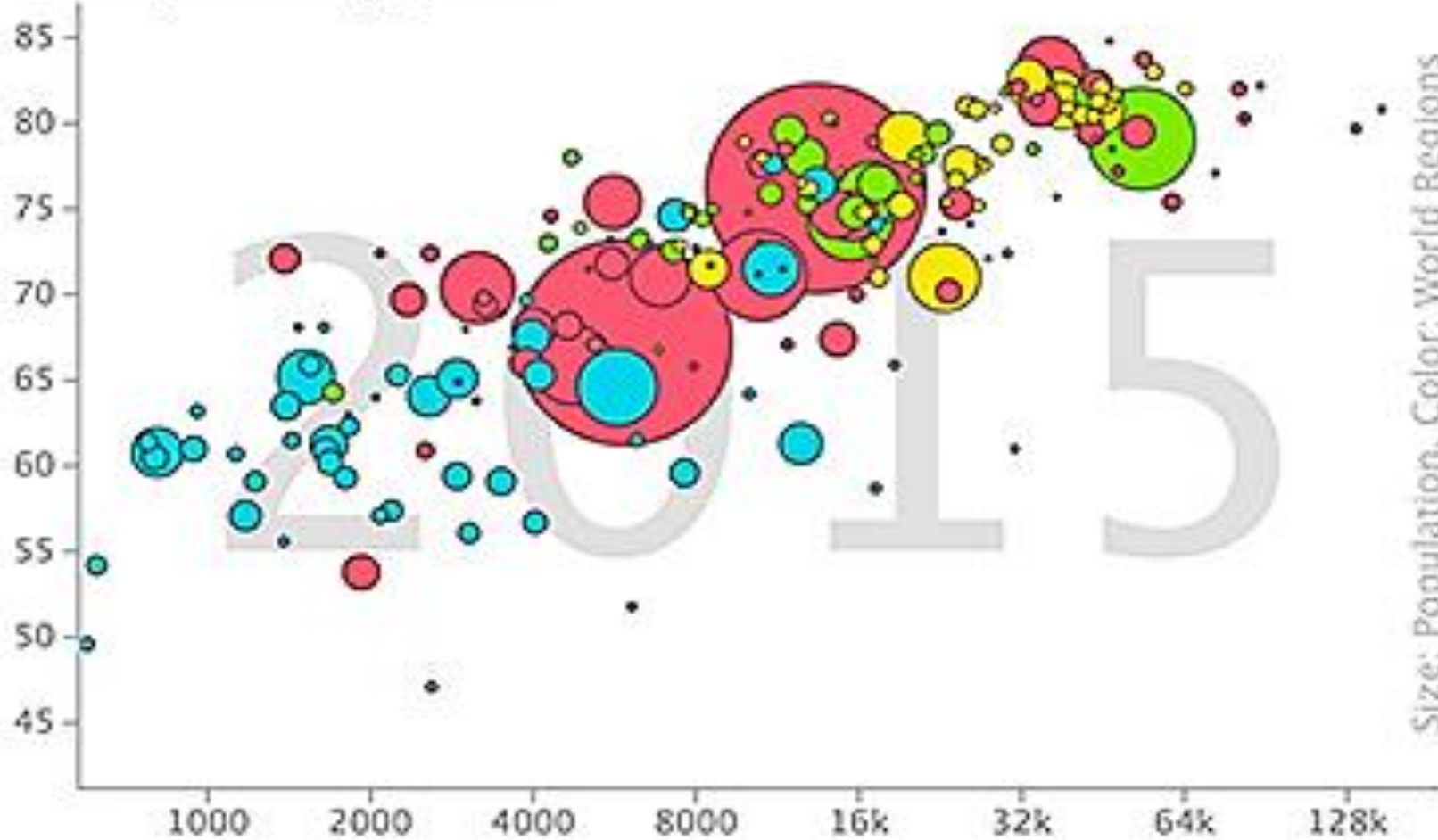
## Assessing health care most cost-effectively

*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)

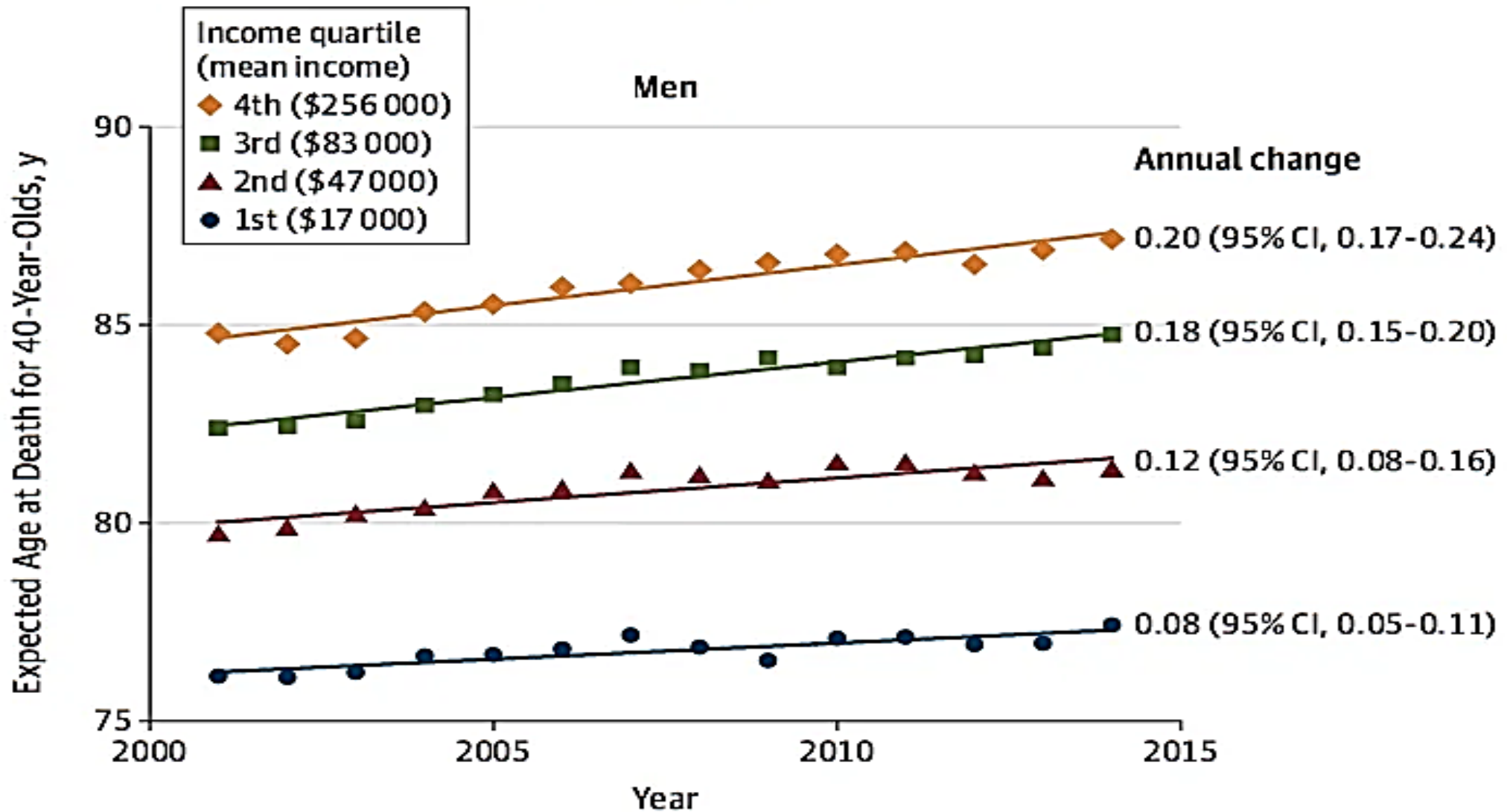
*Dose it seem to be linear?*

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.*



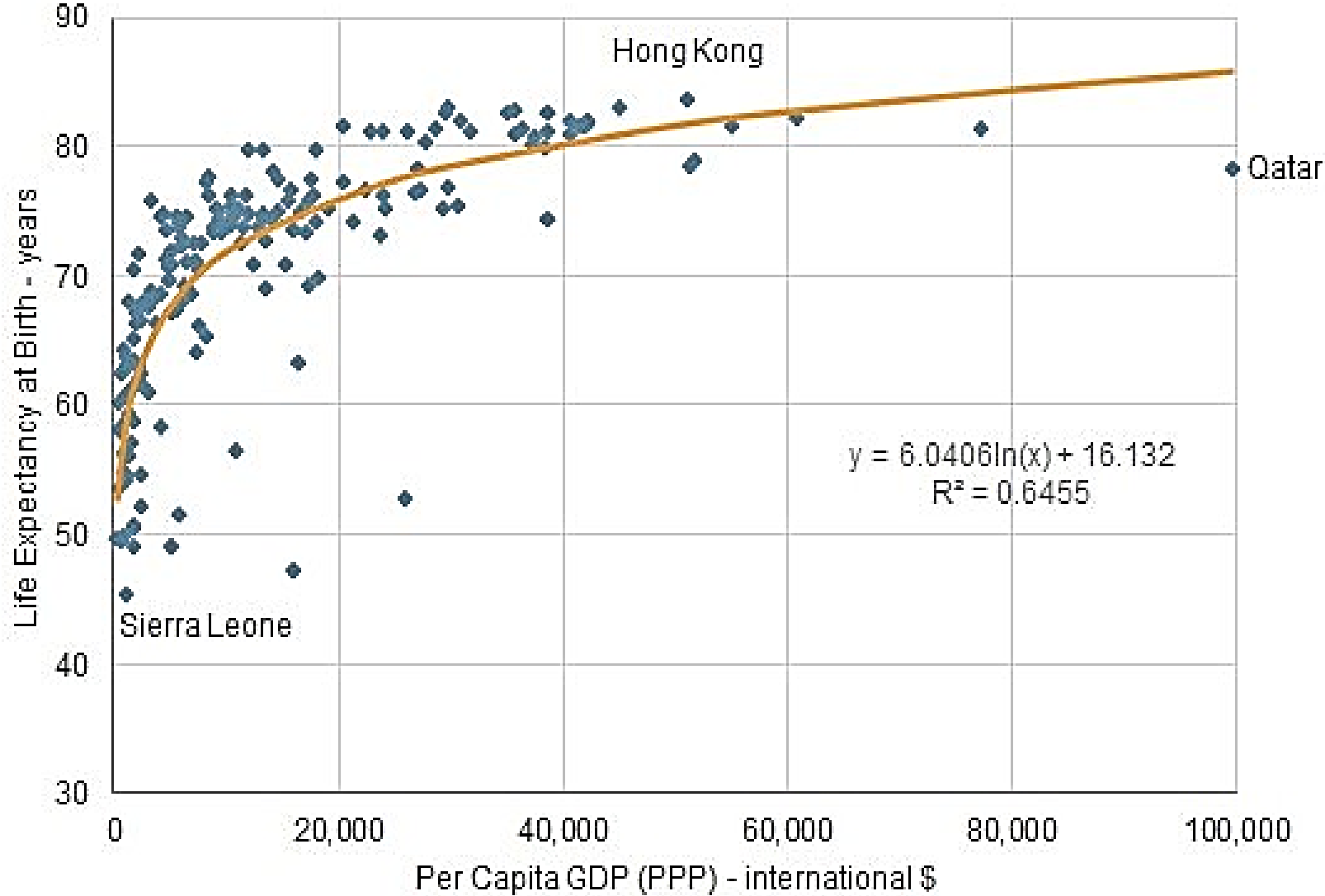
**A** Life expectancy by income quartile by year



Changes in race- and ethnicity-adjusted life expectancy by income group, 2001-2014. [JAMA](#)

# 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*



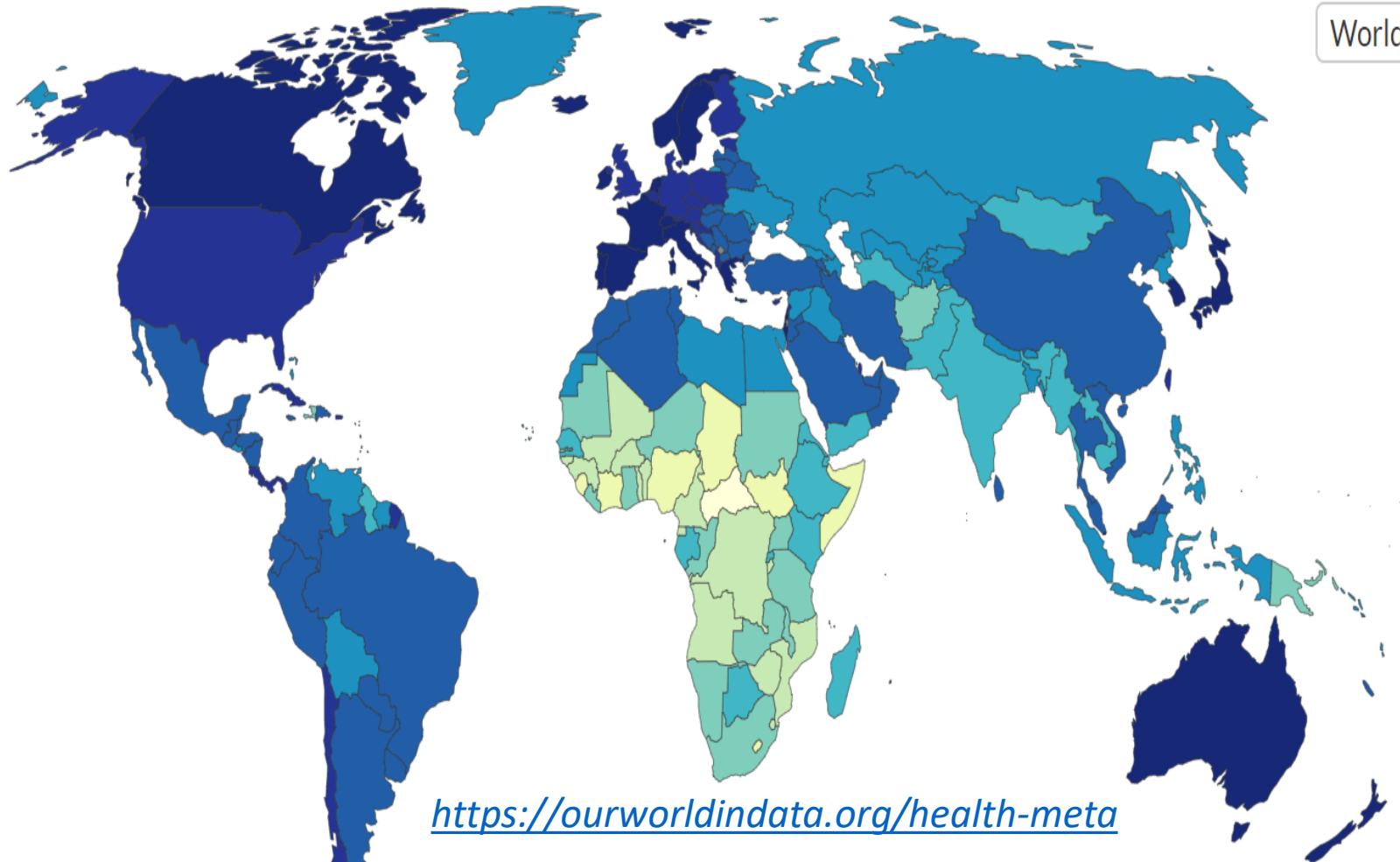
**Congressional  
Research Service**

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.

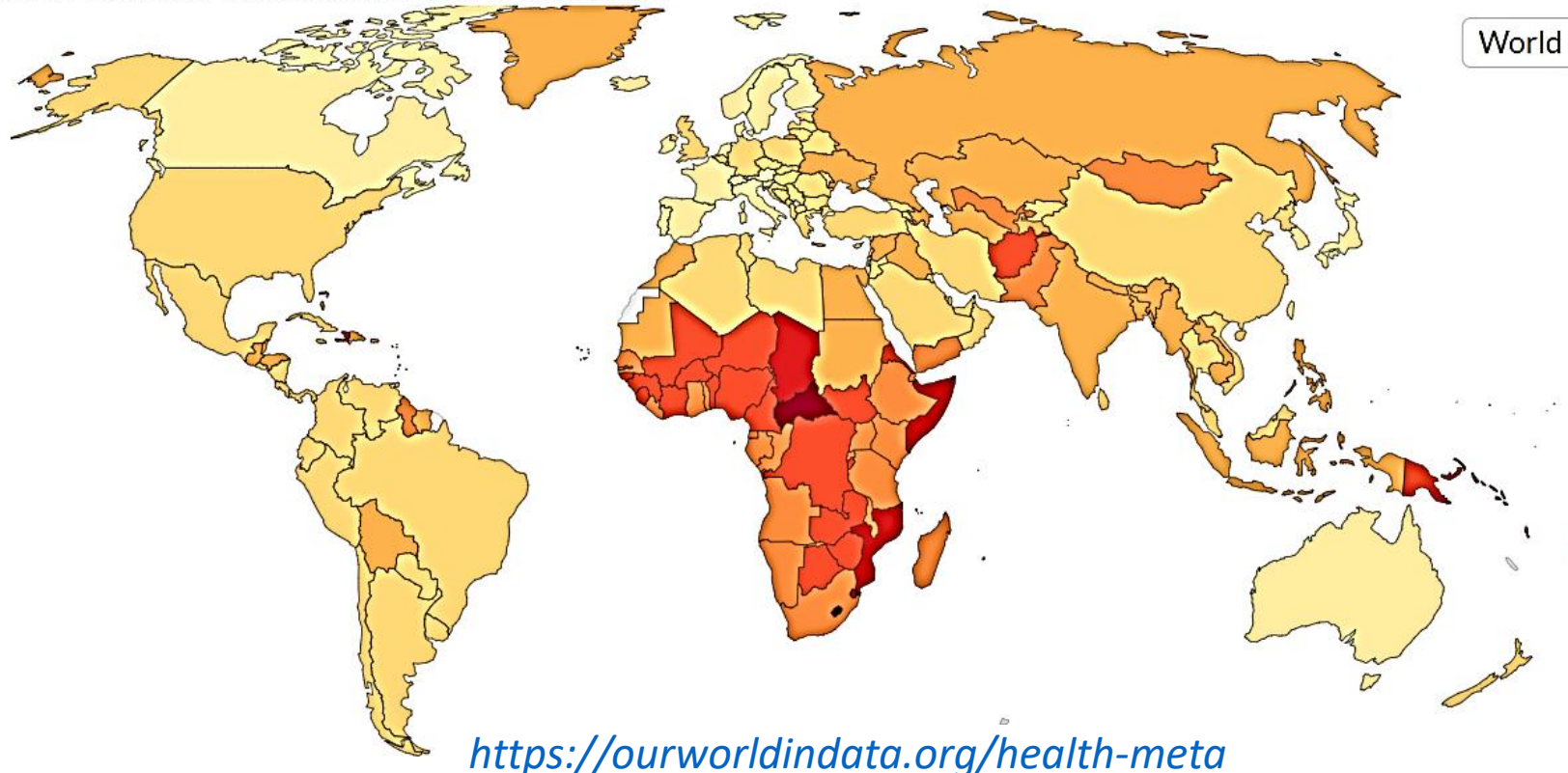


# Burden of disease, 2019

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



Source: IHME, Global Burden of Disease

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

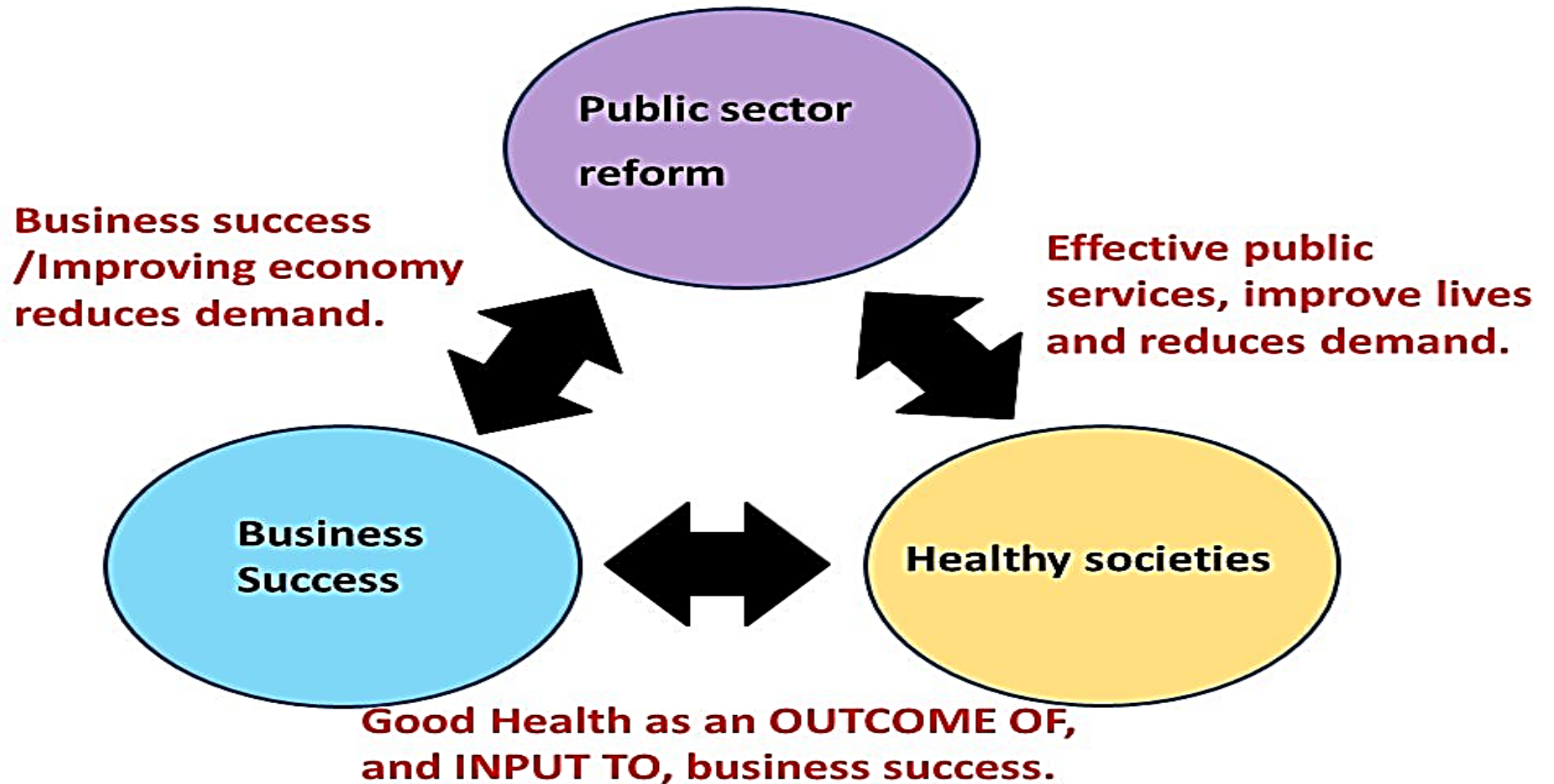
Note: To allow comparisons between countries and over time this metric is age-standardized.

▶ 1990

Subscri

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.

# 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.***

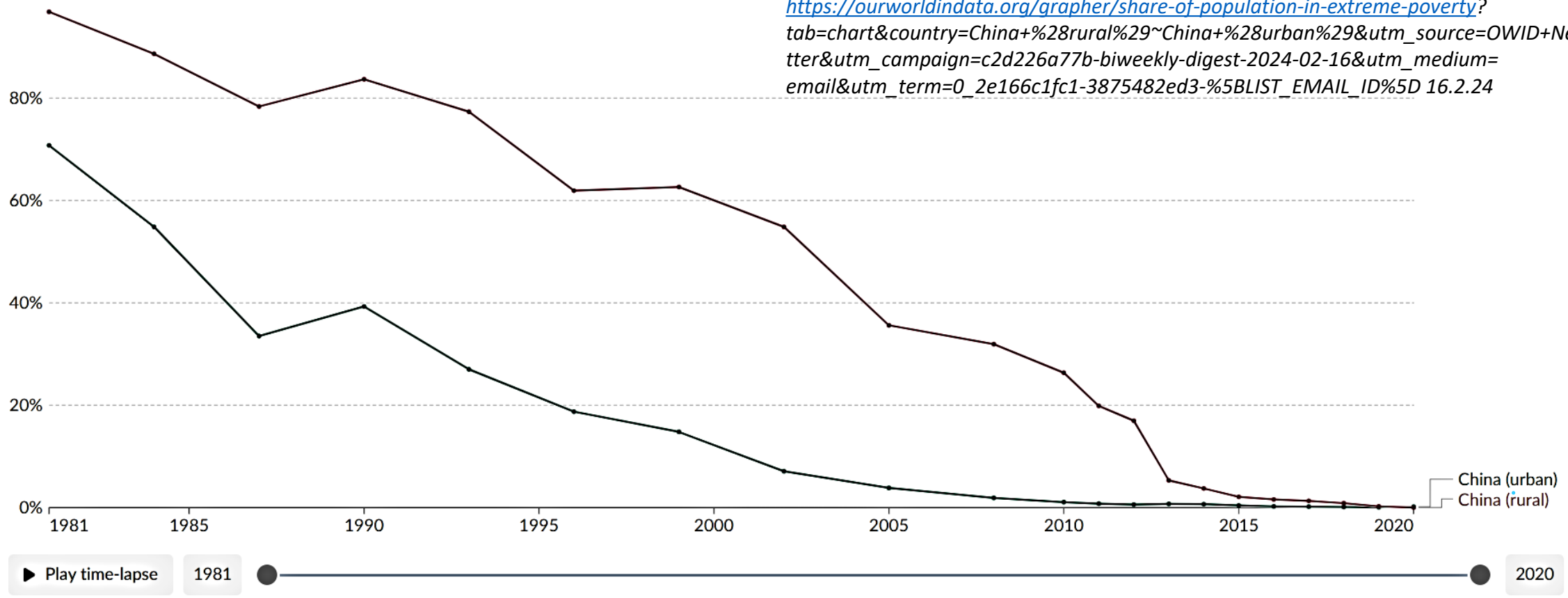
<https://rm.coe.int/090000168048d629> 2.3.23)

# Share of population living in extreme poverty, 1981 to 2020

Extreme poverty is defined as living below the International Poverty Line of \$2.15 per day. This data is adjusted for inflation and for differences in the cost of living between countries.

Table | Map | Chart | Edit countries and regions | Settings

[https://ourworldindata.org/grapher/share-of-population-in-extreme-poverty?tab=chart&country=China+%28rural%29~China+%28urban%29&utm\\_source=OWID+Newsletter&utm\\_campaign=c2d226a77b-biweekly-digest-2024-02-16&utm\\_medium=email&utm\\_term=0\\_2e166c1fc1-3875482ed3-%5BLIST\\_EMAIL\\_ID%5D16.2.24](https://ourworldindata.org/grapher/share-of-population-in-extreme-poverty?tab=chart&country=China+%28rural%29~China+%28urban%29&utm_source=OWID+Newsletter&utm_campaign=c2d226a77b-biweekly-digest-2024-02-16&utm_medium=email&utm_term=0_2e166c1fc1-3875482ed3-%5BLIST_EMAIL_ID%5D16.2.24)



Data source: World Bank Poverty and Inequality Platform (2023) - [Learn more about this data](#)

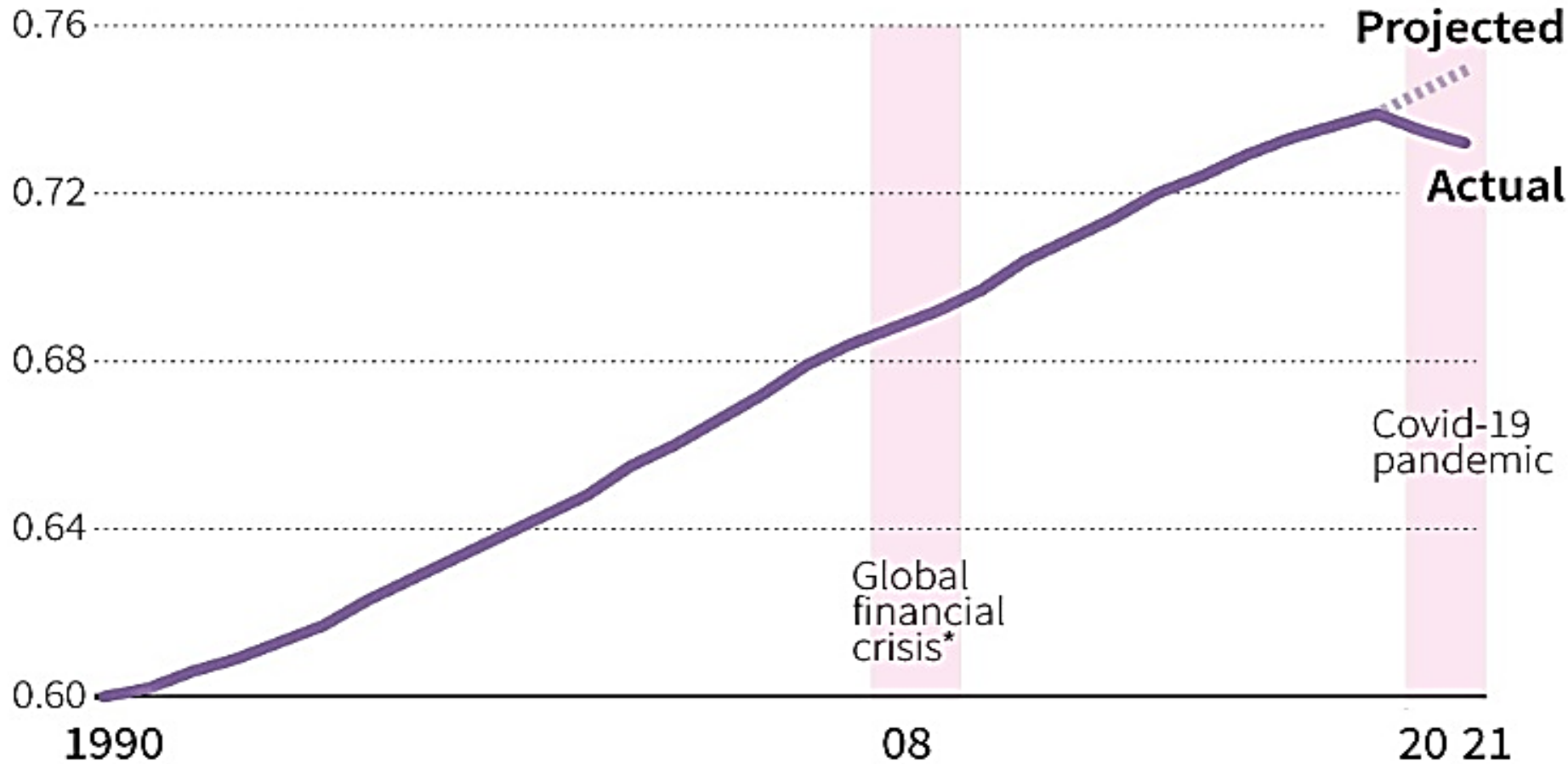
Note: This data is expressed in international-\$ at 2017 prices. Depending on the country and year, it relates to income measured after taxes and benefits, or to consumption, per capita.

OurWorldInData.org/poverty | CC BY

Download | Share | Full Screen

# Human development index declines

HDI measures average achievement in three basic dimensions of human development: a long and healthy life, education and a decent standard of living



**WHY DID IT DECLINE ??**

Source: UNDP/Human Development Report Office \*indicative period



# Vision 2030

Universal access to  
sexual and reproductive health  
and reproductive rights



End unmet need for family planning



End preventable maternal deaths



End gender-based violence and harmful  
practices

## Universal Health Coverage

Leave no one behind



# Quick reminders for realising Access to health-1

1. **Understanding Health Disparities** : Medical students should grasp the concept of health disparities, recognizing that certain populations face *unequal access* to healthcare due to *socioeconomic factors, race, ethnicity, or geographic location...*

2. **Social Determinants of Health**: I emphasize the impact of social determinants (such as *income, education, housing, and environment*) on health outcomes. You students should learn to address these factors when planning patient care.

3. **Health Equity**: We should promote the goal of achieving **health equity**, where **everyone** has the *same opportunity* to attain their **highest level of health**. *Students should be able to advocate for policies that reduce **health disparities**.*

## Quick reminders for realising Access to health-2

4. **Cultural Competence:** I would like to teach you-students to respect diverse cultural beliefs and practices. *Understanding cultural nuances helps provide patient-centered care and improves access.*

5. **Health Literacy:** We have to highlight the importance of *clear communication* with patients. Medical jargon can hinder access to health information. *Students should learn to explain medical concepts in plain language.*

6. **Telemedicine and Technology:** With the rise of **telehealth**, you-students should understand how technology can enhance access to healthcare, especially in remote or underserved rural and slum areas and communities.

## Quick reminders for realising Access to health-3

**7. Healthcare Systems:** You're invited to develop insights into different healthcare systems (**public vs. private**) and their impact on access.

Students should explore challenges faced by each system.

**8. Patient Advocacy:** I encourage you-students to be advocates for patients.

This includes helping patients navigate complex healthcare systems, connecting them with resources, and addressing barriers.

**9. Interprofessional Collaboration:** Collaborating with nurses, social workers, and other healthcare professionals improves access.

You-Students should learn effective teamwork and coordination.

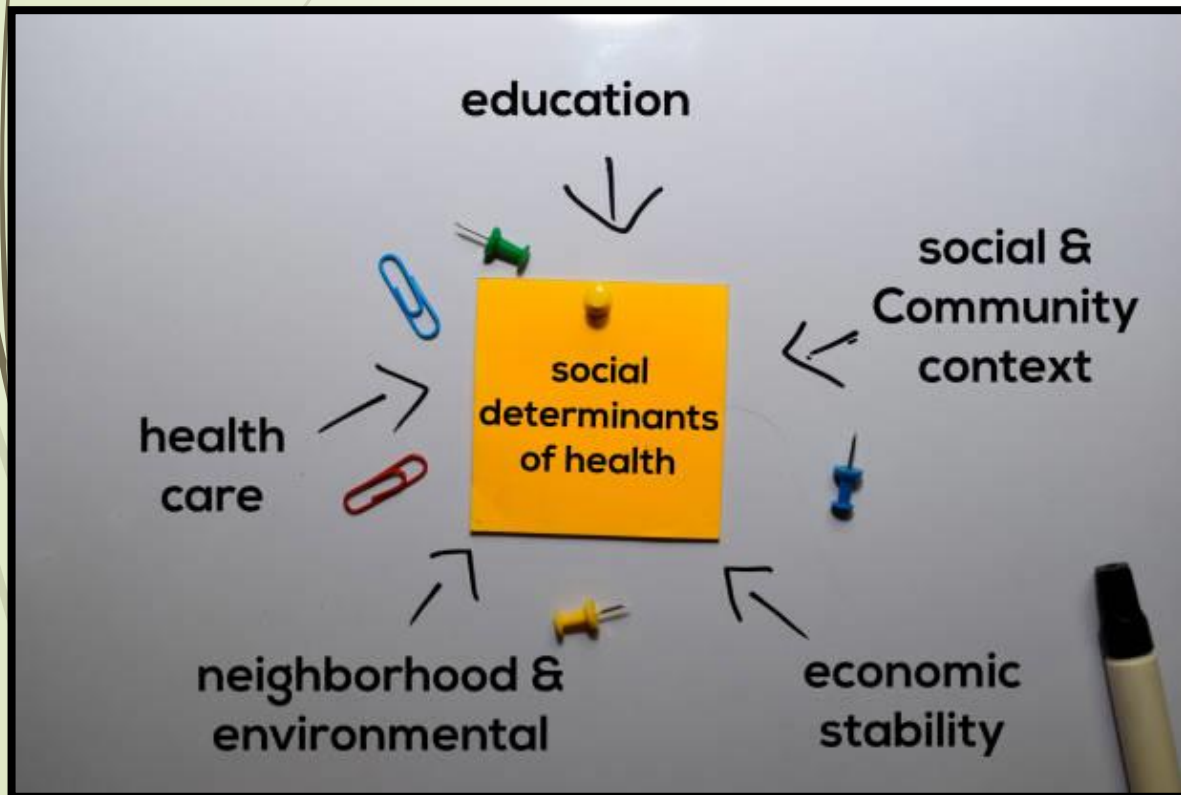
**10. Global Health Perspective:** Please discuss global health disparities and how they relate to local access issues. I'd like to exposure you

to international health systems broadens for your understanding.

# Quick reminders for realising Access to health-4

Please remember – keep in mind \_\_\_\_\_ :

*These 10 points lay the foundation for compassionate and effective healthcare delivery, ensuring that no one is left behind.*



**Research** is essential for advancing medical knowledge and improving patient care. However, research capacity and output are low in low- and middle-income countries due to various challenges, including a lack of **research training** (Epidemiology!) among medical students. Integrating research training into undergraduate medical curricula can help address this issue, fighting against **inequalities for access to health** universally...





United  
Nations

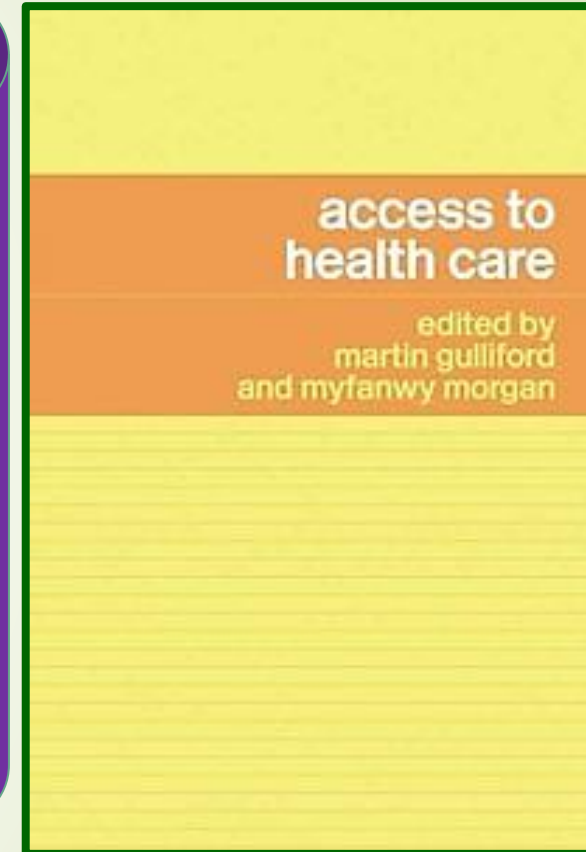


UNITED NATIONS  
HUMAN RIGHTS  
OFFICE OF THE HIGH COMMISSIONER

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

Healthcare is a fundamental  
human right.»

UN Human Rights

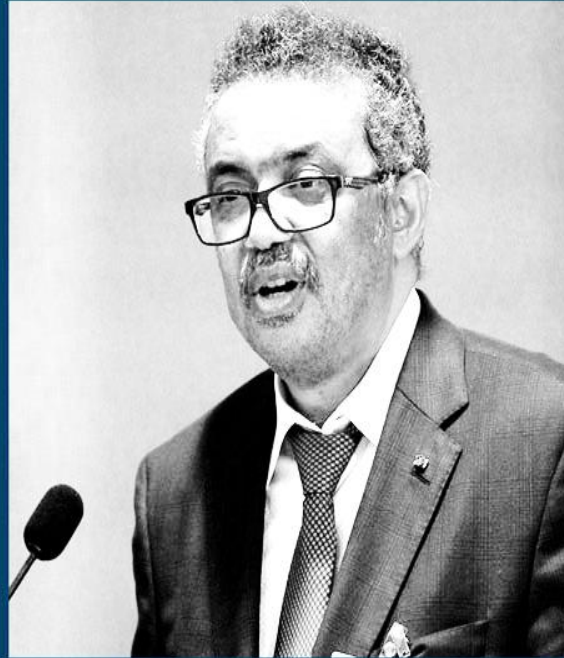


Martin Gulliford, Myfanwy Morgan Routledge (Eds.). **Access to Health Care**. 2nd ed.2013, Taylor & Francis Group, London and New York.

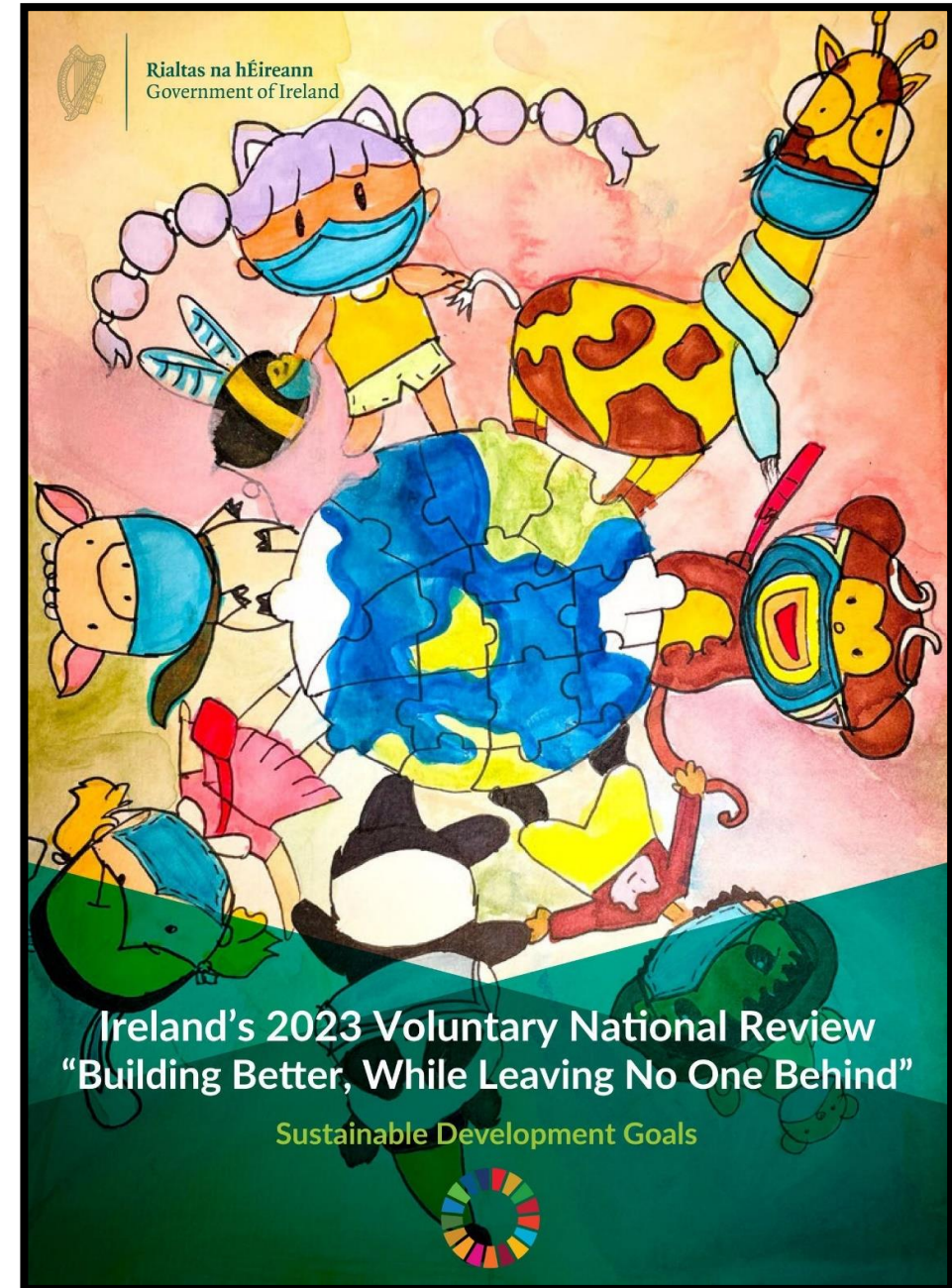
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**THIS IS A TIME FOR  
FACTS, NOT FEAR. THIS IS  
A TIME FOR RATIONALITY,  
NOT RUMOURS. THIS IS A  
TIME FOR SOLIDARITY,  
NOT STIGMA.**

**DR TEDROS ADHANOM GHEBREYESUS  
WHO DIRECTOR-GENERAL**



#ONEWORLDPROTECTED



**Ireland's 2023 Voluntary National Review  
"Building Better, While Leaving No One Behind"**

Sustainable Development Goals

# Conclusion

Equitable access to healthcare is a fundamental human right.

As future healthcare providers, prioritize understanding social determinants, advocating for health equity, and fostering cultural competence.

*Remember that technology, collaboration, and global perspectives play pivotal roles in ensuring no one is left behind.*

Take care particularly for the vulnerable-fragile-handicapped people to reach health care whenever-wherever-whoever they are. They & **the poor** deserve a positive discrimination.

*A democratic-social law state should definitely be preserved against atrocity of **neo-liberal capitalism / wild globalisation** with a public responsibility for fulfilling health services.*

Physicians should insist on conceiving the health of community on a wholistic-integral base with is major determinats and play a pioneering role for removing main obstacles.

I wish you a successful and impactful study on this topic with a well-associated society..







*Thank You*

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*BSc; in Public Administration & Political Sciences*