

Novartis Foundation

The Right to Health : A Duty for Whom

Business deliverables for the right to health:
Expectations from an NGO Perspective

SPACES AND RIGHTS

by

Devaki Jain

December 2nd 2004, Basel

Infant and Child Mortality by Background Characteristics

Standard of Living Index*	Neonatal	Post neonatal	Infant	Childhood	Under5
Low	48.8	27.3	76.1	39.1	112.2
Medium	34.6	16.9	51.5	17.6	68.2
High	24.1	8.9	33.0	6.6	39.4

Inequality and Poverty from WHO

- In 1960, 20% of the world's people in the richest countries had 30 times, the income of the poorest 20%.
- The richest 20% of the world's population command 86% of the world GDP while the poorest 20% command merely 1%.
- More than 80 countries now have per capita incomes lower than they were a decade ago, 55 countries
- More than 800 million people lack access to health services, and 2.6 billion access to basic sanitation
- around 1.5 billion are not expected to survive to age 60

Inequality

The richest

225 persons

Are richer than

The poorest

2.5 billion humans

That is

2,500,000,000 persons!

Rising Inequities

- **Assets of world's 3 richest people exceed combined GDP of poorest 48 countries**
- **World's 15 richest people have assets that exceed total GDP of Sub-Saharan Africa**

I would argue:

- that the rights framework is both enabling and disabling
- perhaps sometimes just straight forward provisioning of basic health services, ... would reduce the horrors of poverty and deprivation
- for the poor to be able to exercise any right, ... there is need to provide them the spaces for exercising these rights.
- ... my main point would be that it is the duty of business to enable the less privileged to exercise their rights., which in turn means that they ensure that spaces are available , and expanded , and capabilities built amongst the poor to claim these rights .

Duty of Business

- Support democratic processes and structures
- do not encroach upon the spaces that the poor need
- do not encourage privatization of public goods,
- build the capability of poor to access those rights.
- Such a view affirms the importance of a political platform, a framework of rights, in the quest for highlighting health as a crucial aspect of poverty- the poor are discriminated against by society, economic policy and political processes. Hence responses to this phenomena “thing called poverty” have to react to discrimination and therefore need to be built around affirmative action, positive discrimination, an affirmation of rights, a political approach even more than an economic approach

Reproductive Rights

- The poor are discriminated against by society, economic policy and political processes.
- Hence responses have to react to discrimination and need to be built around affirmative action, positive discrimination, an affirmation of rights, a political approach even more than an economic approach.
- It is the argument of people like me that women cannot exercise reproductive rights without having proximate accountable government and being an organized voice.

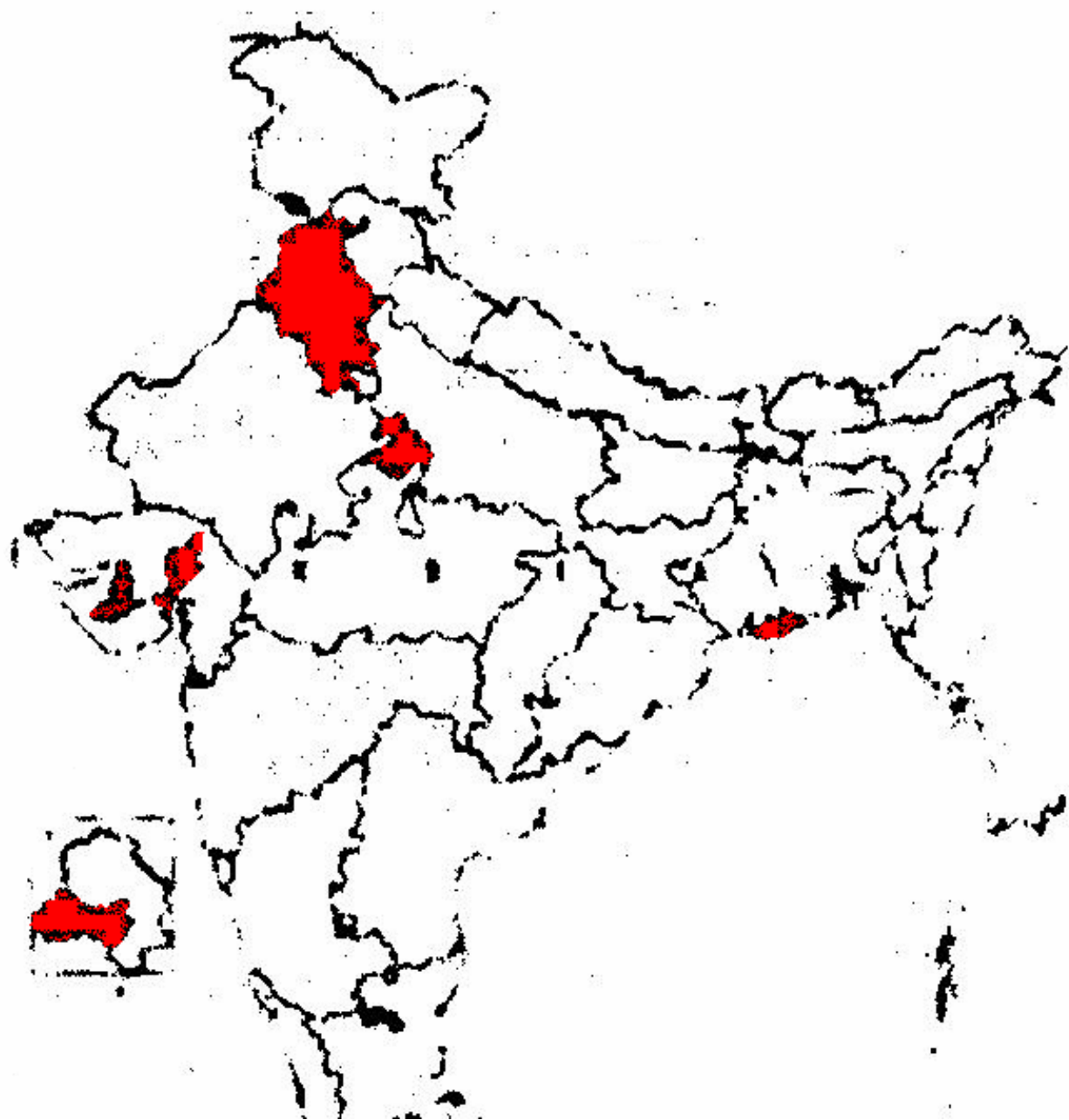
Here is an opportunity to build capacity

- Business houses can undertake to strengthen these local institutions, especially the women committees within them with funds and skills to engage in health delivery and its monitoring, including accountability.
- Finally withdraw from sale of “evil” goods: a moral responsibility. It is only if the business houses which produce this machine, would take the stand that they would not sell these machines except to authorized hospitals that one can put a stop to this cruelty or discrimination

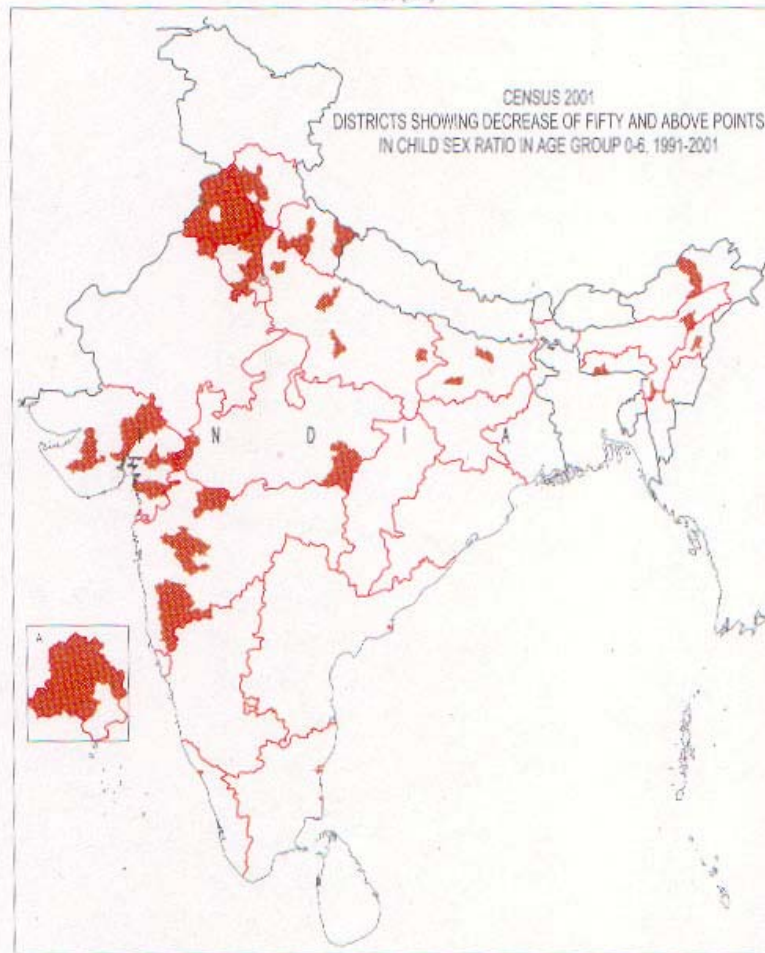
- Do not engage in vertical or single line funding
- Two approaches exist for the primary level. One focuses on ‘vertical’ single disease control programmes (for TB, malaria, leprosy, filariasis, AIDS) and the RCH/ family planning programme. The second focuses on the general health services that deal with all health problems comprehensively. Past experience reveals the dilemmas here.

- the imperative for private services will remain. The issue is what kind of private services should the government promote – the ‘informal’ providers ... OR formally trained generalist private practitioners ...
- the corporate sector does not cater to the poor even when it avails of government subsidies.
- Therefore need to support informal providers and not vertical single line funding.

One of the horrifying data is from the Registrar General of the Census, apart from the phenomena already noticed by the Approach Paper the 2001 census has mapped the change in child sex ratio across districts in India, over the last decade 1991-2001. I call this phenomena the “female blood-stained hands of India, “as the red is where child sex ratio has dropped over the last ten years i.e. 1991-2001 by more than 50 points This occurrence in patches of red in other states is raising questions again, whether there is also not a relationship between sex selective abortion and acute deprivation, and other forms of hopelessness.



Inset (xiii)



Sex Ratio of Total Population and Child Population in the Age Group 0-6: 1991-2001

State/Union Territories	Sex ratio (females per 1,000 males) Child Population in the age group of 0-6	
	1991	2001
INDIA	945	927
Jammu & Kashmir	N.A	937
Himachal Pradesh	951	897
Punjab	875	793
Chandigarh*	899	845
Uttaranchal	948	906
Harayana	879	820
Delhi*	915	865
Rajasthan	916	909
Uttar Pradesh	927	916
Bihar	953	938
Sikkim	965	986
Arunachal Pradesh	982	961
Nagaland	993	975
Manipur	974	961
Mizoram	969	971
Tripura	967	975
Meghalaya	986	975
Assam	975	964
West Bengal	967	963
Jharkhand	979	966
Orissa	967	950
Chattisgarh	984	975
Madhya Pradesh	941	929
Gujarat	928	878
Daman & Diu*	958	925
Dadar & Nagar Haveli*	1,103	973
Maharastra	946	917
Andhra Pradesh	975	964
Karnataka	960	949
Goa	964	933
Lakshadweep*	941	974
Kerala	958	963
Tamil Nadu	948	939
Pondicheery*	963	958
Andaman & Nicobar Islands	973	965

Amartya Sen, in a lecture given in Tokyo, at the Inter- Academy Panel on 15th May 2000 called Sustainability and Freedom on International Issues, has another important and original perspective

“we need a vision of mankind not as patients whose interests have to be looked after, but as agents who can do effective things – both individually and jointly. We also have to go beyond the role of human beings specifically as “consumers” or as “people with needs”, and consider, more broadly, their general role as agents of change who can – given the opportunity – think, assess, evaluate, resolve, inspire, agitate, and through these means, reshape the world.”