



CLIL in Medical Education:
Reaching for Tools to
Teach
Effectively in English in a Multicultural
and Multilingual Learning Space

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The Right to Health

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First, watch these videos...

https://www.youtube.com/watch?time_continue=1&v=GQyKYnEn-zk&feature=emb_logo

<https://www.gapminder.org/videos/everyone-lives-on-dollar-street/>



The Right to Health



Credit for content and order to Gunilla Backman,
PhD.


The Right to Health is short for...


"the right of everyone to the enjoyment of the highest attainable standard of physical and mental health"

It is included in the Universal Declaration of Human Rights and in many United Nations' convention.



Links between health and human rights

VIOLATIONS OF HUMAN RIGHTS 
HEALTH CONSEQUENCES (e.g. torture)

HEALTH LAWS, POLICIES AND PROGRAMMES 
HUMAN RIGHTS CONSEQUENCES (e.g. discriminatory laws that prevent certain groups having access to health services and treatments)

HUMAN RIGHTS  HEALTH

one cannot fully enjoy one's human rights without being healthy, and one cannot enjoy one's health fully if one's human rights are not being respected
e.g. maternal mortality: a woman may die due to a number of aspects, including poverty, marginalisation and discrimination, lack of accessible health care services, may not receive information in a way she understands, she may not have a choice of family planning options, she may not have been to school etc.

An historic overview

“Everyone has the right to a standard of living adequate for the health and well-being of himself and of his family, including [...] medical care and necessary social services.”

Aspirational

1948
UN Declaration
of Human
Rights

**Legally
binding**

1966
International
Covenant on
Economic,
Social and
Cultural Rights
Ratified by
governments

**Clarify
implementation**

2000
General
Comment 14
on the Right to
Health adopted

The Right to health is a government responsibility

The right to health went from being an aspirational right to a legal right, and so someone must be responsible. This is the government.

In order for it to be implemented, health professionals need to understand it and implement it for it to have any meaning. The right to health does not mean the right to be healthy, but the government must create conditions for everyone to be as healthy as possible:

- Ensure availability of health services that ...
 - Are staffed with qualified health workers
 - Have functioning referrals
- Ensure adequate housing
- Ensure availability of healthy and safe working conditions



Key aspects of the rights based approach

- **Non-discrimination** – no one should be discriminated against ever when seeking care
- **Participation** – people have a voice and should be heard and taken into account
- **Transparency** – policies need to developed in an open manner
- **Accountability** – ombudsman, NGO, independent media



The Right to Health has 4 elements

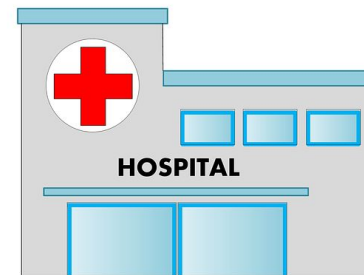
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A CCEPTABILITY
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AAAQ FRAMEWORK



AVAILABILITY

Functioning public health, and health care, facilities, goods, services, programs are **available** in sufficient quantity across the country.



Entire country, not just in urban areas!

ACCESSIBILITY

Health facilities, goods and services are **accessible** to everyone and has four overlapping dimensions:

1. Non-discrimination
2. Physical Accessibility
3. Economic Accessibility – Affordability
4. Information Accessibility



ACCEPTABILITY

Health facilities, goods and services **must be respectful** of medical ethics and culturally appropriate as well as sensitive to gender and life-cycle requirements.

Examples

- Health professionals respecting confidentiality
- Culturally accepted waiting areas
- Culturally respectful of how a woman would like to give birth, e.g. squatting or lying down.



QUALITY

Health facilities, goods and services must be **scientifically and medically appropriate and of good quality.**



Core content & minimum essential level of the right to health

The right to health may seem like a lot to cover, but there are some minimums that governments should prioritise over others:

- Essential primary health care
- Essential medicine – based on WHO list of drugs
- Adoption and implementation of a national public health strategy and plan of action (developed in a transparent and participatory manner) addressing the health concerns of the whole population. It is not expected that governments to realise the right to health from one day to another, but it should set up a plan of how to realise it over time.

Underlying aspects that may not fall under the ministry of health but must also be prioritised:

- Essential and nutritious food
- Sanitation
- Safe drinking water