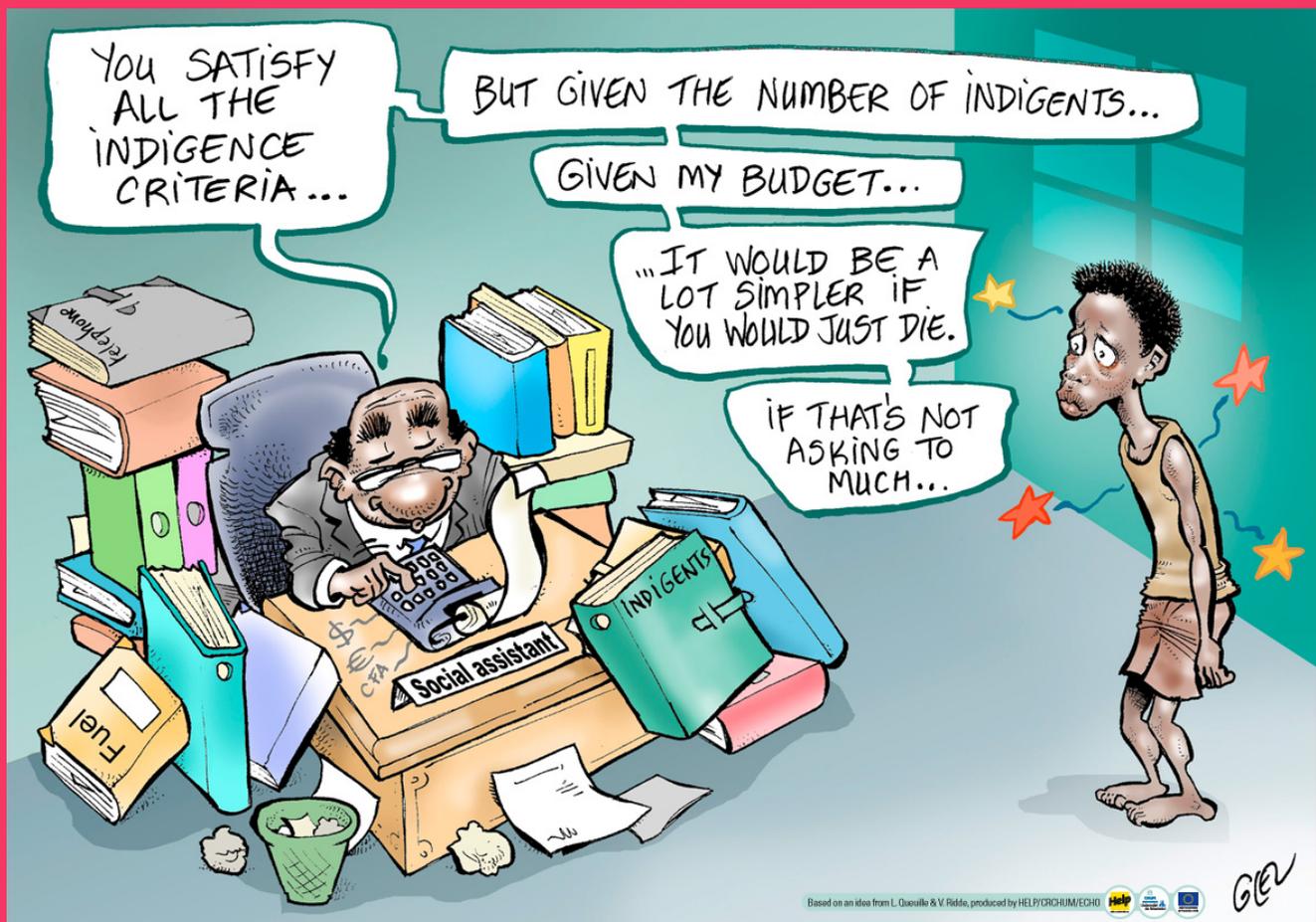


The Scholars Programme

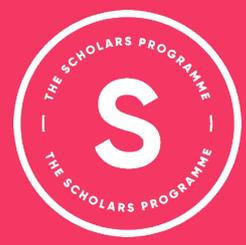


Government's Cinderella – Financing the Public Health Sector Key Stage 4 Programme

Pupil Name

Handbook
Designed by

L.A Latif



Timetable and Assignment Submission

Timetable – Tutorials

Tutorial	Date	Time	Location
1 (Launch Trip)	06 November 2018	09:30	University of Bath
2	13 November 2018	13:00	Treorchy Comprehensive School
3	20 November 2018	13:00	Treorchy Comprehensive School
4	27 November 2018	13:00	Treorchy Comprehensive School
5	04 December 2018	13:00	Treorchy Comprehensive School
6 (Draft assignment feedback)	11 December 2018	13:00	Treorchy Comprehensive School
7 (Final assignment feedback)	30 January 2019	13:00	Treorchy Comprehensive School

Timetable – Homework Assignments

Homework Assignment	Description	Due Date
Tutorial 1	Baseline assessment	06 November 2018
Tutorial 2	Key reading	13 November 2018
Tutorial 3	Short video + reading	20 November 2018
Tutorial 4	Problem identification from text	27 November 2018
Tutorial 5	Draft assignment	04 December 2018
Tutorial 6	Final assignment	09 January 2019

Assignment Submission – Lateness and Plagiarism

Lateness	
Submission after midnight on 09 January 2019	10 marks deducted
Plagiarism	
Some plagiarism	10 marks deducted
Moderate plagiarism	20 marks deducted
Extreme plagiarism	Automatic fail

KS4 Programme – Pupil Feedback Report

Grade	Marks	What this means
1 st	70+	Performing to an excellent standard at A-level
2:1	60-69	Performing to a good standard at A-level
2:2	50-59	Performing to an excellent standard at GCSE
3 rd	40-49	Performing to a good standard at GCSE
Working towards a pass	0-39	Performing below a good standard at GCSE
Did not submit	DNS	No assignment received by The Brilliant Club

Lateness	
Any lateness	10 marks deducted
Plagiarism	
Some plagiarism	10 marks deducted
Moderate plagiarism	20 marks deducted
Extreme plagiarism	Automatic fail

Name of PhD Tutor	L.A Latif		
Title of Assignment	You have been appointed as the Kenyan Minister of Finance. Your task is to make recommendations on how the government can mobilise additional revenue to finance public healthcare without raising taxes. Discuss the recommendations you shall be proposing.		
Name of Pupil			
Name of School	Treorchy Comprehensive School		
ORIGINAL MARK / 100		FINAL MARK / 100	
DEDUCTED MARKS		FINAL GRADE	

If marks have been deducted (e.g. late submission, plagiarism) the PhD tutor should give an explanation in this section:

Knowledge and Understanding	Research and Evidence
Developing an Argument	Critical Evaluation

Structure and Presentation	Language and Style
Resilience Comment	

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Course Rationale

Imagine Alfred is asleep at home. Its 3am and the police barge into his home, put him in handcuffs and beat him with their batons as they drag him to the police car. He is never heard from again. Imagine another scenario where Pedro is unhappy with the way his government is running the country. Taxes are high, jobs are few, and the cost of living is terribly high. He gets a group of like-minded people and they stage a peaceful demonstration outside Parliament. Police arrest them and throw them in jail without bail as they await being formally charged in court. They are sentenced to 6 months in prison. Now imagine the case of Otieno. He gets up in the morning and it's raining. He gets annoyed. He leaves the house to go to work and the next day is down with the flu. He sues the government for failing to stop the rain.

What human rights can you gather out of these three scenarios? Which of these three scenarios are reflective of human rights abuses, and why? Human rights are the basic rights and freedoms that belong to every person in the world, from birth until death. They apply regardless of where you are from, what you believe or how you choose to live your life. They can never be taken away, although they can sometimes be restricted, for example if a person breaks the law, or in the interests of national security. These basic rights are based on values like dignity, fairness, equality, respect and independence. But human rights are not just abstract concepts, they are defined and protected by law. In Britain our human rights are protected by the Human Rights Act 1998.

Now imagine the case of Wambui; a poor woman living in a slum dwelling in a shanty. She is HIV+. Has no job. Has 4 children. Recently, her husband beat her and chased her out of her matrimonial home. She has no money. She has no home. She needs her ARVs (medicines). The nearest hospital is 9 miles from where she is. She has no money for the bus. Neither has she any money to buy the medicines. She begs for money and collects £5. Pays for the bus £1.90. Gets to the hospital and is told that to see the doctor she must pay £10 consultation and another £10 for the ARVs. The hospital is dirty with overpowering nauseous smell. The nurses are abusing her for being HIV+. She is sick, coughing on the verge of collapse. The hospital turns her away. As she leaves the hospital, she falls down unconscious as she wakes she finds herself lying on the hospital floor. She dies.

Is health a human rights issue? Why? Who should be responsible for providing healthcare? What if they cannot, what then? This is what the course on **Government's Cinderella** is all about. I refer to the public health sectors of sub Saharan African countries as Government's Cinderella because 90% of diseases are found there yet less than 5% of government's budget is allocated to provide healthcare. The rationale of this course therefore, is to understand what the right to health means and why it has to be adequately financed; by whom and through what resources. It introduces the student to the legal, political and social challenges that impede full implementation of this right.

The course sets the stage for understanding the origin, development and evolution of healthcare globally. It focuses its discussion on healthcare as a human rights issue and questions why people in the Global South have poor healthcare, and lack access to basic healthcare services. It considers the different types of healthcare systems in Europe and Africa. It helps students to assess the international debates on the right to health and why governments are failing to sufficiently finance the health sector. Real case examples of problems people experience with healthcare are identified and students are asked to put their heads together in finding solutions to these problems.

Group Discussions

How do you make the most of a group discussion?

The purpose of discussions is to allow everyone in the group to express their ideas and learn from each other. Often this will involve coming to a group decision about the issue under discussion, though they may of course 'agree to disagree' on certain points.

What we don't want in our tutorials:



Rules:

1. Pronounce clearly what you are saying
2. Use eye contact and facial expression to help to get your idea across or to support what someone else is saying
3. Speak in a way that is right for a discussion (more formal than a chat between friends)
4. Build on other people's ideas, and summarise your own views and the views of others when necessary
5. Give reasons to support your views and critically examine the views expressed by others
6. Organise the discussion and take turns with others
7. Listen carefully and respond to the views of others

Mark Scheme Table

Skills	1 st (70-100)	2:1 (60-69)	2:2 (50-59)
Knowledge and Understanding	<ul style="list-style-type: none"> ○ <u>All</u> materials used are relevant to the general topic and to the specific question/title ○ Good understanding of <u>all the relevant topics</u> ○ <u>Clear justification</u> on how the material used is related to the specific issues that are the focus of the essay 	<ul style="list-style-type: none"> ○ <u>Most</u> of the materials used are relevant to the general topic and to the specific question/title ○ Good understanding of <u>most the relevant topics</u> ○ <u>Adequate</u> justification on how the material used is related to the specific issues that are the focus of the essay 	<ul style="list-style-type: none"> ○ <u>Some</u> of the materials used are relevant to the general topic and to the specific question/title ○ Good understanding on <u>some of the relevant topics</u> but occasional confusion on others ○ <u>Some</u> justification on how the material used is related to the specific issues that are the focus of the essay
Research and Evidence	<ul style="list-style-type: none"> ○ Inclusion of <u>rich sources</u> of research findings, data, quotations or other sourced material as evidence for the claims/ ideas ○ Use evidence to support claims/assertions/ideas, <u>consistently</u> clearly and convincingly ○ <u>Evidence of further reading</u> beyond materials provided which were <u>used in an appropriate context</u> 	<ul style="list-style-type: none"> ○ Inclusion of <u>adequate sources</u> of research findings, data, quotations or other sourced material as evidence for the claims/ ideas ○ Use evidence to support claims/assertions/ideas, <u>mostly</u> clearly and convincingly 	<ul style="list-style-type: none"> ○ Inclusion of <u>some sources</u> of research findings, data, quotations or other sourced material as evidence for the claims/ ideas ○ Use evidence to support claims/assertions/ideas, <u>at times</u> clearly and convincingly
Developing an Argument	<ul style="list-style-type: none"> ○ A point of view or position in relation to the title or question is <u>consistently clear</u> ○ Argument <u>exceptionally</u> well-developed and well-justified ○ A position is clearly established in relation to the question, and is developed <u>effectively and consistently</u> throughout the essay ○ Makes links <u>effectively</u> between subjects that have not previously been associated 	<ul style="list-style-type: none"> ○ A point of view or position in relation to the title or question is <u>adequately</u> clear ○ Argument <u>clear and well-developed</u> and position justified ○ A position is established in relation to the question, and <u>is well-developed in most</u> of the essay ○ <u>Some evidence of linking</u> subjects that have not previously been associated ○ Use some concepts from the tutorials in an unfamiliar context, and but 	<ul style="list-style-type: none"> ○ A point of view or position in relation to the title or question is <u>somewhat</u> clear ○ Argument <u>clear but not well-developed</u> ○ A position is established in relation to the question, and is <u>well-developed in parts</u> of the essay ○ <u>Limited evidence of linking subjects</u> that have not previously been associated ○ Limited use of concepts from the tutorials in other contexts ○ Some analysis of material to support the argument

	<ul style="list-style-type: none"> ○ Uses concepts from the tutorials in an unfamiliar context, and does so accurately and confidently ○ Material is analysed effectively to support the argument 	<ul style="list-style-type: none"> ○ not always accurate ○ Analysis of material to support the argument 	
Critical Evaluation	<ul style="list-style-type: none"> ○ Moved <u>beyond description</u> to an assessment of the value or significance of what is described ○ Evaluative points are <u>consistently explicit/systematic/reasoned/justified</u> ○ <u>Effective critiques</u> on the reliability of sources provided 	<ul style="list-style-type: none"> ○ <u>Mostly description but some assessment</u> of the value or significance of what is described ○ Evaluative points are <u>mostly explicit/systematic/reasoned/justified</u> ○ <u>Some evidence of critiques</u> on the reliability of sources provided 	<ul style="list-style-type: none"> ○ <u>Only description with minimal assessment</u> of the value or significance of what is described ○ Evaluative points are <u>at times explicit/systematic/reasoned/justified</u> ○ <u>Limited evidence</u> of critiques on the reliability of sources provided
Structure and Presentation	<ul style="list-style-type: none"> ○ Ideas are presented in paragraphs and arranged as a <u>logical sequence of ideas</u> ○ The introduction <u>clearly</u> outlines how the essay will deal with the issues ○ The conclusion summarises <u>all</u> the main points clearly and concisely ○ <u>All sources are referenced correctly</u> in the agreed format 	<ul style="list-style-type: none"> ○ Ideas are presented in paragraphs <u>with some structure</u> ○ The introduction <u>adequately</u> describes how the essay will deal with the issues ○ The conclusion summarises <u>most</u> of the main points clearly ○ <u>Most of the sources are referenced correctly</u> in the agreed format 	<ul style="list-style-type: none"> ○ Ideas are presented in paragraphs and are <u>loosely</u> structured ○ The introduction <u>mentions</u> how the essay will deal with the issues ○ The conclusion summarises <u>some</u> of the main points clearly ○ <u>Some sources are referenced correctly</u> in the agreed format with occasional errors
Language and Style	<ul style="list-style-type: none"> ○ <u>No</u> spelling, grammar or punctuation errors ○ Writing style <u>consistently</u> clear, tone appropriate and easy to follow ○ <u>Accurate and consistent use of technical language</u> and vocabulary 	<ul style="list-style-type: none"> ○ <u>Minimal</u> spelling, grammar or punctuation errors ○ Writing style <u>mostly</u> clear, tone appropriate and easy to follow ○ <u>Some attempts of using technical language</u> and vocabulary, but not always accurate 	<ul style="list-style-type: none"> ○ <u>Some</u> spelling, grammar or punctuation errors ○ Writing style <u>moderately</u> clear, tone appropriate and easy to follow ○ Use of <u>simple language and vocabulary</u> effectively but struggles to use technical language

Glossary of Keywords

Word	Definition	In a sentence
Constitution	The main source of legislation in a country. It is the supreme law of the land that directs how government is to govern its people.	The Kenyan Constitution specifically defines the right to health as the 'highest attainable standard of health' under article 43(1)(a).
Health Finance	Money from public or private sources that is set aside for providing healthcare.	The government is constantly reducing health financing in Kenya.
Human Rights	Basic rights (such the right to health, the right to life) and freedoms (such as the freedom of movement, freedom of religion) that every human being has from birth to death and cannot be derogated from nor denied by any person or government except when legally justified in the interest of public safety or morality.	The Kenyan High Court ordered that refusal by a hospital to treat a patient who required an emergency medical procedure after being shot in the head barely two blocks from the hospital amounted to a violation of his human rights.
Maximum Available Resources	This is a principle under the International Covenant on Economic, Social and Cultural Rights (ICESCR) that requires all governments to identify what resources exist locally and use them to their maximum benefit.	The Special Rapporteur on the Right to Health in his report observed that the East African countries were not complying with the maximum available resources principle in financing healthcare.
Progressive Realisation	This is a principle under the ICESCR, which recognises that governments will require specific timelines within which, they can set up the institutions, infrastructure and allocate resources towards the provision of free healthcare on a step by step basis.	The World Health Organisation (WHO) recognises that the right to health is subject to its progressive realisation. Not all governments will be able to provide this right immediately.
Public healthcare system	Refers to the health sector that is established and managed by the government and not the private sector.	Due to limited financial resources, the public healthcare system has been out performed by the private sector.

Resources	Refers to anything that is useful for purposes of ensuring something is achieved.	There are various types of resources necessary for providing healthcare; human resources in the form of healthcare worker, technical resources such as lab equipment and financial resources.
Resource Constraints	This is a principle under the ICESCR, which recognises that the government may not be able to provide everyone with the right to health because of limited resources.	In the case brought against the Kenyan government for failing to provide free dialysis in public hospitals, the AG in his defence relied on the principle of resource constraint.
Right to Health	The state of complete physical, mental and social wellbeing and not merely the absence of disease or infirmity. It is the right to the highest attainable standard of physical and mental health.	In a directive issued by the Ministry of Health, the government has warned hospitals against denying medical treatment to people living with HIV/AIDS. Such denial will be prosecuted as a violation of their right to health.

Tutorial 1 – Introduction to the Right to Health



What is the Purpose of Tutorial 1?

- To reflect on human rights, and what they mean
- To introduce the right to health under international and national laws
- To explain its normative content
- To examine the legal, social and political backdrop against which the right to health is understood and implemented
- To become familiar with the legal language used in discussing the right to health
- To consider how human rights principles are applied in addressing the right to health

Homework for 06 November 2018

- Baseline assignment at page 22. You will make a short presentation of your baseline assignment in class on **13 November 2018**

Introduction

We are going to start by reflecting on;

- a. What are human rights?
- b. What do these rights mean to us?
- c. Why are they important?
- d. Who do they protect?

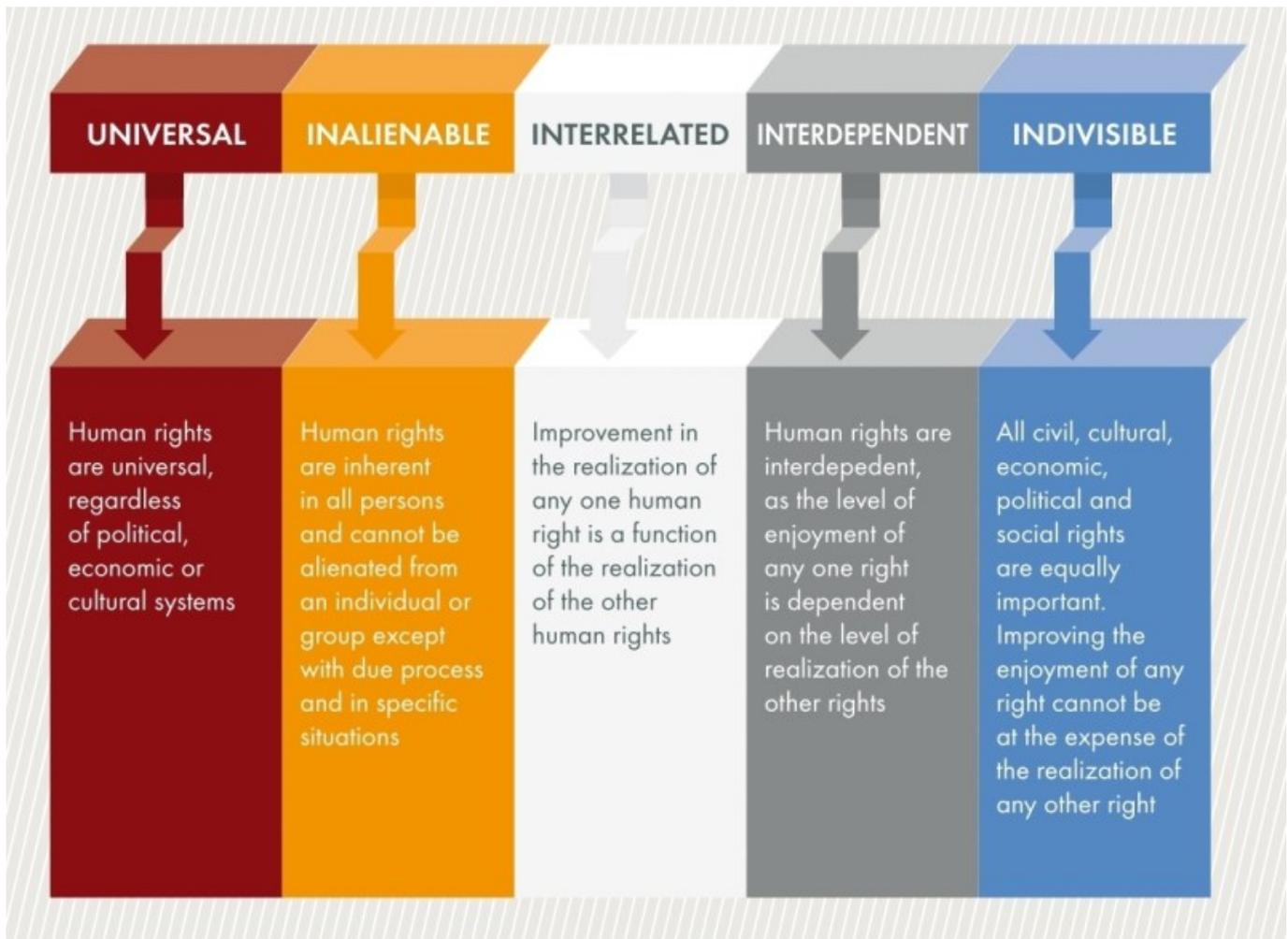


Human rights are the basic rights and freedoms that belong to every person in the world, from birth until death. They apply regardless of where you are from, what you believe or how you choose to live your life. They can never be taken away, although they can sometimes be restricted – for example if a person breaks the law, or in the interests of national security. These basic rights are based on shared values of dignity, fairness, equality, respect and independence. These values are defined and protected by law. In Britain human rights are protected by the Human Rights Act 1998. In Kenya, human rights are protected under the Constitution, 2010.

List down at least three human rights that you are aware of. Why do you think the human rights that you have listed are important? Who do they protect?

Human rights	Importance	Protection

Human rights principles



They are **universal** because everyone is born with and possesses the same rights, regardless of where they live, their gender or race, or their religious, cultural or ethnic background. ‘All human being are born free and equal in dignity and rights’ (Article 1, Universal Declaration of Human Rights).

Inalienable because people’s rights can never be taken away. **Indivisible** and **interdependent** because all rights – political, civil, social, cultural and economic – are equal in importance and none can be fully enjoyed without the others.

Interrelated because each human right contributes to the realisation of another human rights. The fulfilment of one right depends on the other. **For example, the fulfilment of the right to health may depend on the right to food and the right to housing. What other example can you think of?**

Right to Health

according to World Health Organization

“A state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.”



Universal Healthcare in the context of Human Rights
Presented by: Monina Geaga, Secretary General, SARILAYA
December 14, 2013 (Saturday), 10 AM, Tri-mona Healthy Dining

The two important international legal instruments that define and explain what the right to health is are:

- a. **The International Covenant on Economic, Social and Cultural Rights (ICESCR)**
- b. **General Comment 14 on the Right to the Highest Attainable Standard of Health (GC14)**

The ICESCR recognises the right to everyone to the enjoyment of the highest attainable standard of health (Article 12). It also requires the State that has ratified the ICESCR to ‘take steps, individually and through international assistance and co-operation, especially economic and technical, to the maximum of its available resources, with a view to achieving progressively the full realisation of the rights recognised in the Covenant by all appropriate means, including particularly the adoption of legislative measures’ (Article 2.1)

GC 14 provides further details on what the right to health entails. Many factors combine together to affect the health of individuals and communities. Whether people are healthy or not, is determined by their circumstances and their environment. To a large extent, factors such as where we live, the state of our environment, genetics, our income and education level, and our relationships with friends and family all have considerable impacts on health.

Definitions of the right to health

UN Commissioner for Human Rights – Mary Robinson

The right to health does not mean the right to be healthy, nor does it mean poor governments must put in place expensive health services for they have no resources. But it does require authorities put in place policies and action plans which lead to **available and accessible health care for all** in the shortest possible time. To ensure that this happens is the *challenge* facing both the human rights community and public health professionals.

The World Health Organisation Constitution, 1946

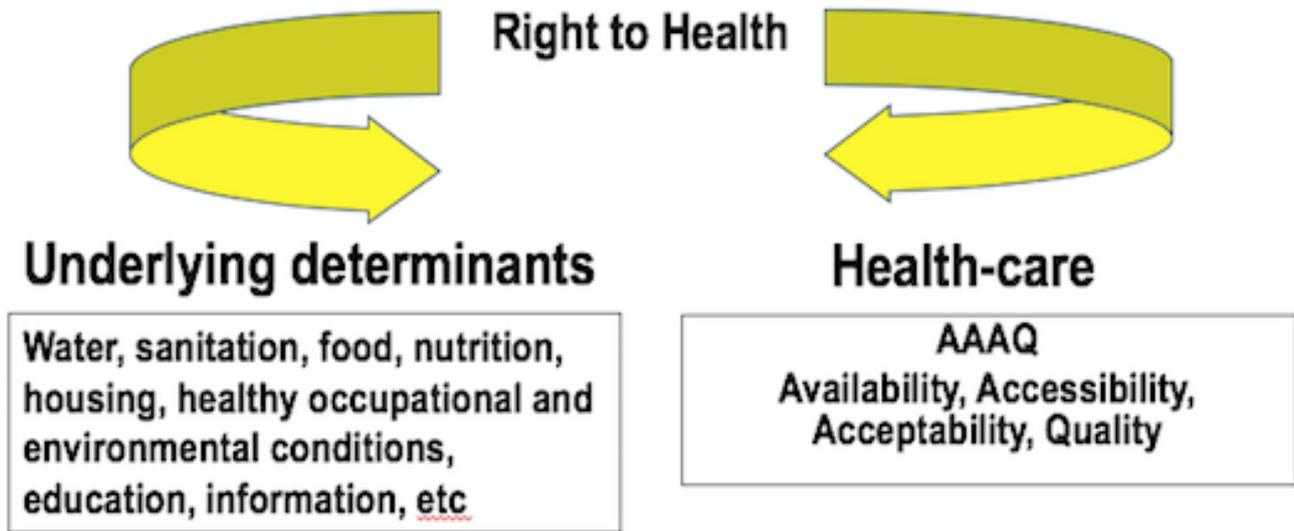
Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity. **The enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, political belief, economic or social condition.**

Universal Declaration of Human Rights, 1948

Everyone has the right to a **standard of living adequate for the health of himself and of his family**, including food, clothing, housing and medical care and necessary social services.

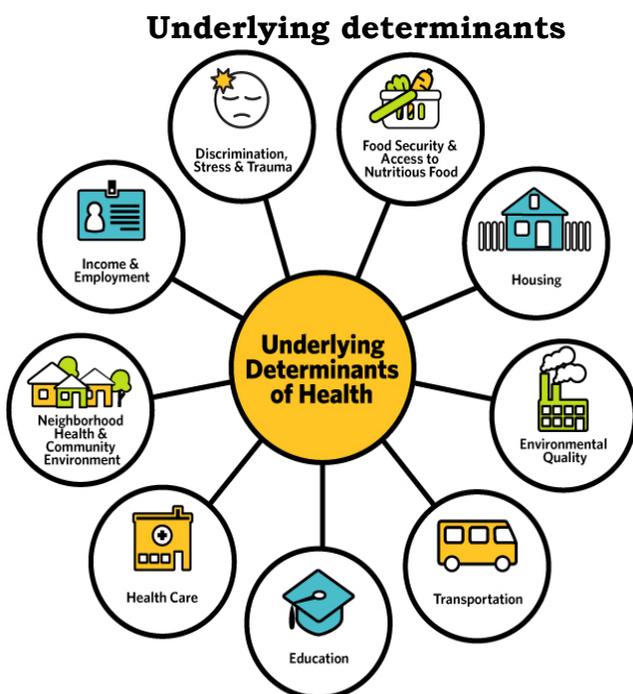
How would you define the right to health (R2H)?

R2H is dependent on the existence of certain **underlying determinants** and on the provision of health care under the **AAAQ framework**.



R2H cannot be properly achieved if there is no clean drinking water easily available, or where there is scarcity of food, or where the air is polluted by hazardous chemicals. Clean drinking water, clean and healthy environment and availability of food are underlying determinants (UD) to ensuring R2H. The R2H is also subject to health care that is Available, Accessible, Acceptable and of Quality.

Let's explore further what UD and the AAAQ mean.



Determinants of health are **defined** as: The range of behavioural, biological, socio-economic and environmental factors that influence the **health** status of individuals or populations. –Adapted from the World **Health** Organization 1998. **Health** promotion glossary.

List down other underlying determinants that you can think of:

Some examples to help guide you:

Underlying Determinants	Possible Adverse Health and Safety Consequences
Inadequate water (quantity and quality), sanitation (wastewater and excreta removal) and solid waste disposal, improper hygiene (hand washing)	Diarrheas and vector-related diseases, eg, malaria, schistosomiasis, dengue
Improper water resource management (urban and rural), including poor drainage	Vector-related diseases, eg, malaria, schistosomiasis
Crowded housing and poor ventilation of smoke	Acute and chronic respiratory diseases, including lung cancer (from coal and tobacco smoke inhalation)
Exposures to vehicular and industrial air pollution	Respiratory diseases, some cancers, and loss of IQ in children
Population movement and encroachment and construction, which affect feeding and breeding grounds of vectors, such as mosquitoes	Vector-related diseases, eg, malaria, schistosomiasis, and dengue fever, may also help spread other infectious diseases eg HIV/AIDS, Ebola fever
Exposure to naturally occurring toxic substances	Poisoning from, eg, arsenic, manganese, and fluorides
Natural resource degradation, eg, mudslides, poor drainage, erosion	Injury and death from mudslides and flooding
Climate change, partly from combustion of greenhouse gases in transportation, industry and poor energy conservation in housing, fuel, commerce, industry	Injury/death from: extreme heat/cold, storms, floods, fires. Indirect effects: spread of vector-borne diseases, aggravation of respiratory diseases, population dislocation, water pollution from sea level rise, etc.
Ozone depletion from industrial and commercial activity	Skin cancer, cataracts. Indirect effects: compromised food production, etc.

AAAQ

Available

Health facilities, goods and services must be available in sufficient quality

Accessible

Physical accessibility, economic accessibility, non discrimination and information accessibility

Acceptable

Health services must be respectful of medical ethics, culturally appropriate and gender sensitive

Quality

Health services must be scientifically and medically appropriate and of good quality

PAIR EXERCISE 1

What do you understand by the following in terms of accessible health care:

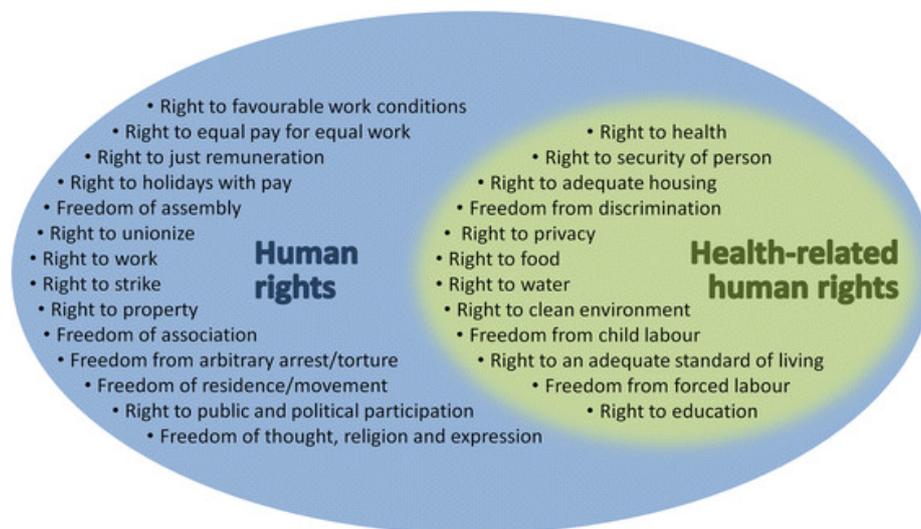
Physical accessibility	
Economic accessibility	
Non-discrimination	
Information accessibility	

PAIR EXERCISE 2

Core principles of R2H

R2H principle	What it means	Consider the following scenarios:
Participation	People should be involved in decisions that affect their rights.	Would it be right for government to pass laws that deny women the right to decide whether or not to terminate their pregnancy without asking them?
Accountability	There should be monitoring of how people's rights are being affected, as well as remedies when things go wrong.	A HIV positive woman goes to hospital for delivery. She is told that she will require a C Section. She agrees. During the operation the doctor performs tubal ligation without the woman's consent. Can the doctor be held accountable for violating the woman's right to health?
Non- discrimination and equality	All forms of discrimination must be prohibited, prevented and eliminated. People who face the biggest barriers to realizing their rights should be prioritized.	Should a man be denied medical treatment because he is gay?
Non- retrogression	Government should not take any retrogressive measures. This means that once a government has taken a measure to realise the right to health, it should only expand on that measure and not take away or reduce the availability of that measure	Once a government provides free maternity services, can these services later be charged?
Minimum core	<p>The right to health contains a minimum essential core of elements that all States are obligated to implement immediately. There are 6 minimum core obligations States must realize:</p> <ul style="list-style-type: none"> a) Non-discriminatory access to health facilities, goods and services b) Access to the minimum, nutritionally adequate and safe food c) Access to basic shelter, housing and sanitation, and safe and potable water d) Provision of essential drugs (as defined by the World Health Organisation) e) Equitable distribution of all health facilities, goods and services f) Adoption and implementation of a national public health strategy and plan of action. 	Is it possible for a government in a developing country in sub Saharan Africa to provide all 6 of these minimum core obligations?

Certain human rights are also considered as health-related human rights.



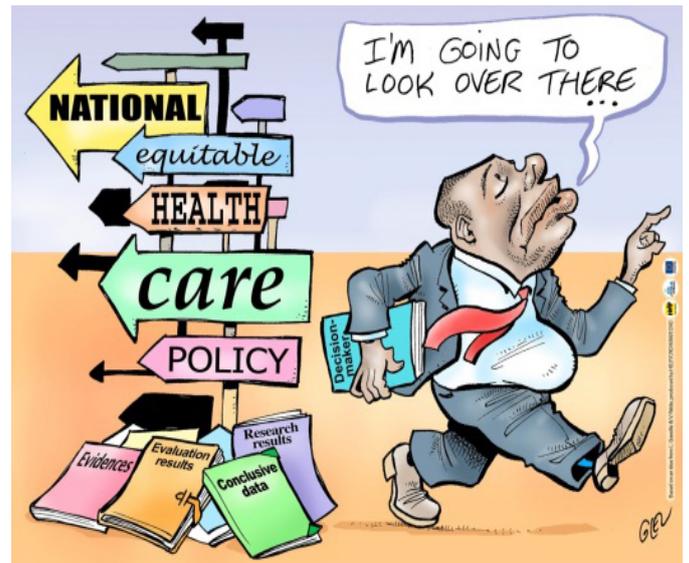
Below are examples of how discrimination against the R2H of a Person Living with HIV (PLHIV) can also amount to a violation of his/her other human rights. Those other human rights that get violated as a result are referred to as health-related human rights.

Breach of right to privacy	<ul style="list-style-type: none"> • Testing a person for HIV without their informed consent • Disclosure of a person’s HIV status without consent
Breach of right to the highest attainable standard of healthcare	<ul style="list-style-type: none"> • Denial of treatment to PLHIV • Failure to take progressive steps to ensure access to anti-retroviral drugs, treatment for opportunist infections for PLHIV • Discrimination by health insurance companies against PLHIV • Requirement by government or private entities for compulsory HIV tests before provision of essential medical services
Breach of right to a family life	<ul style="list-style-type: none"> • Forced sterilisation of women living with HIV • Denying HIV+ people the right to marry solely because of their HIV status
Breach of right to work	<ul style="list-style-type: none"> • Refusal of employment due to HIV status • Dismissal from employment due to HIV Status
Breach of right to property	<ul style="list-style-type: none"> • Disinheritance of widows following the death of their husbands due to AIDS
Breach of right to integrity of the person	<ul style="list-style-type: none"> • Verbal, physical or sexual abuse as a response to HIV status.
Breach of right to privacy	<ul style="list-style-type: none"> • Testing a person for HIV without their informed consent • Disclosure of a person’s HIV status without consent

Baseline assignment (200-300 words) – to be discussed on 13 November 2018

What is the difference between human rights and health-related human rights? Is there a difference?

Tutorial 2 – Challenges to the Right to Health



What is the Purpose of Tutorial 2?

- To introduce the public healthcare system and reflect on the challenges it faces
- To identify differences in the public healthcare systems of developed and developing countries
- To consider the following legal principles; progressive realisation, maximum available resources and resource constraints
- To understand and critically discuss the 3 legal principles as defences strategies for governments when accused of not fully implementing the right to health

Homework for 13 November 2018

- **Key reading to answer assignment on page 27:** Illari Aragon Noriega, Judicial Review of the Right to Health and Its Progressive Realisation: The Case of the Constitutional Court of Peru, **pages 170-72** Available at: <http://discovery.ucl.ac.uk/1470667/1/1UCLJLJ166%20-%20Right%20to%20Health%20Peru.pdf>

Introduction

We shall start this tutorial with a brief 7 minutes lecture.



The lecture will highlight how the public healthcare system operates and will draw attention to the differences between the public healthcare systems of developed and developing countries and the specific challenges faced.

List down at least 3 similar problems that the public healthcare sector in both developed and developing countries frequently experience.

List down at least 3 differences between the public healthcare sector of developed and developing countries

REFLECTION TIME

Consider the brief facts on Africa below. Do you think these facts are also reflective of European countries? Explain your answer.

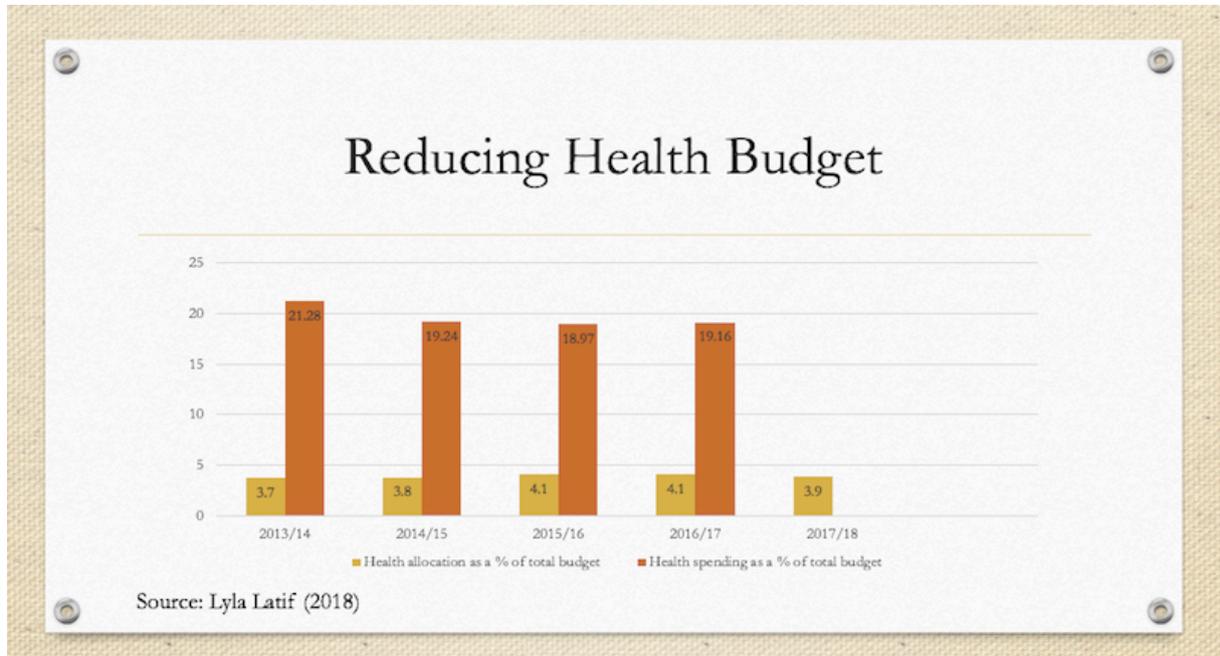
A majority of people have low incomes. 90% of diseases are prevalent in Africa. People living below \$1 a day. High rates of mothers dying during child birth. Over 20% of children die before their 5th birthday. High dependency on foreign aid. Lack of infrastructure. Few doctors. Governments lack money. Government budgets cannot support the health sector without help. Majority of rural Africans cannot afford out of pocket payment (OPP) to access healthcare. Few hospitals outside the cities and towns.

Challenges faced by government in implementing R2H

There are a number of challenges that the government faces in providing healthcare. The most significant of these challenges is the lack of sufficient finances, in other words **money**. Without sufficient funds, government is unable to build hospitals, pay doctors, train nurses, buy medicines and ensure hospitals and clinics are properly equipped with lab equipment, hospital beds and testing kits. It is the duty of government to mobilise resources to implement R2H. When government is unable to mobilise financial resources, under human rights law, it can argue that 'resource constraints' have prevented it from implementing R2H fully. However, this argument cannot be used to put a hold on providing the 6 core obligations. These are not subject to 'resource constraints.' They must be provided. What is subject to resource availability, for example; hiring more doctors, can always be put on hold subject to progressive realisation – meaning that though doctors cannot be hired immediately due to shortages of money, the government will aim to hire more doctors in the next 5 years.

Poor financial planning by government results in a problematic public health sector

When a government allocates a lower percentage of its total budget to the health sector, it ends up spending more. Example, in 2013/14 the Kenyan government allocated 3.7% of its budget to health but ended up spending 21.28%. Where do you think this extra money came from?

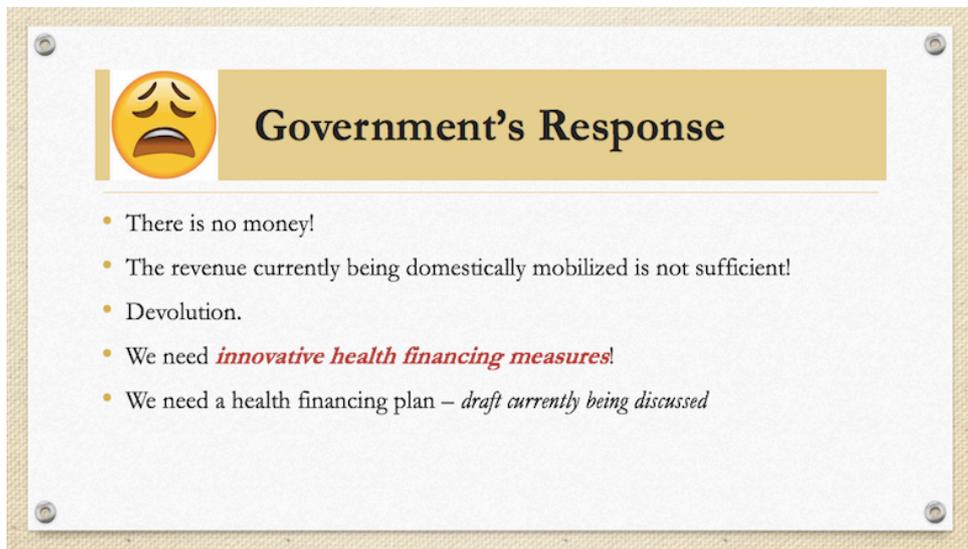


When a government reduces its spending on the health sector, a number of problems arise.

Resultant Effects

- Regional imbalances in the provision of health care
- Lack adequate healthcare workers
- Depreciating/old equipment
- No stocks of essential medicines
- Skewed concentration on preventive & curative care of HIV/AIDS, TB and malaria, STIs leaving out NCDs
- Focus on donor funded health related MDGs
- Increased user fees and OPP
- Health programs planned without a fiscal plan

It is common for governments to say that they have no money when confronted about their lack of interest in increasing health finance.



 **Government's Response**

- There is no money!
- The revenue currently being domestically mobilized is not sufficient!
- Devolution.
- We need *innovative health financing measures!*
- We need a health financing plan – *draft currently being discussed*

HOMEWORK

Having read the Noriega paper (Key Reading listed on page 23), what do these three terms mean to you? How do they challenge a government?



Challenges to the Right to Health

**Progressive
realisation**

**Maximum available
resources**

Resource Constraints

Progressive Realisation	Maximum Available Resources	Resource Constraints

CLASS EXERCISE

You are a judge of the Constitutional Court in Kenya. A case has been filed before you by a Non-Governmental Organisation (NGO) based in Nairobi, Kenya. The NGO has argued that the Kenyan government has failed to provide its citizens with the right to health. The main facts informing their case are as follows:

- a. The government has reduced its spending on healthcare. The government, in fact, has been reducing health spending consecutively since 2010. In 2010, the government allocated 7.1% of the budget to the health sector. Currently, as at 2018/19, health has been allocated 4%. This is contrary to the agreement made by the government under Abuja Declaration in 2010 to allocate up to 15% of the budget to the health sector.
- b. The government has done nothing to implement the ICESCR and GC 14.
- c. The government has not developed a health financing strategy or identified resources to finance health other than taxes.
- d. The government discriminates against the rural population. Hospitals are built in the cities but not in the rural areas. Doctors are hired for public health facilities in the cities but only nurses are sent to the rural medical facilities.

The Kenyan government has denied these allegations made by the NGO and in its defence given the following reasons:

- a. The government does not have enough money.
- b. The government has various other concerns to deal with other than the right to health. The government has to build roads and schools. It has to invest in pipelines so that houses are connected to tap water in the rural areas. It has to pay its debt owed to China. It has to ensure border security against the Al Shabab threat from neighbouring Somalia. It has to irrigate the northern part of the country and dig wells in the arid regions for the welfare of the local communities and animals.
- c. Due to the commitments listed above, the government has not been able to increase health financing.
- d. The government is currently fighting against tax evasion which has seriously affected the amount of revenue the government can collect to then provide its citizens with services.
- e. The government is doing the best it can. It has recognised the right to health as a constitutional right and is providing free maternal healthcare and has waived fees for outpatients in public health facilities and is providing free immunization for children under 5 years.
- f. The government respects the right to health.

Having considered these arguments, what would be your decision? Will you decide:

- i. In favour of the NGO? Give reasons why. Has the NGO proved that the government has violated the right to health? or
- ii. In favour of the Kenyan government? Give reasons why. Has the government shown that it has taken steps to implement the right to health? or
- iii. Make a specific order against the government to do something? Example; prepare a health financing strategy, identify revenue sources specifically for health finance, build hospitals in rural areas in the next 10 years?

In your decision, consider using the following terms: **progressive realisation, maximum available resources and resource constraints.**

Tutorial 3 –Duty to *Respect*, *Protect* and *Fulfil* the Right to Health



What is the Purpose of Tutorial 3?

- To introduce the concept of a duty bearer and what this duty entails
- To examine how the three duties are discharged by the state
- To consider the clarity and sufficiency of the explanation on the duty to ‘respect, protect and fulfil’ provided under General Comment 14 on the Right to the Highest Attainable Standard of Health

Homework for 20 November 2018

Watch: <https://www.youtube.com/watch?v=JdZZMuVZ5Mg>

Read: Paragraphs 34, 35 and 36 of General Comment 14 available at: <http://www.refworld.org/pdfid/4538838d0.pdf>

Introduction

The duty to ‘respect, protect and fulfil’

The right to health, like all human rights, imposes three types or levels of obligations on States parties: the obligations to respect, protect and fulfil. In turn, the obligation to fulfil contains obligations to facilitate, provide and promote.

The obligation to respect requires States to refrain from interfering directly or indirectly with the enjoyment of the right to health.

The obligation to protect requires States to take measures that prevent third parties from interfering with human rights.

Finally, the obligation to fulfil requires States to adopt appropriate legislative, administrative, budgetary, judicial, promotional and other measures towards the full realization of the right to health.

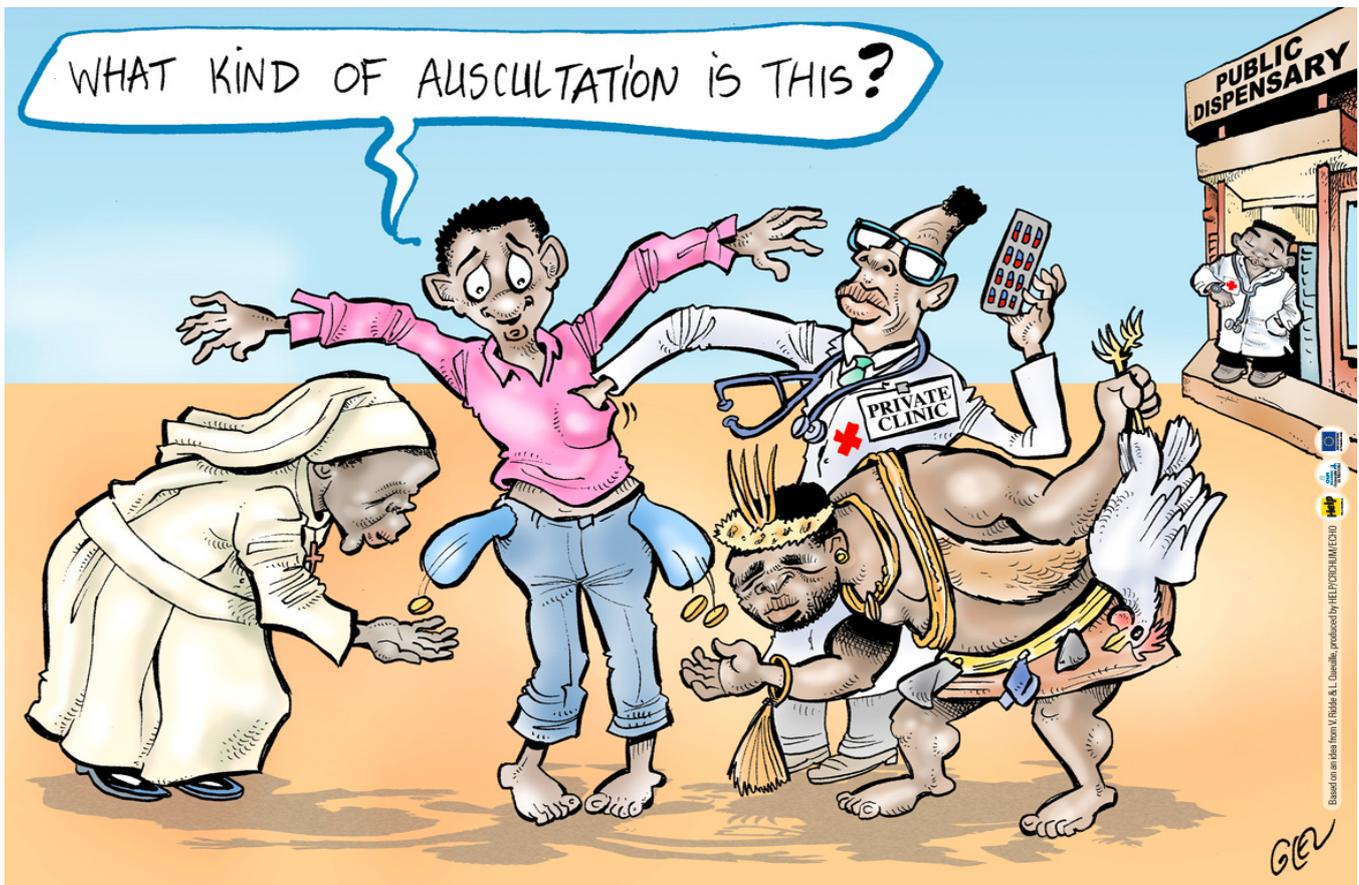
PAIR DISCUSSION

Obligation	How does it apply to the right to health	Examples of how the duty can be violated
Duty to respect		
Duty to protect		
Duty to fulfil		

PAIR PRESENTATIONS

GROUP	TASK
A	<p><i>Duty to respect the right to health.</i></p> <p>How does this relate to the principle of non- retrogression?</p>
B	<p><i>Duty to protect against third party violations.</i></p> <p>How does this relate to the principle of non- discrimination?</p>
C	<p><i>Duty to fulfil by ensuring there are adequate remedies against violations.</i></p> <p>What kind of remedies?</p>

Tutorial 4 – The Kenyan Healthcare System



What is the Purpose of Tutorial 4?

- To appreciate the Kenyan healthcare system that existed before British colonial rule
- To understand how the Kenyan healthcare system developed after British colonial rule
- To appreciate the Kenyan concept of 'African Socialism' and 'Harambee' financing
- To contextualise the problem of limited finances that has stunted the Kenyan public healthcare

Homework for 27 November on page 40. Reading assignment to identify problems.

Draft assignment (2000 words) to be submitted on 4 December 2018

You have been appointed as the Kenyan Minister of Finance. Your task is to make recommendations on how the government can mobilise additional revenue to finance public healthcare without raising taxes. Discuss the recommendations you shall be proposing.

Introduction

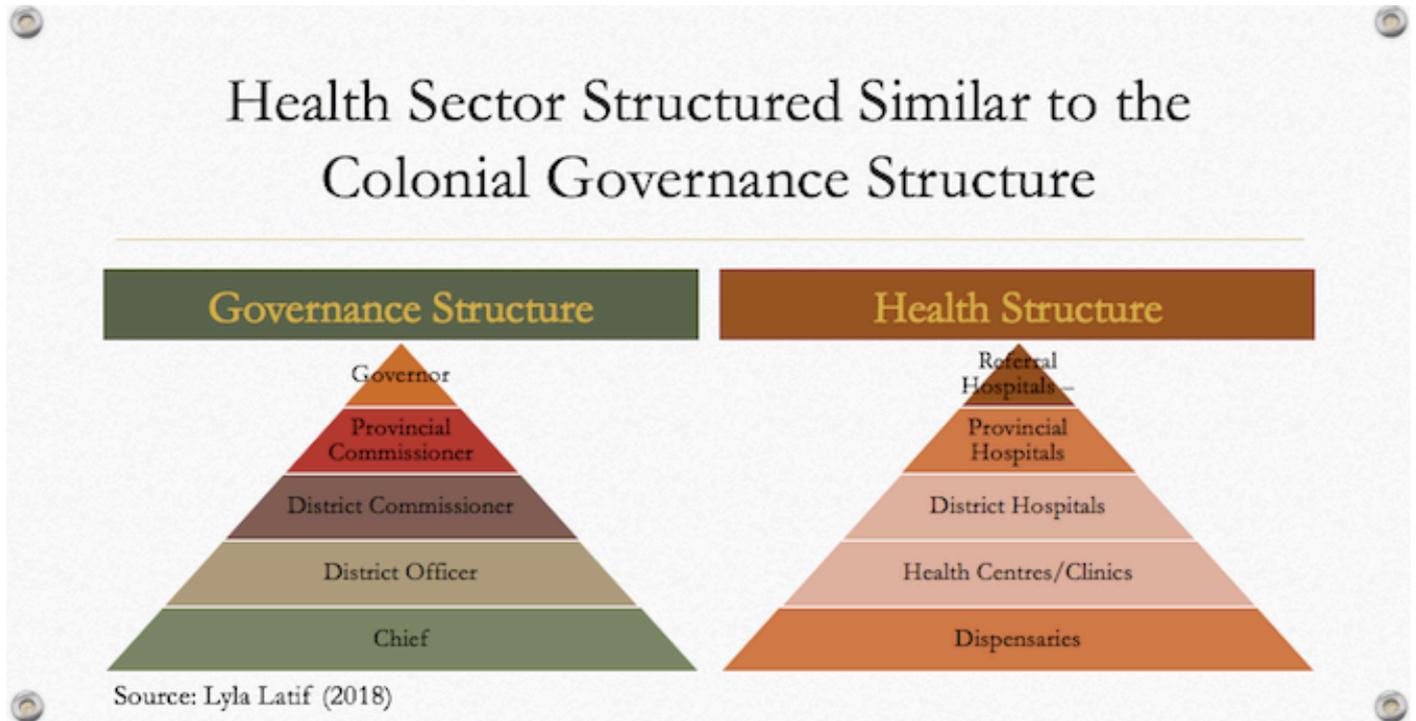
We shall begin this tutorial with a 15-minutes lecture session on the development of the Kenyan health sector – PPT slides will be made available.



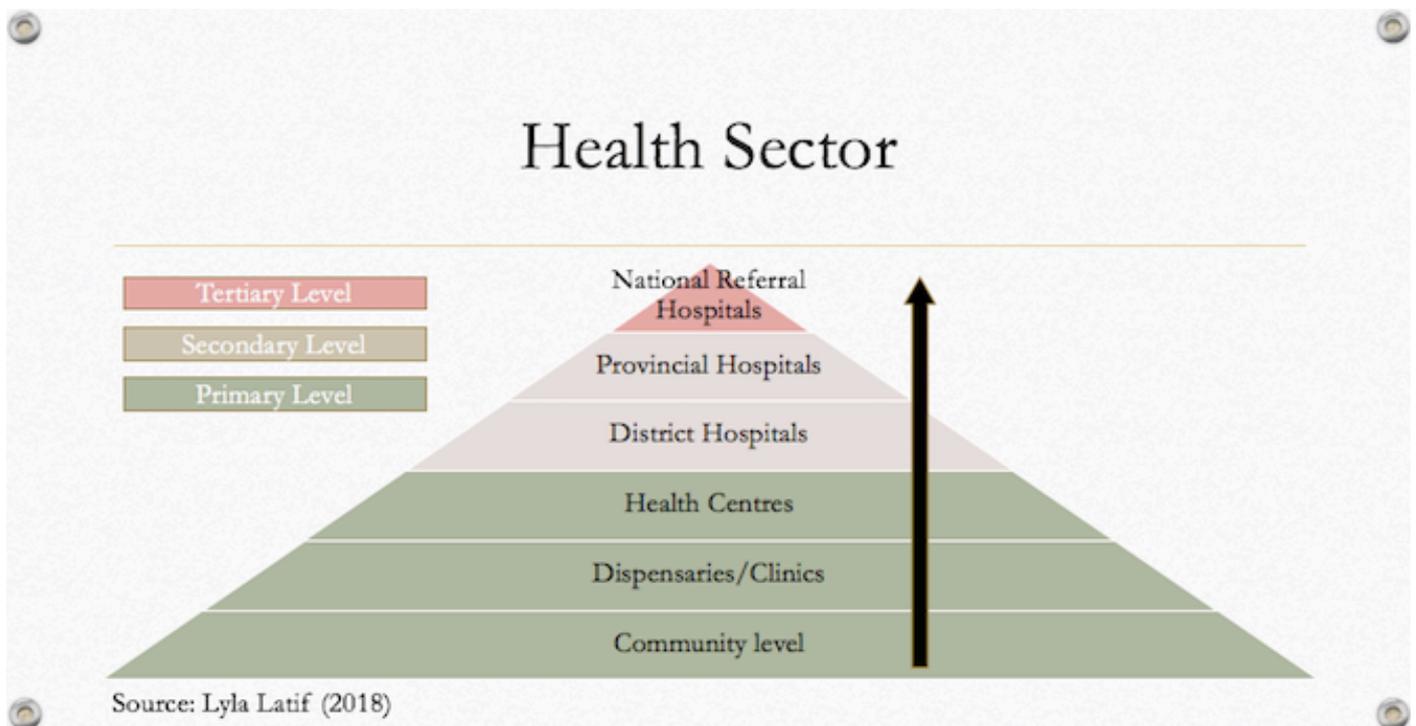
What was the Kenyan healthcare sector like before British colonial rule?

The Kenyan public healthcare sector: during and after colonial rule

During



After



GROUP EXERCISE

List down your understanding of the Kenyan healthcare sector in terms of:

How is it organised:

Why is it organised in that manner:

Is it organised well:

How can it be improved:

African socialism and ‘Harambee’ financing

*‘Cross the river in a crowd and the crocodile will not eat you’
African proverb*

The proverb above signifies the importance of a community and doing things together for each other’s benefit. Herein lies the spirit of African socialism and ‘harambee’ financing.

African socialism is a **political and economic system** that is based upon the African tradition of **mutual social responsibility**. This means that the government accepts to take upon itself the responsibilities for social services (such as health, education, housing) and recognises the **reciprocal response of society’s contribution** as a group and as individual members. This reciprocal response automatically results through the payment of taxes that are compulsorily levied by the government and through ‘harambee’ financing.

‘Harambee’ financing is a Swahili word for ‘coming together to do something’ – local communities in a particular area come together to develop a project. For example, to build a dispensary. Instead of waiting for the government to build a dispensary in their area, the local community members get together in a ceremony and the traditional chief holds a ‘Kikapu’ a form of a basket and calls community members to donate what they can towards the building of the dispensary. This is what ‘harambee’ financing means.

In your opinion do you think that it is the duty of local communities to build dispensaries and clinics using ‘harambee’ financing because the government has neglected their areas? Does ‘harambee’ financing provide government with the reason to reduce its health budget?

HOMEWORK

From the text below highlight the problems that the Kenyan public healthcare sector faces

There are wide disparities in health across the country, closely linked to underlying socio-economic, gender and geographical disparities. Some 49 percent of the urban population and 53 percent of the rural population in Kenya live below the poverty line.

In 2007, 38 percent of sick Kenyans did not seek healthcare because they lacked money while another third resorted to self-medication.¹ 15.3 percent of those lacking money run into debts or sell personal assets to offset healthcare expenses.

The health sector budget is skewed to favour the secondary and tertiary healthcare facilities, which absorb 70% of health expenditures. Yet primary healthcare units – the first line of contact with the population - provide the bulk of health services and are cost effective in dealing with disease conditions prevalent in communities.

Further, under the current healthcare financing system 53% of healthcare costs are paid by patients when accessing services. This severely limits access to care by the very poor, who may not be able to afford service fees and who are least likely to have access to alternative financing options.²

Health personnel expenditures are high compared to expenditures on drugs, pharmaceuticals, and other medical inputs such as medical equipment and supplies. Personnel spending accounts for about 50% of the budget, leaving 30% for drugs and medical supplies, 11% for operations and maintenance at the facility level and 10% for other recurrent expenses.

As at October 2015, there are about 10,506 public health facilities being operated by the government.³ Data from the World Bank shows that as at 2010 there were 1.4 hospital beds per 1,000 people,⁴ 0.868 nurses and midwives per 1,000 people in 2013,⁵ 0.199 physicians per 1,000 persons in 2013,⁶ and maternal deaths as at 2015 stood at 8,000 per year.⁷

The government has been progressively reducing its health budget. This has been observed from the states' budget allocation to the health sector, which has been on a reducing scale. In 2010, 7.2 per cent of the total budget was allocated to the health sector. In 2011, only 6.1 per cent was allocated while in the 2013/14 budget, the health sector allocation had

¹ Ministry of Public Health and Sanitation & Ministry of Medical Services (2009b).

² Caroline Kwamboka Nyakundi, Caroline Teti, Howard Akimala, Esther Njoya, Matthias Brucker, Richard Nderitu and Joshua Changwony. 2011. Health Financing in Kenya. The Case for Reproductive Health and Family Planning. German Foundation for World Population

³ Open Africa, <https://africaopendata.org/dataset/health-facilities-in-kenya/resource/0257f153-7228-49ef-b330-8e8ed3c7c7e8>

⁴ <https://data.worldbank.org/indicator/SH.MED.BEDS.ZS?locations=KE>

⁵ <https://data.worldbank.org/indicator/SH.MED.NUMW.P3?locations=KE>

⁶ <https://data.worldbank.org/indicator/SH.MED.PHYS.ZS?locations=KE>

⁷ <https://data.worldbank.org/indicator/SH.MMR.DTHS?locations=KE>

been reduced to 5.9 per cent of the total budget. Further reduction followed in the 2014/15 budget which was set at 4% while the 2015/16 budget allocated 3.9% to the health sector. The current 2016/17 budget allocates 4% to the health sector.

Many people in Kenya lack access to basic health and adequate nutrition. A quarter of Kenyans households are located more than 8 kilometers from any form of health facility.⁸

Patients are made to pay user fees and only end up receiving prescriptions without actual drugs. They are forced to purchase drugs from private chemists at exorbitant prices.⁹

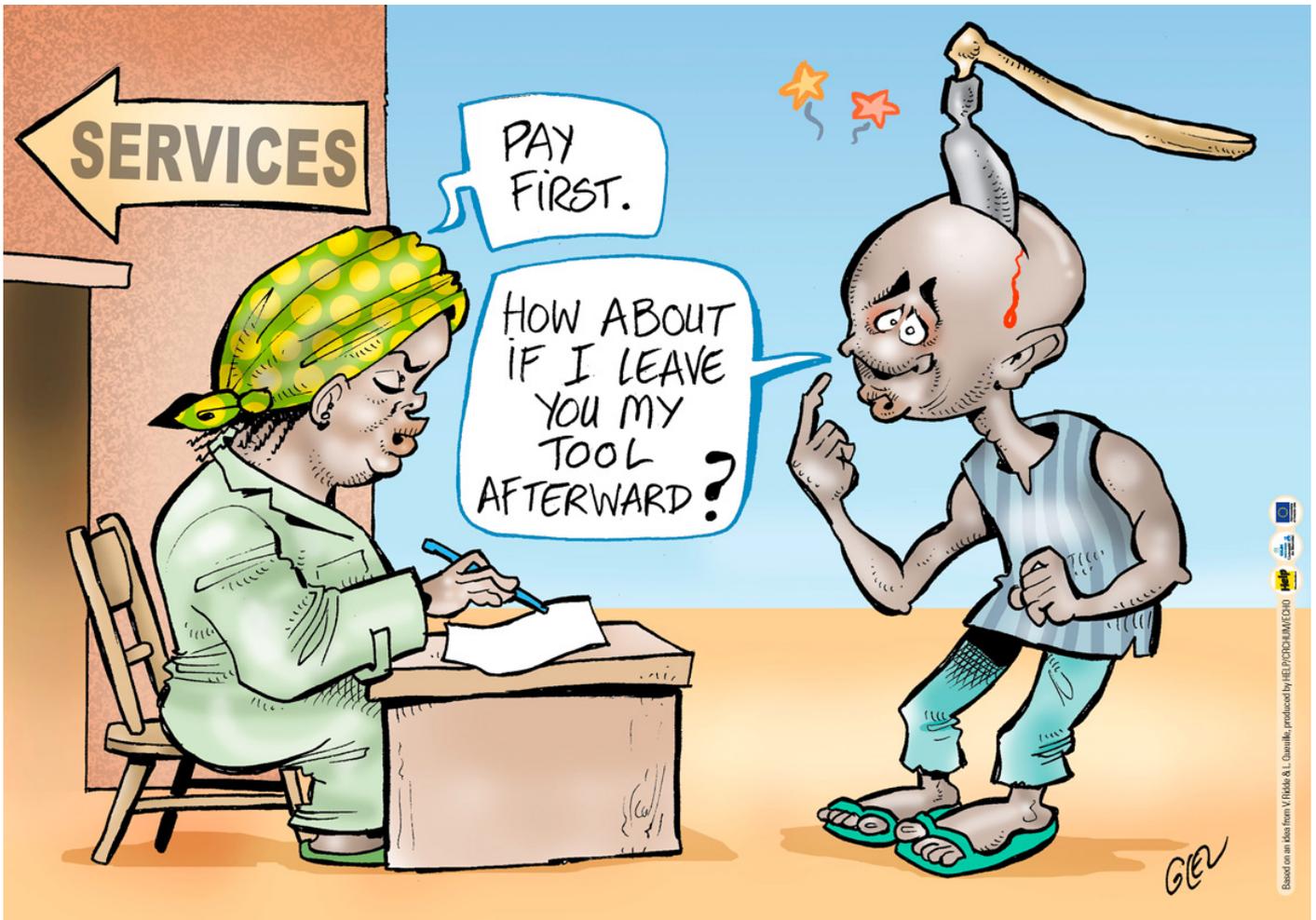
How would you categorise the problems of the Kenyan public healthcare sector?

(Example, financial, administrative...)

⁸ Paul K Kimalu, Nancy N Nafula, Damiano K Manda, Arjun Bedi, Germano Mwabu and Mwangi S Kimenyi. A Review of the Health Sector in Kenya. Kenya Institute for Public Policy Research and Analysis, 2004, p.54

⁹ Government of Kenya. 1997. Second Participatory Poverty Assessment Study in Kenya, Vol. 1. Nairobi: Government Printer.

Tutorial 5 – Financing Government’s ‘Cinderella’



What is the Purpose of Tutorial 5?

- To understand how healthcare is financed by the Kenyan government
- To appreciate the innovative health financing strategies that are used in Kenya and around the world

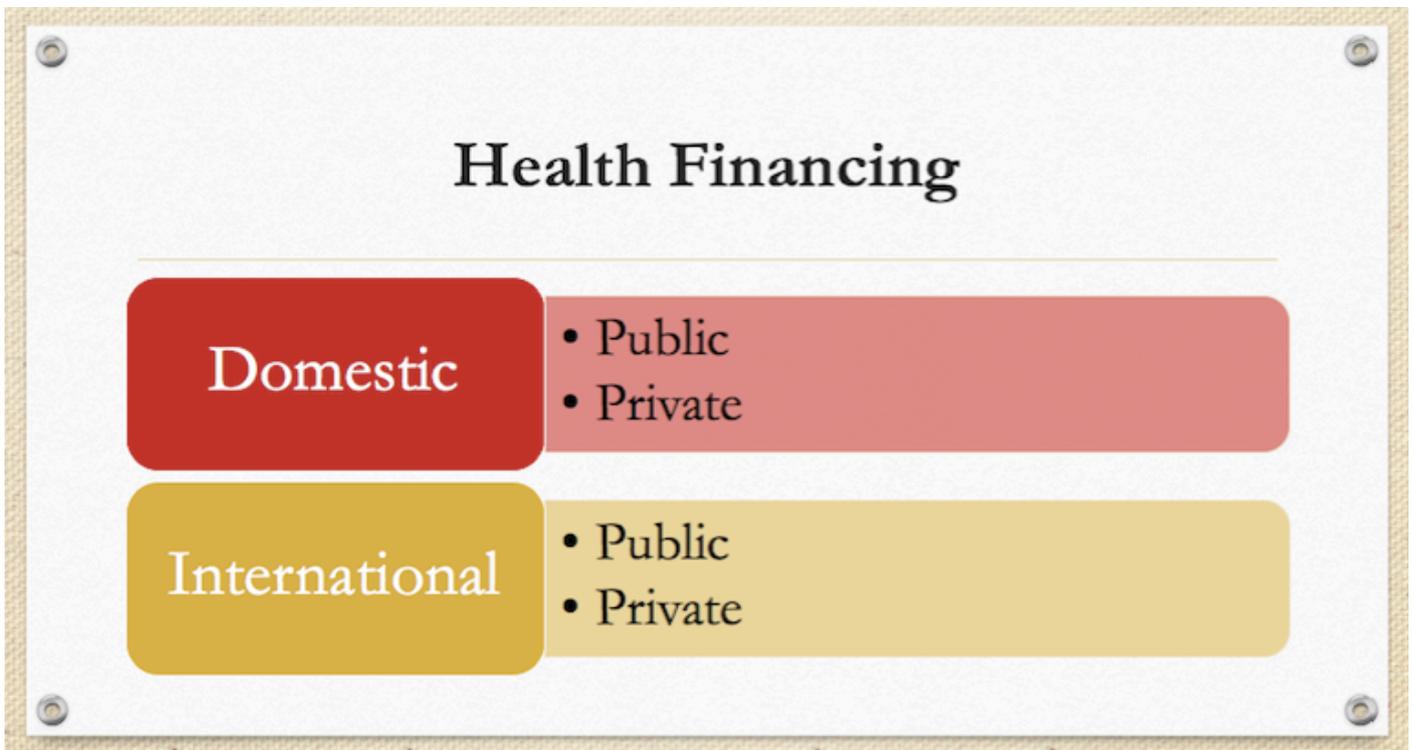
Homework for 04 December 2018

List down the different methods used for financing health that you are aware of.

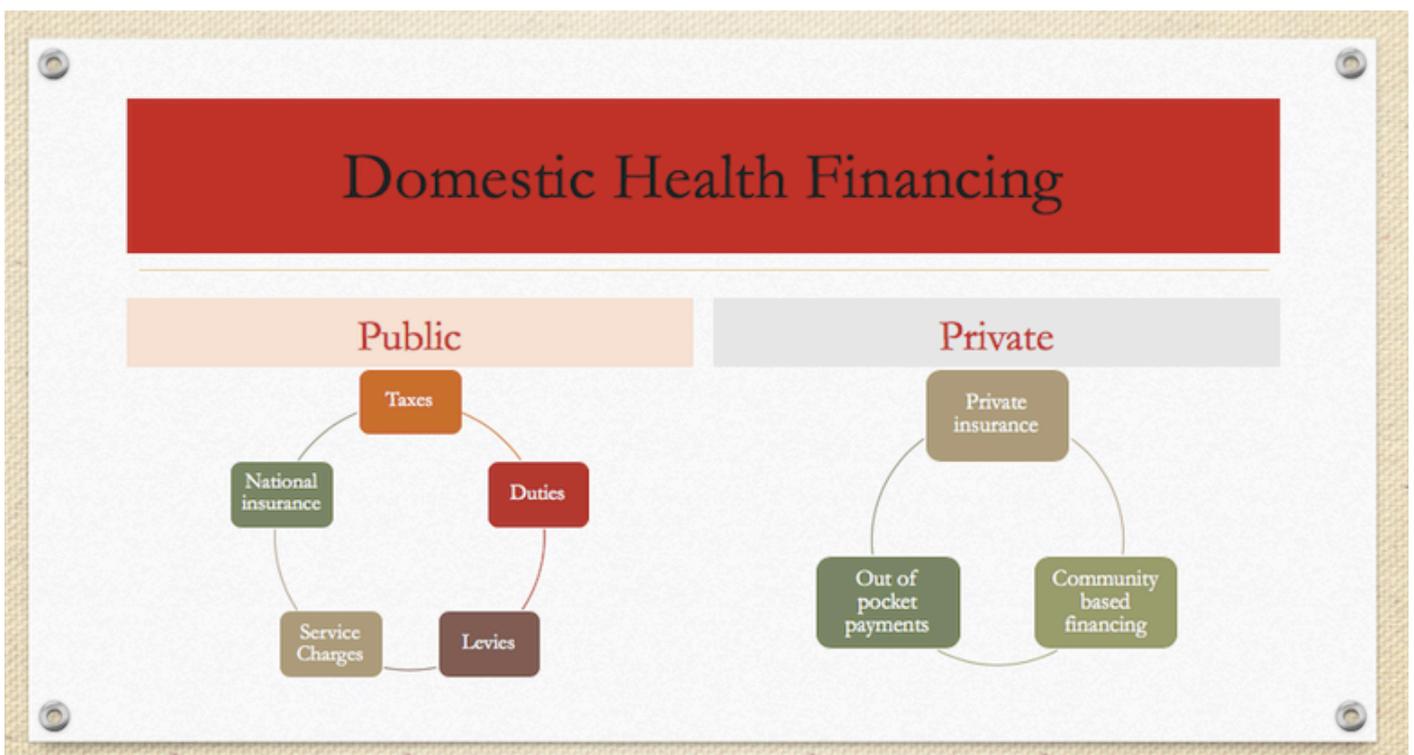
Introduction

This tutorial will be student led. Students will discuss as a panel the following:

How is health financed?



How is health financed locally?



How do foreign governments or entities like the IMF help a country to finance its health sector?



List down the different types of **innovative health financing schemes that you know of.**

A large empty rectangular box provided for the user to list down the different types of innovative health financing schemes.

The concept of maximum available resources discussed in tutorial 2 refers to available resources that a State must use to implement the right to health. What **other resources other than financial resources** can you think of? Are there non-financial resources that are also necessary for the right to health to be achieved? Give examples.



Some examples:

Non Financial Resources

- Natural resources
- Technological resources
- Human resources
- Environmental resources
- Organisation and social resources

GROUP EXERCISE

Before you is the Kenyan delegation seeking expert advice on how to mobilise resources for financing R2H. Group A represents the UK government. Group B represents the Bill & Melinda Gates Foundation. What will your advice be to the Kenyans?

Kenyan Dilemma	UK Government	Private Sector Donors
<ul style="list-style-type: none">•Need resources for providing healthcare services/programs on sexual and reproductive rights (SRHR)•Does not want to increase taxes•Does not want to impose user fees•Does not have enough doctors and nurses•Does not have enough essential medicines•Government is unable to provide these services at community level•Wants to provide free healthcare for SRHR	<ul style="list-style-type: none">•Group A to advise UK Government on how to help Kenya;•Financial resources•Non financial resources	<ul style="list-style-type: none">•Group B to advice Donors on innovative health financing schemes

Essay writing reflection

Use the checklist below to reflect on your essay writing ability at the moment. Read the statements for each skill and then tick the box that most closely fits how you currently feel about your ability to do that skill.

You will use this to help your PhD tutor give you feedback in your next tutorial. They will give you specific advice on how to improve these areas in relation to your draft assignment so be completely honest.

Addressing the question			Using evidence		
I can... <ul style="list-style-type: none"> • identify what the title or question is asking me to do • select relevant information from the course to answer the title or question • explain why the information I have used is relevant 			I can... <ul style="list-style-type: none"> • select evidence that supports my points • link evidence to my points and ideas • clearly and convincingly explain how my evidence supports my points • use references 		
I feel...			I feel...		
Confident	Partially confident	Not confident	Confident	Partially confident	Not confident
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Developing an argument			Critical evaluation		
I can... <ul style="list-style-type: none"> • include a point of view or position in response to the title or question • develop and explain my point of view • argue why my point of view or position is correct 			I can... <ul style="list-style-type: none"> • ensure I analyse events and information rather than just describe them • assess the relevance and significance of the ideas and examples I am writing about 		
I feel...			I feel...		
Confident	Partially confident	Not confident	Confident	Partially confident	Not confident
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Structuring			Use of language		
I can... <ul style="list-style-type: none"> • arrange my points in to a logical order • write paragraphs that focus on one idea or point each • write an introduction that explains how I will deal with the issues of the essay 			I can... <ul style="list-style-type: none"> • minimise spelling, punctuation and grammar errors • ensure my writing makes the meaning clear and easy to follow • write using and appropriate tone and level of formality 		

- write a conclusion that sums up my main points

I feel...

Confident	Partially confident	Not confident
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

I feel...

Confident	Partially confident	Not confident
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Tutorial 6 – Draft assignment feedback and reflection

What is the Purpose of Tutorial 6?

- To received feedback on your draft assignment
- To reflect on your essay writing skills
- To identify practical ways to improve your assignment

What three things can you now do to improve your assignment and your essay writing ability?

1

2

3

Tutorial 7 – Final assignment feedback and reflection

What is the Purpose of Tutorial 7?

- To receive feedback on final assignments.
- To write targets for improvement in school lessons.
- To reflect on the programme including what was enjoyed and what was challenging.

Final assignment feedback

What I did well...	What I could have improved on...
<ul style="list-style-type: none">•	<ul style="list-style-type: none">•
<ul style="list-style-type: none">•	<ul style="list-style-type: none">•
<ul style="list-style-type: none">•	<ul style="list-style-type: none">•

My target for future work is...

Reflecting on The Scholars Programme

What did you most enjoy about The Scholars Programme?

-
-
-

What did you find challenging about the programme?

-
-
-

How did you overcome these challenges?

-
-
-

Appendix 1 – Referencing correctly

When you get to university, you will need to include references in the assignments that you write, so we would like you to start getting into the habit of referencing in your Brilliant Club assignment. This is really important, because it will help you to avoid plagiarism. Plagiarism is when you take someone else's work or ideas and pass them off as your own. Whether plagiarism is deliberate or accidental, the consequences can be severe. In order to avoid losing marks in your final assignment, or even failing, you must be careful to reference your sources correctly.

What is a reference?

A reference is just a note in your assignment which says if you have referred to or been influenced by another source such as book, website or article. For example, if you use the internet to research a particular subject, and you want to include a specific piece of information from this website, you will need to reference it.

Why should I reference?

Referencing is important in your work for the following reasons:

- It gives credit to the authors of any sources you have referred to or been influenced by.
- It supports the arguments you make in your assignments.
- It demonstrates the variety of sources you have used.
- It helps to prevent you losing marks, or failing, due to plagiarism.

When should I use a reference?

You should use a reference when you:

- Quote directly from another source.
- Summarise or rephrase another piece of work.
- Include a specific statistic or fact from a source.

How do I reference?

There are a number of different ways of referencing, and these often vary depending on what subject you are studying. The most important thing is to be consistent. This means that you need to stick to the same system throughout your whole assignment. Here is a basic system of referencing that you can use, which consists of the following two parts:

- **A marker in your assignment:** After you have used a reference in your assignment (you have read something and included it in your work as a quote, or re-written it your own words) you should mark this in your text with a number, e.g. [1]. The next time you use a reference you should use the next number
 - e.g. [2].
- **Bibliography:** This is just a list of the references you have used in your assignment. In the bibliography, you list your references by the numbers you have used, and include as much information as you have about the reference. The list below gives what should be included for different sources.
- **Websites** – Author (if possible), title of the web page, website address, [date you accessed it, in square brackets].

- e.g. Dan Snow, 'How did so many soldiers survive the trenches?', <http://www.bbc.co.uk/guides/z3kgjxs#zg2dtfr> [11 July 2014].
- **Books** – Author, date published, title of book (in italics), pages where the information came from.
 - e.g. S. Dubner and S. Levitt, (2006) *Freakonomics*, 7-9.
- **Articles** – Author, 'title of the article' (with quotation marks), *where the article comes from* (newspaper, journal etc.), date of the article.
 - e.g. Maev Kennedy, 'The lights to go out across the UK to mark First World War's centenary', *Guardian*, 10 July 2014.

Appendix 2 – Using the VLE

VLE username	
VLE password	

Please remember the following key details...

- You are able log into the VLE either through the link on our website (www.thebrilliantclub.org) or going directly to the VLE site at (<https://portal.thebrilliantclub.org/sign-in>).
- Please update your profile with your full name and email address- this will allow you to retrieve forgotten passwords or usernames
- If you forget your log-in details you can request them to be emailed to you by clicking the link on the VLE home page. (If you are still having problems you can email: schools@thebrilliantclub.org)

What is the VLE?

The VLE is a virtual learning environment for all pupils on the Scholars Programme it is used for:

- messaging your tutor
- submitting homework
- submitting your final assignment
- accessing resources for your tutorials
- finding out more information about university and careers

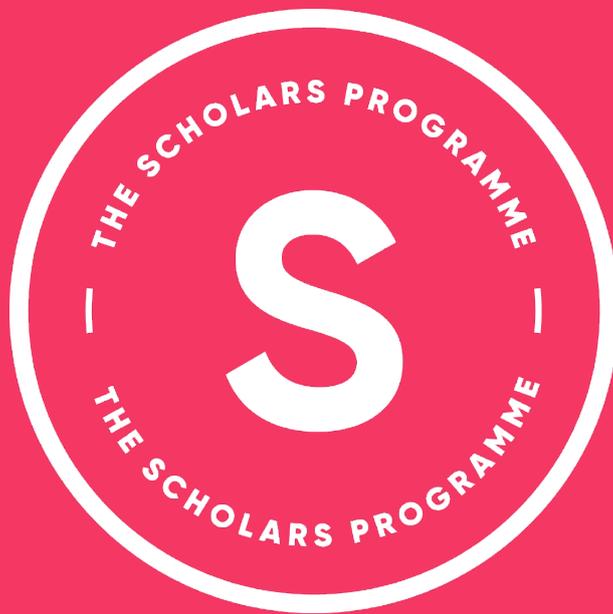
How should I use the VLE?

The VLE is a professional academic environment in which pupils are able to message their PhD Tutor. Here are a few things to consider:

- Ensure you keep a professional tone in the messages you send to your tutors.
- Ensure you always reply to your tutors in a timely manner.
- Thank your tutor for the effort they are putting in to give you your feedback etc.
- Submit all homework to your tutor on time.

IMPORTANT: Final assignment

- When you submit your final assignment, please remember that you need to do so through the **'My Activities'** tab and not as an attachment to a message.



thebrilliantclub.org