CONTRIBUTIONS

SUBJECT: Human Rights, Trade Rules and Public Health Objectives

For the requested contributions about the referred subject, we will be based on the aspects of Public Health, taking into consideration the scope and concerns, industrialised and non-industrialised countries' experiences. Mainly, we will be focused on care about HIV and AIDS and at the same time the necessity to educate the communities about HIV and AIDS so that they can adhere to treatment.

The International Human Rights are also an element of great value to the subject of Public Health; therefore we must not leave aside knowledge about International Human Rights. As far as Trade Laws are concerned, the instrument which regulates commercial side of medications is at times hindered, of which some communities of other countries are denied access to treatment. In this case the raised subject is of great importance to the whole society.

According to R. Breslow, W., J. Omen, GS(Eds) (1997), Public Health is the process of mobilizing local, state, national, and international resources to ensure the conditions in which the people can be healthy. In the nineteenth and early twentieth century's health problems reflected primarily faecal contamination of water supplies and the widespread under-nutrition, crowding, and exhaustion associated with early industrialization. The conditions resulted in a high prevalence of tuberculosis, enteric infections, infant mortality, and acute respiratory diseases. In response, communities, provinces, and nations developed successful ways of dealing with these important problems through public action to promote health. From the outset, Public Health embraced both social action and scientific knowledge. This partnership meant linking the anti-poverty (reform) movement with the findings from epidemiological and bacteriological investigations, for example. To combat such diseases as tuberculosis and typhoid fever.

Now at the end of 20th century, another set of health problems, including new infectious diseases and major non-communicable diseases, confront the United Kingdom, Japan, the United States, and the other highly industrialized nations. These non-communicable diseases stem from an overly rich diet, cigarette use, excessive alcohol consumption, too little physical activity, and other life-style factors that typify the way that many people live in these countries. Communicable diseases are still a major cause of death in developing countries, and in fact are still the leading cause of death worldwide. However, increasing numbers of people in these countries are now encountering relative affluence for the first time and thus are beginning to suffer the same health consequences as people in developed countries. We will present broadly the current scope and concerns of Public Health as
well as issues that confront Public Health organizations in both Industrialized and developing societies.

They are outlined major health problems which the world is facing today, including infectious diseases, chronic diseases, trauma and mental health in this chapter, and are key determinants of health such as nutrition problems, environmental hazards; and also others resulting from life-style choices. It explores the scientific responses that Public Health uses to cope with the problems, including strategies basic to Public Health, such as epidemiology, and those that are borrowed and modified from other disciplines including the social, biological and physical sciences. Five major Public Health strategies for influencing health, namely preventing disease, promoting health, improving health-enhancing behaviour, and controlling the environment are presented along with the techniques for applying these Scientific approaches to public health problems. The interaction between governmental and voluntary actions aimed at improving the health of communities is highlighted.

It is important to know that Public Health is only one of the major influences on a community’s health. The basic economic and social condition of existence has a direct impact on people’s level and mode of living, and thus constitutes the foundation of health. These conditions limit and, to a considerable extent, determine the resources that can be devoted specifically to health promotion and disease intervention. Prevailing economic and social conditions also affect health in ways beyond the level of living and the concomitant ability of people to obtain the necessities of health life. Strong economic forces expressed in agriculture, manufacturing commerce, advertisement and politics, for example, may sway people to use tobacco and thus injure their health.

The magnitude and success of Public Health efforts will vary in time and place in different areas of the world. Nevertheless the principles of Public Health remain the same. The actions that should be taken are determined by the nature and magnitude of the problems affecting the health of the community. What can be done will be determined by the scientific knowledge and resources available. What is done will be determined by the social and political commitments existing at the particular time and place.

According to European Union, everyone should have effective access to the safe medicines they need. The EU has consistently sought ways to improve access to badly-needed medicines for developing countries.

In short, access to medicines is determined by following:

- Many factors may influence to what extent medicines are available and accessible to the populations of developing countries. Numerous important factors come to play to determine price of medicines: taxes and import tariffs, distribution mark-ups, lack of an efficient procurement system, etc.
- Scientific and technological innovation has significantly improved the treatment of human diseases. Intellectual property stimulates pharmaceutical companies to invest money to develop and produce new and better medicines.
- Bringing a medicine to market is a long and complex process that is very costly and takes many years to complete. Without the prospect of return on their investments
pharmaceutical companies will not allocate large budgets to more research and development.

- Patent protection can lead to higher prices by delaying the supply of cheaper generic alternatives. Hence, the argument is often made that patents on medicines restrict access to treatment for citizens in low-income developing countries. However, developing countries are increasingly using patents to protect their innovative companies' efforts and help them compete more effectively on global markets.
- The EU seeks to strike the right balance between the need to promote and finance the research of new and better medicines and to ensure that medicines are accessible to those in need.

Following the same source, in 2003 the EU also adopted legislation which encourage pharmaceutical companies to sell their medicines at lower prices in developing countries and simplify the process. But here is another factor which endanger gravely the health or even life of people across the globe; counterfeiting. Medicines are falsified and are often sold at a lower price although European Union is taking a fight against this act to prevent such sales of dangerous medicines.

Developing countries have several international trade law provisions at their disposal to help them buy life-saving medicines at affordable prices for public health needs, particularly HIV/AIDS. But only a few countries are using these because of red tape and political pressure. WHO is helping countries navigate the procedural network.

Another concern is that developing countries are failing to make full use of flexibilities built into the World Trade Organization’s (WTO) Agreement on Trade-Related Aspects of Intellectual Property Rights (TRIPS) to overcome patent barriers and, in turn, allow them to acquire the medicines they need for high priority diseases, in particular, HIV/AIDS.

Medicines protected by patents tend to be expensive, as pharmaceutical companies try to recoup their research and development (R&D) costs. When there is generic competition prices can be driven down dramatically.

Following the TRIPS Agreement, there was growing concern and evidence that patent rules might restrict access to affordable medicines for people in developing countries, particularly for HIV/AIDS, tuberculosis and malaria. This led to the November 2001 Doha Ministerial Declaration which stated: “The (TRIPS) Agreement can and should be interpreted and implemented in a manner supportive of WTO members’ right to protect public health and, in particular, to promote access to medicines for all.” The Declaration refers to a number of flexibilities, including the right to grant compulsory licenses and to permit parallel importation. It also extends the transition period during which least-developed countries do not have to enforce or grant patents on pharmaceutical products until 2016.

However, countries have been slow to review their patent laws to make the most of the flexibilities within the TRIPS provisions. Cecilia Oh, from WHO’s Department of Technical Cooperation for Essential Drugs and Traditional Medicine, tells the Bulletin: “Developing countries are not moving fast enough to put in place the legal framework and systems to ensure they have access to affordable medicines in the future.”

Universal access to medicines will never be reached without Human Rights. In 2006, world leaders agreed to give maximum effort in order to reach universal program of prevention, treatment and aid until 2010. However, most people subject to HIV and AIDS are still far to get access to medicines. Actually, women consist (50%) half of HIV infection in the world, and most of them are in Africa Sub Sahara. This is due to political, social, economic and sexual subordination of women associated with cultural rules and practices.
In this case, total protection of Human Rights is a key role to protection of Public Health. Human Rights activists managed to win fight against AIDS by explaining: right of no discrimination of HIV positive individuals, right of treatment and essential health care, right of HIV positive persons in participating in programs and politics about development of AIDS. Despite criticism of activists by some people, accusing them of being more interested in individual rights instead of Public Health, it must be clear that Human Rights are very essential to Public Health and consequently best answer to win war against AIDS.

Most of the HIV infected people are still denied their human rights, limiting them access to instruments and services of prevention to infection and medicines which maintain them alive. This conclusion has been reached after the evaluation of the Declaration of Engagement on HIV/AIDS held in 14 countries in 2006.

In Mozambique, approximately 54% of the population lives below the poverty line, the Poverty Reduction Strategies have contributed substantially to reducing the number of poor. However, access to basic social services remains low. There has been promising progress in some of the health-related MDGs. Neonatal mortality has dropped to 30 deaths/1000 and the under-five mortality rate to 90/1000. However, other health outcomes are still unsatisfactory. Malaria accounts for about 26% of hospital deaths. HIV prevention activities have been inadequate to curb the HIV prevalence trend. Dual infections of TB and HIV and the threat of increasing multi drug TB resistance complicate the national TB program response. The high maternal and child mortality reflects the inability of women and children to access essential services due to inadequate geographic coverage of health services, inadequate financing, shortage of health professionals and essential medicines. The individual and public health consequences of chronic non communicable diseases, neglected tropical diseases, road traffic injuries and the hidden tragedy of domestic violence need to be addressed better through the public health system. Recurrent natural disasters such as flooding, frequent outbreaks of cholera and the risk of newly emerging epidemic prone diseases require strengthened emergency preparedness and response, including stronger surveillance systems and implementation of the International Health Regulations.

The health policy framework for Mozambique is articulated through: the Five-Year Government Program (2010-2014), the Action Plan for the Reduction of Poverty (PARP 2011-14) and the National Economic and Social Plan (2014). A new Health Sector Strategic Plan 2014-2019 was approved following a comprehensive review of the previous 2007-2012 Strategic Plan. The Sector Strategic Plan comprises seven strategic objectives and is based on principles of primary health care, equity and better quality of services: Increase access and utilization of health services; improve quality of service provision; reduce geographic inequities and between different population groups in accessing and utilizing health services; improve efficiency on service provision and resource utilization; strengthening partnerships for health; increase transparency and accountability on management of public goods; and strengthen the health system. The health system is composed of public, private for profit and non-profit private sector, the public sector being the main provider however with a network covering only about 60% of the population.

Mozambique has more than 25 bilateral and multilateral development supporting the health sector, with the aim improving the health status of the population. The UN system in Mozambique is a pilot for Delivering as One. In addition to implementation of a Joint Program with UNICEF, UNFPA and WFP to address MDGs 4&5, WHO is supporting the implementation of recommendations of the Commission of Information and Accountability for Maternal and Child Health.
The situation of Mozambique is similar to the other countries of southern Africa, for example Malawi, Zambia, Zimbabwe, Swaziland, etc.

To finalize, as contribution to the subject, the following measures are to be taken so that the communities which necessitate the medicines get access to the same:

✓ Installation of ARVs industries in countries where the indices of HIV is high;
✓ Exemption of custom duties on importation of medicines to countries where the indices of HIV is high;
✓ Strong fight against stigma and discrimination of people infected by HIV;
✓ Increase access to medicines of people infected by HIV, not considering the fact of CD4 level in the organism of the same people, i.e. infected with priority to children and adolescents.

However, as per the Objectives of Millennium Development on article 06, (OMD6) there are two aspects to consider in order to fight against AIDS and HIV, malaria and other diseases and are:

➢ Reduce new infections of HIV and AIDS;
➢ Reduce the indices of malaria and other serious diseases.

To reach the proposed of the referred object – OMD6 the countries have to archive three specific goals which are:

a) Stop new cases of infections by HIV/AIDS as at 2015 by giving universal access to treatment as at year 2010.

b) Reducing indices of malaria and other diseases like Tuberculosis until year 2015.

Report produced by United Nations on the Objectives of Millennium Development in 2013 shows that the main goal has been archived and the rate of infection between 2001 and 2011 reduced from 0.09 to 0.06 per 100 people with 15 to 49 years of age. But despite these figures, the same organization warns on new infections of 2.5 million people each year.

The four proposed contributions must be included in some which are already referred in the Human Rights, and already listed during the United Nations High Level meeting about HIV/AIDS held in 2006, where the world leaders agreed on the Human Rights and fundamental freedom of all which is an essential element on fight against AIDS. Based on this agreement of world leaders, we need to bear in mind that fight against AIDS and HIV must focus, involve and agglutinate, in all, ten reasons so that Human Rights occupy the top or main answer to global fight against HIV/AIDS, known that Universal access to treatment can not be reached without Human Rights, Women and girls with high rate of infection due to gender discrimination, Rights and needs of children are by far ignored when it comes to attention to HIV/AIDS though is known that they are the ones with high rate of infection, effective programs of prevention and fight against HIV/AIDS are being attacked; activists risk their lives when they rein vindicate their Governments to create better conditions of access to HIV/AIDS services; protection of Human Rights as a better way to protect Public Health, AIDS represents a particular challenge and deserve a special attention – response; “Based on Rights” response to HIV/AIDS are action and have to function; despite all more has to be done yet hence no real action is taken on HIV/AIDS and Human Rights.

Also Governments have to guarantee health access to all people and increase budget on health. Human Rights must be also guaranteed by the same governments and be adopted as part of health projects.

More action to be taken to avoid medicines are falsified and are often sold in the world at a lower price endangering the consumers hence the quality of the medicines is poor.
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