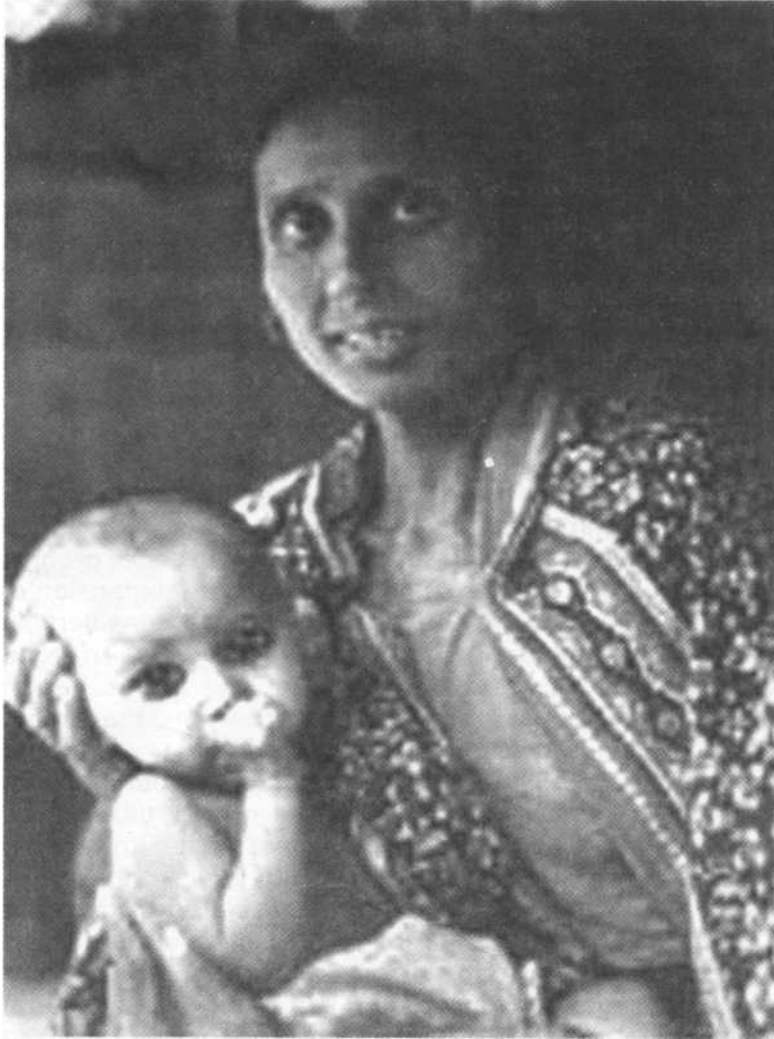


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Tracing Human Rights in Health

Vivek Neelakantan

The Experience of Developing Countries in Implementing the Right to Health: The Road Ahead

Developing nations, the groups of nations defined by their low level of per capita income share some similar experiences. They gained independence from the colonial powers in the period succeeding the Second World War. Colonial health coverage was uneven and was geared to serve the strategic interests of the colonial empire, rather than the health of the population in the colonies. No uniform policies were developed with regard to traditional medicine. Colonial medical services augmented medical knowledge and discovery and control of tropical diseases. In the post independence period, in the developing countries there was a demand for curative services. Before the Alma Ata Declaration in 1978, the health policies of these countries reflected the colonial bias. The health system was skewed in favor of the urban areas. There was a shortfall of preventive services. Events

such as the Asian fiscal and monetary crisis of 1998 have had a deleterious effect on the government spending on health. .

The large inequalities in health outcomes for the developing countries do not just reflect different health preferences or needs. They arise due to the constraints in the ability of the individual to achieve good health. Ethnicity, race and location also influence the health outcomes of the developing countries. In South Africa, statistics have shown that the infant mortality rate in South African Blacks is 5.5 times greater than the Whites. In rural China, the life expectancy is six years lower in contrast to the urban areas. A lack on information related to the prevention and the treatment of diseases has inhibited the realization of health for all.

Malaria kills nearly one million children in Africa annually. Empowering mothers to take action at home is a cost effective way of curbing the disease. In the Tigray region of Ethiopia, mothers

