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- Don't be part of or be(come) (part of) the problem;
- Always be and stay part of the solution;
- Be coherent;
- Have your facts in order;
- Be dependable and transparent;
- Pick your battles;
- Be pro-active instead of reacting to others.

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The Right to Health

International Covenant on Economic, Social and Cultural Rights (1966)
General Comment No. 14 (2000)

underlying determinants of health:

- safe drinking water;
- adequate sanitation;
- safe food.

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The Right to Health

International Covenant on Economic, Social and Cultural Rights (1966)
General Comment No. 14 (2000)

Entitlements:

- The right to a system of health protection providing equality of opportunity for everyone to enjoy the highest attainable level of health;
- The right to prevention, treatment and control of diseases;
- Access to essential medicines;
- Maternal, child and reproductive health;
- Equal and timely access to basic health services;
- The provision of health-related education and information;
- Participation of the population in health-related decision-making at the national and community levels.

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some common misconceptions

- The right to health is NOT the same as the right to be healthy;
- The right to health is NOT only a programmatic goal to be attained in the long term;
- A country's difficult financial situation does NOT absolve it from having to take action to realize the right to health.

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All **STATES** must **MOVE** towards **MEETING** their **OBLIGATIONS** to

- **RESPECT,**
- **PROTECT**
- and **FULLFILL**

OUR Right to Health

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"This may be a problem."

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Questions to be answered by the working-group on **prevention** are:

1. Prevention is preferred over treatment.

In terms of costs and in terms of quality of life.

What should be changed in laws, structures, cooperation and financing to reduce incidence? Are there developments to be expected and considered on an (inter)national level (regulations in the making, new financial possibilities that form a threat to or that might help us reach our goals? What, where and when?

2. Does your idea in any way contribute to future access and availability in terms of costs? How? (Compare to continuing the current situation)

3. What might be arguments opponents might use to prevent realization of your idea (who are these opponents) name as many arguments/opponents as possible. How can you debunk those arguments the best?

4. Arguments, circumstances or organizations that might help us in our road to realization of your ideas. (name as many as possible).

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Questions to be answered by working-groups **diagnostics, treatment and psychosocial (after)care:**

1. What should be changed (laws, structures, cooperation, conflict of interest and/or financing in order to guarantee that everyone, now and in the future, gets the best possible treatment based on the best possible diagnostics and with the best possible psychosocial (after)care. In other words:

- what is keeping us from making things better
- how can we make them available faster for everyone;
- how can we secure access also for future generations.

Don't just focus on innovation, but also consider things we already know or do but are not yet available to everyone as part of the best possible diagnostic/treatment/aftercare due to obstacles in terms of organization/conflict of interests/finance or legislation.

2. Does your idea in any way contribute to future access and availability in terms of costs? How? (Compare to continuing the current situation)

3. What might be arguments opponents might use to prevent realization of your idea (who are these opponents) name as many arguments/opponents as possible. How can you debunk those arguments the best?

4. Arguments, circumstances or organizations that might help us in our road to realization of your ideas. (name as many as possible).

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