

# Health rights and cancer prevention at the national level

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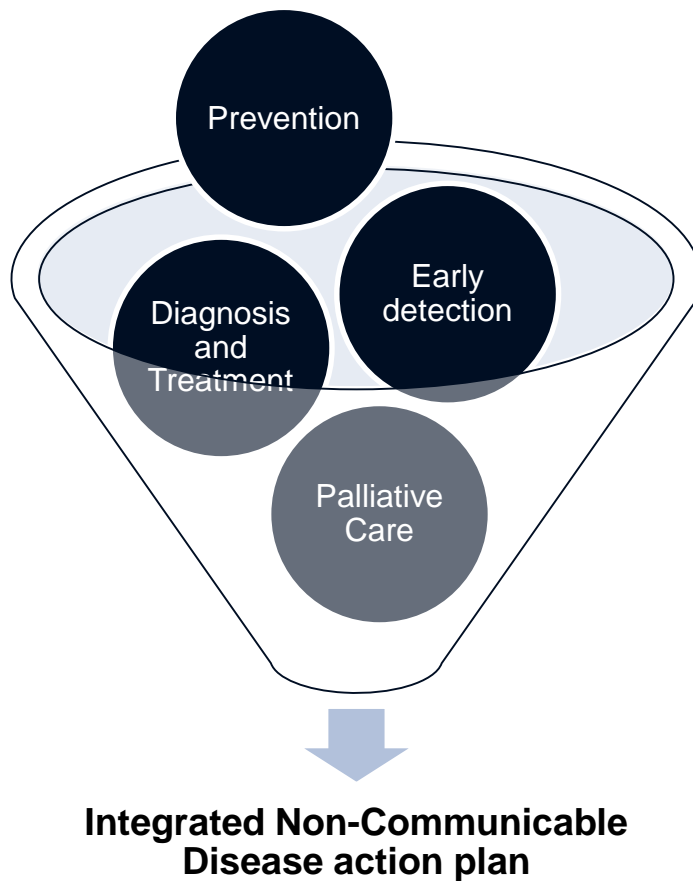
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## PRESENTATION OVERVIEW

1. Overview of Cancer Prevention Strategies
2. International and Constitutional Rights as a Basis for Cancer Prevention
3. Case Studies: Rights-Based Prevention in Practice

SECTION 1: OVERVIEW OF CANCER PREVENTION STRATEGIES

# COMPONENTS OF CANCER CONTROL



## SECTION 1: OVERVIEW OF CANCER PREVENTION STRATEGIES

# WHY PREVENTION?

## PREVENT DISEASE AND DEATH

- Globally, > 8 million people die of cancer each year  
(International Agency for Research on Cancer/World Health Organization, 2012)
- At least one-third of all cancers are preventable  
(World Health Organization, 2013)
- Causes of cancer:
  - Modifiable risk factors (tobacco, alcohol, diet, physical inactivity)
  - Infections
  - Environmental pollution
  - Occupational carcinogens
  - Radiation
  - Genetic factors

SECTION 1: OVERVIEW OF CANCER PREVENTION STRATEGIES

# WHY PREVENTION?

## PREVENT DISEASE AND DEATH



Tobacco use:  
22% cancer deaths



Infectious agents:  
23% of cancer deaths in low- and  
middle income countries  
7% in higher income countries

(De Martel et al., 2016)

## SECTION 1: OVERVIEW OF CANCER PREVENTION STRATEGIES

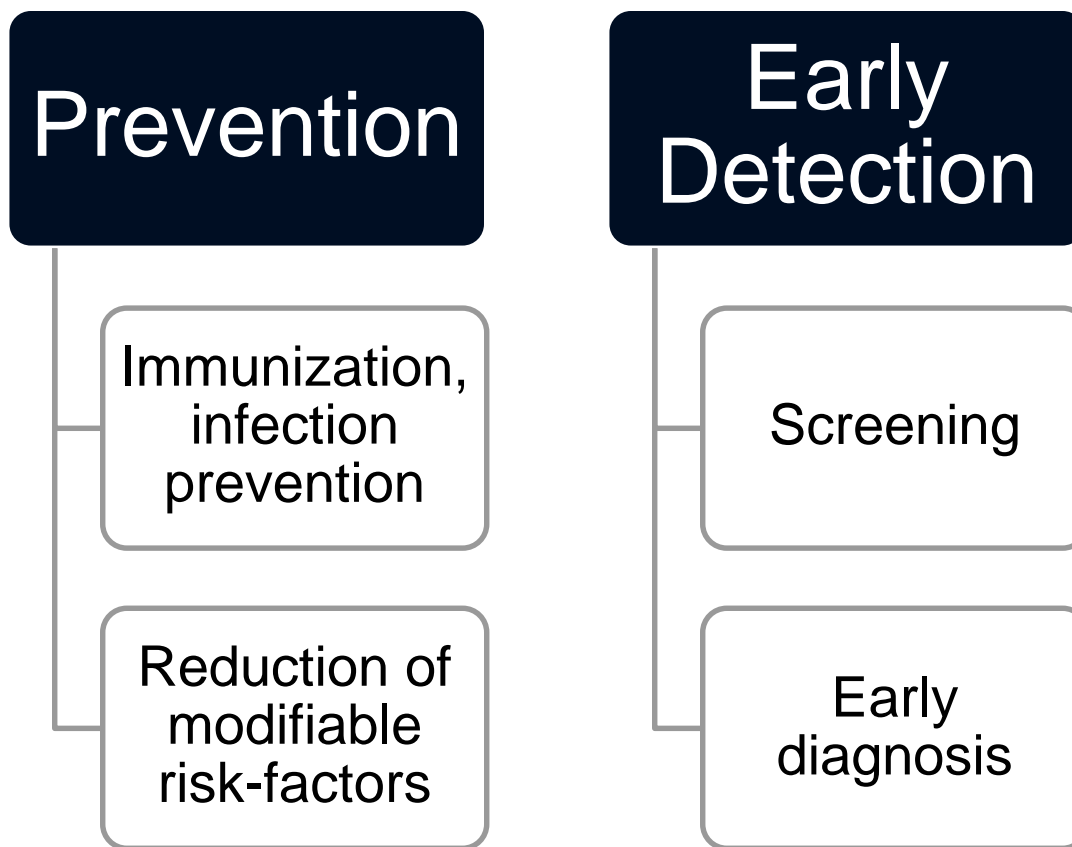
# WHY PREVENTION?

## PREVENTION AS AN ECONOMIC INVESTMENT

- Most cost-effective long-term strategy for cancer control  
(World Health Organization, 2017)
- Preventative activities are relatively inexpensive and feasible to implement  
(Bray, 2015)
- Low- and middle-income countries: rapid epidemiological transition to non-communicable diseases as main cause of morbidity and mortality  
(Bray, 2015)

SECTION 1: OVERVIEW OF CANCER PREVENTION STRATEGIES

# CANCER PREVENTION STRATEGIES



SECTION 2: INTERNATIONAL AND CONSTITUTIONAL RIGHTS AS A BASIS FOR CANCER PREVENTION

# INTERNATIONAL RIGHTS



**Right to Health, International Covenant on Economic, Social and Cultural Rights (Art. 12)**

*the highest attainable standard of physical and mental health  
underlying determinants of health, including potable water, and adequate and nutritious food  
prevention, treatment and control of epidemic, endemic, occupational and other diseases*



**Right to Food, International Covenant on Economic, Social and Cultural Rights (Art. 11)**

*adequate standard of living, including adequate food, clothing and housing, and to the  
continuous improvement of living conditions*



**Framework Convention on Tobacco Control**

*strategies to reduce the demand and the supply of tobacco, including banning tobacco  
advertising promotion, and sponsorship and raising taxes*



SECTION 2: INTERNATIONAL AND CONSTITUTIONAL RIGHTS AS A BASIS FOR CANCER PREVENTION

# THE RIGHT TO HEALTH IN NATIONAL CONSTITUTIONS

## STUDY BY HEYMANN ET AL. (2013)

### Common formulations

- Defend the health of citizens
- Prevent disease or illness
- Provide access to preventive or prophylactic services
- Protection from epidemics
- Access to a healthy environment

### Constitutional guarantees

- 36% countries guarantee the right to health
- 38% countries guarantee the right to medical care
- 9% countries guarantee universal access to free health care

SECTION 2: INTERNATIONAL AND CONSTITUTIONAL RIGHTS AS A BASIS FOR CANCER PREVENTION

# CONSTITUTIONAL RIGHTS

## CONSTITUTION OF PERU



- Everyone has the right to the protection of their health, the health of their family and of the community (Art. 7)
- The Executive Power is responsible for designing and administering national health policy in order to assure equal access to health services for all (Art. 9)
- The State guarantees free access to health benefits and pensions (Art. 11)

SECTION 2: INTERNATIONAL AND CONSTITUTIONAL RIGHTS AS A BASIS FOR CANCER PREVENTION

# CONSTITUTIONAL RIGHTS

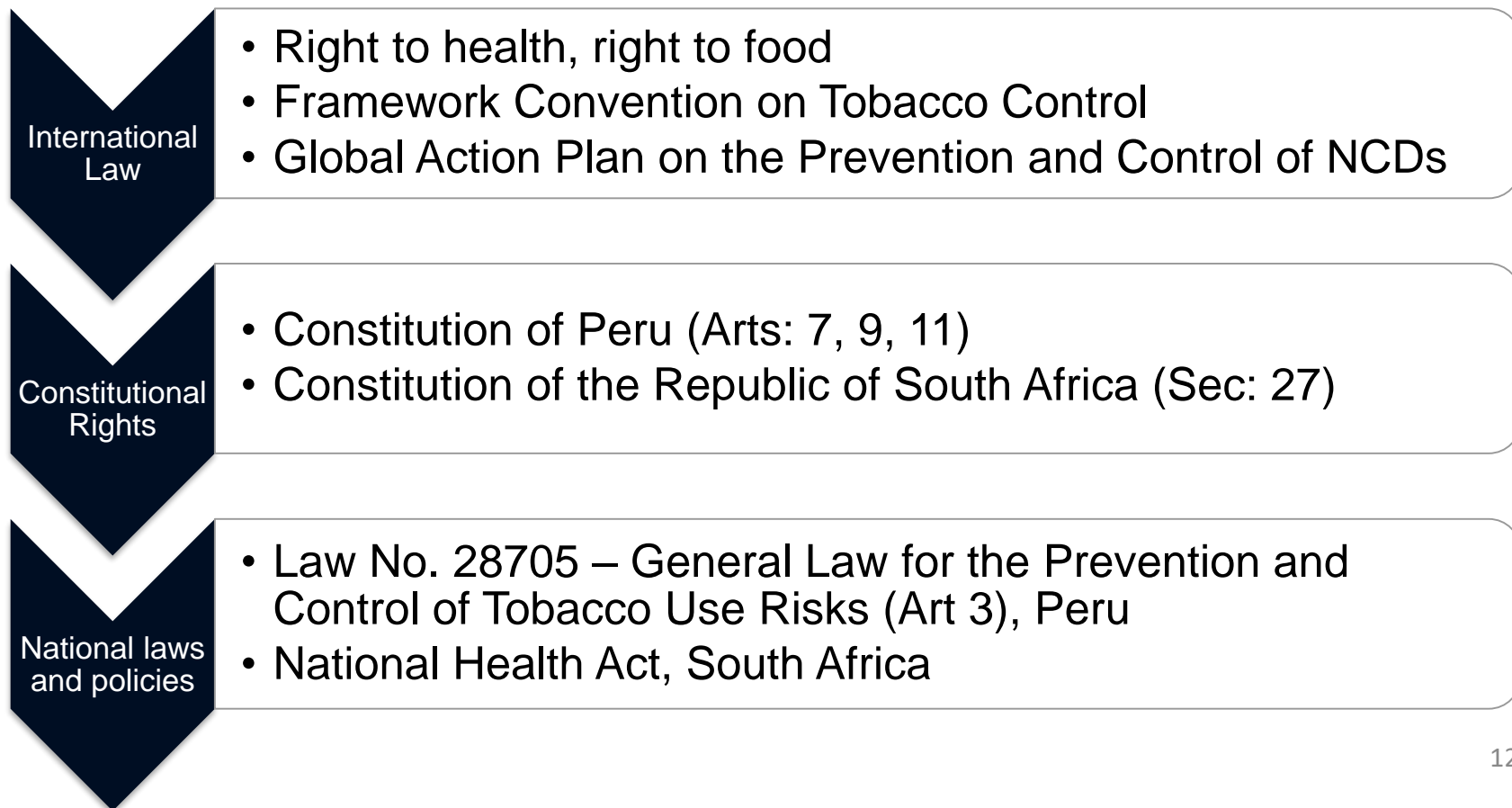
## CONSTITUTION OF THE REPUBLIC OF SOUTH AFRICA



- Section 27: the right to health care, food, water and social protection
  - Everyone has the right to access health care services, including reproductive health care
  - The state must take reasonable legislative and other measures, within its available resources, to achieve the progressive realization of this right
  - No-one may be refused emergency medical treatment

SECTION 3: CASE-STUDIES: RIGHTS-BASED PREVENTION IN PRACTICE

# FROM RIGHTS UNDER INTERNATIONAL LAW TO NATIONAL POLICIES AND LAWS



SECTION 3: CASE-STUDIES: RIGHTS-BASED PREVENTION IN PRACTICE

## CASE STUDY: PERU



### FCTC AND CONSTITUTIONAL RIGHTS AS BASIS FOR SMOKE-FREE PLACE LAW

- Art. 3 of Law. No 28705 bans smoking in “establishments dedicated to health or education, in public offices, in the interiors of workplaces, in enclosed public spaces, and on any means of public transport.”



SECTION 3: CASE-STUDIES: RIGHTS-BASED PREVENTION IN PRACTICE

## CASE STUDY: PERU



### LAWSUIT: 5,000 CITIZENS AGAINST ARTICLE 3 OF LAW NO. 28705

- Plaintiffs claimed the law was unconstitutional:
  - Breached rights of autonomy and self-determination
  - Breached economic freedoms
- Argued for enclosed public spaces exclusively for smokers instead of absolute ban

SECTION 3: CASE-STUDIES: RIGHTS-BASED PREVENTION IN PRACTICE

## CASE STUDY: PERU



### LAWSUIT: 5,000 CITIZENS AGAINST ARTICLE 3 OF LAW NO. 28705

- Supreme Court of Justice:

- Smoke-free place law is constitutional

“Both the aim of protecting the health of tobacco users themselves and the aim of reducing health costs resulting from the treatment of tobacco-caused illnesses through significantly reducing its use are constitutionally valid.”

- Smoke-free place law is mandatory

“...is not just a constitutionally valid measure, but also mandatory [under international law] and the obligation to protect the right to health.”

SECTION 3: CASE-STUDIES: RIGHTS-BASED PREVENTION IN PRACTICE

## CASE STUDY: SOUTH AFRICA



### CONSTITUTIONAL RIGHTS AS BASIS FOR NATIONAL HEALTH LAW

- The National Health Act (No. 61 of 2003) establishes the national health system which protects, respects, promotes and fulfills the constitutional right to health
  - Access to health services
  - An environment that is not harmful to health or well-being
  - Special recognition of vulnerable groups e.g. children, women, older people, people with disabilities



SECTION 3: CASE-STUDIES: RIGHTS-BASED PREVENTION IN PRACTICE

## CASE STUDY: SOUTH AFRICA



### CANCER PREVENTION AND CONTROL INITIATIVES UNDER THE NATIONAL HEALTH ACT

- Established the National Advisory Committee on the Prevention and Control of Cancer (2012)
  - Multi-sector and multidisciplinary committee (academia, survivors, civil society, private laboratories, government representatives with expertise in oncology, epidemiology, pathology, public health, etc)
  - Monitor research, trends, innovation in prevention and treatment and provide recommendations to the Ministry of Health

SECTION 3: CASE-STUDIES: RIGHTS-BASED PREVENTION IN PRACTICE

## CASE STUDY: SOUTH AFRICA



### CANCER PREVENTION AND CONTROL INITIATIVES UNDER THE NATIONAL HEALTH ACT

- Established the National Cancer Registry (2011)
  - Made cancer a reportable disease and mandated reporting
  - Population-based cancer registries
  - Data being used to assess prevention programs e.g. the HPV vaccination rolled out in 2014

(Singh et al., 2015)

SECTION 3: CASE-STUDIES: RIGHTS-BASED PREVENTION IN PRACTICE

# KEY MESSAGES

Prevention is an important component of cancer control

International law and some national constitutions protect the right to health, including healthy environments and preventative care

The right to health is an advocacy tool to improve all elements of cancer control, from prevention to palliative care

Rights-based framing can help achieve innovative policy-making, law reform, and allocation of resources to advance prevention and treatment of cancer

## Questions and Comments

Thank You!

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