

COMPLIANCE WITH 'RIGHT TO HEALTH' STANDARDS IN ASEAN DURING THE COVID-19 PANDEMIC:

RECOMMENDATIONS FOR MEMBER STATES

LEE EDSON P. YARCIA, MD, JD

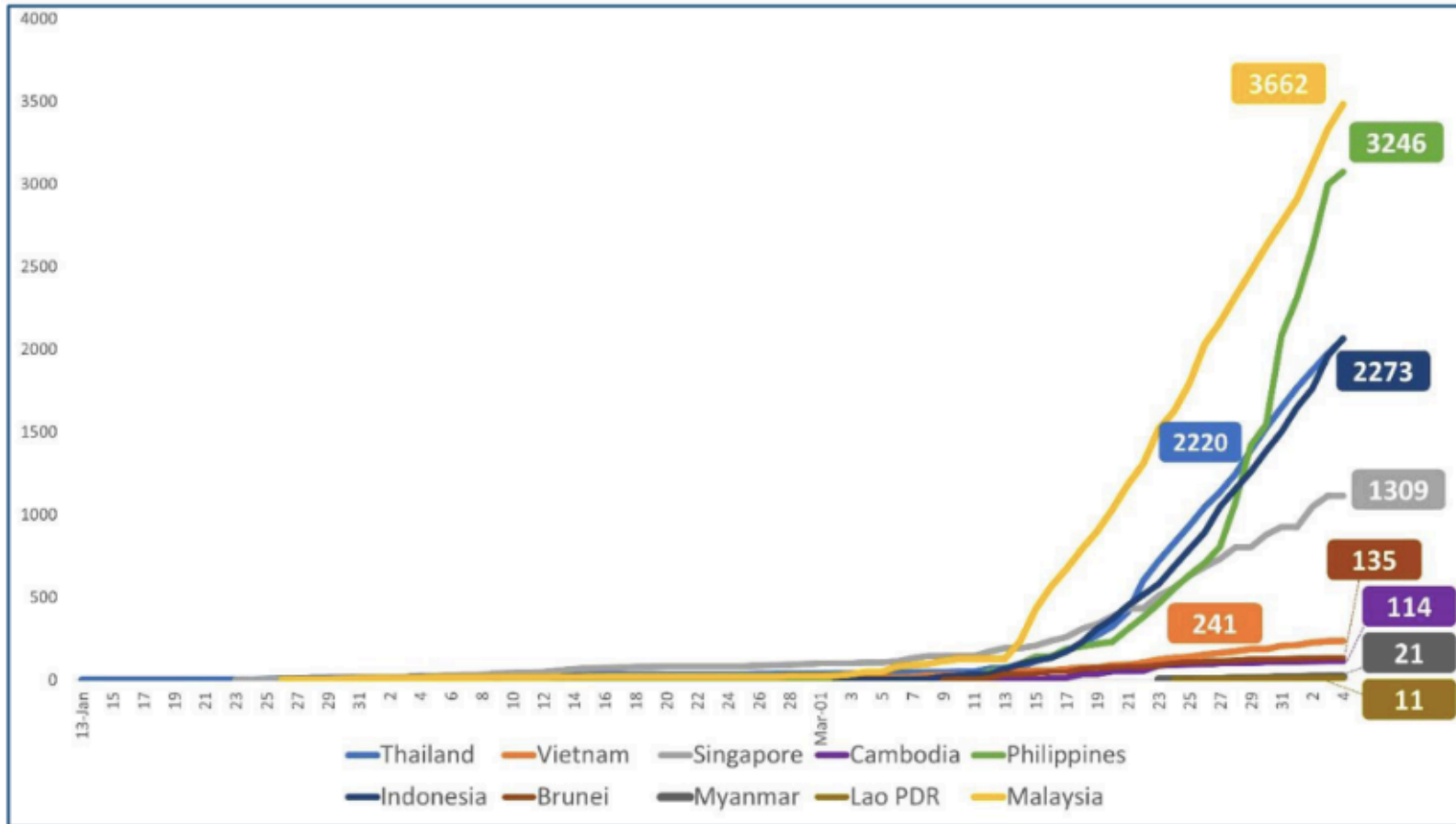
HEALTH LAW AND POLICY REFORM

13 APRIL 2020, MANILA

SESSION GOALS

- **Present COVID-19-related health statistics of ASEAN member states**
- **Discuss ‘Right to Health’ standards under international human rights law**
- **Discuss the Philippine case study and present recommendations compliant with ‘Right to Health’ standards**
- **Present recommendations for the ASEAN as a community of states to combat COVID-19 and future emerging infectious diseases**

THE ASEAN AND COVID-19



As of 6 April 2020.

Reference: ASEAN.org

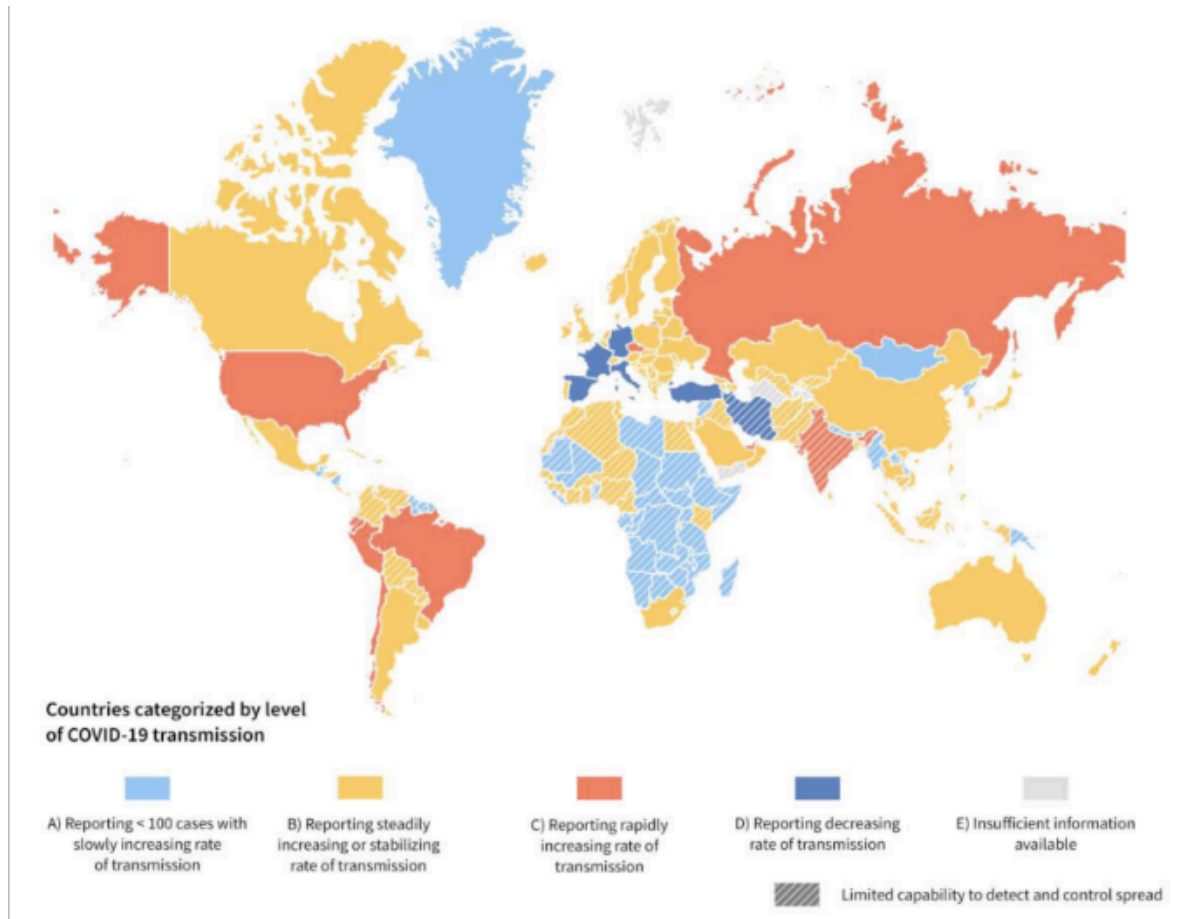
THE ASEAN AND COVID-19

Country	COVID-19 Category As of April 3, 2020 ¹	COVID-19 Category As of April 7, 2020 ²	COVID-19 Category As of April 9, 2020 ^{2,3}	IDVI Score	Cumulative Cases As of April 9, 2020	Doubling Time (days) ⁴	Confirmed COVID-19 cases per 1,000 Population
Brunei	B	B	B	0.763	135	19	0.342
Cambodia	B	B	B	0.355	119	18	0.008
Indonesia	B	B	B	0.563	3,293	9	0.014
Laos	E	E	A	0.355	16	11	0.003
Malaysia	B	B	B	0.761	4,228	14	0.150
Myanmar	E	E	A	0.448	23	10	0.0004
Philippines	D	B	B	0.545	4,076	10	0.041
Singapore	B	B	B	0.878	1,910	9	0.538
Thailand	B	B	B	0.711	2,423	13	0.036
Vietnam	B	B	B	0.626	255	17	0.003

As of 6 April 2020.

Reference: ASEAN.org

THE ASEAN AND COVID-19



As of 6 April 2020.

Reference: ASEAN.org

RIGHT TO HEALTH STANDARDS

- ***Universal Declaration of Human Rights, Article 25.1.***
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.
- ***International Covenant on Economic, Social and Cultural Rights, Article 12.1.*** The States Parties to the present Covenant recognize the right of everyone to the enjoyment of the highest attainable standard of physical and mental health.

RIGHT TO HEALTH STANDARDS

The right to health contains both freedoms and entitlements.

- Right to control one's health and body, including sexual and reproductive freedom;
- Right to be free from interference, such as right to be free from torture, non-consensual medical treatment and experimentation

RIGHT TO HEALTH STANDARDS

- **The right to health contains both freedoms and entitlements.**
 - Right to a system of health protection which provides equality of opportunity for people to enjoy the highest attainable level of health
- **The notion of “the highest attainable standard of health” in article 12.1 takes into account both the individual’s biological and socio-economic preconditions and a State’s available resources.**

RIGHT TO HEALTH STANDARDS

- **The right to health takes into account underlying determinants of health, such as access to safe and potable water and adequate sanitation, an adequate supply of safe food, nutrition and housing, healthy occupational and environmental conditions, and access to health-related education and information, including on sexual and reproductive health.**

RIGHT TO HEALTH STANDARDS

- ***Availability.*** Functioning public health and health-care facilities, goods and services, as well as programmes, have to be available in sufficient quantity within the State party.
- ***Accessibility.*** Health facilities, goods and services have to be accessible to everyone without discrimination, within the jurisdiction of the State party.

RIGHT TO HEALTH STANDARDS

- ***Acceptability.*** All health facilities, goods and services must be respectful of medical ethics and culturally appropriate, i.e. respectful of the culture of individuals, minorities, peoples and communities, sensitive to gender and life-cycle requirements, as well as being designed to respect confidentiality and improve the health status of those concerned.
- ***Quality.*** As well as being culturally acceptable, health facilities, goods and services must also be scientifically and medically appropriate and of good quality.

THE PHILIPPINE CASE STUDY

- **JANUARY 30:** The first coronavirus case is recorded in the Philippines: a female tourist from Wuhan, China where the disease originated.
- **MARCH 6:** The Department of Health recorded the first local COVID-19 infection: a man who did not travel abroad but frequented a prayer room in Greenhills, San Juan City.
- **MARCH 8:** President Duterte declares a public health emergency.
- **MARCH 15:** Metro Manila is placed under community quarantine. Curfews have been imposed in some towns and cities.

THE PHILIPPINE CASE STUDY

MARCH 17: The entire Luzon (northern Philippine island group) is placed under enhanced community quarantine, limiting movement of people to workers in critical sectors (supermarkets, food production and preparation, banks, media). Public transportation is banned.

MARCH 26: Republic Act No. 11469 takes effect granting President Duterte additional powers to address the COVID-19 pandemic. The Philippines was declared to be in a state of national emergency.

THE PHILIPPINE CASE STUDY

TOTAL CONFIRMED

RT-PCR Positive by DOH-RITM certified lab as of April 12, 2020. 4:00 pm

4,648



CURRENTLY ADMITTED

confirmed case hospital admissions,
counts change as validation continues

2,841

DIED

deaths of confirmed cases

297

RECOVERED

facility-based recoveries /
completed 14-day home quarantine

197

THE PHILIPPINE CASE STUDY

As of April 11, 2020. 12:00 am

	Individuals Tested	Positive Individuals	% Positive	Negative Individuals	% Negative	Equivocal Individuals	% Equivocal	Invalid Individuals	% Invalid	Total Tests Conducted	Remaining Number Of Test Kits
Grand Total	33,814	4,913	14.5%	28,870	85.4%	25	0.1%	6	0.0%	38,640	86,625
Research Institute for Tropical Medicine (RITM)	25,400	4,405	17.3%	20,967	82.5%	25	0.1%	3	0.0%	29,490	35,664
Southern Philippines Medical Center (SPMC)	1,908	103	5.4%	1,802	94.4%	0	0.0%	3	0.2%	2,084	2,450
Baguio General Hospital and Medical Center (BGH..	1,674	35	2.1%	1,639	97.9%	0	0.0%	0	0.0%	1,698	3,178
Vicente Sotto Memorial Medical Center (VSMMC)	1,391	28	2.0%	1,363	98.0%	0	0.0%	0	0.0%	1,613	22,608
Western Visayas Medical Center (WVMC)	1,282	36	2.8%	1,246	97.2%	0	0.0%	0	0.0%	1,410	3,432
Lung Center of the Philippines (LCP)	753	68	9.0%	685	91.0%	0	0.0%	0	0.0%	753	4,037
UP National Institutes of Health (UP-NIH)	583	117	20.1%	466	79.9%	0	0.0%	0	0.0%	643	4,100
St. Lukes Medical Center - Quezon City (SLMC-QC)	431	60	13.9%	371	86.1%	0	0.0%	0	0.0%	431	1,488
San Lazaro Hospital (SLH)	315	57	18.1%	258	81.9%	0	0.0%	0	0.0%	435	4,571
Bicol Regional Diagnostic and Reference Laboratory..	77	4	5.2%	73	94.8%	0	0.0%	0	0.0%	83	5,097

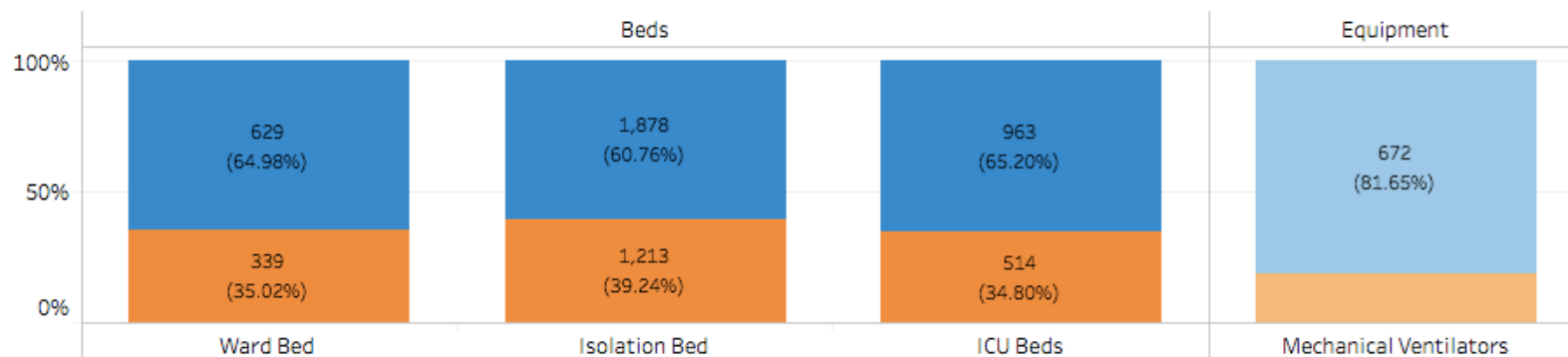
Reference: DOH.gov.ph

THE PHILIPPINE CASE STUDY

AVAILABILITY OF BEDS & MECHANICAL VENTILATORS IN DIFFERENT HOSPITALS

Reported Daily by Hospitals

Status: **Occupied** | **Available**

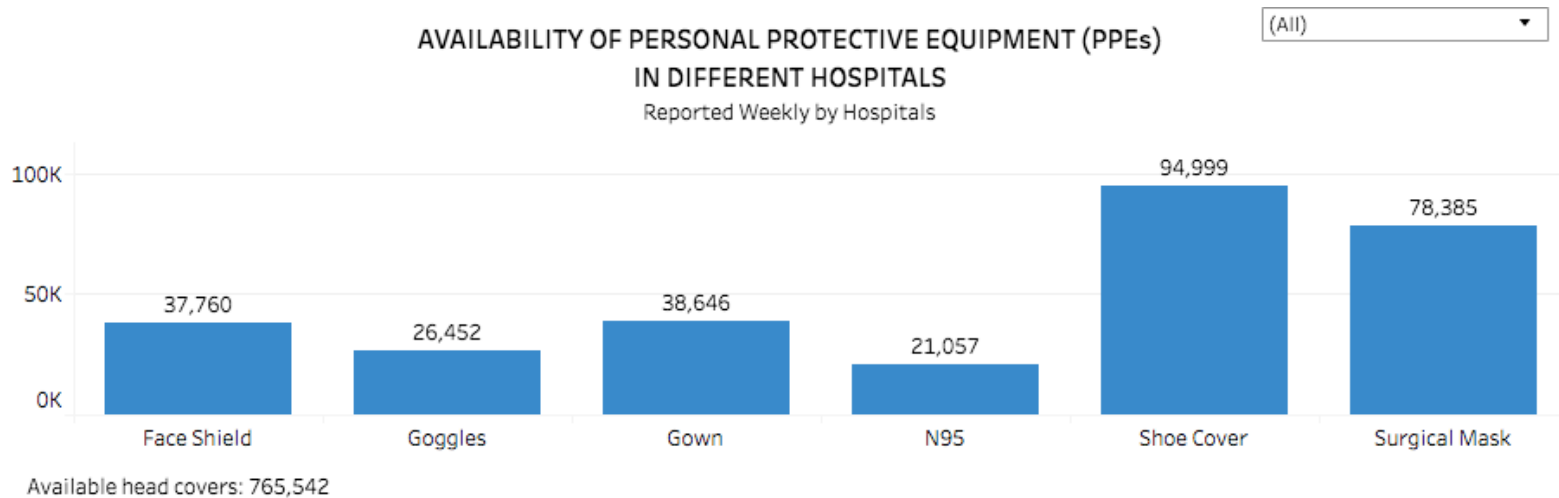


Note: These are beds dedicated exclusively for COVID-19 patients.

Facility Name

(All) ▼

THE PHILIPPINE CASE STUDY

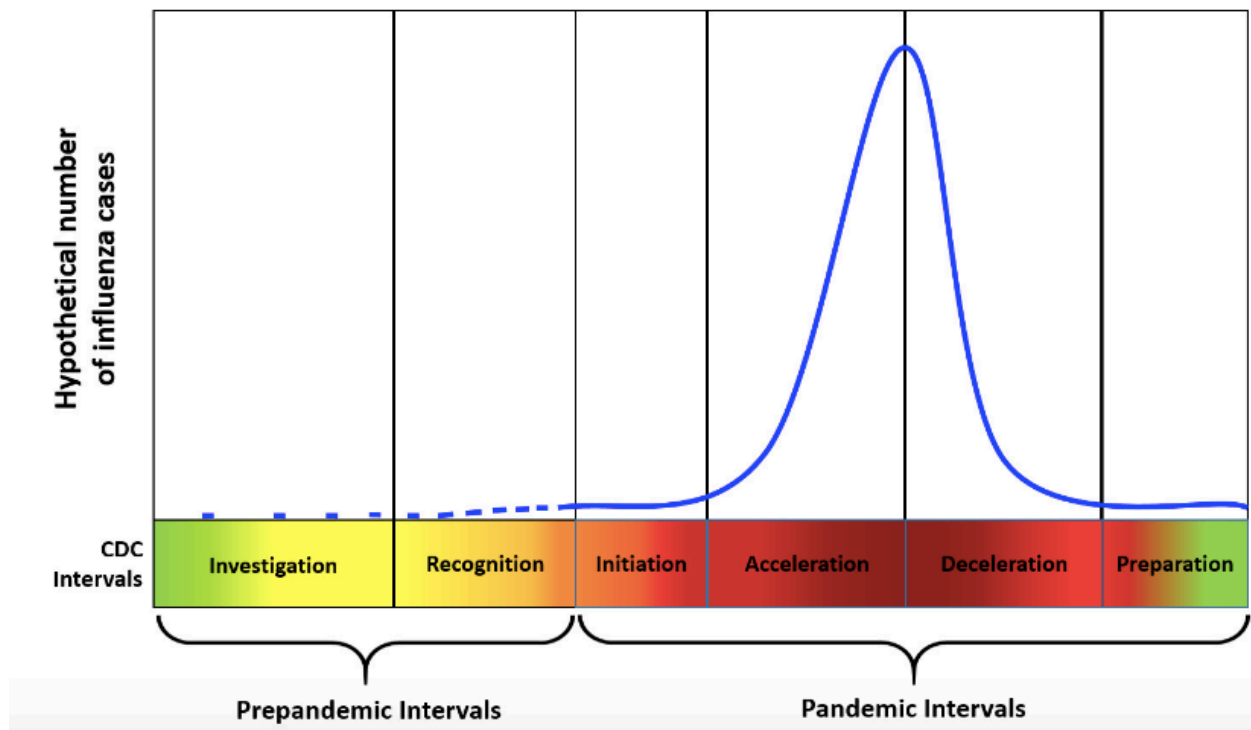


Reference: DOH.gov.ph

RECOMMENDATIONS TO MEMBER STATES

- **Data-driven national/district-level interventions**

Figure 1. Preparedness and response framework for novel influenza A virus pandemics: CDC intervals



Reference: CDC.gov

RECOMMENDATIONS TO MEMBER STATES

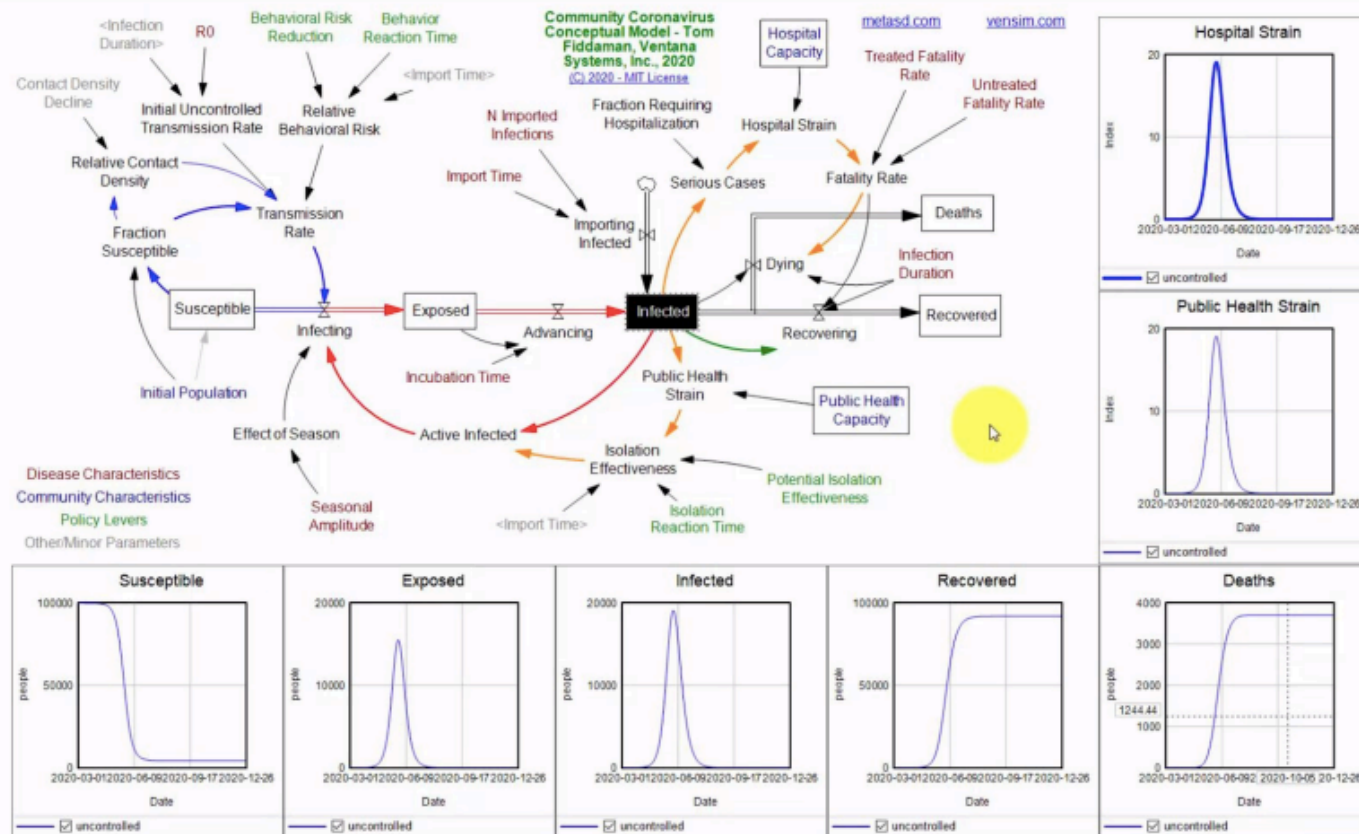


Figure 3. Corona system dynamics model, Tom Fiddaman

RECOMMENDATIONS TO MEMBER STATES

- **CRUCIAL HEALTH INTERVENTIONS:**
 - Mass testing
 - Contact-tracing
 - Isolation centers
 - Calibrated quarantine measures
- **RESPONDING TO NEEDS OF VULNERABLE POPULATIONS**
 - Social and economic relief as key health measure
 - Health information and communications
 - Prison health
 - Telemedicine
 - Research

RECOMMENDATIONS TO MEMBER STATES

- **RESPECT, PROTECT, FULFILL HUMAN RIGHTS**
 - Right against torture, inhuman or degrading treatment or punishment
 - Freedom of expression
 - Protection against arbitrary arrests
 - Right to life
 - Freedom from discrimination
- **WHOLE-OF-SOCIETY APPROACH**
 - Partnerships with civil society, external partners
 - Integrated government responses

RECOMMENDATIONS TO MEMBER STATES

- **INTEGRATED RESPONSE OF ASEAN AS A COMMUNITY**
 - ASEAN Post-2015 Health Development Agenda Goals for 2020: “to promote resilient health system in response to communicable diseases, emerging infectious diseases, and neglected tropical diseases”
 - Health Cluster 2 Priority Strategy: “Ensure a high level of capability, collaboration, and capacity to detect, investigate, contain and manage communicable diseases **including outbreaks of emerging and re-emerging infectious diseases**, neglected tropical diseases, and strengthening laboratory capacity as well as preparedness **for pandemics and other public health emergencies** including disasters in line with Sustainable Development Goals (SDGs)”

RECOMMENDATIONS TO MEMBER STATES

- **INTEGRATED RESPONSE OF ASEAN AS A COMMUNITY**
 - ASEAN Health Cooperation
 - Priority 9: “establishment of ASEAN Reference Laboratory Network for priority diseases”
 - Strengthening Regional Disease Surveillance Networks
 - Bio Diaspora: Strengthening ASEAN Preparedness and Response to Biological Threats by Enhancing Regional Capacity in Big Data Analytics and Visualization
 - Regional mechanism for drugs/vaccines development and supply during outbreaks
 - ASEAN +3 multi-country training collaboration
 - Capacity-building to respond to outbreaks

KEY POINTS

- **Context-specific responses (reliable data source needed)**
- **Responses should be compliant with the 'Right to Health' standards**
- **States have obligations to respect, protect, and fulfill human rights even during pandemics**
- **ASEAN must be more proactive as a community in responding to COVID-19 and future pandemics**

THANK YOU!

Special shout-out:

Philippine General Hospital

Lawyers for Doctors Philippines

UP Law for PGH