



United Nations
Educational, Scientific and
Cultural Organization



International Bioethics
Committee (IBC)

16 Session
International Bioethics Committee
Social Responsibility and Health
Mexico City
24 November, 2009



El Colegio Nacional

Science

19 June 2009 | \$10



 AAAS



Universal Declaration on Bioethics and Human Rights UNESCO, 2005



Organización de las Naciones Unidas para la Educación, la Ciencia y la Cultura

Declaración Universal sobre Bioética y Derechos Humanos

La Conferencia General,

Consciente de la excepcional capacidad que posee el ser humano para reflexionar sobre su propia existencia y su entorno, así como para buscar la justicia, evitar el peligro, asumir responsabilidades, buscar la cooperación y dar muestra de un sentido moral que le inspira a principios éticos.

Tomando en cuenta los rápidos adelantos de la ciencia y la tecnología, que afectan cada vez más a nuestra concepción de la vida y a la vida programada de ella, y que han traído consigo una fuerte demanda para que se da un respuesta universal a los problemas éticos que plantea esos adelantos,

Reconociendo que los problemas éticos asociados por los rápidos adelantos de la ciencia y de sus aplicaciones tecnológicas deben abordarse teniendo en cuenta no sólo el respeto debido a la dignidad de la persona humana, sino también el respeto universal y la observancia de los derechos humanos y las libertades fundamentales,

Reconociendo que es necesario y conveniente que la comunidad internacional establezca principios universales que sirvan de fundamento para una respuesta de la humanidad a los dilemas y compromisos cada vez numerosos que la ciencia y la tecnología plantean a la especie humana y al medio ambiente,

Recordando la Declaración Universal de Derechos Humanos del 10 de diciembre de 1948, la Declaración Universal sobre el Genoma Humano y los Derechos Humanos aprobada por la Conferencia General de la UNESCO el 11 de noviembre de 1997 y la Declaración Internacional sobre los Datos Genéticos Humanos aprobada por la Conferencia General de la UNESCO el 14 de octubre de 2003,

Teniendo nota del Pacto Internacional de Derechos Económicos, Sociales y Culturales y del Pacto Internacional de Derechos Civiles y Políticos adoptados el 16 de diciembre de 1966, la Convención Internacional de las Naciones Unidas sobre la Eliminación de todas las Formas de Discriminación Racial del 21 de diciembre de 1948, la Convención de las Naciones Unidas sobre la eliminación de todas las formas de discriminación contra la mujer del 18 de diciembre de 1979, la Convención de las Naciones Unidas sobre los Derechos del Niño del 20 de noviembre de 1989, el Convenio de las Naciones Unidas sobre la Diversidad Biológica del 5 de junio de 1992, los diversos instrumentos de las Naciones Unidas sobre la igualdad de oportunidades para las personas con discapacidad aprobados por la Asamblea General de las Naciones Unidas en 1993, la Recomendación de la UNESCO relativa a la atención de los miembros cuarenta del 20 de noviembre de 1974, la Declaración de la UNESCO sobre la Raza y los Prejuicios Raciales del 27 de noviembre de 1978, la Declaración de la UNESCO sobre las Responsabilidades de los Generadores Activos para con las Generaciones Futuras del 12 de noviembre de 1992, la Declaración Universal de la UNESCO sobre la Diversidad Cultural del 2 de noviembre de 2001, el Convenio de la OIT (Nº 157) sobre pueblos indígenas

Universal Declaration on Bioethics and Human Rights

Expresses the desirability of:

“developing new approaches to social responsibility to ensure, whenever possible, that progress in science and technology contributes to justice, equity and to the interest of humanity”

Article 14

Social responsibility and health

1. The promotion of health and social development for their people is a central purpose of governments that all sectors of society share.
2. Taking into account that the enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, political belief, economic or social condition, progress in science and technology should advance:
 - (a) access to quality health care and essential medicines, especially for the health of women and children, because health is essential to life itself and must be considered to be a social and human good;
 - (b) access to adequate nutrition and water;
 - (c) improvement of living conditions and the environment;
 - (d) elimination of the marginalization and the exclusion of persons on the basis of any grounds;
 - (e) reduction of poverty and illiteracy.



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International Bioethics
Committee (IBC)

12 Session

Tokyo, December 2005



14 Session

Nairobi, May 2007



13 Session

Paris, November 2006



15 Session

Paris, October 2008



Social Responsibility and Health

Working Group on Social Responsibility and Health (2008-2009)

- **Members**

- Prof. (Mr) Diego GRACIA GUILLEN (Spain)
- Prof. (Mr) Gabriel O'EMPAIRE (Venezuela)
- Prof. (Mr) Donald EVANS (New Zealand)
- Prof. (Mr) Sharat CHANORA (India)
- Prof. Martinez Palomo (Mexico)
- Prof. (Mr) Stefano SEMPLICI (Italy)
- Prof. (Mrs) Aïssatou TOURE (Senegal)
- Prof. (Mrs) Monique WASUNNA (Kenya)
- Prof. (Mr) Carter SNEAD (United States of America)
- Prof. (Mrs) Sissel ROGNE (Norway)
- Prof. (Ms) Olga *KUBAR* (Russian Federation)

IBC Report on Social Responsibility and Health

It does not pretend to be exhaustive nor prescriptive, and does not necessarily represent the views of the Member States of UNESCO

IBC Report on Social Responsibility and Health

The report has built upon work on public health issues by various international bodies, in particular the World Health Organization

IBC Report on Social Responsibility and Health

It attempts to develop ethical and legal dimensions of the principle and its relations to health, with the hope of enriching future reflections on the real application of the principle of social responsibility

International Initiatives in Promoting the Principle of Social Responsibility and Health

- 1947 Constitution of WHO**
- 1948 Universal Declaration of Human Rights**
- 1966 International Covenant on Economic, Social and Cultural Rights**
- 1977 Health-for-all by the Year 2000**
- 1978 Alma Ata Declaration**
- 1996 Ljubljana Charter**
- 1997 Jakarta Declaration**
- 2005 Bangkok Charter**
- 2000 UN Millenium Development Goals**
- 2005 Commission on Social Determinants of Health**



Draft report

(Submitted to IBC in November 2009)



The image shows the cover page of a draft report. At the top left, there is a logo of the United Nations Educational, Scientific and Cultural Organization (UNESCO) and the International Bioethics Committee (IBC). The text 'International Bioethics Committee (IBC)' is positioned to the right of the UNESCO logo. Below the logos, the word 'Distribution:' is printed. To the right of this, the document reference 'SH/EST/ICB-15/08/CONF 002/3 REV (Final)' and the date 'March 20, 2009' are listed, with a note 'Original: English only'. The main title 'Draft Report on Social Responsibility and Health' is centered, followed by the subtitle 'Provisional revised version -'. A text box in the lower half of the page contains a disclaimer: 'This provisional revised version of the draft report has been drawn up on the basis of the debates at the fifteenth session of IBC and the joint meeting of IBC and IGDC (October 2008) and written comments received from members of IBC. It will be further revised on the basis of additional comments and contributions received from members of IBC, with a view to its finalization for the sixteenth session of IBC (May 2009)'. At the bottom right, the text 'Division of Ethics of Science and Technology' is visible.

United Nations
Educational, Scientific and
Cultural Organization

International Bioethics
Committee (IBC)

Distribution:

SH/EST/ICB-15/08/CONF 002/3 REV (Final)
March 20, 2009
Original: English only

**Draft Report
on Social Responsibility and Health**

Provisional revised version -

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It will be further revised on the basis of additional comments and contributions received from members of IBC, with a view to its finalization for the sixteenth session of IBC (May 2009).

Division of Ethics of Science and Technology

not the sole responsibility of the government of a country hosting transnational research; ~~also~~ States sponsoring transnational research ~~also~~ have a responsibility in safeguarding that the transnational research undertaken in a host country contributes to the research needs of that particular country. ~~64. The first paragraph of Article 14 also states that promotion of health and social development is a responsibility not confined to governments (which remain the first addressees of the Declaration); it is shared by all sectors of society. And while Article 2.1 states that the Declaration also provides guidance to public and private institutions and corporations, Moreover, Article 21 not only addresses States and governments involved in transnational practices but also public and private institutions associated with such practices. This implies that promotion of health and social development in a country hosting transnational research is also a shared responsibility of such involved institutions.~~

~~65. Article 22.2 emphasizes the role of States in establishing independent, multidisciplinary and pluralistic ethics committees, as set out in Article 19. The relevance of such institutions in relation to Article 14 relates to the role they could play in developing sustainable research priority policies within the domain of health and social development in the countries concerned. More specifically these national bodies could contribute to the promotion of health and social development by:~~

- ~~• identifying the most pertinent research for health and social development needs in the country concerned,~~
- ~~• formulating recommendations about sustainable research priority policies within the domain of health and social development, and~~
- ~~• fostering debate and public awareness about the ethical dimensions of promoting health and social development. [this part is better developed later in the document]~~

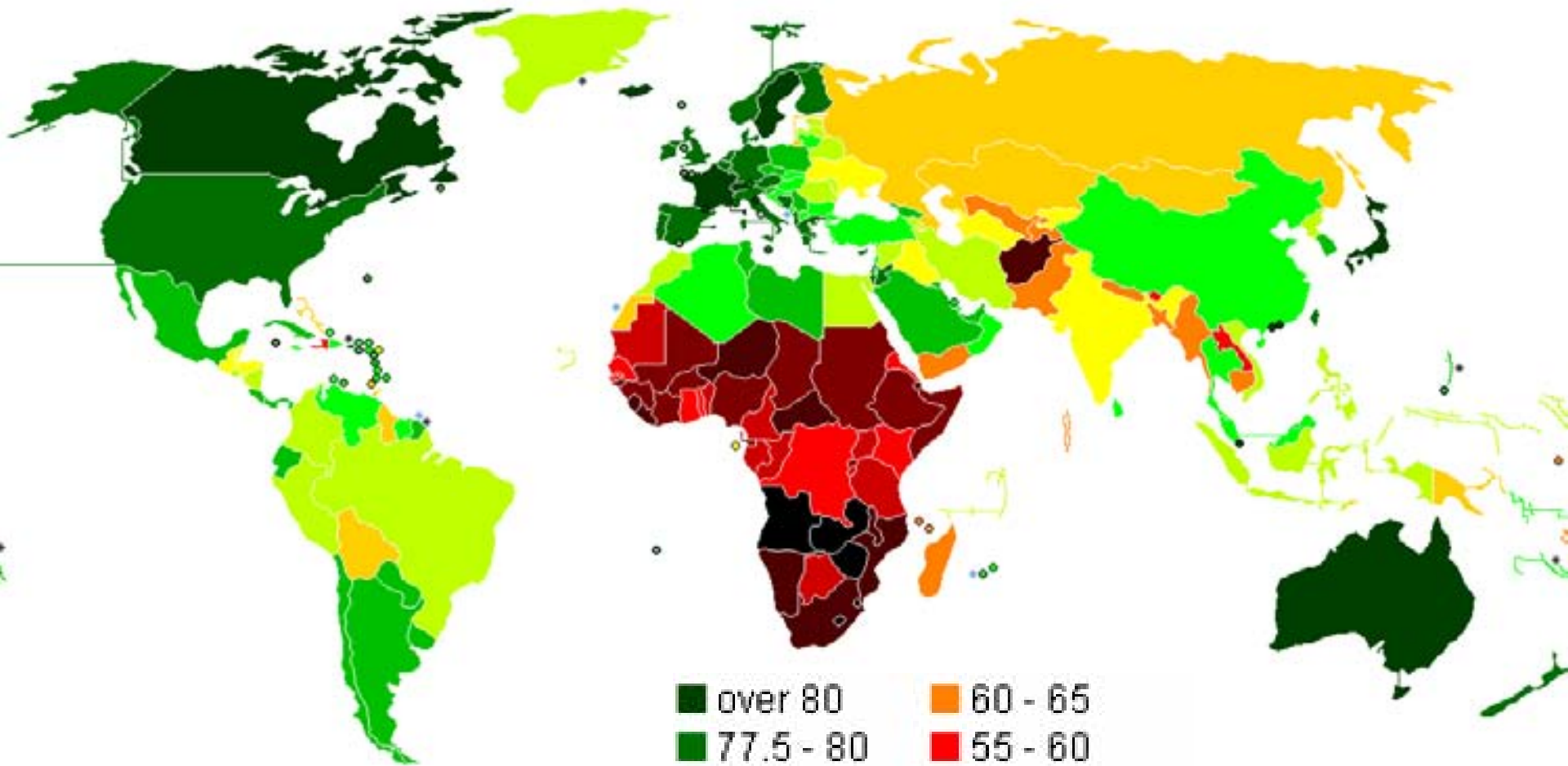
~~56. The relevance of Article 23 (Bioethics education, training, and information) to Article 14 also relates to the crucial role attributed to 'progress in science and technology' to promote health and social development, in so far, but in a different sense and meaning from the one stated in 3 a). 'Progress' in science and technology does not only mean progress in terms of the generation of new and context sensitive products of scientific and technological knowledge; 'progress in science and technology' also relates to the process of doing and implementing science and technology. Article 14 states that 'progress in science and technology' is crucial for health and social development. This implies that [redundant with other paragraphs] such development is dependent on:~~

- ~~• the production, implementation and application of context sensitive scientific and technological products, but also on~~
- ~~• raising awareness and sensitizing researchers, policymakers and the public about the ethical implications and possibilities of scientific and technological progress.~~

~~67. Article 14.2 e) states that reduction of illiteracy is important in order to promote health and social development. Bioethics education, training and information represent important ways of reducing moral illiteracy with regard to scientific and technological development.~~

~~68. As progress in science and technology is viewed as crucial for health and social development, it becomes clear that Articles 16, 23 and 24 are also highly relevant for the promotion of such development. Furthermore, these articles state that high income, industrialized countries, have a special responsibility with regard to the promotion of benefit sharing, solidarity, and international cooperation in the field of science and technology, by assisting developing countries in building up their capacity, thus enabling them to make use of the fruits of scientific and technological progress and to develop their own research policies and scientific and technological know how.~~

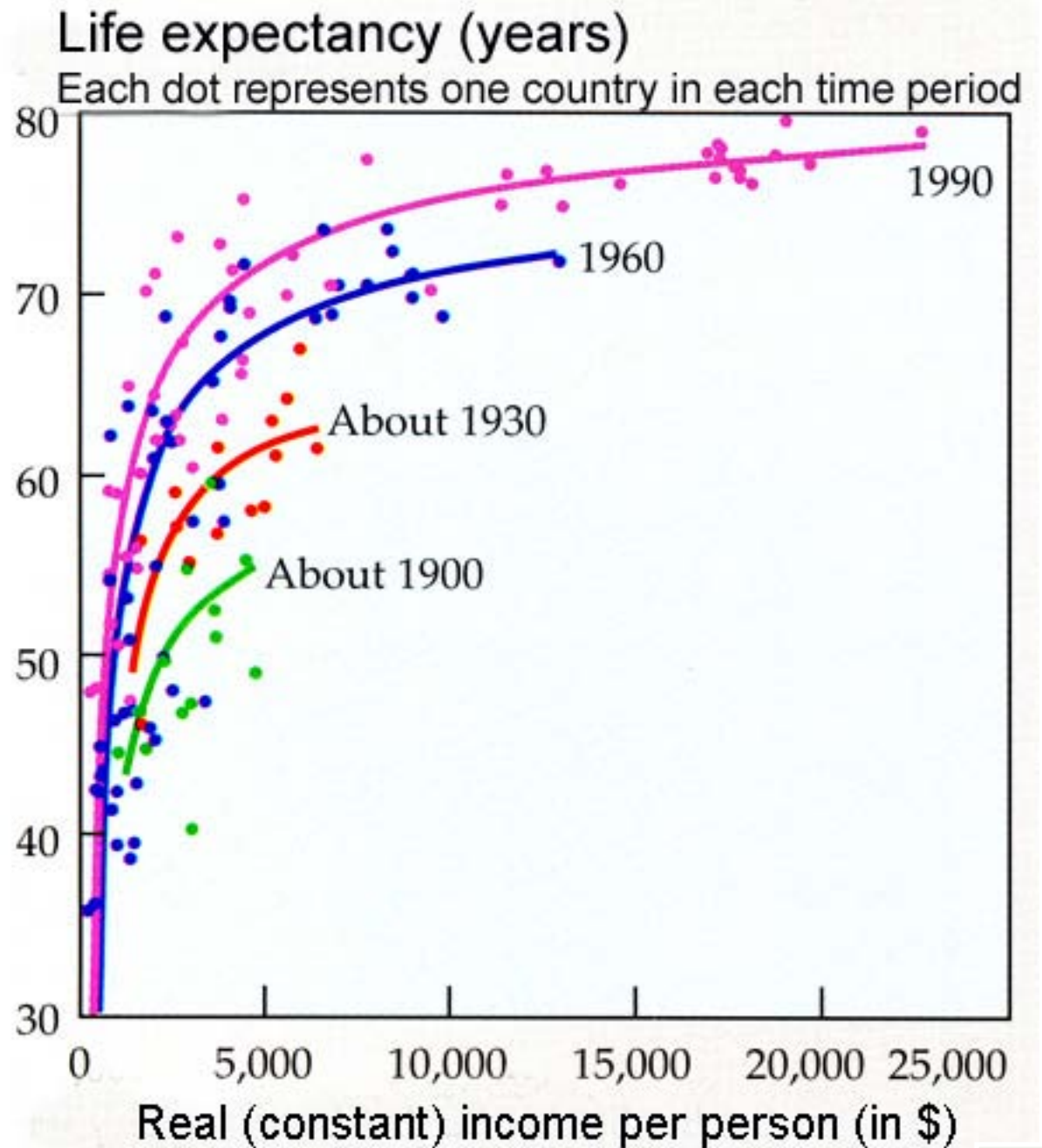
IV. SPECIAL AREAS OF FOCUS



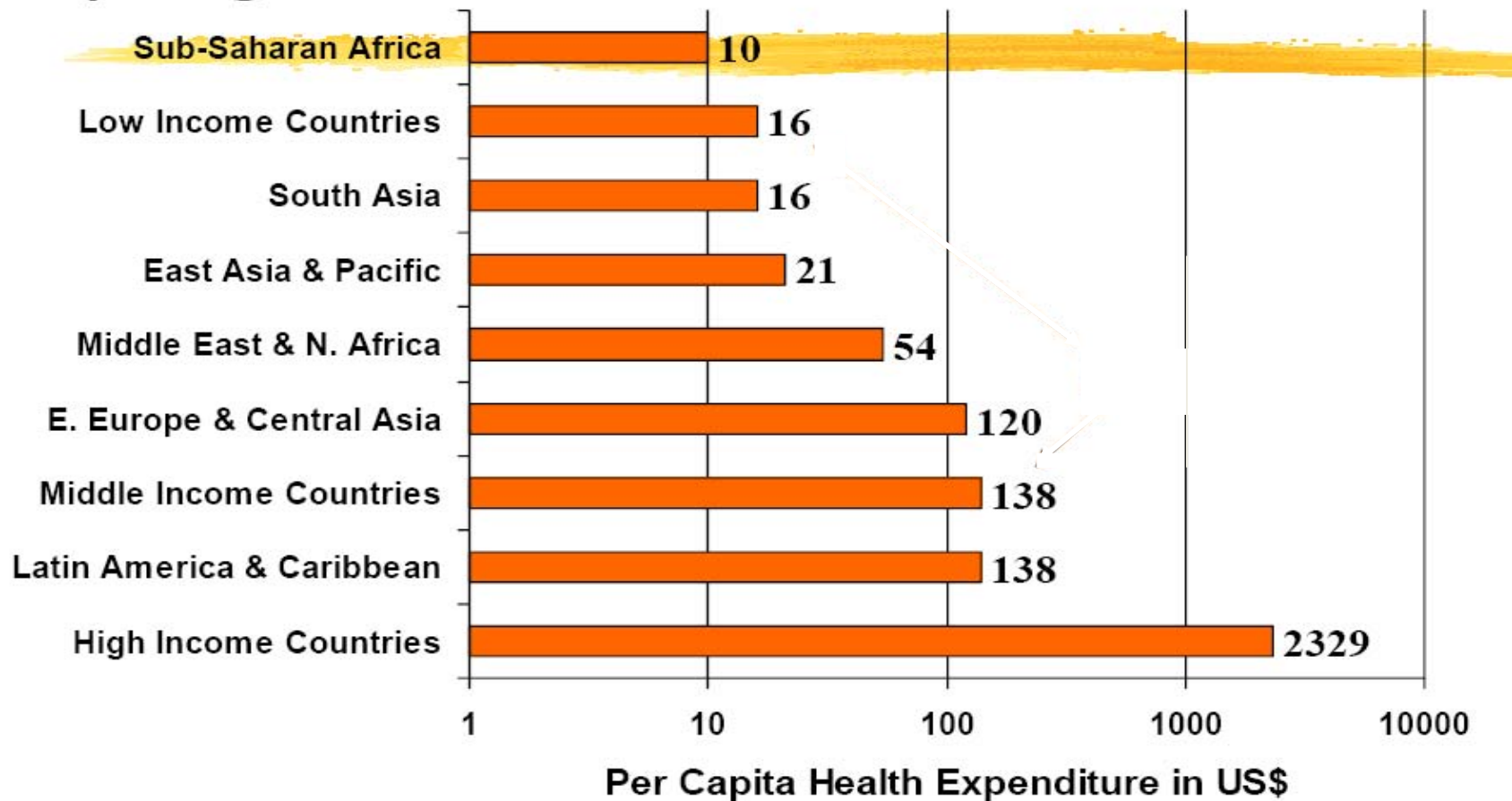
Life Expectancies: 2007

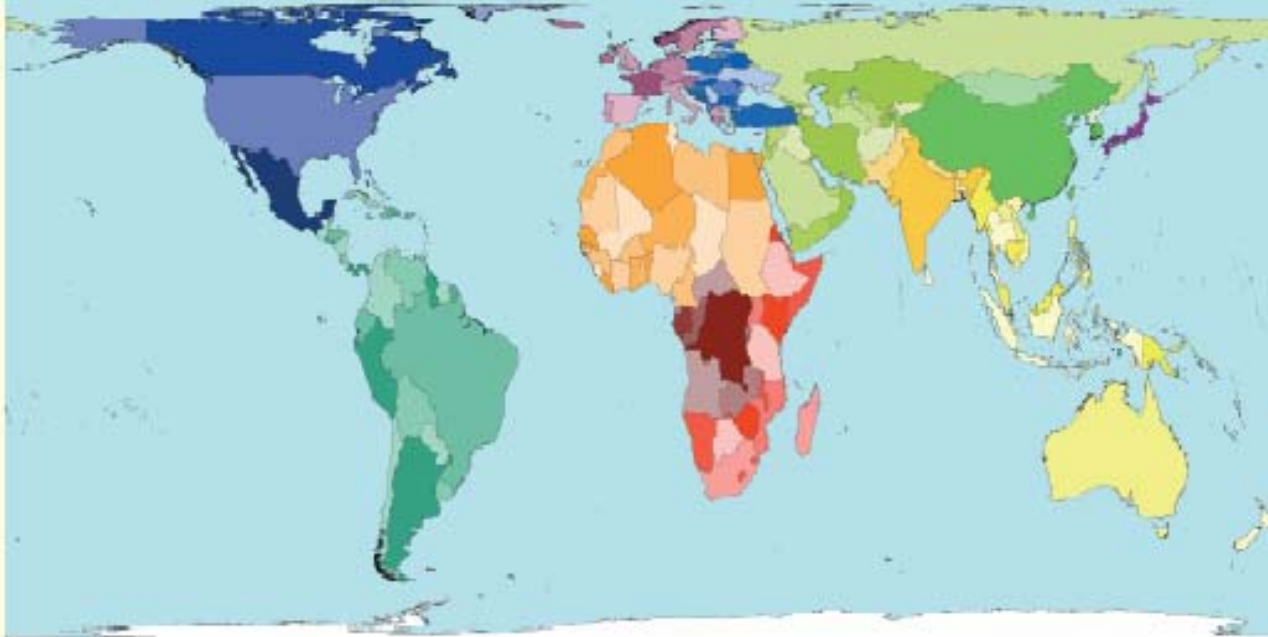
| | |
|-----------|---------------|
| over 80 | 60 - 65 |
| 77.5 - 80 | 55 - 60 |
| 75 - 77.5 | 50 - 55 |
| 72.5 - 75 | 45 - 50 |
| 70 - 72.5 | 40 - 45 |
| 67.5 - 70 | under 40 |
| 65 - 67.5 | not available |

Preston curve



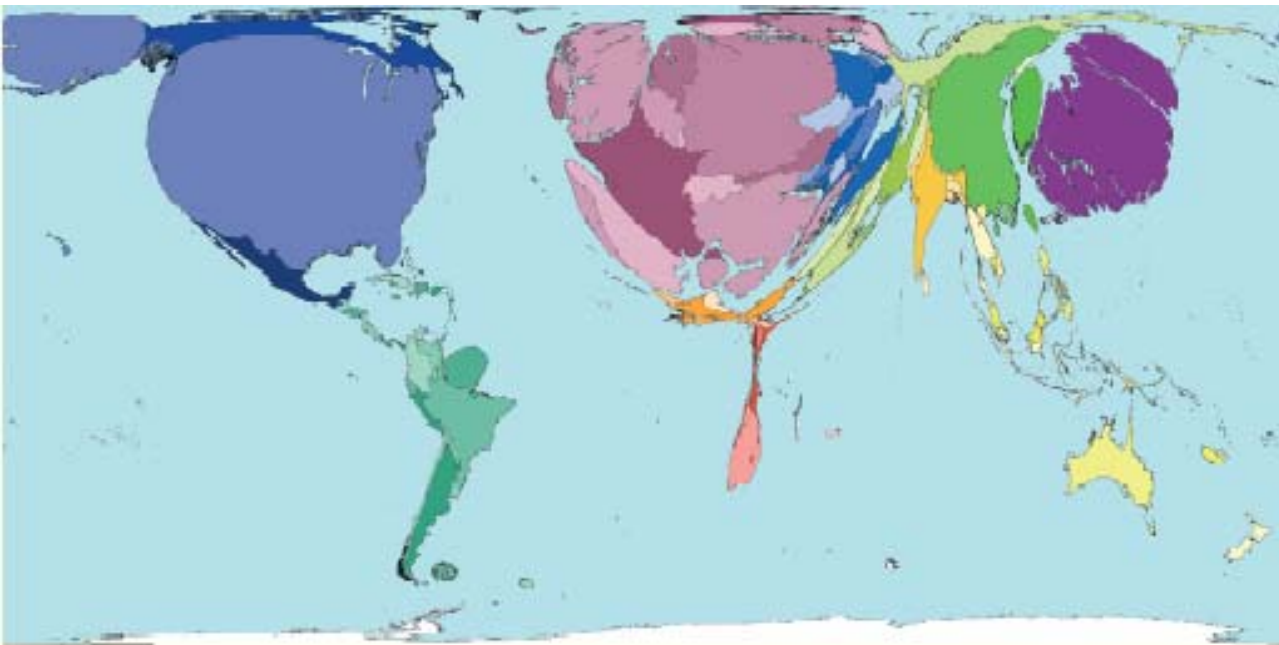
Per Capita Health Expenditure by Region





Land area

www.worldmapper.org



Public health spending

Territory size shows the proportion of worldwide spending on public health services that is spent there. This spending is measured in purchasing power parity.

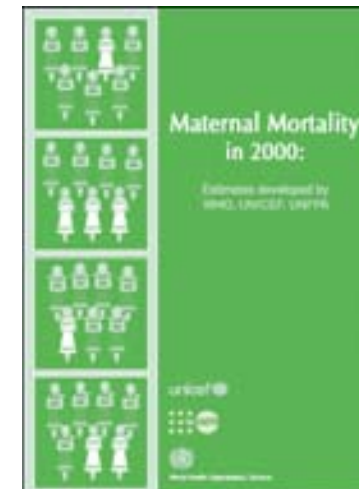
Malaria cases



- **Territory size shows the proportion of all people living in malaria regions worldwide**

Maternal mortality estimates by United Nations MDG regions, 2000

| Region | Maternal mortality ratio (maternal deaths per 100,000 live births) | Number of maternal deaths |
|---------------------------------|--|------------------------------|
| WORLD TOTAL | 400 | 529,000 |
| DEVELOPED REGIONS* | 20 | 2,500 |
| Europe | 24 | 1,700 |
| DEVELOPING REGIONS | 440 | 527,000 |
| Africa | 830 | 251,000 |
| Northern Africa** | 130 | 4,600 |
| Sub-Saharan Africa | 920 | 247,000 |
| Asia | 330 | 253,000 |
| Eastern Asia | 55 | 11,000 |
| South-central Asia | 520 | 207,000 |
| South-eastern Asia | 210 | 25,000 |
| Western Asia | 190 | 9,800 |
| Latin America and the Caribbean | 190 | 22,000 |
| Oceania | 240 | 530 |



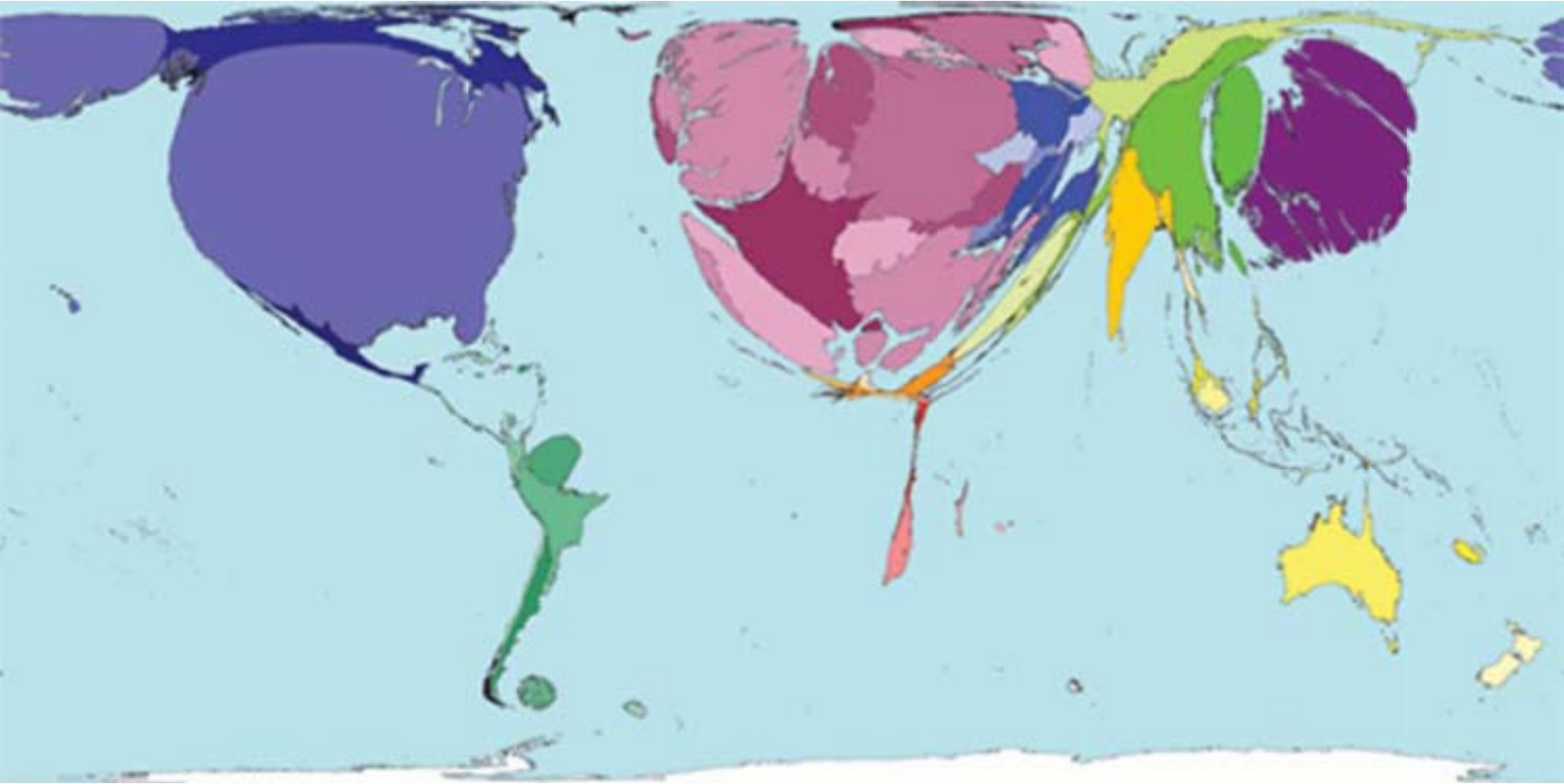
90s': The 90/10 gap identified

Only 10 percent of R&D spending is directed at the health problems of 90 percent of the world's population.



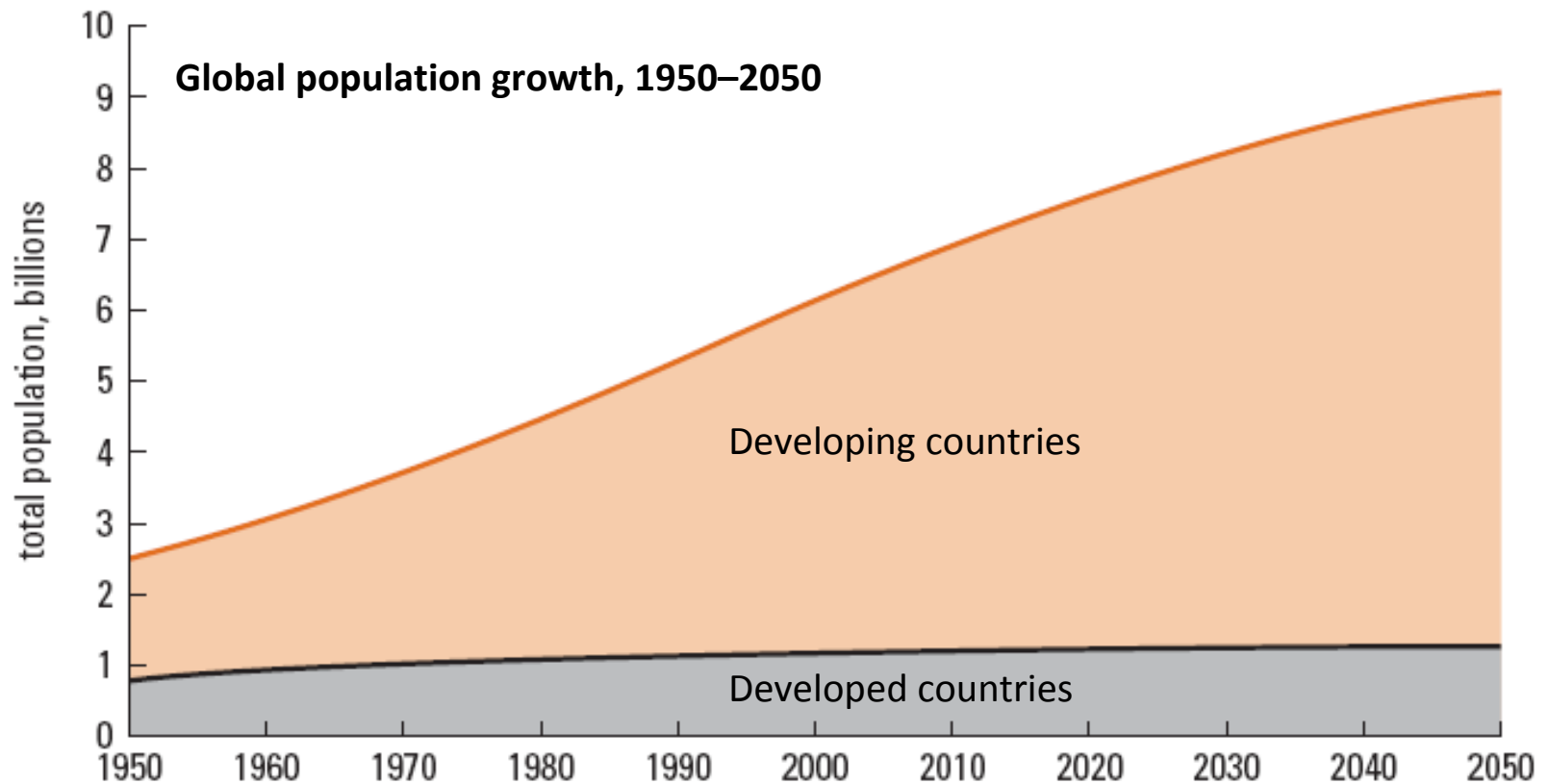
Commission on Health Research for Development

Inadequate research capacity



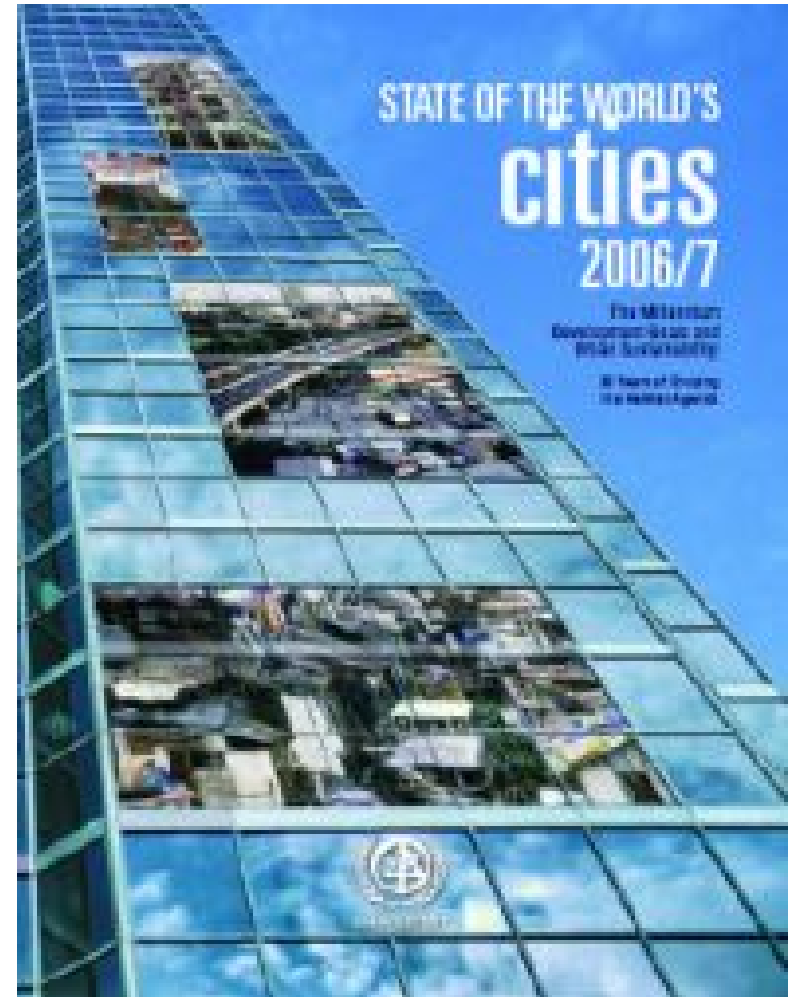
**Proportion of all scientific papers published in 2001
written by authors living there**

Changing demographics



Urbanization

- **New patterns**
- **Tipping point:**
2007 marks a turning point in human history: the world's urban population for the first time equals the world's rural population





Global Alliance to Eliminate Leprosy (GAEL)

President's Emergency Plan for AIDS Relief (PEPFAR)



Initiative on Public-Private Partnerships for Health



Accelerating Access Initiative



SECURE THE FUTURE



Medicines for Malaria Venture



Global Polio Eradication Initiative

GLOBAL ALLIANCE FOR TB DRUG DEVELOPMENT



EMVI

The European Malaria Vaccine Initiative



Global Campaign for MICROBICIDES Hope for African Children Initiative



Schistosomiasis Control Initiative

US Presidential Initiative FIGHTING MALARIA SAVING LIVES IN AFRICA



Draft Report of the IBC on Social Responsibility and Health

- I. Introduction**
- II. Ethical and legal dimensions**
- III. Special areas of focus**
- IV. Courses of action**
 - i. Historical overview**
 - ii. Global health conditions**

Draft Report of the IBC on Social Responsibility and Health

II. Ethical and legal dimensions

- a. Emergence of the notion of social responsibility
- b. The notions of health and social development
- c. The status of health as a “good”
- d. Social responsibility, justice, solidarity and equality
- e. Relationship with other Articles of the Declaration

Draft Report of the IBC on Social Responsibility and Health

III. Special areas of focus

- a. Health care
- b. Research
- c. Industry
- d. Education

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IV. Courses of action

- a. **Decision-making procedures**
- b. **Transnational scope**
- c. **National bioethics committees**
- d. **Quality assurance in health care**
- e. **Global health risks**
 - Climate change**
 - Pandemics**
 - Food shortages**



UN Millennium Development Goals

Keep the promise
Millennium Development Goals



1. Eradicate extreme poverty and hunger
2. Achieve universal primary education
3. Promote gender equality and empower women
4. Reduce child mortality
5. Improve maternal health
6. Combat HIV/AIDS, malaria, and other diseases
7. Ensure environmental sustainability
8. Develop a global partnership for development



World Health Organization



The Millennium Development Goals

About the MDGs

"It is not in the United Nations that the Millennium Development Goals will be achieved. They have to be achieved in each country by the joint efforts of the Governments and people."

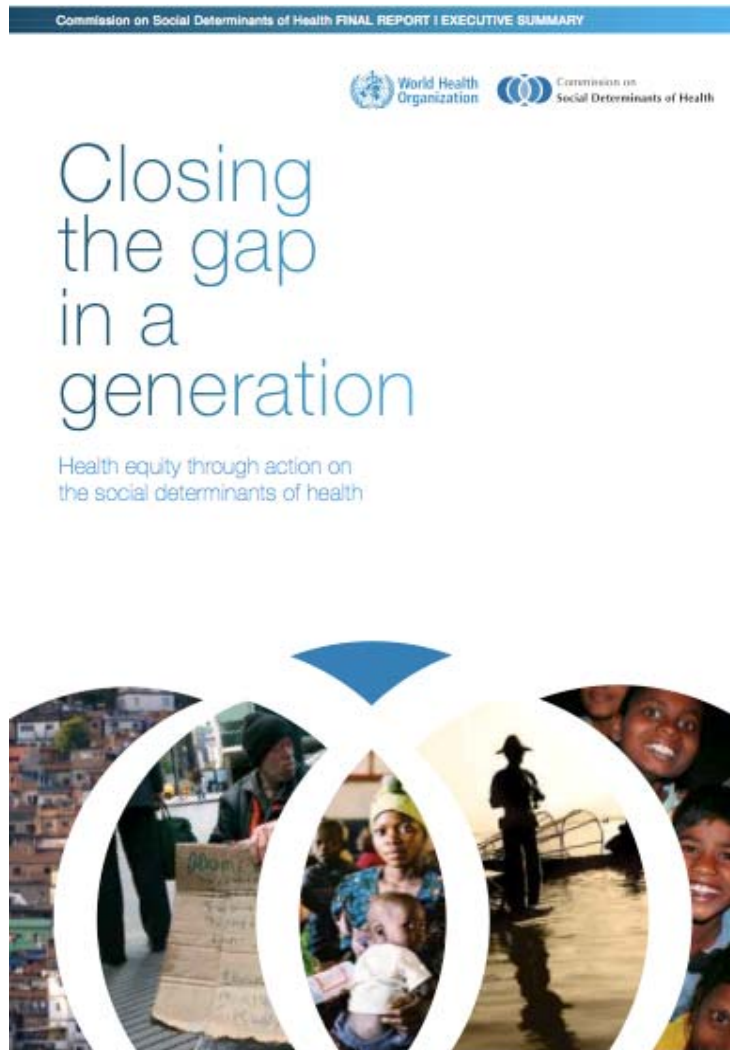
Secretary General Kofi Annan



Conclusions

- 1. In spite of advances in the Millenium Development Goals, these will not be achieved by 2015**
- 2. Therefore, there is an urgent need to increase the ethical and social responsibility of countries, communities and individuals for the goal of improving health**

Health Equity Through Action on the Social Determinants of Health, 2008



Commission on Social Determinants of Health WHO, 2008

- In countries at all levels the lower the socioeconomic position, the worse the health
- It does not have to be this way, reducing health inequities is an ethical imperative

Independent opinions.....

“It is not inequalities that kill people, it is those who are responsible for these inequalities that kill people”

Navarro V, Int J Health Serv 39:423, 2009

