



# PREVENTION & HUMAN RIGHTS

(key facts & challenges for the future)

WFAD Global Forum  
Vienna, 1<sup>st</sup> March 2020

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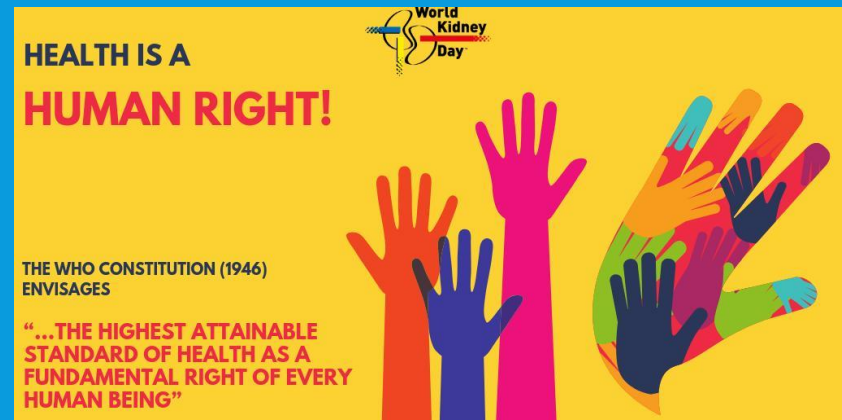
([www.institut-utrip.si](http://www.institut-utrip.si))

# DISCLAIMER

- I am personally **not responsible** for what I am going to say today (😊)
- **Blame / complain** to *EMCDDA, UNODC, UNESCO, WHO, European Commission, EUSPR, INL / Colombo Plan (UPC) ...*
- ... but **I am proud** to be a **messenger & advocate** for *evidence-based prevention & minimum quality standards ...*

# HUMAN RIGHTS, HEALTH & PREVENTION

- The **WHO Constitution** (1946):
  - »...the highest attainable standard of health as a fundamental right of every human being« (WHO, 2017).



# HUMAN RIGHTS, HEALTH & PREVENTION

- Understanding health as a human right creates a legal obligation on states to ensure **access to timely, acceptable, & affordable health care**, including **prevention programmes & interventions** of appropriate quality.

# HUMAN RIGHTS, HEALTH & PREVENTION

- ... to allocate **maximum available resources** for health care & prevention.
- rights-based approach to health & prevention echoed in the **Agenda 2030** for Sustainable Development (SDGs).



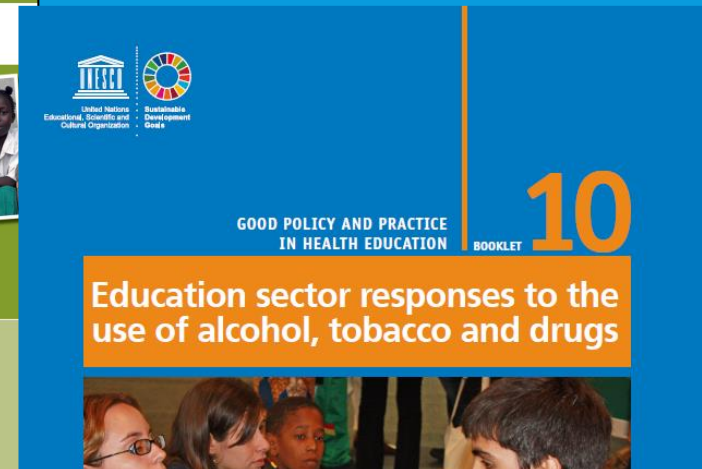
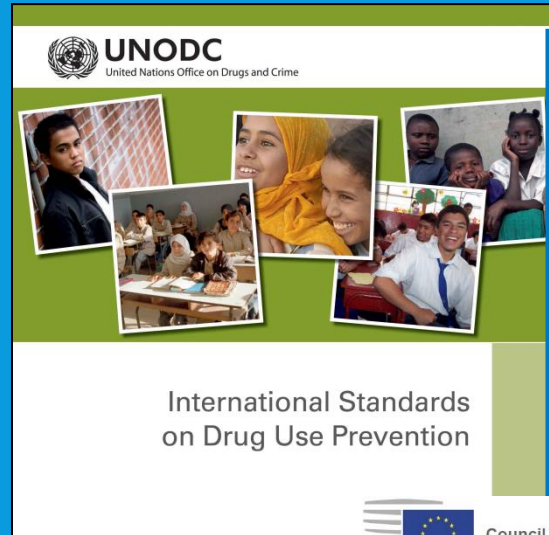
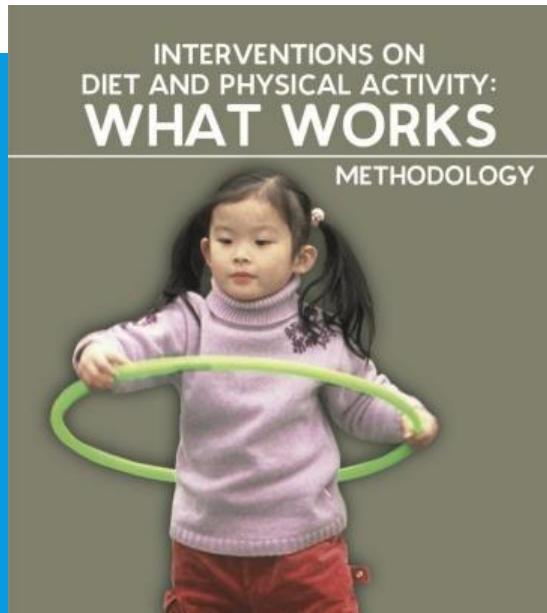
# AGENDA 2030 & PREVENTION







# PREVENTION (QUALITY) STANDARDS



European  
drug prevention  
quality standards

Council of the  
European Union

Brussels, 16 September 2015  
(OR. en)

11985/15

**CORDROGUE 70  
SAN 279**

**NOTE**

From: General Secretariat of the Council

To: Delegations

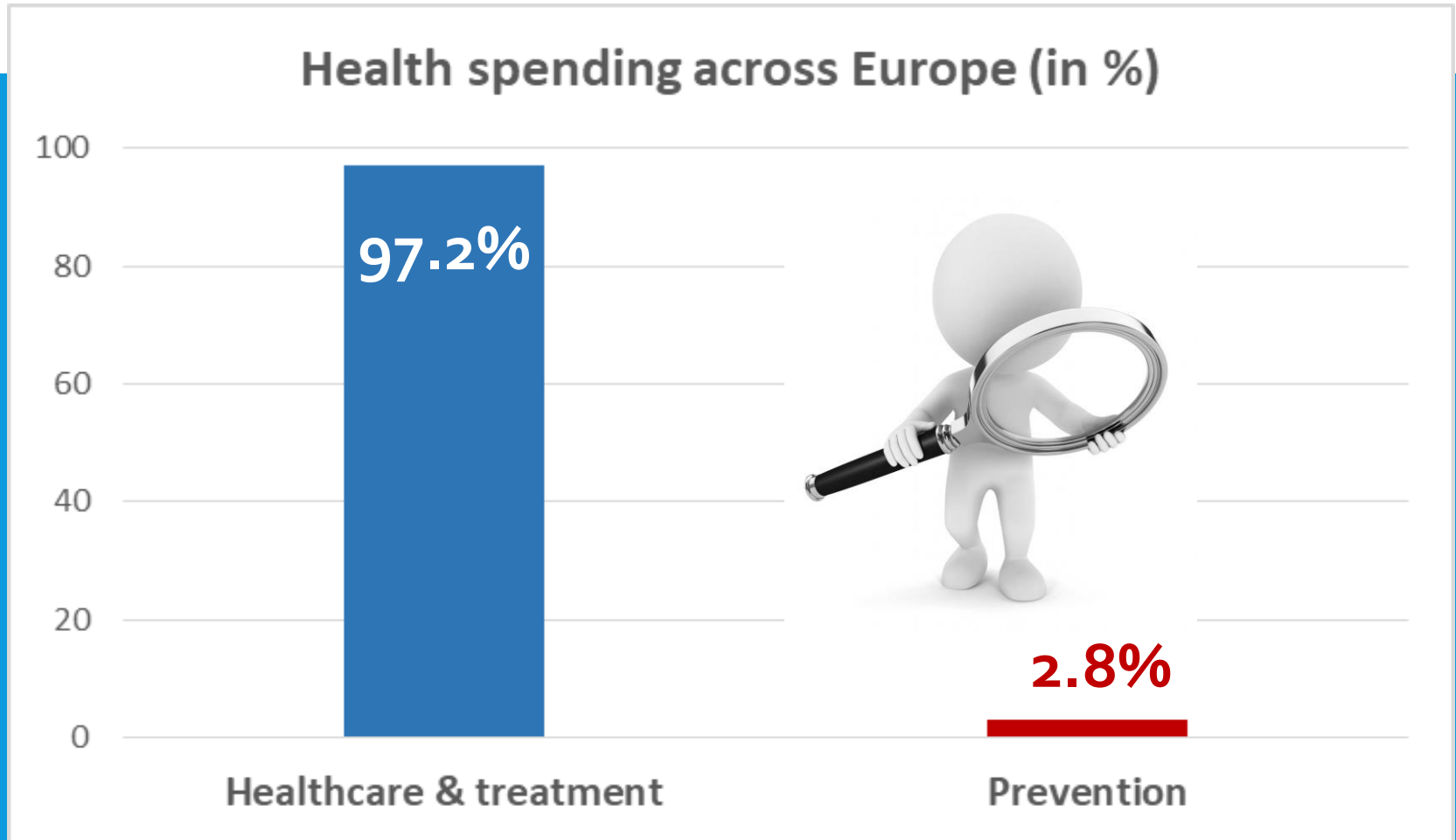
No. prev. doc.: DS 10371/11/15 REV 1

Subject: Council conclusions on the implementation of the EU Action Plan on Drugs 2013-2016 regarding minimum quality standards in drug demand reduction in the European Union

World Health  
organization



# HEALTH SPENDING ON PREVENTION ?

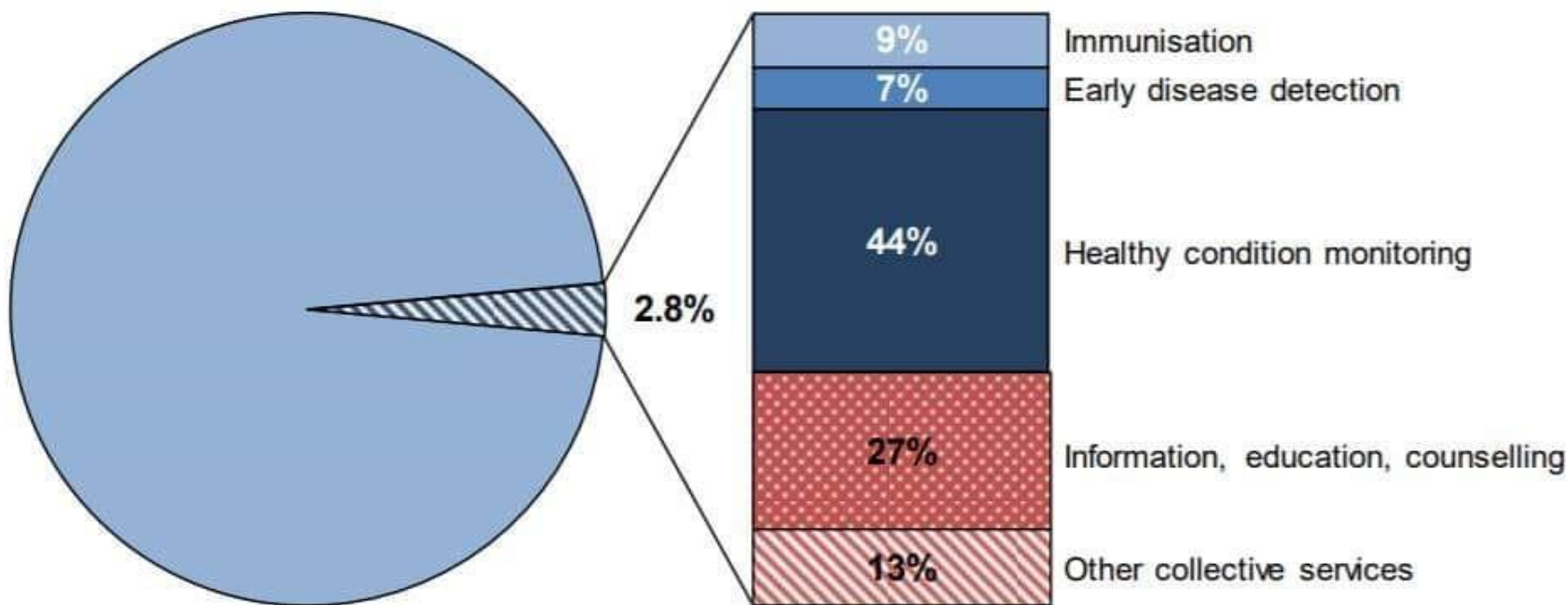


OECD, 2018

# HEALTH SPENDING ON PREVENTION?

Only a small fraction of health spending goes on prevention activities...

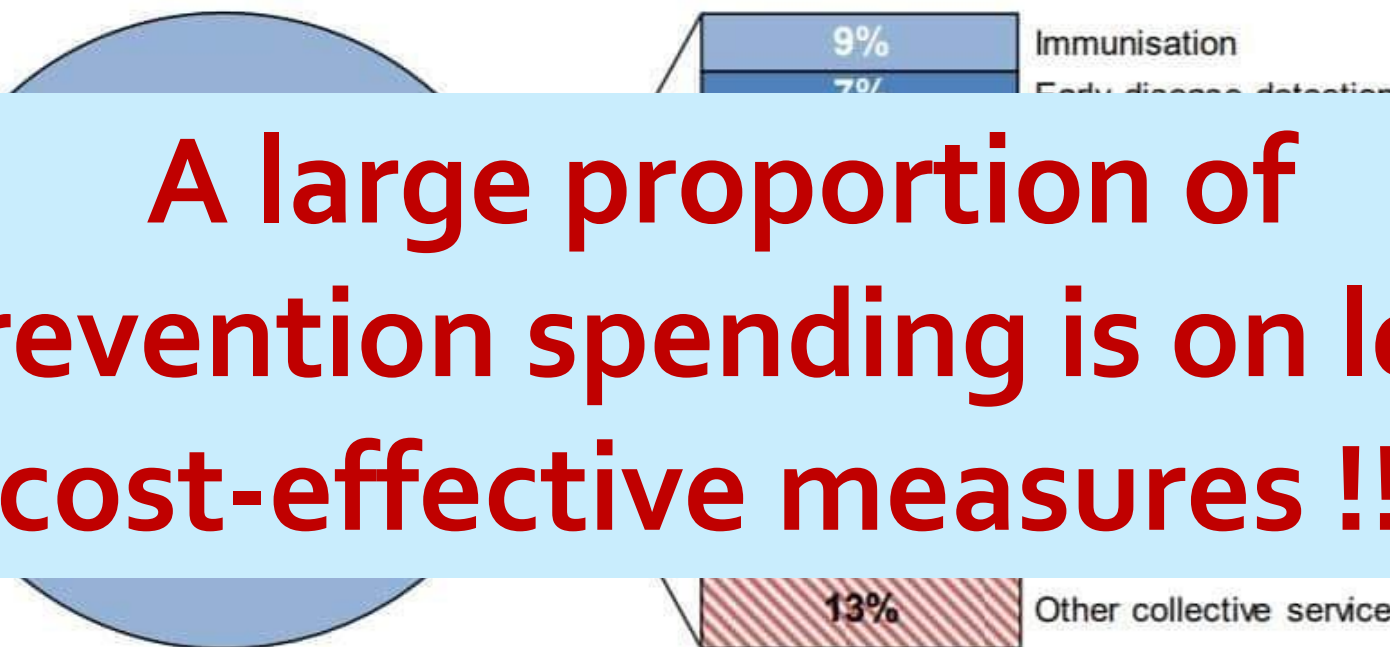
...with a large proportion allocated to healthy condition monitoring programmes



# HEALTH SPENDING ON PREVENTION?

Only a small fraction of health spending goes on prevention activities...

...with a large proportion allocated to healthy condition monitoring programmes

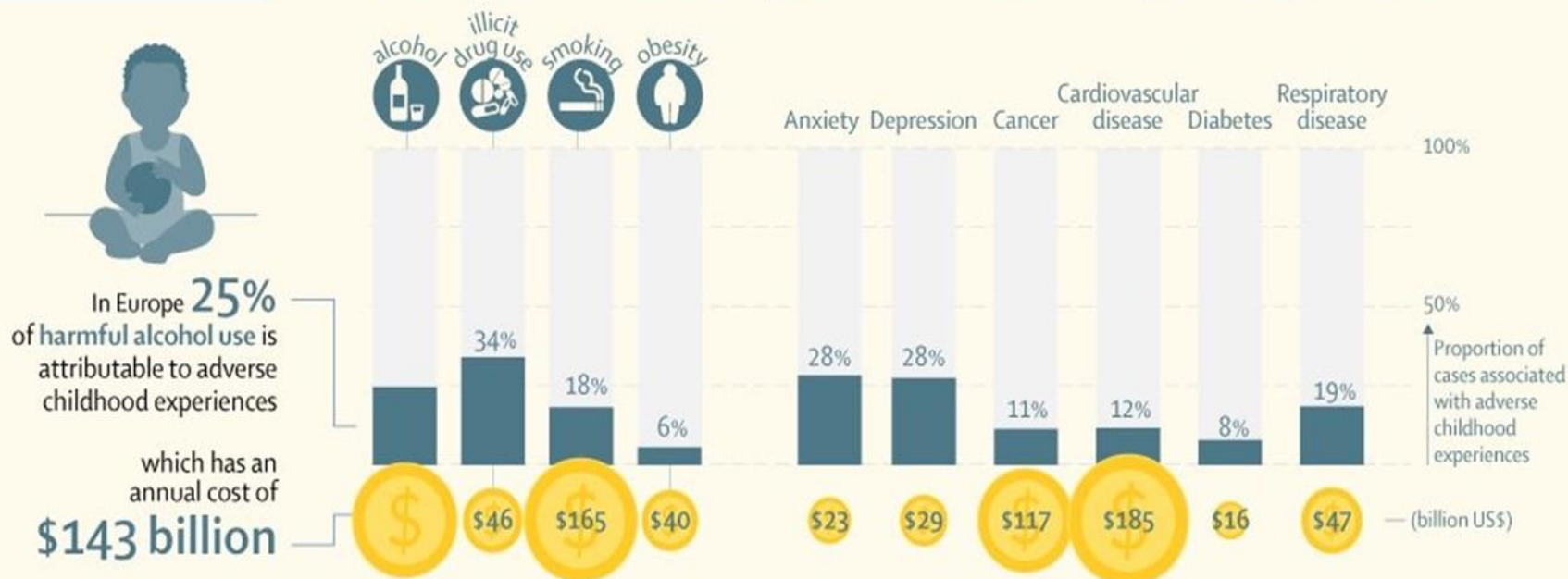


**A large proportion of prevention spending is on less cost-effective measures !!!**

# HEALTH SPENDING ON PREVENTION?

## EUROPE

### Adverse childhood experiences have lasting consequences



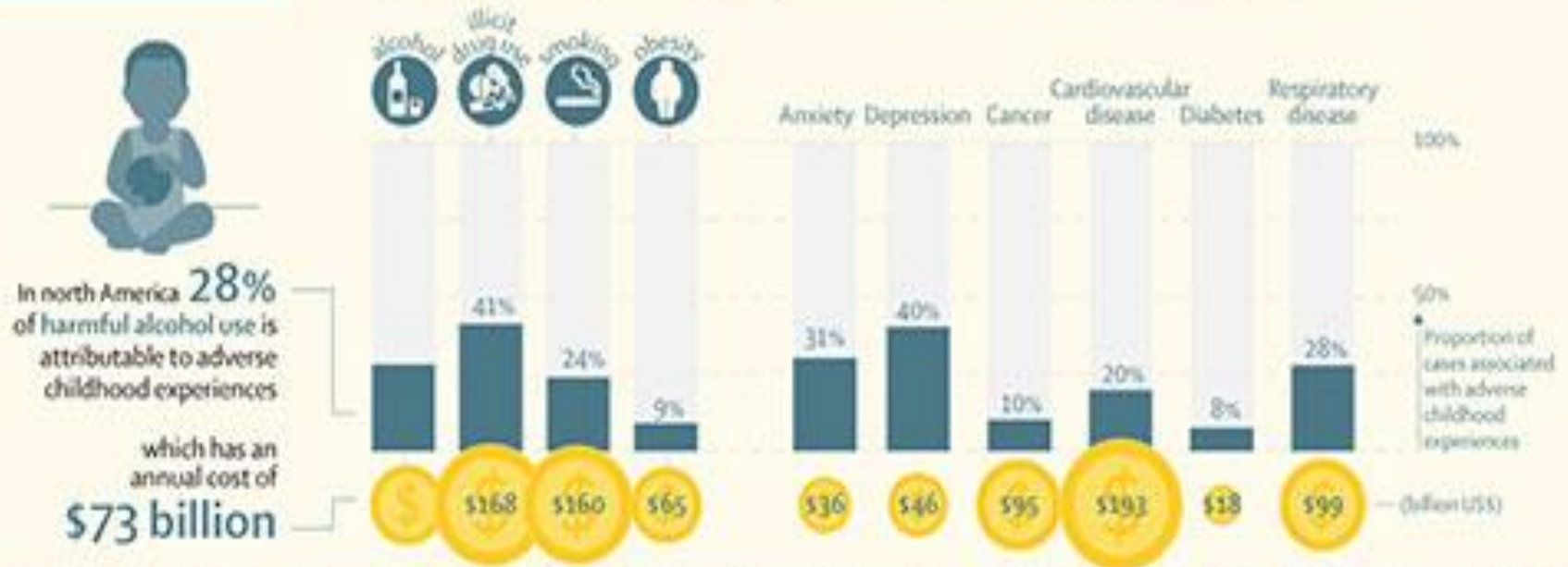
**A 10% reduction in adverse childhood experience prevalence could equate to annual savings of \$49 billion**

Adverse childhood experiences refers to some of the most intense sources of stress that children can be exposed to, including child maltreatment, interparental violence, and parental substance abuse.  
 Source: Life course health consequences and associated annual costs of adverse childhood experiences across Europe and North America: a systematic review and meta-analysis. *The Lancet Public Health*

# HEALTH SPENDING ON PREVENTION?

## NORTH AMERICA

### Adverse childhood experiences have lasting consequences



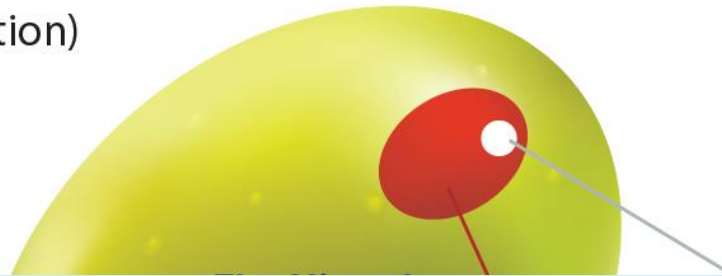
A 10% reduction in adverse childhood experience prevalence could equate to annual savings of \$56 billion

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 Source: Life course health consequences and associated annual costs of adverse childhood experiences across Europe and North America: a systematic review and meta-analysis. The Lancet Public Health



# THE »OLIVE« OF PREVENTION

What we do  
(in prevention)



**Benefit-cost ratio for prevention varies from 4\$ up to 56\$ for 1 dollar spent on evidence-based prevention**

it we

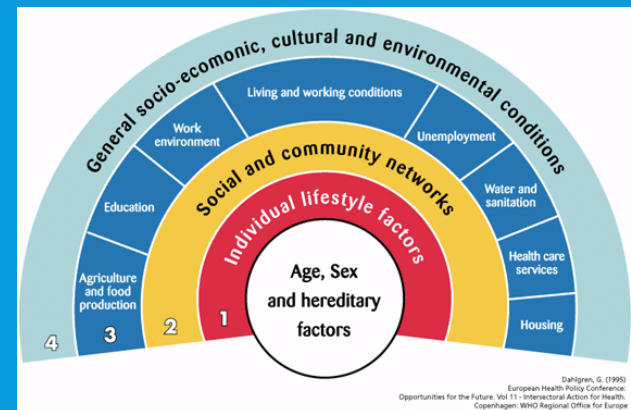
What we do that we know doesn't work

*Adapted from Dr Harry Rutter, National Obesity Observatory / LSHTM*

# KEY CHALLENGES

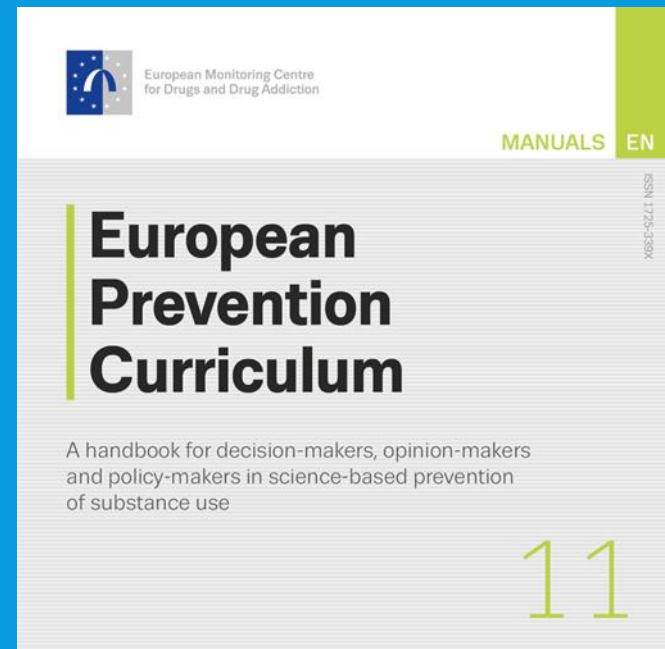
- **Disinvestment** from ineffective & harmful interventions:

- still many interventions, which are **not being** carried out in line with minimum quality standards
- more resources towards implementation of evidence-based & effective programmes and interventions with adequate geographical coverage to tackle **health inequalities**



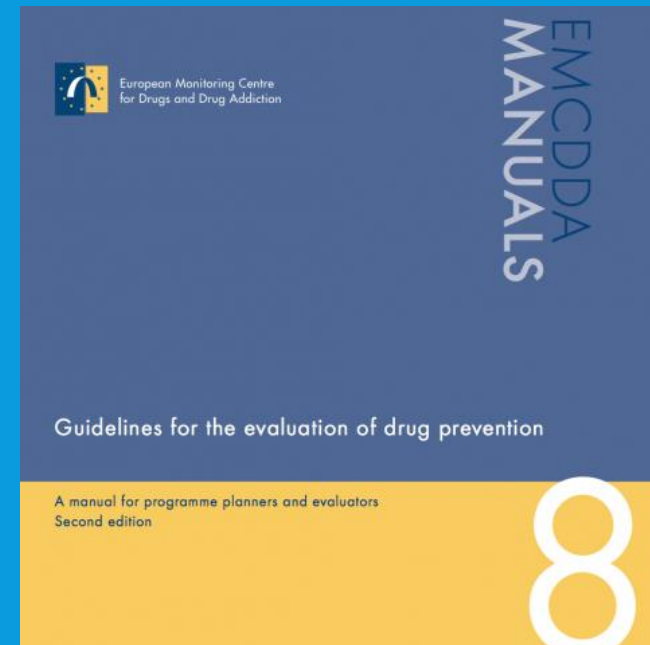
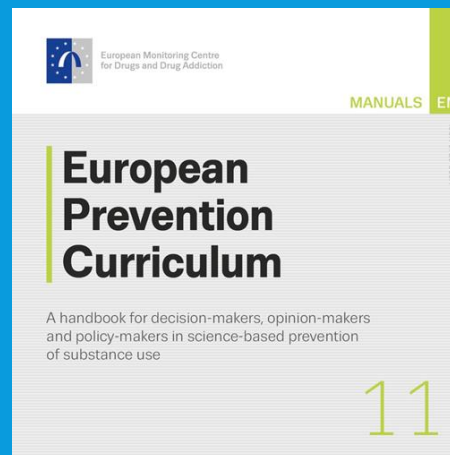
# KEY CHALLENGES

- **Education & training** & continuing professional development:
  - gap in quality education & training for the prevention workforce
  - invest more resources into developing & maintaining quality (formal & non-formal) education & training



# KEY CHALLENGES

- **Monitoring & evaluation:**
  - evaluation culture is weak in Europe
  - very little demand by (funding) authorities for monitoring & evaluation
  - invest more in monitoring & evaluation



# KEY CHALLENGES

- **Sustainable funding** related to the implementation of evidence-based prevention & standards:
  - almost no sustainable funding for prevention
  - relating funding programmes & schemes to the implementation of quality prevention
  - more resources to improve the capacity of NGOs





# DISCUSSION (Q & A)

- How can we **contribute** the best to:
  - desinvest from ineffective & harmful interventions & invest in quality?
  - invest more in education & training of prevention workforce?

# DISCUSSION (Q & A)

- How can we **contribute** the best to:
  - **monitoring & evaluation** of prevention interventions?
  - **sustainable funding** of quality prevention (related to implementation of standards)?

# DISCUSSION (Q & A)

- How can we **contribute** the best to:
- assure that prevention is based on **human rights**?

# THANKS FOR YOUR ATTENTION!

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