

**The 57th session of the
UN Commission on Human Rights**

Agenda Item 10 Economic, Social and Cultural Rights



Geneva, 3 April 2001

Thank you, Chair,

The World Health Organization is honoured to address the 57th session of the Commission on Human Rights and to have the opportunity to talk about the advancement of health and human rights. The potential of human rights to contribute to the practice of public health, and to more equitable health outcomes, is being increasingly understood by policymakers and practitioners alike.

This trend is notable in human rights discourse. General Comment No. 14 on the right to the highest attainable standard of health, adopted last year by the Committee on Economic, Social and Cultural Rights, clarifies the nature and scope of this complex human right. It provides the Committee with a normative framework against which to monitor its implementation. WHO participated in the discourse and provided technical input to the drafting process. We look forward to pursuing the task of developing appropriate indicators for monitoring progress..

Last year, the WHO adopted its new Corporate Strategy, which endorses a broad approach to health. Human development, humanitarian action and human rights are spelt out as some of the emphases of our work, with particular attention to poverty reduction through the advancement of health. However, human rights are not new to the World Health Organization. Human rights feature in the WHO constitution, which has recognized the right to the highest attainable standard of health ever since the founding of this Organization, over 50 years ago.

As part of the recent UN system-wide efforts to integrate human rights in the work of the UN, WHO has been developing a health and human rights strategy. It is being tailored to the unique identity of the WHO as a Specialized UN system agency governed by 191 Member States. The evolving strategy examines ways in which Health and Human Rights issues can feature within WHO's work - in supporting governments, and in responding to the health needs of their people.

There are many relevant experiences in the health field. The experience of helping governments, communities and affected people respond to HIV/AIDS has shown the importance of ensuring that health challenges are best addressed in ways that safeguard human rights. An important dimension of this relationship is the design and implementation of health policies and programmes in ways that promote, and do not in any way violate, human rights. The WHO secretariat works with Member States helping them to balance the accomplishment of public health goals with the safeguarding of human rights as they take forward the implementation of their health policies .

There are other linkages between health and human rights. Lack of attention to - and violations of - human rights may have direct and serious consequences for people's health. Examples include harmful practices, like female genital mutilation or systematic discrimination on the basis of sex and gender roles. Conversely, vulnerability to, and impact of ill health, can be reduced by taking steps to respect, protect and fulfil human rights. Hence, societies that address discrimination on the basis of sex and gender roles, race and religion, and tackle homophobia, sexism, and racism, also create conditions necessary for the better health of all.

In WHO, particular programs are addressing the linkages of their work with human rights. Later in this meeting, statements will be made by WHO under specific agenda items on children, gender and women's health, indigenous issues and bioethics under the item science and the environment.

Access to essential drugs is explicitly recognized as included in the right to health as elaborated in General Comment No.14. It should be noted here that treatment and cure for TB costs

only \$11 per person per year. Access to care for TB is not only a health issue but a social, political, and economic challenge. We must bridge the gap between the legal instrument and the reality - and turn TB and other infectious diseases into epidemics of the past. Technologies to treat and cure exist: if human rights are to be fulfilled, those in need should be able to access and use them to the best effect.

Within its corporate strategy, WHO focuses on those illnesses which disproportionately affect the most vulnerable population groups. This inevitably brings us into the human rights discourse. It helps to identify groups who are disenfranchised, and, as a result, are denied access to essential care. These include prisoners who are disproportionately affected by TB and whose access to health-care is limited in many prisons throughout the world.

The fact that more than 80 per cent of smokers begin smoking before the age of 18 leads us to question whether the core guiding principles of the Convention on the Rights of the Child are being applied in all state action which calls for “appropriate measures to ensure that all segments of society are informed and have access to education ...”

Every day 3,000 children die from malaria, a disease which spreads and kills in situations where individuals' right to a healthy environment is not fulfilled. WHO is mobilizing against the deadly spread of malaria - the cause of over a million deaths and millions of lost work and school days in Sub Saharan Africa. Under the Covenant on Economic, Social and Cultural Rights, the international community is called on to help governments fulfil their legal obligation “to take steps individually and through international assistance and cooperation, especially economic and technical, to the maximum of its available resources, with a view to achieving progressively the full realization” of human rights. Yet there is an inadequate response from economically affluent countries to the call by Africa's Heads of State in April last year, for international solidarity in the effort to Roll Back Malaria in Africa.

Finally, among the major health conditions in our world, Mental Health is a much neglected area where the human rights dimension is an integral component. Discrimination, stigma and social exclusion may be both a cause and a consequence of mental disorders. It is shameful to witness the continuing neglect and mistreatment of some people in mental institutions the world over. A human rights approach - that centers on the human dignity of the individual concerned - is key to addressing the public health challenges posed by mental health. On Friday - World Health Day - a panel discussion is being held here at the Commission - in room 27 - on *why we must stop neglecting mental health as a human rights issue*.

To conclude, in addressing the Commission under this agenda item: economic, social, and cultural rights, WHO recognizes the importance of living up to the challenge of implementing all human rights. The interdependence and indivisibility of all human rights prompts the need for more attention to be given to economic, social and cultural rights, especially the right to health. This should be a priority for all the international community. We applaud the work of Mary Robinson, the High Commissioner for Human Rights, in leading the response to this challenge.

Finally, we must remember that the main obstacle before us is the poverty of millions of the world's people. This begs resources and political will. Above all it requires courage and vision. In the struggle to tackle poverty and ill-health and to shed light on the most vulnerable, we need to explore new options and synergies for work in health and in human rights.

Thank you.