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COMMISSION ON HUMAN RIGHTS

Fifty-ninth session

Items 6, 7, 10, 12, 13, 14, 15, 17 and 18 of the provisional agenda

**RACISM, RACIAL DISCRIMINATION, XENOPHOBIA
AND ALL FORMS OF DISCRIMINATION**

THE RIGHT TO DEVELOPMENT

ECONOMIC, SOCIAL AND CULTURAL RIGHTS

**INTEGRATION OF THE HUMAN RIGHTS OF WOMEN
AND A GENDER PERSPECTIVE**

RIGHTS OF THE CHILD

SPECIFIC GROUPS AND INDIVIDUALS

INDIGENOUS ISSUES

PROMOTION AND PROTECTION OF HUMAN RIGHTS

EFFECTIVE FUNCTIONING OF HUMAN RIGHTS MECHANISMS

Written submission by the World Health Organization (WHO)*

The World Health Organization welcomes the opportunity to provide written input to the Commission on Human Rights concerning WHO initiatives and activities of relevance to the agenda of the Commission's fifty-ninth session. Given the number of relevant WHO activities, this document has selected examples of ongoing work of relevance to items 6, 7, 10, 12, 13, 14, 15, 17 and 18 of the Commission's provisional agenda.

* Reproduced in the annex as received, in the language of submission only.

Annex

United Nations Commission on Human Rights

Fifty-ninth session

Written submission by the
World Health Organization
(WHO)

Items 6, 7, 10, 12, 13, 14, 15, 17 and 18
of the provisional agenda



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General Information

The relationship between health and human rights

The enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being, as enshrined in WHO's constitution adopted over 50 years ago.¹ WHO's more recent Corporate Strategy sets out human rights as a new emphasis of work, recognizing a broader approach to health in the context of human development and humanitarian action.

WHO recognizes that there are complex linkages between health and human rights:

- Violations or lack of attention to human rights can have serious health consequences;
- Health policies and programmes can promote or violate human rights in the ways they are designed or implemented;
- Vulnerability and the impact of ill health can be reduced by taking steps to respect, protect, and fulfil human rights.

WHO's health and human rights work areas

WHO is actively strengthening its focus on human rights and has identified six broad areas of work for 2003-4, as follows:

1. Development of a WHO health and human rights strategy
2. Enhancement of the knowledge base of rights-based approaches to development and their application to health
3. Development of tools to integrate human rights in health development policies and programmes
4. Strengthening of WHO's capacity to identify and address the human rights implications of its work
5. Providing technical support to Member States to integrate human rights in health development policies and programmes
6. Supporting the United Nations human rights system and other partners in advancing health as a human right and other health-related rights.

Agenda item 6: Racism, racial discrimination, xenophobia and all forms of discrimination

Since 1999, PAHO² has been carrying out activities on the issue of racism, racial discrimination, xenophobia and all forms of discrimination³ at its Headquarters (HQ) and Representative Offices (PWRs). Work has mainly focused on the health of indigenous peoples and the afro-descendants community, as part of the mandates arising from the

¹ *Basic Documents*, Forty-third Edition, Geneva, World Health Organization, 2001. The Constitution was adopted by the International Health Conference in 1946.

² Regional Office for the Americas/Pan American Health Organization (AMRO/PAHO).

³ For issues specifically related to stigma, discrimination and HIV/AIDS, please refer to page 10.

Durban Declaration and Programme of Action following the World Conference against Racism, Racial Discrimination, Xenophobia and Related Intolerance, March 2002.

With regard to the issue of disaggregation of statistical information, an expert seminar was held, with delegates of statistical institutions and ministries of health, in order to analyze the current situation using census and household surveys as well as administrative health registries. As a result, guidelines were obtained that allowed the development of projects for disaggregated health statistics in Nicaragua and in Uruguay. Work is under way to produce a manual and training to countries on how to collect disaggregated health information by ethnic/racial group.

PAHO participates in interagency coordination (IAC) meetings with the World Bank, the Inter American Development Bank, the Inter-American Dialogue, the Inter-American Foundation, the Ford Foundation, the Rockefeller Foundation, and the Organization of American States and community representatives. The objective is to share information and knowledge on the situation that the afro descendants in the Americas live, as well as to promote coordinated activities.

In addition, PAHO coordinated with the Health and Human Rights focal point at WHO/HQ in preparing the document *Health and Freedom from discrimination*. During the World Conference against Racism, OPS/WHO organized a panel and a working group on Health and freedom from discrimination. PAHO has participated in follow-up workshops in the region organized by the High Commissioner for Human Rights (HCHR).

The core areas where there is consensus that further action needs to be taken, to reduce inequality among ethnic and racial groups, are:

- (1) To increase coordination with relevant stake-holders to follow-up on the Millennium Summit⁴ with the purpose of producing indicators that account for ethnic sensitivity corresponding to the Millennium Development Goals (MDGs).
- (2) To collaborate with the institutions in charge of obtaining statistical information and with ministries of health to introduce ethnic variables into the national statistics.
- (3) To collect and disseminate best practices in the field of information and organization of services..
- (4) To support ministries of health in designing policy plans and health programs which are sensitive to ethnicity.
- (5) To promote the introduction of an ethnic perspective in the health plans of the poverty reduction strategies (PRSP) in implementing countries.

Agenda item 7: The right to development

WHO is committed to the Millennium Declaration and work on the Millennium Development Goals (MDG) is an integral part of its core activities⁵, which includes:

⁴ In September 2000, representatives from 189 countries met at the Millennium Summit in New York to adopt the Millennium Declaration.

⁵ WHO's commitment to the MDG was reaffirmed by resolution WHA55.19 (World Health Assembly Resolution 'WHO's contribution to achievement of the development goals of the United Nations Millennium Declaration', May 2002).

1. **Design of indicators** - WHO has worked with other organisations of the United Nations system and with the Department of Economic and Social Affairs to identify indicators associated with each health-related goal and target.
2. **Reporting** – WHO shares lead-agency responsibility with UNICEF for reporting on child mortality, maternal health, childhood nutritional status, malaria-prevention measures and access to clean water; WHO and UNAIDS collaborate in the achievement of HIV-prevention targets. Country consultation for the validation of data on Development Goals will take place in partnership with UNICEF, UNDP, and UNFPA. WHO, as the lead authority for health content of the Development Goals within the United Nations system country team, will play an important role in the country consultative process and in ensuring that conflicting health data are not reported through parallel channels. All levels of the Organization will collaborate closely at each of the steps of the reporting process⁶.
3. **Health and Poverty** – The MDGs help to shape WHO's work on health and poverty, which aims to identify pro-poor health interventions and to convince policy-makers of the benefits of investing in health, including reproductive health. WHO will provide support to countries for building capability to analyse data from all available surveys and to provide evidence on matters related to inequality and its determinants. Sound comparative data on the costs and benefits of interventions is needed for priority-setting and decision-making: at the microeconomic level, to estimate the costs of health care to individuals and families; at the macroeconomic level, to demonstrate the relationship between health interventions, poverty reduction and socioeconomic development. WHO also promotes the inclusion of the MDGs in the health component of relevant department frameworks and such instruments as Poverty Reduction Strategy Papers.

There is a growing recognition that achieving the MDG's will require a significant increase in resources for health. WHO continues to be a strong and vocal advocate of additional resources for the health sector, and to provide estimates of the resource needs.

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- Setting data quality standards: WHO is taking the lead in implementing a validation process for health information that guarantees five quality criteria for core health indicators⁶.
- Developing measurement tools, maintaining a data-collection platform, and strengthening the capacity to generate and use the information. WHO builds on ongoing work to improve local capacities to conduct surveys and to analyse and use the data generated by the World Health Survey.
- Consulting with countries. Several country-consultation initiatives will merge in order to establish a consolidated WHO process for the validation of country-based data.
- Reviewing and validating the data. WHO will provide corporate support in the final analysis, inventory, cataloguing, validation and release of all WHO-generated data. WHO's validation of health data for the MDG's will be undertaken through global peer review.
- Disseminating Data. Data will be made available through WHO's country web sites and the *World Health Report*.

Agenda item 10: Economic, social and cultural rights

The right to health

WHO is actively working to increase awareness and understanding of the scope, content and application of the right to health. Training for WHO staff on health and human rights was initiated in 2002 and will continue in 2003. In addition, during 2002, WHO launched a health and human rights publication series (the first in the series titled 25 Questions and Answers on Health and Human Rights was issued in July 2002). Furthermore, general awareness raising of health as a human right was undertaken, e.g. by publicising a cartoon on the right to health and launching a WHO health and human rights website.

On Human Rights Day, 2002, WHO brought together NGOs working on health, with NGOs working on human rights, to discuss common strategies to advance health and human rights. More so, during the end of 2002, consultations between WHO and the newly appointed Special Rapporteur on the Right to Health were held.

As part of basic building-blocks to develop a solid foundation for WHO's emerging work on health and human rights, an annotated bibliography on health and human rights and a global database on health and human rights actors have been developed and will shortly be available on our website. WHO is also undertaking a global study to assess the extent that the right to health has been enshrined in national constitutions and other legislative frameworks.

Agenda item 12: Integration of the human rights of women and the gender perspective:

WHO welcomes that the Commission has invited the newly appointed Special Rapporteur on Health to apply a gender perspective in his work in its resolution 2002/31 (E/CN.4/RES/2002/31).

As stated in the WHO Programme Budget 2002-2003, "gender considerations are being incorporated in the planning and achievement of expected results in all areas of work". It is important to understand gender factors in order to improve health globally. WHO is gathering more evidence on how gender impacts on all aspects of women and men's health and in identifying mechanisms to strengthen the integration of gender into all of its work.

a) Violence against women

Violence against women has been identified as a major public health and human rights problem in the world today. Preliminary analysis of data from a WHO Multi-Country Study on Domestic Violence is finding that between 15% to 69% of women, depending on the site, reported physical or sexual violence by an intimate partner in their lifetime. Between 5 to 20% of women report having been sexually abused before the age of 15 (data from 5 countries). The Study has also documented strong associations between experienced violence and various health indicators, including suicide ideation and a measure of mental distress. Results will be used in countries and globally to guide the development of policies and strategies to respond to the problem. In countries where

WHO has conducted research this has already served to raise awareness, sensitise and build capacity on gender and gender based violence, as well as establishing a pool of people competent to address this problem. WHO is further working to strengthen the response of the health sector to sexual violence against women and children through research, reviews on various issues and the development of guidance documents.

WHO is also undertaking several activities related to human rights concerning the prevention of all forms of interpersonal violence, including violence against women. One initiative is a review of international law and human rights instruments as a base for the improved prevention of interpersonal violence. This project will define the scope of international legal instruments relevant to interpersonal violence, and show how rights violated by acts of interpersonal violence, and the economic, social and cultural rights that are prerequisites for preventing violence, can all be better used to promote greater safety and advocate for greater investment in violence prevention. WHO has published a guide to United Nations resources and activities for interpersonal violence prevention in November 2002, and is working on a follow up with the different UN agencies to improve co-operation in preventing violence. Finally, the World report on violence and health was published in October 2002, and is both a call to action and an invaluable resource for preventing violence. By the end of 2002 eighteen national or regional releases of the Report had taken place and provided opportunities to discuss prevention activities at national and community levels. Many more such events are scheduled for 2003 as part of WHO's Global campaign for violence prevention.

Reproductive Health

Reproductive health is defined as a state of complete physical, mental and social well being and not merely the absence of disease or infirmity, in all matters relating to the reproductive system and to its functions and processes. Within this area of work, WHO develops and evaluates strategies and mechanisms for promoting gender equality and human rights in its reproductive health research, programming and technical assistance.

WHO also supports countries to ensure that reproductive programmes and policies respect, protect and fulfil human rights and promote gender equity and equality. In particular, WHO has developed a health and human rights framework and a tool for maternal and newborn health, to assist countries to assess and improve the legal, policy and regulatory environment for maternal and neonatal health care using a rights-based approach.

In addition, WHO has designed a training curriculum on gender and rights in reproductive health for health managers, planners, policy-makers and others with responsibilities in reproductive health. The goal is to equip participants with the analytical tools and skills to integrate the promotion of gender equity and reproductive rights into their reproductive health policies, planning and programmes. WHO plays an active role in coordinating technical assistance to its collaborating centres and is also working with professional associations and universities to develop short courses on gender and rights for health providers.

Agenda item 13: Rights of the child

Full and sustained realization of children's rights to health and development require a long-term and holistic approach. The Organization-wide strategy for child and adolescent health and development will contribute to the definition of a new and common agenda for children and adolescents with Member States and partners, and guide the work of WHO with Member States. The draft strategy will be finalized taking into consideration recommendations of the 111th WHO Executive Board, with a view to possible adoption by the World Health Assembly in May 2003. It outlines a strategic framework that is based on equity and human rights, the life course and a public health approach, and is part of the follow-up to the 2002 UN General Assembly Special Session on Children.

Efforts to reduce infant and child mortality continue unabated. The Global Polio Eradication Initiative is close to achieving its goal by 2005 and WHO continues to support the goal of halving the number of measles deaths by 2005. The Vaccine Fund has so far supported 64 of the 74 eligible countries. Through the Initiative for Vaccine Research (IVR), WHO has now consolidated all WHO Vaccine Research and Development efforts including those aimed at supporting the development and introduction of HIV vaccines and other vaccines of great public health importance that could potentially help save an additional two million lives.

The provision of adequate and safe nutrition is one of the fundamental rights of all children, and a number of initiatives aim at significantly enhancing children's enjoyment of their rights. The Global Strategy for Infant and Young Child Feeding was adopted by the World Health Assembly in May 2002 and endorsed by UNICEF in September 2002, and it aims to improve the nutritional status, health and survival of children through improved feeding practices. In addition, a Framework for Priority Actions on infant feeding in the context of HIV is being developed by WHO in collaboration with UNICEF and UNAIDS in order to guide countries towards achieving the targets set by the UNGASS on Children (May 2002) and the UNGASS on HIV/AIDS (June 2001).

Diseases linked to the environment lead to more than 5 million child deaths every year. These diseases include diarrhoea and malaria as well as other vector borne-diseases, acute respiratory infections and unintentional injuries. At the World Summit on Sustainable Development (Johannesburg, September 2002) the Director-General of WHO, Dr Gro Harlem Brundtland, launched a major new initiative, namely the "Healthy Environments for Children Initiative" (HECA). Its aim is to tackle the world wide environmental crisis affecting children's health that arise as a result of risks in the settings where they live, learn and play. HECA is now being developed, and is working with different groups around the world to turn this initiative into a global alliance which will be capable of mobilizing local support and intervening to make children's life healthier in homes, schools and communities world wide.

In 2002 the Department of Violence and Injuries Prevention (VIP) began collaboration with the International Society for the Prevention of Child Abuse and Neglect to develop multisectoral guidelines for the prevention of child abuse and neglect. These guidelines will provide an integrated health and human rights approach to preventing child

maltreatment and cover the health, medical, legal and social sectors. Within WHO, this work involves close collaboration between the clusters for Non-communicable Diseases and Mental Health and Family and Community Health, and between agencies. VIP is also participating in the UN Study of Violence Against Children.

Guidelines for medico-legal care for victims of sexual violence, which focus specifically on the needs of women and children, have been developed jointly by VIP and Gender and Women's Health, through a consultative process, at the request of Human Rights Watch and the XV FIGO World Congress of Gynaecology and Obstetrics in 1997. Feedback from the peer review process indicates that these guidelines have great potential to improve the quality of services available to victims of sexual violence.

Increased institutional understanding and knowledge of children's rights and the Convention on the Rights of the Child will ensure a better integration of human and child rights principles throughout the Organization's work on child and adolescent health and development. Child rights capacity building among its staff and partners at all levels continues and includes training on the Convention on the Rights of the Child at regional and national levels. Child rights programming tools for child and adolescent health and development will be developed and field-tested in selected countries.

Agenda item 14: Specific groups and individuals

a) Migrant workers

WHO is collaborating in a project on migration, health and human rights together with relevant UN agencies and several non-governmental Organizations. This project recognizes that health risks are increased because of the vulnerability, which results from migrants' incomplete enjoyment of human rights. It, therefore, aims to reduce the vulnerability of migrants, and thus, risk and impact of ill-health, by enhancing their health and human rights protection in national health policies and legislation. A publication titled Migration, Health and Human rights will be issued as part of the WHO's health and human rights publication series during this year.

d) Other vulnerable groups and individuals

By addressing discrimination on the basis of race, ethnicity, sex, religion and other internationally recognized grounds, vulnerability to ill health can be reduced. The grounds for non-discrimination in international human rights law have evolved and expanded over time and in light of changing realities. Physical and mental disability, and health status in general, including HIV/AIDS, have been explicitly incorporated in the list of proscribed grounds for non-discrimination in health through the adoption of the General Comment on the Right to Health by the Committee on Economic, Social and Cultural Rights in May 2000.

Persons with disabilities

WHO estimates that between 7% and 10% of the world's population - almost 500 million people - experience disabilities. Approximately 80 % of people with disabilities live in developing countries, only less than 5% of whom have access to the necessary rehabilitation services.

A joint position paper on CBR with and for people with disabilities was produced in 2002 by ILO, UNESCO, UNICEF and WHO. The paper underlines that CBR promotes the rights of disabled children, youth, women and men to live within their communities; to enjoy health and well being; and to fully participate in educational, social, cultural, religious, economic and political activities. CBR emphasizes that girls and boys with disabilities have equal rights to schooling, and that women and men have equal rights to opportunities to work and to participate in community activities.

Community-Based Rehabilitation programmes were assessed by users in three countries, Ghana, Guyana and Nepal. CBR seeks to achieve rehabilitation, equalization of opportunities and social inclusion of children and adults with physical, sensorial, psychological and mental disabilities. It also aims to eliminate stigma and increase the recognition of disabled persons as resourceful members of societies. It is implemented through the combined efforts of disabled people, their families and communities and the appropriate health, education, vocational and social services. The report, which was launched on 3 December 2002, International Day of Disabled Persons, states that the CBR assessment calls for increased participation of disabled persons as role models, self-advocates and employed experts in CBR programmes.

The UN Standard Rules on the Equalization of Opportunities for Persons with Disabilities and other human rights instruments provide a basis for disability policy development in countries. WHO has accepted to monitor the health component of the UN Standard Rules in collaboration with the UN Special Rapporteur on Disability. A questionnaire based on the Standard Rules for medical care, rehabilitation, support services and personnel training has been elaborated and sent out to WHO Member States and the major Organizations of Persons with Disabilities (DPOs). Reports based on the answers from governments were published in 2001. In 2002 reports based on the answers from DPOs have been finalized. Also a comparative study between the answers has been carried out.

This year, as part of its mental health Global Action Programme (mhGAP), WHO will be hosting an International Forum on Mental Health, Human Rights and Legislation, gathering together representatives from approximately fifty countries around the world. The event will offer the opportunity for countries to gain core technical knowledge and information on the issue of mental health and human rights, as well as support and guidance on developing and implementing mental health legislation. The Forum will also enable countries that are working towards similar goals, to share their knowledge and experiences in the area of mental health and human rights, and thus encourage inter-country collaboration and capacity building between countries.

As an integral part of the post Forum support, WHO will provide a number of countries with intensive technical assistance. Specifically, WHO will collaborate with countries in order to develop and implement national legislative measures to better protect and promote the rights of people with mental disabilities.

HIV/AIDS

By addressing discrimination on the basis of race, religion, gender and other internationally recognized grounds, vulnerability to ill health can be reduced. This is

particularly the case in the context of the HIV/AIDS, an epidemic in which fear, stigma, discrimination and violations of human rights remain major impediments to the prevention of HIV transmission and the provision of treatment, care and support for people living with HIV/AIDS. On the other hand, initiatives aimed at reducing HIV/AIDS-related stigma and discrimination and protecting the human rights of those vulnerable to infection are recognized as highly important components of any effective response to the HIV/AIDS epidemic.

As a Co-sponsor of the Joint United Nations Program on HIV/AIDS, the World Health Organization is an active participant in the current two-year World AIDS Campaign, *Live and Let Live*, which aims to combat HIV/AIDS-related stigma and discrimination. During 2003, WHO will examine HIV-related stigma and discrimination in the health sector, particularly as it relates to the provision of treatment, care and support.

During 2002, WHO's role as a cosponsor of UNAIDS also included participation in the Third International Consultation on HIV/AIDS and Human Rights and the resulting revision of Guideline 6 of the International Guidelines on HIV/AIDS and Human Rights, which addresses provision of HIV-related goods and services. This guideline, together with Resolutions of the Commission on Human Rights in 2001 and 2002, as well as the broad framework provided by the Declaration of Commitment of the United Nations General Assembly Special Session on HIV/AIDS (2001), confirm that access to HIV/AIDS treatments are key components of the right to the highest attainable standard of health.

At the end of 2002, WHO conservatively estimated that of the approximately 40 million people living with HIV/AIDS in developing countries, between 5 and 6 million were urgently in need of antiretroviral treatment, but only about 300,000 were able to access them. With new funding opportunities at country level, encouraging results from pilot antiretroviral programs and growing international commitment to expanding treatment access, the opportunities to scale up antiretroviral treatment programs have never been better. Expanding access to treatment to at least 3 million people by 2005 is therefore a key objective of WHO's HIV/AIDS program. To this end, WHO has already played and will continue its major role in the development of the International Treatment Access Coalition, a global network established in 2002 to share information, facilitate technical support for country ARV programs and to evaluate results. Principles of equity and affordability consistently guide the Coalition's work.

HIV treatments should not be seen as an additional burden to health systems and national health budgets. Rather, they stand to serve as a powerful new motor for the overall response to HIV/AIDS and will help ensure the long-term sustainability of health systems overall. Furthermore, treatment will provide new opportunities for prevention efforts by creating a larger demand and infrastructure for HIV testing, create settings for counselling of ever greater numbers of infected and non-infected people and enable people living with HIV/AIDS to become stronger partners in prevention efforts. Above all, by reducing stigma and discrimination, treatment will improve the ability of vulnerable populations to access HIV/AIDS services and enable both individuals and societies to address HIV/AIDS more openly and effectively.

Agenda item 15: Indigenous issues

Resolution WHA 54.16, passed in 2001, requested the WHO Secretariat to prepare an outline Global Strategy on the Health of Indigenous Peoples, with a focus on the needs in developing countries. This was prepared in close consultation with WHO's Regional Offices, and presented to and adopted by the World Health Assembly in May 2002. The outline Global Strategy, which employs flexible terminology to facilitate the engagement of as wide a range of developing countries as possible, envisages a broad, multistakeholder approach, which as it evolves further at national level will involve governments, WHO and other UN partners, NGOs, and stakeholders identified in local context. WHO is now in the process of taking decisions about the role it can best play within a Global Strategy, taking into account the provisions of the adopted outline that the main focus of work should be at country level.

Views and opinions on how questions of health and ethnicity should be addressed in the overall context of WHO's policy and programmes is now being sought across all levels of the Organization. Concurrently, close contact is being maintained with relevant Members of the Permanent Forum on Indigenous Issues, in line with the WHA's request that the Secretariat should work closely with the Permanent Forum on Indigenous Issues.

A discussion on the outline Global Strategy will be held during the next meeting of the Permanent Forum in May 2003.

Agenda item 17: Promotion and protection of human rights:

d) Science and Environment

Bioethics

A major component of the traditional self-regulation of the healthcare professions has been the establishment and enforcement of professional codes of ethics. Likewise, scientists have usually made their own decisions about which avenues of research to pursue and even which objectives to seek. Yet, over the past several decades, governments and external groups have become increasingly involved in the complex decisions about how, when, and to whom health care will be provided and about which lines of research should be encouraged and supported and, on occasion, which should be regulated or prohibited. Moreover, the general public and specifically groups concerned with patients' rights have insisted that decisions about biomedical research and practice cannot be left solely to scientists, physicians, nurses and other professionals. An extensive literature in philosophy, law, and the social sciences has arisen around the controversies in this new field of "bioethics," to which many scientists and healthcare professionals have also made important contributions. In some instances, the debates have moved from academic journals and professional meetings to be leading items in the general news media and from there to medical research councils, to ministries of health and science, to governmental commissions, and even to legislatures and courtrooms around the world.

For many years, the World Health Organization has contributed to analysis of bioethical issues as they have arisen in the context of its technical work on many topics. Recognizing that countries have increasing need for advice and guidance on the ethical

aspects of health care, public health, research with human beings, and biotechnology, WHO launched an Ethics and Health Initiative in 2002. This activity is directed by a new Ethics and Health Unit within the Director General's Office since October 2002..

DGO/ETH will provide a focal point for the examination of the ethical issues raised by activities throughout the organization, including the regional offices, as well as develop global initiatives on a wide range of bioethics topics. Initial efforts are concentrated in three areas:

1. Health Services and Systems

- the use of clinical and outcomes data to rationalize and prioritize healthcare services;
- the ethical consequences of globalization for health and healthcare;
- the ethics of long-term care, with special attention to the implications for individual, familial and societal responsibilities for care generally; and
- the intersections between ethics and human rights in the context of public health.

2. Human Genetics and Genomics

- privacy and confidentiality issues raised by the development and use of genetic databases;
- issues for drug companies, researchers, and patients from the application of genetics to pharmaceutical testing and licensing;
- the patenting of human genes; and
- genetic screening, testing, and counseling, a subject on which WHO has previously issued ethical guidelines.

3. Research with Human Beings

- the development of an assessment tool to make research design and informed consent processes more culturally sensitive;
- special considerations for research with populations in "at risk" situations, including indigenous peoples, victims of disasters and recipients of humanitarian aid, children, and pregnant women; and
- capacity-building and guidelines for research ethics review bodies.

Additional topics on which work is under way include the implications for health planning of developments in human stem cell research, and a study of universal and culturally based approaches to bioethics.

Besides forging linkages among activities in the Geneva and regional offices of WHO, the ethics unit will work with other international and regional bodies on bioethics topics, in particular through interagency activities within the United Nations system and through support of the Global Summit of National Bioethics Commissions. DGO/ETH uses its web page to foster communication and information dissemination, especially with the Global Bioethics Calendar.

Agenda item 18: Effective functioning of human rights mechanisms***a) Treaty bodies***

WHO continued to play its role in heightening attention to health within the UN human rights system and, moreover, explored how this could be done in a more effective and systematic way. With regard to the UN human rights treaty bodies, consultations took place over the year with relevant stake-holders to devise a strategy aimed at ensuring that WHO's input reflect health issues across treaty bodies. The strategy is now in the process of being implemented in its first phase and will be reviewed and adjusted accordingly over 2003.

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