**ОРГАНИЗАЦИЯ ОБЪЕДИНЕННЫХ НАЦИЙ** **E**

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КОМИССИЯ ПО ПРАВАМ ЧЕЛОВЕКА
Подкомиссия по поощрению и защите прав человека
Пятьдесят четвертая сессия
Пункты 4, 5 и 6 повестки дня

**ЭКОНОМИЧЕСКИЕ, СОЦИАЛЬНЫЕ И КУЛЬТУРНЫЕ ПРАВА**

**ПРЕДУПРЕЖДЕНИЕ ДИСКРИМИНАЦИИ**

**КОНКРЕТНЫЕ ВОПРОСЫ В ОБЛАСТИ ПРАВ ЧЕЛОВЕКА**

# Доклад, представленный Всемирной организацией здравоохранения

Всемирная организация здравоохранения (ВОЗ) представила прилагаемый** документ об инициативах и деятельности этой организации, имеющих отношение к повестке дня Подкомиссии по поощрению и защите прав человека на ее пятьдесят четвертой сессии. Конкретно он касается пунктов 4, 5 и 6 повестки дня.

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* Переиздано по техническим причинам.

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## Annex

## 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 to 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 three broad areas of work for 2002-3, as follows:

1. Developing a health and human rights approach within WHO;
2. Enhancing the capacity of Member States to integrate human rights in health;
3. Strengthening the international human rights agenda relating to health.

## AGENDA ITEM 4: ECONOMIC, SOCIAL AND CULTURAL RIGHTS

## THE RIGHT TO HEALTH

WHO is currently working to increase awareness and understanding of the scope, content and application of the right to health through the development of training modules and various other educational materials, such as a "25 Questions & Answers on Health and Human Rights" and a cartoon on the right to health. Furthermore, 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 is being developed. 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.

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

## HUMAN RIGHTS AND EXTREME POVERTY

The links between poverty, development, and health are becoming increasingly clear. In January 2000 Dr Gro Harlem Bruntland, Director-General of WHO, established the Commission on Macroeconomics and Health. Its report, which was submitted in December 2001, reflects the increasing recognition that poverty is both a cause and a consequence of ill health. It provides data and analysis which confirms that a significant scaling up of investments in health for poor people will not only save millions of lives but also produce considerable economic gains. In other words, investments in health would not only support governments in fulfilling their human rights obligations but may also generate up to a six-fold return on investment.[2] The report backs up its claims by examining in detail the links between health, poverty reduction and economic growth. It produces evidence to challenge the traditional argument that health will automatically improve as a result of economic growth, demonstrating clearly that, on the contrary, improved health is a prerequisite for economic development in poor societies. In its agenda for action, the report argues for an increase in domestic spending on health in developing countries, aiming at an average increase in budgetary allocations of 1% of GNP in the next five years, and of 2% by 2015. Financing of a basic package of essential health interventions and strengthening the necessary delivery systems will also require a massive increase in development assistance for health, from current levels of about US$6 thousand million a year to around US$ 27 thousand million annually by 2007, and US$38 thousand million annually by 2015. The Commission on Macroeconomics and Health therefore strongly supports the establishment of the Global Fund to Fight AIDS, Tuberculosis and Malaria.

WHO has worked intensively as a member of the transitional working group of the Global Fund to Fight AIDS, Tuberculosis and Malaria over the past year, as part of WHO's efforts to scale up and intensify responses to the health conditions associated with poverty. The purpose of the Fund is to attract, manage and disburse additional resources through a new partnership between the public and private sectors and non-governmental organizations that will make a sustainable and significant contribution to the reduction of infections, illness and death, thereby mitigating the impact caused by HIV/AIDS, tuberculosis and malaria in countries in need, and contributing to poverty reduction as part of the Millennium Development Goals.

## HUMAN RIGHTS AND GLOBALISATION

Globalisation has major implications for the right to health, and other economic, social and cultural rights, through its effects on national economies, living standards, the environment, behaviour and effects on public and social services. WHO's Corporate Strategy includes among the "Strategic Directions" identified for the WHO Secretariat, "....reducing factors of risk to human health that arise from environmental, economic, social and behavioural causes..... [and] promoting an effective health dimension to social, economic, environmental and development policy". In an increasingly globalised world, this requires action at the international level.

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[2] The Commission estimates that, by 2015-2020. Additional spending on health of US$66 thousand million per year could generate at least US$360 thousand million- a six fold return on investment.

WHO is currently focusing primarily on three issues in the area of globalisation: the implications of the WTO Agreement on Trade-Related Aspects of International Property Rights (TRIPs) for access to essential medicines; the implications of international trade in health services (including migration of health professionals) and the World Trade Organization's General Agreement on Trade in Services for access to health services in developing countries; and international trade in tobacco products, in the context of negotiations on a Framework Convention on Tobacco Control.

## THE RIGHT TO WATER

To achieve the goal of ensuring access for all to an adequate supply of safe drinking water, WHO proposes standards and regulations for drinking water quality and quantity, through its Guidelines for Drinking Water Quality. At the core of WHO's work is the estimation of the burden of water-related disease, which reflects the inextricable link between the right to water and the right to health, and the promotion of safe water supply and safe water management practices to affirm these rights. The WHO/UNICEF Joint Monitoring Programme is the recognized United Nations database on people's access to improved water supply and sanitation; its periodic review represents a status report on the compliance with the universal right to water.

## WORKING METHODS AND ACTIVITIES OF TRANSNATIONAL CORPORATIONS

WHO stresses that health should be an essential part of and integrated throughout the Sub-Commission's Human Rights Principles and Responsibilities for Transnational Corporations and Other Business Enterprises.

## AGENDA ITEM 5: PREVENTION OF DISCRIMINATION

## A. RACISM, RACIAL DISCRIMINATION AND XENOPHOBIA

WHO welcomes the Durban Declaration and Programme of Action adopted at the World Conference against Racism, Racial Discrimination, Xenophobia and Related Intolerance in September 2001. It reflects many of the issues outlined in WHO's written contribution to the Conference.[3] It also reflects issues specifically related to stigma, discrimination and HIV/AIDS which were identified at the joint panel event with UNAIDS and the Office of the High Commissioner for Human Rights entitled Exploring the link: HIV/AIDS, stigma, discrimination and racism.

The Programme of Action agreed at Durban "Encourages the World Health Organization and other relevant international organizations to promote and develop activities for the recognition of the impact of racism, racial discrimination, xenophobia and related intolerance as significant social determinants of physical and mental health, including the HIV/AIDS pandemic, and access to health care, and to prepare specific projects, including research, to

[3] *WHO's Contribution to the World Conference Against Racism, Racial Discrimination, Xenophobia and Related Intolerance: Health and freedom from discrimination*, (Health & Human Rights Publication Series, Issue No.2, August 2001).

ensure equitable health systems for the victims."[4] WHO has several ongoing programmes which respond to this, in particular in May 2002 the World Health Assembly adopted a framework Global Strategy addressing health concerns of marginalized ethnic populations, and initiatives on ethnicity and health related to Afro-descendant and indigenous peoples undertaken by the Pan-American Health Organization, WHO's regional office for the Americas.

## B. PREVENTION OF DISCRIMINATION AND PROTECTION OF INDIGENOUS PEOPLES

As mentioned under agenda item 5b), in May 2002 the World Health Assembly adopted a framework Global Strategy addressing health concerns of marginalized ethnic populations. This will be taken forward in collaboration with interested Member States.

## AGENDA ITEM 6: SPECIFIC HUMAN RIGHTS ISSUES:

## A. WOMEN AND HUMAN RIGHTS

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". Gender factors are important to understand in order to improve health globally. Risk factors and exposures may differ between men and women; the manifestation, severity, frequency and consequences of disease may be different, as well as the access to health services. Even the social and cultural responses to disease may differ according to gender. WHO is gathering more evidence on how gender impacts on all these aspects of women's and men's health and in identifying mechanisms to strengthen the integration of gender into all of its work. Examples of such initiatives include the implementation of a seven-country research project by the WHO Regional Office of the Americas, the development of guidelines for designing gender-sensitive country programmes and policies, and for integrating gender into HIV/AIDS programmes and health research.

Gender–based violence is one of the major violations of the human rights of women and girls. Far too many women experience violence by intimate partners. Preliminary analysis of data from one of the WHO Studies on Domestic Violence in women 15 to 49 years, is finding that between 23% to 69% of women, depending on the site, have experienced physical or sexual violence by an intimate partner in their lifetime (data from 3 countries). Between 5 to 20% of women report having been sexually abused before the age of 15 (data from 4 countries).

WHO is conducting several studies and training in prevention and elimination of gender-based violence, in order to reveal the prevalence, factors and consequences related to domestic violence against women, to identify strategies and/or guidelines to respond to the issue, and to network and sensitize health workers, community workers, and other key actors in the field.

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[4] World Conference Against Racism, Racial Discrimination, Xenophobia and Related Intolerance, Programme of Action, Paragraph 154.

## TRADITIONAL PRACTICES AFFECTING THE HEALTH OF WOMEN AND THE GIRL CHILD

WHO welcomes and supports the Sub-Commission resolution 2001/13 on traditional practices affecting the health of women and the girl child. WHO considers that efforts to eliminate harmful traditional practises (HTPs) are central to reducing the burden of gender-based violence.

WHO has undertaken a review of work in the area of female genital mutilation (FGM), completed the setting-up of standards, frameworks and guidelines, and developed a variety of tools to cope with the problem. Currently WHO is moving towards the phase of implementation, monitoring and evaluation at the national level. In this context, WHO has been funding regional offices to decentralize responsibility for the continuation of work in this field. While we are working most intensively with countries in the African Region, we are also collaborating with partner institutions in the Eastern Mediterranean Region and the European Region.

WHO has consistently opposed the practice of FGM by health professionals in any setting. WHO has also emphasised the importance of providing effective care for women who are living with the complications resulting from FGM. WHO welcomes the United Nations General Assembly resolution 54/133 of February 2000 which calls upon all States to establish or strengthen support services to respond to the needs of victims by, *inter alia*, developing comprehensive and accessible sexual and reproductive health services and providing training to health-care providers at all levels on the harmful health consequences of HTPs (para.3(e)). In support of the resolution, WHO is currently working with countries, in particular in the African Region, to implement the training of health care and medical professionals, educators, social workers and other frontline workers on the integration of the prevention and management of the health complications caused by FGM.

In addition to efforts to eliminate FGM, WHO also commissioned a study on the health impact of discrimination against the girl child in India. The study provides a situational analysis of gender-discriminatory practices and their effect on the health and well-being of the girl child in India. It covers issues such as son preference, discriminatory child delivery practices, discrimination in nutrition and education, child labour, early marriage, dowry-related violence, *sati*, and dedication of girls to the deity. It also reviews interventions made to counter these practices and for the empowerment of girls and women. The study aims to assess and identify gaps and lacunae in existing policies and programmes and to suggest future strategies to be taken by diverse actors. On the basis of the findings of the study, WHO is publishing both a brief policy paper for decision makers and a more lengthy monograph.

## B. CONTEMPORARY FORMS OF SLAVERY

WHO is collaborating in a project on the health and human rights of migrants, including victims of trafficking, with the Office of the High Commissioner for Human Rights, the International Labour Organization, 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 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.

WHO has also gathered information and held consultations with WHO Regional Offices and Technical Departments in WHO Headquarters concerning trafficking in human beings. The results of this work were produced as a discussion paper, "Health Implications of Trafficking of Women and Girls: A Comprehensive Strategy for the World Health Organization." WHO's Regional Office for Europe has also actively participated in regional conferences on trafficking, such as the Expert Meeting on Trafficking, Slavery and Peace Keeping: the Balkan Case, held in Turin, Italy, in May 2002.

## C. BIOETHICS

Genomic research may result in significant advancements in the prevention, diagnosis and management of communicable and genetic diseases and causes of chronic ill health. However, the ethical, social and economic implications of the genomics revolution are considerable. WHO is ideally placed to anticipate the new ethical and social issues that might result from genomic knowledge. WHO will work to ensure that genomic technology is used to reduce global inequalities in health status. WHO seeks to support the right of everyone to enjoy the benefits of scientific progress.

In an attempt to fulfil its leadership role in the area of genomic research, WHO has published the most up-to-date publication on genomics and world health. The publication, drafted by the Advisory Committee on Health Research, focuses on the expectations, concerns and possibilities for the use of new genomic knowledge in improving world health. The specific challenge is how to harness this knowledge and have it contribute to health equity, especially among developing nations. Most genomic and biotechnology research is presently carried out in the industrialized world, and is primarily market-driven. Genomics also needs to be applied to the health problems of the developing world. It is crucial that developing country scientists are involved in innovative biotechnology.

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