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РАСИЗМ, РАСОВАЯ ДИСКРИМИНАЦИЯ, КСЕНОФОБИЯ И ВСЕ ФОРМЫ ДИСКРИМИНАЦИИ

ПРАВО НА РАЗВИТИЕ

ЭКОНОМИЧЕСКИЕ, СОЦИАЛЬНЫЕ И КУЛЬТУРНЫЕ ПРАВА

ИНТЕГРАЦИЯ ПРАВ ЧЕЛОВЕКА ЖЕНЩИН И ГЕНДЕРНОЙ ПЕРСПЕКТИВЫ

ПРАВА РЕБЕНКА

КОНКРЕТНЫЕ ГРУППЫ И ЛИЦА

ВОПРОСЫ КОРЕННЫХ НАРОДОВ

ПООЩРЕНИЕ И ЗАЩИТА ПРАВ ЧЕЛОВЕКА

ЭФФЕКТИВНОЕ ФУНКЦИОНИРОВАНИЕ МЕХАНИЗМОВ В ОБЛАСТИ ПРАВ ЧЕЛОВЕКА

Письменное представление Всемирной организации здравоохранения (ВОЗ)*

Всемирная организация здравоохранения (ВОЗ) приветствует возможность представить Комиссии по правам человека письменную информацию об инициативах и мероприятиях ВОЗ, имеющих отношение к повестке дня шестидесятой сессии Комиссии. С учетом большого числа соответствующих мероприятий ВОЗ в настоящем документе приводятся лишь отдельные примеры текущей деятельности, имеющей отношение к пунктам 6, 7, 10, 12, 13, 14, 15, 17 и 18 предварительной повестки дня Комиссии.

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* Воспроизводится в приложении в полученном виде, только на языке представления.

Annex

United Nations Commission on Human Rights

Sixtieth Session

Written submission by the World Health Organization (WHO)

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

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

- Violations or lack of attention to human rights can have 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 five broad areas of work for 2004-5, as follows:

1. Develop a WHO health and human rights strategy
2. Enhance the knowledge base of rights-based approaches to development and their application to health
3. Develop tools to integrate human rights in health development policies and programmes
4. Strengthen WHO's capacity to adopt a human rights-based approach in its work through policy development, research and training.
5. Advance the right to health in international law and international development processes through advocacy, input to UN mechanisms and development of indicators.

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

Since 1999, PAHO[2] has been carrying out activities on the issue of racism, racial discrimination, xenophobia and all forms of discrimination[3] 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 Durban Declaration and Programme of

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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.

[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.

Action following the World Conference against Racism, Racial Discrimination, Xenophobia and Related Intolerance, August 2001.

Core areas of work include:

(1) To increase coordination with relevant stake-holders to follow-up on the Millennium Summit Declaration 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 MDGs is an integral part of its core activities[4], which includes:

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 and immunization coverage, 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

[4] 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).

levels of the Organization will collaborate closely at each of the steps of the reporting process[5].

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.

Agenda item 10: Economic, social and cultural rights

The right to health

WHO has strengthened its work on health and human rights over the past few years in response to increased attention to this issue worldwide. 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 has continued in 2003.

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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 indicators[5].
- 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*.

A workshop was convened on May 15, 2003, to advance the process to identify relevant right to health indicators. The importance of bringing multi-disciplinary actors in health and human rights together and of seeking common ground on how to monitor the right to health was emphasized, and both public health experts and human rights practitioners were invited. This work will continue with a series of consultations planned over the next couple of years.

Throughout 2003, WHO has seized opportunities to articulate health as a human right and advance other health-related rights on the international human rights agenda, as well as the broader development agenda. This includes streamlining and co-ordinating WHO's input to the UN human rights treaty bodies, collaboration and supporting the work of the Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health and participation in the annual sessions of the Commission and Sub-Commission on Human Rights.

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

The International Conference on Population and Development (ICPD, 1994) and the Fourth World Conference on Women (FWCW, 1995) both clearly emphasised the need for promoting gender equity and equality, as well as the promotion and protection of human rights in the area of women's health. These agreements were reinforced in the five and ten -year reviews of both conferences, held in 1999 and 2000, respectively. Among the key issues to be given greater attention were: measures aimed at promoting and achieving gender equality and equity in a systematic and comprehensive manner; the incorporation of issues related to women's health in the work of relevant United Nations bodies on indicators for the promotion and protection of the human rights of women ; and the protection and promotion of human rights by ensuring that all health services and health service workers conform to ethical, professional and gender-sensitive standards in the delivery of women's health services, including by establishing or strengthening regulatory and enforcement mechanisms. WHO's work contributes to these goals, and the Organization carries out a number of specific projects to promote gender equity and human rights.

Gender perspective

WHO places a high priority on supporting the integration of gender issues into public health policy and programmes and is developing tools and guidelines to facilitate this process. A critical component of gender mainstreaming is to build a sound evidence base on how gender roles, norms and discrimination affect health. Therefore, WHO is also preparing guidance on Gender-Relevant Indicators in Health to assist health workers and managers in identifying and

addressing gender issues. In addition, as gender considerations are not routinely integrated into health research, a WHO resource kit for the integration of gender considerations in health research is being developed. WHO also continues to advocate for increased attention to health issues that are strongly influenced by gender norms and inequalities such as violence against women, sexual and reproductive health and HIV/AIDS. In addition to generic tools for use in health interventions, guidelines on integrating gender into HIV/AIDS programmes at the national level are also being developed for field-testing.

Sexual and reproductive health and human rights

There is increasing recognition that achievement of the MDGs, and of ICPD and FWCW targets related to sexual and reproductive rights, requires governments to take both immediate and progressive steps to respect, protect and fulfil the human rights of their population. International treaties, their general recommendations and comments as well as concluding observations and comments issued by the different treaty monitoring bodies increasingly support the link between human rights and sexual and reproductive health. Resolution 2003/28 of the Commission on Human Rights calls upon States to protect and promote sexual and reproductive health as integral elements of the right of everyone to the enjoyment of the highest attainable standard of physical and mental health. In the light of this resolution and given that 2004 is the 10th anniversary of the International Conference on Population and Development (ICPD) held in Cairo, WHO is continuing to pay special attention to promoting and protecting human rights related to sexual and reproductive health. WHO develops and evaluates strategies and mechanisms for promoting gender equality and human rights in reproductive health research, programming and technical support; to support countries to ensure that reproductive health programmes and policies respect, protect and fulfil human rights and promote gender equity and equality; and strives to ensure that the promotion of gender equity and equality and human rights principles are integrated into it's own work. In the area of technical assistance to countries, a human rights tool, *Using human rights for maternal and newborn health: a tool for strengthening laws, policies and standards of care,* has been designed to facilitate a multi-disciplinary analysis of the legal, policy and health system determinants of maternal and neonatal mortality and morbidity and the interventions to address them. Regarding regional and national capacity building, a training manual on gender and rights, *Transforming health systems: gender and rights in reproductive health,* has been developed and used in several regions to train health programme managers to enable them to develop polices and programmes that address gender inequalities and the respect, protection and fulfilment of human rights. The extensive work with the Human Rights Treaty Monitoring Bodies aims to ensure that sexual and reproductive health and rights issues are included in the Committees' concluding observations so that WHO Regional and Country Offices can use this mechanism for supporting country-based programmes.

(a) Violence against women

Violence against women (VAW) is a pervasive global problem with significant consequences for women's physical and psychological health, yet in many places around the world, survivors either have no access to basic services or are too ashamed or afraid to seek out existing services.

There is a lack of data on the magnitude and nature of *domestic violence*, particularly in resource-poor settings. The WHO Multi-Country Study on Women's Health and Domestic Violence is the first study to gather data on the prevalence of violence against women and women's health that is comparable across countries. Preliminary analysis of the data indicates that between 15% and 69% of women, depending on the site, reported physical or sexual violence by intimate partner in their lifetime. The findings of the cross-country analysis will be disseminated in 2004 through leaflets, reports, scientific journals and WHO publications and will target widely differing technical, political and public audiences. Results will be used in countries and globally to generate policies and strategies to respond to this problem.

As regards *sexual violence*, to help ensure that women and children who have been sexually abused have access to adequate care, WHO began an initiative in 2001 to strengthen the health sector response to sexual violence. A major product of this initiative, *Guidelines for medico-legal care for victims of sexual violence*, was released for pilot testing in February 2004. The guidelines are designed to enable health workers to provide comprehensive care for the medical and psychological needs of survivors of sexual assault and to carry out appropriate forensic examinations. Several countries have conducted situational analyses of the availability of medico-legal services in cases of sexual violence in conjunction with WHO. Publications anticipated in 2004 include a policy guidance document, a discussion of various models of service provision to sexual assault survivors, and a global analysis of sexual violence and criminal law.

Agenda item 13: Rights of the child

Children and adolescents suffer more than adults the consequences of unmet health needs and bear nearly 40% of the global burden of disease. With close to 11 million young children dying each year, of which 99% are in developing countries and caused by malnutrition and just five preventable and treatable diseases, efforts to reduce infant and child mortality continue unabated. There is also growing concern about adolescent health and new threats to it, particularly HIV/AIDS. Almost 1.5 million adolescents die annually from substance abuse, suicide, injuries, violence, disease and other preventable causes.

In response to both these unacceptable rates of mortality and the paradoxical decline in financial and technical support given by the international community to child and adolescent health activities in low-income countries, WHO has made substantial efforts to restore child and adolescent health to the top of the public health agenda. In May 2003, the 56th World Health Assembly adopted the *Strategic directions for improving the health and development of children and adolescents*. The document is guided by equity and human rights principles, demonstrates the commitment of the Organization to defining and helping implement the most effective policies interventions for children and adolescents. It also provides guidance on how WHO will work toward achieving its strategic goals and relevant development goals of the UN Millennium Declaration. Furthermore, WHO convened a Global Consultation on Child and Adolescent Health and Development, and participated fully in the United Nations General Assembly Special Session (UNGASS) on Children, and in the establishment of a new formal partnership on child survival.

The provision of adequate and safe nutrition is one of the fundamental rights of all children, and several initiatives aim at significantly enhancing children's enjoyment of their rights. The Global Strategy for Infant and Young Child Feeding seeks to improve the nutritional status, health and survival of children through improved feeding practices. As part of the Global Strategy, WHO and partners developed an evidence-based Framework for government decision-makers and other interested stakeholders outlining the key priority areas related to infant and young child feeding to be considered in the special circumstances of HIV/AIDS. Through action in each of the key areas, countries will be able to plan interventions that will protect, support and promote breastfeeding, and at the same time pay adequate attention to the needs of HIV-positive women and their infants.

Tens of thousands of children are killed by violent acts every year. Among children under 15, those aged zero to four are at highest risk of being murdered. For every child killed by violence, countless others are injured - even disabled - and suffer psychological consequences that can last well into adulthood. WHO is an active partner in the Secretary-General's Study on Violence against Children and welcomes the Study as an opportunity to engage States in dialogue on the prevention of child abuse and neglect. In collaboration with the International Society for the Prevention of Child Abuse and Neglect, WHO has been developing guidelines for the prevention of child maltreatment. The guidelines take a health and human rights approach and seek to involve the health, legal and social sectors; they have undergone peer review and will be released early in 2005. Other tools that will aide States' efforts to prevent and respond to child maltreatment include the *Guidelines for medico-legal care for victims of sexual violence* (February 2004) and a framework (in press) designed to help States implement the recommendations of *the World report on violence and health*.

For WHO, the Convention on the Rights of the Child provides a holistic legal and normative framework for ensuring that WHO systematically applies principles such as non-discrimination, equity, sustainability, poverty eradication, participation and multi-sectoral approaches to its work in the field of child and adolescent health and development. The adoption of such a rights-based approach demands that account be taken of the broader determinants of child and adolescent health and development in the elaboration and implementation of activities. It also requires a broader spectrum of action, including supportive and protective legislation, based on internationally accepted norms and standards.

WHO has advanced its specific work in the area of child and adolescent rights through continued training of WHO staff and partners, particularly at country level; further integration of human rights norms and standards into ongoing work, such as guidelines for infant and young child feeding, policy development for adolescent health, and programming for adolescent sexual and reproductive health; and contributing to the reporting process of the United Nations Committee on the Rights of the Child.

Agenda item 14: Specific groups and individuals

a) Migrant workers

Approximately 175 million people - not including the increasing number of irregular or undocumented migrants- currently live temporarily or permanently outside their countries of origin. They leave their homes in search for a better life or to avoid persecution and discrimination. These people, often disadvantaged socially and economically at home, normally find themselves even more vulnerable in the countries in which they arrive. When undocumented, they often have no social safety nets and are unfamiliar with the operation of health and other social services in their new country of residence. Migrants often have to accept high-risk and low-paid jobs in order to survive and are, therefore, susceptible to many more health risks than are nationals.

On the eve of the International Day of Migrants, WHO in conjunction with the International Labour Office (ILO), the Office of the High Commissioner for Human Rights (OHCHR), the United Nations High Commissioner for Refugees (UNHCR), the International Organization for Migration (IOM), the International Centre for Migration and Health (ICMH), the Ethical Globalization Initiative (EGI), December 18 and the Instituto Mario Negri (IMN) launched the publication “International Migration, Health and Human Rights”. This report draws attention to important human rights issues that migration poses for health policy-makers. These issues include:

- The magnitude of, and reasons for, migration
- Migrating health professionals or “the brain drain"
- Forced migration and its health implications
- Detaining and screening at the borders
- Health and human rights issues of migrants once in the host country
- The most vulnerable categories of migrants

“International Migration, Health and Human Rights” also examines important topical developments, including emerging infectious diseases such as Severe Acute Respiratory Syndrome (SARS) and international trade agreements, including WTO’s General Agreement on Trade in Services (GATS). It recognizes the global economic benefits of liberalizing migration and urges that migration policies and programmes promote the health and human rights of migrants.

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 in General Comment on the Right to Health adopted 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 600 million people experience disability. Approximately 80% of people with disabilities live in developing countries, less than 5% of whom have access to the necessary rehabilitation services.

WHO, in collaboration with other United Nations Organizations, has promoted Community-Based Rehabilitation (CBR) for over two decades. An International Consultation to Review Community-Based Rehabilitation was held in Helsinki from 25 to 28 May 2003 to discuss and exchange ideas to strengthen the use of CBR in order to promote the rights of all people with disabilities. The recommendations from the consultation are available on the WHO website.

WHO has offered to provide technical expertise on health-related issues during the formulation of the Convention on the Protection and Promotion of the Rights and Dignity of Persons with Disabilities. This is an important initiative and WHO has welcomed the drafting of a Convention on Disability. WHO has established a focal group for the coordination of the work done by the

Organization. The focal group also participates in meetings with United Nations bodies based in Geneva, which is an informal reference group for interagency information and collaboration.

WHO is promoting the development and strengthening of rehabilitation services including medical rehabilitation as well as assistive technology in Member States to ensure the right of all persons with disability to have access to those services. WHO carried out six inter-country workshops, in Cambodia, Lebanon, Eritrea, Benin, Nepal and Nicaragua; to identify good practices, to generate recommendations for revision of WHO strategy for improving rehabilitation services, and to promote South-to-South dialogue. A document on Strengthening National Rehabilitation Services has been finalized.

As part of its mental health Global Action Programme (mhGAP), WHO is developing guidance material on mental health legislation. It will provide technical guidance on human rights and the development and implementation of mental health legislation. The manual is currently in draft form and has had two international reviews with over 100 national and international user, family, professional, governmental and non governmental organisations, ministry of health representatives and individual experts.

WHO hosted an International Forum on Mental Health, Human Rights and Legislation in November 2003. One hundred and five participants from 56 countries attended. The event provided an opportunity for countries to gain technical knowledge on mental health and human rights and provided support and guidance in the development mental health legislation.

WHO has also conducted a number of regional workshops and is providing intensive technical assistance to countries in the development and implementation of national legislative measures to better promote and protect the rights of people with mental disorders.

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.

On World AIDS Day, 1 December 2003, WHO and UNAIDS launched the “3 by 5" Initiative. The Initiative provides a roadmap for meeting the target of delivering antiretroviral therapy to three million people living with AIDS by the end of 2005. There is good evidence that the provision of antiretroviral therapy will help reduce stigma and discrimination, as people who have the possibility for treatment are more likely to come forward and be tested, and promote more openness about HIV/AIDS.

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.

In 2003, the Pan American Health Organization (PAHO) launched on World AIDS Day 2003 a report, "Understanding and Responding to HIV/AIDS-Related Stigma and Discrimination in the Health Sector". This review aims to contribute to deeper understanding of HIV/AIDS-related stigma and discrimination in the health services. It does so firstly through an analysis of the components of the phenomenon, how they relate and where gaps in knowledge exist; secondly by comparing studies of stigma and discrimination and projects designed to reduce their incidence and impact; and thirdly by outlining strategies for a comprehensive response. The perspective is global, though the publication makes extensive references to Latin America and the Caribbean.

In addition, on December 10, 2003 (Human Rights Day), WHO in collaboration with the United Nations Office for the High Commissioner for Human rights (OHCHR) and the United Nations Joint Programme for HIV/AIDS (UNAIDS) launched a colourful, interactive cartoon booklet for young people called “HIV/AIDS Stand Up for Human Rights”. The cartoon is designed to raise awareness and mobilise action to tackle HIV-related stigma and discrimination.

Agenda item 15: Indigenous issues

Resolution WHA 54.16, passed in 2001, requested the WHO Secretariat to outline a 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.

WHO's work on indigenous peoples health has recently been located within the team working on Health and Human rights recognizing the interrelationship between the realization of human rights and the health of indigenous peoples. 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.

Agenda item 18: Effective functioning of human rights mechanisms

a) Treaty bodies

WHO has a long history of interaction with various UN human rights mechanisms, including the UN human rights treaty bodies (hereinafter the treaty bodies), as well as the Commission on Human Rights, Sub-Commission on the Promotion and Protection of Human Rights. WHO continues to raise attention to health within the UN human rights system and explores how this could be done in a more effective and systematic way.

In recent years, efforts have been undertaken to strengthen and expand the Organization's interaction with the treaty bodies. In 2003, WHO mainly supported the monitoring process of three treaty bodies, namely, the Committee on Economic, Social and Cultural Rights, the Committee on the Elimination of Discrimination against Women and the Committee on the Rights of the Child. We deem the monitoring process as a mechanism, which could help governments strengthen their accountability in health and promote public health through a human rights-based approach. WHO will endeavour to support its member states to maximize the utility of the treaty bodies' monitoring process for advancing health at national level.
