



HUMAN RIGHTS COUNCIL - 47th SESSION

Interactive dialogue with the Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health (23-24 June 2021)

Ms. Tlaleng Mofokeng, Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health:

During the session, two reports were presented:

1. Strategic Priorities of Work [A/HRC/47/28](#) :
 - The SR said she would continue building on the work of her predecessors through the **lens of intersectionality**. She would also examine **how racism and coloniality impacted the right to health and how to move forward to substantive equality**.
 - In particular, the SR plans to look into the **interrelated and entrenched obstacles operating at different levels** that stand between individuals and their enjoyment of sexual and reproductive health rights.
2. Visit to Fiji [A/HRC/47/28/Add.1](#) :
 - The SR highlighted that Fiji had a strong political will to realize the right to health. The country has invested in infrastructure and increased salaries of medical workers. It had also undertaken laws and policies to prevent the criminalization of sex workers. However, remaining challenges included policies and laws addressing diabetes and improving healthcare facilities.

Additionally, the SR highlighted she would focus on several priority themes, including: I) **Global health in the era of the COVID-19 pandemic** and the disproportionate effect this crisis has had on black people, indigenous people and other persecuted groups (Rohingya, Roma). II) **Global inequalities** including health equity, equal access to vaccines, new laws for intellectual property that help and support local research for vaccines, specially focusing on the Global South which is being left behind. III) Respecting the rights to sexual and reproductive health including **criminalization of women undergoing abortions** and the **criminalization of consensual sexual activity between adults**. IV) **Racism in connection to the right to health** as people of African descent experience multiple ways of systemic oppression. V) **Innovation and digital technology**: sexual and reproductive health rights, digital interventions and tele-health. VI) **Non-communicable diseases**: reproductive cancers, specifically cervical cancer.

Country Concerned (Fiji):

The State commended the SR for her country-visit report and highlighted that Fiji has embarked in various initiatives to improve healthcare services in the country by continuing the **reform of the healthcare financing system and guaranteeing good primary healthcare**. Fiji is also progressively addressing healthcare challenges with the **support of the WHO, including collaboration on non-communicable diseases** which has a big impact in Pacific Island countries. This is why Fiji is developing measures to effectively integrate treatments for diabetes and cancer research treatments. Also, the **use of nuclear energy in hospital treatments is being benchmarked**.

The country highlighted that the **COVID-19 has exacerbated inequalities** and that Fijians have had to deal with both **climate catastrophes while facing COVID-19**. This is why **pollution and climate change** must be included in these discussions.



Interactive Dialogue

The majority of the speakers commended the report made by the Special Rapporteur and congratulated her for her appointment. They highlighted that the right to health was **interdependent with other human rights** and that national policies must guarantee **equal access to healthcare systems** as well as **universal health coverage**. Additionally, they mentioned that **women and girls' rights should be prioritized**, that **sexual and reproductive health rights were important**, and that **racism and discrimination were underlying causes** of violations to the right to health. All countries should adopt a **human-rights approach** to guarantee the right to health for all. The majority of States agreed with the SR that it was necessary to achieve **substantive equality** to effectively guarantee the right to health, that an **intersectional vision** was required, and that **anti-discrimination policies** were needed, including those that guaranteed women and girls' sexual reproductive health. **Additionally, reduction in inequalities and discrimination** required joint and coordinated action.

Portugal and the EU requested the SR to **dedicate adequate attention to mental health** which should be dealt in parity with **physical health**. **Ecuador, Paraguay (in joint statement), Libya, South Africa, Jordan and Cuba** highlighted that multilateral responses were vital to ensure **equitable responses to vaccine accessibility**. They argued that **fair distribution of vaccines should be a priority**, specially for countries that did not have enough vaccines. **Pakistan, Bangladesh** and **Sierra Leone** expressed their concern over **vaccine nationalism and vaccine hoarding** by some advanced countries, which is contrary to the principle of right to health. **Indonesia** highlighted there had to be sufficient access to health education and information. **Iraq** mentioned that **technology for health care** was essential to face the challenges of the future.

China expressed concern for **Japan's** proposal to discharge radioactive water of the Fukushima Daiichi into the sea without fully consulting with the international community. **Armenia** condemned **Azerbaijan** for blocking humanitarian assistance to guarantee the right to health to people of **Nagorno-Karabakh** and for **targeting and using incendiary weapons against civilians**. **Azerbaijan** said that **Armenia's** act of aggression in September 2020 had heavy implications for citizens' right to health and that **Armenia's mine fields** posed a great threat to citizens' physical and mental health. **Iran, Syria** and **Venezuela** expressed their concern over the **impact of unilateral coercive measures (UCMs)** on the right to health as these limited countries' access to medicines, and increased discrimination and inequality. **India** said it was important not to neglect the **routine immunization programs** as well as **non-communicable diseases**. **The USA** mentioned it planned to provide **500 vaccine doses to the GAVI Alliance**, would be donating **another 80 million vaccine doses from its supply** and would **contribute two billion dollars to the COVAX**. **Egypt** urged countries to follow its approach of not asking people for their nationality to access vaccination. **Malaysia** mentioned it was important that countries **prioritized health care workers' mental and physical health** as they were suffering exhaustion due to the COVID-19 crisis.

Georgia said that people in the Russian-occupied territories of Georgia were suffering from an **infringement of the right to health** and restrictions to freedom of movement. **Russia** should **bear the responsibility** for the grave human rights violations in Georgia's occupied regions, they added. **Ukraine** also called on **Russia** for the adverse health **impacts of conflict on Ukrainian children**. **Russia** asked the SR to clarify what country, time and other frameworks for the work regarding the **study of coloniality and racism**. The State also called on the SR's report expressing that it was inappropriate to **single out the representatives of sexual minorities as a special category** and adjust the state health systems to them. The **SR's arguments about the decriminalization of sexual contacts with minors** could qualify as a **recognition of the norm of a crime against the sexual integrity of children**, they said, asking the Special Rapporteur to strictly follow the powers entrusted to her mandate.



Delegations that took the floor during the Interactive Dialogue (58 country delegations):

Paraguay (on behalf of Argentina, Bolivia, Brazil, Chile, Colombia, Costa Rica, Ecuador, Guatemala, Mexico, Panama, Peru, Uruguay, Paraguay), Estonia (on behalf of the Nordic-Baltic Countries), European Union, Egypt (on behalf of the Arab Group), Brazil (on behalf of a Cross-regional group of countries), France, Cuba, Vietnam, Ecuador, Indonesia, Libya, Portugal, Sovereign Order of Malta, Israel, China, Republic of Korea, Costa Rica, United Arab Emirates, Senegal, Bahrain, Iraq, Armenia, Togo, Syrian Arab Republic, Burkina Faso, Bangladesh, India, Sierra Leone, Algeria, Venezuela, United States of America, Egypt, Jordan, Nepal, Namibia, Malaysia, Saudi Arabia, South Africa, Azerbaijan, Sri Lanka, Sudan, Pakistan, Belgium, Timor-Leste, Georgia, United Kingdom, Chad, Mauritania, Thailand, Russia, Ukraine, Panama, Tunisia, Cambodia, Bulgaria, Malawi, Iran, Eritrea

Other observers: **UNICEF:** Universal health coverage is fundamental not only to people's health but to social and economic development. The right to health is **interdependent with other human rights** and requires global solidarity and equity, **including equal access to vaccines**. **UNFPA:** human rights **cannot be fully realized without the enjoyment of sexual and reproductive health and rights**. Tackling multiple and intersecting forms of discrimination will be critical in ensuring that **women and girls from marginalized and excluded groups are empowered to become drivers of change**. **UN Women:** Removing barriers such as **discrimination and unequal gender norms for women** is essential for them to be able to claim their sexual and reproductive health rights. **International Development Law Organization:** A **rule of law-based approach** is necessary to address all the underlying determinants of the right to health. States need **legal capacity to address them**. IDLO encouraged the SR to pay special attention to the roles that **public health law, the rule of law, and access to justice** play in promoting better health outcomes.

Non-Governmental Organizations (NGOs) that took the floor during the Interactive Dialogue (10):

Action Canada for Population and Development, Al Mezan Centre for Human Rights, Associazione Comunita Papa Giovanni XXIII, Center for Reproductive Rights, Inc., The Global Initiative for Economic, Social and Cultural Rights, IDPC Consortium, iuventum e.V., Minority Rights Group, Organization for Defending Victims of Violence, Swedish Federation of Lesbian, Gay, Bisexual and Transgender Rights – RFSL.

The majority of the NGOs supported the **intersectional lens** the SR is looking to apply in the tenure of her mandate and the need to realize **substantive equality to dismantle power dynamics and systems of oppression that prevent the full enjoyment of the right to health**. Several NGOs highlighted that countries should develop policies that end **criminalization of women undergoing abortions**. Additionally, they mentioned that some States have **exploited the global health crisis to further restrict access and deprioritize** sexual and reproductive health service. Also, that **minorities' and indigenous peoples' right to health** has been disproportionately affected by the COVID-19 pandemic and that it is vital that the **COVID-19 vaccine rollouts** address access barriers to vaccination programmes including **misinformation**.

Another NGO called the Council's attention to **Israel's settler-colonial and apartheid system and its impact on Palestinians' right to health**. **Healthcare commercialisation was also mentioned** by another NGO as there were several reports that indicated that in countries such as **India, Kenya and Uganda**, private providers were using the pandemic as a business opportunity. There should be a good follow-up by the SR on the **Fukushima Daiichi Nuclear Disaster**. Another NGO called on States for an **immediate lifting of sanctions** as UCMs have devastating effects on country's healthcare systems. **Transgender healthcare services** should be prioritised, added a representative of yet another NGO.

Finally, an NGO expressed its concern over the **systemic underfunding of the UN human rights system and the drive for so-called efficiency, including the cancellation of general debates in June** as general debates are a vital part of the agenda by which NGOs can address the Council without restrictions.



Key remarks made by the Special Rapporteur during the discussion:

- The mandate has already sent **134 communications to 61 states and 10 private companies** in addressing the violations to human rights linked to the pandemic to propelling the right to health.
- The mandate is working with the **WHO** and several other international organizations in the elaboration of the mandate's reports as well as having diverse consultations with a **wide array of stakeholders**.
- **The practice of medicine is in itself act an act of human rights defence.**
- **Intersectional legal frameworks** should be influencing policy and policy should be **inclusive**.
- Countries must **refrain from enforcing discriminatory practices** and they have the obligation to respect and protect communities from third parties. They should also **strongly support developing countries**.
- As the 2020 report highlighted, UCMs impact countries' ability to respond to the pandemic. In this sense, **sanctions hinder implementation of national plans and it makes populations dependent on humanitarian aid. It is important to end UCMs and sanctions.**
- **Developing nations** have the greatest needs and less access to the necessary medicines. This is why it is important to ensure **substantive equality and intellectual property rights for the COVID-19 vaccine**.
- **The priority issues that will be considered in the next reports are:**
 - Innovation and digital technology in relation to sexual rights and reproductive health
 - Racism and the right to health
 - Health Equity
 - Health Financing
 - Non-communicable diseases

Rights of reply (4):

- **Japan (Two rights of reply):** In response to **China's statement** on the discharge of radioactive water of the Fukushima Daiichi.
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To watch full ID with the SR on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health, refer to UN Web TV [part 1](#), [part 2](#)