**Human Rights Council Social Forum 2017**

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**Statement of Ms. Peggy Hicks**

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**and Right to Development Division**

Distinguished Delegates,

Colleagues and Friends,

It is my great pleasure to be here with you at the Social Forum today as we take some time to consider what has been discussed and where we need to take the health agenda. It has been an intense three days, we have welcomed a diversity of stakeholders who are active in health, and I thank you for taking the time to share your experiences and expertise with us.

The aim of this session is to discuss a forward-looking agenda for the protection and promotion of human rights in the context of some of the most devastating epidemics might look like, but, first, let us take a moment to review where we have been over the last three days.

The 2030 Agenda for Sustainable Development must be a key element of any discussion on protecting human rights in health today. The Agenda for Sustainable Development is ambitious, and is firmly rooted in human rights. The clarion calls from the 2030 agenda to “leave no one behind” and to reach first those who are furthest behind are compelling human rights visions that underpin this endeavour.

In the context of health, these principles have specific implications.

* In health settings people feel **marginalization** particularly starkly. We feel, and often are, particularly vulnerable. The decisions we make are often dependent on the information that someone else chooses to give or withhold, our identity itself can determine the services offered, and our steps are crucial to being able to live a happy and productive life, in fact, to be able to live at all.
* Several speakers have emphasised that many epidemics are driven by **stigma, discrimination and criminalization** and that, rather than halt epidemics, criminalization makes them worse. We know that for many key populations, the threat of being reported to the police and prosecuted, and the stigma and discrimination they face, may discourage them from seeking even life-saving services. Criminalization forces people to go underground, and creates entire communities of people left behind. This focus on criminality has no place in the health system, and health authorities should not be made complicit in violations of human rights.
* **We’ve also seen countless examples of how health professionals** have a pivotal role in the protection and promotion of human rights, particularly the right to health. We know that some have assumed this responsibility at great personal cost, as we saw this with health personnel fighting the Ebola epidemic, often without even the basic equipment and at the risk of being stigmatized by their communities and evicted from their homes. In standing up to deliver care in such circumstances, and in many less dramatic ways, health professionals are themselves human rights defenders.
* “Leaving no one behind” requires the voices of all stakeholders to be heard. Of course, what is needed is not just token representatives, but real engagement, bringing in the experience and expertise of the broader society. That means that **Civil society** groups have a critical role to play - and we have seen in the past how civil society succeeded in shaping the evolving response to HIV/AIDS. While civil society engagement is crucial to sustainable development and securing health goals, we are living in a time when the space for civil society to perform this essential role is shrinking, indeed, is under attack. In the face of those threats, efforts to support civil society actors to engage effectively are more relevant than ever. States have a fundamental responsibility to take the steps necessary to foster a dynamic, enabling legal, policy and financial environment.

The **human rights-based approach to health** provides an overarching framework within which health policies are designed and implemented. Access to medicines for instance, highlights the negative impact on health of policies that are developed outside of the health sector and without its input; and sheds light on the underlying determinants of health – such as poverty, harmful social norms, stigma and discrimination. In our discussions at this forum, we have looked at how,

from a human rights perspective, access to medicines is essentially about realising the right to health and protecting the right of everyone to enjoy the benefits of scientific progress and its applications.  The Secretary-General’s High Level Panel on Access to Medicines recognised the policy incoherence in areas including the justifiable rights of inventors, international human rights law, trade rules and public health in the context of health technologies. Our role is to continue to advocate for recourse to human rights principles as an indispensable tool to bring much-needed coherence in this area.

Distinguished delegates,

Colleagues and Friends,

Some of you will be aware of the work of the High Level Working Group on the Health and Human Rights of Women, Children and Adolescents, established by joint initiative of the High Commissioner for Human Rights and the Director-General of WHO in May 2016. The High Level Working Group issued a thought-provoking report this May which set out some of the policy shifts that are needed, and which have more broad applicability:

One of these is **the protection of the rights to and through health.** The premise underlying this principle is that human rights are determinants of health and that progress in realising health for all cannot be achieved without upholding these rights.

**The role of health workers:** As I noted earlier, health personnel are potentially great advocates for human rights in health settings, and any agenda for making progress in health must include them. Specifically, they should be supported and empowered to assume and discharge this role, without fear of repercussions. As we heard yesterday, human rights education, including on the rights of persons with disabilities, should form part of the training curricula. The protection of health workers extends beyond direct protection, though, to encompass fair conditions of work and occupational health and safety. We expect much from our health professionals, they should be equipped to do their work well.

**The Working Group also emphasized participation:** As noted, without the participation of all stakeholders in developing, implementing and monitoring health policy, numerous opportunities for improving health outcomes, particularly in the case of serious diseases and epidemics, will be missed. It is essential from both a public health and human rights standpoint, that those who have a contribution to make in terms of identifying deficits in policy, signalling needs and proposing solutions be afforded the space to do so. This engagement has many dimensions, and speakers have alluded to the following, among others:

* early engagement of the local community when disease outbreaks occur;
* educating local communities, who have historically stepped in to act when the State has not, on human rights and health; and
* working with diverse actors, including parliamentarians and allies in the private sector.

These are just a few highlights from a very rich dialogue. I trust that many of the practical recommendations which have emerged during the Social Forum will find their way into the deliberations of those who hold the keys to change and that, should they not, you will continue to advocate for the protection of all human rights as an integral part of the health agenda.

Thank you