

Proposed Draft Resolution on the Human Right to Health
submitted to the ____ regular session of the WHO Executive Board
for submission to the ____ WHA, May 2012

The _____ World Health Assembly,

Recalling that the Constitution of WHO in 1948 declares the enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being;

Recalling that the duty exists for all United Nations Member States and the United Nations itself under the Preamble, articles 1(3), 55 and 56 of the Charter of the United Nations to cooperate to ensure respect for the right to health;

Recalling that article 12 of the International Covenant on Economic, Social and Cultural Rights creates a legal obligation for all States Parties to ensure the right of everyone to the enjoyment of the highest attainable standard of physical and mental health, by taking steps, among others, to (a) reduce the stillbirth-rate and infant mortality and to ensure the healthy development of each child, (b) to improve all aspects of environmental and industrial hygiene, (c) to prevent, treat and control epidemic, endemic, occupational and other diseases, and (d) to create conditions which would assure to all medical service and medical attention in the event of sickness;

Recalling that achieving the UN Millennium Development Goals, especially goals 4, 5 and 6, requires respect for the right to health and contributes to ensuring this right;

Recalling that article 25 of the Universal Declaration of Human Rights declares that everyone has the right to a standard of living adequate for the health and well-being of himself and of his family, including food, clothing, housing and medical care and necessary social services;

Recalling the various regional instruments reiterating the human right to health, including Resolution CD50.R8 adopted by the Directive Council of the Pan American Health Organization in October 2010;

Recalling that the Declaration of Alma-Ata from 1978 strongly reaffirms that health, which is a state of complete physical, mental and social wellbeing, and not merely the absence of disease or infirmity, is a fundamental human right, and that the attainment of the highest possible level of health is a most important world-wide social goal whose realization requires the action of many other social and economic sectors in addition to the health sector;

Recalling the General Comment No. 14 of 2000 on “The right to the highest attainable standard of health” of the Committee on Economic, Social and Cultural Rights that was created by the Economic and Social Council to provide interpretation and advice on the achievement of the human right to health in article 12 of the International Covenant on Economic, Social and Cultural Rights, which reiterates and elaborates on the steps that States Parties should take to ensure respect for the right to health;

Recognizing that the existing gross inequality in the health status of the people and the level of health care, particularly between developed and developing countries as well as within countries is politically, socially and economically unacceptable and is, therefore, of common concern to all countries;

Recognizing that all countries benefit from improved global health, which is thus a matter of common concern to all countries;

Recognizing the transnational/global dimensions of such health determinants as trade policies, the environment and especially climate change, and health worker and other migration, as well as the aforementioned obligations included in the UN Charter, as well as the ICESCR, advancing the right to health globally is a shared responsibility of all countries;

1. URGES all Member States:

- (1) to ensure, respect, protect and promote the right to health;
- (2) to reaffirm their commitment to this right whenever possible;
- (3) to increase their investments and cooperation on activities aimed at ensuring the right to health, especially equitable access to health facilities;
- (4) to strengthen their partnerships and cooperation for ensuring respect for the right to health;
- (5) to provide the fullest degree of cooperation to all international bodies dealing with global health as a human right;
- (6) to ratify and implement, without delay if they have not already done so, the International Covenant on Economic, Social and Cultural Rights and its Optional Protocol;
- (7) to strengthen the technical capacity of their health authorities to work with the corresponding governmental human rights entities, such as ombudspersons' offices and human rights secretariats, to evaluate and oversee the implementation of the applicable international human rights instruments related to health;
- (8) to strengthen the technical capacity of health authorities to provide support for the formulation of health policies and plans consistent with international human rights instruments related to health;
- (9) to formulate and, wherever possible, adopt legislative, administrative, educational, and other measures to disseminate the international human rights instruments on protecting the right to the enjoyment of the highest attainable standard of health and other related human rights among the appropriate personnel in the legislative and judicial branches and other governmental authorities, including, in cooperation with civil society organizations, to provide training, resources, and ongoing engagement to these personnel on these rights;
- (10) to promote and strengthen training programs for health workers on the international human rights instruments and national human rights legislation and policies, including by incorporating the right to health and other human rights into the training of health workers and their continuing education;
- (11) to cooperate on the dissemination of information among civil society organizations and other social actors on the applicable international human rights instruments related to health and on domestic human rights legislation and policies, including on government human rights entities;

- (12) to disseminate and cooperate dissemination by civil society organizations and other social actors, including the media, in forms that are readily accessible and understandable, including in local languages, information on the applicable international human rights instruments related to health and on domestic human rights legislation and policies, including on government human rights entities;
- (13) to promote the capacity of the population, including poor, marginalized, and vulnerable members, to participate in health-related planning and monitoring and evaluation at local and national levels, and to monitor, evaluate, and help shape their local health services;
- (14) through an inclusive and participatory approach, to comprehensively assess the extent to which the health system and relevant other sectors conform to the right to health, and develop and implement strategies to redress shortcomings;
- (15) to undertake, [wherever possible,] right to health assessments of health legislation, strategies, and policies, as well as of other legislation, strategies, and policies that are likely to impact health and the enjoyment of the right to health;
- (16) to undertake, in collaboration with women's civil society organizations and networks, gender analyses of the obstacles that women and girls face to the full and non-discriminatory enjoyment of their right to health, and develop and implement strategies to overcome these obstacles; and
- (17) to develop and strengthen units within ministries of health that have a mandate to promote human rights, including the right to health.

2. CALLS UPON all specialized agencies, partnerships, and members of the United Nations family, intergovernmental and nongovernmental organizations and foundations, donors, and the international community as a whole:

- (1) to mobilize Member States and assist them in ensuring the right to health;
- (2) to join or form global, regional and local networks or partnerships that contribute to ensuring the right to health;
- (3) to build the capacity of Member States to incorporate right to health principles, including non-discrimination and equality, accountability, and participation, into measures to implement the Millennium Development Goals, and in all health strategies and policies;
- (4) to ensure that laws, policies, and other measures that they develop or promote, both within and outside of the health sector, are consistent with, and wherever relevant promote, the right to health;

3. CALLS UPON the Director-General:

- (1) to enhance the Organization's capacity to foster the development of the human right to health;
- (2) to ensure the implementation of the human rights-based approach in all WHO policies and practices;
- (3) to take the lead in encouraging alliances, partnerships and other forms of cooperation to promote the right to health to the end of enabling Member States to implement the right to health;
- (4) to ensure the necessary support within WHO and an adequate level of expertise for implementing the human rights-based approach in all policies and practices of the Organization, including by training WHO staff on human rights including the right to health;

(5) to make a priority for WHO the promotion and facilitation of international cooperation necessary for ensuring the right to health for all people everywhere;

(6) to promote and facilitate, closely collaborating with the Office of the High Commissioner for Human Rights, the UN Special Rapporteur on the Right to the Highest Attainable Standard of Physical and Mental Health, and other appropriate UN entities, the sharing of good practices and successful experiences among Member States in implementing a rights-based approach to health, including to close health inequities and prevent the stigmatization, discrimination and exclusion of marginalized and vulnerable groups,

(7) in close collaboration with the Office of the High Commissioner for Human Rights, the UN Special Rapporteur on the Right to the Highest Attainable Standard of Physical and Mental Health, UN Women, and other appropriate UN entities, as well as civil society organizations, academic institutions, regional entities, and other actors, to provide technical expertise to Member States in implementing this resolution, and in collaboration with these other entities, to facilitate regional and international exchanges to enhance this expertise, and;

(8) to report back to the ___th session of the Executive Board and to the _____ World Health Assembly, and every two years thereafter, on the progress achieved towards implementation of this resolution.