Non-communicable diseases and human rights

Seminar held ahead of the eighth meeting of the UN Inter-Agency Task Force on NCDs

20 February 2017

SUMMARY REPORT
Seminar on Noncommunicable Diseases and Human Rights

20 February 2017 (14.00 – 17.30)

Summary

1. The Secretariat of the UN Interagency Task Force on Non-communicable Diseases (NCDs) and the WHO Global Coordination Mechanism on NCDs hosted a seminar on Noncommunicable Diseases and Human Rights on 20 February 2017 to explore how human rights are relevant to the response to NCDs, including across the 6 key pillars of the WHO Global NCD Action Plan 2013-2020, and highlight areas where specific action is needed. The agenda and list of participants are included in Annex 1 and Annex 2, respectively.

2. Opening remarks made by Nick Banatvala from the Task Force Secretariat and Bente Mikkelsen from the Secretariat of the WHO GCM/NCD highlighted the importance of human rights in the area of NCDs. They noted the inadequate attention paid to human rights in this context and welcomed the opportunity to discuss how they could be incorporated into the response to NCDs.

3. Dudley Tarlton (UNDP) and Lynn Gentile (OHCHR) gave introductory presentations on NCDs, human rights and development and on the need to integrate human rights more systematically into action at global, national and local levels. Panellists Kwanele Asante-Shongwe, Olivier De Schutter, Patrick Eba, Laura Ferguson, Eric Krakauer, and Alena Matzke addressed the issues outlined below, and their interventions were followed by a discussion which highlighted the need to investigate certain areas further.

Issues discussed

I. The human rights framework applicable to NCDs

4. The WHO Global Action Plan for the Prevention and Control of Noncommunicable Diseases (2013-2020), endorsed by the World Health Assembly in May 2013, identifies human rights as one of its overarching principles. The right of everyone to the highest attainable standard of physical and mental health is recognised by numerous human rights instruments, including the Universal Declaration of Human Rights, the International Covenant on Economic, Social and Cultural Rights and the Convention on the Rights of the Child. It is also acknowledged by the Constitution of the World Health Organization and the WHO

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1 See articles 10(h), 11(f), 11(2), 12 and 14(2) (b) of the Convention on the Elimination of All Forms of Discrimination against Women, article 28 of the International Convention on the Protection of Migrant Workers and their Families, article 5(e) (iv) of the Convention on the Elimination of All forms of Racial Discrimination and article 25 of the Convention on the Rights of Persons with Disabilities.

2 Article 12.

3 Article 24.

4 Preamble, para. 2.
The extent to which human rights are realised has a definitive impact on the success of efforts to prevent and treat the four major non-communicable diseases – diabetes, cancers, chronic respiratory disease and cardiovascular diseases and tackle the four main risk factors, tobacco use, harmful use of alcohol, unhealthy diet and physical inactivity. Therefore, human rights represent much more than mere policy options.

A human rights framework for realising the right to health calls for national governments to ensure that health facilities, goods and services are available in sufficient quantity, and are physically accessible and affordable on the basis of non-discrimination. Health facilities, goods and services must be gender-sensitive and culturally appropriate, acceptable to service users, scientifically and medically appropriate, of good quality, and respectful of medical ethics.

Given that human rights are indivisible and interrelated, the right to health can only be fully realised when other human rights norms, such as equality, non-discrimination, participation and accountability are upheld. There was a discussion around shaping public health policy based on the right to well-being, which intersects with four rights, namely: food, health, healthy environment and the right to cultural identity. It was agreed that it is the duty of the States to provide healthy environments by transforming obesogenic environments and creating policies to empower individuals to exercise autonomy over their health. Participants recognised that the policy and legal environment in which people exercise their rights is not necessarily neutral and that effective policies empower and motivate, and include a focus on marginalised populations. Policies should aim to reduce inequality with States adopting multi-year strategies to address risk factors for NCDs. A ‘whole-of-society’ approach must be coupled with/correspond with a ‘whole-of-government’ approach.

Participants emphasised the need for States to: (i) recognise that persons living with NCDs are rights holders; (ii) commit to upholding, respecting and protecting the dignity of people living with NCDs; (iii) have clear accountability mechanisms in the area of NCD prevention and control; (iv) adopt meaningful user participation mechanisms and processes; and (v) commit to ensuring that essential treatments for NCDs, including palliation and pain management, are available to all who need them on the basis of non-discrimination. All these elements should be part of a legal and policy framework which encompasses both access to health care and attention to the underlying determinants of health.

The recognition of health as a human right has gained traction in certain areas, such as sexual and reproductive health and rights, and HIV/AIDS. Parallels were drawn between HIV/AIDS and NCDs in relation to stigma, discrimination, inequality of distribution of services and inequality of access to treatment. Shared responsibility and global solidarity in the response to the NCD epidemic were also discussed, as well as mechanisms to implement national responses and ensure accountability. Drawing on lessons from the HIV/AIDS response, legal audits can be used to determine if current policies and laws undermine or protect human rights. It is also crucial to share insights with other countries, particularly those that have already tackled similar issues and developed a best practice approach. In leveraging the HIV response, the following should be borne in mind: (1) NCDs are a human rights issue; (2) human rights are critical to efforts to prevent and treat; (3) human rights should be integrated into the delivery of services; and (4) a cross-sectoral coalition of actors is needed to shift policies and sustain change.
III. Political commitment

9. The political commitments in the 2030 Agenda for Sustainable Development have reinforced a human rights based-approach to health. Goal 3 aims to “ensure healthy lives and promote well-being for all at all ages”, and sets out several objectives relevant to the response to NCDs. Target 3.4 addresses the reduction of premature mortality from non-communicable diseases as well as the promotion of mental health and well-being. The prevention and treatment of substance abuse, including narcotic drug abuse and the harmful use of alcohol, fall under target 3.5. Target 3.8 is the achievement of universal health coverage, including financial risk protection, access to quality essential health care services, and access to safe, effective, quality, and affordable essential medicines and vaccines for all. Target 3.a aims to strengthen the implementation of the WHO FCTC in all countries. Target 3.b covers, among other objectives, support for research into, and the development of vaccines and medicines for the communicable and non-communicable diseases that primarily affect developing countries. In order for these commitments to be fully realised, political will needs to be mobilised at all relevant levels within national governments, and this leadership mirrored in the UN agencies and other actors involved in the NCD response.

10. Turning commitments into action requires engaging all stakeholders, on a continuous basis, in shaping the health agenda. The voices of people living with NCDs are an integral part of this process. Governments have an obligation to ensure that, in their capacity as rights-holders, people living with or at risk of NCDs have the space and means to contribute meaningfully to policies, to how those policies are implemented, and to how they are monitored. This space must remain available throughout all processes to ensure that health policies are working and delivering on the right to health. Action at the local level, which links local communities with local government, is essential to this effort.

11. Participants agreed that the engagement of all stakeholders, from civil society and health care professionals to UN agencies, is imperative in order to build the capacity of front line workers. An important component of this includes capitalizing on synergies and ensuring that the training of health care professionals covers human rights, professional standards and advocacy.

IV. Other observations

12. There is often a gap between the objectives identified in the planning and policy phases of action plans, and their implementation. In South Africa for instance, there is a need to reformulate the National Cancer Control Plan as, although the government has demonstrated goodwill, it has failed to deliver tangible results.

13. Palliation in the NCD response is a neglected area; recommendations made by participants included ensuring that prevention, early diagnosis, treatment and palliative care are treated as an integrated package.

14. A multi-sectoral and whole-of-government approach is imperative not only for ensuring communication and coordinated action but also for assessing the impact of trade arrangements/agreements on health, including in the area of NCDs.

15. The discussion emphasised the significant gap that exists around the discourse and framing of NCDs and Human Rights in order to leverage action at country level. Framing can be either a public health or a human rights approach depending on the receptivity of different
States. An example given was the Sugary Sweetened Beverage Tax that was framed as a public health issue as opposed to a Human Rights issue.

16. Advocacy should complement the legal framework. The WHO Global Communications Campaign was highlighted as an attempt to engage the public through testimonies in order to highlight that, while NCDs are diseases, the people affected should remain at the centre of the discourse, and that they are potential advocates for policy change.

V. Next steps

17. It was agreed that the policy brief developed by the UNIATF is a good first step to integrate NCDs and Human Rights. This should be followed by the development of further tools to articulate the role and relevance of human rights and to provide guidance on their concrete application. These should be available for UN country teams, civil society actors and others, and the sectoral briefs already produced by the Task Force could serve as templates.

18. Participants proposed the following as a follow-up to the seminar:

   i. the development of a set of key messages on NCDs and human rights, which would be used as an advocacy tool;
   ii. the development of a menu of human rights indicators that could be included in the GAP (similar to the menu of policy indicators that currently exists); and
   iii. the organisation of a second seminar on NCDs and human rights in 6 months.

Report dated 29 June 2017

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This publication contains the report of an informal meeting convened by the United Nations Interagency Task Force (UNIATF) on the Prevention and Control of NCDs and does not necessarily represent the decisions or policies of WHO.
Annex 1. Agenda

UN INTERAGENCY TASK FORCE ON NON-COMMUNICABLE DISEASES (UNIATF)

SEMINAR ON NON-COMMUNICABLE DISEASES AND HUMAN RIGHTS

Co-organised with the WHO Global Coordination Mechanism on NCDs

20 February 2017, 2 p.m. – 5 p.m.
UNHCR (Geneva) Conference Room MBT-04 (sub-level -1)

AGENDA

MODERATOR: Nick Banatvala

14:00 – 14:10 WELCOMING REMARKS

- Nick Banatvala – UNIATF Secretariat
- Bente Mikkelsen – Secretariat of the WHO/GCM

14:10 – 14:30 INTRODUCTORY PRESENTATIONS

- Dudley Tarlton (UNDP): NCDs, human rights and development
- Lynn Gentile (OHCHR): Framing NCDs as human rights concerns

14:30 – 16:00 PRESENTATIONS (followed by interactive discussion)

- Olivier De Schutter (former Special Rapporteur on the right to food, co-chair of the International Panel of Experts on Sustainable Food Systems (IPES-Food) and member of the Lancet Commission on Obesity)
- Patrick Eba: Senior Human Rights and Law Adviser (UNAIDS)
- Laura Ferguson: Assistant Professor of Preventive Medicine, Keck School of Medicine, Institute for Global Health, University of Southern California
- Eric Krakauer: Medical Officer for Palliative Care, Department of Service Delivery & Safety, (WHO)
- Alena Matzke: Advocacy Manager, NCD Alliance (Geneva)
- Kwanele Asante-Shongwe: Lecturer, Steve Biko Centre for Bioethics, University of the Witwatersrand, Johannesburg, South Africa

16:00 – 17:00 INTERNAL MEETING OF THE UNIATF
Annex 2. List of Participants

Caring & Living as Neighbours (CLAN) and NCD Child
Amy Eussen
UN and Human Rights Advisor, NCD Child Governing Council Member

International Council of Nurses (ICN)
Howard Catton
Director Nursing and Health Policy at the International Council of Nurses

International Development Law Organization (IDLO)
Julian Fleet
Permanent Observer to the United Nations and International Organizations in Geneva

International Panel of Experts on Sustainable Food Systems (IPES-Food)
Olivier De Schutter
Co-chair of the International Panel of Experts on Sustainable Food Systems (IPES-Food), Member of the Lancet Commission on Obesity, Former Special Rapporteur on the right to food

IOGT International
Maik Dünnbier
Director of Strategy and Advocacy

Joint United Nations Programme on HIV/AIDS (UNAIDS)
Patrick Eba
Senior Human Rights and Law Adviser

Alexandrina Iovita
Programme Officer, Human Rights and Law

Medicus Mundi International
Thomas Schwarz
Executive Secretary

NCD Alliance
Tiphaine Lagarde
Partnerships Specialist

Alena Matzke
Advocacy Manager, Geneva

NCD Asia Pacific Alliance
Rodrigo Rodriguez-Fernandez
Executive Director

Stop TB Partnership
Colleen Daniels
Human Rights, Gender & TB/HIV Advisor
Lucica Ditiu  
Executive Director  

Union for International Cancer Control (UICC)  

Sonali Johnson  
Senior Advocacy Management  

United Nations Children’s Fund (UNICEF)  
Luisa Brumana  
Regional Health Adviser, LACRO  

United Nations Development Programme (UNDP)  
Dudley Tarlton  
Programme Specialist, Health and Development  

United Nations High Commissioner for Human Rights (OHCHR)  
Lynn Gentile  
Human Rights Officer  
Human Rights and Economic and Social Issues  
Section Research and Right to Development Division  

Sina Jakob  
Intern  

United Nations High Commissioner for Refugees (UNHCR)  
Ann Burton  
Chief, Public Health Section  

United Nations Office on Drugs and Crimes (UNODC)  
Elizabeth Mattfield  
Project Coordinator, Prevention, Treatment and Rehabilitation Unit, Drug Prevention and Health Branch  

United Nations Standing Committee on Nutrition (UNSCN)  
Stineke Oenema  
UNSCN Coordinator, Rome  

United Nations University-International Institute for Global Health (UNU-IIGH)  
Obijiofor Aginam  
Director Ad-Interim/Officer-in-Charge  

University of Essex  
Amy Dickens  
Human Rights, Technology, and Health, HRBDT Project  

University of Southern California  
Laura Ferguson  
Assistant Professor of Preventive Medicine, Keck School of Medicine, Institute for Global Health
University of the Witwatersrand
Kwanele Asante-Shongwe
Lecturer, Steve Biko Centre for Bioethics, Johannesburg, South Africa

WHO Framework Convention Tobacco Control Convention Secretariat (WHO FCTC)
Johanna Gusman
Technical Officer, Legal, Trade and Protocol

Guangyuan Liu
Team Leader, Governance and International Cooperation, Convention Secretariat

World Intellectual Property Organization (WIPO)
Maria Soledad Iglesias-Vega
Senior External Relations Officer, External Relations Division

World Health Organization (WHO)
Louise Agersnap
Technical Officer, WHO Global Coordination Mechanism on NCDs

Kimberly Ashby-Mitchell
Consultant, Nutrition Policy & Scientific Advice

Nick Banatvala
Senior Adviser, Head Secretariat, UN Interagency Task Force on NCDs

Francesco Branca
Director, Nutrition for Health and Development

Kaia Engesveen
Technical Officer, Department of Nutrition for Health and Development Nutrition Policy and Scientific Advice Unit, Nutrition and Health Department

Guy Fones Illanes
Adviser, WHO Global Coordination Mechanism on NCDs

Shantel Gailing
Intern, Secretariat of the UN Interagency Task Force on NCDs

Benedict Kinny-Köster
Intern, Secretariat of the UN Interagency Task Force on NCDs

Eric Krakauer
Medical Officer for Palliative Care, Department of Service Delivery and Safety

Anna Garsia
Legal Consultant, Prevention of Noncommunicable Diseases

Alexey Kulikov
Technical Officer, Noncommunicable Diseases and Mental Health

Bente Mikkelsen
Head, Secretariat of the WHO Global Coordination Mechanism on NCDs
Jason Montez  
Technical Officer, Department of Nutrition for Health and Development Nutrition Policy and Scientific Advice Unit

Leendert Maarten Nederveen  
Technical Officer, Surveillance and Population-based Prevention

Charlotte O’Leary  
Intern, WHO Global Coordination Mechanism on NCDs

Samuel Petragallo  
Information Manager, Health Operations Monitoring & Data Collection

Elisa Pineda  
Nutrition Policy & Scientific Advice

Nadia Putoud  
Volunteer, Secretariat of the UN Interagency Task Force on NCDs

Marcus M. Stahlhofer  
Technical Officer, Maternal, Newborn, Child and Adolescent Health

Hannah Todd  
Consultant, WHO Global Coordination Mechanism on NCDs

Bhavi Trivedi  
Intern, WHO Global Coordination Mechanism on NCDs

Menno Van Hilten  
Technical Officer, Office of the ADG, Noncommunicable Diseases and Mental Health Cluster

Temo Waqanivalu  
Programme Officer, Surveillance and Population-based Prevention

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