



Seminar on Noncommunicable Diseases and Human Rights

Monday 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 Global Action Plan, 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 Dr. Nick Banatvala from the Task Force Secretariat and Dr. 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

1. *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,¹ including the Universal Declaration of Human Rights, the International Covenant on Economic, Social and Cultural Rights² and the Convention on the Rights of the Child.³ It is also acknowledged by the Constitution of the World Health Organization⁴ and the WHO FCTC.⁵ The extent to which human rights are realised has a definitive impact on the success

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.

⁵ Preamble, para. 19.



of efforts to prevent and treat the four major non-communicable diseases – diabetes, cancers, chronic respiratory disease and cardiovascular disease. Therefore, human rights represent much more than mere policy options.

5. 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, scientifically and medically appropriate, of good quality, and respectful of medical ethics.
6. 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 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.
7. Participants emphasised the need for States to: (i) recognise that persons living with NCDs are right-bearers; (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.

II. Lessons from other health challenges

8. 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) HIV is 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; (4) a 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, while 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 noncommunicable 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 a responsibility to ensure that, in their capacity as rights-holders, they 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; and
 - ii. the organisation of a second seminar on NCDs and human rights in 6 months.



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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: Dr. Nick Banatvala

14:00 – 14:10 **WELCOMING REMARKS** (Dr Nick Banatvala – UNIATF Secretariat & Dr 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)**

Speakers:

- **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

Seminar on Noncommunicable Diseases and Human Rights

Monday 20 February 2017

Venue: UNHCR, Geneva (Conference Room MBT-04, sub-level-1)

List of Participants (agencies and names in alphabetical order)

[Caring & Living as Neighbours \(CLAN\)](#)

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 \(UNICEF\)](#)
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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, OHCHR

[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

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Director, Nutrition for Health and Development

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Eric Krakauer

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Alexey Kulikov

Technical Officer, Noncommunicable Diseases and Mental Health

Bente Mikkelsen

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Jason Montez

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Technical Officer, Surveillance and Population-based Prevention

Charlotte O'leary

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