

Northern Ireland Human Rights Commission

Response to the Consultation Paper *Investing for Health*

The Northern Ireland Human Rights Commission (NIHRC) welcomes the opportunity to comment on the impact of human rights on health and well-being. The aim of the NIHRC when responding to Departmental requests for information and to invitations to respond to consultation exercises is to ensure that Departments take all relevant international human rights standards into account when deciding upon government policy. Recent years have seen a significant increase in the range of international standards in the area of health. The Commission welcomes the opportunity to bring these international standards to your attention in the development of a new public health strategy for Northern Ireland and trusts that these standards will inform and underpin the development of the proposals for consultation.

The NIHRC would endorse the definition of health adopted by the World Health Organisation namely, that health “is a state of complete physical, mental and social well-being, and not merely the absence of disease or infirmity.”¹ Like the World Health Organisation, the NIHRC considers health to be “a fundamental human right and that the attainment of the highest possible level of health is a most important world-wide social goal whose realisation requires the action of many other social and economic sectors in addition to the health care sector”.² For this reason, the Commission welcomes the decision of the Executive Committee to support the Department in taking forward a truly cross-Departmental programme of action.

We set out below a number of the key international standards which should underpin the new public health care strategy. However, these provide only general guidance and it is important to note that the international community has agreed standards in a wide range of specific fields including the right to health care of children, adolescents, older people, people with disabilities, women, prisoners, the mentally ill and refugees. International standards have also been agreed in areas as disparate as public health, environmental health, reproductive health, health care in rural areas, nutrition, blood safety, organ transplantation, protection against violence and harmful practices, water sanitation, housing and safeguards in health care.

We recommend that the Department purchase a leading publication in this area: *A Thematic Guide to Documents on Health and Human Rights*, edited by Gudmunder Alfredsson and Katarina Tomasevski and published by Martinus Nijhoff Publishers (1998) (available from Kluwer Law International, Distribution Centre, PO Box 322, 3300 AH Dordrecht, The Netherlands). A copy of the 14-page table of contents of that publication is attached to this submission, which gives an overview of the breadth of

¹ *Declaration of Alma-Ata*, World Health Organisation, 1978, paragraph 1

² *Ibid.*

health related issues on which the international community has agreed guidance and standards.

The key, general international standards in the area of health are as follows:

Universal Declaration of Human Rights (United Nations, 1948)

Article 25 (1)

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, and the right to security in the event of unemployment, sickness, disability, widowhood, old age or rather lack of livelihood in circumstances beyond his control.

Article 2

Everyone is entitled to all the rights and freedoms set forth in this Declaration without distinction of any kind, such as race, colour, sex, language, religion, political or other opinion, national or social origin, property, birth or other status.

International Covenant on Economic, Social and Cultural Rights (United Nations, 1966)

Article 12 (1)

The States Parties to the present Covenant recognise the right of everyone to the enjoyment of the highest attainable standard of physical and mental health.

Article 12 (2)

The steps to be taken by the States Parties to the present Covenant to achieve the full realisation of this right shall include those necessary for:

- (a) the provision of the reduction of the still-birth rate and of infant mortality and for the healthy development of the child;
- (b) the improvement of all aspects of environmental and industrial hygiene;
- (c) the prevention, treatment and control of epidemic, endemic, occupational and other diseases;
- (d) the creation of conditions which would assure to all medical services and medical attention in the event of sickness.

Article 2 (2)

The States Parties to the present Covenant undertake to guarantee that the rights enunciated in the present Covenant will be exercised without discrimination of any kind

as to race, colour, sex, language, religion, political or other opinion, national or social origin, property, birth or other status.

European Social Charter (Council of Europe, 1961)

Part I

11. Everyone has the right to benefit from any measures enabling him to enjoy the highest possible standard of health attainable.

Part II

Article 11 – The right to protection of health

With a view to ensuring the effective exercise of the right to protection of health, the contracting parties undertake, either directly or in co-operation with public or private organisations, to take appropriate measures designed, *inter alia*:

1. to remove as far as possible the causes of ill-health;
2. to provide advisory and educational facilities for the promotion of health and the encouragement of individual responsibility in matters of health;
3. to prevent as far as possible epidemic, endemic and other diseases.

All of the standards set out above, with the exception of the Universal Declaration, are “hard law” standards by which the United Kingdom has agreed to be bound. The United Kingdom is required, through the system of periodic reporting to international committees of experts, to provide information as to the extent to which it is meeting its obligations in this regard. Many of the other standards set out in the attached Table of Contents are “soft law” standards which, although not binding on the United Kingdom, provide guidance as to the standards agreed by the international community in the field of question. A recurrent theme in all of the standards is that of equality and non-discrimination in the access to health care. The Human Rights Commission strongly supports the adoption and implementation of those standards throughout Northern Ireland.

Northern Ireland Human Rights Commission
Temple Court, 39 North Street
Belfast BT1 1NA
Tel: 028 9024 3987; fax: 028 9024 7844
e-mail: nihrc@belfast.org.uk

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