

Statement of the UN Special Rapporteur on the right to health Dainius Pūras
to Parliamentary Committee on Health
Dublin, March 8, 2017

The mandate of the UN Special Rapporteur on the right to health was established in 2002. The Special Rapporteur (SR) informs the UN and its Member States on opportunities, challenges and obstacles to the implementation of the right to physical and mental health. The SR does this through thematic reports, country missions and reports, communications procedure and non-mandated activities. While discharging the mandate, the SR is using the analytical framework of the right to health, developed by the first SR on the right to health Paul Hunt. This analytical framework has the following elements:

- national and international laws, policies, norms and standards resource constraints and progressive realization;
- obligations of immediate effect;
- freedoms and entitlements;
- healthcare – available, accessible, acceptable and good quality;
- obligation to respect, protect and fulfill; non-discrimination,
- equality and vulnerability;
- active and informed participation, international assistance and cooperation, monitoring and accountability.

Many important themes have been developed by the first and second SR on the right to health Paul Hunt and Anand Grover: health systems, benchmarks and indicators, access to essential medicines, sexual and reproductive rights and health, rights to health and other human rights of vulnerable groups, social and underlying determinants of health.

In my thematic reports and country missions, I am addressing issues that have not been sufficiently addressed and issues that are emerging as new priorities. My reports to date have addressed the right to health in early childhood and adolescence; the right to health and the Sustainable Development Goals (SDGs); the right to health and healthy lifestyles; the right to mental health.

All human rights are interdependent, and right to health cannot be exercised effectively without protecting and promoting all other human rights.

With regard to sexual and reproductive health and rights, I have elaborated on this in my thematic [report on the right to health in adolescence](#) (2015) and in the [Statement of UN independent experts on September 28, 2016](#).

Among the relevant conclusions of my report on right to health in adolescence were the following ones:

- States should adopt a comprehensive sexual and reproductive health policy to ensure universal access to sexual and reproductive health-care services. Recommendations: a) abortions should not be criminalized, as criminalization leads to higher number of maternal deaths and poor mental and physical health outcomes; b) all adolescents should have access to confidential , adolescent-responsive and non-discriminatory sexual and

reproductive health information, services and goods; c) age-appropriate, comprehensive and inclusive sexuality education, based on scientific evidence, should be part of the school curriculum.

In the statement on the Day of Action for Access to Safe and Legal Abortion, September 28, 2016, the independent experts highlighted that:

- Criminalisation of abortion and failure to provide adequate access to services for termination of an unwanted pregnancy are forms of discrimination based on sex. Restrictive legislation which denies access to safe abortion is one of the most damaging ways of instrumentalising women's bodies and a grave violation of women's human rights.
- We recommend the good practice found in many countries which provide women's access to safe abortion services, on request during the first trimester of pregnancy. We insist on international legal requirements that women can access abortion at the very least in cases of risk to their life or health, including mental health, rape, incest and fatal impairment of the foetus during the first trimester and later.
- Violations of sexual and reproductive rights, including denial of access to safe and legal termination of pregnancy, remains a worldwide problem. During all country missions I had, I was raising the issue of gender based violence and violations of sexual and reproductive rights. Some examples will be provided.
- Human rights are interrelated, and so are violations of different human rights. When sexual and reproductive rights are violated, this has a negative impact on physical and mental health.

In my current report, which will be presented in June 2017 to UN Human Rights Council, I critically assess the current situation in global mental health and violations of rights of persons with psychosocial, intellectual and cognitive disabilities. I have identified major obstacles for realization of the right to mental health. These include:

- medicalization of mental health and overuse of biomedical interventions;
- huge power asymmetries;
- the legacy of coercion and forced treatment in psychiatry and mental healthcare;
- inadequate attention to mental health promotion;
- reluctance to eliminate violence in all ages and all settings;
- and other factors.

Now, when mental health is included in SDGs and Agenda 2030, it is of utmost importance not only to invest more in mental health. It is of huge importance to invest in human rights approach in mental healthcare and to abandon outdated concepts and power asymmetries that hinder the progress in global mental health. The main priorities should be to address all human rights in all settings (so that poverty, inequalities and violence are effectively addressed), to target relationships rather than individuals and their brains, and to develop rights-compliant mental health services with radical reduction of coercion in psychiatry. There will be a need for states to act as champions in the promotion of such a shift in mental health policies and services.

More on activities while discharging the right to health mandate can be found here:

<http://www.ohchr.org/EN/Issues/Health/Pages/SRRightHealthIndex.aspx>

<http://www.ohchr.org/EN/Issues/Health/Pages/IssuesFocus.aspx>