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The chalkboard at the 2nd Global NCD Alliance Forum in Sharjah in 2017 highlighted various issues on the minds of delegagates, including human rights © Gilberto Lontro NCD Alliance

Inalienable, indivisible and interdependent: human rights are now a part of the landscape in the fight against NCDs. We ALL have the right to health, and to affordable facilities for treatment and health rehabilitation. And our States are ALL responsible for these and other basic rights. Why then is there such divergence between what we are entitled to and what governments are actually doing in order to prevent, treat and control the epidemic of noncommunicable diseases?

A gap between political promises and change

Human rights are not vague objectives that make up part of a potentially achievable ideal future. Human rights are legally binding norms ensuring social justice and providing special protection for those who are the most likely to be affected or who are already affected by noncommunicable diseases (NCDs).

Because our States signed international human rights treaties, they are accountable for their fulfilment, and *this includes achieving the highest standard of physical and mental health*. The prevention and control of NCDs require clear and immediate political actions from our leaders, and failure to do so is a breach of their obligations. As human rights are legally binding, our States must take the necessary measures to prevent, treat and control epidemics (as mentioned in Article 12.2(c) of the International Covenant on Economic, Social and Cultural Rights) including NCDs. According to the same Covenant, States are also bound to the obligation to improve access to functioning public health and health care facilities, goods and service.

Disregarding human rights compromises lives

We know, however, the results of government failure to respect, protect and fulfil our basic rights. According to WHO, NCDs kill 41 million people per year[1]. Despite the UN High-Level Meeting on NCDs that took place in 2011, governments are still ignoring our rights, forgetting their commitments and failing their populations. Some international human rights treaties may have been signed a decade before our current political leaders took their seats, but these

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legal instruments do not expire. It is now time to see and live the effects of these treaties, starting with our health and environment!

The accountability of States in ensuring the right of everyone to the *enjoyment of the highest attainable standard of physical and mental health* must be demonstrated with political action. Through the Database [1] of the United Nations Office of the High Commissioner for Human Rights, we can verify whether our States fulfil their obligations to report progress and track the application of the recommendations of the Human Rights Commission. We can also observe that there is still room for improvement in the reporting process and in concrete political measures.

Our rights on paper

What do human rights look like? Health-related rights are integrated in the International Covenant on Economic, Social and Cultural Rights [2] of 1966, the International Covenant on Civil and Political Rights [3] (1966), the Convention on the Elimination of All Forms of Discrimination against Women [4] (1979), The Convention on the Rights of the Child [5] (1989) and the Convention on the Rights of Persons with Disabilities [6] (2006).

Here are just a few examples of health-related rights that we are entitled to:

- Right to adequate food Article 11, <u>International Covenant on Economic, Social and Cultural Rights</u>
 [2] (ICESCR, 1966)
- Right of everyone to the enjoyment of the highest attainable standard of physical and mental health Article
 12. ICESCR
- Right to access information and material aimed at the promotion of moral well-being, physical and mental health Article 17, Convention on the Rights of the Child [5](1989)
- Right to enjoy the highest attainable standard of health and facilities for the treatment of illness and rehabilitation of health Article 39, Convention on the Rights of the Child
- Right to live free from stereotypes, prejudices and harmful practices relating to persons with disabilities Article 8, Convention on the Rights of Persons with Disabilities [6] (2006)

Human rights improving people's lives

But our human rights do not exist only on paper. And the neglect of our States in their application is not a simple political inconsistency. They are real stories: those lived by people living with NCDs and people who are exposed to unhealthy environments.

This is the story of Amit, (Amit Ahuja v. Union of India [7]), a patient suffering from haemophilia who claimed his <u>right to health</u> and access to medicines before the High Court of Delhi after being discharged by a hospital, due to the high cost of his palliative treatment. His demand was granted and Amit received financial assistance permitting him to continue his treatments. **Human rights save lives.**

This is the story of Dr Mohiuddin (Dr. Mohiuddin Farooque v. Government of Bangladesh [8]), who filed a writ petition in the Supreme Court of Bangladesh, to dispute the import of radioactive skimmed milk from Danish Condensed Milk Bangladesh Ltd. The milk was unfit for human consumption and therefore violated the fundamental right to life and the right to adequate food. The Supreme Court held the government of Bangladesh responsible, requiring it to enact laws to protect the health and longevity of people living in the country. Human rights make political plans become reality.

This is the story of Dr Esperanza Cerón Villaquirán (Decision T-543 of 2017 [9]), director of Educar Consumidores. She claimed that her right to freedom of expression was breached when the Superintendency of Industry and Commerce censored a television advertisement containing information about the health effects of sugar-sweetened beverages. The Constitutional Court of Colombia ruled in favour of the <u>freedom of expression</u> and the <u>right of consumers to receive this type of information</u>. Human rights support freedom of expression and the right to health information.

This is the story of Claudio (Claudio Rodrigues Bernhardt v. Philip Morris [10]) who claimed that tobacco products killed his spouse, who was influenced into consuming them by misleading advertisements associating tobacco with good health. The Court found a violation of the right to health and the right to life and condemned the tobacco industry

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giant Philip Morris to pay the plaintiff's damages. **Human rights protect people against harmful commercial practices**.

But human rights claims are not reserved for individual cases. There are also community stories and citizens' efforts to raise their voices and demand, for example, fulfilment of their right to live in a healthy environment [11].

This is.... ENOUGH of human rights being ignored!

If you live with an NCD, are likely to be affected by an NCD, or simply have had ENOUGH of your health-related rights being ignored and breached, it is time to raise your voice! The Enough campaign gives everyone the chance to speak up about the changes they would like to live, through <u>Voices of Change</u> [12]. What have you had enough of?

United around the common objective of the prevention and control of NCDs, the Our Views Our Voices community is also taking steps to see fulfilment of the universal human right to health through the Advocacy Agenda of People Living with NCDs [13]. Their stories, shared through Community Conversations [14], are demonstrating that government failure to implement meaningful political change to protect our health has real impact. This is why people living with NCDs must be at the centre of the political NCD response and this is why we all need to take ownership of our fundamental rights.

The 2018 UN High-Level Meeting on NCDs is another opportunity to point out States' obligations to transform international human rights treaties into concrete political action. And if our governments have forgotten what they signed, let's remind them and take back Our Health, Our Right... Right Now!

About the Author

Mathilde Chiesa (@Mathilde_Chiesa [15]) is the NCD Alliance Executive Assistant, based in London. She supports the Chief Executive Officer with key projects and programmes, with a particular interest in the links between Human Rights and NCDs. Prior to this, Mathilde worked with Plan International UK and with the International Bureau for Children's Rights in Canada, supporting programmes on children's rights and gender equality. She has a Master of Human Rights Law from Queen Mary University of London and a Master in Public International Law from the University of Montreal.

[1] <u>http://www.who.int/news-room/fact-sheets/detail/noncommunicable-diseases</u> [16]
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Links

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- [2] https://www.ohchr.org/EN/ProfessionalInterest/Pages/CESCR.aspx
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- [9] https://www.dejusticia.org/wp-content/uploads/2017/11/Executive-Summary-Decision-T-543-of-2017-PDF-for-WEB.pdf?x54537
- [10] http://www.globalhealthrights.org/health-topics/claudio-rodrigues-bernhardt-v-philip-morris/
- [11] http://www.dw.com/en/four-climate-change-lawsuits-to-watch-in-2018/a-42066735
- [12] https://enoughncds.com/voices-of-change/
- [13] https://ncdalliance.org/resources/advocacy-agenda-of-people-living-with-ncds-0 **Square Image:**

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[14] https://public.tableau.com/profile/william.guicheney#!/vizhome/OurViewsOurVoicesCommunityConversationExplorerV 1/DemographicAlternative

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