RESOLUTION

CD50.R8

HEALTH AND HUMAN RIGHTS

THE 50th DIRECTING COUNCIL,

Having considered the concept paper, Health and Human Rights (Document CD50/12);

Bearing in mind that the Constitution of the World Health Organization establishes a basic international principle whereby, “the enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, political belief, economic or social condition;”

Recognizing that in the Health Agenda for the Americas (2008–2017) the ministers and secretaries of health: (a) declared their renewed commitment to the above-mentioned principle established in the WHO Constitution; (b) recognized that human rights are part of the principles and values inherent to the Health Agenda; and (c) declared that, to make the right to the enjoyment of the highest attainable standard of health a reality, the countries should work toward universality, accessibility, quality, comprehensiveness, and inclusion in the health systems that are available for individuals, families, and communities;

Aware that the PAHO Strategic Plan 2008–2012 Amended states that “Human rights law, as enshrined in international and regional human rights conventions and standards, offers a unifying conceptual and legal framework for these strategies, as well
as measures by which to evaluate success and clarify the accountability and responsibilities of the different stakeholders involved;”

Recognizing that the human rights instruments of the United Nations and Inter-American systems are useful for the progress of the Member States towards the achievement of the Millennium Development Goals (MDGs), especially those related to eradicating extreme poverty and hunger (MDG 1), reducing child mortality (MDG 4), improving maternal health (MDG 5), and combating HIV/AIDS, malaria and other diseases (MDG 6);

Observing that the Pan American Sanitary Conference and the Directing Council have recommended that the Member States formulate and adopt policies, plans, and legislation in health consistent with the applicable international human rights instruments in the context of mental health (Document CD49/11), active and healthy aging (Document CD49/8), adolescent and youth health (Document CD49/12), gender equality (Document CD49/13), reduction of maternal mortality and morbidity (Document CSP26/14), access to care for people living with HIV (Document CD46/20), health of indigenous peoples (Document CD47/13), and the prevention and rehabilitation of disability (Document CD47/15), among others;

Recognizing that in some PAHO Member States matters related to health may fall under different jurisdictional levels,

RESOLVES:

1. To urge Member States, taking into account their national context, financial and budgetary resources, and legislation currently in force, to:

(a) strengthen the technical capacity of their health authority to work with the corresponding governmental human rights entities, such as ombudspersons’ offices and human rights secretariats, to evaluate and oversee the implementation of the applicable international human rights instruments related to health;

(b) strengthen the technical capacity of the health authority to provide support for the formulation of health policies and plans consistent with the applicable international human rights instruments related to health;

(c) support PAHO’s technical cooperation in the formulation, review and, if necessary, reform of national health plans and legislation, incorporating the applicable international human rights instruments, especially those related to the protection of groups in vulnerable situations;
(d) promote and strengthen training programs for health workers on the applicable international human rights instruments;

(e) formulate and, if possible, adopt legislative, administrative, educational, and other measures to disseminate the applicable international human rights instruments on protecting the right to the enjoyment of the highest attainable standard of health and other related human rights among the appropriate personnel in the legislative and judicial branches and other governmental authorities;

(f) promote, as appropriate, the dissemination of information among civil society organizations and other social actors on the applicable international human rights instruments related to health, to address stigmatization, discrimination, and exclusion of groups in vulnerable situations.

2. To request the Director, within the financial possibilities of the Organization:

(a) to facilitate PAHO technical cooperation with the human rights committees, organs, and rapporteurships of the United Nations and Inter-American systems;

(b) to train Organization staff so that the technical areas, especially those most closely involved in protecting the health of groups in vulnerable situations, gradually incorporate the international human rights instruments related to health into their programs;

(c) to promote and stimulate collaboration and research with academic institutions, the private sector, civil society organizations, and other social actors, when appropriate, to promote and protect human rights, in keeping with the international human rights instruments related to health;

(d) to promote the sharing of good practices and successful experiences among the Member States of PAHO so as to prevent the stigmatization, discrimination and exclusion of groups in vulnerable situations.

(Sixth plenary, 29 September 2010)