

Human rights and NCDs – integrated and indivisible

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Langue Anglais

A glance at major international declarations and treaties about noncommunicable diseases – the Global Action Plan on NCDs 2013–20, the Framework Convention on Tobacco Control, the Political Declaration from the 2011 UN High-level Meeting, or the Sustainable Development Goals – reveals ‘human rights’ to be a fundamental overarching principle. So Katy Cooper asks: *what are human rights and how are they relevant to NCDs?*

Human rights in brief

“Ensuring the ‘right to health’ in the context of NCDs means ensuring the rights to education, income, housing, food, information and work. All must be provided without discrimination.”

‘Human rights’ were first formalised after the Second World War – as the response of an appalled world to the atrocities of the previous decade. Out of the initial, succinct [Universal Declaration of Human Rights](#) [1] (adopted by the newly formed United Nations in 1948) have grown many international treaties:

- Covenants on [Civil and Political Rights](#) [2] (covering personal freedoms – including the right to life, to be free from torture or arbitrary imprisonment and freedom of expression/religion) and [Economic, Social and Cultural Rights](#) [3] (covering basic requirements for a life of dignity – including the right to an education, to work and to housing, food and clothing)
- treaties on the **rights of specific, vulnerable groups**, such as the [Convention on the Rights of the Child](#) [4] ; and
- **regional treaties** on human rights – the [African Charter on Human and Peoples' Rights](#) [5], the [American Convention on Human Rights](#) [6], and the [European Convention on Human Rights](#) [7] .

Human rights must be applied without discrimination – which means in practice that realising rights will require a focus on the most vulnerable in society, who are less likely to have their rights upheld. We must all be able to participate in and claim our rights. And governments cannot cherry-pick which to uphold: human rights are integrated and

indivisible.

Crucially, governments are held to account. Some countries have agreed to allow citizens to bring complaints to an international committee when they feel that their government has breached a treaty. But all governments in countries that have ratified the treaties must regularly report on progress (or lack of it), and are given country-specific, time-bound recommendations in response.

What is the ‘right to health’?

The right to health is contained in the International [Covenant on Economic, Social and Cultural Rights](#) [3], and is also enshrined in all the specific and regional treaties. It does not – and, of course, cannot – imply a right to be healthy. Instead, it is the right to the ‘*highest attainable standard of physical and mental health*’. The treaties acknowledge that not all countries can offer this immediately to all – but the maximum available resources must be offered without discrimination. The right to health is also subject to ‘progressive realisation’ (governments cannot ratchet back on their provision of the right).

The tangled web of human rights and NCDs

The [UN Interagency Task Force on NCDs](#) [8] is currently unpicking the complex links between human rights and NCDs, to provide guidance and a common set of messages across the UN system and to review the global NCD accountability framework through a human-rights lens.

This is not only about the availability, accessibility, acceptability and quality of **treatment**; in addition, the **prevention** of NCDs is inextricably bound up with other social determinants.

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The impact of the private sector is also important: while companies do not have formal human rights obligations under the international treaties (the primary obligation is on governments), they are called upon to respect human rights.

Some NCD/human-rights touchpoints

In addition to informing all our thinking about how best to reach the most vulnerable in society, there are many specific points at which international human rights intersect with NCD prevention and control, for example:

Non-discrimination (ICCPR and ICESCR, Article 2)

- Groups such as older people, indigenous people or the poorest in society are particularly susceptible to discrimination in health care and treatment. In countries such as Brazil, where the right to health is contained in the Constitution, the government has been taken to court for the right to access medicines. ([eg. HERE](#) [9])

Right not to be subject to inhuman or degrading treatment (ICCPR, Article 7)

- The UN Special Rapporteur on Torture argues that government failure to guarantee opioid analgesics (an essential part of many NCD treatments, including for palliative care) constitutes a breach not only of the right to health but also the right to protect people from ‘inhuman or degrading treatment’. ([HERE](#) [10])

Right to information (ICCPR, Article 19)

- In 2016, the Colombian Supreme Court ordered the lifting of a ban on an advertisement highlighting the dangers to health of sugar-sweetened beverages because consumers have a right to ‘access to information on the positive or negative consequences that consuming a certain product may have on their physical and mental integrity’. ([HERE](#) [11])

Right to food (ICESCR, Article 11)

- The International Committee on Economic, Social and Cultural Rights criticised the UK government in 2016 for its failure to ‘address the increasing levels of food insecurity, malnutrition, including obesity, and the lack of adequate measures to reduce the reliance on food banks’. ([HERE](#) [12])

Right to play (CRC, Article 31)

- The 2016 report of the Committee on the Rights of the Child on the UK was critical of ways in which the right to play (an important part of tackling childhood obesity) has been undermined – withdrawal of a play and leisure policy in England and insufficient places and facilities for play and leisure, especially for children with disabilities and in disadvantaged areas. ([HERE](#) [13])

[ICCPR: International Covenant on Civil and Political Rights; ICESCR: International Covenant on Economic, Social and Cultural Rights; CRC: Convention on the Rights of the Child]

Concluding thoughts

Human rights appear in all the NCD treaties, but the way in which human rights are put into practice nationally varies wildly around the world. While human rights are very much part of the legal framework of many countries in South America and Africa, the swing to the right in countries including the United States and in Europe has meant that they are increasingly misunderstood, misinterpreted, and regarded with suspicion.

However, **the fundamental principle of human rights – to create a life of dignity for all – speaks to a very deep understanding of what it is to be human.**

When civil society fails to use human-rights thinking to strengthen our efforts on NCDs, we ignore an important weapon in our armoury.

About the Author

Katy Cooper ([@healthkaty](#) [14]) has worked on the prevention of NCDs since 2005 – until recently as assistant director at C3 Collaborating for Health and now as an independent consultant and writer – and has particular interests in the intersection of NCD prevention with environmental and human rights issues. She holds an MSc in Human Rights from the London School of Economics and Political Science.

A short video on NCDs and Human Rights by David Patterson, of [IDLO](#) [15].

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Short Course: [NCDs and Human Rights](#) [17]

Related Link: [International Covenant on Economic, Social and Cultural Rights](#) [3]

Related Content: [NCD Alliance Launches Human Rights Brief](#) [18]

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Liens

- [1] <http://www.un.org/en/universal-declaration-human-rights/>
- [2] <http://www.ohchr.org/EN/ProfessionalInterest/Pages/CCPR.aspx>
- [3] <http://www.ohchr.org/EN/ProfessionalInterest/Pages/CESCR.aspx>
- [4] <http://www.ohchr.org/EN/ProfessionalInterest/Pages/CRC.aspx>
- [5] <http://www.achpr.org/instruments/achpr/>
- [6] <http://www.cidh.oas.org/basicos/english/basic3.american%20convention.htm>
- [7] http://www.echr.coe.int/Documents/Convention_ENG.pdf
- [8] <http://www.who.int/ncds/un-task-force/en/>
- [9] <http://minorityrights.org/wp-content/uploads/old-site-downloads/download-1276-Litigating-the-right-to-health-for-indigenous-peoples.pdf>
- [10] http://www.ohchr.org/Documents/HRBodies/HRCouncil/RegularSession/Session22/A.HRC.22.53_English.pdf
- [11] https://ncdalliance.org/news-events/news/colombian-supreme-court-protects-right-to-health-in-historic-ruling?goal=0_1750ef6b4b-e85360de6b-64408485
- [12] http://tbinternet.ohchr.org/_layouts/treatybodyexternal/Download.aspx?symbolno=E%2fC.12%2fGBR%2fCO%2f6&Lang=en
- [13] http://tbinternet.ohchr.org/Treaties/CRC/Shared%20Documents/GBR/CRC_C_GBR_CO_5_24195_E.docx
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