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Chair: Ms. Mejía Vélez (Colombia)

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The meeting was called to order at 3 p.m.

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(c) Human rights situations and reports of special rapporteurs and representatives (*continued*)

([A/71/379-S/2016/788](#), [A/71/308](#), [A/71/361](#), [A/71/374](#), [A/71/394](#), [A/71/402](#), [A/71/418](#), [A/71/439](#), [A/71/540-S/2016/839](#), [A/71/554](#) and [A/C.3/71/5](#))

1. **Mr. Heller** (Special Rapporteur on the human right to safe drinking water and sanitation), introducing his report ([A/71/302](#)), said that development cooperation represented a significant share of total funding for water and sanitation services in developing countries and often established a benchmark for conduct in the water and sanitation sector for not only funders but also government agencies of partner countries. It could also have negative impacts on the human rights to water and sanitation if not guided by a human rights-based approach. The report provided a preliminary analysis of development cooperation, addressing mainly bilateral and multilateral funders.

2. States had an obligation to promote the full realization of the human rights to water and sanitation, and also to ensure that instruments for delegation to non-governmental organizations were in line with human rights standards. International financial institutions, regional banks and regional development organizations should respect, protect and facilitate the human rights to water and sanitation through their activities.

3. A human rights-based approach in the formulation of development cooperation projects and programmes appeared to be more of an exception than a rule; that approach needed to be established in the initial stages of a project. Country ownership should be respected without imposing either specific technological solutions and policies or conditionalities in loan and grant concessions. The participation of Governments and civil society in partner countries was therefore needed at all stages of implementing development policies, programmes and processes.

4. Inadequate planning and management of water and sanitation services could seriously impair the effectiveness and sustainability of development cooperation funding; States must therefore have strong legal, regulatory and policy frameworks in place. Although development cooperation flows were increasing in the water and sanitation sector, disparities existed in funding patterns. Moreover, education and capacity-building received very little attention.

5. In paragraph 74 of the report, he had made a number of recommendations to States and multilateral funders. In particular, he recommended that they should openly discuss and identify obstacles to incorporating the human rights framework in all development policies, programmes and projects and identify best practices; develop measures and safeguards to ensure human rights compliance throughout the project selection process; promote active, free and meaningful participation by relevant stakeholders in decision-making; and prioritize funding that would benefit the poorest and most disadvantaged and seek to end disparities in access to services.

6. **Mr. Araújo Prado** (Brazil) said that his delegation welcomed the discussion in the report of the responsibilities of international financial institutions, particularly the World Bank, and felt that improved dialogue between the World Bank and human rights experts and procedures could help to address challenges in development and human rights. Although his delegation recognized the need to incorporate human rights in the policy frameworks of multilateral funders, it was wary of any initiative that might cause undue constraints on borrowers through the adoption of new safeguards and conditionalities. In the past, such approaches had led to double standards and selectivity regarding the human rights situation in certain

countries. Any new human rights policy at the World Bank should be discussed openly and transparently within its Board of Governors, and the issue of the representation of developing countries needed to be seriously addressed. He requested the Special Rapporteur to take into account those concerns in his future assessments and reports.

7. **Mr. Rohland** (Germany) said that Germany was one of the largest donors worldwide in the field of water cooperation. He asked what the main obstacles were to incorporating a rights-based approach to water and sanitation in development policies, programmes and projects, and requested the Special Rapporteur to identify best practices on how such an approach could be implemented more effectively at all stages and levels of development cooperation.

8. **Ms. Klopčič** (Slovenia) said that her Government consistently supported cross-border water cooperation as a way of contributing to international peace and security; sustainable water management was a priority in its development cooperation. A new national strategic document to govern international development cooperation until 2030 was in the process of adoption, and the Constitution of Slovenia was being adapted to include the right to water. International development cooperation was being redesigned in accordance with a human rights-based approach, and human rights aspects were also being included in the criteria for funding development projects. She asked the Special Rapporteur to comment on how best to incorporate the human rights to water and sanitation in all aspects of development, and to provide examples of good practices where civil society and human rights defenders had been included in the elaboration of development projects in the field of water and sanitation.

9. **Ms. Mafole** (South Africa) said that cooperation in the water and sanitation sector could have a negative impact on developing countries when conditionalities imposed by developed country partners affected the ability of recipient countries to fulfil their obligations. Her delegation expressed concern that the report advocated a so-called human rights-based approach to development cooperation in the realization of the rights to water and sanitation, which had the potential for different interpretations and therefore, abuse, and could give rise to conditionalities that impeded the

enjoyment of those rights. Her delegation requested more information on what a human rights-based approach entailed as opposed to a right to development approach.

10. **Ms. Laissue** (Switzerland) said that Switzerland had strongly advocated the inclusion of the rights to water and sanitation in the 2030 Agenda for Sustainable Development. She asked how government agencies tasked with development cooperation could bring together development banks and United Nations special procedures and institutions specializing in human rights. It would be helpful to discuss the non-monetary incentives that development cooperation bodies could offer non-State actors, such as civil society and the private sector, in order to allow them to play the same role as the government institutions which had primary responsibility for realizing the rights to water and sanitation. She asked the Special Rapporteur to share examples of good practices in which the rights to water and sanitation were supported in water resource management policies.

11. **Ms. Mouflih** (Morocco) said that her Government had implemented a water resource management policy to encourage the efficient use of surface water and groundwater. Access to drinking water had increased in the past 20 years, from less than 20 per cent to 100 per cent in cities and 94 per cent in rural areas. Under the national sanitation programme for 2016-2020, 60 new treatment plants would be built and treatment capacity and sewage network coverage would be increased. Cooperation with partner countries had played an important role in the implementation of the national environmental policy; the financial and technical assistance provided by bilateral donors and partners helped to reinforce institutional, legal, financial and human capacities. She asked what the next steps should be to better ensure that the rights to water and sanitation for all would be included in cooperation strategies.

12. **Mr. Forax** (Observer for the European Union) said that the European Union was one of the major international development donors worldwide; under the European Development Fund, the European Union had contributed over €800 million to water and sanitation projects. Inclusive dialogue and meaningful participation were the only ways to ensure effective, targeted and innovative solutions to development problems and sustainable results in poverty eradication.

The European Union was committed to a human rights-based approach, as outlined in the European Union Strategic Framework and Action Plan on Human Rights and Democracy, and the programmes and projects that it funded were analysed against human rights standards and principles. On the issue of facilitating national ownership, the European Union reiterated its commitment to the Paris Principles. He asked Special Rapporteur for his views on how best to enhance institutional internal procedures to ensure that the international community as a whole adopted a human rights approach and acted consistently.

13. **Ms. Lavallo Arroyo** (Mexico) said that, in accordance with its national water programme for 2013-2018, her Government had implemented a policy to provide quality, affordable water and sanitation services. It was also focused on increasing and diversifying triangular cooperation, South-South cooperation and cooperation with developed countries and international organizations with a view to consolidating an effective system for water resource management. As co-chair of the High-level Panel on Water, Mexico had promoted ambitious cooperation mechanisms among relevant international actors. She asked what measures could be implemented by States in order to ensure respect for human rights in the selection process for cooperation projects and what mechanisms could be implemented in order to include all relevant stakeholders in the decision-making process. Mexico looked forward to the visit by the Special Rapporteur in May 2017.

14. **Ms. Naeem** (Maldives) said that her Government attached great importance to ensuring access to safe drinking water and sanitation; those rights were explicitly recognized in the Constitution. In a small island developing State, however, that task involved considerable challenges. Freshwater was a scarce resource, and the proximity of groundwater to the surface made it highly susceptible to pollution, contamination and saltwater intrusion. Natural disasters, such as flooding and erosion, were further exacerbated by climate change. Some of the islands had sources of harvested rainwater, while others relied on desalination, and the population was dispersed over 187 islands. Given that the report focused on least developed countries, she asked whether the Special Rapporteur planned to broaden the area of study to

consider other countries in special situations, such as small island developing States, in the 2017 report.

15. **Ms. Lavallo** (Spain) said that her country applied a human rights-based approach in its development cooperation policy in all projects from the outset. Through its cooperation fund for water and sanitation, established in 2008, it sought to realize the rights to water and sanitation through concrete programmes and projects. Her delegation agreed on the need for effective mechanisms to register complaints and hold to account those responsible within development bodies, thereby fostering the participation of all stakeholders. She asked what mechanisms could best channel that participation and how to ensure effective representation of affected groups, which often had varied interests.

16. **Mr. Heller** (Special Rapporteur on the human right to safe drinking water and sanitation), said that the best way to incorporate the human rights framework in development cooperation activities was to include the principles of the human rights to water and sanitation in every stage of the development cooperation process, and especially in the selection and design of projects. Availability, accessibility, acceptability and affordability were also key to reflecting human rights in development projects. In addition, safety should be considered with regard to the right to water, and privacy and dignity should be considered with regard to the right to sanitation. General human rights principles should also be taken into account, including equality, non-discrimination, the right to participation, the right to information, transparency, accountability and progressive realization. Some funders, such as the World Bank, did not incorporate the human rights framework in their policies because they considered it a political matter. However, incorporating those principles in development cooperation projects meant taking into account the needs of the most disadvantaged.

17. The 2030 Agenda clearly reflected the human rights to water and sanitation in its goals and targets; however, the Agenda would not be realized if international cooperation was not aligned with the human rights framework. In addition, the mandate of the High-level Panel on Water should be adjusted to ensure that its recommendations concerning the achievement of Goal 6 were clearly based on the principles and normative content of the human rights to

water and sanitation. Participatory mechanisms should be established so that relevant stakeholders could be fully included in the decision-making process.

18. In preparation for his 2017 report, he intended to engage with the main multilateral funders, State funders and NGOs that were key in the development cooperation process in water and sanitation, as well as recipient partner countries. He looked forward to open discussions with funders and recipient States in order to collect reliable information to carefully assess how development cooperation could be improved to reflect the human rights framework.

19. **Ms. Farha** (Special Rapporteur on adequate housing as a component of the right to an adequate standard of living, and on the right to non-discrimination in this context), introducing her report ([A/71/310](#)), said that Vienna Declaration and Programme of Action adopted by the World Conference on Human Rights in 1993 had affirmed the interdependence and indivisibility of all human rights, but that oft-cited principle had rarely been fully implemented to ensure that those living in poverty and homelessness were accorded the full and equal protection of their right to life. The right to life was the cornerstone of the entire human rights system and informed all other rights. There was a clear, deeply disturbing link between inadequate housing and the right to life. An estimated one third of deaths worldwide were linked to poverty, inadequate housing and sanitation-related illnesses.

20. On official missions and working visits, she had met people of all ages who were homeless or living in severely inadequate housing. They articulated their claim to human rights not simply as a demand for adequate housing, but more fundamentally in terms of equal recognition of their right to live in dignity and security; yet all too often, they were ignored, stigmatized, excluded and even criminalized. International human rights officials rarely identified widespread homelessness and intolerable living conditions as an egregious violation of the right to life. Despite the fact that housing was recognized as a human right in the International Covenant on Economic, Social and Cultural Rights, its separation from the right to life seemed to have severed it from core human rights values; there was a distinct contrast between the way deprivations of the right to housing

were described by rights holders and the way they were discussed by government officials. At the international level, housing was more often associated with development and infrastructure programmes than with fundamental human rights.

21. Conversely, the right to life had also been impoverished by its separation from the right to adequate housing. On account of its inclusion in the International Covenant on Civil and Political Rights, the right to life had too often been interpreted narrowly as a negative right, as the right not to be deprived of life, ignoring the fact that human life required a secure place in which to live, with access to food, water and sanitation. That situation had resulted in the denial of substantive human rights claims. The international human rights system must hear such claims and encourage domestic courts and human rights institutions to ensure access to justice; when such claims were not heard, a clear message was sent to States and the international community that those were not serious human rights violations.

22. There was a solid basis in international human rights law to recognize and protect the right to life of those denied adequate housing, including general comment No. 6 of the Human Rights Committee and general comment No. 4 of the Committee on Economic, Social and Cultural Rights. Domestic courts in India and many other countries had interpreted the right to life as including the right to housing. At the regional level, the Inter-American Court of Human Rights had ruled that the right to life included access to conditions that guaranteed a dignified existence. International human rights bodies should embrace those critical advances in domestic and regional human rights law toward a more inclusive understanding of the right to life. Courts and Governments in all States should promote and adopt interpretations of the right to life which gave equal recognition to the lives of those living in dire circumstances.

23. The true reunification of the right to life and the right to adequate housing could only be accomplished by a global response, led by States, including their legislatures and courts, human rights institutions, local governments, ombudspersons and civil society. Remedying violations would require a new commitment to ensuring the equal protection and enjoyment of the right to life by those who were currently living on the

margins of society. Housing, land use, urban planning and social protection legislation must be reenvisioned and redesigned to become the vehicles through which the fundamental right to a dignified and secure life was ensured.

24. **Ms. Mafole** (South Africa) said that economic, social and cultural rights were constitutionally guaranteed in her country. The *Government of the Republic of South Africa and Others v. Grootboom and Others* case proved that the justiciability of those rights was a reality in South Africa. She asked how States could ensure the justiciability of adequate housing as a component of the right to an adequate standard of living and how the right to non-discrimination could be applied in that context, given its close link to the right to life.

25. **Mr. Rohland** (Germany) said that his delegation was pleased that the New Urban Agenda was grounded in the Universal Declaration of Human Rights and other international human rights treaties; however, the international community must now ensure that the Agenda was implemented in a manner that was consistent with international human rights principles, including the right to adequate housing. He asked the Special Rapporteur to elaborate on the very different way in which deprivations of the right to adequate housing were described by rights holders and discussed by government officials. He also asked what measures should be taken under the New Urban Agenda to empower groups that were frequently discriminated against, including women, in order to ensure that they had full rights as citizens of their municipalities.

26. **Ms. Sommerstein** (United Kingdom) said that the United Kingdom was committed to addressing homelessness and grossly inadequate housing, and its strong safety net and clear legislative framework ensured the provision of accommodation and assistance with housing costs where most needed. The right to life had a specific meaning within the framework of international law; accordingly, the United Kingdom did not recognize the link proposed by the Special Rapporteur between the right to life and the right to adequate housing. Given the very different focus of the right to life and the progressive realization of the right to adequate housing as a component of the right to an adequate standard of living, the United Kingdom

considered that the achievement of the aims of both rights were better served by not conflating them.

27. **Ms. Al-Temimi** (Qatar) said that her Government attached great importance to the provision of adequate housing to its citizens and to foreign workers. In connection with the reference made in paragraph 18 of the report to the living conditions of foreign workers in Qatar, she said that her Government valued the vital role of foreign workers as partners in achieving the development plan and vision of the State. In 2015, the labour law had been amended to improve the living situation of foreign workers and provide for their various needs. In order to accommodate the growing number of foreign workers, her Government had built a city which had been designed according to international standards and was considered a model environment for workers. In August 2016, a facility had been opened to provide shelter and assistance to workers who had sustained work-related injuries and were not able to return to work, pending their safe return to their countries. In addition, the committee which was responsible for the construction of stadiums and other infrastructure for the 2022 Fédération Internationale de Football Association World Cup was guided by international principles and took a holistic approach to the welfare of workers, while being open to consultations with a wide range of stakeholders. The report of the Secretary-General on the promotion and protection of human rights, including ways and means to promote the human rights of migrants (A/70/259) had highlighted many of the achievements of Qatar in monitoring the work of recruitment agencies for domestic workers in order to protect the rights of such workers and hold violators accountable.

28. **Mr. Lyazidi** (Morocco) said that the promotion of the right to adequate housing was an essential component of Morocco's national policy, which aimed to guarantee sustainable urban development. Under the Constitution, the right to adequate housing was associated with the rights to water, a healthy environment, health care and social protection. That policy, which demonstrated the political will to adopt a human rights-based approach, sought to reduce poverty and improve living conditions by providing access to basic services for all. The right to adequate housing was also reflected in the national housing programme, launched in 2004, to eradicate substandard housing in 85 cities and provide local contracts for the work. As a

result, more than one million citizens had seen their living conditions improve. He asked the Special Rapporteur to provide an update on her campaign against homelessness and her proposal for a global compact to eradicate homelessness by 2030.

29. **Ms. Ibrahim** (Maldives) said that the unique challenges faced by the Maldives, as a small island nation, in meeting the housing needs of an increasing urban population were exacerbated by internal migration and the inflow of migrant workers. Under the national housing policy, ambitious programmes had been undertaken to relieve the housing shortage through the reclamation of new land for housing and the development of urban centres. In addition, enhancing urban resilience and promoting sustainable development were of vital importance, as the Maldives was extremely vulnerable to the impacts of climate change. She asked the Special Rapporteur to share best practices on improving urban planning, governance and institutional mechanisms in the context of small island developing States, which faced unique housing and urban challenges.

30. **Mr. Forax** (Observer for the European Union) said that in her report, the Special Rapporteur contrasted the way in which the right to housing was viewed by rights holders and by government officials and noted that the third United Nations Conference on Housing and Sustainable Urban Development (Habitat III) had failed to identify systemic violations of the right to life and the right to adequate housing as key issues; he requested more information in that regard. The Special Rapporteur also mentioned that draft general comment No. 36 of the Human Rights Committee bifurcated the right to life into justiciable rights and unenforceable policy aspirations; he asked her to discuss the implications of such a division on the right to adequate housing.

31. **Mr. Araújo Prado** (Brazil) said that it was important to avoid equating human rights that were different in nature, such as the right to life and the right to adequate housing. It would be preferable to focus on ensuring that all rights were treated equally, in accordance with the Vienna Declaration and Programme of Action. Efforts should be concentrated on strengthening the legal remedies for violations of the right to adequate housing and advocating for State action to address such violations. Housing and urban

policies should be guided by a human rights-based approach. Brazil had therefore advocated for the inclusion of the right to adequate housing and the right to the city in the New Urban Agenda. He asked how the right to the city could be useful to the mandate of the Special Rapporteur.

32. **Mr. Ayad** (Iraq) said that the lack of adequate housing was one of the biggest problems in his country owing to economic and security challenges. His Government had therefore created a fund to finance housing projects, which allowed Iraqi citizens to build their own homes through interest-free loans. Loans were also provided to construction companies to assist in building adequate housing for Iraqi citizens. Many families, including those displaced because of terrorist actions, were currently squatting on Government land. He would be grateful for suggestions on how to address informal housing, which lacked basic services, especially water and sanitation.

33. **Ms. Farha** (Special Rapporteur on adequate housing as a component of the right to an adequate standard of living, and on the right to non-discrimination in this context), said that she had been critical of the process and the lead-up to Habitat III with regard to the lack of inclusion of the right to adequate housing. However, she was pleased with some of the outcomes of the New Urban Agenda, which affirmed the right to the progressive realization of adequate housing. The international community must now infuse that provision with meaning.

34. There could be no human right if there was no remedy for a violation of that right. In many States, the right to adequate housing was not included in the constitution or human rights legislation; however, most constitutions did include a provision with respect to the right to life. People who were suffering socioeconomic deprivations and violations of their rights, such as people who were homeless, must have access to a remedy for such violations. The right to life, if read less narrowly, could provide them with that protection. States could ensure the justiciability of adequate housing with a broader interpretation of the right to life where such provisions existed in their constitutions. States should also ratify the Optional Protocols to the International Covenant on Civil and Political Rights and the International Covenant on Economic, Social and Cultural Rights.

35. With regard to the comment by the representative of the United Kingdom, she said that she had not intended to completely conflate the right to housing and the right to life, but had simply observed that they were not benefiting from their separation. She hoped that the international community would share her concern about the unequal attention paid to violations of the right to housing and violations of the right to life. It was problematic that certain deplorable conditions were considered a violation of human rights because the cause was State action, but other comparable conditions were not because the cause was State inaction. States must recognize economic, social and cultural rights on an equal footing with civil and political rights. In circumstances where it was difficult to claim a social and economic right because a State did not have the necessary legal infrastructure in place, resort to the right to life made good sense and must be made available. Otherwise, there would be significant numbers of people with no access to remedies for violations of their rights.

36. A previous report by her predecessor had focused on climate change and discussed small island developing States and the right to adequate housing. The representative of the Maldives would find constructive recommendations in that report.

37. During Habitat III, she had held a multi-stakeholder meeting to discuss the need for a global initiative to include the right to adequate housing in international and national agendas in a meaningful way. There had been nearly 200 participants from all sectors who had agreed that a global alliance of diverse stakeholders would be necessary to promote the right to adequate housing. She was pleased that State- and city-level officials had participated, because progress would not be possible without their engagement. The initiative was still in the early stages, but she was optimistic that it would come to fruition.

38. **Mr. Pūras** (Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health), introducing his report (A/71/304), said that the report focused on the contribution that the right to health could make towards the effective implementation of the Sustainable Development Goals. Health was central to the Goals as it was both an outcome of and a path to achieving poverty reduction and sustainable development.

However, many of the health-related targets were reductive in their approach and did not reflect critical elements of the right to health, including a strong commitment to equality, participation and accountability. The 2030 Agenda also suffered from weak accountability requirements, unclear guidance on how to implement the Goals at the national level and a failure to make commitments or offer guidance as to how the global financial system could be adapted to support such a broad and ambitious global strategy. The role of the private sector also posed various human rights challenges.

39. In his report, he had focused on the issues of equality and non-discrimination, accountability, universal health coverage and the prevention of violence, which were crucial to ensure the successful implementation of the 2030 Agenda and the full realization of the right to health, but were not adequately addressed in the Agenda's targets and indicators. Human rights and the right to health could offer a legally grounded framework to assist States in addressing those issues. The international community must also address the grossly unmet need for rights-based mental health services and invest in community-based social medicine and psychiatry with a modern public health approach based on human rights.

40. He was very concerned about the limited space in many countries for civil society and human rights defenders working on health-related rights, particularly women's rights, sexual and reproductive health rights and the right to be free from discrimination and violence based on sexual orientation and gender identity. Local and indigenous communities claiming land and health-related rights against the powerful interests of private sector actors also faced serious risks in many parts of the world.

41. In paragraph 103 of his report, urged States to ensure full compliance with universal human rights law and principles and refrain from selective approaches to the right to health and related human rights when developing strategies towards the implementation of the Sustainable Development Goals, and made a number of other recommendations. He also recommended that the high-level political forum on sustainable development should meet as often as needed and be well resourced financially, and that States should report to it on a regular basis after

conducting monitoring and participatory reviews at the national level.

42. The 2030 Agenda provided momentum for sustainable investments in modern public health policies, in both developing and developed countries, in order to break the vicious cycle of poverty, inequality, social exclusion, discrimination and violence. States and other actors implementing the Sustainable Development Goals must not be tempted to focus on easy targets at the expense of the most marginalized and vulnerable people. The next two decades were crucial to the efforts of the international community to transform the world into a more peaceful, just and inclusive global community.

43. **Ms. Redinha** (Portugal) requested the Special Rapporteur to share examples of best practices that addressed mental health as an emerging priority. She also asked what concrete policy measures could be implemented by Member States to eliminate discrimination, stigma, prejudice, social exclusion and other forms of violence against persons with mental disorders and psychosocial disabilities, which constituted a violation of their human rights.

44. **Ms. Mouflih** (Morocco) said that the realization of the right to health was strongly dependent on the level of development of each country. Her Government had integrated the concept of sustainable development into its development strategy in order to improve living conditions, enhance the sustainable management of natural resources and promote economic activities that would respect the environment. Medical coverage was being improved and extended with a view to achieving universal health coverage by 2020, and basic health coverage had also been provided to some 20,000 migrants. In 2016, her Government had adopted a plan to update mental health services, focusing on the promotion of mental health, the prevention and treatment of mental illness, and rehabilitation. It had also lowered the price of over 1,800 medications, implemented a national plan for medical emergencies from 2012-2016 and put in place a strategy for reproductive health to provide comprehensive and accessible services to women and adolescents. She requested further information about how universal health coverage should be understood as a component of the right to health and asked whether the Special

Rapporteur intended to work with other institutions to ensure complementarity and consistency.

45. **Ms. Mafole** (South Africa) recalled that the right to the highest attainable standard of mental and physical health had also been included in Millennium Development Goals 4, 5 and 6, but developing countries had made the least progress. The international community, including the corporate sector, should therefore redouble its efforts to mobilize predictable resources towards the achievement of the Sustainable Development Goals and the realization of the right to health. The Constitution of South Africa recognized everyone's right to dignity and bodily and psychological integrity, which reinforced the right to health-care services. Her delegation called on all Member States to ensure compliance with universal human rights law and principles, which emphasized equality, equity and non-discrimination in access to health-care services, thereby contributing to the overall development objective of poverty eradication and inclusive sustainable development.

46. **Mr. Habib** (Indonesia) said that the right to the highest standard of physical and mental health was mandated by the Constitution of Indonesia. In 2009, a law had been passed to establish the fundamental framework and principles of the right to health, as well as the responsibilities of all stakeholders. Ensuring the right to health was also a target under the National Action Plan on Human Rights 2015-2019. Indonesia's health development programme focused on strengthening health services by broadening access, optimizing referral mechanisms and establishing a national health insurance scheme. A health card programme launched in 2014 aimed to provide better access to more affordable health services for all citizens, in particular the underprivileged. Card holders could receive health services in all public hospitals, and his Government was currently expanding the programme to include private hospitals. As at December 2015, the programme had covered 86.4 million people and was expected to cover all citizens by 2019, despite challenges such as the geographical challenge of Indonesia being a large archipelagic country. His Government was looking forward to the forthcoming visit of the Special Rapporteur.

47. **Ms. Lavallo Arroyo** (Mexico) said that the report emphasized issues which were highly relevant for her country, including the protection of the right to health in the activities of the private sector, the need for qualitative data to analyse the achievement of the right to health, and access to justice as a fundamental component of that right. The Mexican legal framework guaranteed access to the right to health for all citizens. She asked what characteristics an independent monitoring mechanism should have to guarantee accountability within the health-care system, what elements were necessary in order to ensure that marginalized people and communities had access to health care, and what issues should be addressed by national policies in order to protect people from being negatively impacted by the private sector in respect of the right to health.

48. **Mr. Forax** (Observer for the European Union), referring to the Special Rapporteur's comment that many of the targets under the Sustainable Development Goals lacked a human rights perspective, asked how those flaws could be rectified in the implementation phase, for example at the ninth Global Conference on Health Promotion and other forums. Combating violence was also a cross-cutting issue in the 2030 Agenda; he asked the Special Rapporteur to provide examples of good practices and guidance on how to more effectively address various forms of violence as a public health issue.

49. **Ms. Ibrahim** (Maldives) said that her Government had introduced a universal health coverage mechanism to eliminate the financial hardships commonly associated with accessing quality health care and to increase the accessibility and availability of health services for those who were most vulnerable, such as persons with disabilities. She requested more information about mechanisms that could support developing countries in strengthening data collection and statistical analysis, in particular for those segments of the population who were invisible in traditional data collection, such as people with mental health conditions.

50. **Mr. Araújo Prado** (Brazil) said that his delegation agreed with the Special Rapporteur that international commitments to national health systems needed to be strengthened. An effective and integrated health system, based on the human rights principles of equality, non-discrimination, transparency, accountability

and participation, was at the heart of the right to health. Brazil reaffirmed its unwavering commitment to guarantee access to physical and mental health services without discrimination, and was taking targeted and concrete steps to ensure the effective realization of that right, especially for the most vulnerable groups. He asked how the mandate could further support the mainstreaming of development and human rights concerns relating to mental health in the international agenda.

51. **Mr. Otto** (Palau), speaking also on behalf of Australia, Belgium, Brazil, Canada, the Federated States of Micronesia and Portugal, members of the Working Group on Mental Health and Well-Being in the 2030 Agenda, said that those States were committed to advancing the agenda for mental health and well-being within the General Assembly, in the context of both the right to health and the 2030 Agenda. Universal health coverage that ensured access to modern, evidence-based mental health services that upheld human dignity and rights was essential to the realization of the right to health. The World Health Organization (WHO) and other expert bodies had provided guidance on that approach; however, the low level of investment by many countries in mental health services gave cause for concern. He requested further details on strategies that might be used to encourage higher levels of investment and other targeted measures addressing mental health, and asked what strategies could be helpful in integrating mental health into primary health care and community and humanitarian service delivery and how the General Assembly could contribute to that work.

52. He expressed concern that the Sustainable Development Goals did not include an indicator for the mental health and wellness component of target 3.4. There should be at least one indicator for mental health service coverage and one indicator for well-being, disaggregated by gender, age and other relevant population groups. He requested the Special Rapporteur to share his views on indicators for mental health, mental health services and well-being.

53. **Mr. Pūras** (Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health) said that the Sustainable Development Goals were very ambitious, and the next few years would be crucial to paving the way for the implementation of the 2030 Agenda. He

was pleased to note the support for his view that the right to health was extremely important to the realization of the 2030 Agenda.

54. Universal health coverage was a cornerstone of the right to health, but it was not a simple goal. It required the elimination of imbalances and asymmetries and the inclusion of mental health, early childhood services and palliative care. He had attended the fifth International African Palliative Care Conference in August 2016 where the focus had been on best practices for palliative care so that people with life-threatening diseases could live with dignity.

55. Special Rapporteurs could not be effective without cooperating with other mandate holders and organizations. WHO was his most powerful and important partner; they shared common values and principles on how to advise stakeholders, especially States, in the progressive realization of the right to health within a human rights- and evidence-based approach. The human rights-based approach had contributed to successfully reducing cases of HIV/AIDS and maternal, infant and child mortality rates. He hoped that the same success could be achieved in other areas of his mandate, such as mental health and non-communicable diseases.

56. He would be submitting a report to the Human Rights Council in June 2017 on the right to mental health, which required more investment. It was important to achieve parity in mental and physical health. Quality investments were also essential. In many countries, a significant portion of investments went to supporting institutional care. The practice of depriving people of liberty because of mental health conditions should be an exception, if not fully eliminated.

57. The best way to reduce violence was to invest in healthy relationships, from infant-parent to adolescent-parent interactions, as well as interactions between individuals and groups. Parents must be taught that there were many non-violent ways to discipline children.

58. Data collection was crucial. The Millennium Development Goals had suffered from a lack of disaggregated data. Qualitative analysis was very useful for monitoring human rights situations; statistics

and quantitative data must be combined with qualitative research and social sciences.

The meeting rose at 5.25 p.m.