

Human Rights Accountability for Global Health Advancement



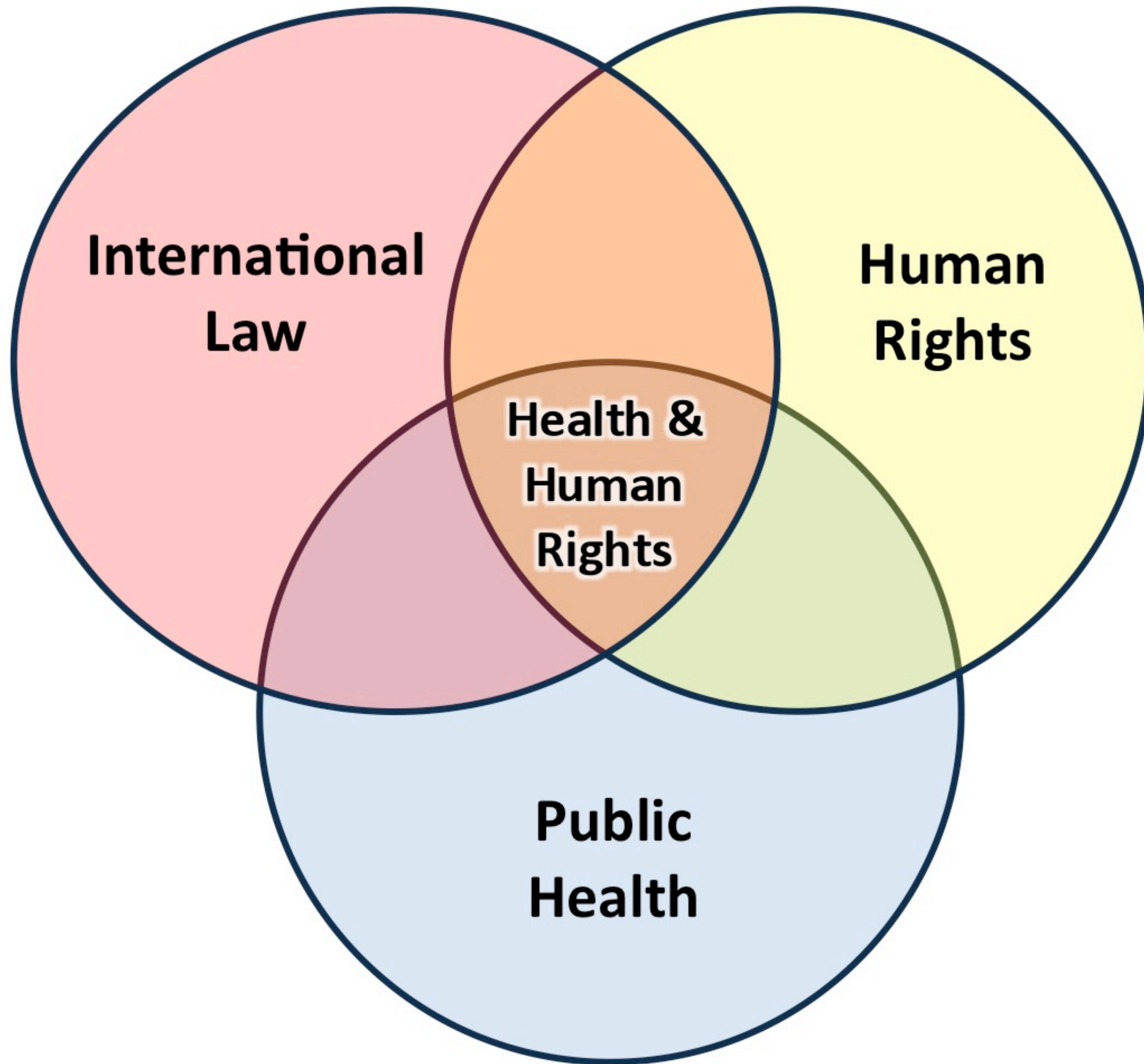
Benjamin Mason Meier, JD, LLM, PhD
Global Health Law Symposium
Duke Law School
November 6, 2015



BenjaminMMeier



THE UNIVERSITY
of NORTH CAROLINA
at CHAPEL HILL



**International
Law**

**Human
Rights**

**Health &
Human
Rights**

**Public
Health**

- 1. Development** – How has Human Rights Law Developed to Address Global Health?
- 2. Implementation** – How are Human Rights Translated from International Development to National Implementation?
- 3. Accountability** – How can Research Facilitate Accountability for Human Rights Implementation?



Human Rights Development



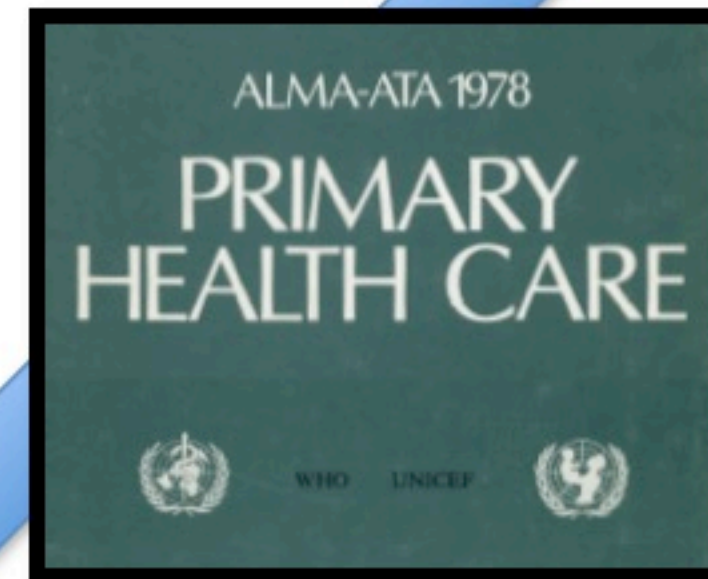
**WHO
Constitution
(1946)**



**UDHR
(1948)**



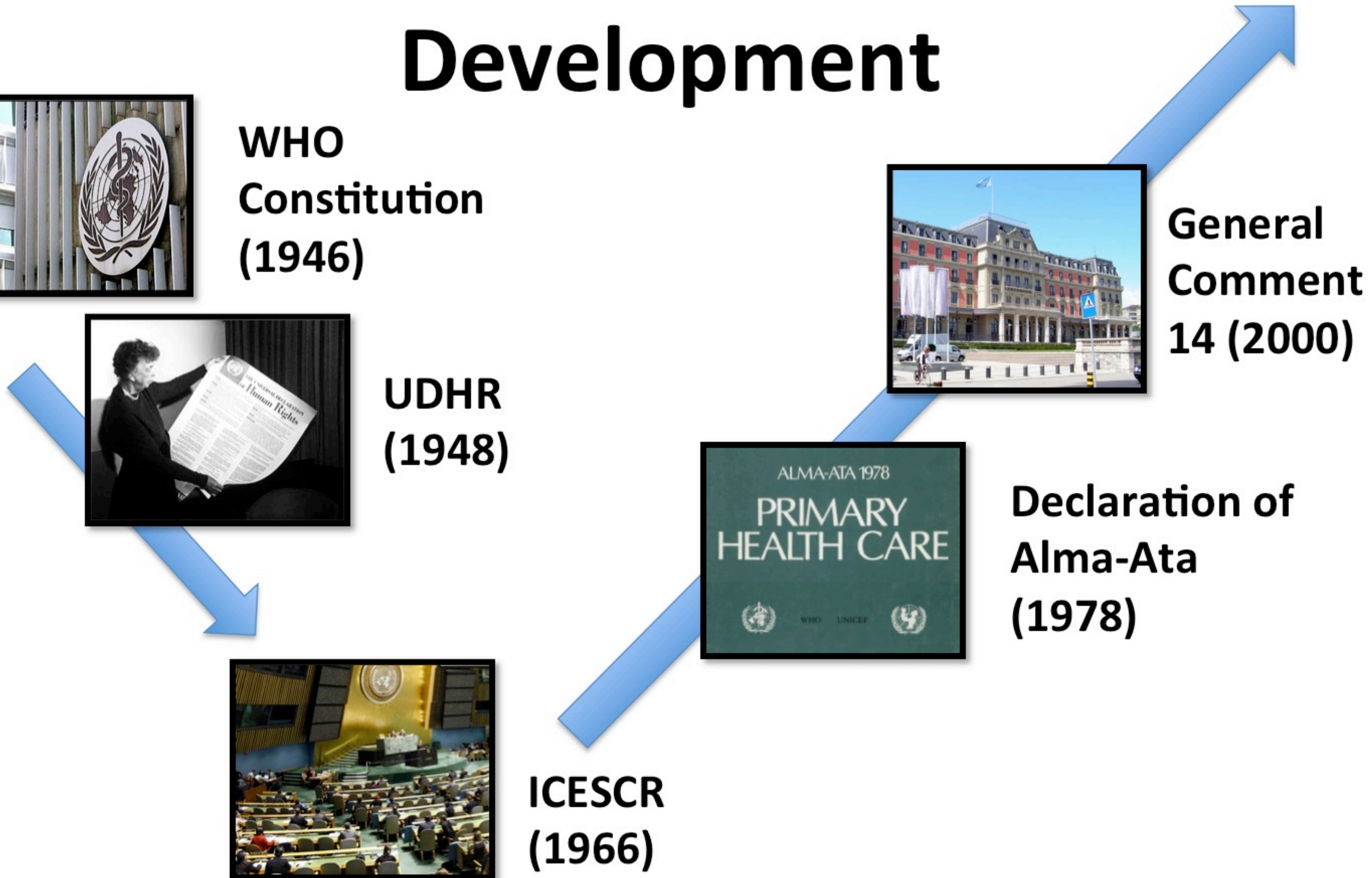
**ICESCR
(1966)**



**Declaration of
Alma-Ata
(1978)**



**General
Comment
14 (2000)**



WHO Constitution (1946)



WHO Accession to the United Nations, UN Secretary General Trygve Lie and WHO Director – General Brock Chisholm

CONSTITUTION

OF THE

WORLD HEALTH ORGANIZATION

The enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being

rights of every human being without distinction of race, religion, political belief,

Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.

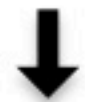
Unequal development in different countries in the promotion of health and control of disease, especially communicable disease, is a common danger.

Governments have a responsibility for the health of their peoples which can be fulfilled only by the provision of adequate health and social measures.

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Universal Declaration of Human Rights (1948)

Second World War



Four Freedoms



UN Charter



WHO Constitution



UDHR

Article 25


- medical care
- underlying determinants of health

“Everyone has the right to a standard of living adequate for the health and well-being of himself and of his family, including food, clothing, housing and medical care and necessary social services...”



International Covenant on Economic, Social and Cultural Rights (1966)

- Abandonment of “complete” health
- No “Standard of well-being”
- Neglect of Underlying Determinants of Health
 - Nutrition
 - Housing
 - Health promotion
 - Social services

UNITED NATIONS  NATIONS UNIES
INTEROFFICE MEMORANDUM

TO: Mr. Philippe de Seynes, Under-Secretary for Economic and Social Affairs Date: 31 January 1957

THROUGH: Mr. Martin Hill, Deputy Under-Secretary for Economic and Social Affairs FILE NO.:

FROM: John P. Humphrey, Director, Division of Human Rights FEB 1 1957
ACTION

SUBJECT: 747th meeting of the Third Committee TO: 2) Mr. de Seynes
 - Action Completed
 - Acknowledged
 - No Action Required
INITIALS
50 221/9 (1)

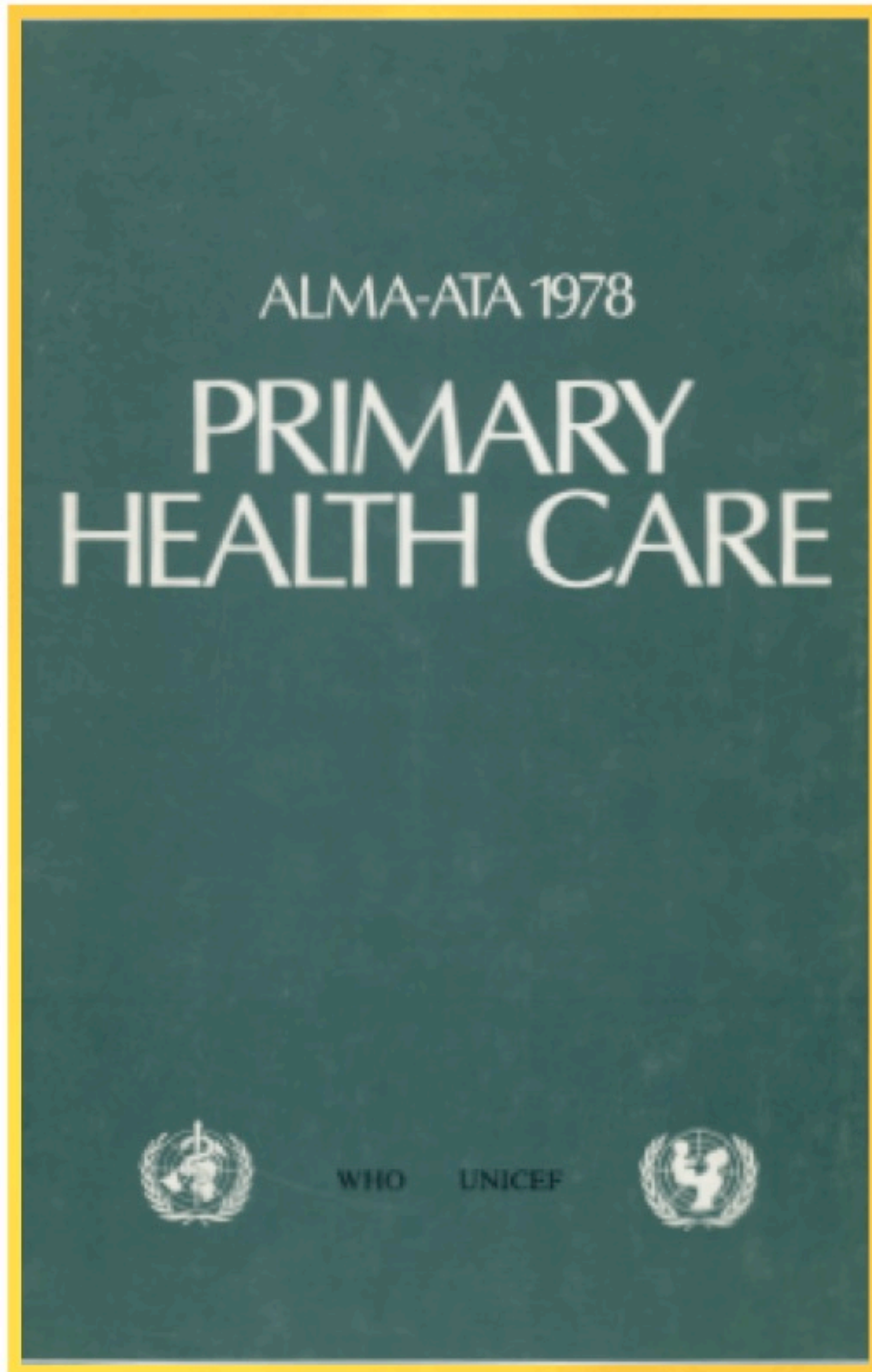
Yesterday afternoon the Committee adopted by 54 votes to none, with 7 abstentions the following text of article 13 relating to right to health for the Covenant on Economic, Social and Cultural Rights:

13. The States Parties to the present Covenant recognize that the highest attainable standard

those necessary for:

- (a) The provision for the reduction of the stillbirth rate and of infant mortality and for the healthy development of the child;
- (b) The improvement of all aspects of environmental and industrial hygiene;
- (c) The prevention, treatment and control of epidemic, endemic, occupational and other diseases;
- (d) The creation of conditions which would assure to all medical service and medical attention in the event of sickness."

Declaration of Alma-Ata (1978)



International Conference on Primary Health Care

- Culmination of Norm-Driven Approach to Public Health
- WHO definition of “complete” health

health—which is a state of complete physical, mental and social well-being, and not merely the absence of disease or infirmity—is a fundamental human right [that] requires the action of many other social and economic sectors in addition to the health sector.

General Comment 14 (2000)

**United Nations
Committee on Economic,
Social and Cultural Rights**

Reinterpreting the Right to Health

- General Comment 14 (2000)
 - State Health Obligations
 - Health Care
 - Underlying Determinants of Health
 - Accountability for National Practice
 - Policy Gaps
 - Implementation Gaps



General Comment 14 (2000)

Public Health

Attributes of the Right

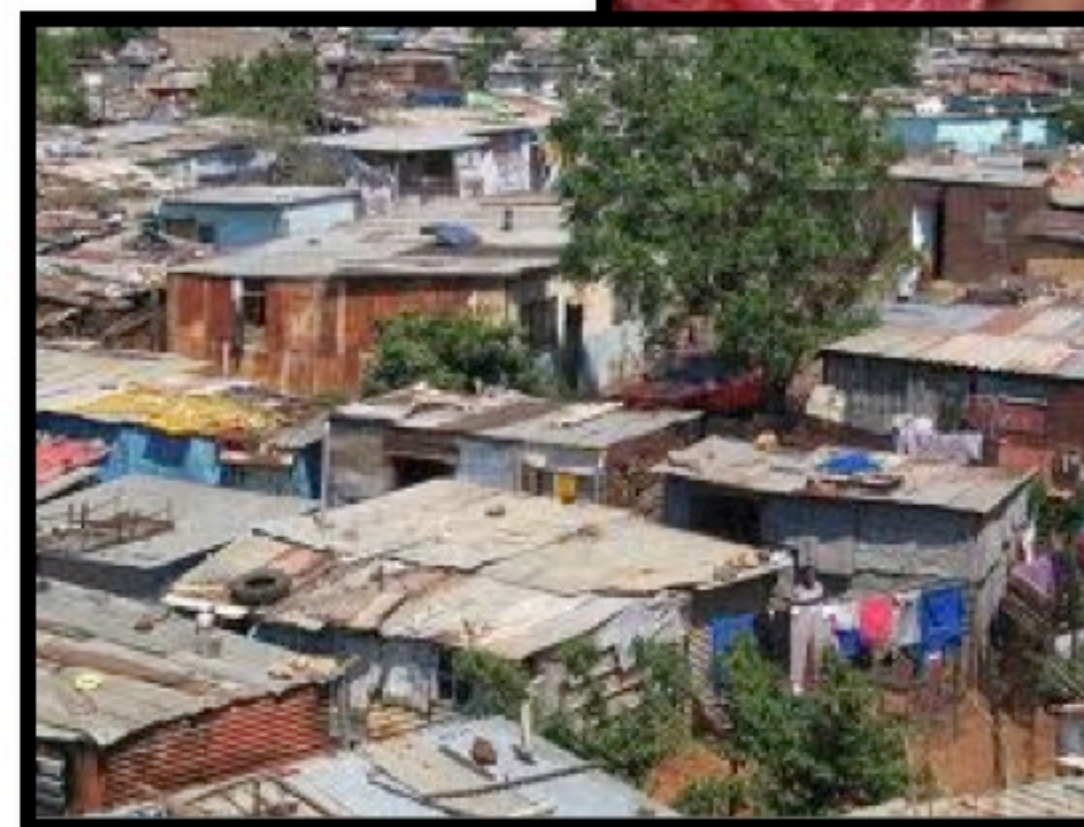
Available

Accessible

1. Non-discrimination
2. Physical accessibility
3. Economic accessibility
4. Information accessibility

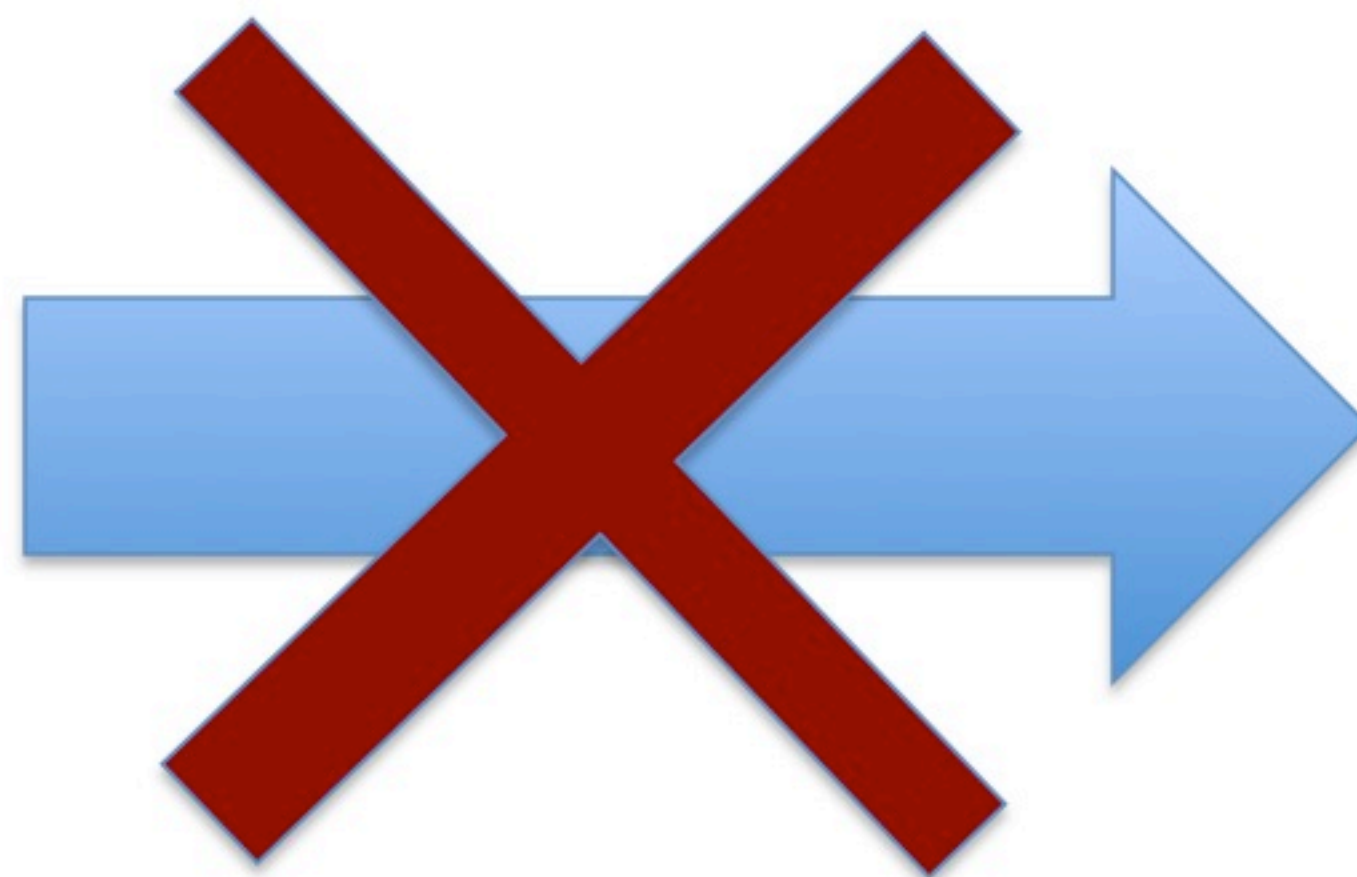
Acceptable

Quality



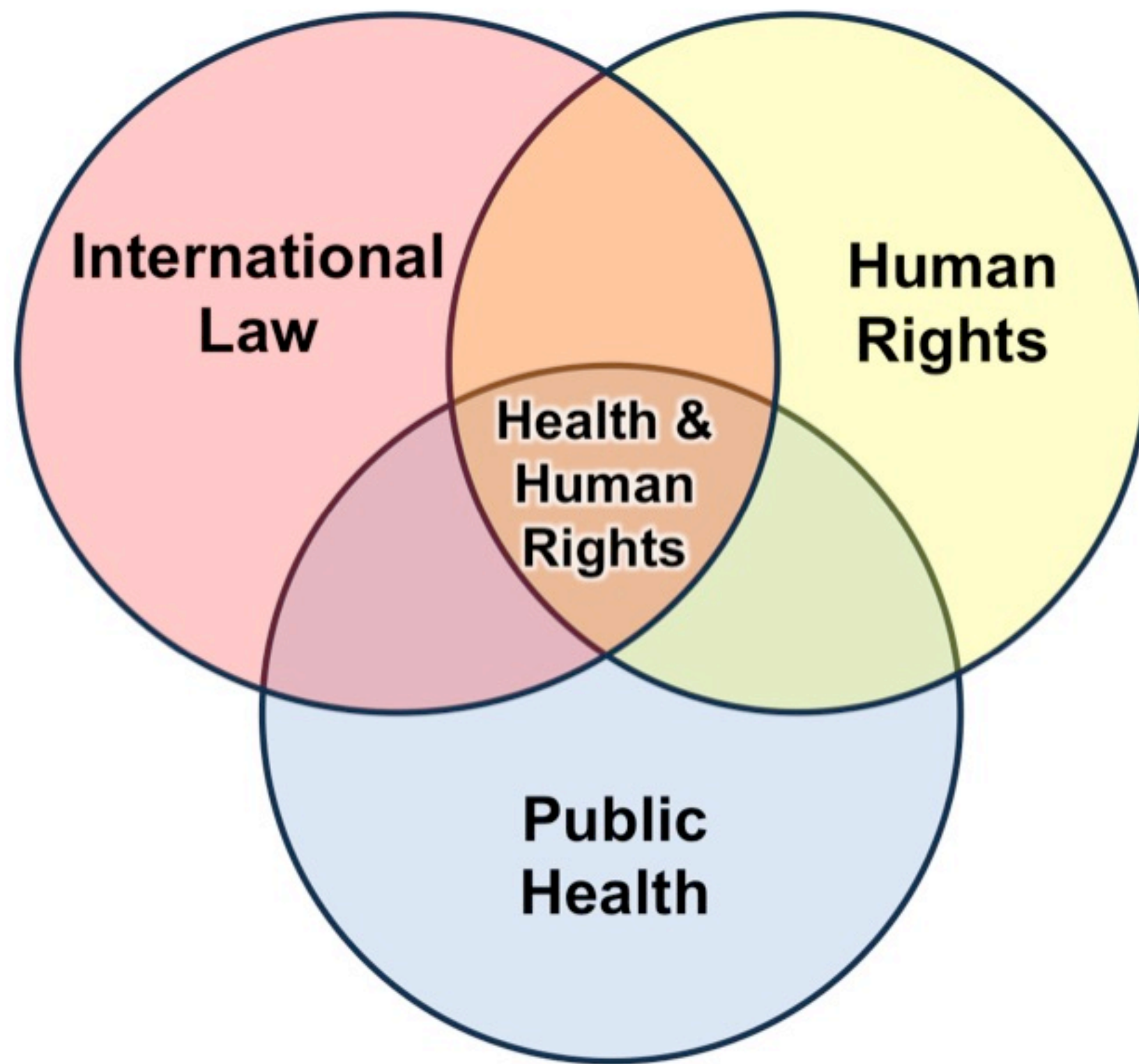
From Development to Implementation

Treaty
Ratification



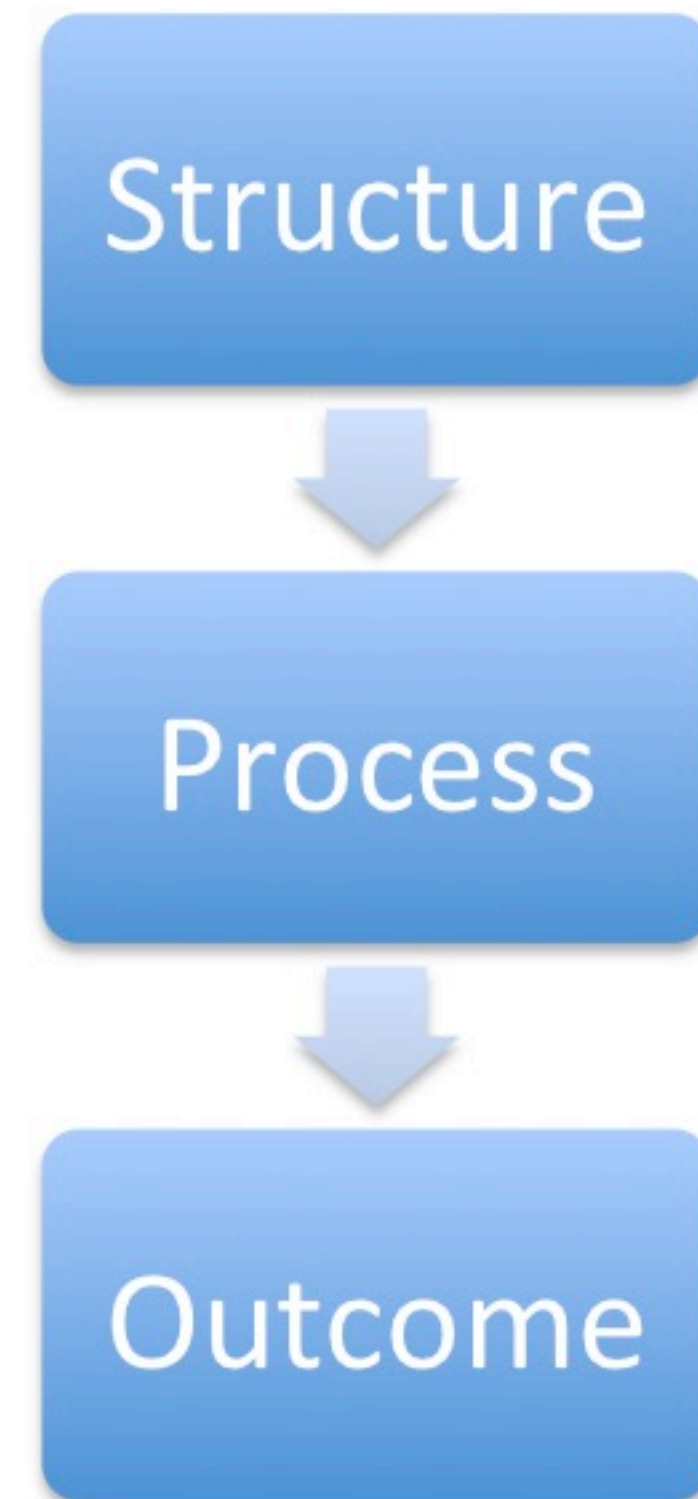
Public
Health
Promotion

From Development to Implementation



Accountability for National Practice

From Ratification to Realization



International Treaty Bodies

Monitoring through Treaty Bodies & UPR



-
1. What are States Reporting?
 2. What is Civil Society Reporting?
 3. How are Treaty Bodies Responding?

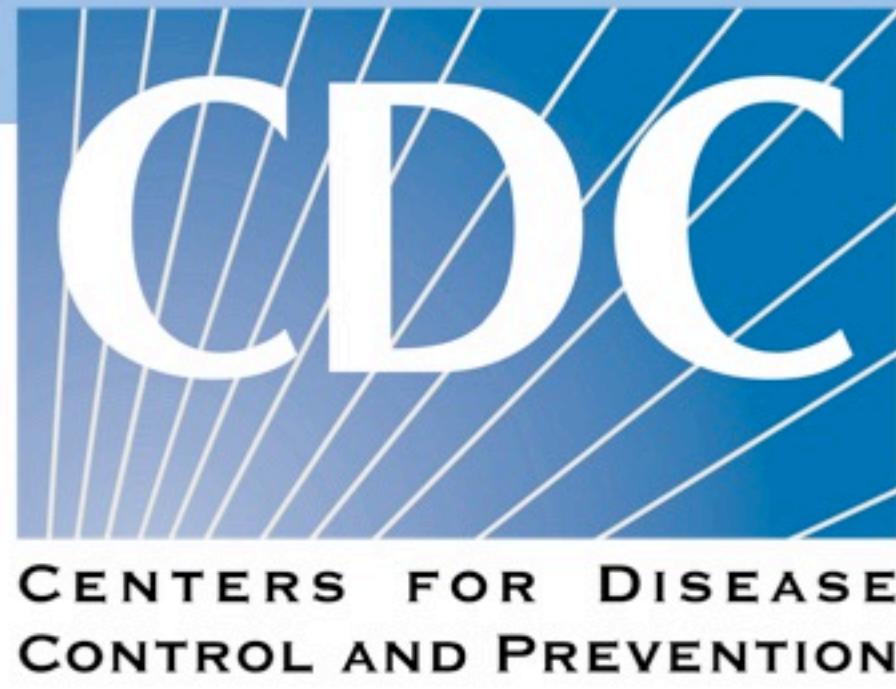
International Treaty Bodies

Type of Information	Normative Content	Human Rights Principles	Population Addressed	Context of Reference	Types of Information	Sphere of Life
Structure	Affordability	Equality and Non-discrimination	Urban	Health	Quantitative	Home
Process	Quality	Participation	Rural	Sanitation	Qualitative	School
Outcome	Availability	Accountability (includes monitoring)	Women	Hygiene		Workplace
	Accessibility Acceptability	Sustainability	Children Racial/ethnic minorities Migrants Refugees Vulnerable Population Geographic Regions Disabilities	Food & agriculture Housing Facilities/Services Education Resource Availability Ecosystem Health Emergencies		Health Facility
			Older Persons Prisoners	Water Source Assistance and Cooperation		
				Land Tenure Status		



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QUALITATIVE
DATA ANALYSIS



National Law Global Health Security



Prevent



Antimicrobial
Resistance



Zoonotic
Diseases



Biosafety/
Biosecurity



Immunization



Detect



Laboratory
Systems



Surveillance



Reporting



Workforce
Development



Respond



Emergency
Operations



Law
Enforcement



Medical
Countermeasures

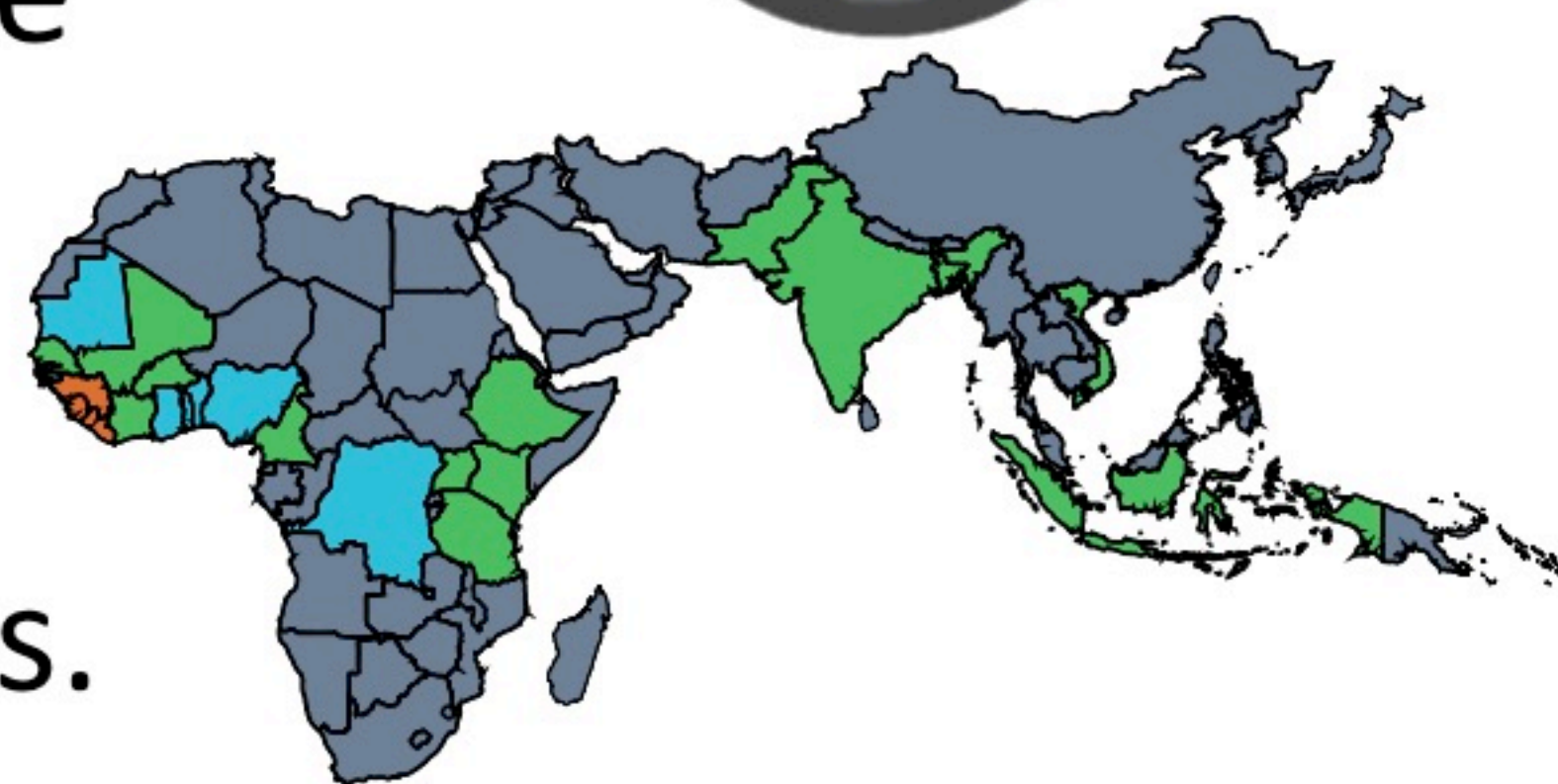
National Law

Laying the Foundation for Law Reform

1. Develop Legal Framework for GHSA Legal Domains
2. Construct a Legal Domain Assessment Tool to Evaluate National Legal Landscapes
3. Assess the Legal Landscape in 25 GHSA Target Countries.



LawAtlas
The Policy Surveillance Portal



Judicial Challenges



Global Health and Human Rights Database

A free online database of health and human rights law

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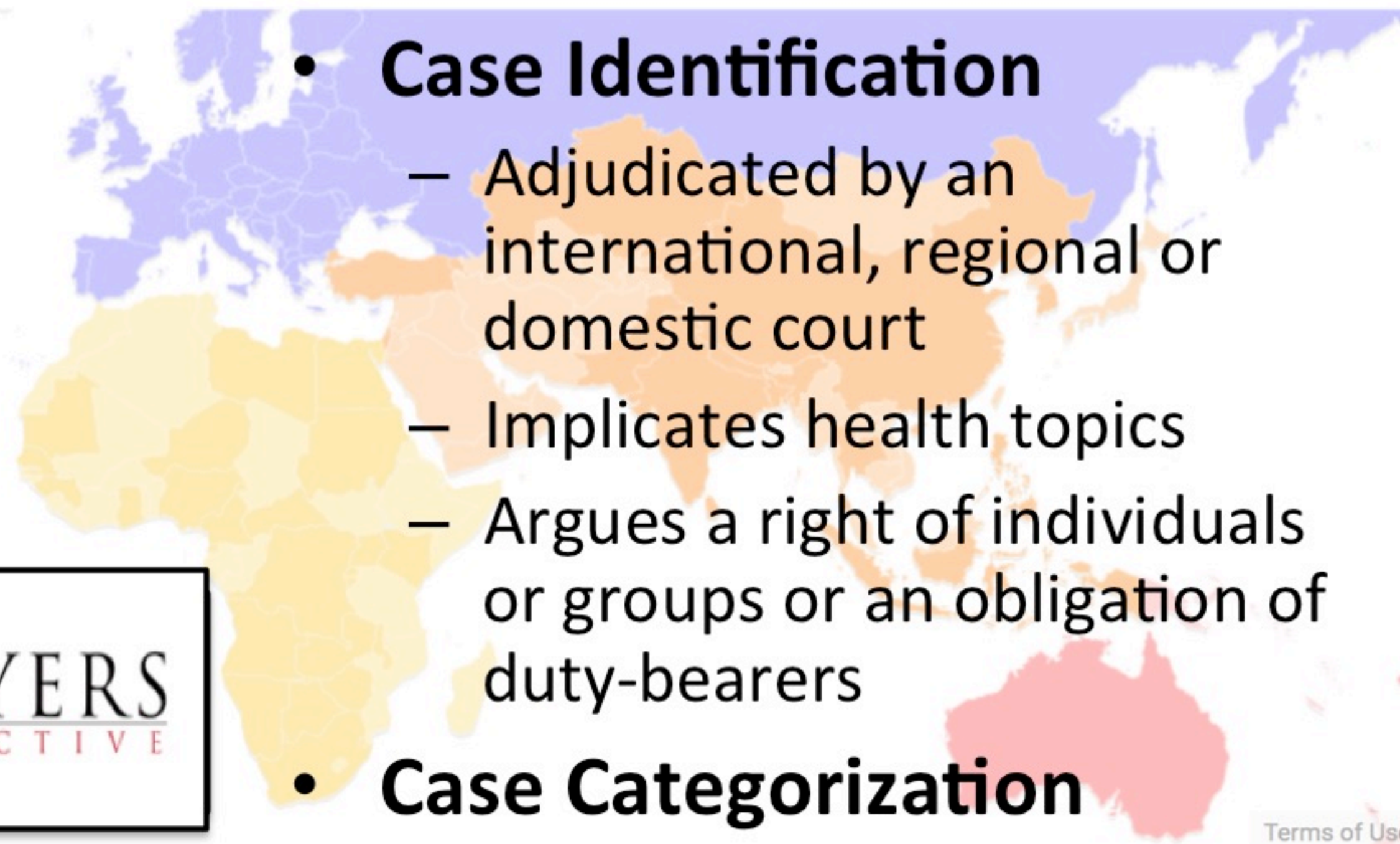
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- **Case Identification**
 - Adjudicated by an international, regional or domestic court
 - Implicates health topics
 - Argues a right of individuals or groups or an obligation of duty-bearers
- **Case Categorization**

O'NEILL
INSTITUTE
FOR NATIONAL & GLOBAL HEALTH LAW
GEORGETOWN LAW



LAWYERS
COLLECTIVE

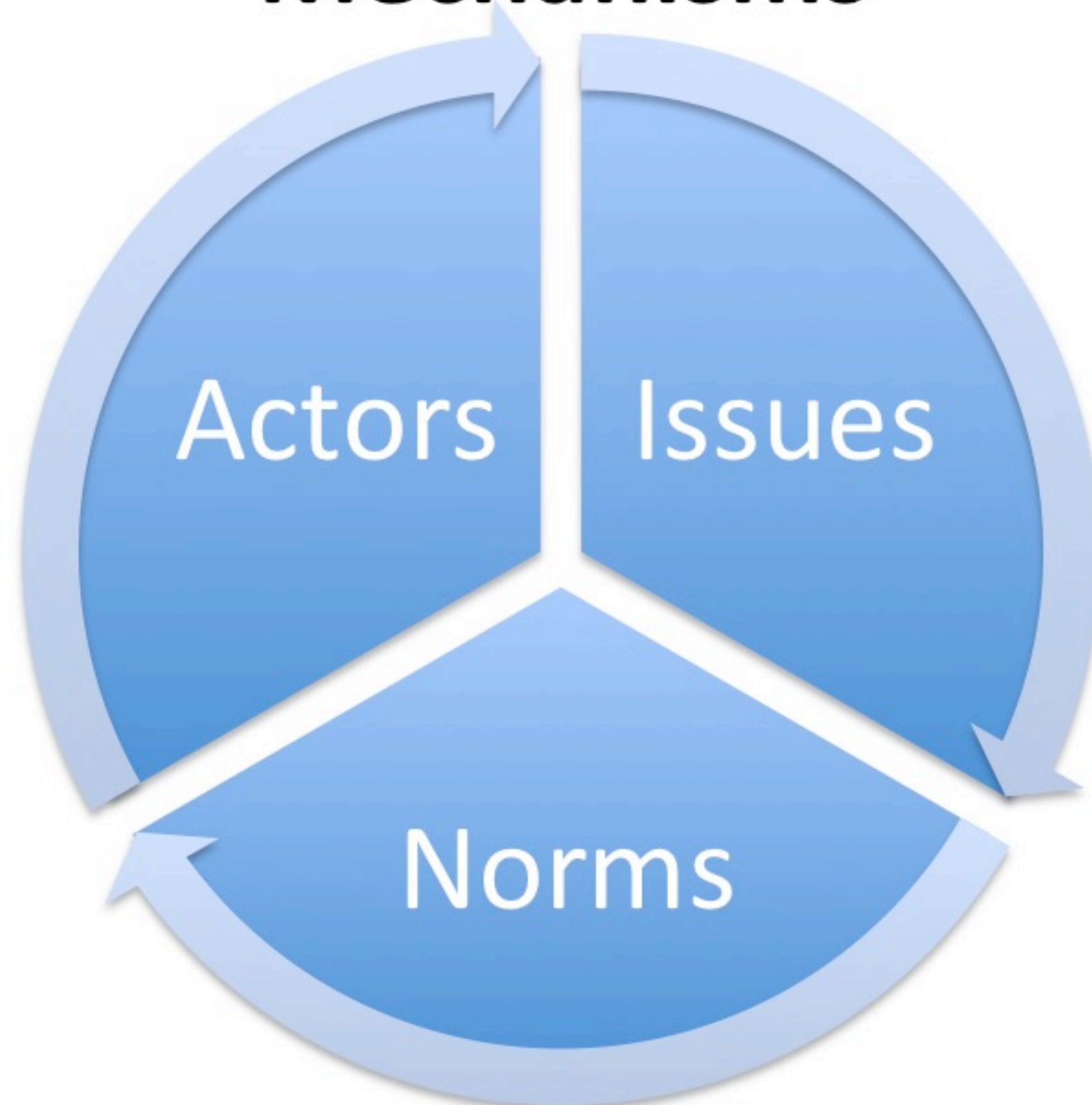
Civil Society

- Social Media Use Exploding
 - 2.55 billion individuals by 2017
 - NGO use social media to engage individuals
- Political Advocacy
 - Opportunities for Norm Change
 - Public Awareness
 - Mass Media
 - Policy Reforms
- Vast Inequalities



Facilitating Accountability through Empirical Research

Understanding Accountability Mechanisms



Thematic Analysis as a Basis for

- **Practice – Transnational Precedent**
- **Research – Comparative Analysis**
- **Governance – Indicators**

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