

United Nations High Commissioner for Human Rights



**Special Rapporteur
on the right of everyone to the enjoyment of
the highest attainable standard of physical and mental health**

Mission to India

Background note

The Special Rapporteur

The Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health ('the right to health' or 'the right to the highest attainable standard of health'), Mr Paul Hunt, is Professor of Law and a Member of the Human Rights Centre at the University of Essex, England, and Adjunct Professor of Law at the University of Waikato, New Zealand. He was admitted as a solicitor in England and Wales in 1982 and has undertaken human rights work in Africa, the Middle East, the South Pacific and the UK.

Prior to his appointment as Special Rapporteur, Professor Hunt served as Rapporteur of the UN Committee on Economic, Social and Cultural Right between 1999 and 2002. In 2000, Professor Hunt was a member of the Advisory Panel of the UNDP Human Development Report, *Human Rights and Human Development*. During 2001 and 2002, the Office of the High Commissioner for Human Rights appointed Professor Hunt as one of three consultants to prepare draft Guidelines on the integration of human rights into poverty reduction strategies (OHCHR, *Human Rights and Poverty Reduction: A Conceptual Framework*, 2004; OHCHR, *Principles and Guidelines for a Human Rights Approach to Poverty Reduction Strategies*, 2006).

Professor Hunt has a Master of Arts from Cambridge University, England and a Master of Jurisprudence from the University of Waikato, New Zealand. He has published widely on issues related to economic, social and cultural rights.

The right to the highest attainable standard of health

In 2002, the Commission on Human Rights, the then principal political body dealing specifically with human rights in the United Nations system, decided to appoint, for a period of three years, a Special Rapporteur to focus on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health. Commission resolution 2002/31 sets out the mandate of the Special Rapporteur requesting him to:

- (a) gather, request, receive and exchange right to health information from all relevant sources;

(b) dialogue and discuss possible areas of cooperation with all relevant actors, including Governments, relevant United Nations bodies, specialized agencies and programmes, in particular the World Health Organization and the Joint United Nations Programme on HIV/AIDS, as well as non-governmental organizations and international financial institutions;

(c) report on the status, throughout the world, of the right to health, including laws, policies, good practices and obstacles; and

(d) make recommendations on appropriate measures that promote and protect the right to health.

The Chairperson of the Commission on Human Rights appointed Professor Hunt as Special Rapporteur in August 2002 to act as an independent expert. Commission resolution 2005/24 extended the mandate of the Special Rapporteur for a period of three years. Following the replacement of the Commission by the Human Rights Council, the Council adopted decision 1/102 which extended all mandates of the former Commission, including that of the Special Rapporteur.

The reports of the Special Rapporteur

The Special Rapporteur submitted his preliminary report to the Commission on Human Rights in April 2003. In this report, the Special Rapporteur outlined his general approach to the mandate. After emphasizing the importance he attaches to developing a regular dialogue and discussing possible areas of cooperation with all relevant actors, the Special Rapporteur set out the sources and scope of the right to the highest attainable standard of health. The report identified three primary objectives for the mandate: to promote – and encourage others to promote - the right to health as a fundamental human right; to clarify the contours and content of the right to health; and to identify good practices for the operationalization of the right to health at the community, national and international levels. The Special Rapporteur aims to explore these three objectives by way of two interrelated themes: poverty and the right to health; and discrimination and stigma and the right to health. Both themes permit the Special Rapporteur to examine a number of important issues arising from resolutions 2002/31 and 2005/24, such as gender, the needs of children, racial discrimination, and HIV/AIDS.

The Special Rapporteur submits annually a report to the Human Rights Council (formerly the Commission), and an interim report to the General Assembly on the activities performed under his mandate. To date, the Special Rapporteur has presented reports on a wide range of generic issues, including the health-related Millennium Development Goals, the skills drain of health professionals, sexual and reproductive health rights, access to drugs, and maternal mortality. Additionally, he has presented reports on formal missions he has undertaken to the World Trade Organization, Mozambique, Peru, Romania, Uganda, Lebanon and Israel (following the July/August 2006 conflict), Sweden, and a report on Guantanamo Bay. Further, he has presented reports that summarise the cases he has transmitted to Governments and replies received. All these reports are available at www.ohchr.org or by contacting Ms Dragana Korljan at dkorljan@ohchr.org. The reports, press releases and other statements by the Special Rapporteur are also available at www2.essex.ac.uk/human_rights_centre/rth

The purpose of the visit

The Special Rapporteur's mission to India focuses on the issue of maternal mortality. The purpose of the mission is to understand, in the context of the right to health and in a spirit of co-operation and dialogue, the steps taken by India to reduce maternal mortality, and to make constructive recommendations.

The Special Rapporteur wishes to visit Rajasthan and Maharashtra to consider the issue of maternal mortality in these two jurisdictions. The Special Rapporteur also wishes to visit Delhi to discuss maternal mortality in these states with India's central Government.

More specifically, the Special Rapporteur would like to consider issues such as:

- The relationship of national and state legislative frameworks with maternal mortality and the right to health;
- National and state policies relating to maternal mortality;
- Access to information on sexual and reproductive health;
- Access to sexual and reproductive health services connected to pregnancy and child birth, in particular emergency obstetric care and skilled attendants at birth, but also family planning services and antenatal care;
- The relationship of maternal mortality with socio-economic status and ethnicity;
- Financing of sexual and reproductive health care services;
- International assistance and cooperation provided by donors and international organizations for reducing maternal mortality;
- The obstacles encountered to the reduction of maternal mortality;
- Good practices in India for the reduction of maternal mortality;
- Accountability in relation to preventable maternal mortality.

The Special Rapporteur will apply a gender perspective to his work, and give particular attention to the right to health of adolescents.

Meetings and other activities

The Special Rapporteur proposes to meet with various central and state Government representatives including the Ministries of Health and Family Welfare (including the National Rural Health Mission), Finance, Women and Child Development, Social Justice and Empowerment, External Affairs, Law and Justice, Minority Affairs and Tribal Affairs. He wishes to meet the National Advisory Council, the Planning Commission and the National Commissions for Women and on Population. The Special Rapporteur proposes to meet with the National Human Rights Commission and, where applicable, human rights institutions in the states visited during the mission. He also wishes to meet with United Nations agencies, international organizations, donors, health professionals and civil society organizations including national health professional associations. Additionally, he would like to meet Judges in the Supreme Court of India and in the State High Courts. Over the course of his mission, the Special Rapporteur would like to spend some time outside of urban centres conducting visits which will enable him to better understand the enjoyment of the right to health of rural and indigenous communities/different ethnic groups.

Outcome

The Special Rapporteur will submit a report on his mission to Human Rights Council in 2008/9. The report will set out and analyse the discussions he has had during the visit and will make recommendations to a number of actors, including federal and state Governments. The Government of India will be given a draft of the report for comments before final submission.
