July 2023

**Submission of the World Organization of the Scout Movement (WOSM) on CERD’s Draft General Recommendation No. 37 on Racial Discrimination in the Enjoyment of the Right to Health**

1. The World Organization of the Scout Movement (WOSM) welcomes CERD’s Draft General Recommendation on Racial Discrimination in the Enjoyment of the Right to Health. We believe that ensuring that everyone is able to benefit from the highest attainable standard of health is integral for them to be able to realize so many of their other rights, whether it be the right to education or the right to work. More importantly, it is integral to realizing the dignity inherent in all people and ensuring that they are able to live a fulfilling life.
2. WOSM, as the world’s leading education youth movement, strongly believes that education is a key tool through which the right to the highest attainable standard of health can be realized and through which racial discrimination can be addressed. It is through providing individuals with the skills they need to take decisions on their own health, and to support the health of the community, that the realization of the right on a basis of equality can be furthered.
3. For this reason, our submission will focus on the role of education as a means through which to realize equality in the right to the highest attainable standard of health and the clear impact that the realization of the right to the highest attainable standard of health has on educational attainment. We believe that the Draft General Recommendation should place great focus on health education and the empowerment of young people.

**Education in the Draft General Recommendation**

1. Education is currently only addressed briefly, in paragraphs 48-51. Three of these paragraphs relate to the education of healthcare professionals, either during their formal education or as a component of mandatory ongoing training. Education in unconscious bias and reviewing educational curricula to ensure that the presentation of medical conditions in people of color can be effectively diagnosed are crucial. However, they alone are not enough to address discrimination in health attainment.
2. In their current formulation, paragraphs 49 and 50 are not directed at State parties. One could therefore question who is responsible to realize the proposals set out within them or even if they can be considered obligations, as they are framed as aspirations. This risks that crucial mechanisms to promote inclusivity and ensure that medical professionals receive training that equips them to treat conditions as they present in all of their patients are not afforded the due attention.
3. Paragraph 51, which expands beyond healthcare professionals, sets out that:

“States should conduct targeted awareness-raising campaigns with information about available health services and the requirements for compulsory health insurance coverage. They should prevent false or misleading information from spreading in digital and physical environments.”

The only paragraph of the General Recommendation that makes reference to the health literacy of the general population makes no mention to the specific measures that should be taken to support young people, to ensure that schools have sufficient resources to deliver health education. In fact, it doesn’t even set out an obligation on States to ensure that the population is educated about their health.

1. Health education, to the extent it is currently referenced within the Draft General Recommendation, focuses exclusively on specialized (tertiary) education. Promoting public health and ensuring that all people are able to enjoy the highest attainable health outcomes requires children to be engaged as part of the formal educational curriculum and through non-formal education organizations, like World Scouting.

**Access to Information (and the Distinction from Health Education)**

1. In its current form the Draft General Recommendation, the Committee makes repeated references to the right to access information. There is an important relationship between the right to access information and the right to education. In this manner, the CRC set out that Children must be equipped with the skills to understand information and with a view to acting on it. In their view, “States parties should stimulate and support opportunities to build such skills through, inter alia, formal and informal education and training programmes, youth organizations and the media.”[[1]](#footnote-1)
2. Health education is dependant on individuals having access to information. However, without health education, access to information, alone, is insufficient to enable individuals to make informed decisions about their health and their lives.[[2]](#footnote-2) Ensuring that everyone can benefit from health education and as a direct result make informed decisions about their own health is crucial to realizing the right to the highest attainable standard of health.

**The Role of Education in Realizing the Highest Attainable Standard of Health**

1. The Draft General Recommendation begins by setting out that “[h]ealth is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity”[[3]](#footnote-3); this is itself taken from the WHO Constitution and has formed the basis for interpreting the right to the highest attainable standard of health. Such an approach requires that individuals are supported in developing an understanding of their health and the health of their communities. One cannot simply rely on the healthcare system to ensure that equality is realized in the right to the highest attainable standard of health. Healthcare systems are ill equipped to ensure a holistic view of health, that is inextricably linked to access to food and clean water, to adequate living conditions and to one’s education.
2. In this vein, the Special Rapporteur in the Right to Health has stressed that, “Racial discrimination is also institutionalized in underlying determinants of health, such as education, employment and housing.”[[4]](#footnote-4) In as much, any attempt to expand on the obligations stemming from the Convention, with regard to the right to the highest attainable standard of health, must take due regard of how racial discrimination in the underlying determinants prevents the meaningful realization of the right to health on a basis of equality.
3. In CESCR’s 14th General Comment the interrelation between health education, the highest attainable standard of health and educational outcomes is clearly laid out.[[5]](#footnote-5) Education is a key mechanism to reduce health inequalities and to promote population health. This, as a direct result, reduces the burdens on primary healthcare systems. It is for this reason that CESCR return to the role of education throughout their General Comment.
4. CESCR go on to set out, in paragraph 44(d), that States as matter of comparable priority are: “to provide education and access to information concerning the main health problems in the community, including methods of preventing and controlling them.”[[6]](#footnote-6) This highlights the clear need for education in promoting public health. Health education provides people, and especially young people, with the tools that they need to make decisions on their health and to evaluate information that they are given on health risks and on the importance of the determinants of health in promoting public health.
5. One should note that when CESCR set out the need for health education, it was distinct from the obligation to ensure that healthcare professions were appropriately educated on health and human rights, which was also listed as a priority obligation in paragraph 44(e).[[7]](#footnote-7)
6. Equally, the CRC, in setting out the aims of education highlighted the importance of education to prepare young people with the essential life skills to *inter alia* realize a healthy life.[[8]](#footnote-8) Health education is not only a means to further the realization of the right to the highest attainable standard of health; it is also a means to further the realization of the right to education for young people, by ensuring that the schools are equipped with the resources that they need to provide young people, irrespective of their background, with the basic skills required.[[9]](#footnote-9)
7. The WHO has set out a clear vision through which every school will become a health-promoting school. The *Global Standards and Indicators* set out how the realization of this vision contributes to promoting health literacy, to the health of communities and to reducing inequalities in health outcomes.[[10]](#footnote-10) Considering the role that formal and non-formal educational environments have in promoting health is crucial to realizing a system where all children and young people are equipped with the skills they need to make decisions relating to their health and to support health promotion in their communities.

**Empowering Young People to Create a Better World**

1. Our work aims at empowering young people to identify the issues facing their community and to develop and deliver solutions to address them. As a result of the Covid-19 pandemic, the Big 6 Youth Organizations, of which WOSM is one, in collaboration with the WHO and the UN Foundation, through the Covid Solidarity Fund, launched the Global Youth Mobilization.
2. The Global Youth Mobilization was an initiative to ensure that young people had the resources to launch and grow grassroots recovery projects to promote public health and to address the consequences of the pandemic, most notably in education. At every level of the Global Youth Mobilization’s governance, young people were present. They held seats on the Steering Board alongside the Big 6’s CEOs, they made decisions on funding allocation, and they were driving forward grassroots projects to support their communities and to promote public health.
3. The Global Youth Mobilization is a key example of what can be realized when young people are given the resources and power to address the issues that they view to be most important. The projects, and what was achieved through them, are a testament to this approach.[[11]](#footnote-11)
4. Youth Organizations are integral to supporting young people to express their views and to engage in public discourse on a range of topics, including on the right to health, at a local, national and international level. Through our work, we equip young people with the skills they need to be able to express their view, as is their right, in a range of fora. The ability of young people to express their views is necessary to ensure that health policy addresses the needs of young people.
5. Ensuring that all young people, and especially the most vulnerable, are able to contribute to public health, to express their views and to benefit from health education is crucial to address the inequality within society. To fully realize this requires that core skills are embedded into national curricula, that non-formal educational organizations are supported (through for instance the recognition of learning) and that young people, from all backgrounds, are consulted and encouraged to express their views on public health policy.

**Recommendations and Proposed Amendments**

1. For these reasons, WOSM would recommend that the Committee streamlines education throughout the General Recommendation. We believe in the importance of stressing the role of health education as a means to ensure equality in the right to the highest attainable standard of health.
2. In the current formulation, the Committee dedicates attention to the meaning of the highest attainable standard of health and the barriers to its realization. It is World Scouting’s belief that at this point one ought to consider the role of health education within the scope of the rights. The effects of racial discrimination in the field of education, directly impact upon the limited resources schools have to dedicate to programs on, for instance, health education and consequently on the health outcomes of students. Inequality in health education contributes to and exacerbates inequality in the right to control one’s health, and therefore poses a barrier to the realization of the right. Addressing this begins by recognizing the intersection of education and health as a component and prerequisite to the highest attainable standard of health.
3. In this way, and as a direct result of having situated health education within the meaning and content of the right to health under Article 5(e)(iv), the Committee must consider the obligations, stemming from the right, to implement health education, on a basis of equality and as a means to realizing equality in health. Health education is one means to address racial discrimination in the right to control one’s health and body; it is one mechanism that is currently lacking from the Draft General Recommendation.

1. CRC, ‘General Comment No. 4: Adolescent health and development in the context of the Convention on the Rights of the Child’ (33rd session, 1 July 2003) UN Doc CRC/GC/2003/4, para 27 [↑](#footnote-ref-1)
2. Ibid. [↑](#footnote-ref-2)
3. Constitution of the World Health Organization (adopted 22 July 1946, entered into force 7 April 1948, as amended) 14 UNTS 185 (WHO Constitution), first preambulatory clause. [↑](#footnote-ref-3)
4. Special Rapporteur on the Right of Everyone to the Enjoyment of the Highest Attainable Standard of Physical and Mental Health, ‘Racism and the Right to Health’ (20 July 2022) UN Docs A/77/197, para 7. [↑](#footnote-ref-4)
5. CESCR, ‘General Comment No. 14 on The Right to the Highest Attainable Standard of Health (Article 12 of the International Covenant on Economic, Social and Cultural Rights)’ (22nd session, 11 August 2000) UN Doc E/C.12/2000/4, para 11. [↑](#footnote-ref-5)
6. CESCR, ‘General Comment No. 14 on The Right to the Highest Attainable Standard of Health’, para 44 (d). [↑](#footnote-ref-6)
7. CESCR, ‘General Comment No. 14 on The Right to the Highest Attainable Standard of Health’, para 44 (e). [↑](#footnote-ref-7)
8. CRC, ‘General Comment No. 1 on Art. 29(1): The Aims of Education’ (17 April 2001) UN Doc CRC/GC/2001/1, para 9. [↑](#footnote-ref-8)
9. Ibid. [↑](#footnote-ref-9)
10. See: WHO and UNESCO, ‘Making Every School a Health-Promoting School: Global Standards and Indicators’ 2021 < <https://www.who.int/publications/i/item/9789240025059> > accessed 18 July 2023. [↑](#footnote-ref-10)
11. For more information: Global Youth Mobilization, *Unstoppable Together: Celebrating 2 years of Youth-led Global Action* (2023) <https://globalyouthmobilization.org/wp-content/uploads/2023/03/GYM-Final-Report-2023.pdf> accessed 31 March 2023. [↑](#footnote-ref-11)