**THE PREVENTION AND TREATMENT OF NON-COMMUNICABLE DISEASES AS A HUMAN RIGHTS CONCERN**

**Concept note**

**Side event at the 51st Session of the Human Rights Council**

**Palais des Nations Room XXV/WebEX**

**29 September 2022**

*14:00hrs – 15:00hrs*

**Co-sponsors:** Government of Portugal, Office of the United Nations High Commissioner for Human Rights (OHCHR), International Development Law Organization (IDLO), Secretariat of the WHO Framework Convention on Tobacco Control, United Nations Development Programme (UNDP), United Nations Population Fund (UNFPA), United Nations Children's Fund (UNICEF), the UN Interagency Task Force on Noncommunicable Diseases (Task Force), UN Nutrition and World Health Organization (WHO).

**Objectives**

* To promote greater understanding of NCDs as a human rights concern
* To highlight key elements of a human rights-based approach to the NCD response
* To promote greater awareness of the role that the Human Rights Council can play in the prevention and treatment of NCDs, taking into account ongoing work in other health-related areas.

**Background**

Noncommunicable diseases (NCDs) are chronic conditions which result from a combination of genetic, physiological, environmental and behavioral risk factors. Although NCDs are often associated with older age groups, individuals across all stages of life are exposed to the major risk factors contributing to NCDs: consumption of tobacco and exposure to tobacco smoke, insufficient physical activity, the harmful use of alcohol, air pollution and unhealthy diets.

NCDs, which include cardiovascular diseases, diabetes, cancer and chronic respiratory disease, are collectively responsible for almost 70% of all deaths worldwide, killing an estimated 41 million persons annually, making them the leading cause of global mortality and disability. NCDs also account for more than 16 million premature deaths (i.e. deaths between the ages of 30 and 69 years), 82 per cent of which occur in low- and middle-income countries.[[1]](#footnote-1) One in every eight persons in the world, including around one fifth of children and adolescents, live with a mental health condition.[[2]](#footnote-2) Poor mental health is estimated to cost the global economy USD 2.5 trillion a year in reduced economic productivity and physical ill-health.

**NCDs and the international human rights framework**

The right to health is recognised in several instruments, including the Universal Declaration of Human Rights, the International Covenant on Economic, Social and Cultural Rights and the Convention on the Rights of the Child, as well as in various regional human rights instruments.[[3]](#footnote-3) It is a composite right, calling for non-discriminatory, timely and appropriate access to health services for all, as well as for attention to the underlying determinants of health. These determinants, which influence persons’ ability to enjoy their right to health, are mostly found outside of the health care system, in the conditions in which persons are born, grow, live, work and age.

The prevalence of NCDs is closely associated with socio-economic, commercial, environmental, structural and other determinants, and these include exposure to risk factors for NCDs and mental health conditions, poverty, predatory commercial practices, discriminatory laws and policies, early childhood health and poor occupational and environmental conditions. Poverty and poor health literacy play a significant role in the extent to which persons are exposed to the main risk factors, resulting in persons in vulnerable situations becoming more ill and dying sooner than persons in more affluent circumstances.

Populations and groups in situations of vulnerability and marginalisation often encounter financial and other barriers to accessing health-care services, such as high cost, long duration of treatment, loss of income due to illness, and the resulting impoverishment. In health settings, discrimination against certain groups of persons living with or at risk of NCDs or mental conditions, and the failure to safeguard patient dignity, discourage many from seeking essential care. With its emphasis on respect for dignity, and privacy, on prioritising attention to persons in vulnerable situations, and on eliminating inequality and discrimination, the human rights-based approach to health is essential for an effective response to NCDs and mental health conditions.

While the right to health may be realised progressively, States are still required to ensure the satisfaction of the minimum essential levels of the right to health. These “core obligations” include: (a) ensuring the right of access to health facilities, goods and services on a non-discriminatory basis, especially for vulnerable or marginalised groups; (b) ensuring access to sufficient, safe and nutritious food; (c) ensuring access to basic shelter, housing and sanitation; providing access to essential drugs; (d) ensuring an equitable distribution of all health facilities, goods and services; and (d) adopting and implementing a national public health strategy and plan of action which address the health concerns of the whole population. Among obligations of comparable import are the obligations to ensure child health care, to provide education and access to health information and to provide appropriate training for health personnel, including education on health and human rights.[[4]](#footnote-4) All of these interventions, underpinned by the allocation of the maximum available resources for health, are also indispensable for the effective prevention, treatment and control of NCDs.

**NCDs in the 2030 Agenda for Sustainable Development**

# NCDs and mental health are a key challenge not only to achieving health and well-being for all, but also for global development. In addition to target 3.4 (by 2030, reduce by one third premature mortality from non-communicable diseases through prevention and treatment and promote mental health and well-being), the majority of targets under Sustainable Development Goal 3 (ensuring healthy lives and promoting well-being for all, at all ages) have a direct bearing on NCDs and mental health. Target 3.8 relates to achieving universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all, while target 3.a calls for strengthening the implementation of the WHO Framework Convention on Tobacco Control (WHO FCTC) in all countries.

The prevention, treatment and management of NCDs and mental health contributes to achieving Goal 3 as well as several other Sustainable Development Goals, including: SDGs 1, no poverty, SDG 2 zero hunger, SDG 4 quality education, SDG 5 gender equality, SDG 7 affordable and clean energy, SDG 8 decent work and economic growth, SDG 10 reduced inequalities, SDG 11 sustainable cities and communities, SDG 12 responsible consumption and production, and SDG 13 climate action.

**Action in the United Nations system**

The WHO FCTC entered into force in 2005 and is one of the most widely ratified treaties. It is an evidence-based treaty which reaffirms the right of all persons to the highest attainable standard of health and provides guidance in addressing one of the most influential risk factors for NCDs. The Economic and Social Council (ECOSOC) established the Ad Hoc Inter-Agency Task Force on Tobacco Control in 1999 to build up a joint United Nations response and to strengthen global support for tobacco control.

In July 2013, following the commitments made in the United Nations Political Declaration on the Prevention and Control of NCDs[[5]](#footnote-5), the World Health Assembly endorsed the Global Action Plan for the Prevention and Control of NCDs (2013-2030).[[6]](#footnote-6) The United Nations Inter-Agency Task Force on the Prevention and Control of Non-communicable Diseases was established by the UN Secretary-General by expanding the mandate of the Ad Hoc Inter-Agency Task Force on Tobacco Control. The Global Action Plan provides Member States with a road map and policy options to achieve nine global NCD targets.

Given the work of the Council in promoting human rights-based approaches across a range of areas including maternal health, access to medicines, vaccines and other health products, mental health and child health, the Human Rights Council is well positioned to focus attention on addressing NCDs as a human rights concern. The COVID-19 pandemic saw the de-prioritisation of many public health initiatives and essential health services, including those for NCDs and mental health, even though NCDs and their risk factors were shown to increase susceptibility to COVID-19 infection as well as the likelihood of worse outcomes.[[7]](#footnote-7) As such, the need to ground the prevention and treatment of NCDs in the human rights obligations of States is more critical than ever.

This side event during the 51st Session of the Human Rights Council will highlight the global burden of NCDs, the role played by their modifiable risk factors, and how human rights are critical for an effective response. The meeting will draw attention to the opportunities available for the Council to explore more direct engagement on NCDs and mental health.

**Venue: Palais des Nations Room XXV. Participation is also possible through WebEX using the following login details:**

**Via WebEX link:**

<https://ungeneva-vc.webex.com/ungeneva-vc/j.php?MTID=mb4674e6f882d3afb49ceb830a92317b4>

**Via meeting number:**

Meeting number (access code): 2744 340 7646

Meeting password: QZf4DdszJ57

**Co-chairs:**

* Todd Howland, Chief – Development and Economic & Social Issues Branch, OHCHR
* Dr Naoko Yamamoto, Chair - UN Nutrition and Assistant Director-General for Universal Health Coverage and Healthier Populations (WHO)
* **Video statement:** H.E. Mr. Rui Maciera,Ambassador of Portugal to the United Nations Office and other international organisations in Geneva
* Mark Cassayre, IDLO Permanent Observer to the United Nations and International Organizations in Geneva: How the Council can contribute to the NCD response: Policy and advocacy perspectives

**Moderator:** Nick Banatvala, Head of the Secretariat of the UN Interagency Task Force on NCDs, WHO

**Panelists:**

* Dr. Tlaleng Mofokeng, Special Rapporteur on the Right to Health: linking human rights and NCDs, with emphasis on the gender dimensions
* Oscar Cabrera, Director, Health and Human Rights Initiative, Global Center for Legal Innovation on Food Environments, O’Neill Institute for National and Global Health Law, Visiting Professor of Law, Georgetown Law
* David Kabanda, Executive Director, Center for Food and Adequate Living Rights, Uganda: The legal environment and the right to food

**Expected outcomes:**

1. Stakeholders are sensitised around the human rights dimensions of NCDs, mental health conditions and their risk factors, as well as the key elements of a human rights-based approach to the NCD response.
2. Opportunities for the Human Rights Council to support the prevention and management of NCDs and mental health are highlighted, taking into account ongoing work in other health-related areas.

**Background documents:**

[Global Action Plan for the Prevention and Control of NCDs 2013-2020](https://www.who.int/publications/i/item/9789241506236)

[Political declaration of the third high-level meeting](https://documents-dds-ny.un.org/doc/UNDOC/GEN/N18/315/40/PDF/N1831540.pdf?OpenElement) of the General Assembly on the prevention and control of non-communicable diseases (res. 73/2)

1. <https://www.who.int/health-topics/noncommunicable-diseases#tab=tab_1>. [↑](#footnote-ref-1)
2. <https://www.who.int/health-topics/mental-health#tab=tab_2>. [↑](#footnote-ref-2)
3. See also: Convention on the Rights of Persons with Disabilities, Convention on the Elimination of all Forms of Discrimination against Women and International Convention on the Elimination of All Forms of Racial Discrimination. Regional instruments recognising the right to health include the European Social Charter, the African Charter on Human and Peoples’ Rights and the Additional Protocol to the American Convention on Human Rights in the Area of Economic, Social and Cultural Rights. [↑](#footnote-ref-3)
4. See Committee on Economic, Social and Cultural Rights, General Comment No. 14 (2000), paras. 43-44). [↑](#footnote-ref-4)
5. <https://documents-dds-ny.un.org/doc/UNDOC/GEN/N11/458/94/PDF/N1145894.pdf?OpenElement> [↑](#footnote-ref-5)
6. <https://apps.who.int/gb/ebwha/pdf_files/WHA66/A66_R10-en.pdf?ua=1> [↑](#footnote-ref-6)
7. https://www.who.int/publications/i/item/WHO-2019-nCoV-Non-communicable\_diseases-Evidence-2020.1 [↑](#footnote-ref-7)