E. HEALTH AND HUMAN RIGHTS: PROGRESS REPORT

Background

1. This report summarizes progress made under the Health and Human Rights concept framework adopted by the PAHO Member States at the 50th Directing Council (document CD50/12 and Resolution CD50.R8 [2010]) (1, 2).

2. The report is based on an analysis of technical cooperation provided in different areas in accordance with the commitments undertaken in Resolution CD50.R8. Various sources have been used for the analysis, including PAHO resolutions and strategies, instruments of international law, and progress made with several projects that take a human rights approach.

Update on progress achieved

3. The Health and Human Rights conceptual framework establishes six specific areas of technical collaboration in which the Member States undertake to use, within their respective national frameworks, human rights instruments applicable to health. Resolution CD50.R8 has facilitated the following progress:

   a) The mainstreaming of human rights in PAHO Governing Bodies documents through collaboration with the technical units in subjects related to access to universal health, healthy life course, maternal mortality, social determinants, noncommunicable diseases and related risk factors, and the health of groups in situations of vulnerability;

   b) The Directing Council’s adoption, in 2013, of the concept paper (3, 4) on Addressing the Causes of Disparities in Health Service Access and Utilization for Lesbian, Gay, Bisexual, and Trans (LGBT) Persons, which was an important milestone in the work done with human rights instruments, complementing Resolution CD50.R8.
c) The use of human rights instruments has helped enact laws that incorporate international human rights standards that have implications for the right to health and other related human rights in areas such as patients’ rights (Chile), prevention of violence against women (Nicaragua), and prevention of all forms of discrimination based on gender or sexual orientation (El Salvador).

d) Human right training has been complemented by national and subregional workshops to encourage Member States to implement Resolution CD54.R9 (2015), *Strategy on Health-related Law* (5). This strategy establishes four fundamental lines of action to facilitate and promote the formulation, implementation, or revision of legal and regulatory frameworks based on promoting, respecting, and protecting human rights.

e) PAHO, together with the Institute of Equity in Health (IHE) and with the support of 15 Member States, established the *Commission on Equity and Health Inequalities in the Region of the Americas* (6, 7). The purpose of the Commission is to further understanding of the main factors contributing to health inequalities through a multidisciplinary approach, including human rights. To this end, the Commission will analyze variables related to gender identity, sexual orientation, ethnicity, and race, among others.

f) PAHO has engaged in technical collaboration with the Member States of the Organization of American States (OAS). Between 2011 and 2015 PAHO has provided technical assistance to the OAS in formulating legal provisions related to the health and development of older persons. This effort concluded with the adoption by the OAS of the *Inter-American Convention on Protecting the Human Rights of Older Persons* (8), which entered into force on 11 January 2017. This Convention is the first international treaty on the subject.

g) According to data compiled by the Special Olympics organization\(^1\) between 2014 and 2015 (9), 48.2% of persons with intellectual disabilities suffered a disorder related to the skin or nails, 69% of adults suffered from overweight or obesity, 51% had signs of gingivitis, and 27% did not pass hearing tests. In order to address this situation, PAHO has strengthened the technical capacities of the health authorities in support of the review or formulation of policies, plans, and laws concerning persons with disabilities, in accordance with the *Inter-American Convention on the Elimination of All Forms of Discrimination against Persons with Disabilities* (10).

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\(^{1}\) Special Olympics is the largest sports organization in the world devoted to children and adults with intellectual disabilities. Its *Unified Sports®* program offers training and competition to more than 5.3 million athletes and partners in almost 170 countries. The *Special Olympics Healthy Athletes®* program offers health services and information to more than 1.7 million extremely needy athletes in more than 130 countries.
**Action needed to improve the situation**

4. In light of the progress made in the Region of the Americas in the incorporation of human rights instruments into its health policies, with the support of PAHO, the Member States are urged to continue this work and step up efforts with a view to:

a) Strengthening collaboration with human rights ombudsmen and the legislative and judicial branches of the PAHO Member States in order to coordinate their actions through a human rights approach, which includes the right to enjoy the highest attainable standard of health. This can be done by developing regulatory frameworks to protect human rights and by removing legislative barriers that penalize certain behaviors.

b) Intensifying efforts so that issues involving human rights, gender, ethnicity, and the social, economic, environmental, political, and cultural determinants that contribute to the enjoyment of the highest attainable standard of health are aligned with regional priorities and the global commitment to achieve the Sustainable Development Goals (SDGs).

c) Strengthening the role played by PAHO in the commissions and bodies created by human rights treaties, such as the Inter-American Commission on Human Rights (IACHR), United Nations agencies, and the Special Procedures.

d) Promoting the use of human rights instruments as a conceptual and legal framework for all health-related issues.

e) Strengthening the technical capacity of the health authorities to promote programs to train health workers about international human rights instruments applicable to persons with intellectual disabilities.

**Action by the Executive Committee**

5. The Executive Committee is asked to take note of this progress report and make any recommendations it deems pertinent.

**References**


