

IMAGINE HOPE?

Reflections on Gender, Health and Human Rights

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Outline

- Defining Human Rights
- Linkages btw Gender & Health Equity and Human Rights
- Limits and Possibilities of the Health-Human Rights Paradigm

Defining Human Rights

- UN Charter (1945)



International
Bill of HR

- Universal Declaration of Human Rights (1948)
- International Covenant of Social Economic and Cultural Rights (1966)
- International Covenant of Civil and Political Rights (1966)

HR Instruments

- Population-Specific:
 - e.g. Convention on the Elimination of All Forms of Discrimination Against Women – CEDAW (1979)
- Region-Specific:
 - e.g. African Charter of Human and People's Rights (1982)
- Treaties signed under UN agencies (ILO, UNESCO, WHO,...)
- Declarations, Recommendations and Resolutions

HR Obligations

- *To Respect*

- governments must **not violate** a right

- *To Protect*

- governments must take action to **prevent violations** of rights by state and non-state actors

- *To Fulfil*

- governments must take positive action in the form of legislative, administrative, judicial and other measures to ensure that every right is implemented to the greatest extent possible.

Right to Health

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

WHO, 1946

- Right to ‘the highest attainable standard of health’ involves
 - access to timely and appropriate **health care**, particularly **maternal and child health care**
 - pre-conditions for a healthy life - supply of **safe water** and **basic sanitation** and access to **immunization**

Principles of the Right to Health

UN CESCR, Gen. Comment no.14, 2000



Available and Accessible to All

Culturally Acceptable

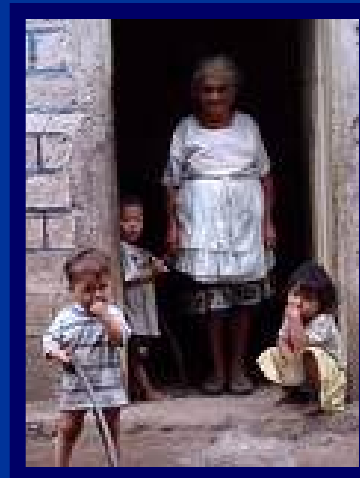
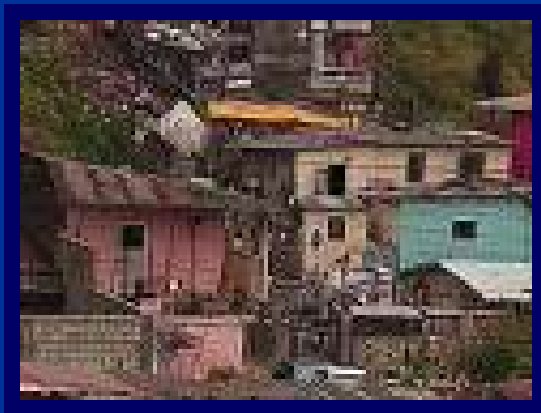
Reasonable *Quality*

Protect the rights and needs
of the *most vulnerable groups*



Gender & Health Equity and HR

- 1.3 billion people in the world live in poverty.



- 70% of them are **women**

UNDP, 1995

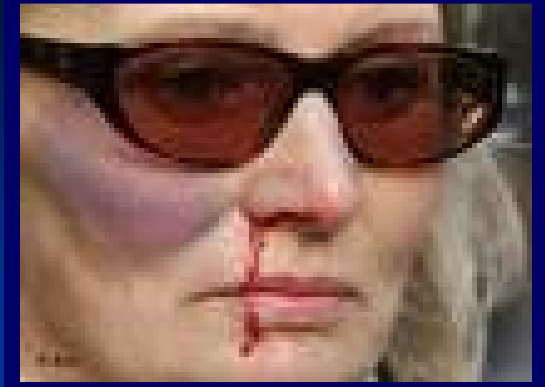
Gender – a critical factor

- risk factors and exposures, manifestations and severity of disease
- responses to ill-health
- access to health care resources
- provision of care
- ability to exercise the right to health



WHO, 2006

Gender-Based Violence



- 1 out of 3 women in the world

- Affects mental health, their social and ability to participate

- Linked to gender inequality in power and the subordination of women

**A HEALTH &
HR ISSUE!**

HIV/AIDS Epidemic

- 39 million people in the world
 - 2.2 million children
 - 18 million

- Women's vulnerability
 - lack of power
 - economic dependence
 - gender norms

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...ing cause of female death

...onships

The Health-HR Paradigm

Limits and Possibilities

1. To broaden the human rights discourse and make it more reflective of women's lives, experiences and concerns:
 - Eliminate the public-private dichotomy – action in areas traditionally defined outside the scope of state intervention
 - Challenge male-centered definitions of rights

The Health-HR Paradigm

Limits and Possibilities

2. To ground the understanding of women's rights violations in broader analysis of power and social inequalities



“Human rights are universal
but the risk of having one's rights violated is not.”

Farmer, 2005 :231

The Health-HR Paradigm

Limits and Possibilities

3. To strengthen the enforceability of international human rights law through legal mechanisms and continuing political action and pressure at local, national and global levels.

“There’s nothing more powerful in the entire world than an idea whose time has come.”

Victor Hugo