

Health



Key Message

Everyone has the right to the highest attainable standard of physical and mental health. This includes not only the right to timely and appropriate health care but also to the underlying determinants of health, such as access to adequate food, water, a sustainable livelihood, shelter and sanitation. Responding to the health needs of a displaced population requires a multi-sectoral response that takes due account of the inter-linkages between health and protection.

1. Health and protection in the context of internal displacement

The conditions that characterize forced displacement can have a profound impact upon the health and well-being of individuals and communities. Conflict, displacement and other violations of human rights, combined with lack of access to adequate shelter, sanitation, food and safe water, can seriously undermine people's ability to prevent and respond to health-related risks in their environment.

Health-related factors, such as disease, disability and malnutrition brought on by displacement, often claim more lives and cause greater suffering than the conflict itself.

Internally displaced persons face a variety of **risks to their health and well-being** both during displacement and upon return or resettlement.

What is health?

Health is generally defined as a state of complete physical, mental and social well being and not merely the absence of disease or infirmity.

Constitution of the WHO

Is there a link between health and human rights?

A strong link binds health and human rights:


- Violations or lack of attention to human rights can have serious health consequences;
- Health policies and programmes and the ways in which they are implemented can promote or violate human rights;
- Vulnerability and the impact of ill health can be reduced by taking steps to respect, protect and fulfill human rights.

25 Questions & Answers on Human Rights
WHO, 2002

- **Physical health:** Physical violence, combined with poverty and marginalization and lack of access to shelter, sanitation, food and water, can result in death, disease, disability, injury or trauma. Diseases that previously have been brought under control, such as measles, diarrhea, malaria and acute respiratory infections, can also become major epidemics as a result of displacement, particularly in crowded camp environments.
- **Mental health:** Exposure to violence, separation from family members, and the loss of homes and livelihoods, can give rise to a number of psycho-social related problems, such as post-traumatic stress disorders, psychosomatic illness, depression and anxiety, which can destroy a person's quality of life and diminish resistance to disease. Such factors can also contribute to a change in behaviour, including increased substance abuse, aggression, and higher levels of sexual and domestic violence (see Part IV.11).
- **Sexual and reproductive health:** Reproductive health problems are a leading cause of death and illness among women and girls worldwide. Such problems are often compounded during displacement because of limited access to health care, erosion of

traditional health practices, and exposure to violence, exploitation and abuse. This may lead to a rise in maternal and infant mortality, still births, and low birth weight. Sexual violence, in particular, which often increases during displacement, can have tragic consequences for women and girls. This includes health problems associated with forced and early pregnancies, unsafe abortions, obstructed labour, sterility, incontinence, vaginal fistulas¹ and sexually transmitted infections (*see also Part V.4*).

Health-related risks are often compounded by **lack of or limited access to health-care facilities, services and supplies, including medicines**, during displacement. In many cases, internally displaced persons cannot obtain timely and adequate health care:

- **Availability** – Displaced persons often live in poor urban areas, rural areas or crowded camps, where health care is absent, the infrastructure has been damaged, or health care workers have been wounded or displaced. Where basic health care is available it may be incomplete, for instance not include vaccinations, reproductive health care or psycho-social support.
- **Accessibility** – Displaced persons may not be able to access available health care for a number of reasons, including discrimination, high user fees, insecure environments, long distances, or lack of affordable transport. Older persons, as well as women and girls, also face additional obstacles in accessing health care. Their ability to travel may be limited, for instance because cultural norms prohibit them from travelling alone or from being treated by a male doctor. Survivors of sexual violence may also be reluctant to seek help because of fear of humiliation, stigmatization, or risk of further violence, arrest or detention (*see Part V.4*). 
- **Affordability** – Displaced persons may lack the resources necessary to pay for health care and medication. In some cases, this leaves them vulnerable to extortion or exploitation, including forced prostitution or survival sex in exchange for medical assistance.
- **Acceptability** – Cultural and religious norms and practices have an influence on people's perception of health and health care must thus be provided in a culturally acceptable way in order to be effective. In addition, health-related information must be provided in a manner and in a language that the displaced population can understand.
- **Quality** – Ensuring that minimum standards are maintained in health services² during emergencies can be challenging because of a lack of qualified staff, lack of knowledge or understanding of displacement-related health risks and the health profile of the displaced population, or lack of respect for human rights, such as the right to privacy and confidentiality during all stages of treatment.

2. Individuals and groups at particular risk

Health-related risks impact people in different ways depending on a range of factors, including age and gender. As an example, young children and older persons are generally more vulnerable to disease than adults and may face additional difficulty in accessing health care. Pregnancy and child-birth, as well as exposure to harmful traditional practices or sexual violence, also pose unique challenges for women and girls. Persons living with disability or serious illness, such as HIV or AIDS, may also need special attention and care.

¹ Fistula occurs when the wall between the vagina and the bladder or bowel is ruptured. It can result in incontinence, severe infections and loss of control of bladder or bowel functions, which may lead to social stigma and isolation of those affected. Fistula often occurs as a result of rape or obstructed labour, in particular when associated with early pregnancy. Fistula can be repaired through surgery.

² These are described in detail in Chapter 5 on Minimum Standards in Health Services in the Sphere Handbook: Humanitarian Charter and Minimum Standards in Disaster Response, Sphere Project, 2004.

Such needs are often overlooked or remain unaddressed because of lack of understanding or discrimination. It is important that differential risks and needs are assessed and taken into account when planning and implementing health-related projects.

3. The responsibility of the State

National authorities carry primary responsibility for ensuring the highest attainable standard of health for everyone within their jurisdiction, including internally displaced persons. This obligation requires States to take progressive steps, to the maximum of their available resources, towards the full realization of the right to health by all appropriate means, including legislative, administrative, financial, educational and social. In particular, national authorities must aim to ensure that health-care facilities, services and supplies are available, accessible, culturally acceptable, and of good quality.

These obligations are outlined in greater detail in a **General Comment** on the right to the highest attainable standard of health, issued by the UN Committee on Social, Economic and Cultural Rights.³

4. The role of human rights and humanitarian actors

At the global level, coordination of the humanitarian response to health is primarily the responsibility of the Global Health Cluster, which is led by the World Health Organization. Given the close inter-linkages between health and human rights, it is important that protection staff and partners work with colleagues from the health sector to ensure that the right to health is respected and that a human rights perspective is integrated into all prevention and response programming.



IN OUR WORK WE CAN ...

Assessment and analysis

(see Part III.1)



- Ensure that protection assessments and analysis take into account the extent to which people are able to enjoy their right to health and the underlying determinants of health; the health impact of human rights violations; and any protection concerns that arise as a result of ill health.

Coordination

- Establish a focal point for health and coordinate closely with other sectors/clusters, such as shelter, food, nutrition and water/sanitation/hygiene, in order to ensure that health-related protection concerns are understood and addressed.

Advocacy

(see Part IV.3)



- Advocate with local and national authorities to ensure that health policies and programmes respect, protect and aim to fulfill the right to the highest attainable standard of health. This includes ensuring that everyone, including internally displaced persons, has access to appropriate health care and medication. In particular, reproductive health care must be available for women and girls, including for survivors of sexual violence.

Community mobilization




(see Part IV.10)



- Support cultural, social or religious activities and practices that play a role in safeguarding health. This might, for instance, include traditional cleansing and healing practices that help people to overcome grief or trauma.
- Involve displaced communities, both men and women, in assessments, planning and implementation of projects. Community leaders, women's groups and youth associations can also play an important role in disseminating information and educating their peers about prevention and treatment of disease and other health risks.

³ General Comment 14(2000) of the Committee on Economic, Social and Cultural Rights on the right to the highest attainable standard of health, E/C/12/2000/4. Available from www.ohchr.org/english/bodies/cescr/comments.htm.



<p>Information (see Part IV.6)</p> 	<ul style="list-style-type: none"> • Work together with colleagues from relevant sectors/clusters to inform the internally displaced, host communities, and local and national authorities, about the right to health and the link between health and human rights. Such activities could include information on the availability and location of health-care services, general practices of good health, including sexual and reproductive health, and ways to reduce various health risks, such as sexual violence.
<p>Education (see Part V.17)</p> 	<ul style="list-style-type: none"> • Advocate for health-related information being included in school curricula and other educational or vocational training programmes. This may include information about the link between health and human rights, about hygiene, adequate nutrition, and sexual and reproductive health.
<p>Training</p>	<ul style="list-style-type: none"> • Support training in human rights, and on the inter-linkages between rights and health, to health professionals and relevant authorities. This could, for instance, include information about the right to health and about the rights to privacy and confidentiality. • Support training in both human rights and basic health care for traditional practitioners, including traditional healers, traditional birth attendants (TBAs), and practitioners of female genital mutilation.
<p>Material assistance (see part IV.7)</p> 	<ul style="list-style-type: none"> • Provide targeted assistance to individuals that cannot pay for necessary health care or medication as well as those that face particular risks. This might, for example, include young mothers, older persons, survivors (or those at risk of) sexual violence, single-headed households, separated and unaccompanied children, and persons living with HIV/AIDS. • Provide financial or material assistance to relevant authorities to assist them in integrating a human rights perspective into their health policies and programmes. This might, for instance, include provision of office or medical equipment, or vehicles or fuel to access remote camps, or to enable emergency referrals for survivors of sexual violence.
<p>Do you have suggestions about other activities? If so, please share them with us at hqidphb@unhcr.org</p>	

5. Key legal principles

International human rights law guarantees everyone the right to the highest attainable standard of physical and mental health. This includes not only the right to equal access to timely and appropriate health care but also a wide range of socio-economic factors and the underlying determinants of health, such as access to food, shelter, safe water and sanitation, safe working conditions and a healthy environment, and access to health-related education and information, including on sexual and reproductive health.⁴

Guiding Principle 19 (see Annex 1)

1. *All wounded and sick internally displaced persons as well as those with disabilities shall receive ... the medical care and attention they require, without distinction on any grounds other than medical one ... [including] psychological and social services.*
2. *Special attention should be paid to the health needs of women, including access to female health care providers and services, such as reproductive health care, as well as appropriate counseling for victims of sexual and other abuses.*
3. *Special attention should also be given to the prevention of contagious and infectious diseases, including AIDS ...*

⁴ See e.g. Art. 25(1) of UDHR; Arts. 10(2), 11 and 12 of ICESCR; Arts. 23(3), 24, 39 of CRC; Art. 5 (e)(iv) of ICERD; and Arts. 10(h), 11(1)(f) and 12, 14(2)(b) and 16(e) of CEDAW. For further discussion see General Comment 14(2000) of the Committee on Economic, Social and Cultural Rights on the right to the highest attainable standard of health, E/C/12/2000/4.

The right to health is also closely related to and dependent upon the realization of **other human rights**, including the rights to non-discrimination and equality, to respect for one's privacy during consultations, examinations and care (including confidentiality of medical information), and to freedom of movement. The right to freedom from torture or cruel, inhuman or degrading treatment or punishment also includes the right not to be subjected to harmful traditional practices, such as female genital mutilation, or forced medical treatment, such as sterilization or mandatory testing, or experimentation.

In this context, the term "health" includes not only physical but also **mental and reproductive health**. Reproductive health rights, for instance, require that women as well as men have access to sexual education and information about family-planning methods and services, and that they can decide freely on the number and spacing of their children. It also requires that women have access to appropriate health-care services for pre-natal, delivery, and post-natal care, and measures to diminish maternal, child and infant morbidity and mortality.

Since **women and girls** have an equal right with men and boys to all aspects of health and well-being, their gender-specific needs, such as the need for reproductive health care, and risks, such as sexual violence and harmful traditional practices, should always be considered.

International humanitarian law provides extensive protection to the sick and wounded as well as to health workers and other humanitarian personnel, hospitals, medical equipment, medical units and transportation.⁵ In particular, the sick and wounded must be collected, protected against ill treatment and receive, to the fullest extent practicable and with the least possible delay, the needed medical care and attention, without any distinction except on medical grounds.



Key References

- *25 Questions and Answers on Health and Human Rights*, WHO, 2002. www.refworld.org
- *Gender Handbook for Humanitarian Action: Women, Girls, Boys and Men: Different Needs, Equal Opportunities*, Chapter XX (Health), Inter-agency Standing Committee, 2007. www.humanitarianinfo.org/iasc/gender
- *Handbook for Emergencies*, Chapter 14 (Health), UNHCR, 3rd ed., 2006. www.refworld.org
- *Reproductive Health in Refugee Situations: An Inter-agency Field Manual*, UNHCR, 1999: www.refworld.org
- The Right to the Highest Attainable Standard of Health, General Comment No. 14 (2000) of the Committee on Economic, Social and Cultural Rights, E/C.12/2000/4. www.ohchr.org/english/bodies/cescr/comments.htm
- Sphere Handbook: Humanitarian Charter and Minimum Standards in Disaster Response, Chapter 5 (Minimum Standards in Health Services), Sphere Project, 2004. www.refworld.org
- Guidelines for Gender-based Violence Interventions in Humanitarian Settings: Focusing on Prevention of and Response to Sexual Violence in Emergencies, IASC, 2005. http://www.humanitarianinfo.org/iasc/content/subsidi/tf_gender/gbv.asp.
- *Clinical Management of Survivors of Rape: Developing Protocols for Use with Refugees and Internally Displaced Persons*, WHO/UNHCR, rev. ed. 2004.
- Guidelines for HIV/AIDS Interventions in Emergency Settings, IASC, 2003. www.aidsandemergencies.org

⁵ This is a customary principle of IHL. See also Common Art. 3 of the Geneva Conventions; Arts. 16-23 of the Fourth Geneva Convention; Arts. 10-18 and 75(2)(a) of Additional Protocol I; and Arts. 4(2)(a), 5(1)(a), 5(2)(e) and (d), 7-12 of Additional Protocol II.



Useful websites

- Global Health Cluster: www.humanitarianreform.org
- World Health Organization (WHO) www.who.int
- United Nations High Commissioner for Refugees (UNHCR): www.unhcr.org
- United Nations Children Fund (UNICEF): www.unicef.org
- United Nations Population Fund (UNFPA): www.unfpa.org
- International Committee of the Red Cross (ICRC): www.icrc.org
- Physicians for Human Rights: <http://physiciansforhumanrights.org>