# Visit to Sweden of Professor Paul Hunt, UN Special Rapporteur on the right to the highest attainable standard of health, 18 June 2007

## Professor Hunt's remarks to the press

## Stockholm, Sweden

In January 2006, I was invited to visit Sweden by the Government of the day.

In February 2007, the UN published my report which I presented to the UN Human Rights Council, in Geneva, on 27 March 2007.

After I presented my report in Geneva, the Swedish Government told the UN that it welcomed my visit to Sweden in 2006, and it was studying my report "with great interest". The Government statement said "we hope to continue the dialogue" and "we look forward to continued cooperation with the Special Rapporteur in our common endeavour".

In this spirit, the Government has invited me back to Sweden today to discuss my report and its many recommendations. Later today, I am scheduled to meet State Secretary Karin Johannsson and State Secretary Gustaf Lind. Also Lina Nyberg, the Children's Ombudsman. This morning I met with civil society organisations.

I am extremely grateful to the Government for inviting me back to Sweden – and I am very grateful to all those who are giving me their time and advice.

My report was only presented to the UN a few weeks ago. So I am not here to find out if the Government has actioned my recommendations. That would be premature.

Rather, I am here to constructively discuss the report and its recommendations with the Government and others.

I am not going to summarise the report. Copies of the report are available. The recommendations are in bold type. It includes a brief executive summary.

Today, I confine myself to the following remarks.

Individuals in Sweden tend to enjoy a standard of living, life expectancy and health status that are among the best in the world.

Repeatedly, my report commends Sweden – see for example paragraphs 8-9, 40, 53, 77, 92 and 123.

However, as the report says, there is no room for complacency. There are some worrying health trends in Sweden – see for example paragraph 11.

Also, the report examines a number of particular health issues and challenges – for example, the Sami, mental health, needle exchange for intravenous drug users, asylum-seekers and undocumented foreign nationals, and so on.

Here, however, I want to emphasise one major point from my report. (See from paragraph 23.)

Sweden is integrating human rights, including the right to health, into its *international* policies. At the international level, Sweden is committed to explicitly taking into account the right to health. Also, it encourages developing countries to explicitly take human rights, including the right to health, into account in their policy-making. In this respect, to its great credit, Sweden is among the world's leaders.

But, strangely, the right to health is not yet explicitly and consistently integrated into Sweden's *domestic* policy-making.

It is as though, when it comes to the right to health, Sweden does not practice at home what it preaches abroad.

Again to its credit, Sweden is taking some steps that will help to address this problem – see for example the new national human rights plan of action (from paragraph 27; also see paragraph 66).

But, as my report says, much more could be done.

I would like to encourage Sweden to examine closely - to seriously debate - the advantages of giving more prominence to the right to health at home, not just overseas.

More domestic consideration of the right to health would reinforce many of Sweden's excellent national health policies. It would also help Sweden to identify and action where more care and attention is needed.

When it comes to integrating the right to health at the *international* level, Sweden is a world leader.

If it wished, Sweden could also lead the way when it comes to the integration of the right to health in *national* health policy-making.

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Stockholm
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