

Third National Health Conference, Peru: “Civil Participation and The Right to Health”

10-12 July 2006

Closing Ceremony

Some closing remarks on participation and the right to the highest attainable standard of health

by Paul Hunt

United Nations Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health

Friends and colleagues:

Thank you very much for the opportunity to make a few brief remarks at the close of your Third National Health Conference.

When I visited Peru in June 2004, I was deeply impressed by the dynamism of civil society, its understanding of human rights, and the welcome openness of the Ministry of Health.

I am also impressed by Peru’s national health conferences with their emphasis on inclusion and participation. May I warmly congratulate everybody responsible – all in ForoSalud - for organising this Third National Health Conference on civil participation.

As you all know, participation is a vital feature of the right to the highest attainable standard of health. The right to health not only attaches importance to reducing the burden of ill health, it also emphasises the importance of democratic and inclusive processes by which this objective is to be achieved.

Consultation has a role - but participation is different. The right to health requires active and informed participation by individuals and communities - women, indigenous peoples, adolescents and many others - in health-related policy-making that affects them. In all countries, those living in poverty must be included in this process. In Peru, with its high incidence of poverty, this is especially vital. And that is why initiatives, such as your national health conferences, are so valuable.

Of course, participatory decision-making is not easy decision-making! It requires patience, persistence, time and respect – especially respect for difference and diversity. But there is no real alternative. Participation can lead to policies that are not only more inclusive, but more effective, robust, sustainable, and meaningful to those living in poverty.

In my experience, participation is most common in relation to implementation and treatment. Community health workers, for example, may administer vaccination programmes.

This type of participation is important and valuable. But affected communities should also be involved in setting local and national public health agendas; decision-making processes; identifying disease prevention and control strategies; and holding duty-bearers to account.

During my visit to Peru, I was impressed by the promise of Comités Locales de Administración de Salud (CLAS: Local Health Administration Committees), since the scheme embodies a community-based approach to local health care administration and decision-making.

Of course, it is neither necessary nor possible for affected communities to participate in all the technical deliberations that underlie policy formulation. But participation should go beyond a mechanical implementation of policies that are decided by others.

This is why I think your national health conferences are so vital. They are an innovative attempt to take active and informed participation beyond the narrow realm of implementation.

In human rights circles, there is much discussion about responsibility. Some say, ‘okay, you have human rights, but what about human responsibilities?’

They have a point. We all have a responsibility not to discriminate against someone because of their sex, ethnicity, HIV/AIDS status, or sexual orientation. Health professionals have a responsibility to treat patients with respect – *all* patients, at *all* times. A community has a responsibility not to close its eyes when it knows that a husband is routinely beating up his wife. These are difficult issues, but they have to be faced. They are part of the human rights challenge.

As I see it, participation plays a key role in the relationship between human rights and human responsibilities. Active and informed participation provides a space for responsibility. It actually encourages, stimulates and deepens responsibility. Those who rightly emphasise human responsibilities should also promote genuine participation.

In conclusion, I believe that during your conference you will have elected ForoSalud’s new Directorate. The members of this Directorate have a heavy responsibility! I wish them well with their duties. I am sure they will rise to the challenge.

I also send my best wishes to the entire ForoSalud movement – and to its allies and friends in the Ministry of Health and beyond.

12 July 2006
Paul Hunt