International Lesbian and Gay Association

Interview with Paul Hunt, Special Rapporteur on the right of everyone to the enjoyment of the highest standard of physical and mental health

1. **What is the mandate of the Special Rapporteur on the right to health, and how does it reflect the right to health of women, including lesbian and bisexual women?**

In 2002, the Commission on Human Rights adopted a resolution in which it decided to appoint a Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health, for a period of three years (resolution 2002/31). In 2005, the Commission adopted a resolution extending the mandate of the Special Rapporteur for three years (resolution 2005/24).

These resolutions set out the mandate of the Special Rapporteur, requesting him to:

a) gather, request, receive and exchange information related to the right to health from all relevant sources, including Governments, intergovernmental organizations and non-governmental organizations;

b) develop a regular dialogue and discuss possible areas of cooperation with all relevant actors, including Governments, relevant United Nations bodies, specialized agencies and programmes, in particular the World Health Organization and the Joint United Nations Programme on Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome, as well as non-governmental organizations and international financial institutions;

c) report on the status, throughout the world, of the right to health, including on laws, policies, good practices and obstacles; and

d) make recommendations on appropriate measures to promote and protect the realization of the right to health, with a view to supporting States' efforts to enhance public health.

Both resolutions request the Special Rapporteur to, *inter alia*, apply a gender perspective. The resolutions do not specifically talk about the right to health of bisexual and lesbian women. However, the right to health proscribes discrimination on various grounds, including on grounds of sexual orientation. Together, the Commission's request and the prohibition of discrimination on grounds of sexual orientation firmly mandate the Special Rapporteur to address the right to health of lesbian and bisexual women.

2. **In the context of your work as Special Rapporteur, on which occasions have you addressed the right to health of women, and in particular the right to health of lesbian and bisexual women?**

Since my appointment as Special Rapporteur in 2002, I have endeavored to integrate a gender perspective throughout my work, including in my thematic reports to the Commission on Human Rights (CHR) and General Assembly (GA), during formal country missions, and in communications to States. I have addressed the right to health of lesbian and bisexual women on a number of occasions in these contexts.

My thematic reports to the CHR and GA mainstream a gender perspective in analysis of issues from the Millennium Development Goals to mental disability. The reports also include chapters on issues that often particularly affect the right to health of women and sexual minorities. For example, in 2004, my report to the CHR focused on sexual and reproductive health rights. In that chapter, I observe that a lack of support or protection in the face of violence and discrimination impedes the realization of sexual and reproductive health rights for sexual minorities including lesbian and bisexual women, and that sexual and other health services must also be available to them.

During country missions, I have given particular attention to the right to health of women. I have made it a practice to meet with staff from the women's ministry as well as from the ministry of health and other ministries, and I routinely meet with inter-governmental organizations and civil society groups working on women's health issues. My mission reports reflect the right to health issues of concern to women's groups in these countries – whether this is access to health information for Roma women in Romania or maternal mortality in Mozambique.

In accordance with my mandate, when I receive reliable information alleging a violation of the right to health, I may respond to this information by sending a communication to the Government concerned. Communications normally invite comments on the allegation in question, seek clarification and remind the Government of its international human rights obligations.

I have taken up several communications about violations sustained by women and sexual minorities. In 2004, for example, I sent a joint urgent appeal, together with other Special Rapporteurs, to the Government of Nepal in response to allegations that had been received concerning the arrest of 39 members of the Blue Diamond Society, a non-governmental organization working with sexual minorities and sexual health in Nepal. However, the great majority of requests for communications have been made with respect to violations against men. I would welcome receiving greater information about violations of the right to health of women, including bisexual and lesbian women.

3. How can the observations made in your reports be used in practice by local women, lesbian and bisexual women's organizations to raise their health concerns with their national governments?

My reports may assist local women's organizations, including lesbian and bisexual women's organisations, in two practical ways. Firstly, the reports may be useful as an educational tool to encourage women, including lesbian and bisexual women, to consider their health in terms of human rights. The adoption of a human rights-based approach to health may be especially empowering for lesbian and bisexual women, a group that continues to suffer from double discrimination and whose health concerns are very often marginalized. Secondly, the reports may help local organizations hold governments to account if they fail to fulfil their obligations regarding the right to health of women, including lesbian and bisexual women.

One important caveat is that, in many countries, women and organisations may encounter severe practical obstacles if they raise concerns about the right to health of lesbian and bisexual women. Fears of being ostracized, physically attacked or prosecuted may deter lesbians and bisexuals from advocating on these issues, and local human rights organisations may be reluctant to pursue such controversial issues, which they may perceive as jeopardizing public support for their other human rights work. Such silencing of public debate is an example of how discrimination against lesbian and bisexual women may impede the enjoyment of their right to health.

4. How can local women, lesbian and bisexual women's organizations raise their concerns regarding their sexual and reproductive health with UN bodies? To which UN body or agency should they submit information and raise their concerns?

There are two types of UN human rights bodies to which concerns regarding the health of lesbian and bisexual women may be addressed, namely treaty bodies and charter bodies. Firstly, provisions relating to the right to health are included in several of the core international human rights treaties, each of which is monitored by a treaty body comprised of a committee of experts. Some of the treaty bodies monitoring women's right to health, including sexual and reproductive health rights and discrimination against lesbians and bisexuals, include the Committee on Economic, Social and Cultural Rights, the Committee on the Elimination of Discrimination Against Women and the Committee on the Rights of the Child.

One of the ways in which these treaty bodies perform their monitoring role is by examining and commenting on periodic reports which states are obliged to submit concerning their compliance with the treaty. However, treaty bodies also encourage non-governmental organisations to submit accurate and independent "shadow reports" to supplement the official state report and to identify gaps in a state's compliance with its treaty obligations. Therefore, local women's organizations, including lesbian and bisexual women's organisations, can play a vital role in the treaty-monitoring process by submitting such a shadow report to the relevant treaty body at the appropriate reporting time.

Secondly, the relevant charter bodies include the Commission on Human Rights. The Commission has appointed a number of thematic Special Rapporteurs, of which I am one. Several Special Rapporteurs have addressed issues related to the health of women, including lesbian and bisexual women. For example, the Special Rapporteur on Violence against Women has examined linkages between women's right to health and issues including forced marriages, trafficking of women and girls, rape and female genital mutilation. She has relied heavily on input from non-governmental organisations in fulfilling her mandate. Lesbian and bisexual women have an important role to play in feeding reliable independent data to Special Rapporteurs, including but not limited to the Special Rapporteurs on the Right to Health and on Violence against Women.

5. Are you open to receiving information about the health of the most vulnerable groups of women, and how could local organizations support your work in looking at the health of those most vulnerable groups of women?

I am definitely open to receiving such information. The health of the most vulnerable groups of women falls within two broad themes that I have chosen for my work: the right to health in the context of poverty and the right to health from the perspective of discrimination and stigma. The right to health of lesbians and bisexuals is often particularly relevant within the context of the latter theme.

Secondly, I rely on local organizations for accurate and independent data to contextualize the official information that I receive from governments. For example, part of my mandate involves conducting fact-finding country visits called country missions. On country missions, it is important that I meet not only with government officials, but also with independent non-governmental organisations. These organizations provide me with information necessary for me to obtain an accurate picture of the state's compliance with its right to health obligations and of the impediments to the enjoyment of the right to health by vulnerable or marginalised groups such as lesbian and bisexual women.

Thirdly, as I previously mentioned, I also receive information, alleging violations of the right to health, which I may take up by sending a communication to the appropriate government. I would welcome receiving information about violations of the right to health of women, including lesbian and bisexual women.

Additional information concerning my work as Special Rapporteur on the right to the highest attainable standard of health, including my annual reports and country missions, is available at

http://www.ohchr.org/english/issues/health/right/index.htm

http://www2.essex.ac.uk/human_rights_centre/rth.shtm