Visit to Sweden of UN Special Rapporteur on the right to the highest attainable standard of health, January 2006.

Professor Paul Hunt, UN Special Rapporteur on the right to the highest attainable standard of health, visited Sweden between 10-18th January 2006.

On 18th January, Professor Hunt conveyed to the Government his preliminary reflections on the visit. Later on the same day, he held a press conference in Stockholm. He opened the press conference with some preliminary remarks. These remarks are set out below, with only minor revisions and additions, such as on the severely withdrawn children associated with Sweden's asylum process, an issue he was asked about by the press.

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I would like to warmly thank the Government for inviting me to Sweden and for facilitating a rich and interesting programme of meetings in Stockholm, Malmö and Jokkmokk.

During my visit I have met with Ministers, Ombudsmen, the President of the Sami Parliament, elected representatives from County Councils and municipalities, public officials from the national and local levels, the National Board of Health and Social Welfare, the National Institute for Public Health, numerous health professionals, civil society organisations and academics – and many other experts, too numerous to mention.

I take this opportunity to thank all those who have generously given my colleagues and me the benefit of their time and experience.

My main task now is to write a public report that I will submit to the United Nations Commission on Human Rights. The report will look at a selection of issues arising from Sweden's international and national legal obligations regarding the human right to the highest attainable standard of health. It will include recommendations to the Government and others.

My visit is not yet complete, for example I have other meetings this afternoon before leaving Sweden. Also, I have yet to study closely all the documents and materials that I have gathered and been referred to.

Thus, the following preliminary remarks are – and should be reported as – work in progress.

Also, these remarks only touch upon some of the issues that my report will consider.

1. **Among the best in the world, but there is no room for complacency.** Individuals in Sweden tend to enjoy a standard of living, life expectancy and health status that are among the best in the world. The health system is recognised as one of the nation's vital social institutions. It attracts considerable resources. To its credit, the Government attaches a high priority to human rights, such as the right to health, in its international policies.

Nonetheless, neither the Government's domestic nor international policies leave any room for complacency.

2. **Mental health**. During my visit to Sweden, numerous health professionals and others have complained that the authorities are not doing enough in relation to mental health. They have argued that mental health is under-resourced, the relevant services are insufficiently integrated and co-ordinated, and patients stigmatised.

   Recently, the Swedish National Institute of Public Health published an important report - its *2005 Public Health Policy Report* – according to which mental health is deteriorating, particularly among young people. Sleeping disorders, depression, anxiety, worry and other types of nervous problems are increasing. Prescriptions of anti-depressant drugs have gone up six-fold in the last twenty years.

   The Institute sees these worsening problems mainly as an expression of inequitable living conditions and it puts forward a number of proposals.

   I suggest that more resources are devoted to mental health; that there is better collaboration between the county councils and municipalities, between health services and social services; that local support systems are strengthened; and that the number of hospital beds for voluntary patients are increased.

   I look forward to monitoring what steps the authorities take in response to the Institute's Report -- not only about mental health, but its other recommendations as well.

3. **The Sami**. As the indigenous peoples of Sweden, the Sami enjoy a special status in both national and international human rights law. To its credit, Sweden has taken some steps to turn this special status into meaningful measures, such as by establishing the Sami Parliament and protecting the Sami language.

   But it is unclear what steps the Government has taken, if any, to turn this special status into meaningful measures in relation to Sami health.

   Unlike in other States that are also enriched by the presence of indigenous peoples, there is an alarming shortage of knowledge and research on the health conditions of the Swedish Sami.

   I am told that at the national, county council and municipal levels, there are no operational units focussing on the promotion of Sami health. For example, I am advised that no county councils - not even in Norrbotten – have a discrete unit to ensure that Sami health issues are given the attention they deserve.

   In my view, it is very important that more attention is devoted to the health situation of the Sami, including from a gender perspective. The Government lacks a national Sami health policy. An occupational health service, catering

for the distinctive needs of reindeer herders, is urgently needed. Also, a Sami health research centre is needed, along the lines of the Norwegian Sami health centre based at the University of North Norway in Tromso.

4. **Asylum seekers and undocumented individuals.** I do not consider that Swedish law and practice regarding the health services available to asylum seekers, and undocumented people, is consistent with international human rights law.

   In 2000, a key UN committee of independent human rights experts advised that "States are under an obligation to respect the right to health by refraining from denying or limiting equal access for all persons, including … asylum seekers and illegal immigrants, to preventive, curative and palliative health services".[1]

   In 2004, another UN committee of independent human rights experts took the same position.[2]

   I see no reason to take a different view.

   A fundamental human right, the right to health is to be enjoyed by all without discrimination. It is especially important for vulnerable individuals and groups. Asylum seekers and undocumented people are among the most vulnerable in Sweden. They are precisely the sort of vulnerable group that international human rights law is designed to protect.

   Nobody would suggest that an asylum seeker or undocumented person, who is charged with a criminal offence, should be denied their human right to a fair trial.

   Equally, a sick asylum seeker or undocumented person should not be denied their human right to medical care without discrimination.

   Sweden's present law and practice places health professionals in a very difficult - if not impossible - position. Does a doctor turn away a sick, pregnant, undocumented woman who cannot afford to pay for the medical treatment she - and her unborn baby - needs? If so, what has become of the doctor's professional ethical duty to provide health care to the sick without discrimination?

   As well as human rights and humanitarian reasons, there are also compelling public health grounds for treating all asylum seekers and undocumented people on the same basis as Swedish residents.

   As I understand it, the Government does not take the position that the estimated cost of extending the same medical services on the same basis to residents, asylum seekers and undocumented individuals would be

[1] UN Committee on Economic, Social and Cultural Rights, General Comment 14, para 34.
[2] UN Committee on the Elimination of Racial Discrimination, para 36.

prohibitively expensive. As I understand it, its position is not driven by cost. Indeed, relatively speaking, the costs of including asylum seekers and undocumented individuals are unlikely to be very significant.

In all the circumstances, I hope the Government will reconsider its position, with a view to offering all asylum seekers and undocumented individuals the same medical care, on the same basis, as Swedish residents.

In this way, the Government will bring itself into conformity with its international human rights obligations.

5. **A weak domestic understanding of the right to health**. In many States, the domestic understanding of the right to health is weak. Unfortunately, this also appears to be true in Sweden.

   Although it is enshrined in domestic and international law, I have been referred to no Swedish case that has relied upon the right to health.

   Also, I have the impression that the right to health - and other human rights – is not consistently brought to bear upon health policy-making at any level of government.

   While there are many Swedish civil society organisations doing invaluable work on health, I also have the sense that, with a few notable exceptions, the right to health – and other human rights – rarely enjoys a prominent place in their activities.

   Sweden is rightly famous for, and proud of, the Ombudsman institution. And it has a number of Ombudsmen undertaking important work on various aspects of human rights.

   Today, however, many States - including Denmark – have national human rights institutions that promote and protect the whole spectrum of civil, political, economic, social and cultural rights – and not just those human rights elements presently covered by Sweden's Ombudsmen.

   Properly resourced, a national human rights institution in Sweden would deepen the domestic understanding of the right to health among Government, policy-makers, the judiciary, health professionals, civil society and the population at large.

   If given the appropriate powers, a national human rights institution would also provide a way of enhancing the accountability of the State, and others, in relation to their right to health responsibilities.

   I recommend that steps are taken to establish such an institution, consistent with the Paris Principles (1991).

6. **International policies**. Sweden's policies and programmes in relation to international development, poverty reduction and human rights are among the

best in the world. They deserve applause and support. Time today does not permit me to outline the numerous commendable initiatives the Government has taken in this regard – but some of them will be outlined in my report.

To its credit, Sweden is trying to integrate human rights into its policies on global development. This is a challenging exercise. Besides a laudable overarching policy, what is needed to help the Ministry of Foreign Affairs, Sida and others implement a human rights-based approach to development? Capacity building - both in Stockholm and Sweden's posts overseas; new practical tools – such as impact assessments; more human rights training; leadership; perseverance, patience and time.

Crucially, the Government has to ensure that its twin international perspectives of poverty reduction and human rights are properly integrated across all relevant Ministries and agencies. I have the impression that, while some progress is being made in this regard, there remains a long way to go – an issue I hope to return to in my report.

7. **Conclusion**. As I have already observed, these remarks are preliminary. And they are certainly not comprehensive.

   My final report will discuss the Malmö Needle Exchange Programme – an important public health, harm reduction, and right to health initiative that should be extended beyond southern Sweden.

   The report will also recommend that Sweden's commendable record of collecting good quality health data is further enhanced by more systematically collecting data that are disaggregated on grounds such as gender, socio-economic status, and ethnicity.

   The report will also make some remarks about those children, associated with the asylum process, who experience severe withdrawal symptoms. At this point I only wish to emphasise that the human rights principle of the best interests of the child, which is enshrined in the Convention on the Rights of the Child, must guide all decision-making that impacts upon the well-being of these extremely vulnerable children.

   These and other important issues will be addressed in my forthcoming report.

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