

Thank you, Madam Co-chair!

Distinguished Co-Chairs, Mr. Vice President,

Excellencies,

Colleagues, Co-panelists, Friends,

Good morning to all of you!

Outbreaks of disease are inevitable– but pandemics are man-made, the famous saying goes: epidemics can be managed and curtailed, pandemics can be prevented, but this takes much more than a technical, scientific, medical – or even financial – effort. The slow work of building public health systems that are equitable and accessible; of inspiring confidence in medical information, and the openness and trust that epidemiology requires; the long process of educating excellent medical professionals and shaping empowered communities – these are essential factors in building resistance to epidemics, and all of them are grounded in respect for human rights.

A very substantial body of evidence confirms that in every context, health policies and programmes based on human rights deliver better health outcomes than the alternatives. The tragedy of the HIV pandemic has taught us important lessons, thanks to the work of a broad range of actors and activists – some of whom we are honoured to have among us in this room. Among them, the essential and urgent need to integrate the principle of non-discrimination in all policies related to health; the fundamental obligation to ensure participation by patients; and the requirements of transparency and accountability for errors. These are among the building-blocks of health systems which

are not just more sustainable and more inclusive, but also more effective.

It is our responsibility to learn from every outbreak of disease so that we can better prevent future epidemics. Few recent crises have illustrated the indivisibility and interrelatedness of human rights more clearly than the outbreak of Ebola in West Africa between December 2013 and April 2016. The lack of adequate infrastructure for a life of dignity – including hospitals and sanitation – and conditions leading to distrust and civil disengagement with authorities, compounded the effects of this terrible epidemic – placing human lives in grave danger, creating devastating damage to development, and undermining peace and security.

These massive repercussions were avoidable. An outbreak that could have been rapidly contained escalated across an entire region because of the underlying weakness of broader systems – which reflected not only poverty, but the failure to prioritise public health systems, and the health of the poor and marginalised.

Zika has also underscored the urgent need to uphold the right to comprehensive and supportive sexual and reproductive health services, and the right to access affordable and good-quality health-care, without discrimination.

The horror of the current cholera epidemic in Yemen illustrates very bleakly how vulnerable the right to health becomes when human rights are crushed in conflict. Medical centres and other sites specifically protected under international humanitarian law have been repeatedly, and in some cases, it would appear deliberately, attacked across the countries. Illegal sieges, blockades and restrictions on movement have

further weakened people's capacity to provide for themselves and their families, and their ability to access essential care. As a direct result, a preventable epidemic of cholera now stalks the land: the worst cholera epidemic ever recorded in any country in a single year.

We know what needs doing and why it should be done, and we know too that it makes financial sense. Epidemics and pandemics demonstrate that everyone's health is interconnected – not only in the literal sense of contagion, but also in terms of economic and social impact. An extensive and nuanced body of international and national law elaborates the scope of the right to health. Access to health-care of quality is not a privilege for the wealthy few, but a universal right – and where this right is prioritised, everyone benefits.

Today, with the largest generation of adolescents the world has ever known, it is crucial that decision-makers in every country focus on the health of this population, which has the potential to contribute in so many ways as the 2030 Agenda builds more sustainable societies. Health in adolescence strongly influences the course of adult life, and it is essential that we put our best efforts into protecting the right to health of today's teenage girls and boys.

The 2030 Agenda is an unprecedented opportunity for a tremendous acceleration in our efforts to integrate human rights and public health into public policies at every level. To do so, we need to draw on – and better protect – many other civil, political, economic, social and cultural human rights, as well as the right to development. When human dignity and equality are placed, strongly, at the core of policy they unlock better outcomes. Health workers play a vital role in this effort,

specifically as human rights defenders. We must support and protect them.

How countries uphold health and human rights over the next 15 years will have definitive impact on our achievement of more sustainable societies. To explore in greater depth how we can best meet this challenge is the purpose of our discussions today.

Thank you, Madam Co-chair.

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