JOINT UNITED NATIONS STATEMENT ON ENDING DISCRIMINATION IN HEALTH CARE SETTINGS



United Nations entities recall that a central principle of the 2030 Agenda for Sustainable Development is to "ensure that no one is left behind" and to "reach the furthest behind first". Recognizing that discrimination in health care settings is a major barrier to the achievement of the Sustainable Development Goals (SDGs), United Nations entities commit to working together to support Member States in taking coordinated multisectoral action to eliminate discrimination in health care settings.

Discrimination in health care settings is widespread across the world and takes many forms. It violates the most fundamental human rights protected in international treaties and in national laws and constitutions.

Discrimination in health care settings is directed towards some of the most marginalized and stigmatized populations – the very populations that States promised to prioritize through the 2030 Agenda, and who are all too often excluded or left behind. Many individuals and groups face discrimination on the basis of their age, sex, race or ethnicity, health status, disability or vulnerability to ill health, sexual orientation or gender identity, nationality, asylum or migration status, or criminal record, often experiencing intersecting or compounding forms of discrimination.

Discrimination affects both users of health care services and health care workers. It serves as a barrier to accessing health services, affects the quality of health services provided, and reinforces exclusion from society for both individuals and groups.

Discrimination in health care settings takes many forms and is often manifested when an individual or group is denied access to health care services that are otherwise available to others. It can also occur through denial of services that are only needed by certain groups, such as women. Examples include specific individuals or groups being subjected to physical and verbal abuse or violence; involuntary treatment; breaches of confidentiality and/or denial of autonomous decision-making, such as the requirement of consent to treatment by parents, spouses or guardians; and lack of free and informed consent.

It is also present in the entrenched gender-based discrimination within the largely female health workforce, as evidenced by physical and sexual violence, wage gaps, irregular salaries, lack of formal employment, and inability to participate in leadership and decision-making.

National laws, policies and practices can also foster and perpetuate discrimination in health care settings, prohibiting or discouraging people from seeking the broad range of health care services they may need. Some laws run counter to established public health evidence and human rights standards. Evidence demonstrates the harmful health and human rights impacts of such laws.

Addressing discrimination in health care settings will contribute to the achievement of many of the SDGs, ensuring that no one is left behind. It is fundamental to securing progress towards SDG 3, Good health and well being, including achieving universal health coverage and ending the AIDS and tuberculosis epidemics; SDG 4, Quality education; SDG 5, Gender equality and women's empowerment; SDG 8, Decent work and inclusive economic growth; SDG 10, Reduced inequalities; and SDG 16, Peace, justice and strong institutions. States have an immediate legal obligation to address discrimination. While States bear this primary duty, a multistakeholder and multisectoral response, including a coordinated effort from the United Nations system, is urgently required. Together we must end discrimination in health care settings.

We, the signatory United Nations entities, call upon all stakeholders to join us in committing to taking targeted, coordinated, time-bound, multisectoral actions in the following areas:

Supporting States to put in place guarantees against discrimination in law, policies, and regulations by:

- Reviewing and strengthening laws to prohibit discrimination in the provision and distribution of health care services, as well as in relation to education and employment in the health sector. Laws and policies must respect the principles of autonomy in health care decision-making; guarantee free and informed consent, privacy and confidentiality; prohibit mandatory HIV testing; prohibit screening procedures that are not of benefit to the individual or the public; and ban involuntary treatment and mandatory third-party authorization and notification requirements. All stakeholders should support the clear dissemination, implementation, and monitoring of adherence to such laws and regulations and their translation into policies and practice.
- Reviewing and repealing punitive laws that have been proven to have negative health outcomes and that counter established public health evidence. These include laws that criminalize or otherwise prohibit gender expression, same sex conduct, adultery and other sexual behaviours between consenting adults; adult consensual sex work; drug use or possession of drugs for personal use; sexual and reproductive health care services, including information; and overly broad criminalization of HIV non-disclosure, exposure or transmission.
- Reviewing, strengthening, implementing and monitoring health professional policies, regulations, standards, working conditions and ethics, for the prohibition of discrimination on all grounds in connection to health care settings.

Supporting measures to empower health workers and users of health services through attention to and realization of their rights, roles and responsibilities by:

 Ensuring that the labour rights and standards of health workers, including in the area of occupational safety and health, are fully respected, protected, and fulfilled, and that health workers are free from discrimination and violence in the workplace. Particular attention should be paid to the gendered nature of the health workforce, including through ensuring gender-sensitive sectoral and facility-level policies and health professional regulations operationalizing decent work, gender equality, and formal employment of the health workforce. Health workers should be supported in upholding their legal and ethical responsibilities, including with respect to advancing human rights, and their role as human rights defenders should be protected.

- Providing pre-service and in-service education to the health workforce on their rights, roles, and responsibilities related to addressing discrimination in health care settings. Policies, programmes and budgets need to provide for a diverse workforce, including through strengthening educational admission criteria and promoting health workforce educational and career development opportunities for women, youth and persons from rural and marginalized communities.
- Empowering users of health care services so that they are aware of and able to demand their rights. This will enable them to hold those responsible accountable for discrimination-free health care settings through rights literacy, patient charters, social accountability monitoring, community support, and other tools.

Supporting accountability and compliance with the principle of non-discrimination in health care settings by:

- Guaranteeing access to effective mechanisms of redress and accountability. This involves development and implementation of individual, tailor-made remedies and redress procedures for victims of violations, and constructive systems of accountability in health and other sectors to prevent future violations.
- Strengthening mechanisms for reporting, monitoring and evaluation of discrimination. This can be achieved through support for the building and sharing of the evidence base and ensuring the participation of affected communities and health workers in the development of health policies.

Implementing the United Nations Shared Framework for Action on Combating Inequalities and Discrimination by:

 Providing sector-specific and joint guidance and practical tools to raise awareness of human rights standards for non-discrimination as they apply to health care settings.









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