

Annex F

Priority Cross-cutting Issues

Human Rights¹

The International Covenant on Economic Social and Cultural Rights recognizes the right of everyone to the enjoyment of the highest attainable standard of physical and mental health. (ICESCR- Art. 12). Hence, States are obliged to ensure the use of the maximum of its available resources for this purpose, even in the face of humanitarian crisis.

The **right to health** (short expression for "the right to enjoyment of the highest attainable standard of health") is an inclusive right extending to timely and appropriate health care and to the underlying determinants of health, such as access to safe and potable water and adequate sanitation, an adequate supply of safe food, nutrition and housing, healthy occupational and environmental conditions, and access to health-related education and information, including on sexual and reproductive health. A further important aspect is the participation of the population in all health-related decision making at the community, national and international levels.

The right to health contains the following interrelated and essential elements:

Availability

Accessibility (non-discrimination, physical -, economic -, and information accessibility)

Acceptability

Quality

The human rights principles are:

- **Equality and non-discrimination:** Different groups are often affected in different ways, particularly women, children, minorities, persons living with HIV/AIDS, the urban or rural poor, an others who face different forms of discrimination and exclusion. In many cases entire communities are displaced, livelihoods are destroyed, many are forced to escape violence or death, and local communities in the receiving end also struggle in the face of new constraints to access to health goods, services and facilities.
- **Legal Protection and Accountability:** From a human rights perspective, prevention of violations of human rights is essential. States and Humanitarian Actors must receive support to understand their obligations and incorporate them in all phases of their programming in order to guarantee standards are kept to the best of their capacities. Security of individuals and groups ought to be guaranteed with specific policies, authorities and mechanisms at the earliest possible. State actors, whether decision makers or those in charge of the delivery of health goods, services and facilities, and other actors on site must be accountable for such violations.
- **Participation:** For human rights based approach in health, the process (how things are done and decided) is as relevant as the final outcome (individuals in a healthier physical and mental state). Participation is more than general consultation to a few members of the displaced community. It is rather the incorporation throughout the programming process of diverse groups and perspectives in relation to health priorities, risks, potential partnerships, including in the decision making process. In other words, it is about finding ways and mechanisms to allow for bottom-up proposals to be taken into account.
- **Information and Training:** Access to periodic information is crucial in the managing of a crisis. Additionally, the right to information implies the provision to the general public with information which is accurate and easy to understand. Such information must be presented in different formats to allow children, persons with disabilities, diverse language groups, as well as the illiterate poor access to health and life saving information, to understand health-risks, prevention

¹ Introductory Note, Draft Proposal Checklist on Health and Human Rights for Humanitarian Action

mechanisms, and finally to know about the existence and use of complaint and redress mechanisms.

Gender²

The term Gender refers to the social differences between females and males that are learned, and though deeply rooted in every culture, are changeable and have wide variations both within and between cultures. Gender determines the roles, power, and access to resources for females and males in any culture. In emergencies, women and men, boys and girls are affected differently. Available data suggest that there is a pattern of gender differentiation at all stages of the emergency process.

Due to gender norms and their interaction with biological factors, women and children-especially girls-may face increased risk for adverse effects and violence. They may be unable to access assistance safely and/or to make their needs known. Additionally, women are often insufficiently included in community consultation and decision-making processes resulting in the needs of women not being met. Understanding gender differences, inequalities, and capacities and responding to them, improves the effectiveness of our humanitarian actions. The overall goal of mainstreaming gender is to achieve gender equality.

Protecting human rights and promoting gender equality must be seen as central to the humanitarian community's responsibility to protect and provide assistance to those affected by emergencies. Two main strategies are needed to reach the goal of gender equality, namely gender mainstreaming and targeted actions in response to a gender analysis, as well as a number of programmes which together make up a gender equality programme.

HIV/AIDS³

During a crisis, the effects of poverty, powerlessness and social instability are intensified, increasing people's vulnerability to HIV/AIDS. As the emergency and the epidemic simultaneously progress, fragmentation of families and communities occurs, threatening stable relationships.

The social norms regulating behavior are often weakened. In such circumstances, women and children are at increased risk of violence, and can be forced into having sex to gain access to basic needs such as food, water or even security. Displacement may bring populations, each with different HIV/AIDS prevalence levels, into contact. This is especially true in the case of populations migrating to urban areas to escape conflict or disaster in the rural areas. As a consequence, the health infrastructure may be greatly stressed; inadequate supplies may hamper HIV/AIDS prevention efforts.

During the acute phase of an emergency, this absence or inadequacy of services facilitates HIV/AIDS transmission through lack of universal precautions and unavailability of condoms. In war situations, there is evidence of increased risk of transmission of HIV/AIDS through transfusion of contaminated blood. The presence of military forces, peacekeepers, or other armed groups is another factor contributing to increased transmission of HIV/AIDS. These groups need to be integrated in all HIV prevention activities.

From the information available to date, the thinking on HIV transmission in emergency settings is that:

- The risk of HIV transmission appears to be low in places with low HIV prevalence rates at the beginning of an emergency, and where populations remain isolated. This appears to remain true even when there are high levels of risk behaviours such as rape.
- War can accelerate the transmission of HIV in places where rape and sexual exploitation are superimposed on high levels of HIV before the beginning of an emergency. Causality, however, is difficult to determine, as it is almost impossible to know if survivors of rape became infected because of the rape, or were already infected.

² IASC Guidelines for Gender-based Violence Interventions in Humanitarian Settings: Focusing on Prevention and Response to Sexual Violence in Emergencies

³ IASC Guidelines for HIV/AIDS interventions in emergency settings

- In areas affected by natural disaster, the impact of HIV depends on existing HIV prevalence rates and the capacity of the government, international agencies, donors and civil society to respond.
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Environment⁴

Why do you need to be concerned about the environment in emergencies?

When a disaster strikes or a conflict unfolds, humanitarian actors have to move quickly to save lives, meet basic needs and protect survivors. In the rush to provide a rapid humanitarian response, addressing the environmental threats caused by the emergency may seem to be secondary. They are not. Conflicts and Disasters, as well as relief and recovery operations, impact the environment in ways that threaten human life, health, livelihoods and security. Failure to address these risks can undermine the relief process through additional loss of life, displacement, aid dependency and increased vulnerability.

There is a strong link between the environment and disasters. Environmental pre-conditions often contribute to disasters. Disasters can result in negative environmental impacts. Emergency response can have positive or negative environmental impact. The cost of ignoring these links include: 1. secondary environmental threats with real or potential negative impacts on human life, health, welfare, livelihoods, environment, 2. short-term responses that do not deal with longer-term environmental effects, 3. emergency solutions that unnecessarily add garbage and waste materials to the environment, 4. loss of important ecological resources.

What are potential environmental impacts in an emergency?

As natural resources play a key role in meeting relief needs, six humanitarian response clusters can be directly affected by environmental impacts: health; water, sanitation and hygiene; shelter; camp management and coordination; logistics and early recovery. As these risks can undermine the effective delivery of humanitarian assistance and compound the crisis, they should be assessed and identified as early as possible. Activities supported or put in place by these clusters can also create unintended environmental impacts. These impacts can further compound or exacerbate the emergency situation or undermine long term recovery.

⁴ *Cross-cutting Issues, Key things to Know, Humanitarian Reform*