

Human Rights Council

Egypte

Fourteenth Regular Session

Interactive Dialogue with the Special Rapporteur on the Right to Health, the Independent Expert on the issue of extreme poverty and the Special Rapporteur on Violence against Women

Intervention made by Egypt

Geneva, 3 June 2010

Mr. President,

My delegation aligns itself with the comments made by Pakistan on behalf of the OIC and by Nigeria on behalf of the African Group.

Mr. President,

My first set of comments relates to the report of the Special Rapporteur on the right to the enjoyment of the highest attainable standards of physical and mental health. Egypt places particular emphasis on this right. We are of the view that discrimination of any form should not violate this right or impede access to basic health care. However, it is highly regrettable that we have before us today a report on this specific right, which unfortunately defeats the purpose of a meaningful and substantive discussion. Through the theme chosen for this year's report presented to the Council, the SR on the right to health has not only stepped over his mandate. He has gone as far as prescribing to sovereign member states how to devise and enact their national laws and legislation against their national norms and cultural specificities. This is also done on issues that do not fall within the scope of internationally agreed human rights norms and principles. Special procedures of this Council derive their mandates from this Council's resolutions drawn up by its member and observer states. Exercising their independence does not in any way entail attempts to push for highly controversial issues and delve into areas that are not internationally agreed upon. As much as we used to value the work of the Special Rapporteur Mr. Anand Grover, it is sad to watch him risk our support by singling out a certain group of individuals in a manner that is disrespectful of the larger constituency of this august body.

In September of this year we are to participate in the MDG review summit, and it is a well-known fact that 3 out of the 9 MDGs are health-related, namely reducing child mortality, improving maternal health, and combating HIV/AIDS, malaria and other diseases. Meanwhile, it is also a well-known fact that we are falling behind in achieving those goals by the designated deadline of 2015. Therefore, it would have been more appropriate that the Special Rapporteur focus his report on the reasons behind this lack of achievement from a human rights perspective and hence reinforce the contribution of the Human Rights Council to international processes and discussions on major issues of global concern. On the other hand, there is a wide array of vulnerable and marginalised groups that merit attention and interest.

Finally, my delegation would like to emphasize that it continues to support the mandate of the special rapporteur on the right to the enjoyment of the highest attainable standards of physical and mental health in and of itself..the mandate as we established it not as it is interpreted by the special rapporteur.

Allow me now to address the report of the special rapporteur on violence against women. My delegation took note of the submission of the first report of Ms. Rashida Manjoo to the Council. We appreciate the thematic focus of the report on the issue of reparations to women and girls who have been subjected to violence, and we look forward to further interaction with the Ms. Majoo along the lines of her mandate as defined by the Council.

In this regard, my delegation would like to reiterate that reports of special procedures should be in conformity with internationally agreed human rights norms and principles so as not to undermine the effective of the mandate and jeopardize the support accorded to the mandate holders.

Finally, my delegation took note of the report presented by the independent expert on the question of extreme poverty and human rights Ms. Magdalena Carmona. We welcome the thematic focus on non-contributory pensions as part of social security systems. Such a focus sheds light on the needs of older persons, in particular women, who face the compounded factors of old age and extreme poverty with its underlying reasons, something which we agree with the independent expert requires

urgent action. We also welcome the emphasis placed by Ms. Carmona on the enhancement of international cooperation in this area, taking into consideration the limited capacities of developing countries and least developed countries to address such concerns.

I thank you.