

Research Article

The right to Health in the event of disasters and the means of international law to protect the right to Health

Mohammed Ghatar Daekh Al Zaidy¹ , Asst. Pro. Dr. Osamah Sabri Mohammed²

Summary

The human right to health is considered one of the basic rights, especially the most vulnerable groups that must receive attention and full health care in cases of disasters, whether natural, hybrid or anthropogenic disasters, and it is such as disasters caused by human activities, “armed conflicts” This is due, for example, to the inability of this group to access effective health services, and the concept of the right to health has evolved from mere treatment only to prevention and treatment together, and the achievement of the full well-being of individuals, and the right of the most vulnerable groups to health has received due attention, whether at the international level or Regional or national, as it was stipulated in many international and regional conventions, and also the work of the relevant international organizations, the United Nations through convening international conventions and conferences, and the formation of international committees on the right to health, especially the World Health Organization, which issued the International Health Regulations, and others, the effective role in activating the right to health, so that this right becomes one of the most important obligations of states concerned with the application of human rights, especially in cases of disasters, and therefore there is a need for this country to join It is for the international organizations concerned with health, and to commit themselves to the effective implementation of the international conventions they have ratified regarding the right to health, which requires taking other steps to enhance the protection of this right, such as taking effective measures and means to protect this right, as in the case of prosecutions conducted by judicial bodies. Specialized international courts such as the International Court of Justice, the International Criminal Court and regional courts.

Introduction

Disasters are one of the most important threats and challenges to human health and throughout its history, because of their catastrophic events in lives and property and their impact on the economic, social and national damages of the state. Confronting disasters is one of the basic obligations of the state, and providing health care to the most vulnerable groups is one of the most important issues of contemporary international relations, as it has become one of the most important issues of contemporary international relations. The human environment is fraught with dangers, and the necessary measures must be taken to limit its destructive effects before they occur and to prevent it from turning into catastrophic disasters. The human right to health is one of the basic rights stipulated in international charters and one of the matters that has occupied the attention of all global circles, whether at the international, regional or internal levels because of its effects on the lives of individuals, as it is the essence of the rights that the individual must enjoy in full throughout his life. His life, as well as the link of this right with other human rights, especially the right to life, and that interest in it was not limited to national legislation only, but went beyond that, as it included many international and regional instruments that dealt with this right over a wide area, that providing health care to a person As a whole, with regard to the necessary needs in general and for the most vulnerable groups, whether in their inability to access effective health services, or their legal status is the essence of the state's obligation to preserve the health of these groups, so international law has taken several means to compel states to take all means to preserve human rights. In health and not compromised at all times. Through the foregoing, we will divide this research into two demands. In the first requirement, we present the most vulnerable groups to whom the right to health applies in disaster situations, and in the second requirement, the means of international law to protect the right to health.

The first requirement

The most vulnerable groups to whom the right to health in the event of disasters applies

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Accordingly, we will deal with this demand in two branches. In the first section, we present the most vulnerable groups to whom the right to health applies in cases of natural disasters, and in the second section, the specific groups to which the right to health applies in armed conflicts.

First branch

The most vulnerable groups to whom the right to health applies in cases of natural disasters

First: Women: Reports indicate that persons with disabilities, the elderly, boys and girls, as well as pregnant and lactating women, are severely affected, and women, especially poor women, are more exposed to risks than men in general, to a disproportionate amount in all phases of the disaster risk management cycle due to gender inequality. (). The realization of women's right to health requires the removal of all barriers to accessing health services, education and information. The right to health also guarantees women control over their own bodies and their health. States parties must eliminate discrimination against women in accessing health care services throughout the life cycle, especially in the areas of family planning, pregnancy, childbirth, and during the postpartum period. Therefore, special attention must be paid to the rights and health needs of women from the most vulnerable groups. and disadvantaged women, such as immigrant, refugee and displaced women, girls, elderly women, indigenous women and women with physical or mental disabilities ().

Second: children and adolescents

Child: Every human being under the age of eighteen years unless he reaches the age of majority earlier in accordance with the law applicable to the child. The childhood stage can be defined procedurally as the age stage for males and females, which begins with their birth alive until the age of eighteen (). UNICEF recognizes that children need special protection to ensure their safety and well-being in emergency situations, whether sudden natural disasters or armed conflict. Article (25) Paragraph 2 of the Universal Declaration of Human Rights stipulates the following: (Motherhood and childhood have the right to special care and assistance, and all children enjoy the same social protection, whether they are born within marriage or outside this framework), and the content of the aforementioned text is used. , that the child has the right to health care and social protection, regardless of the form of the marital bond that brought his parents together (). Article 12.2(a) of the Convention on the Rights of the Child outlines the need for measures to reduce infant mortality and promote the healthy development of infants and children. Subsequent international human rights instruments recognize the right of children and adolescents to the enjoyment of the highest attainable standard of health and to have access to facilities for the treatment of disease. The Convention on the Rights of the Child also directs states to ensure that children and their families have access to basic health services, including appropriate care for mothers before and after birth.

Third: Persons with disabilities.

All persons with disabilities have the right to health, including quality health care services. In this regard, persons with disabilities should not be discriminated against, and this group should enjoy that right in communities on an equal basis with persons without disabilities. The Convention stands against traditional practices in the field of psychiatry, whether in scientific or clinical practice. In this regard, there is a strong need to discuss human rights issues in the field of psychiatry and to develop mechanisms that provide effective protection of the rights of persons with mental disabilities. The Standard Rules provide that "States should ensure that persons with disabilities, particularly infants and children, have access to medical care of the same standard as, within the same system, other members of society." The right to physical and mental health also presupposes the right to access and benefit from medical and social services - including prosthetics. Persons with disabilities are most affected by disaster and conflict situations, as they are unable to access many of the resources allocated for humanitarian aid, shelter and assistance. In addition, experience has shown that there is a direct relationship between discrimination against persons with disabilities and insufficient resources. Therefore, humanitarian aid, rescue, relief and rehabilitation should meet the needs of the entire population and include persons with disabilities in all phases of emergency response ().

Fourth: the elderly

"Healthy Aging" is defined as the process of developing and maintaining the ability to function that enables wellness in old age. The general goal is to achieve wellness, which is a comprehensive goal that includes all the

elements and components of life and living that people believe in being important. The enjoyment of health in old age does not reflect the individual's motivation or success, but rather the way in which society enables people to perform their roles and perform the actions to which they attach great importance, especially in old age.

The elderly are the most affected group during disasters and conflicts. It must be understood that disabilities, displacement, disease, malnutrition, discrimination and insecurity worsen the living conditions of older people during post-conflict and post-disaster situations. Therefore, their needs should be taken into account in immediate and long-term relief and humanitarian assistance efforts, as well as in humanitarian policies and guidelines.

Fifthly, immigrants.

Migration is a person's departure from the territory of his state or the state in which he resides to the territory of another state, in order to reside in the latter on a permanent or temporary basis. The motives for migration may vary, and may be caused by political, religious, or even racial or economic motives. A migrant child: is a child who is not a citizen who is in a country during a conflict or a natural disaster, regardless of: (a) the means or reasons for entering the country. (b) Immigration status. or (c) the length or reasons for staying. The term "migrant" does not refer to refugees and asylum seekers or to stateless persons for whom there are protection regimes under international law. Paragraph 30 of the New York Declaration encourages states to address the vulnerabilities of migrants and the mobile population to HIV infection and to meet their specific health care needs. The states parties to the International Covenant on Economic, Social and Cultural Rights, in Article 12 of it, recognize the right of everyone to enjoy the highest attainable standard of physical and mental health, and the implementation of the right to health of migrants is guaranteed by the principle of non-discrimination stipulated in the Universal Declaration of Human Rights, and Article 2.2 of the International Covenant on Economic, Social and Cultural Rights to name a few. Furthermore, the Committee on Economic, Social and Cultural Rights has clearly affirmed that states have an obligation to ensure equal access to health, preventive and curative services and housing for all persons, including migrants, regardless of About the legal status and legal documents. In addition, Article 43 of the Migrant Workers Convention obligates states to ensure equal access to health care services for regular migrant workers and members of their families. The Convention also guarantees the right of migrant workers and members of their families to receive any emergency medical care to save their lives or to avoid irreparable harm to their health, regardless of their irregular residence or work status (Article 28). Paragraph 8(i) of the New York Declaration for Refugees and Immigrants is also obligatory. Effective protection of the human rights and fundamental freedoms of all migrants, in particular women and children, whatever their migration status, and the specific needs of migrants in vulnerable situations.

Sixth: Prisoners

The United Nations, the Council of Europe, the Inter-American Human Rights System, and the African Human and Peoples' Rights System have developed rules and standards detailing the scope of the right to health care in prisons. These rules and standards define the duties of states in the context of the COVID-19 pandemic. 19. On access to health care in prisons, in addition to formulating specific measures to be implemented. In order to protect prisoners from infection with the emerging corona virus, according to public health guidelines (). Rules 24 and 28 of the United Nations Standard Minimum Rules for the Treatment of Prisoners (the Nelson Mandela Rules) in health-care services for prisoners provide that:

Rule 24: (1- The state is responsible for providing health care to prisoners, and prisoners should have the same level of health care available in society, and they should have the right to obtain necessary health services free of charge and without discrimination on the basis of their legal status...)

Rule 28: Women's prisons shall have the special facilities necessary for the provision of pre- and post-natal care and treatment. Wherever possible, arrangements are made for the children to be delivered in a hospital outside the prison. In the case of the birth of a child inside prison, this is not recorded in the birth certificate. The International Covenant on Economic, Social and Cultural Rights (Article 12) states: Everyone has the right to the enjoyment of the highest attainable standard of physical and mental health. Prisoners have additional safeguards In addition to these basic rights of all human beings, prisoners receive additional safeguards as a result of their status. When a State deprives people of their liberty, it takes upon itself the responsibility to look after their health in terms of the conditions in which it is holding them, and to provide treatment that may be necessary as a result of these circumstances.

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Seventh: the internally displaced

All wounded and sick internally displaced persons, as well as persons with disabilities, shall receive the medical care and attention they require to the maximum extent practicable and without significant delay and without discrimination on non-medical grounds. Psychosocial services shall be made available to IDPs, as needed, and special attention should be paid to the health needs of women, including their access to and access to health-care providers, including reproductive health-care services, as well as appropriate counseling services for victims of sexual and other abuse.

Homeless rights

The Special Rapporteur on the human rights of internally displaced persons has identified five situations of displacement that can be attributed to environmental issues:

- 1- An increase in weather-related disasters such as hurricanes, floods or mudslides.
- 2- Slow-onset disasters such as desertification, the sinking of coastal areas, or the high salinity of groundwater and soil.
- 3- The “sinking” of small island states.
- 4- Forced resettlement of residents of high-risk areas.
- 5- Violence and armed conflict as a result of scarcity of necessary resources such as water.

The Special Rapporteur noted that the State's responsibilities towards internally displaced persons include those populations who are forced to leave their homes due to natural disasters.

Second branch

The most vulnerable groups to whom the right to health applies in armed conflict

According to the IIL definition of the aforementioned disaster, it is a human-caused disaster, “armed conflict”. And the disasters left by wars on humans, such as World War I and World War II. Accordingly, in this section we will present the most vulnerable groups to whom the right to health in armed conflict applies.

First: The right of civilians to health in armed conflict

Definition of civilians: Article 4 of the Fourth Geneva Convention of 1949 defines protected persons, by saying: “Persons protected by the Convention are those who, in the event of a conflict or occupation, find themselves at a given moment and in any form under the authority of a party to the conflict who are not its nationals or Subjects of an occupying state of which they are not nationals The Convention does not protect nationals of a state not attached to it Nationals of a neutral state who are in the territory of a belligerent state and nationals of a state cooperating with the belligerent state are not considered protected persons as long as the state to which they belong is represented by ordinary diplomatic representation in the state under which they are located her authority.” However, the provisions of Chapter Two have a broader scope of application, as indicated by Article 13, which establishes general protection for the whole population without any discrimination based on race, nationality, religion or political opinions, in order to alleviate the suffering caused by armed conflict. It is well established in the international community that the goal of international humanitarian law is to protect peoples from aggression and to ensure the exercise of their legitimate rights. Therefore, the occupying power, as a caretaker authority on behalf of the government of the occupied country, must assume responsibility for all tasks related to providing protection to the population of the occupied country without discrimination, whether with regard to the administration of The occupied territory and the provision of health, educational and cultural services or the provision of living necessities and the carrying out of relief work, and in this regard it has the power to establish a temporary civil administration, but without the power to change the existing structures of the occupying country (). Conflicts lead to deaths and injuries, most of them civilians. Injuries caused by weapons increase health problems, which in turn are often exacerbated by the problem of high population density in urban areas. The treatment of bodily injury caused by these weapons requires a referral system that includes medical care facilities, which requires the provision of

medicines and other medical equipment. Given its importance in human life, the right of civilians to health has received great attention from international humanitarian law, and within the right to health is the provision and protection of medical materials and hospitals, ensuring the safety of their personnel, etc.

Ensuring the protection of the rights of civilians therein is reflected in the legal principles and rules

1- The principle of protection of prior rights:

The protection of the most previous rights of civilians aims to ensure their health during the course of hostilities, so ensuring the protection of these rights is a guarantee of protecting their right to health.

2- The principle of protecting the wounded and sick and the like from the dangers of war:

Wounded and sick, pregnant women, women who have given birth, and children under fifteen years of age are respected by the parties involved in the conflict.). According to Article 1 common to the 1949 Geneva Conventions, there is a singular and collective obligation on states to respect human rights, and in the event of grave violations, the High Contracting Parties undertake to cooperate with the United Nations in accordance with the Charter, in accordance with Article 89 of Additional Protocol I to the Geneva Conventions. .

Second: The right of prisoners of war to health in armed conflicts.

It is recognized that it is not permissible to assault physical integrity, especially mutilation, torture and cruel treatment, and it is not permissible to take a prisoner as hostage. It is also prohibited to subject any prisoner of war to physical mutilation or to medical or scientific experiments of any kind justified or not in his interest (Article 13 of the Third Convention). The places where prisoners are held must have means of protection against toxic gases or the dangers of hydrogen and atomic bombs, and the means of protection against the dangers of war must be prepared, and distinctive signs should be placed on the buildings for their detention that can be clearly seen from afar or from the air. The Detaining Power is obligated to make the prisoner's camps habitable and fulfill the health requirements, so that they are identical to the camps of the Detaining Power for its armed forces in the same area, and that they include private sleeping quarters, yards and public facilities, and include heating, lighting and furnished facilities. Article 11 of Additional Protocol I of 1977 prohibited the conflicting parties from carrying out any experiments or actions that would endanger the lives of the sick and injured as a result of international armed conflicts, or disfigure their bodies during or after hostilities, and therefore it is prohibited to expose all children in his custody. the opponent, or they have been detained or arrested for any medical procedure that is not required by the state of health of the person concerned and inconsistent with the medical standards in force that the party carrying out the procedure applies to its nationals who enjoy their full freedom in similar natural conditions (). Prohibition of biological medical experiments: The rule in application is that it is with the intention of treatment through medical means and methods recognized in the field of medicine. Accordingly, it is not permissible to treat civilians and prisoners as an experimental field. It is forbidden to conduct such experiments on them to know the effects of a new drug, for example. Or by serious attacks on physical or health integrity, whether it was the provision of completely unhealthy meals or the failure to provide the minimum necessary health care. These acts also include beating or harming in general.

Third: The right to health of the wounded, sick and shipwrecked

The first concern with the protection of the wounded and sick was the Geneva Convention of 1864 for the Amelioration of the Condition of Wounded Soldiers in Armies of the Field, and the effect of its revision in 1906 added the sick to its title. Which was preserved by the Geneva Convention of 1929 and the First Geneva Convention of 1949. The provisions of the wounded and sick have developed in a remarkable development that we see in the content of Article (8) of the First Protocol of 1977, whose paragraph (a) stipulated the following (). The sick, the wounded and the shipwrecked shall in all circumstances be respected and protected, and their lives shall not be attacked or abused in any way, they shall be collected and treated humanely, and shall receive, to the fullest extent possible and as expeditiously as possible, the medical care required by their condition. No discrimination must be exercised between them for reasons other than medical reasons, and therefore these people must be protected, taken care of and taken care of, whatever their nationality.

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- Medical or scientific experiments.
- Removing tissues or organs for culturing ().

Fourth: Medical personnel

Medical personnel are not explicitly defined in the four Geneva Conventions of 1949, those conventions that, despite their emphasis on the importance of the presence of humanitarian personnel in order to provide a minimum level of protection for protected groups during armed conflicts, did not include a clear and explicit definition of medical personnel. Of course, this is a clear shortcoming that the international community redressed when approving the First Additional Protocol to the four Geneva Conventions of 1977. Where it was referred to in M (8 / C) of the above protocol that they (“medical personnel” are the persons designated by one of the parties to the conflict either for medical purposes only, mentioned in Paragraph (e), or for managing medical units, or for operating or managing medical transports. Such assignment can be permanent or temporary, and the expression includes:

1- Medical personnel, whether military or civilian, of one of the parties to the conflict, including those mentioned in the first and second conventions, and those assigned to civil defense organizations.

2- Medical personnel of the National Red Cross Societies (Red Crescent, Red Lion and Sun) and other voluntary National Aid Societies recognized and duly authorized by one of the Parties to the conflict.

3- Medical personnel belonging to the medical units or medical transports referred to in the second paragraph of Article 9 ().

One of the most serious challenges impeding the provision of health care services and thus achieving universal health coverage in conflict situations is the apparent increase in the number and scope of attacks directed against health care providers, and this includes: Direct armed attacks. Destruction or looting of medical facilities, use of medical facilities for military purposes, obstruction of access to medical care services, shooting of ambulances, in addition to acts of threats, intimidation and violence against medical personnel. These attacks violate the Geneva Conventions, customary international law, and various provisions of international human rights treaties. The impact of these attacks is not limited to direct and devastating immediate damage, as they transform health facilities that are supposed to be refuges for healing and a haven from war - into repositories of danger and reservoirs of fear. Despite the concerted efforts that work to document attacks against health care services and raise awareness about them, they have not resulted in any significant improvement in this area. Regarding the groups protected under international humanitarian law, it is worth noting the basic guarantees that came in Article 75 of Additional Protocol I, an article that applies to all groups hors de combat, regardless of their legal status.

The second requirement

Means of international law to protect the right to health

There is no doubt that the international community’s reaching of binding global and regional agreements and instruments in the field of the right to health is the first step in protecting it, but it is an insufficient step, as its role is limited to recognition and recognition only of the right to health, which requires taking other steps to enhance the protection of this right. Such as taking effective measures and means to protect this right, as in the case of prosecutions conducted by specialized international judicial bodies such as the International Court of Justice, the International Criminal Court and regional courts. Accordingly, we will divide this requirement into two sections. In the first section, we present the international institutional protection for the protection of the right to health. In the second section, we discuss the international judicial protection of the right to health.

First branch

International institutional protection to protect the right to health

First: International organizations concerned with protecting the right to health

1 World Health Organization WHO

During the founding conference of the United Nations in San Francisco in 1945, the need for an international organization to watch over public health at the level of the international community was called, which prompted the Economic and Social Council in its first session to call for a global health conference that was held in New York in 1946, During which the global health situation was discussed, and a project to establish an international health organization for the United Nations to replace the International Office of Health was discussed. Indeed, on 7/22/1946, the Constitution of the World Health Organization was approved as a specialized international organization affiliated with the United Nations. At that time, a temporary committee of 18 members was responsible for securing the functions of the established international health agencies until the final approval of the constitution. On the seventh of April 1948, the constitution of the World Health Organization entered into force after it was ratified by 26 member states of the United Nations in accordance with the requirements of Article 80 of the constitution of the organization, and the constitution emphasized the need for international cooperation in the field of health and disease control not only between States parties, but this should be done at the level of the international community as a whole. The World Health Organization is one of the aspects of international regulation, and it is one of the international organizations specialized in the nature of its objectives, as it is responsible for achieving health and safety standards on a global scale.

The Charter of the United Nations gave the World Health Organization the competence to promote and protect health within the United Nations system. Article (1) of the WHO Constitution states that “the goal of the World Health Organization is for all peoples to reach the highest possible level of health.” Article (2) is exercised The organization to achieve its goal, which is to act as a directing and coordinating authority in the field of international health work, as the World Health Constitution stipulates the competence of the Health Assembly to issue legislative decisions to combat infectious diseases internationally. Following the failure of the conventions’ method in combating infectious diseases, the members of the Preparatory Committee concerned with drafting the constitution of the World Health Organization decided to use the method of regulatory decisions to combat the spread of infectious diseases, and the members of the International Health Conference agreed to adopt this method. , The most important contribution of international legislative technology in the international field, and the Constitution of the Health Organization has the authority to adopt regulations in various areas of technical issues (). Long-term adherence to the International Health Regulations to prevent the spread of risks to public health at the international level. The International Health Regulations (2005) has been repeatedly tested in recent years by emerging and re-emerging diseases such as influenza, polio, MERS-CoV and Ebola virus disease, most of which are zoonotic (that is, they infect humans and animals), underlining the approach of Health is one of the benefit. The potential for harm from radiological and chemical hazards is also a concern, shaping an increasingly complex world in which the global community will continue to face a range of diverse health and wellness risks. Therefore, seeing and using regulations as an essential tool to contribute to global health security is of paramount importance. In all societies, confronting and controlling epidemics, defeating diseases, providing aid, preparing preventive programs, conducting annual statistics, providing supplies and aid to the affected areas, and making efforts to limit the spread of epidemics and diseases in all regions. In 2007 WHO conducted a global survey to assess the national health sector in preparedness to respond to a medical emergency and ware. As a result, WHO has developed a six-year strategy □ for capacity development in the health sector and in local communities. While major emergencies are often unexpected, much can be done to prevent them and mitigate their impact as well as to enhance the response capacity of at-risk communities. As a lead agency to address the health aspects of emergency preparedness and response, WHO has developed a strategy to help mitigate the effects of crises, coordinate response and thus save lives and reduce suffering. The main objective of this organization is to raise the level of health of individuals and peoples all over the world without exception, by assisting governments, at their request, in supporting their medical services, and working on guidance and coordination in the medical field.

The World Health Organization works in two directions:

The first is to provide the appropriate treatment.

The second is disease prevention.

Its constitution grants it the right to periodically inspect the ports of ships, and to ensure the purity of drinking water and food, whether through storage or circulation in a way that secures its protection from pollution. The organization cooperates with the United Nations Environment Program in setting health standards for the environment. Sixth general programmed of work from 1973 to 1978 to achieve four main objectives:

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- 1- Providing information about the relationship between environmental pollutants and human health.
- 2- Working on developing guidelines to set the boundary between polluting substances that comply with health standards, and identifying new pollutants from industry, agriculture, or others.
- 3- Preparing data on the impact of these components on health and the environment.
- 4- Urging the development of research in areas where information is lacking in order to obtain international results. WHO works with Member States and many health and non-health partners to: Direct and support the integration of all emergency and disaster risk management in relation to health programs in health plans at all levels ().

The World Health Assembly is the decision-making organ of the World Health Organization. Its meetings are attended by delegations from all WHO Member States and focus on a specific health agenda prepared by the Executive Board. The main functions of the Assembly include defining the policies of the Organization, appointing the Director-General, controlling the financial policies produced by the Organization, and reviewing and approving the proposed program budget. The Assembly meets every year in Geneva, Switzerland.

2- International Labor Organization ILO

The International Labor Organization was founded in the year 1919, and was based on the Versailles Convention for its foundation, as it is similar to the League of Nations in terms of reference and history of establishment, and its system was at the time "the first human rights system". It is considered "one of the oldest intergovernmental organizations", and its establishment came as a result of the influences of the socialist system and social organizations concerned with workers' rights, to be an international organization specialized in regulating labor relations (). The ILO undertakes all activities in the field of occupational safety and health. In participation or in cooperation with other intergovernmental and non-governmental organizations as well as regional bodies such as the European Commission and national specialized institutions. These activities include the development of policies and programmes, the preparation of technical standards, the implementation of technical cooperation projects, the preparation of training materials, the creation of databases and information materials, as well as the organization of conferences, seminars and workshops. The World Health Organization, the United Nations Environment Program and the International Atomic Energy Agency are the main partners of the International Labor Organization among the specialized agencies of the United Nations (). Today, the ILO renews its commitment to support member states' efforts to enhance their capacity to prevent occupational accidents and diseases through practical measures such as the Occupational Safety and Health Toolkit, which includes helpful resources to improve the capacity to collect and use reliable occupational safety and health data.

3. Food and Agriculture Organization of the United Nations (Faw)

An international conference was held in the US state of Virginia, called by the countries of the world in view of the growing problems of agriculture and food, and an international committee branched out from this conference that reached an international agreement for the establishment of the Food and Agriculture Organization, and in 1945 the organization was established after he signed the treaty establishing it 24 A state in Quebec City, Canada, and the organization moved to its permanent headquarters in Rome, Italy in 1951 (). In 1992, a joint conference was held between the FAO and the World Health Organization under the name of the International Conference on Nutrition (ICN), in which governments pledged to intensify their efforts to combat starvation, malnutrition and undernutrition, especially among children, women and the elderly, and micronutrient deficiencies such as iron, iodine and vitamin A, and diet-related diseases and obstacles. Breastfeeding and inadequate sanitation. In 2004, FAO developed a program to support the right to food and then established the Crisis Management Center to combat bird flu, diseases related to animal diseases and food safety in 2006. The center monitors disease outbreak areas and sends experts to them within a maximum of 48 hours. FAO, as a governmental organization, plays an important role in promoting the right to health, whether through its activity in the field of activating the right to food, which is one of the determinants of health, or through its direct activity in the field of health, such as combating some diseases and setting up preventive programs in cooperation with an organization Global Health ().

4- United Nations Educational, Scientific and Cultural Organization (UNESCO)

The United Nations Educational, Scientific and Cultural Organization was established at the London Conference in 1945, and in 1946 an agreement was signed between the organization and the United Nations, according to which the organization obtained the status of a specialized agency. The organization aims, as stated in Article (1) of its founding charter, to maintain peace and security by working, through education, science and culture, to strengthen cooperation between nations to ensure universal respect for justice, the rule of law, human rights and fundamental freedoms for all people without discrimination on grounds of race or sex, language or religion, as recognized by the Charter of the United Nations for all peoples. UNESCO consists of three main organs: the General Conference, the Executive Council and the Secretariat. Since its establishment, it has implemented several programs aimed at implementing the Universal Declaration of Human Rights, and has contributed to the development of the provisions of the International Covenant on Economic, Social and Cultural Rights, especially in the fields of education and culture through its issuance. Numerous international agreements aimed at realizing human rights. WHO and UNICEF have worked closely together at the country, regional and global levels. WHO activities have focused on country-based support for the comprehensive review of health policies.

Second: International committees concerned with protecting the right to health

1- Committee on Economic, Social and Cultural Rights

It is the body of independent experts that monitors the implementation of the International Covenant on Economic, Social and Cultural Rights by states parties. The Committee was established by Economic and Social Council resolution 17/1985 of 28 May 1985 to carry out the monitoring functions assigned to the United Nations Economic and Social Council. Among the obligations set forth by the Committee in relation to the right to health, states are in particular obligated to respect the right to health by, inter alia, not preventing or restricting equal access for all persons to preventive, curative and palliative health services, and refraining from enforcing discriminatory practices as a public policy. States should refrain from illegal pollution of air, water and soil, as caused by industrial waste from state-owned facilities, and from the use or testing of nuclear, biological or chemical weapons if such experiments will result in the release of substances harmful to human health. The Committee on Economic, Social and Cultural Rights noted in its General Comment No. 3 (1990) on the nature of the obligations of States parties (Article 2 (1) of the Covenant) that: While the full realization of the relevant rights can be achieved progressively, it must from taking steps towards this objective within a reasonable and short period of time after the entry into force of the Covenant for the State concerned, and such steps should be reliable, specific and aimed as clearly as possible at fulfilling the obligations recognized in the Covenant.

2 Committee on the Elimination of Discrimination against Women

This committee monitors the implementation of the Convention on the Elimination of Discrimination against Women, which was adopted by the United Nations General Assembly in 1979. This committee considers the reports submitted by states parties to the Secretary-General of the United Nations regarding the legislative, judicial, administrative and other measures they have taken to implement the provisions of the Convention. ().

3- Committee on the Status of Women

The Economic and Social Council established this committee in 1946, and its mission is to promote respect for women's rights and equality between men and women in all fields. This committee prepares several resolutions and draft international agreements related to women (). The Committee on the Status of Women is allowed to consider complaints related to various forms of discrimination against women, such as inequality in the political, economic, social and legal fields.

4- Committee on the Rights of the Child

This committee monitors the implementation of the Convention on the Rights of the Child, which was adopted by the General Assembly in 1989. The tasks of this committee are determined by examining the reports submitted to it by the states parties to the convention related to the measures it has adopted to implement the rights recognized under this Convention, and in light of this, the Committee may present recommendations and proposals for the States parties to the Convention. These recommendations and proposals, together with the comments of States, are communicated to the General Assembly of the United Nations.

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5 International Law Commission

It is a subsidiary organ of the United Nations General Assembly, which aims to promote, develop and codify international law. The work of the Committee is governed by a statute annexed to General Assembly Resolution 174 (D-2) of November 21, 1974(). The committee mentioned in Article (5) of the draft articles on the protection of persons in the event of disasters. Rights that entail minimum basic obligations in relation to the provision of basic foodstuffs, basic health care, shelter, housing and basic education for children, and that continue even in the context of disasters and include other applicable rights.

6 truth commission

established. Under Article 90 of Protocol I, the Fact Finding Committee shall investigate the facts of any allegation of a grave breach of the meaning of the Conventions and Protocol I, and work to restore respect for these covenants through its good offices. The Commission is open only to States, and is a permanent, impartial and non-political organ, but it is not a judicial body. In its report, the commission stated that "the two main body of laws applicable to Sudan in the conflict in Darfur, i.e. international human rights law and international humanitarian law. These two laws are complementary. For example, both of them aim to protect human life and dignity, prohibit discrimination in its various forms, and protect against torture." and other cruel, inhuman or degrading treatment or punishment, both of which seek to ensure safeguards for persons subject to criminal justice procedures, and to guarantee basic rights, including those relating to health, food and housing.

Third: International councils concerned with protecting the right to health

1 Economic and Social Council

The Economic and Social Council plays a prominent role in the field of human rights protection, as it may make recommendations regarding the promotion of respect for and observance of human rights and fundamental freedoms. It also prepares draft agreements to be submitted to the General Assembly on issues within its competence. It may also call for conferences international organization to study issues within its jurisdiction. The Council is one of the main organs of the United Nations, in practice it exercises its functions in the field of human rights under the supervision of the General Assembly, but this does not deprive it of its independence in carrying out its tasks. The Council is responsible for coordinating the activities of the United Nations in the economic and social fields, and has several functions related to the protection of human rights:

- Preparing studies and recommendations for economic, social, cultural and health issues.
- Make recommendations to the subsidiary bodies of the United Nations and governmental and non-governmental organizations to promote respect for and observance of human rights and fundamental freedoms.
- Preparing draft international agreements on human rights and presenting them to the General Assembly.
- Coordinating the activities of the specialized agencies and making recommendations to them.

2 Human Rights Council

It is the main intergovernmental body of the United Nations with responsibility for human rights. It consists of 47 member states that meet each year for at least three sessions in Geneva, Switzerland. Its role is to promote and protect human rights throughout the world, and to make recommendations addressing human rights violations, including grave and systematic violations. The Office of the United Nations High Commissioner for Human Rights is the secretariat of the Human Rights Council.³ The Human Rights Council, Reaffirming the Universal Declaration of Human Rights, and referring to the International Covenant on Economic, Social and Cultural Rights, the International Convention on the Elimination of All Forms of Racial Discrimination and the Convention Elimination of all forms of discrimination against women, the Convention on the Rights of the Child and the Convention on the Rights of Persons with Disabilities Reaffirming also that the right of everyone to the enjoyment of the highest attainable standard of physical and mental health is a human right, as stated, inter alia. Calls on all states to do the following:

- (a) Pay attention to the recommendations of the Special Rapporteur.

(b) to ensure the promotion and protection of the right of everyone to the enjoyment of the highest attainable standard of physical and mental health, without discrimination;

c- To ensure due consideration in relevant national and international legislation, regulations and policies for the realization of the right of every individual to enjoy the highest attainable standard of physical and mental health...().

3- World Health Council

This Council is the largest international alliance concerned with working to improve health conditions and provide health protection in different regions of the world. It was previously known as the National Council for Global Health. It was established in 1972 as a non-profit organization based in the United States of America. It identifies major global health problems and provides reports and information related to combating the disease. Diseases and epidemics ().

Second branch

International judicial protection of the right to health

First: The International Court of Justice (ICJ)

In its fourteenth chapter, the Charter of the United Nations made the main judicial instrument of the United Nations, calling it the "International Court of Justice," and mentioning its historical roots, explaining that it is the heir of the Permanent Court of International Justice. The International Court of Justice, established by the Charter of the United Nations and which is the principal judicial instrument of this body, exercises its functions in accordance with the provisions of its Statute. The court consists of fifteen judges. It is not permissible for one member to be a national of the same country (Article 3 of the Basic Law). Each member must act independently of his government, and before he begins his work, he states in a public session that he will assume his duties without prejudice or whims and that he will only be inspired by his conscience (Article 20). The judges of the Court are elected on the basis of their ability and competence in law and the judiciary, and in their selection, consideration is given to the representation of major cities and the major legal systems in the world (Articles 2-9).

Court Jurisdiction

The Court assumes jurisdiction over the disputes between states, and this jurisdiction is of two types: optional and compulsory. Articles (34) to (38) of the Court's Statute were presented in Chapter Two, entitled "On the Court's Jurisdiction", to indicate the court's jurisdiction and the conditions that must be met by considering the cases brought before it. The function of the Court is to settle disputes that arise between states, but the consent of the relevant states, whether before or after the occurrence of the conflict, must be presented to the International Court of Justice, because the jurisdiction of the Court is an essential optional jurisdiction and its jurisdiction may be compulsory according to the text of Article 36/ 2 of the articles of association (). In addition to adjudicating international disputes before it, the Court issues opinions on legal issues that are consulted by international organizations, and this advisory role is considered the second function of the International Court of Justice, which it inherited from its predecessor, the Permanent International Court of Justice ().

Jurisdiction of the International Court of Justice

Of the international cases brought to the International Court of Justice. Case brought by Bosnia and Herzegovina against the Federal Republic of Yugoslavia (Serbia and Montenegro). Regarding human lives and health, she stated that: "The supreme objective of this request is to prevent further loss of life in Bosnia and Herzegovina," and that: The lives of hundreds of thousands of people in Bosnia and Herzegovina, and their well-being, health, safety and physical, mental and physical integrity (). And I ruled Ecuador against Colombia. On aerial spraying of herbicides On 31 March 2008, Ecuador filed a Petition against Colombia in connection with a dispute regarding what was alleged to be aerial spraying (by Colombia) of toxic herbicides in, at and across areas near and across its border with Ecuador. Ecuador claims that the spraying has already caused serious damage to people, crops, animals and the natural environment on the Ecuadorean side of the border, and poses a serious risk of further damage over time.

The advisory jurisdiction of the International Court of Justice

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Request for fatwa submitted by the World Health Organization about. The legality of a State's use of nuclear weapons in an armed conflict. It is unable to issue a fatwa. Requested by the World Health Organization on the legality of a State's use of nuclear weapons in an armed conflict. The Court held that three conditions must be met to establish the Court's jurisdiction when a request for an advisory opinion is submitted to it by a specialized agency. It is that the agency requesting the fatwa is duly authorized, in accordance with the charter, to request a fatwa from the court, and that the requested fatwa is related. a legal issue, and that this issue is one of the issues within the scope of the activities of the agency requesting the fatwa. The first two conditions have been met. However, with respect to the third condition, the Court found that although the World Health Organization is authorized by its constitution to address the health consequences of the use of nuclear weapons or any other hazardous activity by taking preventive measures to protect the health of the population in the event of such weapons being used or involvement in activities of this kind, the question is not related to the health effects of the use of nuclear weapons but rather. The legality of using these weapons in light of their health and environmental effects. The Court noted that whatever those effects may be, the competence of the World Health Organization to address them does not depend on the lawfulness of the acts that caused them. The Court also pointed out that international organizations, unlike states, do not have general jurisdiction, but are subject to the principle of jurisdiction, that is, they are subject, in other words, to the powers entrusted to them by the states that establish them, the limits of which do not exceed the scope of the public interest that the agency was assigned the task of promoting.

Another advisory opinion. The International Court of Justice considers that Article 2 of the Convention on the Rights of the Child imposes obligations on states parties with respect to every child within their jurisdiction, and notes that the Convention can be applied outside states' territories. In a later case, it stated that international human rights instruments applied to acts taken by States in the exercise of their extraterritorial jurisdiction.

The International Court of Justice concluded that economic, social and cultural rights have a stronger relationship with the territory of a state. She stated that while the International Covenant on Economic, Social and Cultural Rights did not contain any provisions regarding the scope of its application, this could be interpreted as guaranteeing rights that were essentially territorial. However, it is not excluded that it may also apply to both the territories over which the State party exercises its sovereignty and the territories over which that State exercises territorial jurisdiction. In other words, the Court considers that the Covenant can apply outside the territory of the State as long as it has effective control - exercising jurisdiction - over the foreign territory. This applies in cases of occupation, in which the occupying power exercises effective control over the territory.

Second: The International Criminal Court ICC

The Rome Statute of the International Criminal Court, adopted by the United Nations Diplomatic Conference of Plenipotentiaries on the Establishment of an International Criminal Court on July 17, 1998, entry into force June 1, 2001, in accordance with Article 126. (The Hague, Netherlands).

Article 7 states: Crimes against humanity.

1. For the purpose of this Statute, any of the following acts constitutes a “crime against humanity” when committed as part of a widespread or systematic attack directed against any civilian population, with knowledge of the attack:

(k) Other inhumane acts of a similar character intentionally causing great suffering or serious injury to body or to mental or physical health.

Article (8) stipulates that “intentionally causing severe suffering or serious harm to the body or health” ().

The crime of conducting medical or scientific experiments. It was stipulated in Article 2/8/b/10/2 of the Rome Statute, and the document attached to it related to the Elements of War Crimes, which is:

1- That the perpetrator subjected one or more persons to a medical or scientific experiment. and that the experience causes the death of such person or persons or seriously endangers their physical or mental health or safety.

2- That such behavior is not justified by the medical treatment of that person or those persons, their dental treatment, or their treatment in the hospital, and it was not carried out in the interest of that person or those persons. The

Elements of Crimes document also confirmed that the consent of the victim is not counted as a legal justification for this crime.

This is because there is a strong possibility of coercing him to prove his waiver of his right or his consent before the court.

And this crime, "like most war crimes", is based on the general criminal intent as a deliberate crime. Science requires that the offender be aware of the victim's circumstances, as well as his perpetration of the crime during an armed conflict, and that his will is directed to severely harm the victim without a medical justification for these experiences. .

Article VII of the court system does not require the commission of crimes against humanity during armed conflicts, but these crimes may be committed even in peacetime, and this is what was stipulated on the contrary in the Nuremburg court system and the court system of the former Yugoslavia, which linked these crimes to the existence of an armed conflict, There is no doubt that this constitutes a development in the concept of crimes against humanity as formulated by the previous customary rules, and thus the statute of the Permanent International Criminal Court confirms the principle of protecting the population from the arbitrariness of dictatorial and repressive regimes. The military commander and the chief shall be questioned about crimes committed by subordinates under their authority if the commander or chief knew or should have known that his forces or subordinates were committing or about to commit such crimes, or if he did not take all necessary and reasonable measures within his authority to prevent or To suppress the commission of these crimes or to submit the matter to the competent authorities for investigation and prosecution.

The Basic Statute excluded countries and international organizations from its jurisdiction, as the idea of subjecting them as a legal person to criminal responsibility has not been accepted so far, noting that the criminal responsibility of a natural person does not affect the civil responsibility of a legal person, especially the state, as this responsibility remains in place under International law, according to which the state is obligated to compensate the damages arising from its action when its responsibility is proven in accordance with the fourth paragraph of Article (25) of the Statute of the Court ().

It can be said in this regard that the Statute of the International Criminal Court, as it criminalizes violations of international humanitarian law and considers them as war crimes, represents the pinnacle of development in determining the responsibility of States parties to the conflict for environmental damage, as it is considered an act constituting a war crime of grave violations of the Geneva Conventions of 1949 and includes a number of acts that, if committed against persons or property protected by these agreements, are war crimes. 8 Provided that the intentional infliction of severe suffering or serious harm to the body or health is the result of polluting the environment if it is in a significant way and affects health ().

Conclusion

Through the foregoing, we will show the conclusions we reached in this research

1- It was found that the international community has taken vigorous steps on the path of establishing a binding system to protect the right to health in cases of natural disasters, anthropogenic disasters and hybrid disasters, and in particular the protection of the rights of vulnerable groups.

2- Establishing special health controls in prisons, and seeking to pay attention to various civil, political, economic, social and cultural rights within the framework of international human rights law and international humanitarian law, by linking the protection of these rights, and considering that the right to health is one of the basic human rights and is one of the social rights.

3- It became clear to us that there are many international monitoring bodies concerned with protecting this right, represented by specialized international organizations, international committees, international councils, and international and regional courts, as well as in the case of prosecutions conducted by specialized international judicial bodies such as the International Court of Justice, the International Criminal Court and regional courts. Which prosecute violators of the human right to health, whether they are states or individuals, in order for every person to enjoy his basic rights guaranteed by international instruments, and which obligate states to provide health

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services to individuals on their territory, and who are subject to their authority, in accordance with international standards without discrimination, in terms of quality Efficiency through increasing hospitals and health centers, intensifying primary and preventive health care programs and introducing modern medical devices, can be achieved.

4- The right to health comes from the moral view of human nature, as this right is one of the priorities in which man lives, and is based on The basis for viewing individuals as equal human beings without any discrimination based on race, color, sex, language, religion, national or social origin, wealth or lineage.