



General Assembly

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Human Rights Council

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Agenda item 3

Promotion and protection of all human rights, civil, political, economic, social and cultural rights, including the right to development

Albania*, **Armenia***, **Australia***, **Austria**, **Belarus***, **Benin**, **Botswana**, **Chile**,
Colombia*, **Congo**, **Costa Rica**, **Croatia***, **Cyprus***, **Denmark***, **Ecuador**, **Estonia**,
Finland*, **France***, **Germany**, **Greece***, **Guatemala**, **Honduras***, **Iceland***, **Ireland**,
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Norway*, **Paraguay***, **Poland**, **Portugal***, **Romania**, **Slovakia***, **Slovenia***, **Spain**,
Sri Lanka*, **Sweden***, **Switzerland**, **Tajikistan***, **United States of America**, **Uruguay***,
Yemen*: draft resolution

24/... Preventable mortality and morbidity of children under 5 years of age as a human rights concern

The Human Rights Council,

Emphasizing that the Convention on the Rights of the Child constitutes the standard in the promotion and protection of the rights of the child, and bearing in mind the importance of the Optional Protocols thereto, as well as other human rights instruments,

Recalling all previous relevant resolutions on the rights of the child of the Commission on Human Rights, the Human Rights Council and the General Assembly, the most recent being Council resolution 22/32 of 22 March 2013, on the right of the child to the enjoyment of the highest attainable standard of health,

Reaffirming the right of everyone to a standard of living adequate for their health and well-being, which is enshrined in the Universal Declaration of Human Rights, and the right of everyone to the enjoyment of the highest attainable standard of physical and mental health, as enshrined in the International Covenant of Economic, Social and Cultural Rights as well as in the Convention on the Rights of the Child,

Welcoming the work of the Committee on the Rights of the Child related to reducing and eliminating preventable mortality and morbidity of children under 5 years of age,

Reaffirming that States should take all appropriate measures to ensure the right of the child to the enjoyment of the highest attainable standard of physical and mental health

* Non-member State of the Human Rights Council.

without discrimination of any kind and, in doing so, be guided by the best interests of the child, ensuring the meaningful participation of children, consistent with their evolving capacities, in all matters and decisions affecting their lives, bearing in mind the rights, duties and responsibilities of parents or caregivers in relation to preventing mortality and morbidity of children under 5 years of age, and take steps to ensure the allocation of available resources to the maximum extent possible to achieve the full realization of the right of the child to the highest attainable standard of health, including by strengthening international cooperation in this field,

Reaffirming also the commitments made by States to make every effort to accelerate the achievement of the internationally agreed development goals, including Millennium Development Goal 4, to reduce by two thirds the under-5 mortality rate by 2015, Goal 5 to improve maternal health and Goal 6 to combat HIV/AIDS, malaria and other diseases, and taking into account the ongoing consultations on the United Nations development agenda beyond 2015 and the need to take into account preventable mortality and morbidity of children under 5 years of age in the post-2015 discussions,

Welcoming the Global Strategy for Women's and Children's Health launched by the Secretary-General, and the related establishment of the Commission on Information and Accountability for Women's and Children's Health and the Independent Expert Review Group on Information and Accountability for Women's and Children's Health, and taking note of the analytical study by the World Health Organization, *Women's and Children's Health: Evidence of Impact of Human Rights*,

Deeply concerned that more than 6,600,000 children under the age of 5 die each year, mostly from preventable and treatable causes, owing to inadequate or lack of access to integrated and quality maternal, newborn and child health care and services, early childbearing, as well as to health determinants, such as safe drinking water and sanitation, safe and adequate food and nutrition, and that mortality remains highest among children belonging to the poorest and most marginalized communities,

1. *Takes note with appreciation* of the report on mortality of children under 5 years of age as a human rights concern prepared by the World Health Organization pursuant to Human Rights Council resolution 22/32,¹ and welcomes its emphasis on integrating human rights into efforts to prevent under-5 mortality;

2. *Recognizes* that a human rights-based approach to reduce and eliminate preventable child mortality and morbidity is an approach underpinned by the principles of, inter alia, equality and non-discrimination, participation, the best interests of the child, international cooperation and accountability;

3. *Affirms* the importance of applying a human rights-based approach to reducing and eliminating preventable child mortality and morbidity, and requests all States to renew their political commitment in that respect at all levels, and also calls upon States, in adopting a human rights-based approach, especially to scale up efforts to achieve integrated management of integrated and quality maternal, newborn and child health care and services, particularly at the community and family levels, and to take action to address the main causes of child mortality;

4. *Encourages* States and other relevant stakeholders, including national human rights institutions and non-governmental organizations, to take action at all levels to address the interlinked root causes of mortality and morbidity of children under 5 years of age, such as poverty, malnutrition, harmful practices, violence, stigma and discrimination, unsafe

¹ A/HRC/24/60.

households and environments, lack of safe drinking water and sanitation, lack of accessible, affordable and appropriate health-care services and medicines, late detection of childhood illnesses and lack of education;

5. *Calls upon* States to strengthen their international commitment, cooperation and mutual assistance with the objective of reducing and eliminating preventable mortality and morbidity of children under 5 years of age, including through the sharing of good practices, research, policies, monitoring and capacity-building;

6. *Reaffirms* that the Human Rights Council should promote the effective coordination and mainstreaming of human rights within the United Nations system;

7. *Requests* the Office of United Nations High Commissioner for Human Rights, in close collaboration with the World Health Organization, to prepare concise technical guidance on the application of a human rights-based approach to the implementation of policies and programmes to reduce and eliminate preventable mortality and morbidity of children under 5 years of age;

8. *Also requests* the Office of High Commissioner to convene, in cooperation with relevant United Nations agencies, in particular the World Health Organization, the United Nations Children's Fund and the Joint United Nations Programme on HIV/AIDS, special procedures mandate holders and the Special Representative of the Secretary-General on Violence against Children, an expert workshop to discuss the draft of the technical guidance referred to in paragraph 7 above, with the participation of Governments and open to regional organizations, relevant United Nations bodies and civil society organizations, to assist in the preparation of the technical guidance;

9. *Further requests* the Office of the High Commissioner to provide an oral update in this regard before the twenty-seventh session of the Human Rights Council;

10. *Requests* the Office of the High Commissioner to present the technical guidance to the Human Rights Council at its twenty-seventh session;

11. *Decides* to remain seized of the matter.
