Check Against Delivery

MENTAL HEALTH: FROM RIGHTS TO REALITY

SIDE EVENT

61ST SESSION OF THE UN HUMAN RIGHTS COUNCIL

MONDAY 23RD MARCH 2026 | 14:00 - 15:00 (CET)

ROOM XII, PALAIS DES NATIONS

Introductory Remarks

DDr. Khaled Hassine, OHCHR

Good Afternoon, Excellencies, Distinguished experts, Ladies and gentlemen,

It is my pleasure and honor to welcome you, on behalf of OHCHR as well as our co-sponsors and partners, to this human rights and right to mental health discussion entitled *Mental Health: From Rights to Reality*.

My name is Khaled HASSINE. I am leading the right to health work at OHCHR. I am also the office-wide focal point on attacks on healthcare infrastructure and personnel.

The event is co-organized by the PMs of Portugal and Brazil along with the Association for the Prevention of Torture, United for Global Mental Health/America & European Association/Federation of Psychological Associations and the Safeguarding Health in Conflict & University of Berkeley as well as the Researching the Impact of Attacks on HealthCare.

Mental health lies at the very core of the right to health. Yet today, despite clear normative frameworks and repeated commitments by States, Health Actors and other stakeholders, the reality for millions of persons and communities remains one of exclusion, neglect or ill-treatment, violating basic human rights.

More than one in ten persons globally are in need of mental health services at any given time. But services remain unavailable or inaccessible, and do not comply with human rights minimum standards. Discrimination, stigma, stereotypes, violence, abuse, social exclusion, segregation, unlawful or arbitrary deprivation of liberty, among others and institutionalization, and overmedicalization continue to shape experiences of current or potential users of mental health services and persons with psychosocial disabilities.

Over the past years, the Human Rights Council has provided important guidance, including through resolution 52/12 and the comprehensive report on mental health presented to the

Council at the 58th session. These have provided guidance as to what a human rights-based approach to mental health requires. This includes: to live independently, in equality and free from discrimination, and to have access to holistic mental health services and support that are free from coercion and respect of legal capacity and informed consent, and that promote the right to full and effective inclusion and participation in society.

A central challenge remains: how do we move from standards to implementation? From commitments to measurable change?

The OHCHR/WHO Mental Health, Human Rights and Legislation: Guidance and Practice (Mental Health Guide) sets out minimum core obligations and promising practices for implementation. With a focus on the transformation of mental health systems and the promotion, protection and fulfilment of human rights, it offers practical advice to align laws, policies and practices with international human rights obligations and the development of person-centred care and support, taking into account gender, age, accessibility and acceptability and other considerations that safeguard human rights.

A key part of the answer lies in data, evidence, and accountability.

We continue to face significant gaps in data—particularly disaggregated data—on access to mental health services in various settings including conflict or climate crisis, on the use of coercive practices, on inequalities affecting women, children or older persons. Without this evidence, violations remain invisible, and progress cannot be effectively measured.

A baseline assessment of the status of the right to mental health—one that integrates human rights indicators, looks at budget allocations, and examines the broader determinants affecting mental health would allow to better understand where we stand, but also to track progress over time, identify protection gaps, and strengthen accountability.

Importantly, this is not a merely technical exercise. It is about ensuring that policies are informed by reality, that resources are allocated where they are most needed, and that the voices and experiences of those affected are meaningfully reflected.

Today's discussion is an opportunity to discuss how to bridge perspectives—from law, policy, practice, and lived experience—and to identify concrete ways forward.

Panellist Interventions

H.E. Ms. Joana Fisher, Deputy Permanent Representative of Portugal

Excellencies, Distinguished Delegates, Ladies and Gentlemen,

I wish to thank OHCHR and partners for organizing this important side event, and for inviting Thailand to share our perspective on safeguarding the right to health in crises.

This discussion is particularly close to Thailand's priorities. Earlier this year, at the June session of the Human Rights Council, Thailand organized a side event on "Ensuring the Right to Health in Conflict Situations." Being here today once again reaffirms our strong commitment to advancing this agenda and to working with partners to safeguard the right to health, especially in times of crisis.

Excellencies,

Today, one quarter of the world population lives in conflict-affected areas. People face not only direct violence but also collapsing health systems, disrupted services, and worsening socio-economic conditions. Hospitals and health personnel are under attack. Medicines and supplies run out. Patients cannot reach care. These realities multiply risks, worsen illnesses, and inflict severe mental health burdens. The long-term impacts are also grave: reduced life expectancy, higher maternal and child mortality, widespread malnutrition, and deep psychological trauma. Attacks on healthcare further erode trust in institutions and weaken health systems.

This is precisely why the right to health, guaranteed in Article 12 of the International Covenant on Economic, Social and Cultural Rights, is so vital. Safeguarding it requires us not only to protect access to care, but also to ensure the underlying determinants of health - safe water, food, sanitation, housing, education, a clean environment, and mental health services.

To make the right to health a reality, we need stronger enforcement of international humanitarian law and international human rights law, coupled with a human rights–based approach. But principles alone are not enough. Implementation gaps persist, and this is where technical cooperation and capacity-building play a crucial role. By supporting States, whether through OHCHR's work or through States helping one another, we can strengthen health systems not only during crises but also in times of stability, thereby building resilience in the long term.

This is why Thailand is presenting, at this session of the HRC, a resolution on the Enhancement of Technical Cooperation and Capacity-building in the Field of Human Rights, with the focus on the right to health. We see this as timely. The international community - organizations, States, and stakeholders alike - must come together and place renewed attention on the right to health. Helping each other strengthen health systems is an investment in resilience. And, as we all learned during the COVID-19 crisis, health is not only a national matter but a global one. International cooperation is therefore indispensable.

In this spirit, Thailand is also proud to serve as part of the core group of the resolution on Access to Medicines, Vaccines and Other Health Products, under the leadership of Brazil. For

Thailand, equitable access to medicines is not just a health issue. It is a human rights imperative and the foundation of resilience.

Our commitment is not only normative but also practical. Thailand has supported humanitarian and health-related assistance through WHO, UNICEF, UNHCR, UNRWA, and others. Most recently, we adopted a policy framework to provide humanitarian assistance to vulnerable populations along the Thailand–Myanmar border, including capacity-building for health personnel and the provision of medicines and supplies.

At home, Thailand's Universal Health Coverage system, built on accessibility and affordability, has proven essential in safeguarding the right to health. Strong primary health infrastructure, linked with community networks, provides resilience and ensures no one is left behind.

Ladies and gentlemen,

The scale of today's crises is immense—over 300 million people are in urgent need of humanitarian assistance, while WHO recorded more than 1,600 attacks on health facilities last year alone, a 60 percent surge in just two years according to the Safeguarding Health in Conflict Coalition. These alarming trends remind us that we cannot allow crises to strip away fundamental rights.

Safeguarding health in crisis is not optional. It is a legal and moral duty. Technical cooperation is how we build the bridges: strengthening capacity, enabling recovery, and laying the groundwork for resilience, and peace.

Thailand stands ready to continue working with all partners in this Council and beyond, guided by solidarity and a human rights–based approach, to ensure that in even the most difficult crises, the right to health is not compromised but safeguarded. Thank you.

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H.E. Ms. Cecilia Ishitani, Deputy Permanent Representative of Brazil

Statement delivered orally

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Ms. Veronica Filippeschi, Senior Thematic Adviser - Association for the Prevention of Torture (APT)

Introduction

- Thank the organizers for convening this timely discussion.
- Attacks on health are on the rise globally (2024 saw the highest ever reported number of attacks by the SHCC and marks a 15% increase from 2023 and a 62% rise from 2022).
- They are often treated primarily as violations of international humanitarian law. But they are also systematic violations of the right to health, protected under international human rights law and central to the mandate of this Council.
- The Human Rights Council has a responsibility to place attacks on health more prominently within its mandate to protect and promote human rights.
- Leading up to the 10-year anniversary of Security Council Resolution 2286, we need to center accountability and enforcement mechanisms for violations of health care protections and the right to health.

Impact on the Right to Health

- Attacks on health are not just destroyed hospitals; they deny people their right to care. They reduce access to medicines, vaccines, medical procedures, surgeries, and mental health support. They displace health workers, impact health outcomes, and erode trust in health institutions.
- These are not isolated incidents—they represent a global pattern that PHR and partners have documented:
  - Syria: Systematic aerial bombardments of hospitals and clinics, making health care and health care workers a target.
  - Gaza: Restrictions on medical supplies during military operations have caused preventable deaths and immense suffering, violating the right to health.
  - Ukraine: Over 2,000 documented attacks on health facilities, workers, and ambulances since Russia's full-scale invasion; coercive practices in the occupied territories weaponizing the health care.

Centering Victims and Survivors

- Survivors of attacks on health systems face long-term consequences—both physical and psychological. Centering their experiences is essential to shaping rights-based responses. Examples include patients and doctors killed or injured during attacks, health care workers imprisoned, tortured or killed in the occupied territories, negative health impacts for patients and burdens for health care workers because of attacks on energy.
- Health care workers are both witnesses and victims of these attacks while carrying the obligation to provide medical care to their communities.

Indirect and Cascading Effects

- Attacks do not end at the hospital gates—they create cascading effects across entire communities and societies.
- Indirect attacks on critical and digital infrastructure—including energy, communications systems, water, sanitation, housing and food security—create additional risks for populations leading to violations of their right to health.
    - Ukraine: PHR's research shows how Russia's widespread and systematic attacks on Ukraine's energy grid have harmed health care workers and endangered patients. They interrupted or delayed surgeries, led to failures in life support systems, discontinued flow of water to hospitals, rendered diagnostic and treatment equipment unusable.
    - Gaza: PHR's research shows how restrictions on medical supplies and fuel crippled hospitals' ability to function, forcing delays in surgeries and life-saving care, worsening outcomes for patients with chronic diseases, and placing unbearable strain on health workers. These indirect impacts demonstrate how restrictions on infrastructure and supplies can be as devastating to the right to health as direct attacks

Challenges in Data and Monitoring

- Reliable data is essential, but access restrictions, underreporting, and inconsistent methodologies persist.
- WHO's Surveillance System for Attacks (SSA) is a key tool, but not comprehensive. Civil society monitoring, including SHCC's database and PHR's research, helps close the gap.
- The Council should push for transparent, rights-based, and disaggregated data collection and sharing to ensure accountability.

Recommendations

- Protection of health must be mainstreamed into the UN's human rights agenda, not left only to humanitarian fora.
- Accountability is severely lacking. Despite the rising number of attacks, perpetrators face almost no consequences. Continued attacks on the International Criminal Court further limit pathways to justice. It is essential that OHCHR and this Council sustain and strengthen their role in documenting and advancing accountability.
- As we approach the 10th anniversary of Security Council Resolution 2286, we must acknowledge: strong commitments have not translated into protection on the ground. We need to reassess the successes and gaps of 2286.
- Attacks on health are a public health emergency. The Human Rights Council can complement the Security Council by ensuring attacks on health are addressed as human rights violations with direct accountability implications.
- A dedicated mandate-holder on attacks on health is worth thinking about.

- Strengthen systematic cooperation and data-sharing between WHO, OHCHR, civil society, and investigations. The Human Rights Council should lead coordinated action—with WHO, with civil society, with Member States—to rebuild the norm protecting health care in conflict and ensure accountability for its erosion.
- Center victims and survivors as well as endangered health care workers in all policy responses, ensuring their protection, participation, and access to care and justice.
- Promote accountability at all levels—national, regional, and international—for perpetrators of attacks on health and for those responsible for indirect harm through attacks on critical infrastructure.

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Dr. Odile Frank, Representative of the American Psychological Association (APA), United for Global Mental Health and European Federation of Psychologists' Associations

In recent years, there has been a deeply concerning escalation in attacks on healthcare, culminating in record levels in 2024 and continuing into 2025. These attacks have devastating and long-term consequences, not only depriving civilians of emergency care, but also cutting off access to essential services such as maternity care, dialysis, and cancer treatment.

In many contexts, these attacks appear to follow deliberate or coordinated patterns, including double-tap strikes and the repeated targeting of medical infrastructure and personnel. Comprehensive and verifiable documentation is essential to identify and analyse such patterns, to inform prevention and early warning efforts, to support effective monitoring, and to lay the foundation for accountability.

However, documenting attacks remains challenging. Access to sites may be restricted or delayed, and evidence can be lost, tampered with, or dismissed as unreliable if it has not been collected according to legal standards. Bridging this evidentiary gap is vital to move towards prevention and accountability.

eyeWitness to Atrocities contributes to these objectives by providing civilians and human rights defenders on the ground with a secure tool for documenting atrocity crimes and serious human rights violations in a manner that ensures the authenticity of photo and video evidence and its safe storage for future use in investigations and accountability processes. The technology behind the eyeWitness app ensures that photos and videos captured cannot be altered, and locks in metadata for date, time, and location at the point of capture. Footage is then securely stored with the chain of custody intact until it reaches investigators.

A team of lawyers at eyeWitness analyses and catalogues all footage captured and prepares detailed dossiers of footage for investigators at the International Criminal Court, UN bodies, the Office of the Prosecutor General in Ukraine, and other accountability mechanisms.

In addition to contributing to national and international investigations, footage captured using the eyeWitness app has contributed to an interactive map recording attacks on Ukraine's health care system that have taken place since February 24, 2022. This map has been prepared by Physician for Human Rights and eyeWitness, alongside other Ukrainian partners.

Ultimately, documentation is not an end in itself. It is the foundation for prevention and accountability, helping to ensure that attacks on hospitals, medical staff, and patients are not met with silence or impunity. Strengthening coordination among documentation efforts, improving data sharing, and ensuring that verified evidence reaches investigative and judicial bodies are critical next steps.

Recommendations:

- There remains a significant accountability gap for attacks on health care. It is critical for the OHCHR and the Human Rights Council to strengthen their role in documenting and advancing accountability.

- The Human Rights Council could consider the establishment of a dedicated mandate holder on attacks against healthcare or call on the Secretary General to appoint a Special Representative to lead and coordinate efforts on this issue globally.
- Strengthen coordination and data-sharing between the OHCHR, relevant UN mandate holders, and specialized agencies to ensure systematic information sharing and to maximize the effectiveness of monitoring and accountability efforts.

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Dr. Rohini Haar, Division of Epidemiology at the UC Berkeley School of Public Health and Co-chair of the Safeguarding Health in Conflict Coalition

Thank you, Mr. Hassine, my co-panelists and attendees here today. I am here today to share some research and findings to inform your critical work on the right to mental health.

I am a researcher with a focus on understanding the health impacts of human rights violations and armed conflict- on health workers and on communities. I've conducted studies, in the past 10 years, in a number of settings across conflict, particularly focusing the growing issue so violence against health. Today, I'd like to share a small part of that work- the issue of mental health services in conflict settings.

Nearly 15% of the world's population lives in settings of conflict today. That's including at least 32 countries considered intense conflict. Adding other crises such as environmental disasters, that is at least 1 in 5 people. In these settings, understanding mental health and human rights is a critical part of people lived experiences.

In crisis settings, mental health issues, can be especially acute: worsening trauma, family members missing or killed, displacement from day to day lives, schools, and friends, interrupted social and emotional connections, even energy and communication failures making limiting communications, challenges of losing homes and jobs, all of this can increase psychosocial challenges and, in many cases, result in mental health harms. Significant mental health harms. A quick example: I and my teams have interviewed hundreds of health workers in conflict settings and what they describe is not just physical or security challenges, but experiences of burnout, stress, and moral injury that result in attrition and real disability.

While conflict raises the bar on how many people are suffering, it often also decreases the ability of people to access mental health services. Attacks on health can lead to destruction of facilities of care, of loss of health workers that can provide services, of task-shifting of health workers from mental health care to trauma, to lack of security, and to overburdening of the system. I will also stress that there is a strong chilling effect in conflict situations- people are afraid to seek out healthcare when that healthcare is being attacked, limiting utilization and access even further. Often, mental health services are the first services to be lost in conflict and crisis conditions, and the last thing to come back during reconstruction.

So, what you have is said simply: growing needs for mental health services at the same time as less access and fewer available services. That leads to catastrophe. The vast majority of people who need care are simply left untreated and underserviced.

I'm very happy that this issue is being given attention here at the Human Rights Council once again. The Report of the United Nations High Commissioner for Human Rights last year has already highlighted some critical points. And that's where I'd like to focus three recommendations.

1) The most marginalized and disadvantaged groups, face a disproportionate level of harm. Children for example, face a long legacy of mental health harm that can last years, if not decades, and result in generational harm. Addressing these specific groups is a critical step.

2) Today, a significant majority of those who need mental healthcare lack access to quality mental health services. A human rights approach to outlining minimum obligations before health systems are faced with disasters and crises would help mitigate harm and clarify what is needed.

3) All physical injuries and illnesses have a psychological component, and all psychological illness have a physical component. Continuing to strengthen this understanding of complete health, especially in conflict settings, is critical.

More and more, I'm seeing that violence against healthcare, so often seen as a humanitarian issue, is really far more of a public health and human rights issue. In nearly a decade of research on the impacts of these attacks, what I will note is that the public health impacts are profound. The WHO has 6 pillars of the health system: things like governance, information systems, financing as well as delivery, workforce, medicines, and security. Violence and crisis impact each and every one of these in ways that directly target mental health. Without good medical records, the trends of treatments, and the benefits are hard to capture. More tangibly, without medications available, and health workers to prescribe them, it's hard to treat some of the most troubling conditions.

In undermining these systems, the result is decreased care: not just consultations, but the affordability, accessibility, and quality of care. These essential components then restrict people's right to health. And especially with mental health, once lost, it's very slow to come back.

So, I'll repeat very quickly some of the most tangible asks:

- Targeting programs and projects towards the most marginalized groups, especially children in armed conflict, will be crucial.
- Establishing minimal standards of a human rights-based approach, with educational programs to translate this for communities
- Strengthening the normative framework of complete health

Are all crucial next steps. Thank you.

Bios

H.E. Ms. Joana Fisher, currently Deputy Permanent Representative in the Mission of Portugal, is a career diplomat with more than 20 years of experience. Previous held positions include Chief of Staff of the Portuguese Secretary of State of Foreign Affairs and Cooperation, Head of Unit/Deputy Director of the African Department in the MFA, and Head of the Political Section of the Delegation of the EU in Angola. Joana holds a law degree and a master's in philosophy. She is married and has 3 kids.

H.E. Ms. Cecília Kiku Ishitani, currently Deputy Permanent Representative of Brazil to the United Nations and other International Organizations in Geneva, is a native of Curitiba (PR), she holds a law degree from the Federal University of Paraná. She also holds a specialization in International Commercial Diplomacy from the London School of Economics (LSE), a postgraduate degree in Foreign Trade from Fundação Getulio Vargas (FGV-Brasília), and a Master's degree in Public Administration, with a focus on International Economics, from Columbia University. Prior to assuming her current functions in Geneva, she served as Director of the Department for Japan, the Korean Peninsula and the Pacific. Her postings abroad include the Consulate General of Brazil in New York, the Embassy of Brazil in Bogotá, and the Embassy of Brazil in London.

Ms. Veronica Filippeschi is the Senior Thematic Adviser at the Association for the Prevention of Torture (APT), based in Geneva, Switzerland. She leads APT's work to address the situations of heightened risks of torture and ill-treatment faced by persons deprived of liberty, including persons with psychosocial disabilities, women and LGBTIQ+ persons. In her work, she regularly engages with national authorities, civil society organizations, UN and regional human rights bodies. She also supports national oversight bodies in monitoring the specific situations of persons with psychosocial disabilities and other people at heightened risk of torture and ill-treatment, across different settings. She is the author of several reports and tools.

Dr. Odile Frank is a former chief of Social Integration at the UNDESA who also worked for many years at WHO and the ILO on multiple aspects of global health policy. She now works on bringing psychological science and practice to bear on the work of the UN and to encourage development of psychologically-informed policies and programmes to help achieve the multilateral development agenda. Odile holds a doctorate in Public Health and Psychology from Harvard University.

Dr. Rohini Haar is an emergency medicine physician and faculty member in the Division of Epidemiology at the UC Berkeley School of Public Health. She also co-chairs the Safeguarding Health in Conflict Coalition. Her research examines the health impacts of torture, violations of free speech and assembly, and armed conflict — with a particular focus on attacks on healthcare, as an investigator in the Researching Impacts of Attacks on Health (RIAH) Consortium. She has led studies documenting the scope of these attacks, understanding their consequences on health systems and communities, and developing methodologies for investigation and advocacy, most recently in Syria, Myanmar, and Colombia.

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