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Chair: Mr. Dempsey (Vice-Chair) (Canada)

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In the absence of Mr. Hilale (Morocco), Mr. Dempsey (Canada), Vice-Chair, took the Chair.

The meeting was called to order at 10.10 a.m.

Agenda item 72: Promotion and protection of human rights (continued) (A/70/40)

(b) Human rights questions, including alternative approaches for improving the effective enjoyment of human rights and fundamental freedoms (continued) (A/70/56, A/70/111, A/70/154, A/70/166, A/70/167, A/70/203, A/70/212, A/70/213, A/70/216, A/70/217, A/70/255, A/70/257, A/70/258, A/70/259, A/70/260, A/70/261, A/70/263, A/70/266, A/70/270, A/70/271, A/70/274, A/70/275, A/70/279 and Corr.1, A/70/285, A/70/286, A/70/287, A/70/290, A/70/297, A/70/303, A/70/304, A/70/306, A/70/310, A/70/316, A/70/334, A/70/342, A/70/345, A/70/347, A/70/361, A/70/371, A/70/405, A/70/414, A/70/415 and A/70/438)

(c) Human rights situations and reports of special rapporteurs and representatives (continued) (A/70/313, A/70/332, A/70/352, A/70/362, A/70/392, A/70/393, A/70/411, A/70/412; A/C.3/70/2, A/C.3/70/4 and A/C.3/70/5)

1. **Mr. Pūras** (Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health), introduced his report to the General Assembly (A/70/213), which focused on the right to the highest attainable standard of health and its relationship to the right of young children to survival and development. In order to seize the opportunity of the new 2030 Agenda for Sustainable Development, existing health-care systems and medical education must be modernized to ensure that new morbidities and challenges related to the emotional and social development of children were adequately addressed.

2. **Mr. Yao Shaojun** (China) said that the right to health was a fundamental right to be enjoyed by all citizens. Increased globalization had led to a rise in transboundary health risks, which were a serious threat to public health. Global efforts were therefore needed to establish a health system with the capacity to respond to those risks. After the thirtieth session of the Human Rights Council, China had sponsored and

promoted the adoption of the statement by the President promoting the right of everyone to the enjoyment of the highest attainable standard of physical and mental health by enhancing capacity-building in public health against pandemics. That statement called on all States to develop resilient and sustainable health systems aimed at ensuring universal access to quality health-care services in order to promote, protect and attain the right to health.

3. China attached great importance to multilateral cooperation with developing countries to assist in strengthening the capacity of public health systems. It had been dispatching medical teams to developing countries since the 1950s and had made important contributions to local health sectors and the health of local populations. In 2014, China had moved quickly to provide a total of 750 million yuan in assistance to the World Health Organization (WHO) and the countries in West Africa affected by the Ebola outbreak. China had also sent medical experts to assist in the use of equipment and to provide treatment to personnel. In August 2015, China's Foreign Minister had visited the three countries affected by Ebola and was working to establish bilateral cooperation in the post-Ebola period to strengthen preventive measures. He asked the Special Rapporteur how to assist developing countries with public health capacity-building and how to promote and protect the right to health.

4. **Ms. Tschampa** (Observer for the European Union) said that the European Union welcomed the report of the Special Rapporteur, which rightly identified the need to ensure a holistic approach to children's mental and physical well-being. Despite the growing consensus on the need to apply a human rights-based approach to child survival and development, there were not many concrete examples of the practical applications of such an approach. She asked the Special Rapporteur what steps could be taken to ensure monitoring and accountability in that regard. She also asked for an update on the development of global indicators and benchmarks to monitor progress in the realization of the right to health in early childhood.

5. **Ms. Mouflih** (Morocco) said that health, as defined by WHO, meant a complete state of physical, mental and social well-being, and not merely the absence of disease or infirmity. There were still many challenges to guaranteeing health for all. The reform of

the health-care system in Morocco was focused on four main areas: the regionalization and decentralization of health-care services; a comprehensive approach to the health-care system, through public-private partnerships; reforms to achieve universal health-care coverage by 2020; and hospital reforms to respond to increasing demands for the treatment of chronic illnesses. Morocco had adopted a national plan to accelerate progress on maternal and infant health, which included the 2012-2019 Ministry of Health action plan to achieve a sharper reduction in infant and maternal mortality rates. The national plan was also designed to consolidate gains, strengthen community management and target rural areas and individuals without sufficient coverage. It included measures that had allowed Morocco to see annual reductions in the mortality rate of children under five, with a total reduction of 66 per cent since 1995. She asked the Special Rapporteur how he planned to work with other institutions and organizations, such as WHO, to ensure complementarity and make progress in the fight against infant and child mortality.

6. **Ms. Naidoo** (South Africa) said that more needed to be done to complete the unfinished business of the Millennium Development Goals (MDGs), particularly Goal 4, which would be extended beyond 2015 in the new Sustainable Development Goals. Her delegation appreciated that the report of the Special Rapporteur had mentioned international cooperation and assistance for developing countries in order to ensure a global partnership for development. She encouraged the Special Rapporteur to continue to explore the application of a human rights-based approach to child survival and development. Such an approach would promote freedom and well-being and have a greater impact on human development.

7. **Ms. Schneider Calza** (Brazil) said that it was particularly important to focus on the right to health in early childhood and welcomed the Special Rapporteur's broad focus on the right to health and the psychosocial and emotional development of the child. She asked the Special Rapporteur what would serve as good indicators of the attainment of an adequate standard of health, given the importance of holistic development for children; how Governments, civil society and international organizations could work together to guarantee the right to health; and how the child's right to be heard could be better promoted in the context of the child's right to health.

8. **Mr. Syarif** (Indonesia) said that the right of everyone to obtain the highest standard of physical and mental health was acknowledged and guaranteed by the Constitution of Indonesia. The right to health had been mandated by the new Government and had been included in the 2015-2019 national action plan for human rights. Health development in Indonesia was based on human rights, human empowerment and independence, justice and privatization, with specific emphasis on vulnerable groups such as infants, children, senior citizens and poor families. The right to health was promoted and protected without discrimination and was applicable to all.

9. The health issues set out in the Sustainable Development Goals should build on the health-related MDG achievements while also addressing emerging and non-communicable diseases. Health and non-health sectors should work together to contribute to development activities, and the international community must strengthen partnerships for global health and ensure that commitments were fulfilled.

10. **Ms. Santamaría Ramírez** (Colombia) said that her Government, which had succeeded in reaching its MDG target to reduce infant mortality, had taken a human rights-based approach to reducing child mortality and guaranteeing development, care and protection for children. It employed both national and international tools, including a national strategy for comprehensive care beginning in early childhood, which focused on the social determinants of child development, health, food and nutrition.

11. It was essential to recognize and guarantee the full exercise of the sexual and reproductive rights of young people. Those rights were fundamental to making free, informed decisions and to living free from discrimination and violence. Youth must have access to sexual and reproductive health-care services and comprehensive sexual education programmes. Despite its many advances, Colombia still faced big challenges in terms of child health and development. Her Government would therefore carefully analyse the recommendations of the Special Rapporteur, especially as concerned existing strategies.

12. **Mr. Pūras** (Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health) said that there was an increasing international commitment to enhance investment in health, which would be needed to reach

the Sustainable Development Goals by 2030. Research had shown the effectiveness of investing in early childhood, including through the establishment of resilient health-care systems. There were many examples of good practices in all regions of the world that combined the right to survival and the right to development. One such example was increased investment in teaching parents how to address their children's misbehaviour in non-violent ways, instead of resorting to emotional violence or corporal punishment. The latter was not only a violation of the human rights of children, it led to ineffective outcomes. In his recommendations, he had urged Governments to ban the corporal punishment of children.

13. Nearly all of the Sustainable Development Goals would require good investment in early childhood. Since that was when all inequality began, it was the best time to address those issues. His next thematic report would focus on health in adolescence, which was just as important as the right to health in early childhood. Those two critical age groups would be decisive in reaching the Sustainable Development Goals. The recently launched Global Strategy for Women's, Children's and Adolescents' Health also emphasized the need to invest in early childhood, with evidence supported by the human rights-based approach. Research suggested that, if applied sustainably, that approach produced many economic returns. Some examples included a tenfold return on investments in the health and nutrition of women, children and adolescents as a result of better educational achievements, workforce participation and social contributions; or at least \$100 billion in demographic dividends from investments in early childhood and adolescent health and development. Merely addressing survival was not enough; holistic development for children was equally important.

14. Imbalances and power asymmetries were challenges to good health-care systems. Primary care was too often losing to very specialized, sophisticated medical interventions. While specialized medicine was necessary, investment in children's health care should mainly be dedicated to primary care, which represented the best possible investment. There were still many countries where insufficient attention was given to specialized medicine, including life-saving medications and vaccines. However, psychosocial interventions were equally important and should not be ignored.

Psychosocial interventions might also improve quality of life and even save lives when addressing issues such as violence. He was convinced that the root causes of all forms of violence, including collective violence, were found in early childhood. Investments in cost-effective measures to promote good, healthy, non-violent relations between parents and young children would contribute to peace and justice in the world and the cycle of violence, poverty, hopelessness and social exclusion could be broken.

15. **Ms. Ero** (Independent Expert on the enjoyment of human rights by persons with albinism) said that she had no report to introduce because she had only recently been appointed. First of all she paid tribute to the memory of Ambassador Yusuf Mohamed Ismail of Somalia, who had been instrumental in International Albinism Awareness Day being commemorated for the first time in 2015.

16. Her mandate had been created largely due to reports concerning attacks against people with albinism, which were in part related to the belief that their body parts brought good luck and wealth when used in witchcraft potions and rituals. Harvested body parts were often sold on the black market for thousands of dollars and the perpetrators of those crimes enjoyed impunity. Civil society organizations had reported hundreds of attacks occurring across 25 countries since 2007, and the majority of victims were children.

17. People with albinism faced multiple, intersecting human rights violations, including stigma and discrimination because of their appearance. Those violations impacted their longevity, health and education. Hundreds of displaced persons with albinism lived in temporary shelters that had become long-term dumping grounds, especially for children with albinism. The Human Rights Council had adopted five resolutions on the issue of persons with albinism and had commissioned reports from the Office of the High Commissioner for Human Rights and the Human Rights Council Advisory Committee.

18. Discrimination against persons with albinism was a global phenomenon, although the intensity varied by region. In North America and Europe, such persons faced widespread misunderstanding and an entrenched lack of awareness, and bullying of school-aged children was therefore commonplace. In other regions where data was available, particularly in sub-Saharan Africa, discrimination was more severe and entailed a

cycle of violations, beginning with the danger of infanticide at birth. Children faced significant barriers to education, either due to exclusion for their appearance or a lack of reasonable arrangements for the visual impairments associated with albinism. People with albinism also suffered from an epidemic of skin cancer, often dying between the ages of 30 and 40. In other regions, such as Asia, there were few studies; however, anecdotal information indicated that discrimination and other human rights issues were present and needed to be investigated and addressed.

19. Under her mandate, she planned to collaborate with affected States to end attacks and the trafficking of body parts by implementing specific, targeted and practical measures. Resolution 263 of the African Commission on Human and Peoples' Rights on the prevention of attacks and discrimination against persons with albinism would serve as a good standard. She would establish a legal framework for protection, drawing from the existing frameworks on disability, torture and racism and related intolerance, in order to identify the key human rights instruments which could comprehensively and effectively respond to such issues. Albinism should be incorporated in the national agendas of States, and she would work closely with stakeholders to develop a comprehensive model of best practices on albinism to address issues beyond attacks, particularly discrimination in education and health. She also hoped to incorporate albinism into the international agenda by mainstreaming albinism in various mandates and mechanisms. She wanted to end the myths and dangerous stereotypes that fuelled attacks, discrimination and stigma by raising awareness and visibility. Research and advocacy would be used to collect reliable data that could lead to specific recommendations for reforms, particularly of legislation governing witchcraft practices.

20. She would cooperate with States on capacity-building and had already begun conversations with other mandate holders, the Commissioners at the African Commission on Human and Peoples' Rights and the Special Representative of the Secretary-General on violence against children. She had also conducted advocacy campaigns using traditional and social media and had reached millions of people, especially in areas affected by attacks. In 2016, specific measures for technical cooperation would be extended to affected States. She would release a thematic report to explore the root causes of attacks in

August 2016 and would present a response strategy at the subsequent session of the General Assembly. The United Nations had a precedent of success in addressing hate crimes. She was therefore optimistic that attacks against persons with albinism could come to an end, and that discrimination and stigma could be significantly abated with the support and cooperation of Member States.

21. **Ms. Maduhu** (United Republic of Tanzania) said that Tanzania was among the countries where persons with albinism had been subjected to inhuman brutality, which her Government had taken rigorous legal, administrative and political measures to address. Law enforcement bodies had joined forces to track down the culprits, and the Government had decided to fast track the investigation and prosecution of suspected offenders. From 2006 to 2015, 139 suspects had been arrested, 16 of whom were suspected of attacks in December 2014 and January 2015. Of those who had been found guilty, 13 had been sentenced to death. However, the sentences had yet to be carried out, due to Tanzania's self-imposed moratorium on the death penalty.

22. Since the tragedy surrounding persons with albinism was largely rooted in superstitious beliefs, greater community education and awareness campaigns were essential. Her Government, which had undertaken outreach and advocacy campaigns that involved religious institutions, schools and the media, had also been cooperating since 2006 with the Tanzania Albinism Society to promote a national albinism day. Other governmental measures included the establishment of a multidisciplinary national task force, which had spread to the regional and district levels, and which conducted research and proposed solutions; the temporary suspension of all practicing certificates of traditional healers; and the involvement of persons with albinism in all levels of the decision-making process.

23. As a result of such measures, the number of killings and attacks had declined: there had been nine killings in 2009; one incident in 2010; no incidents in 2011; one incident in 2012; one person killed and two injured in 2013; three people killed and two injured in 2014; and one incident to date in 2015. As the Independent Expert had mentioned, persons with albinism also faced multiple health problems that impacted their daily lives, and vision impairment prevented children from attending regular schools. Her

Government therefore guaranteed free health care for persons with albinism.

24. **Mr. Cabral** (Portugal) said that discrimination against persons with albinism, a congenital disorder, was worldwide. Coordinated action was needed among States, international organizations and civil society, as well as strong advocacy, to combat the violence and stigma affecting persons with albinism and their families. He asked the Independent Expert how she foresaw her interaction with other multilateral bodies at the global or regional levels.

25. **Mr. Garcia** (United States of America) asked about specific activities that the Independent Expert would undertake to fulfil her mandate, including any focus areas, interaction with Governments or consultation with United Nations agencies. Given the well-documented violence and discrimination against persons with albinism, he wondered how existing international instruments concerning persons with disabilities could help address those concerns.

26. **Ms. Tschampa** (Observer for the European Union), expressing deep concern about the discrimination and violence experienced by persons with albinism throughout the world, said that the European Union supported initiatives and efforts at multiple levels to increase awareness and actively combat such abhorrent and unjustifiable acts. People with albinism faced great challenges to their rights, such as being denied jobs and education, and were the victims of extreme violence, which sometimes resulted in loss of life. On several occasions, the Independent Expert had referred to the need to invest in more outreach activities in order to more effectively fight myths, prejudice and harmful practices. She asked which areas the Independent Expert intended to prioritize during the first year of her mandate in order to increase awareness about the importance of fighting discrimination against people with albinism.

27. **Ms. Ero** (Independent Expert on the enjoyment of human rights by persons with albinism), responding to the questions from delegations, first of all drew attention to some discrepancies between the number of attacks against people with albinism reported by the delegation of Tanzania and those reported by civil society. In 2016, she planned to engage with the African Commission on Human and Peoples' Rights and work with affected States with a view to ending such attacks. She would also reach out to other regions,

such as the Caribbean and South Asia. She had been working with the Special Rapporteur on the rights of persons with disabilities, since the majority of people with albinism had a visual impairment and could benefit from the Convention on the Rights of Persons with Disabilities. The Convention could also help address the issue of displaced persons and how to reintegrate them into society. She planned to meet with the Special Rapporteur on the right to health to discuss the epidemic of skin cancer. Other programmes of action, such as for racism and intolerance, could also provide input. Albinism was a multifaceted issue, and she hoped to have a meeting to identify the existing legal frameworks that could be utilized.

28. Her priority for 2016 was to address witchcraft as a harmful traditional practice. Many countries had legislation to regulate witchcraft, but it was often ambiguous and archaic with respect to albinism. She planned to take advantage of a country visit to make recommendations that could be applied broadly to separate witchcraft from traditional medicine. She would also recommend changes to improve on legislation that could be readily enforced. Those changes would not only protect people with albinism, but also people accused of witchcraft, especially women and people with disabilities, who died in their hundreds each year.

29. **Ms. Farha** (Special Rapporteur on adequate housing as a component of the right to an adequate standard of living) said that her final report, to be presented at the Human Rights Council in March 2016, would concern her missions to Cabo Verde, Serbia and Kosovo, and would also be focused on homelessness and human rights.

30. Introducing her present report ([A/70/270](#)), which concerned the 2016 United Nations Conference on Housing and Sustainable Urban Development (Habitat III) and its implications for the recently adopted Sustainable Development Goals, she said that the report challenged all stakeholders, in particular Governments, to recognize the limitations of current approaches to urbanization and asked them to embrace human rights as the best framework that would lead to sustainable growth and ensure human dignity.

31. Cities were on an untenable path that was encouraging vast inequalities; urbanization too often focused on wealth accumulation at the expense of the most vulnerable populations. At present, access to

adequate housing for burgeoning populations might be the most critical issue facing cities. Informal settlements, homelessness, forced evictions and spatial segregation were persisting and increasing, which was clear evidence of a critical systemic failure of the international community, local governments and other actors to design relevant legislation, programmes and policies consistent with the right to adequate housing. Without human rights at the forefront of discussions and actions regarding housing, conditions for urban residents would not improve.

32. Although the outcome of Habitat III was set to guide the many challenges facing cities, discussions of human rights were largely absent in the preparatory work for the Conference. Such reticence to embrace a human rights approach must be overcome. During Habitat III, the international community should be striving to develop a new urban rights agenda with the right to housing as a pillar. A rights-based approach was beneficial for its clarity as to who bore the duty to ensure rights for whom. Although local and subnational governments shared responsibility for the implementation of international treaties with national Governments, they lacked adequate financial resources, administrative capacity and a clear understanding of their international human rights obligations.

33. The development of an urban rights agenda would require all levels of government and other actors, including civil society, United Nations agencies and the private sector, to work in a coordinated fashion, and independent human rights mechanisms to get involved. Perhaps most importantly, it would require a shift in priorities and in the allocation of resources, as well as the recognition that all members of society were legitimate participants in the decision-making process, including those who were marginalized. There was a tremendous capacity for creativity and innovation at the local level and in the urban context.

34. **Ms. Moutchou** (Morocco) said that her Government had undertaken significant efforts to guarantee the right to adequate housing for all. In light of the new political and social context in her country, including the fact that access to decent housing had been enshrined as a right in the new Constitution, her Government had been focusing its actions on priority areas, such as promoting rented social housing and encouraging citizens to build their own homes. At the

same time, Morocco's legislation on town planning took into consideration the environmental aspects of the construction of housing while its national strategy for the elderly focused on housing and living conditions.

35. She asked whether the Special Rapporteur thought that the mechanisms used to observe and analyse the application of commitments made in the United Nations Conference on Human Settlements (Habitat II) were effective. She also asked how Habitat III, the twentieth session of the Conference of the Parties to the United Nations Framework Convention on Climate Change and the 2030 Agenda for Sustainable Development were linked.

36. **Ms. Tschampa** (Observer for the European Union) asked what kind of lessons and good practices from the last 20 years could be applied to achieve practical and sustainable solutions to the challenges faced by cities. The European Union looked forward to the Special Rapporteur's report to the Human Rights Council on homelessness and would welcome any preliminary views on how to address that issue.

37. **Ms. Schneider Calza** (Brazil) said that while Habitat II had played an important role in consolidating the right to adequate housing, there was still a deficit in terms of recognizing human rights as the central dimension of the urban agenda. Her delegation intended to deepen the discussions on the right to the city during Habitat III and expected that a new urban agenda would help to build a shared understanding of that right. Continued social exclusion, unequal treatment and slum conditions among vulnerable groups emphasized the need for an urban rights agenda. Under Brazil's Constitution, access to land was a fundamental right and a general principle of national economic activity and urban policy. Habitat II had been marked by the involvement of subnational and local government; her delegation would like to see that participatory spirit enhanced in the lead up to Habitat III.

38. **Mr. Syarif** (Indonesia) said that since the 1998 reform of the democratic system, local government in Indonesia had provided for basic needs, such as water, health, sanitation and housing. The best practices of local government in providing adequate housing included self-help housing, slum upgrading, affordable housing, financing for home ownership and post-disaster construction, as described in the Special

Rapporteur's country visit report of 2013. That report had been disseminated to local government to serve as a reference for developing local policies on adequate housing.

39. His Government had redoubled its efforts to provide adequate housing, and security of tenure was a fundamental priority in that regard. Various policies and projects now provided ways for low-income households to apply for housing ownership. In close cooperation with the World Bank, his Government had established the Indonesia Slum Alleviation Policy and Action Plan which focused on improving the living standards of slum dwellers. Meanwhile, efforts to address informal settlements should be shifted from demolition and eviction to a more human, community-based perspective encompassing effective remedial and preventive policies.

40. Although the role of local government in realizing the right to adequate housing was very important, it faced challenges, such as a lack of adequate resources, insufficient knowledge and capacity, and overlapping, unclear and conflicting responsibilities. He asked how such challenges could be addressed.

41. **Mr. Glossner** (Germany) underlined that, since the year 2000, Germany and Finland had been the main sponsors of the biennial Human Rights Council resolution on the right to adequate housing. Germany was interested in the Special Rapporteur's views on how the planned urban rights agenda could help to implement the Sustainable Development Goals and targets, and thereby effectively help to the prevent homelessness and forced evictions.

42. **Ms. Mohamed Didi** (Maldives) said that adequate housing was a policy priority of her Government and a basic right enshrined in the Constitution. Social housing schemes had been adopted as the best way to provide affordable housing to all. Population overcrowding had compounded the problem of affordable housing and adequate living standards, especially in the capital, Malé. Since her country's vulnerability to climate change and its adverse impacts was a hindrance to the full enjoyment of human rights, including the right to adequate housing, the Government's policy framework for protecting the environment and combating climate change took a rights-based approach that aimed to manage the human dimensions of that issue.

43. She asked how States could appropriately address the issues concerning housing that had not been reflected in the Sustainable Development Goals and what the best way forward was as States embarked on the implementation process.

44. **Ms. Naidoo** (South Africa) said that her country had been an active proponent of Habitat II and looked forward to the forthcoming adoption of Habitat III. The right to adequate housing must guide the development and implementation of a new urban agenda, including the right to non-discrimination. Transparency, accountability, good governance and equal, full and effective participation should be the cornerstone of that new agenda. All communities should be consulted on matters that affected their daily lives, including in the forthcoming negotiations.

45. **Ms. Mballa Eyenga** (Cameroon) said that controlling urban development and improving living conditions for urban populations were of great importance to Cameroon. It had identified a number of goals in that regard, *inter alia*: improving access to basic urban services; controlling land use; protecting vulnerable social groups; strengthening institutional capacities; establishing a Government programme for the construction of 10,000 social housing units and plans for 50,000 land plots; improving the living conditions of populations in slum areas; conducting studies on the restructuring of informal settlements; and elaborating urban planning documents, thus making it possible to pre-empt the uncontrolled occupation of pre-urban areas. Her Government was currently considering implementing mutual and cooperative housing projects and a land reserves programme.

46. She wondered how the Special Rapporteur envisaged helping States to promote the right to property and right to land tenure. Concrete proposals should be made during Habitat III to resolve the housing problem.

47. **Mr. Jabbar** (Iraq) asked whether homeless families should essentially be allowed to build illegal shelters on unused land, or whether they should be removed to discourage others from doing so. He wondered how Governments could most effectively deal with that issue.

48. **Ms. Farha** (Special Rapporteur on adequate housing as a component of the right to an adequate standard of living) said that although the Sustainable

Development Goals were imperfect in terms of the right to adequate housing, they had opened a door and Habitat III was an excellent opportunity to determine what target 11.1 of the Goals would look like in practice. However, quantitative indicators alone would not suffice to measure progress in meeting that target; qualitative indicators were also needed, given that the adequacy component of the human right to housing was qualitative and contextual.

49. With regard to good practices at the local level, she cited the right to the city, which was a big movement across Latin America and elsewhere. Cities had been adopting charters that included the right to adequate housing. In many countries issues, such as the progressive realization of the right to housing and the “maximum of available resources” clause, were starting to be understood contextually through jurisprudence. Some Governments were starting to tie funding to local government so as to encourage social inclusion and diversity.

50. The fact that homelessness was allowed to happen, as a result of decisions taken within the private sector and at all levels of government, was disheartening. The criminalization of the socially constructed group known as “homeless people” was also of extreme concern and was not in keeping with the right to adequate housing.

51. There were a number of things that could be done to address the fact that local government often did not have the financial capacity or knowledge to implement the right to adequate housing. For example, there must be better coordination and communication between the national Government and the subnational level of government, including in the decentralization of resources. The international community had a role to play in ensuring that local-level government understood that it too had international human rights obligations.

52. Housing issues that had not been dealt with in the Sustainable Development Goals must be examined from a human rights perspective at Habitat III. She would have welcomed a reference to eradicating homelessness by a specific date in the Sustainable Development Goals and therefore hoped that such a commitment would be made at Habitat III.

53. It was well known and accepted that forced eviction constituted a gross violation of human rights law. All other options must be explored first before a

forced eviction could take place, and any decision must be taken in meaningful consultation with the affected families.

The meeting rose at 12 p.m.