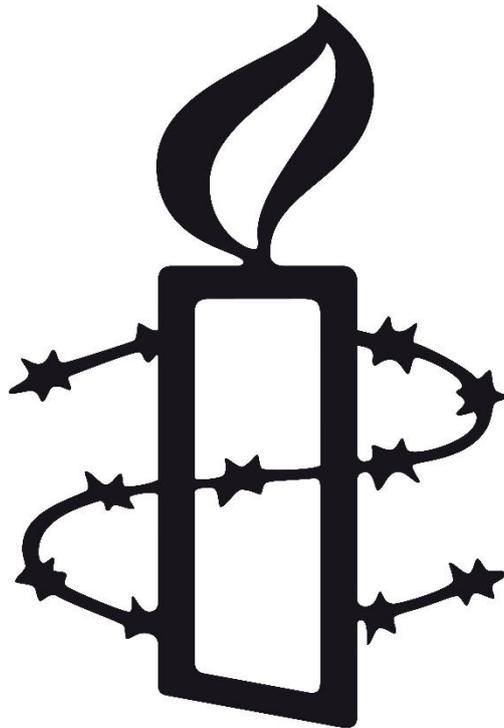


HEALTH AS AN ENABLER OF DIGNITY

SUBMISSION TO THE UN SPECIAL RAPPOREUR
ON THE RIGHT TO THE HIGHEST STANDARD OF
PHYSICAL AND MENTAL HEALTH



AMNESTY
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In this submission, Amnesty International highlights the devastating impact cuts to international cooperation and assistance have had on the rights to life and health and dignity globally; the ongoing harms of laws, policies, and practices rooted in stigma, discrimination and criminalization; and a tendency of states to fail to meaningfully engage with marginalized groups.

1. INTRODUCTION

Amnesty International welcomes the opportunity to respond to the call for input¹ for the upcoming report to be presented to the Human Rights Council in June 2026 on “Health as an Enabler of Dignity” by the UN Special Rapporteur on the right to the highest standard of physical and mental health.

In this submission, Amnesty International highlights the devastating impact cuts to international cooperation and assistance have had on the rights to life and health and dignity globally; the ongoing harms of laws, policies, and practices rooted in stigma, discrimination and criminalization; and a tendency of states to fail to meaningfully engage with marginalized groups. It is not an exhaustive list of the organization’s concerns.

2. DEEP CUTS TO FOREIGN ASSISTANCE PUT DIGNITY AND LIVES AT RISK GLOBALLY (QUESTION 2)

As highlighted by various UN bodies² and experts³, and Amnesty International,⁴ instead of improvements in the health and dignity of people globally, 2025 has seen largescale cuts to international foreign assistance that have put millions of lives at risk and significantly impacted access to healthcare for already stigmatized, discriminated against and criminalized groups.⁵ Against a backdrop of states often failing to invest the maximum of their available resources in the right to health,⁶ widespread and deep cuts to international foreign aid have thrust many low-income countries into a position where they are unable to meet their minimum core obligations, or are at risk of retrogression in the realisation of the right to health.

As of May 2025, because of abrupt cuts to US aid particularly, Amnesty International has documented significant negative impacts on life-saving humanitarian, health, and human rights programs in 12 countries including **Guatemala, Haiti, South Africa, Syria, Yemen, South Sudan, Afghanistan, Costa Rica, the Dominican Republic, Mexico, Myanmar, and Thailand**.⁷ In many instances, tailored outreach and healthcare services for marginalized groups, designed to overcome barriers in access to healthcare driven by stigmatization, discrimination or criminalization have been cut back or cut entirely, disproportionately impacting women and girls, survivors of gender and sexual violence, LGBTI people, and racialized, migrant and asylum seeker communities, among others. Aid cuts by the US authorities especially, have been accompanied by discriminatory and racist language,⁸ but are part of a broader trend of aid cuts by many other high-income countries.⁹

¹ <https://www.ohchr.org/en/calls-for-input/2026/call-input-health-enabler-dignity-hrc62-report>

² UNAIDS, “Overcoming disruption: Transforming the AIDS response”, 2025, https://www.unaids.org/sites/default/files/2025-11/2025-WAD-report_en.pdf, Kat Lay, “Aid cuts have shaken HIV/Aids care to its core – and will mean millions more infections ahead”, 1 December 2025, Guardian, <https://www.theguardian.com/global-development/2025/dec/01/global-health-hiv-aids-funding-cuts-infections-prevention>

³ Cavalcanti, Daniella Medeiros and others, “Evaluating the impact of two decades of USAID interventions and projecting the effects of defunding on mortality up to 2030: a retrospective impact evaluation and forecasting analysis”, *The Lancet*, Volume 406, Issue 10500, 283 – 294, [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(25\)01186-9/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(25)01186-9/fulltext), Physicians for Human Rights, “On the Brink of Catastrophe: U.S. Foreign Aid Disruption to HIV Services in Tanzania and Uganda”, 3 September 2025, <https://phr.org/our-work/resources/on-the-brink-of-catastrophe-u-s-foreign-aid-disruption-to-hiv-services-in-tanzania-and-uganda/>, MSF, “What MSF teams see after first 100 days of US aid budget cuts”, 25 April 2025, <https://www.msf.org/after-first-100-days-us-aid-budget-cuts>

⁴ Amnesty International, *USA: Lives at risk: Chaotic and abrupt cuts to foreign aid put millions of lives at risk* (AMR 51/9408/2025), 29 May 2025, <https://www.amnesty.org/en/documents/amr51/9408/2025/en/>

⁵ Amnesty International, *USA: Lives at risk* (previously cited).

⁶ Amnesty International, República Dominicana: *Salud sin estigmas: Mitos y realidades sobre la atención a la salud de las personas haitianas en República Dominicana* (AMR 27/0440/2025), 17 November 2025, <https://www.amnesty.org/es/documents/amr27/0440/2025/es/>, Amnesty International, Perú: *Derecho a la salud, privilegio de pocos* (AMR 46/8603/2024), 29 October 2024, <https://www.amnesty.org/es/documents/amr46/8603/2024/es/>

⁷ Amnesty International, *USA: Lives at risk* (previously cited).

⁸ Amnesty International, *USA: Lives at risk* (previously cited), p. 4

⁹ Amnesty International, *USA: Lives at risk* (previously cited), OECD, “Cuts in official development assistance: OECD projections for 2025 and the near term”, 26 June 2025, https://www.oecd.org/content/dam/oecd/en/publications/reports/2025/06/cuts-in-official-development-assistance_e161f0c5/8c530629-en.pdf, Chatham House, “First USAID closes, then UK cuts aid: what a Western retreat from foreign aid could mean”, 3 March 2025, <https://www.chathamhouse.org/2025/03/first-usaid-closes-then-uk-cuts-aid-what-western-retreat-foreign-aid-could-mean>; The Guardian, “EU will struggle to fill gap left by USAID as European countries cut their budgets”, 15 April 2025, <https://www.theguardian.com/global-development/2025/apr/15/eu-struggle-fill-gap-usaid-european-countries-cut-budgets>

These funding withdrawals are increasingly ideological in nature, targeting programmes that serve migrants, LGBTI people, women, and racialized communities, rather than being neutral budgetary measures.¹⁰

For example, in **Haiti**, HIV prevention, treatment, and care programs previously financed by the US government were almost immediately interrupted.¹¹ In neighbouring **Dominican Republic**, the authorities have introduced a migration protocol in public hospitals that indirectly discriminates against Haitians, limits access to healthcare and reinforces racist stigma. Cuts to international aid have only exacerbated the harms faced by Haitian refugees and Dominicans of Haitian descent by undermining HIV prevention efforts, in turn putting the dignity of Haitians fleeing massive human rights violations at risk.¹²

3. STIGMA, DISCRIMINATION, AND CRIMINALIZATION UNDERMINE DIGNITY (QUESTIONS 1 AND 2)

Amnesty International has conducted research across multiple countries and regions which highlights how laws, policies, and practices rooted in stigmatization, discrimination, and criminalization continue to undermine the right to health and the dignity of marginalized populations.

In the **USA**, abortion bans and restrictions in 41 states,¹³ as well as barriers for emergency medical care and efforts to criminalize abortion, that threaten pregnant people and healthcare workers, continue to undermine the dignity of pregnant people and have a disproportionate impact on Black, Indigenous, undocumented, LGBTQI+, disabled, rural, and low-income people.¹⁴ Additionally, in August 2025, a final rule proposed by the U.S. Health and Human Services Department excluded Deferred Action for Childhood Arrivals (DACA) recipients, also known as “Dreamers” (undocumented migrants who came to the U.S. as children and are protected from deportation), from being able to access health insurance through the Affordable Care Act insurance plans, and excluded gender-affirming care from a list of essential healthcare benefits with impacts for the rights of transgender people.¹⁵

In **Canada**, in November 2025, the province of Alberta passed legislation invoking the notwithstanding clause to prevent courts from reviewing three previously passed laws which restrict the rights of transgender children and adults including by limiting youth under 16 years old from accessing gender affirming healthcare.¹⁶ In the **United Kingdom**, the current process to achieve legal gender recognition is lengthy and costly and requires a psychiatric diagnosis of gender dysphoria, perpetuating the false idea that being transgender is an illness.¹⁷

In the Northern and North East regions of **Ghana**, women accused of witchcraft face a range of human rights violations and abuses, as well as deep stigma and gender stereotypes in a context where the state fails to provide a law specially criminalizing witchcraft accusations and a long-term coordinated sensitization campaign. A disproportionate number of those accused are older women, often with disabilities and health conditions, including mental health issues, who live in camps where they face difficult living conditions including inadequate access to healthcare and the underlying determinants of health such as housing, food and clean water.¹⁸

¹⁰ Kat Lay, “US ‘undermining global health’ by threatening to strip funding from aid projects that do not fit its political agenda”, Guardian, 8 October 2025, <https://www.theguardian.com/global-development/2025/oct/08/us-trump-administration-forcing-other-countries-un-drop-dei-diversity-initiatives-or-lose-funding>

¹¹ Amnesty International, *USA: Lives at risk* (previously cited).

¹² Amnesty International, *República Dominicana: Salud sin estigmas* (previously cited).

¹³ Guttmacher Institute, “State Bans on Abortion Throughout Pregnancy”, <https://www.guttmacher.org/state-policy/explore/state-policies-abortion-bans> (accessed 11 December 2025).

¹⁴ Amnesty International, *USA: Abortion in the USA: The human rights crisis in the aftermath of Dobbs* (AMR 51/8406/2024) 5 August 2024, https://www.amnestyusa.org/wp-content/uploads/2024/08/Abortion_in_the_USA.pdf

¹⁵ Federal Register, Patient Protection and Affordable Care Act; Marketplace Integrity and Affordability, 2025-11606, 90 FR 27074, 25 June 2025, <https://www.govinfo.gov/content/pkg/FR-2025-06-25/pdf/2025-11606.pdf>; Amnesty International, Urgent Action: Stop plans for healthcare discrimination, 1 April 2025, <https://www.amnesty.org/en/wp-content/uploads/2025/04/AMR5192072025ENGLISH.pdf>

¹⁶ Legislative Assembly of Alberta, Bill 9, Protecting Alberta’s Children Statutes Amendment Act, 2025, 2025, https://docs.assembly.ab.ca/LADDAR_files/docs/bills/bill/legislature_31/session_2/20251023_bill-009.pdf; Amnesty International, “Amnesty International Canada condemns Alberta’s use of Notwithstanding Clause to prop up anti-trans policies,” 20 November 2025, <https://amnesty.ca/press-releases/amnesty-international-canada-condemns-albertas-use-of-notwithstanding-clause-to-prop-up-anti-trans-policies/>

¹⁷ Amnesty International, “Have your say on the Gender Recognition Act”, <https://www.amnesty.org.uk/have-your-say-gender-recognition-act>

¹⁸ Amnesty International, *Ghana: Branded for life: how witchcraft accusations lead to human rights violations of hundreds of women in north Ghana* (AFR 28/9099/2025), 14 April 2025, <https://www.amnesty.org/en/documents/afr28/9099/2025/en/>

In **Peru**, Amnesty International has found that people living in rural areas, women, and people injured in the context of social protests held in 2022 and 2023 face barriers in access to healthcare rooted in stigma and discrimination.¹⁹ Similarly, in **Paraguay** lack of infrastructure in certain geographical areas, high costs associated with healthcare, and lack of language inclusivity limit Indigenous women's access to healthcare, while lack of legal recognition of gender identity leads to transphobic treatment in healthcare centres for transgender women.²⁰

In **Namibia**, Indigenous San peoples reported being subjected to stigmatizing and discriminatory treatment in healthcare settings, including verbal harassment, derogatory language and denial of treatment by healthcare providers, compounded by language barriers and the absence of intercultural health services, practices that Amnesty International has found directly violate their right to health and dignity.²¹

In **Guinea**, victims of unlawful use of force received delayed access to healthcare, sometimes leaving them with life-long injuries. Without justice or compensation, they were often unable to cover their health costs.²²

In **Greece**, in July 2024 Amnesty International found that the authorities unlawfully detain racialized people on the move in Samos without adequate access to water and medical care.²³ In the **USA**, the authorities are holding people detained in two immigration detention facilities in Florida – “Alligator Alcatraz” and Krome – in conditions that dehumanize, deny healthcare and, in some cases, amount to torture or other ill-treatment.²⁴

In the **Philippines**, the authorities have arbitrarily detained thousands of people in drug detention centres through coercive and abusive policies disguised as “rehabilitation”.²⁵ Instead of adopting evidence-based health approaches that respect the dignity of people, the treatment by authorities has been punitive and stigmatizing.²⁶

Also, in **Madagascar**, drought-displaced Antandroy families resettled by the authorities live without reliable access to healthcare, food, safe water or sanitation, in conditions that Amnesty International has described as life-threatening. Women, children and newborns face serious risks to their health and safety, including preventable disease and death, while the absence of basic services exposes families to inhuman and undignified living conditions that strip them of autonomy, security and bodily integrity.²⁷

4. LACK OF MEANINGFUL INCLUSION IN THE DESIGN OF HEALTH POLICIES (QUESTION 7)

Meaningful consultation with communities affected by health conditions is a key principle to ensure the right to health is respected, protected and fulfilled.²⁸ Yet, based on Amnesty International's research, marginalized populations, including those mentioned above, are rarely meaningfully consulted in the design, implementation and evaluation of health policies that directly affect them, which detracts from the progressive realization of the right to health.

For example, in **Pakistan** Amnesty International has documented how climate disasters are increasing the risk of death and disease amongst children and older people,²⁹ and that gaps in healthcare, emergency response and evacuation, and social protection, all contribute to the uncounted deaths of older people and young children.³⁰ Despite this, the authorities are

¹⁹ Amnesty International, *Perú: Derecho a la salud, privilegio de pocos* (AMR 46/8603/2024), 29 October 2024, <https://www.amnesty.org/es/documents/amr46/8603/2024/es/>

²⁰ Amnesty International, *Paraguay: La deuda de la salud* (AMR 45/7965/2024), 6 May 2024, <https://www.amnesty.org/es/documents/amr45/7965/2024/es/>

²¹ Amnesty International, *Namibia: “We don't feel well treated”: Tuberculosis and the Indigenous San peoples of Namibia*, 6 October 2021, Index: AFR 42/4784/2021, available at: <https://www.amnesty.org/en/documents/afr42/4784/2021/en/>

²² Amnesty International, *Guinea: Wounded youth: Care and justice urgently needed for the victims of unlawful use of force in Guinea* (AFR 29/7953/2024), 15 May 2024, <https://www.amnesty.org/en/documents/afr29/7953/2024/en/>

²³ Amnesty International, *Greece: Samos: “We feel in prison on the island”: Unlawful detention and sub-standard conditions in an EU-funded refugee centre* (EUR 25/8356/2024), 30 July 2024, <https://www.amnesty.org/en/documents/eur25/8356/2024/en/>

²⁴ Amnesty International, *USA: Torture and enforced disappearances in the Sunshine State: Human Rights Violations at “Alligator Alcatraz” and Krome in Florida* (AMR 51/0511/2025), 4 December 2025, <https://www.amnesty.org/en/documents/AMR51/0511/2025/en/>

²⁵ Amnesty International, *Philippines: “Submit and surrender”: the harms of arbitrary drug detention in the Philippines* (ASA 35/8759/2024), 28 November 2024, <https://www.amnesty.org/en/documents/asa35/8759/2024/en/>

²⁶ Amnesty International, *Philippines: “Submit and surrender”* (previously cited).

²⁷ Amnesty International, *Madagascar: “That suffering haunts me even here”: The struggle for human rights of the Antandroy people displaced by climate change from southern Madagascar*, 30 July 2025, Index: AFR 35/0075/2025, <https://www.amnesty.org/en/documents/afr35/0075/2025/en/>

²⁸ UN Committee on Economic, Social and Cultural Rights (CESCR), General Comment 14: The Right to the Highest Attainable Standard of Health (Article 12), 11 August 2000, UN Doc. E/C.12/2000/4, paras 11, 17, 34, and 54.

²⁹ Amnesty International, *Pakistan: Uncounted: Invisible deaths of older people and children during climate disasters in Pakistan* (ASA 33/9007/2025), 5 May 2025, <https://www.amnesty.org/en/documents/asa33/9007/2025/en/>

³⁰ Amnesty International, *Pakistan: Uncounted* (previously cited).

failing to ensure that people have opportunities to meaningfully participate in all facets of disaster preparedness, response and recovery, or to support in any data collection or programming that impact them.³¹

5. RECOMMENDATIONS

- In line with Article 12 of the International Covenant on Economic, Social, and Cultural Rights, and guided by General Comment 14, in meeting their obligations to respect, protect and fulfil the right to health states should refrain from denying or limiting equal access to healthcare for marginalized groups, and ensure that health services are evidence-based and tailored to the specific needs of marginalized and unjustly criminalized groups.
- In line with the commitment made by states in UN General Assembly Resolution 2626 and multiple subsequent high-level forums since the 1970's, states should aim to commit at least 0.7% of their gross national income (GNI) to international assistance, reverse aid cuts, and continue the long-standing commitment to providing international cooperation as a way to avert the significant harms to the right to health already seen globally by the abrupt cuts to international aid by the US government and aid reductions by other high-income countries.
- In line with recommendations by the UN Committee on Economic, Social, and Cultural Rights, to ensure the effective provision of health services states should take steps to assure people's meaningful participation at the national, regional and international level in the design and delivery of health services.

³¹ Amnesty International, Pakistan: Uncounted (previously cited).

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