

Human Rights and One Health

Mutual Benefits or Irreconcilable Differences?

Bridget Lewis

7.1 INTRODUCTION

The relationship between One Health and human rights is both symbiotic and antagonistic. The objectives of One Health align with human rights to the extent that they advance specific rights, particularly the rights to life, health, and an adequate standard of living. One Health also promotes human dignity, the foundation of human rights, by improving environmental conditions and addressing threats to health that impact people's lives. Yet the inherent anthropocentrism of human rights sits uneasily with the tripartite balance of One Health's commitment to human, animal, and environmental health. The growing field of environmental human rights may offer some way forward for resolving this tension and advancing the legal framework for One Health.

Early environmental human rights jurisprudence positioned the environment as a precondition for the enjoyment of human rights. Human rights courts found that violations had occurred where environmental conditions directly affected specific human rights for particular people.¹ However, they did not accept that environmental degradation generally was a human rights issue and gave almost no consideration to animal or wildlife health.² More recently, the right to a clean, healthy, and sustainable environment has been recognised more widely as a standalone right, expanding the potential for human rights objectives to include protection of environmental health, and perhaps also animal health. However, it remains to be seen whether the framing of a healthy environment as a *human* right will be able to enhance One Health in a meaningful way, as its inherent anthropocentrism remains at odds with One Health's more balanced tripartite approach.

This chapter will explore the relationship between human rights and One Health and consider the contribution that human rights law might make to the implementation of a One Health

¹ For example, in *Lopez Ostra v. Spain* (1994), the European Court of Human Rights found that the noise, smell, and fumes from a waste treatment plant close to the applicant's home was a breach of the right to privacy and home under Article 8 of the European Convention on Human Rights. More recently, in *Solyanik v. Russia* (2022), contamination of land and water from a cemetery close to the applicant's house constituted a breach of Article 8. In the Inter-American Commission and Court of Human Rights, environmental degradation like logging and mining has been held to be a breach of Indigenous peoples' right to property and to use their traditional lands, see e.g. *Maya Indigenous Community of Toledo Case* (Commission, 2004); *Case of the Saramaka People v. Suriname* (2007).

² By comparison, in *Kyrtatos v. Greece* (2003), the European Court of Human Rights held that there is no right to a good environment as such and found that the impact of urban development on ecosystems was not a breach of human rights.

approach and the realisation of its objectives. It argues that the One Health and human rights can be mutually beneficial, but that this effect is largely limited to the human health pillar of One Health. When it comes to advancing environmental and especially animal health, human rights have less to offer and may in fact create barriers to a truly integrated approach. However, there are ways that this relationship could potentially be improved, and on balance there is more to be gained than lost from an open dialogue between human rights and One Health.

The chapter begins by providing a brief overview of human rights law and the specific rights that align most closely with One Health. This section also includes a short history of environmental rights, critiquing the way that the environment has typically been framed as being instrumental to human rights through a process known as the ‘greening’ of human rights. Section 7.3 then explores the benefits that human rights and One Health might offer to one another. Section 7.4 moves on to elaborate on the tensions between One Health and human rights, focusing on the anthropocentrism of human rights and considering the extent to which this is relieved by the right to a healthy environment. The chapter concludes by outlining some areas of potential for capitalising on the mutually beneficial aspects of the relationship and mitigating the anthropocentrism of human rights in a way that better promotes the triple objectives of One Health.

7.2 A BRIEF OVERVIEW OF HUMAN RIGHTS

Human rights have both moral and legal dimensions. As a concept within political philosophy, human rights encompass the basic rights and freedoms that citizens are entitled to claim from their government. There exist different theoretical explanations for why human rights exist, and over time there have been debates about which things should properly be considered to be human rights.³ Yet, despite these differences, all versions of human rights theory agree that human rights are possessed by all people, without discrimination, and that they give rise to duties that sit with the state, other individuals, or both.

In human rights theory and law, different rights are understood to have positive and negative dimensions that affect the way that obligations are framed in relation to each right. Positive obligations require governments to take some action in order to assure the enjoyment of the right; for example, by building schools to deliver the right to education. Negative obligations, by contrast, constrain government action; for example, by prohibiting torture or unreasonable limits on free speech.

In most countries, human rights are protected by law, either in constitutions, legislation, or judicial decisions. Here too there are many variations, often influenced by the specific political, cultural, or religious traditions of the state, its colonial past, or other historical experiences. For some countries, the national human rights instrument emerged following a revolution or independence movement; for example, those in France and America. In more recent times, however, domestic human rights laws have been strongly influenced by international and regional human rights treaties.

This chapter will focus on human rights as they are articulated in these international and regional treaties. This is done for several reasons. First, they are the most widely accepted set of human rights and have been implemented in the domestic laws of many countries, providing a set of common norms that are well understood. Second, countries that have signed and ratified human rights treaties are legally bound to comply with them under international law, making them a strong set of standards that are supported by various enforcement processes. Third, the

³ See the discussion in Section 7.4 for more detail on the theoretical bases for human rights.

international human rights treaties adopted under the auspices of the United Nations represent a framework that underpins the work of many UN agencies across different fields of endeavour, including those involved with One Health.⁴ That being said, while most of the discussion here refers to international and regional human rights treaties, many of the comments made are broadly applicable to any human rights laws.

7.2.1 *International Human Rights Framework*

The United Nations human rights system consists of nine core treaties, which build on the foundational human rights instrument, the Universal Declaration of Human Rights.⁵ Two principal treaties are the International Covenant on Civil and Political Rights (ICCPR)⁶ and the International Covenant on Economic, Social and Cultural Rights (ICESCR).⁷ Alongside these general instruments are several more specific treaties that focus either on particular human rights issues (for example the Convention Against Torture)⁸ or on protecting particular vulnerable groups (for example the Convention on the Rights of the Child (CRC)⁹ and the Convention on the Rights of Persons with Disabilities).¹⁰ Typically, these human rights treaties are supported by a dedicated committee of experts that monitors states' performance of their obligations, raises issues of concern, and provides guidance on what actions they should take. In some cases, these committees are also empowered to hear complaints from individuals who allege that their rights have been violated. For example, the Human Rights Committee can hear complaints about alleged violations of the ICCPR, while the Committee on the Rights of the Child accepts complaints from children about breaches of the CRC. The ability of the human rights committee to hear a complaint will depend on the respondent state having agreed to be subject to the committee's jurisdiction, and the applicant is usually required to have exhausted all options for a resolution within the domestic legal system.¹¹

Human rights treaties are also in place in several regional areas, such as the European Convention for the Protection of Human Rights and Fundamental Freedoms (ECHR), the American Convention on Human Rights, and the African Charter on Human and Peoples' Rights.¹² The regional human rights systems usually have a court or commission (sometimes both) that

⁴ For example, the Constitution of the World Health Organization recognises that 'the enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, political belief, economic or social condition.' *Constitution of the World Health Organization 1946* preamble.

⁵ Universal Declaration of Human Rights, United Nations General Assembly Resolution 217 (III) A, Paris, entered into force on 10 December 1948.

⁶ International Covenant on Civil and Political Rights 1966, United Nations General Assembly Resolution 2200A (XXI), New York City, 16 December 1966, entered into force on 23 March 1976.

⁷ International Covenant on Economic, Social and Cultural Rights 1966, United Nations General Assembly Resolution 2200A (XXI), 16 December 1966, entered into force on 3 January 1976.

⁸ Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment 1984, United Nations General Assembly Resolution 39/46, 10 December 1984, entered into force on 26 June 1987.

⁹ Convention on the Rights of the Child 1989, United Nations General Assembly Resolution 44/25, 20 November 1989, entered into force on 2 September 1990.

¹⁰ Convention on the Rights of Persons with Disabilities 2006, United Nations General Assembly Resolution A/RES/61/106, 12 December 2006, entered into force on 3 May 2008.

¹¹ First Optional Protocol to the International Covenant on Civil and Political Rights 1966, United Nations General Assembly Resolution 2200A (XXI), 16 December 1966, Articles 1, 2, and 5; Optional Protocol to the Convention on the Rights of the Child on a Communications Procedure 2011, United Nations General Assembly Resolution A/RES/66/138, 19 December 2011, entered into force on 14 April 2014, Articles 1, 7(e).

¹² European Convention for the Protection of Human Rights and Fundamental Freedoms 1950, Italy, 4 November 1950, entered into force on 3 September 1953; African Charter on Human and Peoples' Rights 1986, 27 June 1981, entered into force on 21 October 1986 ILM 58 (1982).

has jurisdiction to hear complaints against states; for example, the European Court of Human Rights and the Inter-American Court of Human Rights.¹³

7.2.2 *Rights Most Relevant to One Health*

One Health has been defined by the One Health High-Level Expert Panel (OHHLEP) as ‘an integrated, unifying approach that aims to sustainably balance and optimize the health of people, animals, and ecosystems. It recognizes the health of humans, domestic and wild animals, plants, and the wider environment (including ecosystems) are closely linked and inter-dependent.’¹⁴

When discussing the relations between human rights and One Health, several specific human rights are immediately obvious as being relevant. These include the right to health, the right to an adequate standard of living, and the right to life. However, the list of rights that could be useful for achieving a One Health approach is broader than it might first appear.

The natural starting point for this discussion is the right to health. This is protected in international human rights law in Article 12 of the ICESCR. This is not a right to be *healthy*, but rather a right to the ‘highest attainable standard of health’.¹⁵ The Committee on Economic, Social and Cultural Rights (CESCR) has explained that this is a relative standard, judged with regard to a person’s own circumstances and the available resources of the state.¹⁶ It includes both freedoms – for example, to make choices about one’s own sexual and reproductive health – and entitlements, including access to quality health services, treatments, and medicines.¹⁷ It also encompasses the full range of factors that contribute to a person’s standard of health, such as food, water, housing, sanitation, education, and safe working conditions.¹⁸

The Committee has also acknowledged that enjoyment of the right to health depends on a healthy environment, recognising that environmental conditions like clean air, water, and soil are essential to a wide range of health outcomes, while a poor or polluted environment can have significant health ramifications.¹⁹ For children, the right to health guaranteed in Article 24 of the CRC explicitly mentions the need to address environmental contamination.²⁰ The African Charter recognises the right of all people to environmental conditions that are favourable to their environment,²¹ alongside the right to the best attainable state of physical and mental health.²² The latter has been applied in cases of environmental pollution.²³ However, while the right to health has been interpreted by courts and committees to include the environmental determinants of health, in most international and regional treaties there is no explicit mention of the environment.

¹³ European Convention for the Protection of Human Rights and Fundamental Freedoms, Article 34; African Charter on Human and People’s Rights 1986, Article 55.

¹⁴ One Health High Level Expert Panel, ‘Definition of One Health’.

¹⁵ International Covenant on Economic, Social and Cultural Rights 1966, Article 12.

¹⁶ Committee on Economic Social and Cultural Rights, ‘General Comment No. 14: The Right to the Highest Attainable Standard of Health’ (2000) 14.

¹⁷ *Ibid.*, 8.

¹⁸ *Ibid.*, 14.

¹⁹ Committee on Economic Social and Cultural Rights, ‘General Comment No. 14’, 4, 11, and 15.

²⁰ Convention on the Rights of the Child, Article 24(2)(c).

²¹ African Charter on Human and Peoples’ Rights, Article 24.

²² *Ibid.*, Article 16.

²³ *Social and Economic Rights Action Center and the Center for Economic and Social Rights v. Nigeria* [2002] African Commission on Human and Peoples’ Rights No 155/96.

An important feature of human rights law is the understanding that all rights are interdependent. The CESCR has explained this in relation to the right to health:

The right to health is closely related to and dependent upon the realization of other human rights ... including the rights to food, housing, work, education, human dignity, life, non-discrimination, equality, the prohibition against torture, privacy, access to information, and the freedoms of association, assembly and movement.²⁴

The right to an adequate standard of living is protected under Article 11 of the ICESCR. This provision guarantees 'adequate food, clothing and housing, and the continuous improvement of living standards'.²⁵ The CESCR has expanded on the content of this right in several General Comments relating to food, water, and housing.²⁶ In this work, it has explained the importance of governments adopting appropriate environmental policies to ensure the availability of safe and adequate food, housing, and water.²⁷ It has also stressed the need to ensure that natural water resources are protected from contamination and managed in a way that addresses their potential as a habitat for disease vectors, noting the links between the right to water specifically and the right to health.²⁸

The right to water is included in other human rights treaties, including the CRC, which guarantees to all children the right to safe drinking water as a component of the right to health in Article 24. The Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW) refers to water in relation to the provision of adequate living standards for all women.²⁹ Wherever environmental degradation affects the availability of clean and secure water, the right to an adequate standard of living will be impacted, with potential also to impinge upon the right to health and, where serious enough, even the right to life.

The right to life is protected in the ICCPR, along with all regional human rights instruments.³⁰ It includes both positive and negative components. In a negative sense, it operates as a prohibition against killing (at least arbitrarily; in some states, capital punishment is still permitted provided adequate legal processes are followed). In a positive sense, states are obliged to protect people against threats to life and provide the essential conditions for life.³¹ The UN Human Rights Committee, which adjudicates on alleged breaches of the ICCPR, has recognised that environmental conditions can constitute a breach of the right to life where they are serious enough.³²

There are other rights that are also connected to human well-being, and these too have a role to play in relation to One Health. They include the right to social security, protected under the ICESCR, which provides an essential economic safety net that can help to avoid negative impacts

²⁴ Committee on Economic Social and Cultural Rights, 'General Comment No. 14', 3.

²⁵ International Covenant on Economic, Social and Cultural Rights, Article 11.

²⁶ Committee on Economic Social and Cultural Rights, 'General Comment No. 12: The Right to Adequate Food', Article 11 (1999); 'General Comment No. 4: The Right to Adequate Housing', 7; Committee on Economic Social and Cultural Rights, 'General Comment No. 15: The Right to Water' (2003).

²⁷ Committee on Economic Social and Cultural Rights, 'General Comment No. 12', 14.

²⁸ Committee on Economic Social and Cultural Rights, 'General Comment No. 15', 8.

²⁹ Convention on the Elimination of All Forms of Discrimination against Women 1979, United Nations General Assembly, 18 December 1979, entered into force on 3 September 1981, Article 14.2(h).

³⁰ International Covenant on Economic, Social and Cultural Rights, Article 6; European Convention for the Protection of Human Rights and Fundamental Freedoms, Article 2; African Charter on Human and Peoples' Rights, Article 4; American Convention on Human Rights, Article 4.

³¹ Human Rights Committee, 'General Comment No. 36: Article 6 (the Right to Life)' (30 October 2018).

³² *Port Hope Environmental Group v. Canada* [1984] Human Rights Committee Communication No. 67/1980; *Ioane Teitiota v. New Zealand* [2019] Human Rights Committee Communication No 2728/2016.

on health.³³ Freedom from cruel, inhuman or degrading treatment or punishment is also an important right for promoting human health, as it prohibits any treatment of a person that could harm either their physical or mental well-being.³⁴ The rights to equality before the law and to be free from discrimination are found in various forms across international human rights law.³⁵ In the context of health, these are important rights for ensuring that all people can access health services and the necessary conditions for a healthy life regardless of race, religion, gender, sex, or any other factor.

When it comes to designing and implementing One Health policies, several other specific human rights may also be relevant. For example, under Article 13 of the ICESCR, states are required to realise the right to education, which ‘shall be directed to the full development of the human personality and the sense of its dignity, and shall strengthen the respect for human rights and fundamental freedoms’.³⁶ Education plays a critical role in developing One Health thinking. As Villanueva-Cabezas et al. have argued, achieving the sort of transdisciplinary, planetary-level understanding necessary to advance One Health requires early and holistic education.³⁷ While their work focused on undergraduate-level university training, there is arguably a role for secondary and even primary education to help embed long-lasting knowledges and practices in support of One Health.

Another relevant right is freedom of information, guaranteed under the ICCPR.³⁸ This protects the right of all people to access information in different forms and is an important component of ensuring transparency and accountability in the implementation of laws and policy. Its relevance to One Health-based policies can be seen in the fact that accurate, timely, and accessible information about health problems is necessary for public education and understanding. Not only does this enhance the effectiveness of response strategies but it also helps ensure that policy responses are viewed as legitimate by those who are affected by them.

The right to freedom of movement might also be relevant to One Health-based policies, especially those that are intended to respond to pandemics or other major health issues.³⁹ Freedom of opinion, expression and protest will also have a role to play in balancing state responses to public criticism of such policies.⁴⁰ These freedoms can be limited under human rights law, but only where these are necessary and proportionate to protecting other human rights or to addressing issues of public health and safety.⁴¹

The relevance of these civil and political rights to One Health can be seen in some of the legal disputes that arose during the COVID-19 pandemic. Human rights law was used as the basis

³³ Committee on Economic Social and Cultural Rights, ‘General Comment No. 19: The Right to Social Security (Art. 9 of the Covenant)’.

³⁴ Human Rights Committee, ‘General Comment No. 20: Article 7 (Prohibition of Torture, or Other Cruel, Inhuman or Degrading Treatment or Punishment)’ (1992); Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment.

³⁵ International Covenant on Economic, Social and Cultural, Articles 2 and 26; International Convention on the Elimination of All Forms of Racial Discrimination 1965, United Nations General Assembly Resolution 2106 (XX), 21 December 1965, entered into force on 4 January 1969; Convention on the Elimination of All Forms of Discrimination against Women.

³⁶ International Covenant on Economic, Social and Cultural, Article 13(1).

³⁷ Juan Pablo Villanueva-Cabezas, Kenneth D. Winkel, Patricia T. Campbell, Anke Wiethoelter, and Caitlin Pfeiffer, ‘One Health Education Should Be Early, Inclusive, and Holistic’ (2022) 6(3) *The Lancet Planetary Health* e188; Juan Pablo Villanueva-Cabezas, Arjun Rajkhowa, and Angus J. D. Campbell, ‘One Health Needs a Vision beyond Zoonoses’ (2020) 67(6) *Transboundary and Emerging Diseases* 2271.

³⁸ International Covenant on Civil and Political Rights, Article 19(2).

³⁹ Ibid., Article 12.

⁴⁰ Ibid., Articles 18, 19, and 21.

⁴¹ Ibid., Articles 12(3) and 19(3).

to challenge lock-downs,⁴² travel restrictions,⁴³ border closures,⁴⁴ vaccine mandates,⁴⁵ access to vaccines,⁴⁶ and regulation of misinformation.⁴⁷ In many cases the need to safeguard public health and safety was viewed as a legitimate justification for the limitation of human rights, but courts have been clear that even then restrictions must be enacted via law, must remain reasonable, and should be the least restrictive means of protecting public health and safety.⁴⁸

Taken together, these various human rights help to advance the objectives and practice of One Health, while also providing important standards and safeguards for the implementation of One Health policies.

7.2.3 The ‘Greening’ of Human Rights

As identified above, some of the rights within international human rights law are defined to include an environmental dimension, for instance children’s right to health. Others have been interpreted by courts and committees to include environmental preconditions. Over the past couple of decades, the role of the environment in supporting the enjoyment of human rights generally has been increasingly recognised. This process has been referred to as the ‘greening’ of human rights.⁴⁹

In its early days, this approach framed environmental conditions as being instrumental to the enjoyment of human rights. For example, in several cases, courts and committees have found that air, water, or soil pollution constituted an unlawful interference with the enjoyment of human rights.⁵⁰ Other cases held that logging, mining or other environmental destruction could represent a breach of rights to property, subsistence, health and even the right to life, especially for Indigenous peoples.⁵¹ More recently, human rights bodies have begun recognising climate change as a potential violation of human rights.⁵²

⁴² *De Beer and Others v. Minister of Cooperative Governance* [2020] High Court of South Africa (Gauteng Division, Pretoria) 21542/2020.

⁴³ *Charles Mwenda v. Inspector General of Police, National Police Service & 2 others* [2021] eKLR High Court of Kenya Petition 8 of 2020.

⁴⁴ *Grounded Kiwis Group Inc v. Minister of Health* [2022] NZHC 832.

⁴⁵ *BST Holdings, LLC v. Occupational Safety & Health Admin* [2021] United States Court of Appeals, Fifth Circuit No. 21-60845.

⁴⁶ *Supreme Court of Justice of Costa Rica (Constitutional Chamber), Case No. 02924 – 2022* [2022] Costa Rica, Supreme Court of Justice Constitutional Chamber, 9 February 2022, No. 02924 – 2022 02924 – 2022.

⁴⁷ *District of Columbia v. Meta Platforms* [2022] Superior Court of the District of Columbia (Civil Division) 2021 CA 004450 2.

⁴⁸ For a full range of caselaw, see Faculty of Law, University of Trento, ‘Covid-19 Litigation: Open-Access Case Law Database’, *Covid-19 Litigation*. Available at: www.covid19litigation.org/.

⁴⁹ See for example Alan Boyle, ‘Human Rights and the Environment: Where Next?’ (2012) 23(3) *European Journal of International Law* 613; Clive Miller, ‘The Greening of Human Rights’ (1998) 30(6) *Environment and Planning A: Economy and Space* 954; John H. Knox, ‘Greening Human Rights’, *openDemocracy* (14 July 2015). Available at: www.opendemocracy.net/en/openglobalrights-openpage/greening-human-rights/.

⁵⁰ *Lopez Ostra v. Spain* [1994] Eur Court HR 16798/90; *Guerra v. Italy* [1998] Eur Court HR App No 14967/89; *Fadeyeva v. Russia* [2005] Eur Court HR App No 55723/00; *Tatar v. Romania* [2009] Eur Court HR 67021/01; *Saramaka People v. Suriname (Preliminary Objections, Merits, Reparations, and Costs)* (28 November 2007); *Port Hope Environmental Group v. Canada*.

⁵¹ *Mayagna (Sumo) Awas Tingni Community v. Nicaragua (Merits, Reparations and Costs)* (Inter-American Court of Human Rights, 31 August 2001); *Saramaka People v. Suriname (Preliminary Objections, Merits, Reparations, and Costs)*; *Comunidad Yanomami Caso N° 7615 Resolución N° 12/85 [ENG]*; *Case of the Sawhoyamaya Indigenous Community v. Paraguay (Merits, Reparations and Costs)* [2006] Inter-American Court of Human Rights Petition No. 0322/2001.

⁵² *Sacchi et al v. Argentina* [2021] Committee on the Rights of the Child Communication No. 104/2019; *Ioane Teitiota v. New Zealand*; *Daniel Billy and others v. Australia (Torres Strait Islanders Petition)* [2022] Human Rights Committee

While these cases recognised the environmental preconditions for the enjoyment of human rights, courts were clear that there was no human right to a good environment per se. For environmental harm to constitute a breach of human rights it needed to result in an actual or imminent interference with human rights.⁵³ In other words, it was *people* who were protected through human rights law, not the environment. What is more, human rights complaints cannot usually be based on a general concern for the environment. Instead, specific people need to be identified as the ‘victims’ of environmental harm.⁵⁴ And because victimhood is based on experiencing actual or imminent harm, human rights law is ill-equipped to deal with long-term environmental risks.⁵⁵

The ‘greening’ of human rights has therefore been monodirectional and instrumental, built on an understanding that the environment is necessary for human well-being but is otherwise not the concern of human rights law. Some domestic jurisdictions have recognised a legal right to a healthy environment but as will be discussed below, in most cases this is still understood in rather anthropocentric terms.

As a result of this process of greening human rights, we now have a field of human rights known as ‘environmental rights’.⁵⁶ The evolution of environmental rights shows the extent to which human rights can advance environmental health and, by extension, helps us to understand the ways human rights can support One Health. The potential for a mutually beneficial relationship between human rights and One Health will be explored in more detail in the next section.

7.3 SYNERGY BETWEEN HUMAN RIGHTS AND ONE HEALTH

This section outlines the extent to which One Health and human rights are mutually supportive. As will be explained, this is mostly limited to the ‘human health’ pillar of One Health, as this has a significant substantive overlap with several human rights.

7.3.1 One Health Supports Human Rights

Because One Health aims to advance human health as one of its objectives, it naturally has benefits for fulfilling health-related human rights. Pursuing a One Health approach to health policy and regulation will help to ensure respect for and protection of human rights, particularly

Communication No. 3624/2019; *Cláudia Duarte Agostinho and others v. Portugal and 32 Other States* (European Court of Human Rights, App No. 29371/20); Inter-American Court of Human Rights, *Environment and Human Rights: Advisory Opinion OC-23/17 of November 15, 2017 Requested by the Republic of Colombia* (official summary issued by the Inter-American Court, 15 November 2017). Available at: www.corteidh.or.cr/docs/opiniones/resumen_seriea_23_eng.pdf.

⁵³ *EW et al v. The Netherlands* [1993] UN Doc. CCPR/C/47/D/429/1990 (1993) Human Rights Committee Communication No. 429/1990; *Balmer-Schafroth and others v. Switzerland* [1996] Eur Court HR App No 22110/93; *Ioane Teitiota v. New Zealand*.

⁵⁴ *Andersen v. Denmark* [2010] Human Rights Committee Communication No. 1868/2009; *SC and GP v. Italy* [2019] Committee on Economic, Social and Cultural Rights Communication No. 22/2017.

⁵⁵ See for example, *Ioane Teitiota v. New Zealand* [2019] Human Rights Committee Communication No. 2728/2016; Bridget Lewis, ‘Protecting Environmental Human Rights for Future Generations’ in Walter F. Baber and James May (eds.), *Environmental Human Rights in the Anthropocene: Concepts, Contexts, and Challenges* (Cambridge University Press, 2023). Available at: www.cambridge.org/core/books/environmental-human-rights-in-the-anthropocene/A9B9003BCC93051C516945B06425F2F.

⁵⁶ Bridget Lewis, *Environmental Human Rights and Climate Change: Current Status and Future Prospects* (Springer, 2018); Bridget Lewis, ‘Environmental Rights or a Right to the Environment? Exploring the Nexus between Human Rights and Environmental Protection’ (2012) 8 *Macquarie Journal of Comparative and International Environmental Law* 36.

the rights to health, life, and an adequate standard of living (discussed above). For example, addressing the causes and spread of zoonotic diseases through environmental and animal health policies minimises public health risks that might undermine the right to the highest attainable standard of health.

One Health's contribution to environmental health and animal health is also positive for human rights because environmental conditions are critical to the enjoyment of many human rights. A good example of this can be seen in the connection between the environment and wildlife and the rights of many Indigenous peoples. Human rights case law has shown that where the environment is damaged, for example through the impacts of climate change, the rights of Indigenous people to practice and pass on their culture can be breached, along with their right to property over their traditional lands.⁵⁷ One Health-based policies that protect the environment and the species that live within it can help to protect these rights.

7.3.2 Human Rights Support One Health

Because of the thematic alignment of human rights with (at least) the human health pillar of One Health, the advancement of human rights will also likely help to support and promote the objectives of One Health. For example, many activities designed to address poverty and provide clean water, nutritious food, adequate housing, and essential healthcare will naturally promote the human health pillar of One Health. Beyond this alignment of purposes, human rights also support One Health through the framework of laws and principles on which modern human rights are built. This can provide valuable legal scaffolding to One Health policies. A key feature of this legal framework is the tripartite set of obligations that states take on; namely, the duties to respect, protect, and fulfil human rights. What is required by each level of duty will vary according to the specific right in question and, in some circumstances, the capacity of the state to perform its obligations.

The first level of obligation is the duty to respect human rights. This is a negative duty that requires states to refrain from actions that would interfere with human rights.⁵⁸ It is particularly relevant for civil and political rights like the right to freedom from torture or cruel and inhuman treatment or punishment, and states are expected to take immediate measures to ensure these things do not occur.⁵⁹ The next level up is the duty to protect human rights. This requires that states enact laws and adopt measures that will protect people from rights violations caused by private actors, such as corporations.⁶⁰ The third and most demanding level of obligation is the duty to fulfil human rights. This requires that states take positive steps to ensure all people can enjoy their human rights.⁶¹ The duty to fulfil is typically more onerous for economic, social, and cultural rights, as these can require greater investment of resources to be fully realised.

⁵⁷ For example, *Daniel Billy and Others v. Australia* (Torres Strait Islanders Petition); *Case of the Sawhoyamaya Indigenous Community v. Paraguay* (Merits, Reparations and Costs); *Mayagna (Sumo) Awas Tingni Community v. Nicaragua* (Merits, Reparations and Costs); Stacey Lee, 'Sacchi v. Argentina: Fighting for Indigenous Children's Climate Rights', *UCLA Law Review* (27 March 2020). Available at: www.uclalawreview.org/sacchi-v-argentina-fighting-for-indigenous-childrens-climate-rights/.

⁵⁸ Ryan Goodman, Henry J. Steiner, and Philip Alston, *International Human Rights in Context*. 3rd ed. (Oxford University Press, 2007) 187.

⁵⁹ International Covenant on Civil and Political Rights, Article 2.

⁶⁰ Manfred Nowak, *U.N. Covenant on Civil and Political Rights: CCPR Commentary*. 2nd rev. ed. (N.P. Engel, 2005) 37–39.

⁶¹ Goodman, Steiner and Alston, 'International Human Rights in Context', 118.

Human rights law also provides a progressive scaffolding that could be used to achieve One Health goals. For many human rights, the standard of obligation on states is one of progressive realisation, having regard to their capabilities and resources. This is the approach taken to most economic, social, and cultural rights, like the right to health and the right to an adequate standard of living.⁶² Significantly for the operationalisation of One Health, these rights are intended to be achieved through international cooperation and assistance. This expectation is potentially useful for implementing One Health policies on a global scale and aligns with our understanding of the interconnectedness of natural systems. Together, these standards of obligation potentially promote state investment in One Health both domestically and internationally, as well as an approach which is geared towards ambitious targets achieved progressively over time.

The interdependence of human rights noted above also aligns with the integrated approach envisaged by One Health and promotes a way of thinking about diverse objectives that recognises their close connections. Human rights law also provides principles for balancing objectives when they compete with one another. There are some human rights that are viewed as being ‘non-derogable’, meaning that no violation of them could ever be permitted. They include, for example, freedom from torture and slavery. Other rights can be validly restricted where doing so is necessary to achieve some legitimate aim, including the protection of other rights. The limitation must be proportionate, however, and should represent the least restrictive option available. These requirements of necessity and proportionality could help inform a One Health response in circumstances where the objectives of animal, human, and environmental health conflict, or where One Health conflicts with other social or economic objectives.

Human rights also provide important standards and safeguards that could apply to the design and implementation of One Health-based policies. These include rights relating to freedom of information, expression, and movement; Indigenous rights to self-determination, land, and culture; and rights to a fair trial and equality before the law. These rights can help to ensure that policies which, for example, prohibit certain uses of land in the name of One Health do not have disproportionately harmful collateral effects on human rights.

One area that has been identified as requiring more work in the One Health space is gender.⁶³ A commitment to human rights, particularly women’s rights, equality, and non-discrimination, could help to fill this gap. For example, this could occur by helping to focus attention on the different ways that women and girls are at risk of and experience infectious diseases and the factors that contribute to their vulnerability. For instance, a human rights-based approach helps to identify inequalities in distribution of work and economic power within communities that often leave women exposed to environmental health risks.⁶⁴

A human rights-based approach can better ensure that adequate work is done to address health issues that specifically affect women, girls, and non-binary people. It can also promote an

⁶² International Covenant on Economic, Social and Cultural Rights, Article 2.

⁶³ Julie Garnier, Sara Savic, Elena Boriani, Brigitte Bagnol, Barbara Häslér, and Richard Kock, ‘Helping to Heal Nature and Ourselves through Human-Rights-Based and Gender-Responsive One Health’ (2020) 2(1) *One Health Outlook* 22; Julie Garnier et al., ‘Mainstreaming Gender-Responsive One Health: Now Is the Time’ (2022) 10 *Frontiers in Public Health* 10:845866; Claudia Cataldo, Maria Bellenghi, Roberta Masella, and Luca Busani, ‘One Health Challenges and Actions: Integration of Gender Considerations to Reduce Risks at the Human-Animal-Environmental Interface’ (2023) 16 *One Health* 100530.

⁶⁴ M O’Leary et al., A Gender-Transformative Framework for Nutrition: Advancing Nutrition and Gender Equality Together (2020); Esther Onyango and Rowena Maguire, ‘Gendered Exposure, Vulnerability, and Response: Malaria Risk in a Changing Climate in Western Kenya’ (2022) 4 *Frontiers in Climate*.

intersectional approach to health that acknowledges the connected factors across gender, race, religion, socio-economic status, and other dimensions that impact on health. Further, attention to human rights can help improve representation of women throughout law and policy-making areas, including at the highest levels of government and institutions.

The extent to which these gains can be realised is limited by the tension that exists between the multidimensional focus of One Health and the fundamental anthropocentrism of human rights. This will be examined in the following section.

7.4 TENSIONS BETWEEN HUMAN RIGHTS AND ONE HEALTH

As discussed above, there are clear overlaps between the content and objectives of human rights and One Health, which mean that they can be mutually supportive in their implementation. Further, the legal framework of human rights could provide important reinforcement for One Health strategies, while also ensuring that those policies adhere to minimum standards of human rights protections. However, these mutual benefits are most obvious in relation to the human health pillar of One Health and are less assured in relation to environmental and animal health. Perhaps more significantly, the inherent anthropocentrism in *human* rights may not sit comfortably with the more balanced approach of One Health, in which human well-being is intended to be integrated with environmental and animal health in a more equal partnership. At its worst, there is potential for human rights to frustrate One Health efforts by prioritising human concerns over those of nature and other species.

7.4.1 *Anthropocentrism*

Human rights are, by definition, anthropocentric. The theoretical foundations of human rights are heterogeneous, with modern human rights law being traceable back to various philosophical traditions. But while there are variations, these theories are rooted in inherent human value, dignity, interests, or some combination of these. Human rights are generally considered to be things that are necessary for humans to live a life of dignity or to fulfil their interests.

For example, modern human rights law draws heavily on natural rights theory.⁶⁵ This theory is based on the work of Western philosophers like Thomas Hobbes and John Locke, and posits that human rights are the entitlements that each human can claim based on their inherent human dignity. An alternative explanation is found in interest theories of rights, which view human rights as those things that are fundamentally in the human interest and weighty enough to impose an obligation on others.⁶⁶ Interest theory has been used by scholars like Feinberg to argue for recognition of the rights of animals as well, though these would not presently be considered to fall within the scope of ‘human’ rights.⁶⁷ Animal rights theorists like Saskia Stucki have argued for recognition of animals as rights-holders, based on their sentience or ‘self-hood’

⁶⁵ See John Finnis, *Natural Law and Natural Rights* (Oxford University Press, 2011); Philip Alston, ‘Making Space for New Human Rights: The Case of the Right to Development’ (1988) 1 *Harvard Human Rights Year Book* 3.

⁶⁶ See Joseph Raz, *The Morality of Freedom* (Oxford University Press, 1988).

⁶⁷ Joel Feinberg, ‘The Rights of Animals and Future Generations’, Conference paper – presented to the Fourth Annual Conference in Philosophy at the University of Georgia (18 February 1971). Published in William Blackstone (ed.) *Philosophy and Environmental Crisis* (University of Georgia Press 1974) 43–68; see also Saskia Stucki, ‘Towards a Theory of Legal Animal Rights: Simple and Fundamental Rights’ (2020) 40(3) *Oxford Journal of Legal Studies* 533; Saskia Stucki, *One Rights: Human and Animal Rights in the Anthropocene* (Springer International Publishing, 2023).

and their inherent value. In this way, animal rights are framed in similar language to human rights: animals have rights by virtue of their being animals.⁶⁸ However, this is a novel approach and is not yet commonplace among human rights thinking, and especially not within human rights law.

Whichever philosophical version of human rights we adopt, it is hard to escape the centrality of the ‘human’, either as the locus of inherent dignity giving rise to rights or the subject whose interests we seek to protect. As a result, attempts to include the environment within the scope of human rights have traditionally framed the environment as being instrumental to human well-being, as is evident in the ‘greening’ of human rights, described above. In terms of achieving One Health’s environmental and animal health objectives, while this approach acknowledges some interconnectedness between humans and the natural world, it positions human health as the end, and animal/environmental health as merely means. Human health therefore takes priority, and animal and environmental issues are only relevant to human rights to the extent that they advance or impact on human well-being.

The issue of pandemic prevention provides some illustrations of how a human rights approach might complicate One Health efforts. Zoonotic spillover is a key risk factor for pandemics, which can occur where human activity moves into new areas of the environment, exposing people to zoonoses. For example, encroachment into and logging of forests for timber or to clear land for agriculture increases the risk of zoonosis, but also promises important economic benefits to communities.⁶⁹ Hunting of animals for food or commerce is another area of risk for zoonotic spillover, but again may be seen as an important activity for subsistence.⁷⁰ To the extent that these activities support livelihoods or provide a means of subsistence, they could be seen as important for the fulfilment of human rights. Policies that seek to regulate or prohibit them could consequently face allegations that they breach human rights. Once a pandemic begins, human rights to freedom of movement and opinion might be viewed as constraining potential response efforts. Alternatively, a government seeking to avoid international pandemic prevention expectations might use the language of human rights to justify its position.

While there is clearly potential for human rights to frustrate One Health efforts by prioritising human interests over those of other animals or the environment, the significance of this shouldn’t be overstated. Human rights law has tools for dealing with competing interests and will permit the limitation of some rights where doing so is necessary and proportionate to achieving another legitimate aim. It is not the case that human rights will always be trumps. Furthermore, when it comes to activities that are environmentally harmful or hazardous, supporting the full enjoyment of human rights like the right to an adequate standard of living can reduce the need for people to rely on those practices for their livelihoods. Nonetheless, there has always been an inevitable anthropocentrism in human rights and a sense that the environment is valuable because of its usefulness for humans, rather than valuable in its own right. This understanding is fundamentally different from the more evenly weighted approach of One Health.

⁶⁸ Saskia Stucki, ‘Towards a Theory of Legal Animal Rights’, 533.

⁶⁹ Serge Morand and Claire Lajaunie, ‘Outbreaks of Vector-Borne and Zoonotic Diseases Are Associated with Changes in Forest Cover and Oil Palm Expansion at Global Scale’ (2021) 8 *Frontiers in Veterinary Science* 661063.

⁷⁰ Charlotte Milbank and Bhaskar Vira, ‘Wildmeat Consumption and Zoonotic Spillover: Contextualising Disease Emergence and Policy Responses’ (2022) 6(5) *The Lancet Planetary Health* e439; Lucy O. Keatts et al., ‘Implications of Zoonoses from Hunting and Use of Wildlife in North American Arctic and Boreal Biomes: Pandemic Potential, Monitoring, and Mitigation’ (2021) 9 *Frontiers in Public Health*.

7.4.2 The Right to a Healthy Environment

More recently, there has been a shift towards greater recognition of the right to a healthy environment, which could potentially open the way for a more ecocentric approach that is more closely aligned with the tripartite framing of One Health.⁷¹

In 2022, the United Nations General Assembly adopted a resolution recognising that ‘all people have the right to a clean, healthy and sustainable environment’.⁷² The resolution was widely supported, with over 160 states voting in favour.⁷³ It followed the adoption of a similarly worded resolution by the Human Rights Council the previous year.⁷⁴ The resolutions call on states to ‘scale up efforts’ to guarantee the right to a healthy environment (as it is commonly abbreviated), though this request is not legally binding. Indeed, the non-legally binding status of the resolutions may partly explain the strong positive reception from UN member states, who might have been more circumspect had there been legal duties involved.

The resolutions were adopted against the backdrop of considerable recognition of similar rights within domestic jurisdictions and regional human rights systems. A recent study found that over 130 countries recognise some form of enforceable environmental right.⁷⁵ Of these, eighty-four national constitutions included an explicit right to a healthy environment.⁷⁶ Some have argued that this provides evidence that the right exists as part of customary international law, though this is by no means settled.⁷⁷

Across these domestic jurisdictions, there is still considerable diversity in terms of how environmental rights are defined and, consequently, how well they might align with the three dimensions of One Health. Some rights have a more ecocentric approach, protecting the rights of animals, natural features like rivers or forests, or even the whole of nature.⁷⁸

⁷¹ For analysis of the concept of a right to a healthy environment, see John H. Knox and Ramin Pejan (eds.), *The Human Right to a Healthy Environment* (Cambridge University Press, 2018); John H. Knox, ‘Constructing the Human Right to a Healthy Environment’ (2020) 16(1) *Annual Review of Law and Social Science* 79; David Boyd, John Knox, and Marc Limon, *The Time Is Now: The Case for Universal Recognition of the Right to a Safe, Clean, Healthy and Sustainable Environment* (Universal Rights Group, 2021).

⁷² United Nations General Assembly, ‘Resolution 76/300: The Human Right to a Clean, Healthy and Sustainable Environment’.

⁷³ UN Press, ‘With 161 Votes in Favour, 8 Abstentions, General Assembly Adopts Landmark Resolution Recognizing Clean, Healthy, Sustainable Environment as Human Right’ (28 July 2022). Available at: <https://press.un.org/en/2022/ga12437.doc.htm>.

⁷⁴ United Nations Human Rights Council, ‘Resolution 48/13: The Human Right to a Clean, Healthy and Sustainable Environment’. Available at: <https://documents-dds-ny.un.org/doc/UNDOC/GEN/G21/289/50/PDF/G2128950.pdf?OpenElement>.

⁷⁵ James R. May, ‘The Case for Environmental Rights: Recognition, Implementation and Outcomes’ (2021) 42(3) *Cardozo Law Review* 983.

⁷⁶ For example, the constitutions of Colombia, Nicaragua, and Slovenia guarantee the right to live in a healthy environment, while the constitutions of Costa Rica, Mozambique, and Portugal protect the right to a healthy and ecologically balanced environment.

⁷⁷ César Rodríguez-Garavito, ‘A Human Right to a Healthy Environment?: Moral, Legal, and Empirical Considerations’ in John H. Knox and Ramin Pejan (eds.), *The Human Right to a Healthy Environment* (Cambridge University Press, 2018) 155; Rebecca M. Bratspies, ‘Reasoning Up: Environmental Rights as Customary International Law’ in John H. Knox and Ramin Pejan (eds.), *The Human Right to a Healthy Environment* (Cambridge University Press, 2018) 122; Sumudu Atapattu, ‘The Right to a Healthy Life or the Right to Die Polluted: The Emergence of a Human Right to a Healthy Environment under International Law’ (2002) 16(1) *Tulane Environmental Law Journal* 65; John Lee, ‘The Underlying Legal Theory to Support a Well-Defined Human Right to a Healthy Environment as a Principle of Customary International Law’ (2000) 25 *Columbia Journal of Environmental Law* 283; Lewis, ‘Environmental Rights or a Right to the Environment?’ 40–43; Lewis, *Environmental Human Rights and Climate Changes*, 86–89 and 139–140.

⁷⁸ For example, Ecuador. Countries like Bhutan, Lithuania, and Uzbekistan impose obligations on the government to protect flora and fauna, though they do not explicitly recognise the rights of nature.

Some constitutions protect people's right to an ecologically balanced or sustainable environment.⁷⁹ Many constitutions guarantee a clean, safe, or unpolluted environment,⁸⁰ suggesting a more anthropocentric, instrumental understanding of the relationship between nature and humans. This diversity and ambiguity make it hard to pin down the content of environmental rights and their corresponding duties. Even the term 'healthy environment' is open to various meanings and could refer to an environment that is healthy in its own right or merely healthy for humans.

The recent UN resolutions indicate that the international human rights community is starting to recognise the more subtle interconnections between the environment and humans, and the fact that environmental degradation could be a violation of human rights, even where no direct impact on human lives is evident. However, this approach is still one of recognising the *human* right to a healthy environment. Equivalent discussions on animal or environmental rights are underdeveloped or lacking at the international level.⁸¹ As a result, despite all these advances, the right to a healthy environment is unlikely ever to truly overcome the anthropocentrism inherent in human rights.

7.5 CONCLUSION AND POSSIBLE WAYS FORWARD

Looking at the current state of play within human rights, particularly environmental human rights, a few things seem clear about the relationship between human rights and One Health. Firstly, human rights are clearly relevant to the human health dimension of One Health. The substantive overlap between One Health and the right to health in particular, but also rights to adequate food, shelter, water, employment, and education, suggests that efforts to promote human well-being through a One Health approach will inevitably help to achieve some human rights objectives as well. Similarly, a human rights-based approach to health-related issues will likely be well-suited to achieving the human dimension of One Health. The legal framework of human rights law also provides some potentially useful standards and processes to help provide structure and authority to One Health activities in the human health domain.

The environmental and animal health dimensions of One Health are more difficult to reconcile with human rights, however. While there has been considerable progress on the recognition of environmental rights, and particularly the right to a healthy environment, these remain framed as *human* rights to an environment of a particular quality. Even where the right is defined in terms of ecological balance or sustainability, this almost always is justified because of its importance to humans. This goes some way to acknowledging the interdependence of humans, animals, and nature, but without affording rights to the non-human parties in the relationship, the prioritisation of the human remains inescapable.

The anthropocentrism of human rights will likely remain at odds with One Health's tripartite approach, which aims for a much greater equilibrium between human, animal, and environmental health. At its worst, this may even hamper efforts to implement a One Health approach, as detrimental human rights impacts may be given more weight than beneficial environmental or animal outcomes where these are in conflict. However, a commitment to the fulfilment of

⁷⁹ For example, Brazil.

⁸⁰ For example, Ethiopia, Togo, Chile, Ukraine.

⁸¹ There is a campaign for a Convention on Animal Health and Protection, but this has yet to be endorsed by the United Nations. See 'UN Convention on Animal Health and Protection'. Available at: www.uncahp.org/. See also Chapter 13 of this book.

human rights can lessen this by reducing the need for people to rely on environmentally harmful activities to provide for their livelihoods.

Bringing these points together, there are some lessons we can learn and steps we could take to enhance the mutually supportive relationship between One Health and human rights while mitigating the tensions. To begin with, One Health policies should be informed by human rights, particularly best practices for the right to health. This will help minimise any incompatibility.

Work on the right to a healthy environment should continue to find ways to promote a more integrated, ecocentric approach. In doing this, One Health can help to grow the understanding of the many and varied ways in which humans, animals, and the environment are interdependent. Ultimately this could lead to legal recognition that environmental degradation breaches human rights, even without a direct impact on human lives.

One Health policies can benefit from the standards and safeguards provided by human rights law, as well as from the widespread recognition and adoption of human rights around the world. However, we need to recognise that human rights alone will not achieve One Health. It would be counterproductive and inappropriate to reduce One Health to a human rights project or to put too great an emphasis on human rights. Instead, the synergies between the two frameworks should be understood so that they can be capitalised upon, while at the same time allowing them to diverge where it is necessary to do so.