

Mandate of the Special Rapporteur on the implications for human rights of the environmentally sound management and disposal of hazardous substances and wastes

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(Please use this reference in your reply)

6 December 2021

Excellency,

I have the honour to address you in my capacity as Special Rapporteur on the implications for human rights of the environmentally sound management and disposal of hazardous substances and wastes, pursuant to Human Rights Council resolution 45/17.

In this connection, I would like to bring to the attention of your Excellency's Government information I have received concerning the alleged detrimental impact which the extensive use of agrochemicals has produced and continues to produce on the health and livelihood of Sri Lankan farmers and their families, causing suffering, loss of life and impoverishment and violating a myriad of their human rights.

According to the information received:

On the spread of Chronic Interstitial Nephritis in Agricultural Communities

Chronic Interstitial Nephritis in Agricultural Communities (CINAC) also known as Chronic Kidney Disease of uncertain etiology (CKDu) is currently recognized as a serious public health concern in Sri Lanka. The disease annually affects over 60,000 individuals, with almost 20,000 deaths every year.

The Government action to combat the root causes of the spread of CINAC and providing required medical help and remediation to the victims is allegedly falling short of the needs of affected agricultural communities. Research to identify cost-effective, sustainable technologies for the reduction and control of CINAC is lacking. Early detection mechanisms and treatment needed to prevent CINAC progression to advanced stages is also lacking. Research and studies on conclusively identifying root causes of the spread of CINAC and, in particular, its etiological association with pesticides and agrochemicals have often been difficult to carry out and led to conflicting results.

Allegedly, the most notable policy response by the Government of Sri Lanka has been to provide alternatives to untreated groundwater. The government has deployed several public reverse osmosis units in affected areas, including at schools and religious institutions. In addition, rainwater harvesting units and tanker services that convey drinking water to the storage tanks of houses were financed. The Government has also sanctioned funds for screening and surveillance for CINAC as well as for patient management.

Limitations for research include lack of data connecting exposure levels and the role of potential confounders. It has also been reported that obstacles arise due to alleged corporate influence on usage of chemical fertilizers. Continuous application of fertilizers (Trisodiuim Phosphate, Rock Phosphate and

Dolomite) containing hazardous substances such as arsenic during the past fifty years has in turn contributed to increased heavy metals and metalloids in the soil and groundwater aquifers¹. A study has demonstrated presence of high levels of arsenic in chemical fertilizers used widely in Sri Lanka's North Central Province. In addition, natural (or organic) fertilizers such as cattle manure, compost, chicken manure, paddy husk, coir, wood charcoal all contained very low amounts of arsenic. Cattle manure may be contaminated with arsenic from grass grown with Trisodium phosphate and chickens may be fed with arsenic containing Roxarsone, a food additive and an anti-protozoan drug.² Research has indicated the interrelation of multiple factors for causing CINAC, among which most prominent, are nephrotoxic agrochemicals and heavy metals (arsenic, cadmium and others), in combination with heat stress and chronic repeated dehydration³, poor quality of drinking water and genetic variations. A higher prevalence of CINAC has been observed in communities whose sources of drinking water are shallow wells close to irrigation systems, with demonstrable seepage from the irrigation system to the wells⁴. A study from 2020 also found that drinking water in CINAC affected regions contaminated with organic chemicals including nephrotoxic compounds and heavy metals, even at levels considered safe for drinking could still impede kidney development at an early age, potentiating increased susceptibility to other agrochemicals such as glyphosate.⁵

The prevalence of CINAC is 15–22% in some districts such as Anuradhapura and Polonnaruwa in North Central Province, which is a part of dry zone in the country⁶. Many of those affected are young to middle-aged male farmers belonging to low socio-economic groups and engaged in paddy farming or other agricultural activities.

First detected in the early 1990s in the Anuradhapura and the Polonnaruwa Districts in the dry zone agricultural region in Sri Lanka's North Central Province, the disease has been spreading to neighboring districts in the North Western, Eastern, and Uva as well as the Central and Northern Provinces. Currently the affected area covers almost one-third of the country with CINAC been reported as the seventh leading cause of the death nationally. In the North Central Province the general ratio indicates that at least five out of 100 people are affected. The affected areas include Dehiaththakandita and Mahaoya in Ampara District, all divisions in Anuradhapura and Polonnaruwa Districts, Ridimaliyadda, Mahiyanganaya in Badulla District, Polpithigama in Kurunegala District, Wilgamuwa in Mathale District, Thanamalwila, Wallawaya, Buttala in Monaragala District, Welioya in Mullaitivu District,

¹ Weggler K, McLaughlin MJ, Graham RD (2004) Effect of Chloride in Soil Solution on the Plant Availability of Biosolid-Borne Cadmium. *J Environ Qual* 33:496–504

² Channa Jayasumana, Saranga Fonseka, Ashvin Fernando, Kumudika Jayalath, Mala Amarasinghe, Sisira Siribaddana, Sarath Gunatilake and Priyani Paranagama, (2015) Phosphate fertilizer is a main source of arsenic in areas affected with chronic kidney disease of unknown etiology in Sri Lanka; DOI 10.1186/s40064-015-0868-z

³ Jayasumana C, Oranges C, Herrera R, et al. Chronic interstitial nephritis in agricultural communities: a worldwide epidemic with social, occupational and environmental determinants. *Nephrol Dial Transplant*. 2017;32:234–241.

⁴ Jayasekara JM, Dissanayake DM, Adhikari SB, Bandara P. Geographical distribution of chronic kidney disease of unknown origin in North Central Region of Sri Lanka. *Ceylon Med J*. 2013 Mar;58(1):6–10.

⁵ Kidney developmental effects of metal-herbicide mixtures: Implications for chronic kidney disease of unknown etiology: 2020 <https://www.sciencedirect.com/science/article/pii/S0160412020319747>

⁶ Ranasinghe, A.V., Kumara, G.W.G.P., Karunarathna, R.H. et al. The incidence, prevalence and trends of Chronic Kidney Disease and Chronic Kidney Disease of uncertain aetiology (CKDu) in the North Central Province of Sri Lanka: an analysis of 30,566 patients. *BMC Nephrol* 20, 338 (2019). <https://doi.org/10.1186/s12882-019-1501-0>

Vavuniya south, Cheddikulam in Vavuniya District, Padavi siripura, Gomarakadawala in Trincomalee District and Tissamharama, Lunugamvehera in Hambanthota District.⁷

CINAC is a contributing factor to the spread of Chronic Kidney Disease (CKD) in the dry zone of Sri Lanka. CINAC is characterized by the absence of common causes of CKD, such as diabetes or hypertension. The disease involves slow, asymptomatic progressive kidney damage over three or more months, making diagnosis and treatment difficult. Nearly 80% of patients experience total kidney failure within two years following diagnosis. Death becomes inevitable for most patients because of the inadequacy of medical services, costly treatment, such as dialysis and organ transplant, and poverty. The socio-economic dimensions of CINAC are grave: the illness has a direct impact on patients' daily life, including economic and livelihood activities, domestic tasks, consumption patterns, and their participation in social activities.

In many cases, entire families - mainly poor farming communities - have been struggling for survival. With the main breadwinner of the family getting affected, their families find themselves plunged into poverty and poor health. However, the basic needs of those most affected by the disease – for affordable medical attention, safe water, and their right to food and nutrition – have allegedly not led the Government to adopt and/or implement adequate policies and programmes.

In addition, ensuring remedies and rehabilitation for those who had to compromise their lives and livelihood are also not adequately provided. The provision of 5000 LKR (about 21 Euros) monthly allowance made to kidney patients is far from capable of adequately addressing their dire situation. This allowance allows to cover only medication fees but not the other expenses incurred because of the medical condition. CKDu causes more far-reaching social and economic damage to farmers' families and communities. Most of the victims who are affected by CKDu are the main bread-winners and caregivers of their families. Hence, their medical condition results in a loss of income and means of subsistence for entire families. Therefore, CKDu adversely affects not only these victims but also their family members.

Allegedly, the damage inflicted directly and indirectly upon farmers' families and communities is not sufficiently documented and no adequate information is available. Therefore, victims, their representatives and other external parties who wish to address the situation nationally and internationally and seek for means of redress do not have access to relevant data and information.

Despite sufficient evidence to prove the imported fertilizers do not undergo laboratory testing for quality control and include adverse residuals, the government has allegedly not taken action to provide facilities for laboratory analysis and to prevent large scale multinational agrochemical and fertilizer companies from importing these hazardous chemicals.⁸

⁷ W. P. R. T. Perera, M. D. N. R. Dayananda, J. A. Liyanage, "Exploring the Root Cause for Chronic Kidney Disease of Unknown Etiology (CKDu) via Analysis of Metal Ion and Counterion Contaminants in Drinking Water: A Study in Sri Lanka", *Journal of Chemistry*, vol. 2020, Article ID 8670974, 9 pages, 2020.

⁸ http://www.naosl.gov.lk/web/images/audit-reports/upload/2020/performance/The_Environmental_Audit_Report-English.pdf

Sri Lanka is among countries with high fertilizer usage. Between 1969 – 2018 the usage has steadily increased resulting in 138.3 kilograms per hectare in 2018. Fertilizer consumption (kilograms per hectare of arable land) in Sri Lanka was 131.92 as of 2016. Its highest value over the past 14 years was 311.71 in 2008, while its lowest value was 131.92 in 2016.⁹ Urea, phosphate and potash are the main groups of chemical fertilizers used in Sri Lanka. Water and soils in CINAC endemic regions are contaminated with various agrochemicals such as pesticides (e.g. glyphosate) and heavy metals (e.g. cadmium, arsenic, and lead) that are likely to be introduced via fertilizers.¹⁰ Research indicates that drinking water is a pathway to chemical exposure (e.g., heavy metals, herbicides, etc.) due to contamination of water sources from agricultural practices.

In 2010, the Ministry of Health Sri Lanka, in collaboration with the World Health Organisation (WHO), launched a national research project with the aim of investigating the prevalence and etiology of CINAC in Sri Lanka. This study provided evidence of nephrotoxic pesticide exposure in CINAC patients.

In 2011, the WHO recommended to develop a multisector strategic plan by the end of 2011 and implement it in 2012 “to minimize the growing public health risks.” The recommendations also included inter alia, to: i) take steps to increase assistance to affected farmer families; ii) control and regulate toxic impurities in fertilizers and to investigate to substitute chemical fertilizers; iii) avoid further accumulation of toxics in the environment and the subsequent result of cumulative damage to the health of the people living in the affected areas; iv) and publish the data of the national research project.

In 2016 WHO organized an expert consultation which issued another set of recommendations.¹¹ The full and successful implementation of these recommendations is still pending.

On legislation governing the use of Pesticides and Agrochemicals and Government Initiatives

Pesticides used to be imported to Sri Lanka as finished products, however a small quantity was also produced domestically by the Ceylon Petroleum Cooperation as a by-product of the fuel refinery process. In 1973, the Pesticide Regulatory Committee was established to control import and use of pesticides.

In 1980, the Sri Lankan parliament adopted the Control of Pesticides Act No.33, and the Registrar of Pesticides was appointed as a licensing authority in charge of importation control. Based on the Control of Pesticides Act No. 33 of 1980 (revised in 2011 and 2020) and the National Policy and Action Plan on Suicide Prevention of 1997, 36 hazardous pesticides have been banned due

⁹ <https://www.indexmundi.com/facts/sri-lanka/fertilizer-consumption>
<https://data.worldbank.org/indicator/AG.CON.FERT.ZS?locations=LK>

¹⁰ Z. Atafar, A. Mesdaghinia, J. Nouri, M. Homace, M. Yunesian, M. Ahmadimoghaddam, et al. Effect of fertilizer application on soil heavy metal concentration Environ. Monit. Assess., 160 (2010), pp. 83-89; C. Jayasumana, S. Gunatireservoir, P. Senanayake, Glyphosate, Hard Water and Nephrotoxic Metals: Are They the Culprits Behind the Epidemic of Chronic Kidney Disease of Unknown Etiology in Sri Lanka? Int. J. Environ. Res. Public Health, 11 (2014), pp. 2125-2147
<https://apps.who.int/iris/handle/10665/255137>

to toxicity concerns. It is claimed that a 70% reduction in suicides could be achieved, thus 93,000 lives were saved over twenty years.¹²

In 2015, the Government banned the use of pesticides that contained the harmful chemical glyphosate. However, in 2018 the Government decided to lift the ban on glyphosate, allegedly due to pressure by Monsanto and its local subsidiary, Crop Life Sri Lanka. Several sources indicate corporate influence as one of the reasons why “strict policing of agrochemicals” has been prevented. Aniruddha Padaniya, the President of the Government Medical Officers' Association, has for example blamed "vested interests" for preventing strict policing of agrochemicals. He has argued that tackling CKDu should be a national priority.¹³

In May 2021, the President of Sri Lanka appointed the Presidential Task Force for the creation of a “Green Sri Lanka with sustainable Solutions for Climate Changes” for achieving a number of eco-friendly objectives, including: saving foreign exchange outflows within the country, preparing the people for an eco-friendly socio-economic model, and, most importantly, preparing a Road Map for the complete transition from chemical farming to organic farming using organic fertilizer products.

This Presidential Decision recognizes a number of provisions in the United Nations Declaration on the Rights of Peasants and Other People Working in Rural Areas (UNDROP), related to states’ obligations to protect, respect and fulfil specific peasants’ rights violated through pesticides manufacturing, trade and use, including the rights to life, health and a clean, safe, healthy and sustainable environment, the right not to be exposed to hazardous substances and toxic chemicals; and the rights to healthy conditions of work, adequate food, and clean water.

While I do not wish to prejudge the accuracy of these allegations, I express my deep concern over the prevailing spread of CINAC disease in Sri Lanka, the reported lack of inadequate investigation of the root causes of CKDu, the alleged lack of medical and livelihood support as well as remedy and rehabilitation to be provided to the affected people and their family members. These allegations illustrate very clearly how exposure to hazardous pesticides can compromise the full enjoyment of basic human rights and constitute violations of international human rights norms and standards, including the right to life, the right to the highest attainable standard of health, and the right to a clean, safe, healthy and sustainable environment, the rights to adequate food and clean water. Serious concern is also expressed on the lack of access to important information needed to demand protective measures or other recourse mechanisms, which constitutes a significant barrier to access to justice and remedy for affected individuals and communities.

I wish to seize this opportunity to welcome the Presidential Decision of 2021, which should lead to phasing out chemical fertilizers and agrochemicals. This is a highly commendable step and demonstrates the commitment of the Government of Sri Lanka to addressing the grave problems related to the use of agrochemicals. I stand ready to provide any advice or expertise, which Sri Lankan authorities may need and

¹² <https://www.worldfuturecouncil.org/p/2021-protection-from-hazardous-chemicals/>

¹³ Chronic kidney disease in Sri Lanka: Questions revolve around chemical pesticides and fertilizer. <http://www.countercurrents.org/cc190912.htm>

request on the way to achieving this goal.

In connection with the above alleged facts and concerns, please refer to the **Annex on Reference to international human rights law** attached to this letter which cites international human rights instruments and standards relevant to these allegations.

As it is my responsibility, under the mandate provided to me by the Human Rights Council, to seek to clarify all cases brought to my attention, I would be grateful for your observations on the following matters:

1. Please provide any additional information and comments you may have on the above-mentioned allegations.
2. Please provide information on any recent steps that the Government of Sri Lanka has undertaken to carry out a credible, thorough and gender-sensitive research on the identification of exact causes of CINAC as well as on education and awareness programs and the way to ensure that these are accessible to the affected communities.
3. Please provide information on any steps that have been taken or are planned to collect disaggregated data related to all those whose rights to food, water, health and work are violated due to the impact of CINAC and kindly detail out the remedy mechanisms and rehabilitation programs implemented and foreseen.
4. Please provide information on any steps that have been initiated or are planned to be taken by Your Excellency's Government towards implementing the recommendations issued by the World Health Organization after their International Expert Consultation on Chronic Kidney Disease of Unknown Etiology held in 2016.
5. Kindly provide information related to the fulfilment of rights of small-scale food producers during the transition period towards a "Green Sri Lanka", e.g., details about intended prior and informed consultations, the requirements of a fair transition according to the different specific local contexts as well as about adequate participation and exchange channels or mechanisms, to allow social movements and civil society groups to meaningfully participate in the preparation of prohibition processes and transition plans.
6. Please provide information on the extent to which other aspects of the food systems are supposed to be addressed in the Road Map towards a Green Sri Lanka established by the Presidential decree of May 2021, e.g. through regulatory measures intended to eliminate monocultures, conserve and restore biodiversity and the prohibition of the use of genetically modified seeds or other developments achieved through genetic sequences.
7. Kindly provide more details related to the announced Road Map, especially regarding the timelines, incentives for small-scale food producers, including specific measures for women, monitoring and

sanction measures.

8. Please indicate what measures your Excellency's Government envisages to take towards establishing the necessary legal framework (laws, policies and related rules and regulations) on the manufacturing, commercialization, use and distribution of agrochemicals and other harmful substances as well as on the accompanying measures related to the transition process towards a Green Sri Lanka. Kindly also indicate which adequate legal mechanisms exist or will be established for victims to seek remediation or redress in case of non-compliance or abuses by manufacturers, traders and users of agrochemicals.
9. Please indicate more details regarding adequate budgetary measures in the short, middle and long term to ensure adequate funding for the transition process towards agroecology, especially vis-a-vis small-scale food producers and their organizations, including gender sensitive measures, which respond to the specific needs of rural women.

This communication and any response received from your Excellency's Government will be made public via the communications reporting [website](#) within 60 days. They will also subsequently be made available in the usual report to be presented to the Human Rights Council.

While awaiting a reply, I urge that all necessary interim measures be taken to halt the alleged violations and prevent their re-occurrence and in the event that the investigations support or suggest the allegations to be correct, to ensure the accountability of any person(s) responsible for the alleged violations.

I intend to publicly express my concerns in the near future as, in my view, the information upon which the press release will be based is sufficiently reliable to indicate a matter warranting immediate attention. I also believe that the wider public should be alerted to the potential implications of the above-mentioned allegations. The press release will indicate that I have been in contact with your Excellency's Government's to clarify the issue/s in question.

Please accept, Excellency, the assurances of my highest consideration.

Marcos A. Orellana

Special Rapporteur on the implications for human rights of the environmentally sound management and disposal of hazardous substances and wastes

Annex

Reference to international human rights law

In connection with above alleged facts and concerns, I would like to draw your Excellency's Government's attention to applicable international human rights norms and standards, as well as authoritative guidance on their interpretation. These include:

- The Universal Declaration of Human Rights;
- The International Covenant on Economic, Social and Cultural Rights;
- The International Covenant on Civil and Political Rights;
- The Convention on the Rights of the Child;
- United Nations Declaration on the Rights of Peasants and Other People Working in Rural Areas (UNDROP)
- The UN Guiding Principles on Business and Human Rights.

I would like to recall the relevant international human rights obligations that your Excellency's Government has undertaken. In particular, the Universal Declaration of Human Rights, article 25, which recognizes the right of everyone "to a standard of living adequate for the **health and well-being** of himself and of his family, including food, clothing, housing and medical care" and article 19, which guarantees the right to "seek, receive and impart information".

Furthermore, I wish to draw the attention of your Excellency's Government to article 12 of the International Covenant on Economic, Social and Cultural Rights (ICESCR), acceded by your Excellency's Government 11 June 1980, which enshrines the **right of everyone to the enjoyment of the highest attainable standard of physical and mental health**. General Comment No. 14 (2000) of the Committee on Economic, Social and Cultural Rights (CESCR) describes the normative content of article 12 and the legal obligations undertaken by the States parties to the Covenant to respect, protect and fulfil the right to health. In paragraph 11 of General Comment No. 14, the Committee interprets the right to health as "an inclusive right extending not only to timely and appropriate health care but also to the underlying determinants of health, such as access to safe and potable water and adequate sanitation, an adequate supply of safe food, nutrition and housing, healthy occupational and environmental conditions, and access to health-related education and information".

I wish to draw your attention to article 6.1 of the International Covenant on Civil and Political Rights (ICCPR), acceded by your Excellency's Government on 11 June 1980, which states that "every human being has the inherent **right to life**. This right shall be protected by law. No one shall be arbitrarily deprived of his life." I would also like to call your attention on General Comment No. 6 (1982) of the Human Rights Committee on the right to life. According to the Human Rights Committee, the expression "inherent right to life" should not be interpreted in a restrictive manner. The protection of the right to life therefore requires States to adopt positive measures to implement this right, including measures to reduce infant mortality and increase life expectancy.

I would also like to draw your Excellency's Government's attention to article 7 of the ICESCR, enshrining the right of everyone to the enjoyment of just and favourable conditions of work, including **safe and healthy working conditions**. The above-mentioned General Comment No.14 holds that the improvement of all aspects

of environmental and industrial hygiene comprises, inter alia, “preventive measures in respect of occupational accidents and diseases [and] the prevention and reduction of the population’s exposure to harmful substances such as radiation and harmful chemicals or other detrimental environmental conditions that directly or indirectly impact upon human health”. I would also like to stress that the right to work is a fundamental right, recognized in the ICESCR. As specified in General Comment No. 18 (2005) on article 6 of the Covenant, work must be “decent work”, that is, “work that respects the fundamental rights of the human person as well as the rights of workers in terms of conditions of work safety and remuneration.”

In addition, article 6 of the Convention on the Rights of the Child (CRC), which your Excellency’s Government ratified on 12 July 1991, recognizes that every child has **the inherent right to life** and requires that States Parties ensure to the maximum extent possible the survival and development of the child. It further requires State Parties to take all effective and appropriate measures to diminish infant and child mortality. Moreover, article 24 of the CRC recognizes **the right of the child to the enjoyment of the highest attainable standard of health** and to facilities for the treatment of illness and rehabilitation. Paragraph 2 (c) of article 24 specifically requires States to pursue the full realization of the right of the child to the enjoyment of the highest attainable standard of health taking into consideration the dangers and risks of environmental pollution.

I would like to remind your Excellency’s Government of the explicit recognition of **the human right to safe drinking water** by the UN General Assembly (resolution 64/292) and the Human Rights Council (resolution 15/9), which derives from the right to an adequate standard of living, protected under, inter alia, article 25 of the Universal Declaration of Human Rights, and article 11 of ICESCR. In its General Comment No. 15, CESCR clarified that the human right to water means that everyone is entitled to sufficient, safe, acceptable, physically accessible and affordable water for personal and domestic uses.

Article 11 (1) of the ICESCR recognizes “**the right of everyone to an adequate standard of living for himself and his family, including adequate food, clothing and housing, and to the continuous improvement of living conditions.**” In interpreting this provision, the CESCR stressed in its General Comment No. 12 that the core content of the right to adequate food implies, inter alia, both economic and physical accessibility of food (para. 7). The Committee considers that the core content of the right to adequate food implies, inter alia, availability of food which refers to the possibilities either for feeding oneself directly from productive land or other natural resources, or for well-functioning distribution, processing and market systems that can move food from the site of production to where it is needed in accordance with demand, and accessibility of food, which encompasses both economic and physical accessibility.

In addition, the Food and Agriculture Organization’s (FAO) Right to Food Guidelines to support the progressive realization of the right to adequate food in the context of national food security emphasize that “States should promote and safeguard a free, democratic and just society in order to provide a peaceful, stable and enabling economic, social, political and cultural environment in which individuals can feed themselves and their families in freedom and dignity.”

I also wish to recall the General Recommendation No. 34 of the Committee on the Elimination of Discrimination against Women (CEDAW) on the rights of rural women, which in its paragraph 12 recommends that state parties address, alleviate and mitigate “specific threats posed to rural women by climate change, natural disasters, land and soil degradation, water pollution, droughts, floods, desertification, pesticides and agrochemicals, extractive industries, monocultures, bio-piracy and the loss of biodiversity, in particular agro-biodiversity”. The Committee also calls on Parties to ensure that “rural women enjoy a safe, clean and healthy environment”.

I would like to highlight the UN Guiding Principles on Business and Human Rights, which were unanimously endorsed by the Human Rights Council in its resolution (A/HRC/RES/17/31) in 2011. These Guiding Principles are grounded in recognition of:

- a) “States’ existing obligations to respect, protect and fulfil human rights and fundamental freedoms;
- b) “The role of business enterprises as specialized organs of society performing specialized functions, required to comply with all applicable laws and to respect human rights; and
- c) “The need for rights and obligations to be matched to appropriate and effective remedies when breached.”

The Guiding Principles clarify that under international human rights law, “States must protect against human rights violations committed in their territory and / or their jurisdiction by third parties, including business enterprises” (Principle 1). This requires States to “state clearly that all companies domiciled within their territory and / or jurisdiction are expected to respect human rights in all their activities” (Guiding Principle 2).

All States have a duty under the international human rights legal framework to protect against human rights abuse by third parties. Principle 1 clarifies the State duty “to protect against human rights abuse within their territory and/or jurisdiction by third parties, including business enterprises.” This obligation requires that a State takes appropriate steps to “prevent, investigate, punish and redress such abuse through effective policies, legislation, regulations and adjudication.” In addition, this requires, inter alia, that a State should “enforce laws that are aimed at, or have the effect of, requiring business enterprises to respect human rights...” (Guiding Principle 3).

The Guiding Principles also require States to ensure that victims have access to effective remedy in instances where adverse human rights impacts linked to business activities do occur.

States may be considered to have breached their international human law obligations where they fail to take appropriate steps to prevent, investigate and redress human rights violations committed by private actors. While States generally have discretion in deciding upon these steps, they should consider the full range of permissible preventative and remedial measures.

Business enterprises, in turn, are expected to carry out human rights due diligence in order to identify, prevent, mitigate and account for how they address their

impacts on human rights. Where a business enterprise causes or may cause an adverse human rights impact, it should take the necessary steps to cease or prevent the impact. Similarly, where a business enterprise contributes or may contribute to an adverse human rights impact, it should take the necessary steps to cease or prevent its contribution and use its leverage to mitigate any remaining impact to the greatest extent possible (Guiding Principle 19).

I also wish to highlight the United Nations Declaration on the Rights of Peasants and other People Working in Rural Areas (UNDROP) which was adopted by the United Nations General Assembly in December 2018 with Sri Lanka being one of the State's voting in favour of it. The UNDROP serves as a tool for interpreting state human rights obligations enshrined in ICESCR and ICCPR, recognizing states' obligations to protect, respect and fulfil specific peasants rights violated through pesticides manufacturing, trade and use, including the rights to a healthy environment (art. 18); not to be exposed to hazardous substances and toxic chemicals (art. 14.2); healthy conditions of work (art. 14), adequate food (art. 15), clean water (art. 21) and right to health (art. 23).

Additionally, article 12 of UNDROP states that Peasants and other people working in rural areas have the right to effective and non-discriminatory access to justice and to effective remedies for all infringements of their human rights.