

Health and Human Rights for WHO Country Office and SEARO Technical Staff

*Report of the Training Course
2-3 February 2011, WHO-SEARO, New Delhi*



**World Health
Organization**

Regional Office for South-East Asia

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1. Training background and aims

In order to improve the integration of human rights into WHO technical programmes, a training course on health and human rights for technical staff of Country offices and the Regional office for South-East Asia was organized at SEARO on 2 – 3 February 2011. The objectives of the training were to:

- Increase the corpus of knowledge of WHO staff on the UN human rights system, health-related human rights commitments of Member States, WHO's mandate on human rights, and human rights principles in general.
- Strengthen the capacity of WHO staff to integrate human rights-based approaches into programming.

The course was facilitated by Helena Nygren-Krug, Human Rights Adviser, WHO headquarters, and Riikka Rantala, Junior Professional Officer, Health and Human Rights, SEARO. Staff members from Bangladesh, Indonesia, Nepal, Sri Lanka, Thailand and SEARO participated in the course. A similar training course had been organized in Maldives on 30 – 31 January, and hence the Focal Point from Maldives did not participate in the training.

The training course was opened by the Deputy Regional Director, WHO SEA Region, Dr Poonam Khetrpal Singh. In her opening remarks she emphasized WHO's commitment to human rights and the need to ensure that its public health guidance is in line with international human rights standards. She also highlighted that we should look at health issues holistically, and move away from responding to "needs" towards ensuring the fulfillment of "rights".

2. Training questions and discussions

The training course aimed to seek answers to the following questions:

- What are human rights and where are they enshrined?
- What is the relationship between health and human rights?
- What is meant by the right to health?
- What happens when human rights and public health are in conflict?
- What are some of the key mechanisms to promote and protect human rights?
- What is a human rights-based approach to health (HRBA)?



In the initial discussions about **expectations** from the course, it was noted that human rights issues may sometimes be considered abstract by many public health practitioners. The participants stated that it was often difficult to identify focal points in this area from the ministries of health. Guidance on who to cooperate with and how to approach national stakeholders in this area would be helpful. Many participants also felt that further sensitization and “demystification” of human rights would be needed at the country level. Furthermore, they underlined that practical examples of how to

integrate human rights into technical programmes would be useful.

The day started with an “ice-breaking” exercise in which participants were asked to share personal experiences on human rights being promoted and protected, in the context of health, or violated, and then to link these experiences to particular rights in the Universal Declaration of Human Rights. This exercise showed clearly the linkages between health and human rights, as every participant gave at least one example of a human rights violation which had a negative implication on health.

The first presentation focused on the basic principles of health and human rights, such as the linkages between health and human rights, the right to health and State obligations and commitments related to the right to health. The UN human rights system, and WHO’s mandate and work on human rights were also discussed. The discussions following the presentation served to clarify misconceptions about human rights, and on when a human right may be limited for public health purposes.

In the afternoon session of the first day a “Power Walk” group exercise was conducted, in which participants took on different characters such as “Supreme Court judge” and “indigenous homeless woman” and were then asked to evaluate if certain statements applied to them, for example:

- “I am not discriminated against in accessing health care facilities, goods and services.”
- “I work in an environment that is not hazardous to my health.”
- “I would easily be able to get an appointment to meet a WHO official.”

The “Power Walk” group exercise demonstrated how deeply divided society can be. It stressed how some individuals or groups advanced more quickly, while others (e.g. “sex worker”, “orphan boy”) were more easily neglected.

The second presentation of the day focused on the UN common understanding of a human rights-based approach (HRBA), including key principles of HRBA, and how to take practical steps to apply it to health programmes.



An HRBA focuses on ensuring that health programmes further the realization of human rights, and that human rights principles and standards guide all programming. Particular emphasis is laid on identifying the immediate, underlying and root causes of health problems, identifying the power relations underlying these problems and then building the capacities of “duty-bearers” to meet their obligations and of “rights-holders” to claim their rights

Participants also practised their skills to apply the HRBA through a group exercise called “Zoe’s case” on maternal mortality, and viewed a short *Human Rights Watch* documentary film on maternal mortality.

On day two of the training, country-level experiences on human rights mainstreaming were discussed. A participant from the Child and Adolescent Health Unit in the Bangladesh Country office made a presentation on the experience of conducting an “Assessment of laws and policies for strengthening adolescent sexual and reproductive health in Bangladesh”, a report of which is about to be finalized shortly. The presentation aimed to share with the other participants the challenges related to, and lessons learned from, conducting a human rights analysis at the country level.

The participants also learnt how to access online human rights documentation such as recommendations of the UN human rights treaty bodies and reports of the UN Special Rapporteurs. The training package also included guidelines on how to access online information, as well as a document showcasing health and human rights-related treaty body recommendations for each country. These include many concrete recommendations for improving human rights in the area of health. Hence it was recommended that all WHO staff consult these documents in the context of programming at the country level.



Back row from left: F. Begum (Bangladesh), A. Haggblom (Bangladesh), S. Burton (WHO-SEARO), A. Khan (Bangladesh), S. Upadhayay (Nepal), S. Peerapakorn (Thailand); Front row: Triningtyasasih (Indonesia), R. Kesavan (Sri Lanka), H. Nygren-Krug (Headquarters), R. Rantala (WHO-SEARO)

3. Conclusions and recommendations

This was considered to be an initial training in what could be a series of similar workshops at the country level involving government counterparts and other relevant stakeholders to sensitize them and raise awareness, thereby providing a basis for developing concrete actions. Participants discussed the development of country-specific factsheets on HHR as entry points for connecting with national human rights commissions and other relevant actors. Finally, a new tool was developed by WHO, the Swedish International Development Cooperation Agency (SIDA) and the Office of the High Commissioner for Human Rights (OHCHR) to review national health sector strategic plans with regard to human rights and gender equality. This tool is due to be published soon.

Annex 1

Agenda

- (1) Share country-level experiences on Health and Human Rights and assess personal perspective of Human Rights.
- (2) Increase awareness of “Basics on Health and Human Rights”.
- (3) Increase knowledge of WHO staff on the UN human rights system, health-related human rights commitments of the Member States.
- (4) Strengthen the capacity of WHO staff to integrate human rights-based approaches into programming.

Annex 2

List of participants

1. Ms Farida Begum
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2. Dr Salma Burton
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3. Ms Anna Haggblom
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5. Dr Arifuzzaman Khan
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