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# Human Rights and Gender Equality and Health: Overview of Impact Assessment Tools

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### List of Acronyms

CESCR	UN Committee on Economic, Social and Cultural Rights
DAC	Development Assistance Committee
DFID	Department for International Development
EIA	Environmental Impact Assessment
GEGA	Global Equity Gauge Alliance
GTZ	German Agency for Technical Development
HIA	Health Impact Assessment
IHP+	International Health Partnership
OECD	Organisation for Economic Co-operation and Development
NGO	Non-governmental Organization
PIA	Poverty Impact Assessment
PSIA	Poverty and Social Impact Analysis
SIDA	Swedish International Development Cooperation Agency
UHRC	Uganda Human Rights Commission
UN	United Nations
USAID	United States Agency for International Development
WHO	World Health Organization

## 1 Introduction

This publication provides an overview of existing impact assessment approaches and tools related to health and human rights, including gender equality. On the one hand it seeks to help potential users to identify and select approaches and tools most appropriate to their objective or field of work. On the other hand it aims at stimulating a debate on the need to develop and systematically apply impact assessment methods and frameworks that draw upon a human rights-based approach and gender mainstreaming methods to assess the implementation of national health strategies. Section 2 outlines the methodology and mapping criteria used for the review. Section 3 provides an overview and brief analysis of selected tools and approaches. Section 4 presents the key findings and briefly discusses how existing approaches contribute to integrate a human rights-based perspective to assess the implementation of national health strategies and where gaps remain.

## 2 Methodology

Broadly speaking, analysing impacts implies looking at the effects of development interventions. It can be prospective, i.e. identifying the likely consequences of a proposed programme or policy, or retrospective, i.e. asking whether a development intervention has had the right effect. There is a wide debate on which methodology is most appropriate for impact assessments and on the methodological challenges raised by impact measurement, including the difficulty of establishing causality links between a specific intervention and its long-term effects on the population.<sup>1</sup>

This review considers a broad range of tools and approaches used for ex-ante, monitoring and ex-post evaluation purposes, such as human rights impact assessments, poverty and social impact analysis or health system analysis.

In order to identify relevant tools a screening of literature and websites (see annexes 2 and 3) was conducted. First hand information was also provided by WHO and GTZ staff and by representatives of human rights institutions and civil society organisations. The identified tools were then mapped according to a list of criteria related to their scope, analytical framework, assessment process, resources required and use. From a human rights-based perspective, major differentiation criteria are the extent to which the analytical framework of the reviewed tools is rooted in international human rights law and the extent to which capacity factors as defined by the UN common approach to human rights-based programming are addressed (see annex 1 for more details on the mapping criteria). As far as possible, missing information on the resources required and the use of the tools was collected through e-mail correspondence and telephone conversations with the respective authors.

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<sup>1</sup> See for a recent discussion of impact evaluation Jones, N. et al (2009); for a discussion of the methodological challenges linked with human rights impact assessment and evaluating the achievements of Governments in progressively realizing social and economical rights see Anderson, E. (2008); Bakker, S et al (2009); Felner, E. (2008).

### **3 Overview of Approaches and Tools**

The following overview outlines selected approaches and tools based on the mapping criteria. Hence, it captures key elements of their conceptual and methodological frameworks, but does not deal in detail with the specific quantitative or qualitative methods that are often proposed to measure impacts.

#### **3.1 Poverty and Social Impact Analysis**

Poverty and Social Impact Analysis (PSIA) and Poverty Impact Assessment (PIA) both are approaches to analyse the distributional impacts of policies, programmes and projects on the well-being of the population, particularly on the poor. PSIA was developed by the World Bank and development partners, PIA was developed by bilateral donors within the OECD Development Assistance Committee (DAC).<sup>2</sup>

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<sup>2</sup> See for a review of the development process International Poverty Centre (2008)

**Table 1: Poverty and Social Impact Analysis (PSIA)**

Developed by	World Bank
Objective	Assess the distributional impacts of policy reform on the well-being of the population, with a particular focus on the poor and vulnerable.
Scope of tool	Broad analytical framework, including a range of specific methods for economic, social, institutional and political analysis of macroeconomic, structural and sectoral reforms. Focus on ex-ante assessment of potential impacts of reforms on various social groups, but can also be used during and after implementation. Includes specific methods to analyse impacts of policy reform at macro level (e.g. country social analysis, power analysis and drivers of change analysis), meso level (e.g. stakeholder and institutional analysis, service delivery surveys, public expenditure tracking surveys) and micro level (e.g. household surveys, vulnerability analysis, empowerment analysis).
Analytical framework	The analytical framework is based on six key transmission channels (prices, employment, transfers and taxes, access, assets, authority), through which policies may have a distributional impact on social groups. Human rights standards and principles are not explicitly included as analytical categories, but to some extent integrated in the transmission channels on access and authority. There is no reference to the obligation of State parties to respect, protect and fulfil human rights. PSIA is mainly concerned with the impact of policy reform on poor and vulnerable groups. Depending on the country context these groups may be defined in terms of income, gender (women/men), ethnicity, age, geographic location and other criteria. There is no reference to the prohibited grounds of discrimination in international human rights law. There is no systematic guidance on how to address and operationalise gender as a cross-cutting issue but gender analysis is referred to as one method to assess the impact of policy reforms on women and men at the micro level. Capacity analysis focuses on the assessment of the performance of institutions to implement policy reforms.
Assessment process	Key steps of the assessment process include asking the right questions by formulating relevant hypotheses on potential long-term impacts of policy reform, identifying stakeholders, understanding the transmission channels, assessing institutions, and analysing impacts and risks. The assessment is based on secondary analysis of existing data as well as on primary data collection, using quantitative and qualitative methods (depending on specific tools used). As the results of PSIA should be fed into a transparent policy process, the assessment should ideally be conducted in a participatory way, involving a wide range of stakeholders, civil society organisations and affected groups. Human rights institutions and women's groups are not explicitly foreseen as being part of the process.
Resources	Time frame: 6 to 18 months Wide range of expertise and skills Funds required to implement?
Use of tool	Introduced by World Bank in 2001, since then more than 150 PSIAs have been conducted, mainly commissioned by the World Bank and other bilateral donors, and conducted as ex-ante assessments to assist in the process of policy design. According to a review of DFID experiences, civil society organizations so far have had limited opportunities to engage in the process.

Sources: World Bank (2003); World Bank (2007); International Poverty Centre (2008)

**Table 2: Poverty Impact Assessment (PIA)**

Developed by	Network on Poverty Reduction of the OECD/DAC
Objective	Assess the distributional impacts of sector and development programmes and projects on the well-being of the population, with a particular focus on the poor and vulnerable.
Scope of tool	Broad analytical framework, drawing on a range of specific methods for economic, social, institutional and political analysis. Focus on ex-ante assessment to anticipate positive and negative impacts of development interventions, but can also be used during and after implementation. Can be applied to interventions at national or regional level.
Analytical framework	The analytical framework is based on a multi-dimensional definition of well-being and poverty (economic, human, political, socio-cultural and protective), which also describe the capabilities people have (or need to have) to escape from or avoid poverty (OECD/DAC capability framework). Health is included under the human dimension of well-being. Gender and environment are briefly mentioned as cross-cutting categories. As for PSIA, a key element of the analysis is an understanding of the six key transmission channels (prices, employment, transfers and taxes, access, assets, authority). Key steps of the assessment process are similar to PSIA. In addition PIA includes a module to assess the impact of the intervention on the capabilities of stakeholders and target groups. Human rights are explicitly included only as part of the analysis of the political dimension of well-being, and to some extent integrated in the transmission channels on access and authority. There is no reference to the obligation of State parties to respect, protect and fulfil human rights. Categories defining poor or vulnerable groups include gender (women/men), ethnicity, age, geographic location and other criteria depending on the programme context, without explicit reference to the prohibited grounds of discrimination in international human rights law. Capacity analysis focuses on the performance of stakeholders and institutions and on the outcome of programme interventions on the above mentioned capabilities of poor and vulnerable target groups. Implicitly this includes an analysis of how programme interventions affect the enjoyment of rights by target groups and how they contribute to transform gender relationships. However, there is no systematic guidance on how to address and operationalise gender as a cross-cutting issue.
Assessment process	Key steps of the assessment process are similar to PSIA. In addition PIA includes a module to assess the impact of the intervention on the capabilities of stakeholders and target groups. The assessment is mainly based on secondary analysis of existing data (qualitative and quantitative). Existing information is verified and complemented by stakeholder interviews. Standardized matrices are used to present and summarize findings. Ideally PIA should be conducted as an iterative and participatory process, involving a wide range of stakeholders, civil society organisations and affected groups. Human rights institutions and women's groups are not explicitly foreseen as being part of the process.
Resources	Time frame: 2 to 3 weeks Mix of sector and planning/evaluation expertise
Use of tool	PIA was recently developed with the aim of facilitating harmonization in donors' assessment procedures. Up to now applications of PIA are still limited, and the Network on Poverty Reduction of OECD/DAC is now in the process of scaling up the approach among donor agencies, raising awareness and promoting partner country buy in. Two PIAs were conducted in 2008 in Bangladesh, by integrating a human rights-based approach to the analysis.

Sources: OECD (2007); International Poverty Centre (2008);  
[http://www.oecd.org/document/12/0,3343,en\\_2649\\_34621\\_36573452\\_1\\_1\\_1\\_1,00.html](http://www.oecd.org/document/12/0,3343,en_2649_34621_36573452_1_1_1_1,00.html);  
information provided by Claudia Gottmann, GTZ

### **3.2 Health Impact Assessment**

Health impact assessment (HIA) has been defined as “a combination of procedures or methods by which a proposed policy or program may be judged as to its potential effects on the health of a population, and the distribution of those effects within the population.”<sup>3</sup> HIAs therefore aim at predicting the health impacts of proposed policies and programmes in sectors other than health, such as transport or agriculture. They are often applied in industrial countries and are beginning to be applied in low- and middle- income country settings.<sup>4</sup> Various guides for conducting health impact assessments exist, that usually share the features described in the following table:

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<sup>3</sup> WHO Regional Office for Europe / European Centre for Health Policy (1999)

<sup>4</sup> See for reviews of health impact assessments Ståhl, T. et al (2006); Measurement and Evidence Knowledge Network (2007); WHO/UNEP (2008); Habitat Health Impact Consulting (2009). See also <http://www.who.int/hia/en/>

**Table 3: Key Features of Health Impact Assessment (HIA)**

Objective	Assess the positive and negative health impacts of proposed programmes or policies in other than health sectors, and recommend measures to maximise positive health benefits and minimize negative effects.
Scope of tool	Tool to facilitate planning and decision-making. Focus on ex-ante assessment to anticipate positive and negative health impacts of interventions, but can also be used during and after implementation. Can be used at national and regional or local level.
Analytical framework	The analytical framework is based on a broad definition of health, including individual (e.g. personal behaviour), social (e.g. support networks), economic (e.g. income) and environmental (e.g. sanitation) determinants. HIA investigates how a proposed policy, programme or project may affect these determinants and hereby directly or indirectly have an impact on health. Human rights standards (key elements of the right to health) and principles, as well as gender equality are not explicitly included as analytical categories. There is no reference to the obligation of State parties to respect, protect and fulfil human rights. Yet, equity is usually defined as a guiding principle, meaning that HIA should assess the distribution of positive and negative health impacts within the population, according to categories such as gender (women/men), age, socio-economic status or ethnic background. There is no explicit reference to the prohibited grounds of discrimination in international human rights law. A specific form of health impact assessment, health equity audits, identifies how fairly services are distributed in relation to the health needs of different groups. HIA mainly analyses the quantitative impact of policies on the health status of the population and of vulnerable groups, and does not focus on intermediary qualitative processes. Therefore, capacity analysis is not systematically included in the framework. Likewise, there is no systematic guidance on how to address and operationalise gender as a cross-cutting issue.
Assessment process	Key steps of the assessment process include screening, scoping, appraisal, decision-making and recommendation, and monitoring and evaluation. Depending on the time frame, HIA can make use of both quantitative (e.g. environmental burden of disease assessments) or qualitative methods. It is often based on a secondary analysis of existing data. Ideally HIA is conducted in a participatory way. It engages a wide range of stakeholders across sectors, including key decision-makers, civil society organisations and local population groups affected by the proposed intervention. Human rights institutions and women's groups are not explicitly foreseen as being part of the process.
Resources	Time frame: 6 to 12 weeks if conducted as a rapid assessment, 6 to 12 months if conducted as a comprehensive assessment. Mix of sector (depending on programme or policy assessed) and public health expertise.
Use of tool	HIAs are being applied in many countries and sectors, mainly in Northern countries. A review of HIAs conducted as stand-alone assessments in 21 European countries between 1990 and 2005 reported 470 documented HIAs. According to a review commissioned by the WHO/UNEP Health and Environment Linkages Initiative, most HIAs in developing countries are being undertaken at local and regional level and are tied to specific projects rather than to strategic programmes. Efforts are now being directed at systematically integrating HIA in Strategic Environment Assessments.

Sources: NHS (2005); IAIA (2006); Centre for Health Equity, Training, Research and Evaluation (2007); WHO/UNEP (2008); <http://www.who.int/hia/en/>

### **3.3 Environment and Health Assessments**

Environmental Impact Assessments (EIA) are one of the most firmly established ex-ante assessment procedures being applied throughout the world, and are often mandatory.<sup>5</sup> In the last decade, increased efforts have been directed at integrating health issues in EIAs.<sup>6</sup>

Assessment tools are also currently being developed to guide and strengthen the development of environmental health policies. In the European region, WHO is supporting Member States to conduct environment and health performance reviews of their policies, by screening and identifying environmental health priorities, reviewing the policy, legal and institutional framework, as well as the capacity to implement policies, including the functioning of intersectoral collaboration.

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<sup>5</sup> See World Bank (2008)

<sup>6</sup> See for a review of environmental and health impact assessments WHO/UNEP (2008)

**Table 4: Environment and Health Performance Reviews**

Developed by	WHO/Europe
Objective	To review environment and health policies, with the aim of improving country performance
Scope of tool	Country-based review process. Focus on national level of policy design and implementation
Analytical framework	The analytical framework is based on a broad definition of health, including its environmental determinants. Key areas to assess include the prevention of water-related diseases, the prevention of injuries, the prevention of respiratory diseases, the prevention of disease and disability from hazardous chemicals, physical and biological agents. Human rights standards and principles and gender equality are not explicitly included as analytical categories. Yet, the inclusive dimension of the right to health is implicitly addressed by the focus on environmental determinants of health. There is no reference to the obligation of State parties to respect, protect and fulfil human rights. There is no explicit reference to the prohibited grounds of discrimination in international human rights law. However, the extent to which policies consider deprived population groups and children is assessed. There is no systematic guidance on how to address and operationalise gender as a cross-cutting issue. Capacity analysis focuses on the assessment of the institutional framework and procedures, including intersectoral collaboration between ministries and departments.
Assessment process	Key steps of the assessment process include consultation and screening of priorities with Member States, review of policies and collection of data, semi-structured interviews in the country with representatives of different sectors and institutions, recommendations for action and discussion in a national workshop with policy-makers. A policy screening questionnaire has been developed to guide and support the assessment. The reviews are based on a secondary analysis of existing data and on stakeholder interviews. The assessment is conducted by two WHO technical experts in collaboration with counterparts in Member States. It engages stakeholders across sectors, including policy-makers and technical experts. Civil society organisations are being consulted in all reviews. In one review (Malta) a children's rights organisation was interviewed.
Resources	Time frame: 3 months to one year from first screening to final workshop, 10 days for interviews in the country. Public health and environmental health expertise, and experience in evaluation.
Use of tool	Was developed in the framework of the implementation of the commitments taken at the 4 <sup>th</sup> Ministerial Conference on Environment and Health (Budapest 2004). Its implementation is technically supported by WHO/Europe. Up to now applied in 10 European countries.

Sources: [http://www.euro.who.int/envhealth/topics/20080714\\_1](http://www.euro.who.int/envhealth/topics/20080714_1); WHO/Regional Office for Europe (2008); information provided by Nathalie Röbbel, WHO consultant.

### **3.4 Policy Analysis and Governance Assessments**

In the last decade much work has been done to understand the institutional, political and societal context informing the process of policy reforms. International and bilateral donor agencies have developed methods to map institutional structures, formal and informal power relations as well as interactions between stakeholders, in order to understand their influence on policy processes. These methods include the drivers of change analysis (DFID), power analysis (SIDA), Country Policy and Institutional Assessment (World Bank), Democracy and Governance Assessment (USAID).

Most of these tools focus on the national level and serve the purpose of assessing the country-specific institutional and political context, and the extent to which good governance is achieved. Their conceptual framework is not rooted in international human rights law, although many refer to political and civil rights. They do incorporate principles such as inclusion, participation, accountability, but put those in the context of good governance rather than relating them to Government's human rights obligations.<sup>7</sup> Likewise, indicators and indices have been developed to measure Governance achievements and processes in a country (e.g. transparency in use of funds and corruption).<sup>8</sup>

An example for an approach that includes a rights-based perspective to policy analysis is the "Social Guarantees Framework".

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<sup>7</sup> See for an overview of these tools Nash R. et al (2006) and World Bank (2007).

<sup>8</sup> See for an overview of Governance indicators UNDP: Governance Indicators: A Users' Guide

**Table 5: Social Guarantees as a Framework for Monitoring Policy Change**

Developed by	World Bank, Social Development Department in collaboration with a range of institutions, including the Organization of American States and the Chilean Foundation for Overcoming Poverty.
Objective	To provide a framework for the development of comprehensive social policies and programmes promoting democratic governance, inclusion and equal opportunity.
Scope of tool	Generic framework that can be applied to different sectors relevant to social policy, e.g. health or education. Focus on assessment and design of national programmes.
Analytical framework	The analytical framework is based on the concept of social guarantees, which relate to the specific mechanisms a government puts in place to realize rights. Five sub-guarantees are identified: access, quality, financial protection, continuous revision and participation and redress. These criteria are translated into key questions and applied to five policy domains: Legal, institutional, instrumental and financial. The approach explicitly refers to international human rights law as a normative basis and the 5 sub-guarantees reflect either key elements of social rights or human rights principles. It does not deal with the content of specific rights as defined by UN treaty bodies (e.g. right to health) and does not explicitly refer to the prohibited grounds of discrimination in international human rights law. Yet, the key questions included under the sub-guarantees address for example non-discrimination in access to services, affordability of services or the existence of mechanisms allowing citizens to claim adequate provision of services. Gender equality is not explicitly incorporated as an assessment criteria. There is no systematic guidance on how to address and operationalise gender as a cross-cutting issue. According to the five policy domains, capacity analysis focuses on the legal, institutional, instrumental and financial mechanisms required to implement the social guarantees.
Assessment process	The assessment should be led by nationals of the country concerned. It should involve discussions with key public and private stakeholders as well as with civil society organisations and research institutions. Human rights organisations and women's groups are not explicitly foreseen as being part of the process. The assessment is mainly based on a secondary analysis of existing data and on interviews and discussions with key stakeholders.
Resources	Time frame: depending on the specific use of the approach (e.g. as planning tool for policy making purposes or as tool for short assessment). Required skills: Mix of sector and planning/evaluation expertise
Use of tool	The tool has been used for policy analysis and design in a range of countries, particularly in Latin America. Most case studies also covered the health sector. In Chile the approach was applied to the design of the "Regime of Explicit Guarantees in Health."

Sources: Guacitúa-Marió, E.; Norton, A.; Georgieva S. (2009)

Tools and methods used to assess the implementation of Government policies and their impact at local level include:

- Analysis of stakeholders and power relationships;
- budget analysis;
- public expenditure tracking surveys;
- citizen's reports cards or citizen's satisfaction surveys;
- participatory social analysis (e.g. empowerment analysis, social and community resource mapping).

These tools are also increasingly being used by civil society organisations to advocate for policy change, by generating and disseminating information on the extent to which implementation processes at local level enhance the access of disadvantaged groups to public services, and raise their capacity to participate in decision-making processes and hold service providers accountable.<sup>9</sup> Yet, most of these tools do not derive their conceptual framework from international human rights law.

One noticeable exception is human rights-based budget analysis and monitoring, which links the analysis of budget planning, allocation and expenditure processes to core human rights obligations. Women's rights were among the first to be addressed by budget analysis, and there is by now a large number of experiences with gender-responsive budgeting, i.e. analysing the impact of the projected allocations on gender equality and suggesting alternative allocations.<sup>10</sup> In the health sector, the Fundar Centre for Analysis and Research in Mexico has done groundbreaking work in relating budget processes to the human rights obligations of State parties.<sup>11</sup>

Furthermore in many countries, social audit initiatives exist, aiming at monitoring citizen participation, transparency and accountability in the budget process.<sup>12</sup> While these initiatives rarely explicitly refer to human rights, they do provide an understanding of the impact of allocation and expenditure processes at local level both on the access of disadvantaged groups to public services and or on their ability to participate in health related decision-making mechanisms. One example is the tool recently developed by the Action Group for Health, Human Rights and HIV/AIDS (AGHA) in Uganda, which includes a set of key questions and indicators to monitor financial accountability, access to information and public participation in the health sector at district level.<sup>13</sup>

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<sup>9</sup> See for example CAFOD/Christian Aid/ Trocaire: Monitoring Government Policies. A toolkit for Civil Society Organisations in Africa.

<sup>10</sup> See [http://www.unifem.org/gender\\_issues/women\\_poverty\\_economics/gender\\_budgets.php](http://www.unifem.org/gender_issues/women_poverty_economics/gender_budgets.php); see also Elson, D. (2006)

<sup>11</sup> See Fundar (2004)

<sup>12</sup> See <http://www.internationalbudget.org/> and <http://www.socialwatch.org>

<sup>13</sup> See AGHA (2008)

### **3.5 Analysis of Health Systems and National Health Strategies**

In the development context and following the Paris Declaration on Aid Effectiveness considerable attention was given in recent years to conduct joint assessments of national health strategies, in order to enhance both ownership of partners and harmonization of donor support. Thus the need to develop flexible tools that can be adapted to country-specific needs and priorities, by supporting the design and implementation of coherent national health strategies and jointly identifying needs for support, became more evident. Under these premises, the International Health Partnership (IHP+) recently developed a draft tool for joint assessment.

**Table 6 : Tool for Joint Assessment of National Health Strategies and Plans**

Developed by	An IHP+ inter-agency working group composed of members from national partner countries and external development partners.
Objective	To facilitate joint assessments of national health strategies and sector plans, by identifying strengths and weaknesses, as a basis for strengthening the strategy and for decisions on technical and financial support.
Scope of tool	Generic framework to be applied in a country-led assessment process. Focus on assessment of design process and content of national health strategies.
Analytical framework	<p>The analytical framework is based on 5 broad categories that are considered the foundation of any sound national strategy: Situation analysis and programming; process; finance and auditing; implementation and management; results, monitoring and review. For each of these categories, attributes and their essential characteristics are defined. These constitute the basis for an assessment profile, including the identified strengths and weaknesses of the strategy, implications for successful implementation and suggested actions.</p> <p>The tool explicitly refers to international agreements on health goals, such as the Millennium Development Goals and the World Health Assembly Resolution of 2009 on primary health care and health system strengthening. It does not refer to international human rights treaties, human rights standards (right to health. Gender equality is not explicitly incorporated as an assessment criteria. There is no systematic guidance on how to address and operationalise gender as a cross-cutting issue.</p> <p>There is no explicit reference to the prohibited grounds of discrimination in international human rights law. Yet, the essential elements of what constitutes a “sound” strategy are derived from concepts of equity, social justice and good governance. Essential characteristics include such criteria as universal coverage to improve equitable access for all population groups, as well as the extent to which disaggregated data has been used, and the needs of vulnerable groups addressed. Participation of multiple stakeholders, including civil society, in the design and monitoring of the strategy and accountability mechanisms in the context of finance and audit procedures are considered.</p> <p>Capacity analysis focuses on the soundness and feasibility of the planned interventions and implementation mechanisms.</p>
Assessment process	<p>Guiding principles for the assessment process, which should be conducted by a joint team, is that it is demand-driven and country led, include independent team members not involved in developing the strategy and engage civil society and other relevant stakeholders. Human rights organisations and women’s groups are not explicitly foreseen as being part of the process.</p> <p>The assessment is based on a secondary analysis of existing data and on key informant interviews.</p>
Resources	<p>Time frame: depending on country needs. For the concentrated period in which team members come together in the country, one to two weeks are foreseen.</p> <p>It is expected that a core assessment team would have around 10 members, with a mix of technical expertise (public health, public finance, monitoring and evaluation, understanding of meaningful multi-stakeholder involvement) and knowledge of local health system and country context.</p>
Use of tool	The draft tool and guidelines were endorsed by IHP+ partners in July 2009. Implementation and review of the tool is currently starting in four countries.

Sources: IHP+ (2009); [http://www.internationalhealthpartnership.net/en/about/j\\_1253621551](http://www.internationalhealthpartnership.net/en/about/j_1253621551); information provided by Phylidda Travis, IHP+ core team

Strengthening health systems depends among others on the development of effective monitoring mechanisms to monitor the implementation and impact of national health strategies. In this regard capacity gaps still exist in many countries, thus indicating the need for flexible tools, that can be adapted to country-specific national strategic frameworks. In this context WHO and the World Bank recently developed a tool to assist countries in their monitoring efforts .

**Table 7: Toolkit on Monitoring Health Systems Strengthening**

Developed by	WHO and World Bank
Objective	To assist countries, global health initiatives and other stakeholders to monitor and evaluate national health systems and guide country and partner investments.
Scope of tool	Toolkit, consisting of sets of indicators, sources of information and short description of appropriate methods. Focus on assessment of national level, but includes elements to be applied at district level .
Analytical framework	Based on the WHO health system framework, indicators and sources of information are proposed for each core building block: Service delivery; health workforce; information; medical products, vaccines & technologies; financing; leadership/governance. Human rights standards and principles, as well as gender equality are not explicitly included in the analytical framework. Availability, affordability and acceptability of services are mentioned in the section on service delivery without explicitly linking these criteria to the key elements of the right to health. There is no reference to the obligation of State parties to respect, protect and fulfil human rights. There is no explicit reference to the prohibited grounds of discrimination in international human rights law. Yet, some indicators require disaggregation by sub-populations or units, e.g. sex, age or location. Indicators in the leadership/governance section include general markers on the existence of effective civil society organisations, but without focus on the participation of communities and vulnerable groups in decision-making mechanisms at local level. Accountability is defined as the management of relationships between various stakeholders in health, including such aspects as delegation, financing, performance, information and enforcement of sanctions or provision of rewards, without reference to human rights mechanisms. Gender equality is not explicitly incorporated as an assessment criteria. There is no systematic guidance on how to address and operationalise gender as a cross-cutting issue. Capacity analysis focuses on human and financial resources and technical skills. For example, the section on service delivery includes criteria to assess if health facilities and staff meet basic standards in different intervention areas, e.g. child health or malaria control. Patient satisfaction with the quality of services is also considered.
Assessment process	The proposed indicators should be integrated into national health information system. Therefore, no specific information on the assessment process, including the participation of various stakeholders, is given. Data collection and analysis depends on the indicators and sources of information chosen. Focus on quantitative methods as sources of information.
Resources	Time frame: not relevant as it is no stand-alone instrument. Mainly public health expertise
Use of tool	The toolkit is the outcome of work by a group established under the leadership of WHO and the World Bank to develop a strategy to assist countries to better monitor and evaluate their health systems. It was recently made publicly available in its current draft form and will be finalized in 2010. Elements of the toolkit have already been used by country partners (several are IHP+ countries) in reviewing their health system performance.

Sources: WHO (2008); information provided by Carla AbouZahr, WHO

In the last decade concern about wide and at times growing health inequalities at national and global level has led around the world to the emergence of initiatives and networks committed to promote social justice and health equity. One example for a global network that has developed a methodological approach to address both the socio-political determinants of health as well as inequities in the health system is the Global Equity Gauge Alliance (GEGA). The thriving force for the implementation of the approach at national and local level are interdisciplinary “equity gauge teams”, which were originally established in 12 countries in the African, Asian and Latin-American continent.<sup>14</sup> Although GEGA as a global network has lost impetus in the last years, the approach it developed is still being applied by other initiatives in a number of countries.<sup>15</sup> GEGAs strategy is based on three interrelated pillars (assessment and monitoring, advocacy and community empowerment), which can be used to identify barriers to the development of equitable health systems and advocate for policy change.

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<sup>14</sup> For a review of early experiences of GEGA see Mc Coy et al (2003)

<sup>15</sup> See for example the Health Systems Trust in South Africa, <http://www.hst.org.za/> or the Regional Network on Equity and Health in Southern Africa, <http://www.equinetfrica.org/>

**Table 8: Equity Gauge: A Guide for Social and Policy Change in Health**

Developed by	GEGA, a global network of academics, policy makers, government officials and members of civil society organisations. The approach was developed with the support of SIDA and the Rockefeller Foundation.
Objective	To achieve policy change and reduce health inequities through three broad spheres of action: assessment and monitoring, advocacy and community empowerment.
Scope of tool	Action-oriented tool, linking monitoring and evaluation with advocacy and community empowerment. Can be used both for the national and regional or local level of the health system.
Analytical framework	The analytical framework is rooted in concepts of social justice and health equity. It is not explicitly based on human rights law and does not refer to the obligation of State parties to respect, protect and fulfil human rights or to human rights standards (right to health). Yet, health equity and inequity is seen in the context of wider socio-political determinants and discrimination. A key aspect of the approach consists in identifying disadvantaged groups and assessing the extent to which they are subject to discrimination. Gender (women/men) is included as one category to assess health disparities and inequity. There is no systematic guidance on how to address and operationalise gender as a cross-cutting issue. The framework for assessment and monitoring includes key questions to assess the general socio-economic and political system as well as the health situation. It focuses on identifying disparities in health outcomes and gives little attention to the analysis of implementation processes and of capacity. Capacity issues are however addressed in the other two pillars of the tool (advocacy and community empowerment).
Assessment process	The tool does not prescribe specific steps but leaves it to the equity gauge teams at country level to decide how they want to structure the process, depending on their concrete objective. The assessment can be based both on the analysis of existing data as well as on primary data collection, using quantitative or qualitative methods. The guiding principle is that an equity gauge should be a multi-stakeholder process, including civil society organisations and local community groups. However, the tool is not prescriptive as to which organisations should be involved. Thus, human rights institutions and women's groups are not explicitly foreseen as being part of the process.
Resources	The time frame for the assessment depends according to the country-specific scope and can vary from a few weeks to several months. A mix of skills (public health, policy analysis, social science) is usually required.
Use of tool	The assessment and monitoring framework served in many cases as a starting point to elaborate a more specific methodology at country-level. Some equity gauge teams have for example used the tool to demonstrate previously unrecognized inequities in the access to health services in urban settings (Ouagadougou or Nairobi) or to focus attention on wide health inequalities at national level, and as a basis to develop methods for more equitable resource allocation (South Africa).

Sources: Global Equity Gauge Alliance (2003); Mc Coy, D et al (2003); <http://www.gega.org.za>; information provided by Alexandra B. Nolen, former coordinator of GEGA.

### **3.6 Human Rights Impact Assessments**

In general terms, human rights impact assessment measures the positive and negative impacts of policies, programmes and projects on human rights. HRIAs can be conducted as ex-ante assessments, i.e. predicting the potential impact of interventions on the enjoyment of human rights, or as ex-post evaluations, i.e. documenting the impact of interventions after implementation. They can also be used as monitoring tools, i.e. by assessing the progress State parties are achieving in complying to their treaty obligations and fulfilling human rights.

In recent years, work has been undertaken by several institutions, including UN agencies, UN Special Rapporteurs on human rights, donor agencies, national human rights institutions and civil society organisations, to develop human rights impact assessment methodologies and tools. A common feature of all these tools is that they are rooted in human rights law, use human rights standards (e.g. the key elements of the right to health) as analytical criteria and translate human rights principles (equality and non-discrimination; participation and inclusion; accountability and the rule of the law) into key questions applied to the design, monitoring & evaluation of policies, strategies and programmes.<sup>16</sup>

Likewise, work has been done to identify indicators to monitor the realization of human rights. A framework based on a set of indicators now exists for the UN treaty bodies to monitor the compliance of State parties to their human rights obligations.<sup>17</sup> Many of these indicators are also being used by national human rights institutions.

Following is a review of selected tools based on the right to health framework and/or on other health-related rights, applied either to broad policies and strategies or to specific service levels.

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<sup>16</sup> See for an overview and discussion of human rights impact assessment NORAD (2001); De Beco G. (2009) and <http://www.humanrightsimpact.org/> For a discussion of human rights impact assessment and health see Bakker, S et al (2009); Gay, R. (2008); Hunt, P., MacNaughton, G. (2006); Scott-Samuel, A. , O'Keefe, E. (2007)

<sup>17</sup> See UNDP (2006) and UN (2008); For indicators related to the right to health see also reports of the former UN Special Rapporteur, Paul Hunt <http://www2.ohchr.org/english/issues/health/right/annual.htm>

**Table 9: Right to Health Impact Assessment**

Developed by	Paul Hunt and Gillian MacNaughton
Objective	To assess the potential impacts of policies, programmes and projects on the enjoyment of human rights, with a particular focus on the right to health.
Scope of tool	Tool to facilitate policy analysis, planning and decision-making. The approach is specifically designed for ex-ante assessment of governmental policies and programmes.
Analytical framework	The analytical framework is based on the key elements of the right to health (availability, accessibility, acceptability and quality) as well as on six human rights concepts and principles (progressive realization, core obligation, equality and non-discrimination, participation, information and accountability). These are translated into key guiding questions to assess the likely outcomes of a policy or programme in relation to the above mentioned categories. (For example: Does the policy enhance or jeopardize accessibility to health information and education?) The tool does not propose or discuss specific outcome indicators. There is an explicit reference to the prohibited grounds of discrimination in international human rights law, including gender. While the obligation to fulfil human rights is explicitly incorporated as analytical category in the framework (progressive realization), the obligation to respect and protect is implicitly addressed in the guiding questions. There is no systematic guidance on how to address and operationalise gender as a cross-cutting issue. Addresses capacity issues through questions related to information, participation and accountability mechanisms.
Assessment process	The right to health impact assessment should be incorporated into existing ex-ante impact assessment methodologies. Thus, key steps of the assessment process are similar to HIA and include a preliminary check, an assessment plan, collection of information, rights analysis, debate of options and decision and evaluation. The assessment is mainly based on secondary analysis of existing data (qualitative and quantitative). Existing information is verified and complemented by stakeholder interviews. The methodology also lays out general principles for conducting a human rights impact assessment, including ensuring meaningful participation by all stakeholders, and involving affected people in the assessment and decision-making process.
Resources	The time frame is not specified, as the approach is to be mainstreamed in other impact assessments. The assessment requires interdisciplinary collaboration between human rights professionals, health and other sector experts and experience in impact assessment.
Use of tool	Mainstreaming human rights impact assessment into health impact assessments and other ex-ante assessment approaches is still at an embryonic stage and practical experiences still need to be gathered.

Sources: Hunt, P. , MacNaughton, G. (2006); MacNaughton, G., Hunt, P. (2009); information provided by Paul Hunt

**Table 10: Assessment of Health Systems and Right to Health**

Developed by	A network of academics and professionals under the guidance of Gunilla Backman and Paul Hunt
Objective	To provide a basis for the monitoring of national health systems and assess the degree to which health systems include key features that arise from the right to health.
Scope of tool	Set of 72 indicators based on key right-to-health features of health systems. Focus on national level.
Analytical framework	<p>The analytical framework includes 72 structure, process and outcome indicators. These indicators refer to 15 key identified features of a health system as underpinned by international human rights law.</p> <p>There is an explicit reference to the prohibited grounds of discrimination in international human rights law, including gender. The obligations to respect, protect and fulfil human rights are reflected in indicators. There is no systematic guidance on how to address and operationalise gender as a cross-cutting issue.</p> <p>Addresses capacity issues through indicators related to the legal and policy framework , human resources (health workers), awareness-raising, participation and accountability mechanisms.</p>
Assessment process	Mainly consists in systematically collecting and processing publicly available data according to the pre-defined indicators.
Resources	18 months for all countries assessed. Interdisciplinary teams.
Use of tool	Was conducted in 2007/2008 as a research project, and not replicated since. 197 countries were assessed on the basis of information primarily collected on global websites, 5 countries were assessed in depth on the basis of data publicly available at national level.

Sources: Backman, G. et al (2008)

**Table 11: Assessment of the Right to Health and Health Care at Country Level**

Developed by	the People's Health Movement in India on the basis of the "Health Rights of Women Assessment Instrument" (see table 15).
Objective	To assess the status of the right to health at country level, focusing on how it is being upheld for poor and marginalized populations.
Scope of tool	Action-oriented assessment tool to monitor the implementation status of State parties human rights obligations with regard to the right to health, in order to advocate for policy change. Focus on national level.
Analytical framework	The analytical framework refers to State party obligations regarding the right to health as defined in core treaties and General Comment 14 of the UN Committee on Economic, Social and Cultural Rights (CESCR). These are translated into key guiding questions and indicators and applied to Government health policies and programmes. There is an explicit reference to the obligations to respect, protect and fulfil human rights. However, the guiding questions mainly address the obligation to fulfil the right to health. Gender equality is addressed through references to CEDAW. The health status of women is included as a main area to assess. There is no systematic guidance on how to operationalise gender as a cross-cutting issue. The assessment covers five main areas: What are the government's commitments?; Are government's policies appropriate to fulfil these obligations?; Is the health system adequately implementing interventions to realize the right to health?; Does the health status of different social groups reflect a progression in their right to health?; What does the denial or fulfilment of the right to health mean in practice? Addresses capacity issues through questions and indicators related to resource allocation, participation, and accountability mechanisms.
Assessment process	The assessment is to be organized and conducted by civil society and human rights organisations, as far as possible involving members from different organisations to collect and analyse data and discuss findings. Women's groups are not specifically mentioned. It is mainly based on secondary analysis of existing data (qualitative and quantitative). Existing information can be complemented by stakeholder interviews.
Resources	Time frame: One to two months No information on skills required
Use of tool	Was mainly designed for civil society, health and human rights organisations participating in the People Health Movement's campaign (India). No information on frequency of use available.

Sources: People's Health Movement (2006)

**Table 12 : UHRC Toolkit for Monitoring the Enjoyment of the Right to Health**

Developed by	The Uganda Human Rights Commission (UHRC)
Objective	Generate information to assess compliance by the Government of Uganda and other duty-bearers in implementing right to health provisions.
Scope of tool	Tool to monitor implementation status of State parties human rights obligations with regard to right to health. Focus on national level.
Analytical framework	<p>The analytical framework is based on State party obligations regarding the right to health as defined in core human rights treaties and General Comment 14 of CESCR.</p> <p>The tool focuses on assessing if the Government complies with its obligation to fulfil the right to health. There is an explicit reference to the prohibited grounds of discrimination in international human rights law, including gender. The obligations to respect and protect human rights are implicitly incorporated in a few indicators.</p> <p>The tool includes a sample monitoring and evaluation plan, consisting of sets of indicators related to the right to life, the right to health and the right to food, to some extent disaggregated. The tool gives guidance as to sources of information and data collection methods, but beyond a list of indicators does not propose a list of guiding questions. There is no systematic guidance on how to address and operationalise gender as a cross-cutting issue.</p> <p>Capacity issues are addressed through indicators related to the legal and institutional framework and to accountability mechanisms.</p>
Assessment process	<p>To be organized and conducted by staff of the Right to Health Unit of the UHRC. Stakeholders involved in the assessment include the Ministry of Health, civil society organisations and external partners.</p> <p>The assessment is mainly based on secondary analysis of existing quantitative data. Existing information can be complemented by stakeholder interviews.</p>
Resources	<p>Time frame: not specified, as the tool is integrated in on-going activities of staff of UHRC</p> <p>Requires both expertise in human rights, especially knowledge on the right to health, and in monitoring and evaluation.</p>
Use of tool	Up to now the tool has been used by the UHRC to collect information for its annual report on the status of the right to health in the country at the national level. The tool was also shared with various stakeholders, including civil society organisations.

Sources: UHRC; information provided by Roselyn Karungojo-Segawa, UHRC

**Table 13: Self-Evaluation Model and Tool on the Respect of Children's Rights in Hospital**

Developed by	The International Network of Health Promoting Hospitals & Health Services / Task Force on Health Promotion for Children and Adolescents in and by Hospitals
Objective	To analyse and reflect on the respect for children's and adolescents' rights in hospital settings as a basis and guide for further improvement.
Scope of tool	Quality assurance and self-evaluation tool to facilitate identification of reference standards and design of action plans to improve paediatric services. Focus on child health services in European hospital settings.
Analytical framework	The analytical framework is based on core human rights treaties. It includes three priority areas reflecting both the right to health and the rights of the child: the right to health, the right to information and participation and the right to be protected from all forms of violence. Within each of these key areas, specific rights are identified (e.g. right to have access to health services without discrimination). Each right is assessed by a set of key questions and indicators and rated on a four point scale, ranging from "completely unconsidered" to "significantly achieved". There is an explicit reference to the prohibited grounds of discrimination in international human rights law, including gender. Gender, age, disability and cultural background are also reflected in many key questions. Although the obligations to respect, protect and fulfil human rights are not explicitly defined as analytical categories, they are incorporated in the key questions and indicators. The capacity of hospital staff to respect human rights (e.g. awareness of rights, communication skills, cultural competency) is analysed throughout the tool.
Assessment process	To be organized by the management of paediatric hospitals or departments and conducted by an evaluation team composed of hospital managers, professionals in charge of specific hospital units, technical staff and representatives of patient's associations. To the extent possible, children and adolescents should participate. Qualitative assessment based on information collected and analysed by evaluation team.
Resources	Time frame: approximately four months. Skills required: experience in participatory quality assessment and management
Use of tool	The tool was developed on the basis of a survey on health promotion for children and adolescents, conducted in 114 hospitals in selected European countries. It has been applied up to now in 7 paediatric hospitals and 14 paediatric departments. Children and representatives of patients associations were involved in varying intensity in approximately half of these self-evaluations. These experiences revealed the need for specific guidelines on why and how to involve children in the assessment. The tool is now available in 10 languages and has been shared with various stakeholders, including ombudsmen for children, non-governmental organisations and professional paediatric associations.

Sources: International Network of Health Promoting Hospitals & Health Services, Task Force HPH-CA (2009); information from Fabrizio Simonelli, HPH-CA Task Force leader; <http://www.who-cc.dk/>

**Table 14: WHO Tool for Assessing Human Rights Conditions in Mental Health Facilities**

Developed by	The tool is currently being developed by the WHO Mental Health Department.
Objective	Assess living conditions and human rights conditions in mental health facilities as a basis for improvement.
Scope of tool	Quality assurance instrument to improve mental health services. Focus on mental health services in clinical settings.
Analytical framework	<p>The analytical framework is based on international human rights law. It includes five key themes reflecting human rights: Freedom from torture, cruel, inhuman or degrading treatment; Right to an adequate standard of living; Right to health; Right to exercise legal capacity and to the security of the person; Enjoyment of other civil, cultural, economic, political and social rights. For each of these rights standards and criteria are identified, and assessed according to a rating scale, ranging from “not achieved” to “achieved in full”. Although the obligations to respect, protect and fulfil human rights are not explicitly defined as analytical categories, they are incorporated in the key questions and indicators.</p> <p>There is an explicit reference to the prohibited grounds of discrimination in international human rights law, including gender. However, disaggregation of data according to age or gender or other prohibited grounds of discrimination is not required.</p> <p>Gender equality is not incorporated as an assessment criteria. There is no systematic guidance on how to address and operationalise gender as a cross-cutting issue. The specific situation of female patients is not assessed.</p> <p>Capacity analysis focuses on the skills of staff and the quality of mental health services and rehabilitation programmes.</p>
Assessment process	<p>To be organized and conducted by institutions monitoring mental health facilities, e.g. National Human Rights Institutions, Healthcare Commissions, Quality Assurance Bodies. Ideally, various stakeholders should be involved, including mental health professionals, representatives of mental service (ex)users, representatives of their families, social workers, and human rights defenders.</p> <p>The assessment is based on review of service records and interviews with staff, service users and family members on the basis of questionnaires.</p>
Resources	<p>Time frame will be specified after testing period is completed.</p> <p>Required skills: Expertise in mental health and in human rights; experience in participatory quality assessment.</p>
Use of tool	The tool is currently being piloted in psychiatric institutions in Chile, Brazil and Egypt and will also be tested in other countries (Portugal, Spain).

Sources: WHO (2009); information from Nathalie Drew, WHO

### **3.7 Gender Equality, Sexual and Reproductive Health and Rights**

Gender analysis aims at improving assessment methods to ensure that the different needs of men and women are considered in the design, implementation and monitoring and evaluation of policies and programmes.<sup>18</sup>

Although most gender analysis tools are not explicitly grounded in international human rights law, their objective is to promote gender equality by ensuring that women and men equally participate in and benefit from social and economic policies and programmes.

The following tools explicitly use a human rights-based framework to assess women's health, assist countries to improve their legal and policy framework and/or support civil society organisations in their advocacy work for the realization of women's sexual and reproductive rights.

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<sup>18</sup> See for a review of gender analysis tools and their relevance to the health sector WHO (2002); For gender-sensitive indicators see for example BMZ/GTZ/KFW.

**Table 15: Using Human Rights for Maternal and Neonatal Health**

Developed by	WHO, Department of Reproductive Health and Research in collaboration with Harvard University School of Public Health.
Objective	To assist countries to identify and address legal, policy and regulatory barriers to women's access to, and use of maternal and newborn health care services, by applying a human rights-based framework. Focuses both on the national and regional level.
Scope of tool	Tool to facilitate multi-stakeholder dialogue and decision-making process.
Analytical framework	The analytical framework is based on core international human rights treaties relating to women's health and to gender equality as well as on human rights principles. The obligation to respect, protect and fulfil the human rights of women is incorporated in the framework. These human rights standards and principles are linked with key health issues (e.g. maternal health, family planning, HIV and AIDS; Violence against women; abortion; adolescent reproductive health). There is an explicit reference to the prohibited grounds of discrimination in international human rights law. The tool requires the analysis of disaggregated data and the identification of particularly vulnerable groups of women. Capacity analysis includes the assessment of policy, legal and regulatory gaps and discrepancies as well as a brief assessment of implementation barriers.
Assessment process	To be organized by a national project team led by the Ministry of Health in cooperation with other stakeholders. Data is to be compiled and analysed by a research team. The process requires the engagement of a multi-stakeholder group for the identification of priority issues, the discussion of findings and the development of recommendations. Stakeholders involved include representatives of sector ministries, civil society organisations, human rights institutions, and development partners (UN and bilateral agencies).
Resources	In Indonesia the assessment lasted one year. The project team was composed of 14 members, the research team of 10 researchers. Research team (for Indonesia composed of 10 researchers), Project team (for Indonesia 14 members). In addition several meetings and workshops of the multi-stakeholder group were held.
Use of tool	The tool has been tested in three countries: Indonesia, Brazil and Mozambique. The draft tool is currently being finalized.

Sources: WHO / Harvard University School of Public Health (2006)

**Table 16: Health Rights of Women Assessment Instrument**

Developed by	The Dutch human rights organization “Aim for human rights” in cooperation with other non-governmental organisations in Africa, Asia and Latin America.
Objective	To assess the impact of policies on women’s health rights.
Scope of tool	Tool to facilitate advocacy work, primarily of NGO’s, to lobby for policies that have a positive impact on women’s health rights. Focus on the national level, but can be applied to some extent to the local level as well. Can be used both as ex-ante or ex-post assessment instrument.
Analytical framework	The analytical framework is based on international human rights law. Key human rights standards and principles, particularly the right to health, non-discrimination and gender equality and participation are translated into key guiding questions and applied to the assessed policy. There is an explicit reference to the prohibited grounds of discrimination, in international human rights law, including gender. The obligation to respect, protect and fulfil human rights is explicitly mentioned and incorporated into the guiding questions. Capacity analysis includes the assessment of Government’s financial and human resources to implement the policy as well as of social, political, religious and cultural factors limiting or expanding implementation capacity.
Assessment process	The assessment is to be organized and conducted by civil society organisations and institutions committed to promote women’s health rights. Key steps of the assessment process include the description of the policy; the analysis of Government’s human rights commitments, the analysis of Government’s capacity to implement the policy; the description of short and long-term effects on women’s health rights; the identification of state obligations relevant to the impact of the policy and the development of recommendations. The assessment is mainly based on secondary analysis of existing data (qualitative and quantitative).
Resources	A full analysis takes several months. Kind of expertise required not specified, but the tool should to be used by organisations with experience in gender and/or health.
Use of tool	To date 19 assessments were completed in Africa (Kenya, South Africa, Tanzania, Uganda and Zimbabwe), Asia (Bangladesh, Nepal, Pakistan), Europe (the Netherlands) and Latin America (Ecuador, Puerto Rico, Peru). Users consisted mainly of women’s, human rights or health organisations working at the national level. Participation of grass root organizations in the assessment process proved to be difficult. The tool has been also shared with numerous stakeholders both at national and international level and has served as a basis the development of other human rights impact assessment tools, such as the above mentioned “Assessment of the Right to Health and Health care at the Country Level” (table 11).

Sources: Aim for Human Rights (2008); Bakker, Saskia et al (2009); Information provided by Saskia Bakker

**Table 17: Positive Women Monitoring Change**

Developed by	The International Community of Women Living with HIV/AIDS with the support of Action Aid.
Objective	Assess barriers HIV positive women encounter in accessing their rights.
Scope of tool	Tool to facilitate advocacy work of organisations of HIV positive women and other actors working in the field of HIV/AIDS and committed to gender and human rights. Focus on the health service level.
Analytical framework	The analytical framework is based on a definition of sexual and reproductive rights adapted from the Programme of Action of the Cairo International Conference on Population and Development (1994) and the Beijing Platform of Action (1995). There is no explicit reference to the prohibited grounds of discrimination in international human rights law or to the obligations of the Government to respect, protect and fulfil human rights. Key guiding questions are applied to three key areas: Access to care, treatment and support; sexual and reproductive rights and violence against women. The tool consists of a set of questionnaires developed for positive women, service providers and government. Capacity analysis is addressed by questions related to awareness and knowledge of rights among HIV positive women and service providers, as well as to Government's resources to implement programmes improving sexual and reproductive health.
Assessment process	The assessment is to be organized and conducted by civil society organisations advocating for the rights of HIV positive women. It is mainly based on secondary analysis of existing data (qualitative and quantitative) and interviews with stakeholders.
Resources	The time frame not specified. The tool can be used in a flexible way, by selecting only specific sections. The kind of expertise required is not specified, but the tool should be used by NGOs with experience in gender and health.
Use of tool	The tool was developed in Swaziland and Lesotho. It was later applied and adapted to the country-specific context in several other African countries (Botswana, Mozambique, Namibia, Kenya, Tanzania, Swaziland, South Africa, Uganda) for monitoring and advocacy purposes.

Sources: ICW (2008); <http://www.icw.org/>

A similar but more general tool focusing on assessing the capacity of civil society organisations to address reproductive and sexual rights in their work was developed by the international NGO Ipas.<sup>19</sup>

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<sup>19</sup> See Ipas (2006)

## 4 Summary of Findings

### Scope

The reviewed tools range from generic approaches assessing the impacts of policies, strategies and programmes on the well-being of the population (PSIA, HIA) to very specific instruments analysing how health care at local service level affects the human rights of vulnerable groups (e.g. children, people with mental disabilities, women living with HIV).

Tools with a broad scope focusing on the health system usually assess long term impacts of policies on the health status of vulnerable groups and changes in the legal, policy and institutional framework at national level. Little attention is yet being paid to the implementation process itself, particularly at local level, and its mid term outcomes.

### Analytical framework

A major difference is the extent to which the conceptual framework of the reviewed tools is rooted in international human rights law and explicitly incorporates human rights standards (e.g. the right to the highest attainable standard of health) and principles (non-discrimination and equality; participation and inclusion; accountability) in the analysis.

Policy and health systems analysis tools are rarely based on an explicit human rights and gender equality framework. Yet, many tools assess the impact of policies and programmes on vulnerable groups. Participation, transparency and accountability are categories considered in many tools, without explicit reference to human rights standards and principles.

Tools rooted in international human rights law explicitly assess the extent to which national policies and strategies comply with Government's obligations to fulfil the right to a highest attainable standard of health. Many tools also incorporate in the analysis the obligation to respect and protect health-related human rights.

Most tools refer to gender as a social category to assess the differential impact of policies and programmes on women and men. Gender equality is a key aspect of tools assessing women's health and the realization of sexual and reproductive rights. However, most tools lack specific guidance on how to operationalise gender as a cross-cutting issue.

Capacity analysis is incorporated in most tools, although the focus is often on financial, human and technical resources and institutional structures.. Some tools also consider how policies and programmes contribute to raise the capacity of disadvantaged groups to participate in decision-making processes and hold service providers accountable. Yet, none of the reviewed tools systematically applies capacity factors as defined by the UN common approach to human rights-based programming (knowledge of rights, responsibility, leadership and motivation, authority, access to and control of resources and gaps in national human rights protection systems) to the analysis of health systems.

### Assessment process

Many tools follow a step-wise approach to generate evidence, formulate key questions to guide the user and propose several sources of information. Not all tools imply collecting primary data, but most tools usually draw information from both quantitative and qualitative sources. The use of indicators varies depending on the scope and type of approach (ex-ante assessment or monitoring tool). Many tools attach importance to disaggregation of data according to gender, age, socio-economic status or other categories, although most often without explicit reference to the prohibited grounds of discrimination in international human rights law.

Most tools following a step-wise approach also demand a participatory assessment process. The range of stakeholders involved depends of the scope of the tool. Tools focusing on the national level usually involve key decision-makers as well as civil society organisations. Not all tools explicitly foresee the involvement of human rights institutions or of women's groups. Tools focusing on the local level usually imply the participation of the community and of affected and vulnerable population groups.

### Resources

The time frame required to complete an assessment ranges from a few weeks to 18 months, depending on the scope of the tool, the amount of primary data collection and the number of stakeholders involved. Extensive quantitative surveys, often applied in the context of comprehensive poverty and social impact assessments require time, human and financial resources, as do intensive multi-stakeholder and participatory approaches.

Most tools require from the assessment team a mix of sector (e.g. public health) and evaluation expertise. Human rights-based tools usually demand an interdisciplinary team composition, including expertise in human rights, public health and gender.

### Use of tools

Some tools and approaches, such as HIAs or PSIAs, have already been widely applied in practice. However, particularly in the human rights field, more practical experiences and evaluative data on the strengths and weaknesses of "new" tools need to be gathered. Feedback from a number of authors and users of tools reviewed here confirm that guidance to the users on how to use the tools is essential, particularly if the assessment process is structured as to involve various stakeholders and affected groups.

### Conclusion

In the last decade major efforts have been invested by numerous actors to apply a human rights-based framework to the planning, implementation and monitoring & evaluation of national poverty reduction and/or health strategies. Human rights-based tools have benefited from experience made in poverty, social and health impact assessment. Vice versa bringing a human rights perspective into other assessment approaches does enhance their legitimacy and can greatly contribute to facilitate a dialogue between various stakeholders on the achievements of health strategies. Yet, systematic guidance on how to operationalise human rights standards and principles as well as gender equality to assess the implementation and impact of national health strategies is still needed. At the same time, sharing more experience on how existing tools are being applied and used in practice is crucial.

## **Annex 1: Mapping Criteria**

### **Objective of tool**

#### **Scope of tool**

- Broad analytical framework of specific tool
- Timing (Ex-ante, monitoring, ex-post assessment tool)
- Key issues addressed
- Level of analysis: macro (national policies); meso (regional or district, community, specific services); micro (local community, household, individual)

#### **Analytical framework**

- To which key analytical concepts does the tool refer to?
- Is the framework explicitly rooted in international human rights law? Does it explicitly refer to the obligations of State parties to respect, protect and fulfil human rights?
- Does it explicitly refer to human rights standards and principles, particularly to the substance of the right to the highest attainable standard of physical and mental health (art. 12, International Covenant on Economic, Social and Cultural Rights)?
- To which extent does it address gender equality?
- To which extent does it incorporate key human rights principles (non-discrimination/equality, accountability, participation/empowerment)?
- how are capacity issues addressed?
- to which extent does it incorporate capacity factors as defined by the UN common approach to human rights-based programming (knowledge of rights, responsibility, leadership and motivation, authority, access to and control of resources, gaps in national human rights protection systems)?
- Does it refer to the six building blocks of a health system?

#### **Assessment process**

- How is the assessment process structured? What are the main steps?
- How is data collected and analysed?
- Use of Indicators
- Is disaggregation of data required?
- Use of key questions and check-lists
- Range of methods proposed (qualitative methods, quantitative methods, method mix)
- Use of standardized matrices for summary or ranking purposes
- how is the assessment process structured?
- Does it foresee the participation of key stakeholders and duty-bearers?
- Does it foresee the participation of human rights institutions, civil society organisations and/or women's groups?
- Does it foresee the participation of the right-holders (men and women) and of affected groups and at the local community level?

#### **Resources**

- Time frame required
- Skills required
- Staff required

#### **Use of tool**

- Frequency of use
- Places of use
- Is evaluative data on the tool available?

## Annex 2: List of reviewed tools and literature

- AGHA/Action Group for Health, Human Rights and HIV/AIDS (2008): Monitoring toolkit for promoting transparency and accountability in the health sector: Civil society engagement in health budget monitoring.
- Aim for Human Rights (2008): Health Rights of Women Assessment Instrument.
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- CAFOD/Christian Aid/Trócaire: Monitoring Government Policies. A Toolkit for Civil Society Organisations in Africa.
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- Guacitúa-Marió, E., Norton, A., Georgia, S. (2009): Building Equality and Opportunity Through Social Guarantees. New Approaches to Public Policy and the Realization of Rights. The World Bank, Washington D.C.
- Habitat Health Impact Consulting (2009): Scan of Health Equity Impact Assessment tools. Report prepared for the Strategic Initiatives and Innovations Directorate, Public Health Agency of Canada by Marla Orenstein and Krista Rondeau.
- Hunt, P., MacNaughton G. (2006): Impact Assessments: Poverty and Human Rights: A Case Study Using the Right to the Highest Attainable Standard of Health. Submitted to UNESCO, 31 May 2006.
- IAIA (International Association for Impact Assessment) (2006): Health Impact Assessment – International Best Practice Principles. Special Publication Series No. 5.
- ICW/International Community of Women living with HIV/AIDS (2008): Positive Women Monitoring Change. A monitoring tool on access to care, treatment and support, sexual and reproductive health and rights and violence against women created by and for HIV positive women.
- IHP+ /International Health Partnership (2009): Joint Assessment of National Health Strategies and Plans. Combined Joint Assessment Tools and Guidelines. Draft, July 2009.

International Budget Project: Our Money, our responsibility. A Citizens' Guide to Monitoring Government Expenditures.

International Network of Health Promoting Hospitals & Health Services/Task Force on Health Promotion for Children and Adolescents in & by Hospitals (HPH-CA) (2009): Self-evaluation Model and Tool for the Respect of Children's Rights in Hospital.

IPAS (2006): Fulfilling Reproductive Rights for Women Affected by HIV/AIDS. A tool for monitoring progress toward three Millennium Development Goals.

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UHRC (Uganda Human Rights Commission): Toolkit for Data Collection and Monitoring the Enjoyment of the Right to Health.

UN: Common Training Package on a Human Rights-Based Approach

UN (2008): Report on Indicators for Promoting and Monitoring the Implementation of Human Rights. HRI/MC/2008/3\*, 6 June 2008.

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UNFPA (2004): Programme Manager's Planning, Monitoring and Evaluation Toolkit. Indicators for Reducing Maternal Mortality.

UNIFEM (2006): Budgeting for Women's Rights. Monitoring Government Budgets for Compliance with CEDAW.

WHO Regional Office for Europe / European Centre for Health Policy (1999): Health Impact Assessment. Main concepts and suggested approach. Gothenburg consensus paper.

WHO (2002): Gender Analysis in Health. A review of selected tools.

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World Bank (2007): Tools for Institutional, Political and Social Analysis of Policy Reform. A Source Book for Development Practitioners, Washington D.C.

World Bank (2008): Strategic Environmental Assessment for Policies. An Instrument for Good Governance.

### **Annex 3: List of consulted Websites**

Capacity org, web magazine

<http://www.capacity.org>

Centre for Economic, Social and Cultural Rights

<http://cesr.org/>

CIDA

<http://www.acdi-cida.gc.ca/index-e.htm>

Development Research Centre Citizenship, Participation and Accountability

<http://www.parcinfo.org/>

Equal in Rights (International NGO)

<http://www.equalinrights.org/home/>

Equinet: Regional Network on Equity and Health in Southern Africa

<http://www.equinet africa.org/>

Eldis Gateway to Development Information

<http://www.eldis.org/>

Global Development Network

[http://www.gdnet.org/cms.php?id=gdn\\_development\\_research](http://www.gdnet.org/cms.php?id=gdn_development_research)

Global Equity Gauge Alliance

<http://www.gega.org.za/>

Global Poverty Research Group

<http://www.gprg.org/>

GTZ, SKAT, Concepts & More

<http://www.methodfinder.net/>

Health Impact Assessment Gateway, UK national health service

<http://www.apho.org.uk/default.aspx?RID=40141>

Health and Environment Linkages Initiative \_ HELI

<http://www.who.int/heli/impacts/en/index.html>

Human Rights Impact Resource Centre

<http://www.humanrightsimpact.org/>

IMPACT – International Health Impact Assessment Consortium, WHO collaborating centre,  
Univ of Liverpool

<http://www.liv.ac.uk/ihia/index.htm>

Institute of Development Studies, UK

<http://www.ids.ac.uk/>

International Association for Impact Assessment

<http://www.iaia.org/modx/>

International Community of Women living with HIV/AIDS

<http://www.icw.org>

International Development Research Centre, Canada  
[http://www.idrc.ca/en/ev-1-201-1-DO\\_TOPIC.html](http://www.idrc.ca/en/ev-1-201-1-DO_TOPIC.html)

International Health Promoting Hospitals Network  
<http://www.who-cc.dk/>

International Initiative for Impact Evaluation  
<http://www.3ieimpact.org/index.php>

Networks of Networks on Impact Evaluation: World Bank, OECD/DAC, UN  
<http://www.worldbank.org/ieg/nonie/>

International NGO Training and Research Centre  
<http://www.intrac.org/>

Performance Assessment Resource Centre  
<http://www.parcinfo.org/>

OECD/DAC Evaluation of Development Programmes Department  
[http://www.oecd.org/department/0,3355,en\\_2649\\_34435\\_1\\_1\\_1\\_1\\_1,00.html](http://www.oecd.org/department/0,3355,en_2649_34435_1_1_1_1_1,00.html)

OECD/DAC Network on Poverty Reduction  
[http://www.oecd.org/department/0,3355,en\\_2649\\_34621\\_1\\_1\\_1\\_1\\_1,00.html](http://www.oecd.org/department/0,3355,en_2649_34621_1_1_1_1_1,00.html)

OHCHR  
[www.ohchr.org](http://www.ohchr.org)

Overseas Development Institute  
<http://www.odi.org.uk>

Q2: Combining qualitative and Quantitative Approaches in Poverty Analysis, Program supported by the International Development Research Centre, Canada  
<http://www.q-squared.ca/index.html>

Social Watch  
<http://www.socialwatch.org>

South African Regional Poverty Network  
<http://www.sarpn.org.za/index.php>

Strategic Environmental Assessment Information Service  
<http://www.sea-info.net/>

Transparency International  
<http://www.transparency.org>

Virtual Library Evaluation  
<http://www.policy-evaluation.org/>

UNDP  
<http://www.undp.org>

UNFPA  
<http://www.unfpa.org>

UNICEF  
[www.unicef.org](http://www.unicef.org)

UNIFEM  
[www.unifem.org](http://www.unifem.org)

UNIFEM on gender budgeting  
[http://www.unifem.org/gender\\_issues/women\\_poverty\\_economics/gender\\_budgets.php](http://www.unifem.org/gender_issues/women_poverty_economics/gender_budgets.php)

Women Watch  
<http://www.un.org/womenwatch/>

World Health Organization  
[www.who.int](http://www.who.int)