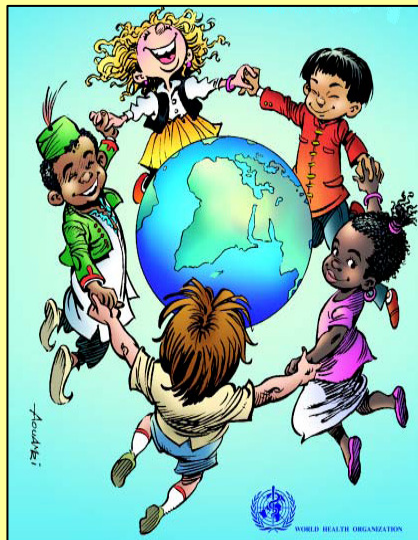


## Human Rights Day 2011



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This annual newsletter is issued by the Health and Human Rights team on International Human Rights day, 10 December, to give an overview of developments in Health and Human Rights of interest to WHO staff. This year the official celebration of International Human Rights Day focuses on the impact of social media platforms on the achievement of human rights. This subject is of direct relevance to recent world events, on which Dr Margaret Chan, Director-General of WHO, commented, "the face of the Middle East is changing. Populations have risen up to demand democratic reforms and respect for human rights, and this includes the right to health. These transformational events have been, at times, highly inspiring, at other times, deeply disquieting." (*Address to the Regional Committee for the Western Pacific, 62nd session, Manila, Philippines, 10 October 2011*). At a time of change for the organization, WHO is witnessing a renewed commitment to human rights. The WHO Programme of Reform, Organization Alignment 2011 asserts, "WHO is committed to human rights (...), as enshrined in the UN Charter and international treaties. These values must be reflected in all WHO's work across the three levels".

**"The world needs a global health guardian, a custodian of values, a protector and defender of health, including the right to health."**

*Dr Margaret Chan, Director-General of WHO, in her opening address at the Executive Board Special Session on WHO Reform, 1 November 2011*

## Trends and challenges in Health and Human Rights



**Litigation of the Right to Health** has become an increasingly visible trend within national court systems. Renowned speaker Professor **Alicia Ely Yamin** visited WHO/HQ to present her new book, "Litigating Health Rights: Can courts bring more equity to Health?". Drawing on experiences from Argentina, Brazil, Costa Rica, Colombia, India and South Africa, she discussed the

potential of litigation as a strategy to advance the right to health, the types of health care services and interventions that have been the subject of successful litigation, and the different remedies that have been ordered by courts.

As the topic of nutrition is gaining prominence in the context of the current attention to NCDs, WHO/HQ was honoured to host the **UN Special Rapporteur on the Right to Food, Olivier de Schutter**. He engaged with WHO colleagues working on surveillance and population-based prevention, nutrition, and food safety, resulting in a stimulating discussion that will feed into his upcoming report on nutrition and the right to food, which he will present at the UN Human Rights Council in March 2012. He also shared his recent findings on agro-ecology and access to land, the role of government regulation and private sector accountability, and how these link to the right to food.



### For more information:

World Health Organization  
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[humanrights@who.int](mailto:humanrights@who.int)  
[www.who.int/hhr](http://www.who.int/hhr)

## Human Rights Mainstreaming Mechanism

WHO recently signed a Memorandum of Understanding to engage in system-wide efforts to strengthen human rights mainstreaming at country level. This falls under the UN Development Group Human Rights Mainstreaming mechanism (UNDG-HRM), which reports to UN Development Group agencies on system-wide coherence, collaboration and support for Resident Coordinators and the UN country team on human rights mainstreaming.

The revised UNDG-HRM work plan 2011-2013 is available at: <http://tinyurl.com/cb4rxes>

A landmark event this year was the 25th anniversary of the **UN Declaration on the Right to Development**, where WHO joined other UN agencies in endorsing a statement, launched by the UN High Commissioner for Human Rights, Navi Pillay, at the Human Rights Council in September 2011.

The statement is available at: <http://tinyurl.com/dxksq8y>

## The right to health of older persons

Persons aged 60 and above constitute the fastest growing population group in the world. To explore challenges and opportunities of population ageing from a human rights perspective, WHO joined a panel discussion based on a study prepared by the UN Special Rapporteur on the right to health, Anand Grover (A/HRC/18/37), on the occasion of the 18th Session of the Human Rights Council. WHO called for a shift towards active and dignified ageing, placing greater focus on the continued participation of older persons in social, economic, cultural and civic life. WHO invited all relevant stakeholders to celebrate next year's **World Health Day on 7 April 2012**, on the theme of ageing and health.

[www.who.int/hhr/news](http://www.who.int/hhr/news)

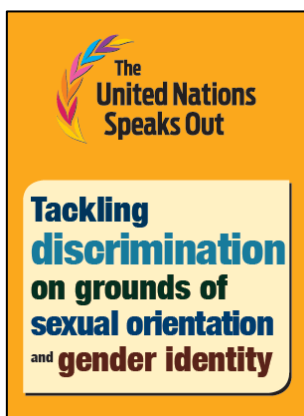
In New York, **an open-ended working group has been established by the UN General Assembly to consider the feasibility of further instruments and measures to address the human rights of older persons.** It met twice during 2011.

<http://social.un.org/ageing-working-group>



## Discrimination on grounds of sexual orientation and gender identity

To mark **International Day Against Homophobia** on 17 May 2011, WHO was pleased to contribute to a pamphlet with other UN agencies.



**"The World Health Organization removed homosexuality from the International Classification of Diseases on May 17th, 1990. This was an important step forward. Yet over two decades later, stigma and discrimination against homosexuality still exists, and can result in restricted access to health services and missed targets for health programmes"**

WHO Director-General Margaret Chan, 8 April 2011

Lesbian, gay, bisexual and transgender (LGBT) persons face obstacles in realizing their health and related rights. Against this background, WHO/HQ joined the launch of the report **"Discrimination on grounds of sexual orientation and gender identity in Europe"** at the Council of Europe on 23 June 2011.

For more information see: [www.who.int/hhr/news](http://www.who.int/hhr/news)

# Human rights-related resolutions in the World Health Assembly

The 64th World Health Assembly this year endorsed the **Global Health Sector Strategy on HIV/AIDS 2011-2015** (WHA64.14), which is designed to guide the health sector response to the HIV epidemic, outlining four strategic directions for action at the country level both for national actors and for WHO in its supporting capacity. One recognizes advancing human rights as a key element to "reduce vulnerability and remove structural barriers to accessing services". It notes that health and human rights are inextricably linked, and HIV responses need to ensure that human rights are protected and promoted. Abuse or neglect of human rights can directly affect HIV vulnerability, risk, transmission and impact, and therefore HIV/AIDS policies and programs in the health sector must promote human rights in all stages of design, implementation and monitoring as well as involve and empower individuals to exercise their human rights.

Two WHA resolutions this year were explicit in addressing the human rights implications:



**Drinking - Water, Sanitation and Health (WHA64.24)**, recalling last year's resolutions at the United Nations General Assembly and the Human Rights Council on the right to safe and clean drinking-water and sanitation, the World Health Assembly adopted a resolution requesting the Director-General to strengthen the "WHO's cooperation with the United Nations Special Rapporteur on the human right to safe drinking water and sanitation with a view to improving the realization of the human right to water and sanitation".

**Child injury and prevention, WHA 64.27** urges Member States to "respect, protect and fulfil the rights of children to the highest attainable standard of health and to take all appropriate legislative, administrative, social and educational measures to protect children from injury."

## Health-related resolutions in the UN Human Rights Council

Health issues continue to be increasingly framed as human rights challenges and as such gain prominence within the UN human rights context. The disposal of hazardous medical waste was addressed in relation to its impact on the right to health by the **UN Special Rapporteur on the adverse effects of the movement and dumping of toxic and dangerous products and wastes on the enjoyment of human rights**. In his report, the UN Special Rapporteur "encourages relevant international organizations, and in particular WHO, to continue to provide developing countries with technical assistance and support in the design and implementation of their regulatory and policy frameworks on health-care waste management." In this context, resolution A/HRC/18/L6 was adopted by consensus and "encourages the Special Rapporteur to carry out his mandate in close cooperation with (...) the World Health Organization (...), with a view to mainstreaming human rights into their work and avoiding duplication."

**Resolutions on preventable maternal morbidity and mortality and the right to health in the context of development and access to medicines**, were also adopted by consensus by the UN Human Rights Council. The latter emphasizes the role of WHO in addressing the impact of development programmes on the enjoyment of the right to health and access to medicines. Specifically, WHO can help to collect and share good practices and strengthen national capacities, and enable equitable access to good-quality, safe and efficacious medicines that are affordable for all. Further, reports by the **UN Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health addressed development, access to medicines, older persons and the criminalisation of sexual and reproductive health**.



resolutions: <http://tinyurl.com/bor8ox2>

reports: <http://tinyurl.com/cdvr6bs>

## News From Regional and Country Offices



### Regional Office for Western Pacific (WPRO)

Activities continue in the field of health in prisons, where TB and HIV/STIs are used as entry points. Work in this area includes the elaboration of a framework for assessment of health in prisons, incorporating a human rights-based approach. Following consultations on health in prisons with technical units and a prison visit in Mongolia to conduct a health assessment, more site visits are being planned in the Region. **WHO Cambodia** supported the Ministry of Health to review the Health Sector Strategy from a gender equality and human rights perspective, using the new tool presented on the last page of this newsletter.

## Regional Office for Africa (AFRO)

Following a workshop organized by the Togolese National Human Rights Commission in September 2011, to which **WHO Togo** contributed in collaboration with OHCHR, UNAIDS, UNICEF and UNDP, stakeholders discussed the right to health and analysed possible indicators that could help measure its progressive realization, and issued recommendations to support effective health policy implementation. In May 2011, **WHO Ghana** supported Anand Grover, the UN Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health, on his mission to the country. He met with government officials, civil society and other experts, focusing on issues such as maternal mortality, mental health, sexual and reproductive health rights, and issues related to adequate funding. He will present the report from his mission at the Human Rights Council in 2012.

**WHO Uganda** contributed to the UN country team's report for the Universal Periodic Review (UPR) by providing input on the right to health. Established in 2006 under the auspices of the Human Rights Council, the UPR is a state driven mechanism which aims to review the human rights records of all UN member states every four years, providing opportunities for the states to present on progress achieved, to exchange experiences and address any areas of concern. Recommendations for Uganda in 2011 included to seek international assistance to control Malaria, tuberculosis and HIV/AIDS, and to invest more resources in the health sector to address these conditions as well as maternal and reproductive care. For further information see: [www.ohchr.org/EN/HRBodies/UPR](http://www.ohchr.org/EN/HRBodies/UPR)

The office also provided input to the inclusion of human rights and gender modules in trainings for Hospital Boards, and of health and human rights education in Makerere University public health curricula. Finally, the WHO office in collaboration with OHCHR provided a technical expert opinion in relation to a maternal mortality case before the Constitutional Court in Uganda.

In the context of Zimbabwe's National Health Strategy, **WHO Zimbabwe** supported the review of the country's draft Public Health Act this year. Technical advice centred specifically on the legal and human rights considerations for health policy and public health outcomes. The objective of this project was to: elucidate the rights, responsibilities and duties of actors in public health; to review the Act with respect to the public health system; and the implementation and enforcement of the law. Central to this process was the inclusion of clear provisions on the right to health to guide public health policy and practice. The process involved extensive national stakeholder consultations, and resulted in a proposal for revision of the Public Health Act being submitted to the Ministry of Health and Child Welfare.

## Regional Office for the Eastern Mediterranean (EMRO)

The regional office organized a seminar (pictured) titled "the UN Convention on the Rights of Persons with Disabilities (UNCRPD): from Theory to Practice", where WHO advocated for the implementation of the UNCRPD at country level. The office further provided technical and financial support for Health and Human Rights activities in Afghanistan, Iraq, the occupied Palestinian territory (OPT) and Yemen. **WHO Afghanistan** helped to raise awareness about human rights among policy-makers in the Ministry of Public Health, encouraging inclusion of human rights principles in health policies and strategies. As a result, a national Health and Human Rights strategy was adopted, and further work is planned to support its implementation.



Dr Hala Sakr, WHO Department of Violence, Injuries and Disabilities, presenting on Disability in EMR



The **Health and Human Rights advocacy project in the OPT** is continuing with regular monitoring reports on the Right to Health. These include documenting the ability of patients to access health services, for example reporting on decisions and delays on permit requests, interrogations by the Israeli security services, arduous travel procedures to destinations and in the worst cases, patients being denied access completely. These restrictions have serious implications for health, having in extreme scenarios caused deaths where life-saving health services were not accessed in time.

<http://issuu.com/who-opt/docs>

## Pan American Health Organization (PAHO/AMRO)

On 8th December 2011, PAHO launched its new report "**The right to health of young people and gender identities: trends and targets for public health action**". PAHO also launched a **new facebook page** with updates on the upcoming celebration of the International Human Rights Day and other **relevant issues**: [www.facebook.com/PAHOHRDAY](http://www.facebook.com/PAHOHRDAY). In the context of the Mandate of the Inter-American Commission on Human Rights (IACHR), PAHO provided technical expertise to the Regional Report of the Rapporteurship of Persons Deprived of Liberty. Finally, PAHO participated in the Regional Conference on **Best Practices of Prison Management** in the Caribbean, which took place in Kingston, Jamaica on 2-3 December 2011.

## Regional Office for South-East Asia (SEARO)

The Regional Office for South-East Asia produced a study on the right to health in the constitutions of the 11 Member States of WHO South-East Asia Region. The study compiles all right-to-health provisions in the constitutions, and gives an overview of the status of the right to health in respective SEARO Member States.

[http://www.who.int/hhr/news/SEA-HHR\\_RtH\\_constitutions.pdf](http://www.who.int/hhr/news/SEA-HHR_RtH_constitutions.pdf)



## Regional Office for Europe (EURO)

As an outcome of the 60th session of the WHO Regional Committee for Europe, the office is working on the new European health policy, Health 2020. Efforts are under way to ensure that this is informed by the right to health. In the words of Dr Zsuzsanna Jakab, WHO Regional Director for Europe, "there is a new momentum in Europe. We share a determination to protect health as a human right that should inform all government policy."

<http://tinyurl.com/cgmlgub>

### Interview with Dr Michel Tailhades, WHO Representative in Uzbekistan

Human rights are central to the mandate of WHO. Operationalizing a Human Rights-Based Approach (HRBA) to health in countries, however, has been challenging. We spoke to the WR of Uzbekistan, Dr Michel Tailhades, who has been active in this area for the past 3 years.

#### In your view, what has been instrumental for taking this work forward in Uzbekistan?

The concept of "patients' rights" has provided the entry point to link, more broadly, to human rights. Uzbekistan has acceded to key international human rights treaties. Importantly, also, the right to health is enshrined in the Uzbek Constitution. So under the umbrella term "patient rights", we have been able to engage key partners such as the Ombudsman and the Minister for Health. Together, we reviewed how technical issues such as HIV, TB and women's health intersect with human rights and developed case studies. From there a series of capacity building workshops, targeting public health professionals, patients' rights organizations, the police and others, were conducted nationally and in the provinces. This led to meetings with Parliament, which is now ready to review national legislation to ensure that laws are consistent and aligned with "patients' rights."

#### What are the next steps envisioned?

I hope to have an agreement between the Minister of Health and the Ombudsman to establish a working group tasked with reviewing relevant legislation in relation to the right to health. This review could also feed into the development of a patient charter aimed at operationalizing health-related obligations and commitments of the government. We want a charter that empowers people by enshrining their rights, including the right to access care and to health information. This is already the norm in many other countries. Progress is slow at the institutional level, but we are positive about the cooperation with the Ombudsmen, the Ministry of Health and international partners, such as the French Embassy.



## New Report



### World Report on Disability

On June 9, 2011, Dr Margaret Chan, Director-General of WHO, launched the first World Report on disability at the United Nations in New York. The World Report offers a key tool for Member States to advance their implementation of the Convention on the Rights of Persons with Disabilities. The World Report has been welcomed by disabled people's organizations and other stakeholders, including the UN Special Rapporteur on Disability, Mr Shuaib Chalken. There are plans to launch the World Report in many different countries in the months ahead.

For more information, please visit: [www.who.int/disabilities/world\\_report](http://www.who.int/disabilities/world_report)

# Capacity Building

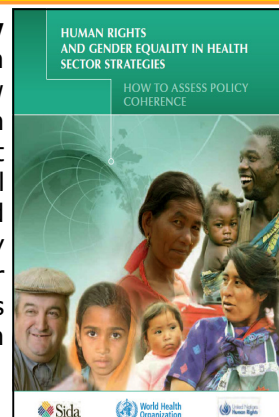
As in previous years, WHO/HQ conducted a series of trainings on Health and Human Rights throughout the year. In January, a training took place in the **Maldives** for representatives from the Ministry of Health and the National Human Rights Commission. A **workshop in Delhi for the Regional Office for South East Asia in February**, brought together WHO technical staff from Bangladesh, Sri Lanka, Thailand, Indonesia and Nepal. Objectives included to increase WHO staff knowledge of the UN human rights system, human rights principles, and to strengthen their capacity to integrate human rights-based approaches in WHO programmes. As a follow up, two tailored country trainings are being organized on health and human rights in **Bangladesh** and **Indonesia** next week. The trainings also include a tailored session to implement the new tool mentioned below. The **Regional Office for Africa** organized a workshop aimed at integrating gender, equity, human rights and family planning in health programmes. It was held in Mali at the end of June, and included representatives the Ministry of Health, the Ministry of Family/Social/Women's Affairs, and WHO country offices from Cape Verde, Guinea, Guinea-Bissau, Mauritania, Niger and the Democratic Republic of Congo. Further, collaboration continued with **academic institutions** such as the Universities of Heidelberg, and the Geneva Academy of International Humanitarian Law and Human Rights, where Health and Human Rights trainings were delivered by WHO/HQ. The **online training organized by GIZ and WHO** is also taking place again this year between November 2011–April 2012, with the aim of building understanding about the important synergy between health and human rights. Finally, a **training on mainstreaming cross-cutting issues, including human rights, took place in the Regional Office for Europe** in October 2011 with the support of WHO/HQ.



SEARO training participants

## New Tool

**HUMAN RIGHTS AND GENDER EQUALITY IN HEALTH SECTOR STRATEGIES - How to assess policy coherence** Discussions on aid-effectiveness at the high level forums in Paris, Accra and this year in Busan, are increasingly focusing on policy coherence. This new tool, developed by the World Health Organization (WHO), the Office of the High Commissioner for Human Rights (OHCHR) and the Swedish International Development Cooperation Agency (Sida), is designed to enhance coherence between: international obligations and commitments; national legal, policy and institutional frameworks; and health sector strategies with respect to human rights and gender equality. It does so by posing critical questions and providing practical guidance when reviewing an existing – or developing a new – national health sector strategy. It is intended for use by various actors involved in health planning and policy making, implementation or monitoring of health sector strategies. To date it has been piloted in Uganda, Zambia, Yemen and Cambodia.  
[www.who.int/hhr/news](http://www.who.int/hhr/news)



## People Coming and Going



**WHO West Bank and Gaza - Anita Vitullo Khoury** joined the office in June 2011 as Manager of the Advocacy Unit, working on promoting the Right to Health within WHO programs and with national and international humanitarian partners. She is experienced in journalism, human rights research and development programming with UN agencies, NGOs, academia and media in Palestine. She holds a graduate diploma in development from LSE, and is completing an MSc in Public Health from London School of Tropical Medicine and Hygiene.

**Kobe - Riikka Rantala** has left the Regional Office for South-East Asia, where she spent two years as a JPO for Health and Human Rights. In April 2011, Riikka started a new assignment as a Technical Officer for Urban Health Governance at the WHO Centre for Health Development in Kobe, Japan.



**WPRO - Debbie Gray** joined the Division for Health Sector Development in July 2011 as a Technical Officer on Health and Human Rights. Debbie completed a Masters degree in Development studies with specialization in Women, Gender, Development and a minor in Human Rights. She has formerly worked with independent research centers and international NGOs on four different continents.

**WHO/HQ - Britta Baer** joined the team at WHO Headquarters in February 2011 as a JPO from Germany. She has a background in international politics and holds a MSc in Political Economy from the London School of Economics. Before joining the team in Geneva, Britta worked on policy and programme management for different organizations in Brussels, New York and Nairobi, often with a focus on vulnerable groups and health.

