



INTERNATIONAL FEDERATION OF HEALTH AND HUMAN RIGHTS ORGANISATIONS

Training Session Plan

Health as a Human Right - The Basics



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Learning Objectives

- To become familiar with the scope and content of health as a human right
- To gain understanding of what the different elements of a human rights approach to health mean in practice

Target Group

Individuals with little knowledge about the right to health. Basic understanding of the human rights approach is assumed.

Duration

90 minutes

Materials

1. A4 paper in three colours
2. Eight sheets of flipchart paper
3. Markers
4. Masking tape or Blu-Tack

Training Aids

1. Background note – what do participants need to know about the right to health?
2. Overview cards

Handout

1. Right to Health Overview

Session Plan***Preparation***

Study the background note and if necessary read up on the different elements of the right to health using the resources indicated at the end of the background note.

Prepare 5 sheets of flipchart paper by writing the following headings on each sheet:

Sheet 1: Health as a Human Right

Sheet 2: Sources of the Right to Health (hang a second empty sheet underneath)

Sheet 3: Government Obligations (hang a second empty sheet underneath)

Sheet 4: Meaning of the Right to Health (hang a second empty sheet underneath)

Sheet 5: Cross-cutting Elements

Hang up the sheets where all participants will be able to see them.

Print the overview cards on coloured paper. Use one colour for the cards with the different elements of health as a human right and use another colour for the cards with examples (written in *italics*). Two cards will print on an A4 sheet; cut the pages in half to create A5 size cards. Also cut in half some empty A4 sheets of a third colour, enough to have one empty card for each participant.

Step 1 Introduction & Explanation (10 minutes)

Explain to participants that during this session they will be learning about the right to health by creating an overview on the prepared flipchart sheets using coloured cards with elements and examples of health as a human right written on them.

Divide the participants into pairs and spread all the prepared overview cards equally among the pairs. Make sure each pair has both elements and examples. Also provide each pair with two empty cards.

Tell the participants that you will create the overview on the flipchart sheets together with them by asking questions about different aspects of health as a human right. If they think they have a card with the correct element or example written on it they should hold it up in the air. Participants holding a card in the air will be asked to read it out, and if it is the correct card it will be pasted on the relevant flipchart. When nobody holds up a card keep asking questions and giving hints and extra information until someone holds up a card. Before accepting or rejecting a card ask the other participants whether they agree and/or understand that this card should be pasted at a certain point in the overview. If necessary, provide additional explanations. Participants are also allowed to write own ideas for elements/examples on the empty cards to be included in the overview. However, ask them to think carefully before holding up a card they have written themselves, because they have only two cards per pair, and the relevant cards may already be among the group.

Due to the nature of this session the duration of the consecutive steps is an estimate. Exactly how long each step should last depends on the knowledge of the participants, as this will determine the amount of questions and explanations that are necessary. The explanations that correspond with each part of the overview are therefore not fixed, and only a general outline is provided in the background note. However, remember that this session is meant as a general introduction to the right to health, so avoid going into too much detail.

Step 2 Flipchart Sheet # 1 – Health as a Human Right (10 minutes)

Ask the participants for the four important characteristics of human rights (cards 1-4).

Step 3 Flipchart Sheet # 2 – Sources of the Right to Health (10 minutes)

Begin with the additional explanation included in the background note. Write the first underlined subheadings on the flipchart sheet: International Human rights Treaties. Ask participants for the cards with the international treaties (5, 7, 8, 10, 11) and paste them underneath the heading. Then write the second underlined subheading on the flipchart sheet: Regional Human Rights Treaties, and ask for the cards with the regional treaties (13, 15 16). Continue by asking for examples of the right to health in these treaties and paste those next to the relevant treaty (cards 6, 9, 12, 14). A comparison can be made here between the right to health in the general treaties and the right to health in the specific treaties. Write the final underlined heading: National Constitutions on the flipchart sheet, and end with the example from the national constitution of Ecuador (card 17).

Step 4 Flipchart Sheet # 3 – Government Obligations (15 minutes)

Start with the additional explanation and then ask asking for the three types of obligations (cards: 18 respect, 20 protect, 22 fulfil). Then move on to the examples: cards 19 and 21 contain examples of violations, and card 23 is an example of a government measure.

Using the additional explanations make clear that the right to health is subject to progressive realisation and resource availability and ask for the corresponding cards (24, 25).

Step 5 Flipchart Sheet # 4 – Meaning of the Right to Health (20 minutes)

Begin with the additional explanation about the meaning of the right to health included in the background note. Next ask for a complete definition of the right to health (card 26). Then ask which types of services and goods are referred to in the definition; this is not only health care (card 27) but also the underlying determinants of health (card 28). Also ask for two examples of underlying determinants (cards 29 and 30). Participants can be asked for additional examples of underlying determinants. The underlying determinants of health also serve as a good example of the indivisibility of human rights so make a reference back to this principle (see card 4).

An overview has now been created of the general content of the right to health. Go into more detail by giving the additional explanation and then asking participants for the four standards that are applicable to health services, goods and facilities (cards: 31 availability, 33 accessibility, 39 acceptability, 42 quality). Next ask questions and if necessary give more information to get the correct examples for each standard. Participants can also be asked to come up with their own additional examples.

Step 6 *Flipchart Sheet # 5 – Cross-cutting Elements (20 minutes)*

This final flipchart will address three principles that are essential to a human rights-based approach: non-discrimination, participation and accountability. To illustrate that these principles also form an integral part of health as a human right reference should be made back to relevant elements and examples that have been included in the overview.

Start by writing the first principle (non-discrimination) on the flipchart sheet and ask for a definition (card 44). Next, walk through the complete overview together with the participants to identify where aspects of discrimination are present in the overview. These can be found on cards 2, 6, 9, 12, 14, 19, 32, 35, 36, 37, 38, 40, 41, and 43. Conclude by asking for a measure that governments need to take in order to be able to identify discrimination (card 45: collection of disaggregated health data).

Write the second principle (participation) on the flipchart sheet and ask for a definition (card 46). Also ask for examples of participation methods (card 47). Together with the participants go through the example violations on flipchart sheet # 4 and look at ways in which participation in decision-making could have changed the situation. Cards 38, 40, and 41 provide the clearest examples.

Write ‘accountability mechanisms’ on the flipchart sheet and ask for a definition (card 48). Continue with the additional explanation about the necessity of accountability mechanisms. Ask for two examples of international accountability mechanisms (cards 49 and 50) and provide a brief explanation of both using the additional information in the background note.

Step 7 *Conclusion (5 minutes)*

Participants now have a complete introductory overview of health as a human right hanging before them. Explain to participants that this overview provides the basic information on what they need to know about the right to health to be able to start thinking about what the right to health can mean for them in practice.

Training Aid 1 – Background Note

What do participants need to know about the right to health?

This background note contains the general outline for an introductory overview of the right to health that can be supplemented with information from the additional resources listed below. The numbers correspond with overview cards that will be pasted on different sheets of flipchart paper to create a complete overview. These cards contain elements and examples (in italics) of health as a human right. If necessary, examples can be changed or adjusted to better fit a specific region or target group. The 'additional explanations' serve to link the different parts of the overview together.

Flipchart Sheet # 1 – Health as a Human Right

Introduction: Health is a human right, this means it is:

1. Fundamental – to human survival, dignity and development
2. Universal – it applies to everyone everywhere
3. Inalienable – it cannot be taken away from a person
4. Indivisible – it is closely connected to other human rights

Flipchart Sheet # 2 – Sources of the Right to Health

Additional explanation: Another feature of human rights is that they are legally protected. The right to health can therefore be found in international human rights law, regional human rights law and national laws.

International Human Rights Treaties

5. Covenant on Economic, Social and Cultural Rights
6. *Article 12 (1) The States Parties to the present Covenant recognize the right of everyone to the enjoyment of the highest attainable standard of physical and mental health.*
7. Convention on the Elimination of all forms of Racial Discrimination
8. Convention on the Elimination of all forms of Discrimination Against Women
9. *Article 12 (1) States Parties shall take all appropriate measures to eliminate discrimination against women in the field of health care in order to ensure, on a basis of equality of men and women, access to health care services, including those related to family planning.*
10. Convention on the Rights of the Child
11. Convention on the Rights of Persons with Disabilities
12. *Article 25 States Parties recognize that persons with disabilities have the right to the enjoyment of the highest attainable standard of health without discrimination on the basis of disability. States Parties shall take all appropriate measures to ensure access for persons with disabilities to health services that are gender-sensitive, including health-related rehabilitation.*

Regional Human Rights Treaties

13. African Charter on Human and Peoples' Rights
14. *Article 16 (1) Every individual shall have the right to enjoy the best attainable state of physical and mental health. (2) States parties to the present Charter shall take the necessary measures to protect the health of their people and to ensure that they receive medical attention when they are sick.*
15. European Social Charter
16. Additional Protocol to the American Convention on Human Rights in the area of Economic, Social and Cultural Rights

National Constitutions

17. *Article 42 The State guarantees the right to health, its promotion and protection, through the development of food security, the provision of drinking water and basic sanitation, the promotion of a healthy family, work and community environment, and the possibility of permanent and uninterrupted access to health services, in conformity with the principles of equity, universality, solidarity, quality and efficiency.*
(Ecuador, 1998)

Flipchart Sheet # 3 – Government Obligations

Additional explanation: These legal human rights instruments that contain the right to health impose obligations on governments. As can be seen from the examples above the right to health is formulated very broadly. To get better insight into what governments should and shouldn't do to realize the right to health the obligations can be divided into three categories.

18. Respect – refrain from violating the right to health
 19. (Violation) *The government has enacted a law requiring women to have authorization from a male relative to be able to receive reproductive health services*
 20. Protect – prevent others from violating the right to health
 21. (Violation) *The government has not taken measures to prevent a large corporation from spraying pesticides which negatively affect the health of a local community*
 22. Fulfil – take measures necessary for the realization of the right to health
 23. (Measure) *The government has adopted a new national health policy for 2010 – 2015*

24. Progressive Realisation

Additional explanation: The recognition that it takes time to implement the right to health is contained in the principle of 'progressive realisation'. This principle requires that governments have to show constant progress and are making every possible effort to realize the right to health. It means that all countries should be doing better in two years time than they are doing today. There are however obligations that a government has to comply with immediately. These include the requirement to ensure freedom from discrimination, provide minimum essential levels of health care, food, housing, sanitation and essential drugs, as well as paying particular attention to protecting vulnerable groups.

25. Resource Availability

Additional explanation: The government obligations to implement the right to health takes into account the differences in resources between rich countries and poor countries. The right to health is subject to 'resource availability'. This means that what is expected from a developed country is of a higher standard than what is expected from a developing country. Developing countries also have a responsibility to seek international assistance and cooperation while developed countries have certain responsibilities to provide appropriate assistance and cooperation.

Flipchart Sheet # 4 – Meaning of the Right to Health

Additional explanation: The remainder of the overview will focus on the interpretation of the right to health in the Covenant on Economic, Social and Cultural Rights because it has the most comprehensive article on the right to health at the international level.

The right to health is not a right to be healthy, as good health is influenced by a number of factors that a government has no control over such as genetics or risky lifestyles. The right to health is therefore a right to the *highest attainable* standard of physical and mental health. In detail this means the right to health contains:

26. (Definition) Right to the enjoyment of a range of facilities, goods, services, and conditions necessary for the realization of the highest attainable standard of health
 27. Health care
 28. Underlying determinants of health
 29. *Potable water*
 30. *Safe working conditions*

Additional explanation: There are four essential standards that the right to health imposes on health services, goods and facilities. These are underlying criteria that a government must make progress on in order to realize the right to health. Together they are often referred to as 'triple A Q' (29, 32, 37, 40).

31. Available in sufficient quantity
32. (Trained medical personnel) *A rural hospital cannot accept any new patients because it is severely understaffed*
33. (Essential medicines) *An old man with diabetes is unable to obtain insulin because it has been out of stock at pharmacies for the last months*
34. Accessible to everyone
35. (Physically) *A mountain villager is unable to receive medical attention because the nearest health facility is too far away to reach by donkey*
36. (Financially) *A farmer cannot afford to have his children treated for tuberculosis*
37. (On the basis of non-discrimination) *A women is refused medical treatment for a serious wound because she has HIV*
38. (Health-related information) *Posters with written information on sexual and reproductive health have been hung up in health facilities throughout a country where a large part of the population is illiterate*
39. Acceptable
40. (Culturally) *People from an ethnic minority do not make use of their local hospital because the toilets are in the same building as the wards and this is incompatible with their culture*
41. (Medically) *Indigenous women have been sterilized without their consent during a family planning programme*
42. Good Quality
43. *Most of the medicines available in pharmacies in a slum area are expired*

Flipchart Sheet # 5 – Cross-cutting Elements

Additional explanation: Non-discrimination, participation and accountability are three principles that are central to a human rights approach. These principles inform and affect all aspects of health as a human right.

Non-discrimination

44. (Definition) People's chances of enjoying good health must not be disadvantaged because of their sex, race, colour, age, language, religion, disability, health status, sexual orientation, socio-economic or other status¹
- (Examples on cards: 2, 6, 9, 12, 14, 19, 32, 35, 36, 37, 38, 40, 41, and 43)
45. (Measure to identify discrimination) *To be able to identify disparities in the enjoyment of the right to health governments should collect disaggregated health data*

Participation

46. (Definition) The active involvement of people and groups in health-related decision-making that affects them
47. (Methods of participation) *To be able to identify the health needs of specific groups a government can for example, hold public forums, create local health committees, or conduct interviews*
- (Examples where participation could have changed the situation on cards: 38, 40, and 41)

Accountability Mechanisms

48. (Definition) National, regional and international procedures which require a government to show, explain and justify what it is doing to realize the right to health for all

¹ Definition adapted from: Helen Potts, *Accountability and the Right to the Highest Attainable Standard of Health*, University of Essex, 2008, p. 10

Additional explanation: Accountability mechanisms are necessary to monitor whether a government is doing what it is supposed to do to realize the right to health. At the national level there can be courts, human rights institutions and political procedures that assess the performance of the government in relation to the right to health. At the Regional level there are human rights courts and commissions. Because this overview focuses on the right to health under the International Covenant on Economic, Social and Cultural Rights a closer look will be taken at two accountability mechanisms at the international level.

49. Committee on Economic, Social and Cultural Rights

Additional explanation: Attached to each international human rights treaty is a Committee which has the task to monitor the implementation of the treaty. For the International Covenant on Economic, Social and Cultural Rights this is the Committee on Economic, Social and Cultural Rights. This Committee comes together several times each year to assess how the relevant treaty is being implemented in a certain country and to give recommendations for improvement. This is done by means of the reporting procedure, according to which governments have to submit periodic reports explaining the progress made and the obstacles encountered in implementing the treaty.

50. UN Special Rapporteur on the Right to the Highest Attainable Standard of Health

Additional explanation: The Special Rapporteur on the Right to Health is an individual appointed by the United Nations Human Rights Council to investigate, monitor, advise and report on the status of the right to health throughout the world. To carry out this work the Special Rapporteur submits an annual report to the Human Rights Council and the UN General Assembly, undertakes official country and other missions, and receives individual complaints of alleged violations of the right to health.

Additional Resources

OHCHR/WHO, *Fact Sheet No. 13 The Right to Health*

Online: www.who.int/hhr/activities/Right_to_Health_factsheet31.pdf

WHO, *25 Questions and Answers on Health and Human Rights*

Online: www.who.int/hhr/NEW37871OMSOK.pdf

Judith Asher, *The Right to Health: A Resource Manual for NGOs*, Commat, 2004

Online: shr.aaas.org/pubs/rt_health/rt_health_manual.pdf

Helen Potts, *Participation and the Right to the Highest Attainable Standard of Health*, University of Essex, 2008

www2.essex.ac.uk/human_rights_centre/rth/docs/Participation.pdf

Helen Potts, *Accountability and the Right to the Highest Attainable Standard of Health*, University of Essex, 2008

www2.essex.ac.uk/human_rights_centre/rth/docs/HRC_Accountability_Mar08.pdf

Fundamental
to human survival,
dignity and
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Universal

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everywhere

Inalienable

it cannot be taken
away from a person

Indivisible

it is closely connected
to other human rights

Covenant on
Economic, Social
and Cultural Rights

Convention on the
Elimination of all
forms of Racial
Discrimination

Convention on the
Elimination of all
forms of
Discrimination
Against Women

Convention on the Rights of the Child

Convention on the Rights of Persons with Disabilities

African Charter on Human and Peoples' Rights

European Social Charter

American Convention
on Human Rights in
the area of Economic,
Social and Cultural
Rights
(Additional Protocol)

Respect
refrain from violating
the right to health

Protect

prevent others from
violating the right to
health

Fulfil

take measures
necessary for the
realization of the right
to health

Progressive
Realisation

Resource
Availability

Underlying
determinants of
health

Available in
sufficient quantity

Accessible to
everyone

Acceptable

Good Quality

People's chances of enjoying good health must not be disadvantaged because of their sex, race, colour, age, language, religion, disability, health status, sexual orientation, socio-economic or other status

The active involvement of people and groups in health-related decision-making that affects them

National, regional and international procedures which require a government to show, explain and justify what it is doing to realize the right to health for all

Article 12 (1) The States Parties to the present Covenant recognize the right of everyone to the enjoyment of the highest attainable standard of physical and mental health.

Article 12 (1) States Parties shall take all appropriate measures to eliminate discrimination against women in the field of health care in order to ensure, on a basis of equality of men and women, access to health care services, including those related to family planning.

Article 25 States Parties recognize that persons with disabilities have the right to the enjoyment of the highest attainable standard of health without discrimination on the basis of disability. States Parties shall take all appropriate measures to ensure access for persons with disabilities to health services that are gender-sensitive, including health-related rehabilitation.

Article 16 (1) Every individual shall have the right to enjoy the best attainable state of physical and mental health. (2) States parties to the present Charter shall take the necessary measures to protect the health of their people and to ensure that they receive medical attention when they are sick.

Article 42 The State guarantees the right to health, its promotion and protection, through the development of food security, the provision of drinking water and basic sanitation, the promotion of a healthy family, work and community environment, and the possibility of permanent and uninterrupted access to health services, in conformity with the principles of equity, universality, solidarity, quality and efficiency.

The government has enacted a law requiring women to have authorization from a male relative to be able to receive reproductive health services

The government has not taken measures to prevent a large corporation from spraying pesticides which negatively affect the health of a local community

*The government has adopted a
new national health policy for
2010 - 2015*

Potable water

Safe working conditions

*A rural hospital cannot
accept any new patients
because it is severely
understaffed*

*An old man with diabetes
is unable to obtain insulin
because it has been out
of stock at pharmacies for
the last months*

*A mountain villager is
unable to receive medical
attention because the
nearest health facility is
too far away to reach by
donkey*

*A farmer cannot afford to
have his children treated
for tuberculosis*

*A women is refused
medical treatment for a
serious wound because
she has HIV*

Posters with written information on sexual and reproductive health have been hung up in health facilities throughout a country where a large part of the population is illiterate

People from an ethnic minority do not make use of their local hospital because the toilets are in the same building as the wards and this is incompatible with their culture

*Indigenous women have
been sterilized without
their consent during a
family planning
programme*

*Most of the medicines
available in pharmacies in
a slum area are expired*

*To be able to identify
disparities in the
enjoyment of the right to
health governments
should collect
disaggregated health
data*

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*Committee on Economic,
Social and Cultural Rights*

*UN Special Rapporteur
on the Right to the
Highest Attainable
Standard of Health*

Handout – Right to Health Overview

