SEA-HHR-03
Distribution: General

Health and human rights capacity-building for staff from the WHO Country Office, Ministry of Health, National Human Rights Institution, and UN partners in Indonesia

Report of the training workshop
Bapelkes, Cilandak, Jakarta Selatan, Indonesia, 15–16 December 2011

World Health Organization
Regional Office for South-East Asia

Printed in India

Contents

1. Training background and aims

Over the past decade, important progress has been made in many agencies and areas of work across the United Nations (UN) system, from integration of human rights into policies and guidelines to strengthening the capacity of UN country teams. All agencies and organizations under the UN system, while each having its own unique mandate and focus, are governed and guided by a commitment to common values including human rights and gender equality as enshrined in the Charter and international conventions. The WHO Constitution was the first international instrument to enshrine the enjoyment of the highest attainable standard of health as a fundamental right of every human being ("the right to health"). It is crucial that all staff, including staff in WHO headquarters, regions and countries, are trained in human rights if WHO is to uphold human rights as part of its core values and adhere to international law.

Despite ongoing efforts to strengthen the capacity of WHO and its Member States to apply a human rights-based approach (HRBA) to health, integrating a HRBA into daily technical work remains a challenge for many. To increase the understanding of a human rights-based approach and particularly the sensitivities related to work in this area, the WHO Regional Office for South-East Asia (SEARO) organized a first regional training workshop on health and human rights for SEARO technical staff and country office staff in February 2011.[1] A major recommendation from this first regional training course was to roll-out further health and human rights workshops at the country level, in order to allow for more tailored country-level capacity building on health and human rights.

As a follow-up to these recommendations, two country training courses on health and human rights were organized in mid-December 2011 in Indonesia and in Bangladesh in collaboration between the relevant country offices, SEARO and WHO headquarters. The second of these training took place in Bapelkes, Cilandak, Jakarta Selatan, Indonesia, from 15 to 16 December 2011 with the following objectives:

(1) create awareness about health and human rights;

(2) enhance the understanding of WHO staff in Indonesia and other partners of the right to health in international law and international development processes;

(3) advocate for health-related human rights in Indonesia;

(4) strengthen the capacity of WHO staff and partners to integrate a human rights-based approach to health programmes and projects in Indonesia;

(5) create linkages between actors working on health and human rights in Indonesia including WHO, the Ministry of Health and other partners.

The training course was facilitated by Ms Helena Nygren-Krug, Health and Human Rights Adviser, WHO HQ; Dr Salma Burton, Regional Adviser, and Health and Human Rights focal point, WHO SEARO; Ms Britta Baer, Technical Officer, WHO HQ; and Ms Triningtyasasih, Focal point for Gender and Human Rights, WHO Indonesia. The training workshop was attended by

[1] http://www.searo.who.int/LinkFiles/Health_and_Human_Rights_-_HHR_2-3Feb2011Meeting_Report.pdf

approximately 30 participants, including staff from the WHO Country Office for Indonesia, the Ministry of Health, the National Human Rights Institution (Komnas HAM) and UN partners.[2]

2. Training questions and discussions

On 15 December 2011, the Health and Human Rights Country Training Workshop in Jakarta was opened with a special commemoration for Human Rights Day (which takes place on 10 December every year). Participants watched the official video message for Human Rights Day 2011 by the UN High Commissioner for Human Rights, Dr Navi Pillay,[3] and listed to statements on behalf of the UN Resident Coordinator for Indonesia (read by Nancy Fee, UNAIDS) and by the WHO Representative (WR) to Indonesia Dr Khanchit Limpakarnjanarat. In his opening statement, the WR expressed his appreciation for this training initiative, in particular in the context of the current reform at WHO which has underlined the importance of and linkages between gender, equity and human rights in the work of WHO. The commemoration ended with lightening a candle, a symbolic gesture used for a series of human rights-related events by the United Nations Country Team in Indonesia to mark Human Rights Day 2011.

The training workshop began with a round of introductions, during which participants highlighted some of their expectations for the two days of training. Participants argued that human rights issues sometimes appear to be too abstract to many health practitioners. The training was expected to better inform and sensitize participants for health and human rights- related issues, providing more practical guidance on how to deal with human rights in their daily work. Participants were then asked to work in groups on an “icebreakes" exercise, in which participants shared personal experiences on their human rights being promoted or violated. Groups discussed, for example, the case of physicians being arrested in times of political conflict, lack of access to reproductive health services for unmarried persons, discrimination of people living with HIV, a hospital denying treatment to a patient with leprosy, children being hindered from going to school because their parent is living with HIV, and a baby being refused treatment in a hospital because the parents cannot afford to pay the registration fee. The groups then linked these personal stories to specific articles and rights in the Universal Declaration of Human Rights.

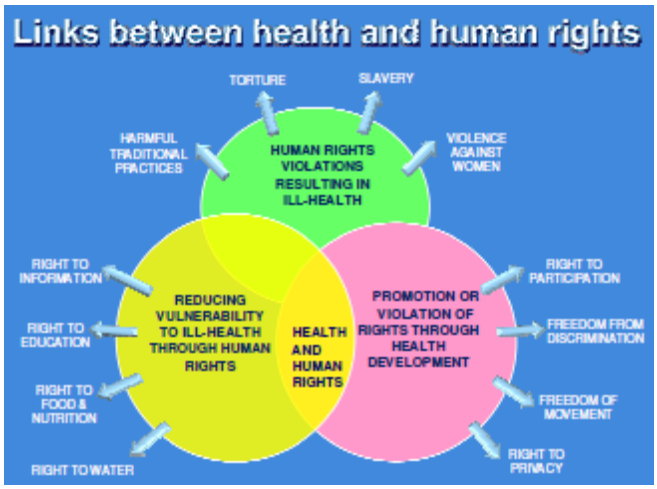
Presentations included modules on the UN human rights system and the right to health, commitments and obligations of Indonesia under international human rights law, relevant national law and legislation. The participants also learnt about UN human rights mechanisms and how to access online human rights documentation such as reports of UN human rights treaty bodies and the UN Special Rapporteurs.[4] Facilitators also highlighted recent recommendations of the Committee on the Rights of the Child (CRC) and the Committee on the Elimination of All Forms of Discrimination Against Women (CEDAW), which included several concrete recommendations for human rights in the context of health. It was recommended that participants use information coming out of the UN human rights mechanisms to inform and guide their work. Moreover, numerous opportunities for WHO (for example as part of the UN Country Team), the Ministry of Health and the National Human Rights Commission to feed into the work of UN human rights mechanisms were explored.

The national context including the constitutional provision of Indonesia in relation to the right to health and other health-related human rights was explored thanks to the work of a consultant who had developed a research paper prior to the workshop. This also included

[2] Please see the full list of participants in the annex for more information.
[3] http://www.ohchr.org/EN/NewsEvents/Day2011/Pages/Videos.aspx
[4] http://www.ohchr.org/EN/countries/AsiaRegion/Pages/IDIndex.aspx

relevant national legislation as well as policies. Participants discussed the coherence and lack thereof between the national legal and policy framework and the international instruments that Indonesia has ratified.

Participants were then introduced in more detail to the right to health, its key elements of availability, accessibility, acceptability and quality (AAAQ), its core content, as well as the concept of progressive realization. A WHO video of "Health – my right" was shown to summarize key ideas.[5] Participants discussed linkages between health and human rights, as well as the principles of nondiscrimination and equality in human rights law and how they relate to health and the work of WHO.



Finally, facilitators introduced the Syracusa principles, which specify clearly defined circumstances under international human rights law that allow for certain human rights to be restricted at certain times. Protecting public health is identified as a possible ground for limited certain human rights (e.g. the freedom of movement), if all criteria provided by the Syracuse principles are met. Participants also discussed what this implies for the human rights situation in Indonesia, and specifically work around emergencies and risk management.

A "Powerwalk" then took place: during this exercise, every participant was given a character to play, for example "Minister of Health", "leader of a youth group" or "indigenous woman, lost home in conflict". Participants are then asked to line up and take steps forward when a certain statement applies to them, for example "I don't feel discriminated when I go to the doctor" and "I have access to clean and safe water". At the end of the exercise, some participants/characters had raced on far ahead of others, while others had hardly moved forward at all. A third group was found somewhere in the middle between the other groups. The exercise allowed participants to consider the roles and responsibilities of different groups in society, highlighting inequalities in the population, not only in relation to access to health care but also the underlying determinants of health, such as water, housing and food.

The last presentation of the day then focused on gender: Ms Triningtyasasih facilitated the discussion unpacking gender norms, roles and relation, the difference between sex and gender and the role of gender and gender inequality as a determinant of health.

The second day began with a small recap of key lessons and principles on health and human rights. Discussions then focused on the "UN Common Understanding of a human rights-based approach to development cooperation", which was adopted by the UNDG reference

[5] http://www.who.int/hhr/activities/videos/en

group in 2003.[6] Participants learnt key principles and practical steps of an HRBA, and heard tips of how to practically apply it to health programmes. They were then asked to work on a case-study on maternal mortality (known as "Sujatmi's case"), applying an HRBA in practice. In groups, participants discussed:

- **Question 1: Causal analysis** – what rights has Sujatmi been deprived of, and what are the immediate, underlying and root causes for the nonrealization of Sujatmi's rights?
- **Question 2: Role/obligation analysis –** who are the rights-holders and duty-bearers and what are their obligations?
- **Question 3: Capacity gap analysis –** what are the capacities for rights-holders to claim their rights and for duty-bearers to carry out their duties?
- **Question 4: Strategic interventions –** how can we close the capacity gaps of both rights-holders and duty-bearers?

In the discussion, groups highlighted the need to unpack broad terms such as "poverty" and "development" and consider all (root) causes in an effort to address the underlying determinants of this case. Another group stated the importance of working across sectors, going beyond health services, to involve for example the education sector to raise awareness of human rights. Participants underlined the need to involve communities in any intervention, including local actors, traditional and cultural leaders. Participants also considered to what extent the international community had obligations in this case, as well as how the UN human rights mechanisms can best help to promote, protect and fulfil the rights of Sujatmi. Finally, they questioned what the role of the different UN agencies could be in this regard, such as WHO in Indonesia.

Participants were also trained in the use of the new tool on "Human Rights and Gender Equality in Health Sector Strategies: How to assess policy coherence".[7] This tool, developed in collaboration between WHO, the Office of the High Commissioner for Human Rights (OHCHR) and the Swedish International Development Cooperation Agency (Sida) is designed to support countries to strengthen national health strategies by applying human rights and gender equality commitments and obligations. 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 hoped that the tool will support WHO's work in countries such as Indonesia by operationalizing an HRBA and gender mainstreaming through their practical application.

A final presentation by a representative of Indonesia's National Human Rights Commission (Komnas HAM) allowed participants to explore the mandate and activities of this national body. Established in 1993, Komnas HAM is tasked with carrying out research and study, education and information, monitoring and mediation of human rights in Indonesia.

The training concluded with the award of training certificates to participants and recommendations to ensure follow-up. In her closing remarks, Dr Salma Burton, WHO-SEARO, thanked participants for their willingness to engage and share experiences over the course of the training and encouraged all to take the work on gender, equity and human rights forwards in their specific technical area. She also highlighted the changes happening at Regional level, including the recent set-up of a task force on gender, equity and human rights in an effort to address and strengthen these issues jointly across the Region.

[6] http://www.undg.org/index.cfm?P=221
[7] http://whqlibdoc.who.int/publications/2011/9789241564083_eng.pdf

3. Conclusions and recommendations

The training was highly participatory, with emphasis placed on practical guidance on how to apply a human rights-based approach and to integrate human rights into the work of different teams at WHO, the Ministry of Health and other heath actors. The evaluation demonstrated a substantial improvement in knowledge and awareness on human rights. Feedback from participants in Jakarta was positive, and there was strong demand for further capacity-building expressed. Among the feedback received, there was a general consensus that the training had been beneficial. Many participants planned to share and expand the skills that they had acquired during the training and apply them to their daily work. Participants also noted that further training would be useful to build on and enhance knowledge. There was strong consensus that such training was highly relevant and necessary as information on human rights, and especially practical guidance on how to apply it, remained limited.

In conclusion, the training in Indonesia underlined the importance of such capacity-building initiatives on health and human rights. Participants highlighted the need to allow for regular exchanges between WHO staff, UN agencies, officials from the Ministry of Health and the National Human Rights Commission and other partners on health and human rights issues, and to expand group as necessary to involve diverse stakeholders active on health and human rights in Indonesia. WHO has an important role to play as a convener of such exchanges of learning in the country.

Further, this training should be seen as one in a series of capacity-building initiatives on health and human rights. Follow-up training courses to deepen knowledge and expand target groups should be considered. Training of trainers in the country (or Region) could also be beneficial to ensure the sustainability of such capacity-building and allow for snow-balling of learning.

Finally, all training materials and case-studies will be made available online. Participants are invited to review the draft consultant's report on "Targeted background research on health and human rights in Indonesia" and send comments, corrections and additions to the facilitators.

Annex 1

Agenda

(1) Opening & Introductions

(2) Share personal experiences with human rights and address related myths and realities

(3) Increase knowledge of the UN human rights system, health-related human rights commitments and obligations of Indonesia in relation to human rights and gender equality

(4) Increase knowledge of national instruments enshrining health-related human rights

(5) Increase awareness of “Basics on Health and Human Rights” and advocate for the right to health

(6) Increase awareness of gender norms, roles and linkages to health

(7) Enhance understanding of participants on how to apply the new tool on " Human Rights and Gender Equality in Health Sector Strategies: How to assess policy coherence"

(8) Strengthen the capacity of participants to integrate a human rights-based approach (HRBA) into health programming in Indonesia

(9) Conclusions

Annex 2

List of participants

Ministry of Health, Republic of Indonesia

Inti Mujiati
Dewi Kartini Sari
Indri Yogyaswari
Galih Putri
Okta Iskandaria
Indah Karyani
Euis Sunarsih
Jeanne Uktolseja
Fristika Mildya
Trijoko Puspito

Komnas HAM/NHRI

Lounkar Alfan Cahasta

The Joint United Nations Programme on HIV and AIDS (UNAIDS)

Rebeka Sultana
Nancy Fee

WHO Country Office for Indonesia

Martin Weber
Rustini Floranita
Tini Setiawan
Benyamin Sihombing
Dinar Pandansari
Indah Deviyanti
Priskila Noviane
Hernani Djarir
Budi Yunanto
Eijiro Murokashi
Beatrice Iswari
Slamet Hidayat
Fina Tams
Triningtyasasih
Khanchit Limpakarnjanarat
Stephan Jost

WHO Regional Office for South-East Asia

Salma Burton

WHO headquarters

Britta Baer
Helena Nygren Krug