SEA-HHR-04
Distribution: General

Health and human rights capacity-building for WHO Country Office staff

Report of the training workshop
Dhaka, Bangladesh, 12–13 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 the 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 (WHO-SEARO) organized a first regional training workshop on health and human rights for WHO-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, 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, WHO-SEARO and WHO headquarters (WHO-HQ). The first of these training courses took place in Dhaka, from 12 to 13 December 2011 with the following objectives:

(1) to create awareness about health and human rights among Country office staff;

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

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

(4) to strengthen the capacity of staff to integrate a human rights-based approach to health programmes and projects in Bangladesh.

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 Anna Häggblom, Programme Analyst, WHO Bangladesh. The training workshop was attended by approximately 25 WHO staff members from the WHO Country Office Bangladesh.[2]

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

[2] Please see the full list of participants in the annex for more information.

2. Training questions and discussions

The training workshop was opened on 12 December 2011 by Dr Arun Thapa, Acting WHO Representative (WR) to Bangladesh. In his opening remarks, the WR welcomed participants and facilitators and thanked the Regional Office and HQ for their support. He stressed his commitment to and the importance of gender and human rights for the activities of WHO in Bangladesh and expressed hopes that the training would motivate and equip staff to incorporate human rights, gender and equity into their daily work. Dr Salma Burton, Regional Adviser, and Health and Human Rights focal point, WHO-SEARO, added that human rights, gender and equity have also been high on the agenda in the context of the WHO reform. Given their many linkages, the three issues were to be bundled and addressed jointly in future. To that effect, WHO-SEARO had set up a regional committee on Gender, Equity and Human Rights (GER) and was fully committed to strengthen work in these areas across technical fields. This country-level training for WHO staff was an important step in this regard.

The training workshop started with a small "icebreaks" exercise, in which group of participants discussed their personal experiences with human rights and then related these stories to specific articles in the Universal Declaration on Human Rights (UDHR) before sharing key findings back with the full group.

Human rights may be enshrined at different levels of governance, including for example in international, regional and national law. To start, Ms Christabel Randolph, a consultant hired to complete targeted background research on Bangladesh presented some of her findings at the national level. The Constitution of the People's Republic of Bangladesh states that "fundamental human rights and freedoms and respect for the dignity and worth of the human person shall be guaranteed." The right to health is not expressly recognized, but the Constitution does identify the provision of basic necessities of life by the state as one of the fundamental principles of state policy, including inter alia medical care (Art. 15, 18). Moreover, the constitution guarantees the right to life and liberty (Art. 32) as well as strong provisions on equality and non-discrimination, which is frequently and invariably resorted to in invoking the jurisdiction of the higher judiciary for the enforcement of public law duties. In addition a brief overview on health-related legislation, participants discussed issues of legislative overlap (for example between the Disability Welfare Act 2001 and the Lunacy Act 1912) as well as absence of legislation on core issues such as gender-based discrimination, maternal mortality or child health. Finally, the group considered recent case law in Bangladesh that related to the right to health, for example a case on the health hazards posed by tobacco consumption, which aptly built on the right to life guaranteed in the national Constitution, WHO instruments, as well as norms of international law contained in the United Nations Charter. The targeted background research had been guided on two of the assessment levels of the new tool on "Human Rights and Gender Equality in Health Sector Strategies: How to assess policy coherence".[3] It was decided to share the draft report with participants of the training for further review and comments.

Participants were then introduced 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 using maximum available resources. A WHO video, "Health – my right" was shown to summarize key ideas.[4]

[3] http://whqlibdoc.who.int/publications/2011/9789241564083_eng.pdf
[4] http://www.who.int/hhr/activities/videos/en

The training continued with key myths and realities related to human rights.

Clarifying some misconceptions

Myth	Reality
"Human righs are not universal, they change with every different culture, religion, history."	Human rights are the most basis entitlements found in every civilization. All states have agreed upon them through the UN.
"Human rights puts us all in the same cultural box and makes us reject our own traditions."	Human rights celebrate and protect differences and cultural diversity. Few cultural practices violate rights.

Participants were then introduced to basic international human rights law, including core international human rights treaties and the UN human rights mechanisms. Participants also learnt how to access online human rights documentation such as recommendations of the UN human rights treaty bodies and reports of the UN Special Rapporteurs via the Office of the UN High Commissions for Human Rights (OHCHR) country web site.[5] They, for example, reviewed and discussed recent reports by the Committee on the Rights of the Child (CRC) and the Committee on the Elimination of All Kinds of Discrimination Against Women (CEDAW), and discussed how the findings relate to the work by the WHO office. The human rights record of Bangladesh was also reviewed in 2009 under the Universal Periodic Review (UPR), a state-driven mechanism under the auspices of the Human Rights Council. During Bangladesh's UPR, progress in the field of health was noted by several states during the interactive debates. One of the recommendations accepted by Bangladesh stresses the need to improve the health situation, especially maternal and reproductive health, and provide health care to all without discrimination. WHO staff were encourage to use these reports and recommendation from various UN human right mechanisms to inform and guide their work in the context of programming at the country level.

Participants were also asked to engage in a "Powerwalk" on the rooftop of the training venue. This is an exercise during which each participant is given a character to play, for example "army general" or "Woman living with HIV". Participants are then asked to line up and take steps forward when a certain statement applies to them, for example "I have access to quality medicines at affordable prices". At the end of the exercise, participants found themselves at opposite ends of the rooftop, some characters had moved forwards rapidly, while others had been left behind. Participants discussed the concepts of nondiscrimination and equality in human rights law and how they relate to health and the work of WHO.

The last presentations of the day focused on the UN common understanding of an HRBA, including key principles of HRBA, and how to take practical steps to apply it to health programmes. 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".[6] This tool, developed in collaboration between WHO, 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 go a long way in

[5] http://www.ohchr.org/EN/countries/AsiaRegion/Pages/BDIndex.aspx
[6] http://whqlibdoc.who.int/publications/2011/9789241564083_eng.pdf

supporting WHO's work in countries such as Bangladesh by operationalizing a HRBA and gender mainstreaming through their practical application.

The second day began with group work on the case-study "Nilufer" on maternal mortality, which allowed participants to apply practically the lessons learnt the previous day. In groups, participants applies a HRBA to the case of Nilufer, including:

- **Question 1: Causal analysis** – what rights has Nilufer been deprived of, and what are the immediate, underlying and root causes for the nonrealization of Nilufer'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 dutybearers to carry out their duties?

Participants were then asked to propose strategic interventions to close the capacity gaps of both rights-holders and duty-bearers. In the discussion, participants highlighted legal, policy, structural and process-related barriers and opportunities. While financial resources were key for the success of strategic interventions, it was also crucial to look at wider factors such as political will and authority, motivation as well as information and education of all actors concerned. Participants noted that it was important to take into account and involve local actors, national government and the international community. The discussion also addressed how the case-study related to the health situation in Bangladesh and how HRBA could inform and guide the work of WHO in future. The case-study was complemented by another presentation by Ms. Christabel Randolph on additional findings related to the national health sector policy of Bangladesh. As part of the targeted background research that she had undertaken on Bangladesh, she had also analysed to what extent human rights and gender equality has been incorporated into the national health sector policy. Participants provided detailed feedback on her findings, based on their knowledge of the Bangladesh health system. It was also decided that a revised version of the consultant's draft report will be shared with all participants for comments.

Throughout the training, participants engaged actively, shared their experiences and highlighted challenges such as the rights of adolescents, child and forced marriage, women's rights, and community participation. The training workshop concluded with a closing ceremony with the WR and the award of certificates to all participants.

3. Conclusions and recommendations

In conclusion, feedback on the workshops from the participants in Dhaka was positive, and there was strong demand for further capacity building expressed. The post-training average of knowledge was 76% in Bangladesh which demonstrated a high level of knowledge on completion of the training. Complementing this high average there was a general consensus that participant's confidence had increased during the training and that they would be able to share these skills with other colleagues and apply them in every day work. General feedback demonstrated that the training had provided an increased level of understanding and awareness of human rights issues. A vast majority of the participants expressed the opinion that further training and more frequent training would be beneficial in cementing a link between human rights and health, particularly if it involved other stakeholders and more staff.

Recommendations were made as follows:

- To expand the target group of health and human rights trainings to reach out to counterparts in the Government (especially in the Ministry of Health of Bangladesh, but also at regional, district and community level).
- To expand and enhance training material to address local needs, with a focus on deepening knowledge on how to practically integrate an HRBA into programming.
- 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.
- To collect good practice examples from countries in the Region showcasing how to effectively integrate an HRBA into WHO programmes and projects.
- To make training materials and case-studies available online and share the draft consultant's report "Targeted background research on health and human rights in Bangladesh" with participants for comments and review.

Annex 1

Agenda

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

(7) Strengthen the capacity of WHO staff to integrate a human rights-based approach (HRBA) into health programming in Bangladesh

(8) Conclusions

Annex 2

List of participants

WHO country Office for Bangladesh

Dr Mostafa Zaman, NCD & Tobacco, Injury
Dr Mahfuz Huq, Tobacco control
Dr Mannan Bangali, VBD
Dr Kamar Rezwan, TB Control
Dr Sabera Sultana, TB
Dr Kazi Akram, CD
Dr Ranjit Kumar Dey, Planning
Dr Kamruzzaman Biswas, Surveillance & Epid
Dr Selina, IVD
Dr Badiuzzaman M&E, Planning
Ms Monica Fong, NUR
Dr Khaled Hassan, HRH
Dr Rabeya Khatoon, CAH
Dr Long Chhun, RH
Dr Jyoti Reddi, MR
Dr Tekendra Karki, CAH
Mr Mahfuz Rahman, Media Officer
Mr Jahangir Kabir, Assistant IVD
Mr Selim, Assistant, PER
Ms Latifa Hamid, FEL
Mr Salam Khan, DSF Coordinator
Mr S. G. Mahmood, WSH (environment)

WHO Regional Office for South-East Asia

Salma Burton

WHO headquarters

Britta Baer
Helena Nygren Krug