



WHO Iraq

Health and Human Rights Training Workshop Report

16 -19 November 2009



Amman, Jordan

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I. Introduction/Background and Rationale

The “enjoyment of the highest attainable standard of health as a fundamental right of every human being” was first enshrined in the WHO Constitution, and was reaffirmed in the Alma Ata Declaration in 1978 and the Special Declaration on the World Health Day that was adopted by the World Health Assembly in 1998.

Despite the strong linkages between health and human rights, it is not always reflected in practice. This is not only the case in poor countries, but also in the experiences of rich countries. For this reason, the World Health Organization activated a specialized Health and Human Rights Unit particularly for handling health as a human right and reaffirm country efforts in this area. Within the scope of such efforts, WHO has been conducting training courses and workshops aimed at promoting, mainstreaming and establishing the concept of health as a human right.

Considering the developments in Iraq, there is an increasing consensus and call from the Iraqi government and non-governmental/civil society organizations to integrate human rights principles into the health practices of Iraq. Hence, it is appropriate to conduct a basic/introductory training on health and human rights to adopt a larger vision at the national level that would not only identify the linkages between health and human rights, but mainstream the concept of health as a fundamental human right in the daily work and official strategies of Iraq.

II. Executive Summary

The Ministry of Health Iraq and Ministry of Human Rights Iraq in collaboration with the World Health Organization in Iraq organized a Health and Human Rights training workshop in the city of Amman in the Hashemite Kingdom of Jordan, 16 to 19 November, 2009.

Over the course of four consecutive days, participants from Iraqi ministries (Ministry of Health, Ministry of Human Rights, State Ministry of Woman Affairs, Ministry of Higher Education and Scientific Research, Ministry of Martyr and Anfal Affairs) Iraqi Parliamentarian Committees (Health and Environment Committee, Human Rights Committee, Woman and Child Committee, Education and Higher Education Committee) and Iraqi Non-Governmental Organizations (Iraqi Medical Association, Doctors for Iraq, Al Amal Association, Women Empowerment Organization) attended the training workshop.

The Office of the High Commissioner of Human Rights Head Quarters (OHCHR/HQ) in Geneva, Penal Reform International (PRI) Jordan, WHO Head Quarters (HQ), WHO Eastern Mediterranean Regional Office (EMRO) and WHO Jerusalem Office provided expert support in facilitating the training workshop.

III. Purpose and Objectives of the Training Workshop

The purpose of the Health and Human Rights training workshop is to enable participants to develop and strengthen their knowledge:

- of health as a fundamental human right
- to understand the international standards that ensure the realization of human rights and health
- to understand the concept of a Human Rights Based Approach (HRBA) in the development of health programs;
- To consider applying HRBA to your work
- to build the capacity of health practitioners and other key actors in the area of health and human rights in order to integrate human rights into health systems of Iraq
- to enhance cooperation between the different sectors in Iraq (governmental and non-governmental) towards promoting and protecting health and human rights
- to appreciate the health and human rights mandate of WHO

Participants expected to develop a familiarity with basic human rights standards on health, to gain an improved understanding of the meaning of health as a human right, to demonstrate a capability to communicate this understanding to others and to improve the capacity to work jointly for human rights in the health sector in Iraq.

IV. Proceedings

A. Opening Remarks

(Facilitator: Dr. Moayad Lutfi, WHO Iraq - Baghdad Office - Officer in Charge)

I. Dr. Abdelkarim Shalal Al Janabi, Deputy Minister of Human Rights/Iraq, on behalf of H.E. Minister Wijdan Mikhael Salem

On behalf of Her Excellency Dr. Wijdan Mikhael Salem - Minister of Human Rights in Iraq, Dr. Abdelkarim Shalal Al Janabi - Deputy Minister of Human Rights, began the opening session with a speech on the situation of health and human rights in Iraq. Dr. Abdelkarim explained that there is a full chapter in the Iraqi Constitution dedicated to the fulfillment of the right to health. He then engaged in a brief review of the achievements of the Ministry of Human Rights in the area of the right to health and concluded with a quick glance at the projects planned for implementation in the near future.

II. Dr. Ahlam Asaad Muhammad, Iraqi Council of Representatives - Human Rights Committee

Dr. Ahlam Asaad Muhammad, member of the Iraqi Council of Representatives - Human Rights Committee, outlined the role of the Iraqi government and society in integrating the concept of health as a human right in Iraq with the role of women in promoting this essential human right. Dr. Ahlam noted that in the Kurdistan Regional Government, there are several laws for the assurance of human rights, indicating that health is often addressed through legislation laws. The relationship between the Ministry

of Health and the Ministry of Human Rights in Iraq is particularly powerful and thus of benefit for further cooperation and stronger relationships between the two respected Ministries, and the parliament, given that they all share a common goal: working for the people of Iraq.

III. Dr. Naeema Al Gasseer, WHO Iraq Representative and UN Health Cluster Task Manager

In her introductory remarks to the training, the WHO Representative (WR) in Iraq, Dr. Naeema Al-Gasseer, emphasized the importance of consolidating efforts towards integrating the right to health as a fundamental human right in Iraq and the role of the WHO in realizing the right to health and human rights.

Dr. Naeema shared with the audience the feeling of pride that the WHO Iraq office maintains for its cooperation and collaboration with the Ministry of Health in Iraq and through other sectors including the Ministry of Human Rights, which serves as a major actor in the implementation of the National Plan of Action that has been developed in support of the efforts undertaken by the Ministry of Health to improve health services for citizens.

Dr. Naeema briefly described the role of the WHO, which under its terms of reference, has worked towards consolidating the right to health at the technical and practical levels to pursue all possible avenues that translate this right to reality. In this context, the WR referred to the ongoing work of the WHO Iraq office in providing the necessary support and cooperation with the Iraqi Ministry of Health for the implementation of action plans. These joint efforts promote the objective provide health services to citizens at various levels, among various other goals.

Dr. Naeema concluded her remarks by referencing the WHO Regional Director, Dr. Hussein Gezairy, who continuously encourages the deepening of research in the concept of health and the right to health in consistence with Islamic history, law, and practice within the context of the Eastern Mediterranean Region.

B. Presentation on Background, Objectives and Expectations of Training Workshop - Introduction of Participants

(Facilitator: Ms. Farah El-Zubi, WHO Iraq Gender and Human Rights Programme Associate)

The WHO Iraq Gender and Human Rights Programme Associate, Ms. Farah El-Zubi, provided a brief presentation on the background, objectives and expectations of the Health and Human Rights Training Workshop. She first explained how the training was coordinated by the Ministry of Health and Ministry of Human Rights in Iraq in collaboration with the World Health Organization in Iraq.

The programme structure first aimed at providing introductory presentations covering the basic concepts of health and human rights and to then engage in detail on the various links between these two concepts in relation to the Iraqi context. Working group activities primarily constituting interactive discussions among group members and followed by group presentations were prepared following nearly

every presentation to maintain an interactive environment and engage the participants with the materials covered.

First, the introductory presentations during the first two days of the training workshop explained the concepts of health and human rights according to the WHO, followed by a discussion on these concepts from a regional perspective by focusing on health as a human right in Islam. Subsequent discussions included country obligations with regards to human rights in the international arena and the various legal instruments involved. The participants were then introduced to the human rights based approach to health.

Secondly, an entire session was allocated for two presentations on the situation of health in Iraq and the human rights challenges specific to the health sector in Iraq. They were followed by a plenary question and answer discussion time to place the concepts and theories within the context of Iraq.

The agenda examined issues of discrimination and stigma in access to health particularly in the contexts of mental health, gender-based violence, violence against women and children, the role of health professionals in supporting the right to health especially during times of conflict and community-based initiatives in Iraq. It concluded with a case-study presentation on access to health care in prisons from a human rights perspective. The final day of the training was dedicated to dividing participants into working groups to brainstorm recommendations for integrating health and human rights in Iraq.

C. Ice Breaker: Human Rights from a Personal Perspective

(Facilitator: Ms. Helena Nygren-Krug, Health and Human Rights Adviser WHO/HQ)

Ms. Nygren-Krug invited all the participants to share their personal experiences where they felt that human rights were violated, or conversely, promoted in the context of health. The group then worked on linking these incidents to a number of Human Rights, and in turn consulted the Universal Declaration of Human Rights (UDHR) to find these Rights in the relevant paragraphs.

D. Session One: Introduction to Health and Human Rights - WHO Perspective

(Facilitator: Ms. Helena Nygren-Krug, Health and Human Rights Adviser WHO/HQ)

This session introduced the concept of Health as a Human Right, and the ways the WHO is working on this premise. This started with the origins of the Right to Health as it is stated in the WHO Constitution, the UN human rights instruments, and WHA Resolutions. The insight that Health is a Human Right brings a broader perspective to health initiatives. There are a number of opportunities and possible activities ensuing from this perspective, such as: empowerment of right-holders to claim entitlements; ability to refer to a standard of assessment of health policy and process; the support of a broader approach to health, including underlying determinants of health; heightened government accountability for health; and an increased range of partners in health.

Ms. Nygren-Krug further referred to three important areas of work: 1. advancing the right to health and other health-related rights in international law and international development processes; 2. strengthening the capacity of WHO and Member States to integrate a HRBA to health; 3. advocating for health-related human rights. She explained how the WHO advances work on Human Rights in headquarters, as well as at the Regional and Country levels.

Finally, she introduced the Human Rights and Gender Tool, which was developed by WHO together with the UN Office of the High Commissioner for Human Rights (OHCHR) and the Swedish International Development Agency (Sida). The tool is designed to assess national health sector strategies with respect to gender and human rights obligations. Its aim is to enhance coherence between international obligations and commitments on human rights and gender equality, the national legal, policy and institutional frameworks, and their application in health sector strategies. Specifically, the tool helps to: assess the extent to which health sector strategies are consistent with, and promote, human rights standards and principles, including gender equality; identify gender equality and human rights-related gaps and opportunities with respect to national commitments and health sector strategies, in order to facilitate relevant health sector interventions; generate a multi-stakeholder process and a cross-disciplinary dialogue to address human rights and gender equality in relation to health. It is intended for actors involved in health planning and policy making, implementation or monitoring of health sector strategies, and aims to operationalize a human rights-based approach and gender mainstreaming through their practical application in policy assessments.

E. Session Two: Health as a Human Right in Islam: Regional Perspective

(Facilitator: Dr. Haytham Khayat, Senior Adviser to the Regional Director SA[RD]/WHO/EMRO)

Dr. Khayat commenced his speech by referring to a famous saying in the Arabic language which can be translated to: “Your body has a right onto you”. Namely, that you are obligated to take good care of your health and body as it has the right to be healthy and in good condition. An example of harming one’s health could be demonstrated in smoking: a smoker harms him/herself and harms others simultaneously. The moral of this example is that an individual is bound not to cause any harm even if to oneself. In referring to the different rights associated to health, Dr. Khayat spoke about breastfeeding, alluding to the fact that the primary right of a child is to receive breast milk from his mother. Another example is the right to drink safe water. Dr. Khayat stressed that the provision of safe drinking water is a human right that is to be fulfilled by the government to the people.

Dr. Khayat went over a number of principles pertaining to the right to health and referring to examples from the Holy Quran, Hadeeth’s (Sayings from the Prophet) and parables: life is a right for all (referring to the Quranic verse: “... if any one slew a person - unless it be for murder or for spreading mischief in the land - it would be as if he slew the whole people: and if any one saved a life, it would be as if he saved the life of the whole people” (Verse 032-Alma’ida), justice means equality (the first document in history ensuring citizenship of the individual known as the document of Al Madena Al Monawara, providing that Jews, Christians and Muslims have full and equal rights), the concept of charity, treatment

from illness is a right to be fulfilled by the state, any child has the right to be cared for by his parents (referring to an example from one of the Prophet's Companions: Omar Bin Al-Khattab, who during the Islamic Era had established a system where newborns were provided with a salary of 100 Dirhams and 200 Dirhams as they grew older from the House of Senate). Dr. Khayat also referred to a parable from the Holy Quran portraying the vital and honoured role of women in Islam, whereby a Muslim woman (Mrs. Shefaa) was the first city accountant in Islamic history whose job was to count the salary of employees.

Dr. Khayat explained to the audience the main health concepts in Islam, through the interpretation of scientific Quranic verses addressing the right to liberty, the right to life and the protection of the human body, pointing out that Islam does not consider health as a human right, but rather a duty of all humankind towards themselves and towards their Creator. The responsibilities associated with the realization of the right to health in Islam are determined at the level of individual responsibility and society responsibility. As explained in this context, the role of health workers in the promotion of the right to health through the provision of health services is highlighted and the issue of professionalism, confidentiality and non-discrimination between patients whatever the nature of his/her illness and his/her social status or creed.

Dr. Khayat explained that health and the right to health are a part of the balance that the world was created upon. Human beings are thus obligated to maintain this balance and in turn care for their health.

Islam is the first to realize the importance of health and balance to make the duty of the one that does not affect it negatively and even moreover Islam urged to increase the need for health investment which increases this investment by specifying the most important elements of a healthy balance.

Dr. Khayat identified three main responsibilities associated with the right to health in Islam:

1. State responsibility
2. Individual responsibility
3. Community responsibility

Dr. Khayat concluded his speech by saying that it is of imperative importance to put Islamic concepts of health in mind in the process of decision making and implementation, particularly in the case of Iraq, which will have a positive effect on the health care service providers and recipients.

F. Session Three: International Human Rights and Legal Instruments: Country Obligations

(Facilitator: Ms. Juana Sotomayor Davila, Human Rights Officer OHCHR/HQ)

Ms. Sotomayor introduced to the participants the main concepts of International Human Rights standards, paying special focus to the right to health. She explained the mandate of the High Commissioner for Human Rights which clearly states its duty to "promote and protect the effective enjoyment by all of all civil, cultural, economic, political and social rights". For the purpose of unfolding

some misperceptions about the Economic, Social and Cultural Rights (ESCR), Ms. Juana clarified that such rights under which the right to health falls, have historically received much less attention (in comparison to the Civil and Political Rights).

Referring to Iraq, Ms. Juana presented a list of the international treaties that have been ratified by Iraq, the earliest being the International Covenant on Economic, Social and Cultural Rights (ICECSR) on 25 January 1971 and the most recent one being the International Convention on the Elimination of All Forms of Discrimination (ICERD) on 25 May 2001. Of special importance is to remember that all human rights treaties impose obligations to the state, similar obligations apply to civil, economic, political, social and cultural rights, and that all human rights treaties require States to report. Furthermore, States are obliged to avoid measures which may result in the deterioration of the current level of fulfillment of a right and to ensure essential core minimum levels of each of the rights are being met. She also explained special procedures as relevant to the right to health as well as to the link between health and human rights in their capacity to monitor compliance, such as the Special Rapporteur on the Right to Health.

Ms. Juana concluded her presentation by stating that the right to health is about freedoms, entitlements and non-discrimination on any grounds which is to be fulfilled by ensuring the essential interrelated elements of the right to health are found: Availability, Accessibility, Acceptability and Quality (AAAQ).

Working Group Activity: Country Priority - Iraq

Participants were asked to provide feedback on the primary health and human rights priorities for Iraq based on the current situation in the country. Each group began the activity by identifying challenges to health and human rights in Iraq and then to choose one as a priority area for Iraq. Following group discussions, the participants wrote down only one challenge and explained why this particular challenge needs to be a priority in Iraq. Based on that, they recommended solutions to overcoming this priority challenge. All the information arrived at was supposed to be organized in a tree-like structure on the flip charts provided. Each group presented their findings and a discussion then followed whereby all participants shared their thoughts and recommendations with the facilitators.

G. Session Four: Human Rights Based Approach to Health

(Facilitator: Ms. Helena Nygren-Krug, Health and Human Rights Adviser WHO/HQ)

The aim of this session was to give an overview of a Human Rights Based Approach (HRBA) to Health. To start, Ms Nygren-Krug pointed to the UN common understanding of a HRBA, whereby all development cooperation, policies and technical assistance should further the realization of Human Rights. She further specified the 'Human Rights Principles' (Universality and inalienability; Indivisibility; Interdependence and Inter-relatedness; Equality and non-discrimination; Participation and inclusion; Accountability and rule of law) which should inform both the process and the outcome of activities designed to promote Human Rights in the context of health.

In the next phase of her session, Ms. Nygren-Krug led the group through the three steps to applying a HRBA: 1. causal analysis (identifying the immediate, underlying & root causes), 2. Role/obligation analysis (identify who are the rights-holders and duty-bearers, identify their corresponding entitlements and obligations), and 3. capacity gap analysis (understanding of the issue and the claims/duties at stake, resources at their disposal, the risks arising from making a claim or fulfilling obligations, authority, attitudes and motivation).

Applying a HRBA to health can thus help to gain a better understanding of power relations between rights-holders and duty-bearers, as well as to advance the realization of health and other health-related human rights,

Working Group Activity: Zeina's Case

This session provided the opportunity to work in groups and discuss the human rights implications of a case study on a young girl named Zeina. The participants were provided with a story on Zeina who experienced an early marriage followed by a pregnancy at the age of 16 against her will. With no education/knowledge on health, Zeina unknowingly suffered from anemia and given that the nearest health center is too far and transportation not affordable for her, Zeina died while delivering her child due to severe bleeding. The participants were asked to apply the practical steps of a human rights based approach on the case of Zeina. Beginning with a causal analysis, the participants identified the immediate, underlying and root causes for the non-realization of Zeina's rights. They then engaged in a role/obligation analysis where they were to identify who are the right-holders and duty-bearers and to identify their corresponding entitlements and obligations. Finally, the participants conducted a capacity gap analysis where they looked into the lacking capacities of right-holders to claim their rights and of institutions/individuals to carry out their duties as duty-bearers and to propose strategic interventions to close the gaps of right-holders and duty-bearers.

The majority of participants agreed that for the causal analysis, the causes for the non-realization of Zeina's rights reside in the lack of health awareness/education and services, harmful customs and traditions (forced early marriages, birth at home without medical supervision), poverty and inadequate resources. For the role/obligation analysis, all the participants agreed that the right holder is Zeina and the duty bearer is the government (MoH, MoLSA, MoE, MoHR, SMOWA), and Zeina's family and the parents of Zeina's husband. Zeina is entitled to knowledge on basic health education and access to health care services which is to be fulfilled by the government. The entitlements of Zeina towards her family/obligation of Zeina's family towards her were for Zeina to receive complete education and not to be forced into an early marriage. Most participants agreed in their capacity gap analysis that the lacking capacities of Zeina to claim her rights are a direct result of her poor knowledge of basic health education. The lacking capacities of the government and Zeina's family and husband (and his family) to carry out their duties as duty-bearers (towards Zeina) is in the failure of the government to ensure health education and awareness raising activities in fact reach all geographical areas of a population and that health care facilities and services are accessible and the failure of both families to care for Zeina and deliver her rights to education, adequate health and freedom of choice. Proposed strategic

interventions to close the gaps mentioned above mainly included to ensure awareness raising campaigns on the harmful effects of early marriages and the importance of education for girls as equally to boys and that such campaigns are targeting all members of the community, that health care services are improved and made accessible to all sectors of the society, and that social security is provided to all citizens.

H. Session Five: Presentations on Health and Human Rights in Iraq

I. Health in Iraq

By Dr. Wafa Mohammed Zaki Hadi, Ministry of Health/Iraq

The main issues raised during Dr. Wafa's presentation included the health system in Iraq and the control of H1 N1 influenza. She explained that the Health System in Iraq (Health Directorate) is divided into Hospitals (secondary and tertiary health care) and Primary Health Care Department → District and then Primary Health Care centers (PHCs). The PHCs constitute two types of services, preventative and therapeutic services. She further added that there are two main directorates of health in Baghdad alone: Al Karkh Health Directorate and Al Rsafa Health Directorate.

On the issue of controlling H1N1 in Iraq, Dr. Wafa explained that a Flu-clinic has been established in every hospital as a response to the influenza endemic. Admission rooms are isolated and equipped with ventilator. It was also mentioned that staff have been trained for nasal and throat swabs in addition to blood sample taking. V.T.M (viral transport media) has been made readily available in addition to treatment of the flu (Tami-Flu cap). Preventative services have been activated by PHCs in houses, schools and workplaces by a special health team and measures have been taken to provide health education on this communicable disease.

In conclusion, Dr. Wafa spoke briefly about the detrimental effects of health-care waste and the hazards for health-care workers and the community (such as Hepatitis B, C, HIV and other infectious diseases). To control such hazards, it is important to manage waste from health-care activities at hospitals and PHCs safely.

II. Human Rights Challenges in Health Sectors in Iraq

By Dr. Kamil Ameen Hashim Al Sayed Noor - Ministry of Human Rights/Iraq

Dr. Kamil commenced his presentation with a brief reflection on the Iraqi constitution and on the fact that it guarantees the right to health for all Iraqi citizens (individuals and families) without discrimination. He further added that article 30 in the Iraqi constitution guarantees social and health security for all. Moreover, the Iraqi state provides free health-care services and governmental health care is made available for affordable prices. The private sector participates through small hospitals and private clinics that are scattered in all governorates to provide health care services for relatively higher prices.

Primary health care is provided through 1989 PHC centers: 250 centers have been established following the year 2003. Secondary and tertiary health care is provided through 288 hospitals from which 208 are governmental and 80 are community based.

Dr. Kamil provided statistics related to the right of health in Iraq, particularly on the percentage of underweight children under the age of 5, percentage of population not receiving the minimum daily food intake, percentage of population without secured access to food, infant mortality and maternal mortality rates among other statistical information.

Dr. Kamil differentiated between challenges facing the health sector in Iraq prior to the year 2003 and following the year 2003. Before 2003, the health situation in Iraq had been negatively affected by the changes that were taking place over the past 4 decades (Iraq-Iran War, Economic sanctions). This has taken a toll on the amount of "medical importing" of medicine and medical equipments to Iraq by the MoH, which made it difficult for the citizens to obtain medication and for the health care facilities to receive the necessary medical equipments. Following 2003, the health system in Iraq underwent several challenges resulting from the invasion and the violence that ensued, which in turn affected the lives and health of many people. This increased the health care needs for Iraq and was compounded by a decrease in the ability and means of obtaining medical care services by the health care service providers.

Dr. Kamil added that the Ministry of Health in Iraq has recently adopted a strategy focusing more on prevention rather than treatment.

I. Session Six: Discrimination and Stigma in Access to Health: Mental Health

(Facilitator: Ms. Juana Sotomayor Davila, Human Rights Officer OHCHR/HQ)

Ms. Sotomayor provided a presentation on the "Principle of equality and non-discrimination" giving special focus to the area of Mental health. Beginning with the term discrimination, Ms. Juana defined it as "any distinction, exclusion or restriction made on the basis of any ground (grounds: race, colour, sex, language, religion, political or other opinion, national or social origin, property, birth, age, disability and others) which has the effect (result) or purpose (intention) of nullifying or impairing the recognition, enjoyment or exercise of any human rights". The topics discussed included an overview of the different forms of discrimination in relation to the right to health (direct and indirect, formal, substantive, multiple, etc ...) , and the human rights obligation which are to be fulfilled by a government who has the duty to respect, protect and fulfill rights to its citizens.

Working Group: Discrimination and Stigma

Ms. Sotomayor asked the participants to divide into groups whereby each group is to represent one of the following cases:

- Persons with Disabilities (physical, mental, intellectual, sensory impairments)
- Persons with HIV/AIDS
- Internally Displaced Persons (IDPs)
- Pregnant Women
- Malnourished children/Tuberculosis Infected Patients

The participants were to address the right to health of each of the groups by answering the question: “How can we ensure non-discrimination in relation to the right to health?” Participants were also asked to analyze three main obligations: Obligation to Respect, Obligation to Protect and the Obligation to Fulfill and then to identify concrete measures needed in Iraq for each specific group.

Participants were asked to place their responses within a table provided where they are to identify how the following government authorities can ensure non-discrimination in relation to the right to health

Ministry of Health	
Ministry of Human Rights	
Parliament	

J. Session Seven: Violence Against Women and Children: Gender and Equal Health Chances

(Facilitator: Ms. Joanna Vogel, Regional Advisor-Gender in Health and Development WHO/EMRO)

Main topics included concepts and terms on Violence Against Women (VAW), statistics on violence against women in Iraq, health provider and patient perspectives on VAW, and health sector responses to VAW recommendations.

Key messages:

All health services directed at survivors of violence must use the human rights based approach and include components of safety, confidentiality, respect, and non-discrimination. Using a gender lens in addressing health sector responses to violence against women means that the needs of both women and men are assessed and addressed, and both are guaranteed equal opportunities to secure their health.

K. Session Eight: Health and Human Rights in Conflict: Role of Health Professionals in Supporting the Right to Health

(Facilitator: Ms. Chiara Stefanini, Health and Human Rights Officer WHO/Jerusalem)

Ms. Stefanini provided a presentation on “Health and Human Rights in Conflict: Role of Health Professionals in Supporting the Right to Health”, reflecting on the War on Gaza (27 December 2008 to 19 January 2009)” as an example. An important message conveyed related to health professionals working on the front line of human rights work and their interchangeable roles as rights holders and duty bearers based on the situation and circumstances of their work. The key message provided by Ms. Chiara was that despite the presence of “a conflict, the right to health has to be respected, health services must function, and populations must have access to them” (The right to Health in Armed conflict – Swiss Human Rights Book vol. 3 “Realizing the Right to Health” 2009), in reality this is not often the case. Referring to the Gaza War case, health centers were damaged if not destroyed and it was near impossible for the population to access health care services given the constant state of insecurity and war. Nevertheless, this should provide no reason to neglect the vital role of health professionals in conflict. Previous experience shows that in such cases a framework of action is developed in addition to a strategy to counter the destructive force of the conflict, and central tools were made available to the population (coordination, information and advocacy). Ms Chiara also provided a list of action points outlining the role of health professionals in supporting the right to health during times of conflict. In conclusion, she clarified the vital role of health professionals in supporting the right to health in times of conflict, given that their action should both support the right to health during conflict as well as prevent conflicts.

L. Session Nine: Community Based Initiatives in Iraq: Equal Opportunity to Health and Life and Plenary Discussion

(Facilitator: Dr. Einas Bassim, Community Based Initiatives Manager, Ministry of Health/Iraq)

Dr. Einas provided a brief summary of the Community Based Initiatives (CBI) programme that is adopted by the MoH Iraq and in collaboration with the WHO since the year 2005. The main objective of this programme is to achieve the Basic Developmental Needs (BDN). These include primary health care, basic education, proper income and the ability to practice cultural and religious values. She further explained that there is a direct link between achieving BMN and the rates of infant and child mortality. Hence, the CBI programme is implemented on the community level and in cooperation with all members

of the local society, through capacity building activities and creating community partnerships in order to achieve their developmental needs.

The CBI programme involves several components such as the healthy villages, basic developmental needs, healthy cities and women's health development. The primary objective of CBI is to activate the community and change the practice and direction of the community in addition to the level of government and local society by utilizing the local language of the community. In relation to Iraq, the purpose of implementing the CBI project is to: accelerate the achievement of the MDGs, promote the health situation of citizens, create a community partnership and develop the spirit of collective and community work, achieve the basic developmental needs in order to commence the economic and social development in the country, and finally for the CBI programme to adopt the policy of decentralization.

In discussing the relation between health and human rights within the CBI programme, Dr. Einas outlined a number of links: bottom-up planning, reassuring the quality of life through community development, reduce poverty, prevention of disease for the achievement of a better life, the factors that causes disease and the role of the community in prevention and elimination, health and the social status, self-help and relying on the community to solve problems.

M. Session Ten: Access to Health Care in Prisons: Human Rights Perspective

(Facilitator: Ms. Samar Haider – Programmes Officer, Penal Reform International/Jordan)

Ms. Samar Haider provided a presentation on the right to health in prisons. She began by sharing the message of Penal Reform International which is to achieve penal reform with the realization of the multiple paths that can be taken to achieve this goal. On the issue of realizing the right to health, Ms. Samar referred to the WHO Constitution and General Comment 14 among other sources for the purpose of linking the right to health to the contradictory nature of prisons that are universally known to harm the health of prisoners, disregarding their right to a healthy lifestyle within confinement.

Several reasons were listed for this unpleasant reality such as overcrowding in prisons, and lack of healthy standards which in turn contribute to the spread of diseases (TB, HIV/AIDS, Cholera, Malaria, and other communicable diseases).

International standards meant to secure the protection of prisoners' rights to health care are available and were briefly mentioned by Ms. Samar, however she contended that many countries do not abide by such international standards. This is where PRI's work helps to ensure that the rights of prisoners are realized and that their conditions are improved through: financial means; investigations of outbreaks of disease within prisons; training of prison staff on basic information on health risks caused by overcrowding and unhealthy conditions inside prisons; reports on incidences and activation of control procedures and tracking; alleviation of the over crowdedness which has in turn resulted in a reduction of the risk of TB among prison inmates, and finally the activation of early release programs thus reducing the number of prisoners, in addition to legislative reforms on litigation and pre-trial proceedings.

Working Group Activity: Health in Prisons

Ms. Samar presented to the working groups four main areas of health in prisons to discuss: principles of health and hygiene in prisons, torture and maltreatment, mental health and contagious diseases. The outcome of the discussions provided that serious measures and collective action needs to be taken in order to achieve equal rights of prisoners to adequate living conditions and health in prisons. Reports on the situation for prisoners in Iraq have been quite scarce and hence it has been difficult to conduct investigations on the human rights violations that are occurring in prisons. It was agreed upon by all participants that working through the government, NGO's and local partners, there needs to be regular visits to prisons and reports should be submitted on the situation. The office of Human Rights at the United Nations Assistance Mission in Iraq (UNAMI) briefly mentioned the work that they have achieved thus far in Iraqi prisons. Overcrowding and poor hygiene seem to be rampant, with the lack of health care provision (only one nurse). There are several cases of scabies and TB which are left untreated. Working with the Ministry of Human Rights has been one way to attempt the elimination of such problems and cause improvement in the situation of health in Iraqi prisons.

V. Final Recommendations for Promoting Health as a Human Right in Iraq

A. Instructions

(Facilitator: Ms. Farah El-Zubi, WHO Iraq Gender and Human Rights Programme Associate)

Ms. Farah El-Zubi outlined guidelines as they framed the role of each group of participants for the purpose of collectively formulating recommendations/ action points within their sector (Ministry, Parliamentarian Committee, NGO).

Based on what was learned over the past three days, the participants were asked to work in groups on formulating a set of recommendations for promoting health as a human right in Iraq. For this final activity, the groups were divided based on sector (Ministry, Parliamentarian committee, NGO) in order to ensure realistic and feasible action points were being agreed upon. Six main areas were conveyed to the participants to be covered within their recommendations:

1. Elements of the Right to Health (availability, acceptability, accessibility and quality)
2. Human Rights Based Approach to Health Programming
3. Gender-Based Violence (Violence against Women, Men, Children)
4. Discrimination in relation to health
5. Role of Health Professionals in Conflict and post-Conflict Situations
6. Health in Prisons

It was also made clear to the groups that the actions points had to adhere to the following aspects:

- Short-Medium Term Actions (up to 2 years)
- Feasible within your existing responsibility/mandate
- Do not require increased human and/or financial resource
- Provide indicator for each action
- Define collaborating agencies/institutions (governmental and non-governmental bodies) if relevant

B. Working Group Activity: Recommendations

Below is a list of the recommendations provided by the participants based on their sector/institute for the integration of health and human rights in Iraq.

1) Ministry of Health (*Working Group Members: Dr. Waleed Omer, Dr. Einas Khaleel, Dr. Moayad Wahab, Dr. Haider Majed, Dr. Sadeeq Rasool, Dr. Hussein Alwan Hussein, Dr. Ridha Abdulmonim, Dr. Salam Khalaf, Dr. Wafaa Hadi, Dr. Beryvan Rasheed, Dr. Fraydoon AbdulRahman, Dr. Jamal Ahmed, Dr. Farhad Sattar, Dr. Ahlam Khadhum*)

- Improve health services through the provision of trained staff, medicine and necessary supplies on an ongoing basis, taking into consideration the quality and quantity required.
- Build the capacity of health workers through encouraged participation in training workshops to develop their qualifications and thus increase the quality of health services provided
- Provide medical services to remote areas (mobile cars, medical detachments, health clinics, etc)
- Increase awareness of medical and health personnel of the right to health and other health-related human rights
- Increase education and awareness on the issue of gender based violence and make it part of the primary health care centers' platform
- Increase awareness of specialized centers - particularly with regards persons with special needs and persons living with prolonged disease - and grant specialized units in all health directorates with the goal of spreading/mainstreaming the concept of non-discriminations against persons with special needs and prolonged disease and to embody the concept of positive discrimination for this purpose

2) Ministry of Human Rights (*Working Group Members: Dr. Abdulkarim Shalal Al Janabi, Mr. Kamil Amin Hashem, Mr. Fawzi Ismael, Mr. Saif Sami*)

- Monitor performance and protect rights through conducting visits to health institutions to determine the level of commitment to the protection of the right to health by relevant authorities
- Provision of studies and research specifically on the right to health

- Organize specialized educational courses focused on the right to health:
 - For staff at decision-making levels in the Ministry's of Health and Human Rights, particularly for those working in prisons
- Revise laws which may conflict with the principle of the right to health taking into consideration Iraq's period of transition
- Recommend the establishment of a collaborative mechanism and/or forum for exchange between the Ministry of Health, Ministry of Human Rights and State Ministry of Women Affairs in addition to relevant authorities in collaboration with the WHO in Iraq
- Complaints: receive complaints regarding violations of the right to health through the allocation of a hotline. Complaints are to be received either directly or via e-mail/internet
- Provide guidance for ways of adopting a geographical balance in the distribution of health centers to be built in the future – where priority will be given to rural areas/remote/far from urban centers

Immediate Recommendations and Activities within the upcoming period:

A workshop will be organized for officials in the Ministry of Human Rights based on the abovementioned recommendations

- The recommendations are not for the general public and hence a workshop will be arranged for the Directorate of Health in Baghdad/Karkh
- The subject of Prisons is a critical/thorny issue – the Ministry of Human Rights will diagnose problems concerning the criteria outlined during Ms. Samar's presentation on Health in Prisons covered in the current training

3) Ministry of Higher Education and Scientific Research (*Working Group Members: Ms. Laila Ali Karam, Dr. Nathem Jasour, Dr. Jaafar Kader, Dr. Thamer Ahmad*)

- Provide the requirements of health services and promote the reality of health in the institutions of the Ministry of Education and Ministry of Higher Education
- Include the right to health in the educational curriculum for the subject of human rights that is taught in Iraqi colleges and institutes
- Activate the role of school health in kindergartens and schools and ensure access to health services and community-based care for all students
- Regulate school cafeterias and student clubs and re-introduce a system of healthy nutrition/eating habits for students
- Activate the teaching of the subject: Family Life Education paying special attention to the recommendations of educational supervisors in schools and educational guidance in colleges and institutes to ensure that focus is given to the rejection of violence and discrimination, and embracement of universal respect, tolerance and awareness of one's rights

- Activate health information in kindergartens, schools, colleges and institutes to ensure the provision of health-consciousness to avoid practices and traditions that may contribute to the spread of disease
- Organize workshops and discussion sessions in an educational environment on the subject of the right to health as a human right

Immediate Recommendations and Activities

- Organize discussion sessions and specialized seminars for the purpose of discussing the right to health within the quarterly cultural activities of colleges and institutes
- Employ specialists from international ministries
- Include the right to health in the educational curriculum of human rights that is taught in Iraqi colleges and institutes

4) State Ministry of Women Affairs and Ministry of Martyr and Anfal Affairs (Working Group Members: Dr. Saja Hashem, Ms. Muna Munaf, Ms. Shayma Hashem, Mr. Samaan Qader)

1. Elements of Health

- Form and activate health committees in coordination with the concerned institutions (Ministry of Health, Ministry of Human Rights, Ministry of Education, NGOs, International Organizations) to raise awareness, provide monitoring, follow-up and coordination

- Indicators:

- Number of Committees formed
- Continuation of work development
- Number of beneficiaries
- The extent to which the scope of work can be broadened

2. Methodology for public health based on human rights

- Workshops, seminars and conferences in coordination with the concerned authorities (Ministry of Health, Ministry of Human Rights)
- Supplement the concerned institution with research on health and human rights of women, children, martyrs and the Anfal survivors

- Indicators:

- Number of activities
- Number of beneficiaries
- Amount of research conducted

3. Gender-Based Violence

- Continue supporting campaigns on the subject of Gender-Based Violence and expand it to include all governorates in Iraq

- Coordinate with the media and in cooperation with the concerned authorities to inform and raise awareness within communities on this issue and the ways of preventing/reducing their occurrence
- Print folders and publications

- Indicators:

- Monitor the level of progress and expansion of campaigns
- Percentage of what has been launched in the media
- Number of folders
- Percentage of beneficiaries

4. Discrimination in Health

- Monitor implementation of laws to ensure non-discrimination in health and accountability through providing recommendations to high-level officials
- Launch comprehensive public education campaigns with regards to the reduction of the phenomenon of health-related discrimination

- Indicators:

- Number of campaigns carried out

5. Health in Prisons

- Conduct field visits to check on the health status in prisons and to ensure the protection of human rights of prisoners
- Raise complainants and recommendations to relevant authorities

- Indicators:

- Number of visits
- Researched/studied cases (that are raised to the concerned authorities)

6. Role of Health Workers in Situations of Conflict and Post-Conflict

- Ensure the possibility of access and availability of health services during and after conflict, especially to vulnerable groups (women, children, etc ...)
- Compiling a database for the affected category

- Indicators:

- Availability of and access to health/medical services
- Response of concerned authorities to the database

5) Members of Parliament and Non-Governmental Organizations (*Working Group Members: Dr. Ahlam Asad, Ms. Nadera Al Ani, Dr. Walid Abdulaziz, Dr. Avin Maroof, Dr. Mohammed Haidar Adnan*)

1. Health in Prisons

- Focus on awareness projects and programmes on the right to physical and psychological – mental health as a human right for both prison staff and inmates
- Conduct field visits to assess and review the health situation of the prison population and the vicinity of the inmates and raise the recommendations, carry out lobbying campaigns and advocacy to all concerned officials at the decision-making level
- Focus on the establishment of programs and projects aimed at developing the infrastructure and promoting the general environment of prisons i.e. sanitation and ventilation. Moreover, prevent the transmission of infectious diseases and promote personal hygiene practices in coordination and partnership with the Ministry of Health and international organizations

2. Gender-Based Violence

- Raise social and health awareness on the issue of domestic violence in its various forms
- Conduct awareness sessions in schools in coordination with the Ministry of Education
- Make use of government buildings as a shelter/haven for victims of gender-based violence in partnership with the decision-making authorities
- Lobby for and carry out advocacy campaigns to activate and legislate laws and regulations that restrict all forms of gender-based violence

3. Role of Health Workers during Conflict and Post-Conflict

- Monitor violations of the health workers/sectors and report cases to concerned authorities
- Provide logistical support to the medical staff to facilitate their work in time of conflict and post-conflict, especially concerning their security through cooperation with international organizations and local authorities
- Establish awareness courses for health workers to develop their performance in time of conflict and post conflict, such as the “Ambassador” program and emergency relief programmes in addition to crisis management

4. Elements of the right to health (availability, acceptability, accessibility and quality)

- Monitor gaps and attempt to fill them through:
 - A. Roving-mobile teams and clinics in remote areas where health services are lacking in partnership with the Ministry of Health
 - B. Establish paved roads and make available means of transportation in coordination with the relevant ministries to facilitate the arrival of patients
 - C. Ensure follow-up and evaluation of the quality of health services in various areas including the expiration and efficiency of drugs through information collected from surveys, statistics,

and research questionnaires and attempt to highlight them using the media to advocate and pressure the Ministry of Health to correct such violations

- D. Evaluate the availability of potable water and work on its availability through the establishment of projects for the treatment of water or through monitoring and media

5. Discrimination in Health

- Spread the culture of non-discrimination between people affected by disease and persons with special needs in the provision of health and medical services and to protect their rights through awareness raising campaigns, advocacy projects and the establishment of a rehabilitation and care centers for them
- Work to rehabilitate persons with special needs and support the community in providing appropriate grounds for their re-integration into society
- Work on assisting displaced persons comprehensively through awareness campaigns to promote their integration into the new areas where they reside and to provide them with knowledge of their rights and protection from discrimination based on their displacement status.

6. Methodology of Public Health Based on Human Rights

- Spread the culture and principles of human rights and the right to health through conducting training courses for all beneficiaries and rights-holders and duty-bearers
- Monitor all violations of the principles of the right to health by the utilization of statistics and questionnaires and bring such information to the spot light in order to work on projects and programmes that will be able to fill the current gaps in human health rights
- Spread awareness on public health and the right to health through the media
- Raise health awareness through the media as a primary partner for civil society to curb the spread of epidemics and infectious diseases

C. Plenary Session

(Facilitator: Dr. Mohammad Hamasha, WHO Iraq Environmental Health Officer)

Dr. Mohammad Hamasha facilitated the discussions that took place during this session whereby all participants presented their recommendations and were actively engaged in discussing the different plans they had collectively formulated. The MoH primarily focused on conducting activities aimed at improving health services in Iraq from a human rights perspective which is to be achieved by building the capacity of health workers and increasing the awareness of medical and health personnel on issues of health and human rights. The MoHR shared with the participants the plan to revise laws which may conflict with the right to health. The MoHE discussed the goal of including the right to health in educational curriculum for the subject of human rights. The SMOWA and MoMAA along with the Parliamentarian Committees and NGO's groups engaged in deeper discussions based on their detailed recommendations that were classified according to the topics covered during the training workshop (access to health care, discrimination in health, gender-based violence, the role of health workers in

times of conflict, health in prisons, etc ...). The common denominator was reflected in their plans to conduct trainings and workshops aimed at building the capacity of their members and raising awareness among other partners as well on the subject of health and human rights and the various components involved.

VI. Post-Training Evaluation

The post-training evaluation (please refer to Annex 3) was distributed among participants prior to the closing session for feedback purposes from the past four days of the health and human rights training workshop. Evaluations provide facilitators and organizers with general different comments/criticisms, concerning the content/material and on the facilitators. Moreover, the participants were asked to share any recommendations they found suitable and additional comments/suggestions in addition to whether they planned to discuss and use what they have learned at the training in their work.

The feedback forms indicated that the majority of participants reflected a high level of satisfaction with the topics, material and trainers/facilitation of the training workshop. Moreover, participant responses expressed a strong willingness and enthusiasm towards sharing the knowledge gained from the health and human rights training workshop with fellow colleagues, their supervisors and communities as a whole. This indicates the success of the health and human rights training workshop in achieving its primary objectives of improving and strengthening the understanding of the participants in the area of health and human rights, the international standards that ensure the realization of human rights and health, HRBA and its application and the appreciation of the health and human rights mandate of WHO.

VII. Closing Remarks

WHO Iraq Representative, Dr. Naeema Al Gasseer, thanked all who worked on making the four-day training workshop on health a human rights a success.

Dr. Naeema also reminded the participants that WHO Iraq will continue work on the recommendations that have been developed and reassured a strong commitment towards Iraq and the Iraqi people in promoting health as a human right.



VIII. Annex 1 - Agenda

Health and Human Rights Training Workshop

16 - 19 November, Amman/Jordan

Venue: Landmark Hotel

Day 1 – Monday 16 November 2009

08:30-09:00	Registration
09:00-09:15	Opening Remarks of the Minister of Human Rights Iraq <i>Dr. Abdelkarim Abdullah Shalal Al Janabi on behalf of H.E. Minister Wijdan Mikhael Salem</i>
09:15-09:25	Remarks on Health and Human Rights in Iraq <i>Dr. Naeema Al Gasseer, WHO Iraq Representative & UN RC/HC</i>
09:25-09:40	Background, Objectives and Expectations of Training <i>Ms. Farah El-Zubi, WHO Iraq Gender and Human Rights Programme Associate</i>
9:40-10:00	Introduction of Participants
10:00-10:30	Ice Breaker - Human Rights from a Personal Perspective
10:30-10:45	Reporting of Working Groups

10:45-11:15 Coffee/Tea Break

11:15-12:00	Introduction to Health and Human Rights: WHO Perspective <i>Ms. Helena Nygren-Krug, Health and Human Rights Adviser WHO/HQ</i>
12:00-12:30	Working Groups: Health and Human Rights in One Word <i>Ms. Helena Nygren-Krug, Health and Human Rights Adviser WHO/HQ</i>
12:30-13:00	Reporting of Working Groups

13:00-14:00 Lunch Break

- 14:00-14:45 Health as a Human Right in Islam: Regional Perspective
Dr. Haytham Khayat, Senior Adviser to the Regional Director SA[RD]/WHO/EMRO
- 14:45-15:30 International Human Rights and Legal Instruments: Country Obligations
Ms. Juana Sotomayor Davila, Human Rights Officer OHCHR/HQ

15:30-15:45 Coffee Break

- 15:45-16:15 Working Group Activity: Country Priority – Iraq
Ms. Juana Sotomayor Davila, Human Rights Officer OHCHR/HQ

- 16:15-16:45 Reporting of Working Groups

Day 2 – Tuesday 17 November 2009

- 08:30-08:40 Recap of Day 1
- 08:40-09:30 Human Rights Based Approach to Health
Ms. Helena Nygren-Krug, Health and Human Rights Adviser WHO/HQ
- 09:30-10:30 Working Group Activity: Zeina’s Case

10:30-11:00 Coffee/Tea Break

- 11:00-11:30 Reporting of Working Groups
- 11:30-12:00 Health in Iraq
Dr. Wafa Mohammed Zaki Hadi, Ministry of Health/Iraq
- 12:00-12:30 Human Rights Challenges in Health Sectors in Iraq
Dr. Kamil Ameen Hashim Al Sayed Noor - Ministry of Human Rights/Iraq
- 12:30-13:00 Plenary Question & Answer

13:00-14:00 Lunch Break

- 14:00-14:30 Discrimination and Stigma in Access to Health: Mental Health
Ms. Juana Sotomayor Davila, Human Rights Officer OHCHR/HQ

- 14:30-15:30 Introduction of Human Rights and Gender Tool
Ms. Helena Nygren-Krug, Health and Human Rights Adviser WHO/HQ
- 15:30-16:30 Violence Against Women and Children: Gender and Equal Health Chances
Ms. Joanna Vogel, Regional Advisor-Gender in Health and Development WHO/EMRO

15:30-16:00 Coffee/Tea Break

20:00-22:00 Group Dinner

Day 3 – Wednesday 18 November 2009

- 08:30-08:40 Recap of Day 2
Participant
- 08:40-09:40 Working Group Activity: Discrimination and Stigma in Access to Health
Ms. Juana Sotomayor Davila, Human Rights Officer OHCHR/HQ
- 09:40-10:30 Reporting of Working Groups

Coffee/Tea Break

- 11:00-11:30 Community Based Initiatives in Iraq: Equal Opportunity to Health and Life and Plenary Discussion
Dr. Einas Bassim, Community Based Initiatives Manager, Ministry of Health/Iraq
- 11:30-13:30 Health and Human Rights in Conflict: Role of Health Professionals in Supporting the Right to Health
Ms. Chiara Stefanini, Health and Human Rights Officer WHO/Jerusalem

13:30-14:30 Lunch Break

- 14:30-15:00 Access to Health Care in Prisons: Human Rights Perspective
Ms. Samar Haider – Programmes Officer, Penal Reform International/Jordan

15:30-16:00 Working Group Activity: Health in Prisons

16:00-17:00 Reporting of Working Groups

Coffee/Tea Break

Day 4 – Thursday 19 November 2009

08:30-08:40 Recap of Day 3

Participant

08:40-09:00 Instructions for Working Group Activity

Ms. Juana Sotomayor Davila, Human Rights Officer OHCHR/HQ

09:00-10:30 Working Group Activity: Recommendations for Promoting Health as a Human Right in Iraq

10:30-11:00 Coffee/Tea Break

11:00-11:30 Working Groups Continued

11:30-12:30 Plenary Session

12:30-12:45 Post-Training Evaluation

12:45-13:00 Closing Session

Dr. Naeema Al Gasseer, WHO Iraq Representative & UN RC/HC

13:00-14:00 Lunch Break



IX. Annex 2 - List of Contacts

Health and Human Rights Training Workshop

16 - 19 November, Amman/Jordan

Landmark Hotel

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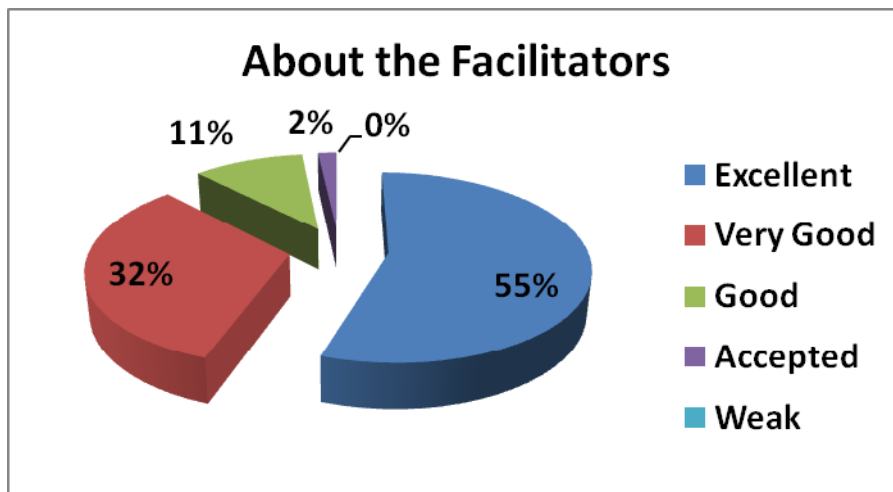
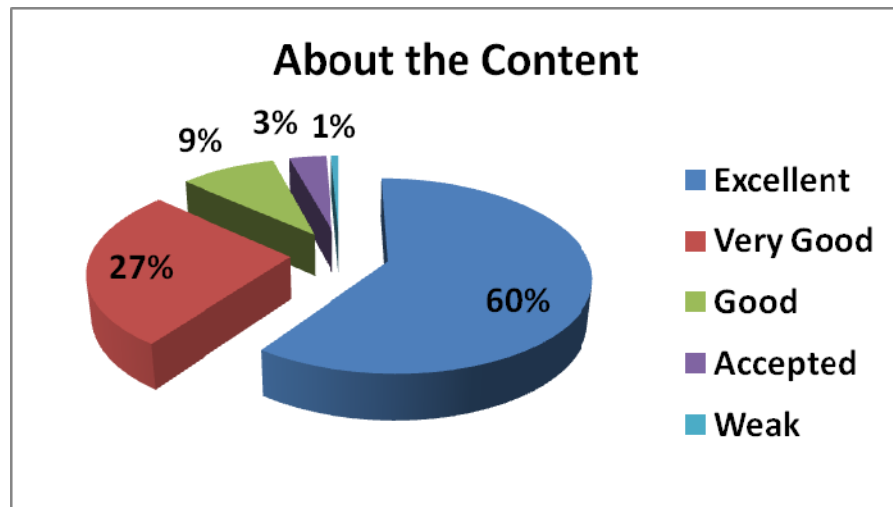
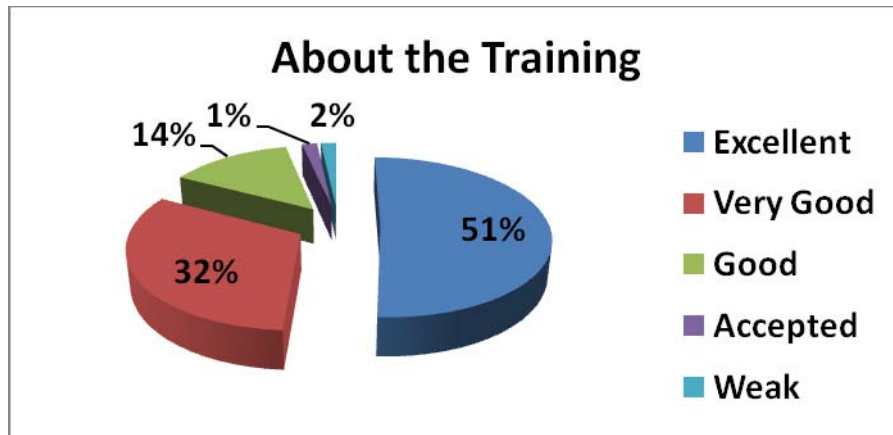
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X. Annex 3 - Post-Training Evaluation



XI. Annex 4 - Training Workshop Photos



