

On April 23 and 24, 2009, InWEnt Capacity Building, Germany, and the World Health Organization jointly organized a regional workshop of Alumni of the Health and Human Rights-Dimensions and Strategies e-learning course in Dar es Salaam, Tanzania. The course was attended by a total of 34 participants who were drawn from a wide range of stakeholders mainly in African countries, including representatives of ministries of health, national human rights institutions, aid agencies, civil society, WHO and other UN agencies.

The workshop was aimed to:

- share and consolidate experiences gained so far in African countries of how human rights have been operationalized in health programmes;
- consider and discuss existing tools and methodologies on how to integrate human rights in the design, implementation, monitoring and evaluation of health policies, strategies and programmes; and
- identify future challenges and opportunities to build and strengthen capacity.



Some of the course participants

The course covered a range of thematic issues such as:

1. Integrating a human rights-based approach in policy and programme design;
2. Empowering rights-holders to claim their right to health;
3. Enhancing the accountability of duty-bearers; and
4. Human rights-based monitoring and evaluation of health policies and programmes

These sessions were supplemented by group discussions and presentations in plenary sessions.

The WR Tanzania made opening remarks in which he welcomed participants and encouraged them. The following is the full text of the opening remarks.

REMARKS BY DR JEAN-BAPTISTE TAPKO, WR A.I. TANZANIA, AT THE ALUMNI OF THE HEALTH AND HUMAN RIGHTS E-LEARNING COURSE WORKSHOP, 22-23 APRIL 2009, DAR ES SALAAM, TANZANIA

Representative of the MOHSW,  
GDC Health Tanzania, Dr Bergis Schmidt-Ehry,  
InWEnt, Tanzania, Mr. Peter Breuer,  
InWEnt Germany,  
Invited guests,  
Dear Participants,  
Ladies and Gentlemen,

On behalf of WHO, it is my pleasure and great honour to deliver our opening remarks at this important regional workshop of Alumni of the Health and Human Rights-Dimensions and Strategies e-learning course, jointly organized by InWEnt Capacity Building, Germany, and WHO. I would like to express my heartfelt gratitude to InWEnt and WHO colleagues who made this workshop a reality.

Please, allow me to briefly discuss the evolution of the right to health, the mandate of WHO to work on health and human rights and the activities it has undertaken so far.

According to the WHO Constitution, health is "a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity." This Constitution which was adopted in 1946, was the first international document to recognize the right to the enjoyment of the highest attainable standard of physical and mental health, or in short, the right to health. More importantly, the Constitution, in its Preamble, states that "the enjoyment of the highest standard of health is one of the fundamental rights of every human being without distinction of race, religion, political belief, and economic or social condition."

Two years later, in 1948, the Universal Declaration of Human Rights, which is the "mother" of all modern human rights instruments, proclaimed that "Everyone has the right to a standard of living adequate for the health of himself and his family, including food, clothing, housing medical care and necessary social services."

The International Covenant on Economic, Social and Cultural Rights (ICESCR), adopted in 1966, provides the most comprehensive articulation on the right to health. It sets out "...the right of everyone to the enjoyment of the highest attainable standard of physical and mental health" in Article 12, and provides a non-exhaustive list of measures that State Parties should take to comply with their obligations. These include measures necessary to address maternal, child and reproductive health; to prevent, treat and control diseases, to ensure a healthy natural and work place environment; and to ensure universal access to health facilities, goods and services.

In year 2000, the United Nations Committee on Economic, Social and Cultural Rights (CESCR), the body mandated with drafting official interpretations of, and monitoring state compliance with, the rights set out in the Covenant, adopted General Comment 14 on the Right to Health. According to the General Comment, the right to health as recognized under Article 12 of the ICESCR extends not only to timely and appropriate health care but also to the underlying determinants of health. These include access to safe and potable water and adequate sanitation, an adequate supply of safe food, nutrition and housing, healthy occupational and environmental conditions, and access to health-related education and information.

A number of World Health Assembly resolutions and other policy documents recognize health as a fundamental human right. For example in 2006, the 59th World Health Assembly adopted the 11th General Programme of Work (GPW), with the Global Health Agenda which lists seven priority areas for all stakeholders in the international community including, "promoting universal coverage, gender equality, and health-related human rights" ..

In recent years, WHO has placed increased emphasis on operationalizing human rights in health development programming as well as in its humanitarian work. Several programmes at Headquarters, Regional and Country Offices are already working in the area of health and human rights.

WHO collaborates closely with the Office of the High Commissioner for Human Rights and mechanisms under its auspices such as the UN human rights treaty monitoring bodies and the UN Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health.

The overall work on health and human rights in WHO falls into three main categories: 1) supporting governments in adopting and implementing a human rights-based approach to health development and humanitarian action; 2) strengthening WHO's capacity to integrate a human rights-based approach in its work; and 3) advancing the enjoyment of the highest attainable standard of health as a human right in international law and development processes.

As part of the on-going effort in WHO to integrate human rights into public health and its programs and activities, the AFRO (WHO Regional Office for Africa) and some of the Country Offices in the Region, have undertaken activities that are aimed at building capacity among relevant institutions and organizations to integrate and apply human rights, norms and standards in the development frameworks, and analysis of health policies and systems. AFRO has now a unit within the Division of Health Systems and Services Development to coordinate and facilitate its health and human rights activities.

As Dr Margaret Chan, WHO's Director General, recently remarked: "The world is in a mess, and much of this mess is of our own making. Events such as the financial crisis and climate change are not quirks of the marketplace, or quirks of nature. They are not inevitable events in the up-and-down cycle of human history. Instead, they are markers of massive failure in the international systems that govern the way nations and their populations interact. In short, they are the result of bad policies..." She then goes on to say "Something has gone wrong. Collectively, we have failed to give the systems that govern international relations a moral dimension. The values and concerns of society rarely shape the way these international systems operate..."

Human rights are universally recognized values and should guide us in all actions. Governments have committed themselves to various human rights obligations (having ratified human rights treaties) relevant to health. Their public health policies and programmes should promote and reinforce these human rights obligations.

The realization of the right to health is subject to what is known as the principle of progressive realization. This acknowledges the constraints due to the limits of available resources yet maintains the obligation of an immediate nature to move as expeditiously and effectively as possible. International economic and technical, assistance and cooperation, are important in this regard. Governments' commitment towards the full realization of rights must be deliberate, concrete and targeted clearly to achieve its human rights obligations. Appropriate means, including the adoption of legislative measures, the provision of judicial remedies as well as administrative, financial, educational and social measures, must be used in this regard.

This regional Alumni workshop offers a unique opportunity to further enhance and clarify our understanding of the linkages between health and human rights, to share and consolidate our respective experiences on the operationalization of human rights in health programmes, and to discuss best practices on how to integrate human rights in the design, implementation, monitoring and evaluation of health policies, strategies and programmes.

The impact of the workshop depends on what we do after the workshop. I therefore, have no doubt that you have the determination to implement the workshop deliberations hereafter. It is my sincere hope that this workshop will help renew our commitment to the right to health and consolidate our collaborative effort to continually advocate for the full realization of the right to health to every human being without discrimination. I once again thank InWEnt for collaborating with WHO to provide the e-learning course and for sponsoring this Workshop.

Thank you for your attention.