

HEALTH AND HUMAN RIGHTS RESOURCE GUIDE



FXBCENTER
FOR HEALTH & HUMAN RIGHTS

HARVARD SCHOOL OF PUBLIC HEALTH | HARVARD UNIVERSITY

HEALTH AND HUMAN RIGHTS RESOURCE GUIDE

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Health and Human Rights Resource Guide

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Cover photograph courtesy of Sven Torfinn - Panos for the Open Society Foundations, "A paralegal nurse named Mercy and a lawyer named Johnson, both with Nyeri Hospice in Nyeri, Kenya talk with Elizabeth (center) about her health and property. She has cancer and is cared for by her granddaughter Caroline (to her left). She wants to ensure her granddaughters can inherit her property even though other relatives are trying to claim it."

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INTRODUCTION



HEALTH AND HUMAN RIGHTS

“ [The right to health is] an inclusive right extending not only to timely and appropriate health care but also to the underlying determinants of health, such as 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 ... ”

– *Committee on Economic, Social and Cultural Rights, General Comment No. 14*

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The following people drafted, contributed, or commented on materials for the individual chapters of the Guide:

Introduction

Arlan Fuller, Oscar Cabrera, Angela Duger

1. Patient Care and Human Rights

Angela Duger, Jennifer Leaning, Sarah Dougherty, Judy Overall, Tamar Ezer

2. HIV, AIDS, and Human Rights

Angela Duger, Sarah Dougherty, Till Baeringhausen, Ralf Jurgens

3. TB and Human Rights

Sarah Dougherty, Allan Maleche, Angela Duger, Evan Lyon, Erin Howe, Anya Sarang

4. Harm Reduction and Human Rights

Angela Duger, Damon Barrett, Sarah Dougherty,

5. Palliative Care and Human Rights

Angela Duger, Jennifer Leaning, Sarah Dougherty, Tamar Ezer, Dr. Kathy Foley

6. Children's Health and Human Rights

Nadia Ben-Youssef, Ali Yamin, Angela Duger, Sarah Dougherty, Tamar Ezer

7. Minority Health and Human Rights

Angela Duger, Margareta Matache, Sarah Dougherty, Alina Covaci, Alpha Abdikeeva, Tamar Ezer

8. LGBTI Health and Human Rights

Claire Mahon, Tim Fletcher, Charles Dallimore, Angela Duger, Sarah Dougherty, Heather Doyle

9. Disability, Health, Community Living and Human Rights

Angela Duger, Heather Adams, Alison Hillman, Tirza Leibowitz, Judith Klein

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PREFACE

The FXB Center for Health and Human Rights at Harvard University (FXB Center) is honored by the invitation from Open Society Foundations (OSF) to update the Health and Human Rights Resource Guide. The Center appreciates this opportunity to advance the global discussion on health and human rights by working on the new edition of the Resource Guide with OSF, a leader in civil society. This work aligns with the FXB Center's mission to promote knowledge, develop networks, and make positive change in the health and wellbeing of people worldwide.

As an academic center, FXB has launched a number of research and policy initiatives that have helped improve the health and well-being of people trapped in grave poverty, conflict, disease, and social marginalization. By engaging with major international institutions and non-governmental organizations, the Center expanded the understanding of rights, and contributed to removing legal and social barriers to human rights enforcement worldwide.

This Resource Guide is intended to promote knowledge of rights by bridging the gap between theory and practice. We hope that ongoing and future collaboration between and among the FXB Center, OSF and our local partners will increase our collective effectiveness in protecting the most vulnerable and assisting them to fulfill their rights. On behalf of all the contributors to this updated Resource Guide, I extend the hope that those working to defend and secure human rights will find the new Guide a useful addition to their advocacy tools.

Sincerely,

Jennifer Leaning
Director
FXB Center for Health and Human Rights
Harvard University

ABOUT THIS GUIDE

Objective

This Resource Guide is a practical reference tool intended to serve as an introduction to the issue areas covered in each chapter. It has been designed for a wide array of users: health workers, trainers, program designers, litigators, and policymakers. Readers are encouraged to refer to other authoritative sources when conducting in-depth research on a specific topic.

The Resource Guide has been designed to be a user-friendly, multi-purpose tool in advocating for health and human rights. To ensure easy and widespread access, the Guide is available online in both HTML and PDF formats. This allows both a web-friendly version, as well as a print-friendly version, for use in any context. The Resource Guide has also been translated into multiple languages, all of which are available online.

Purpose

The Resource Guide can be used for many different purposes. These include:

- **Collaborating with colleagues on strategy development**
 - The Resource Guide provides many examples of human rights violations and different strategies for advancing health and human rights. These can serve as an inspiration for an organization's strategy development. The Resource Guide also provides many examples of collaboration between law-focused and public health staff to advance health and human rights.
- **Developing regional or thematic courses and trainings**
- **Educating other funders**
- **Identifying human rights claims**
 - The Resource Guide provides many examples of human rights violations as well as legal standards and precedents that can be used to redress those violations. These tools can assist in framing common health or legal issues as human rights issues, and in approaching them with new intervention strategies.
- **Adapting the case examples in your country**
 - The case examples can serve as a model for others who work on those related issues. Case examples can also be shared with partners or funders to encourage new projects or programs on health and human rights issues.
- **Conduct further research**
 - The resources provided are intended to help guide readers to authoritative sources on specific topics. These lists can be helpful when writing an article or news press, preparing a presentation, or drafting a proposal.

Organization

The Resource Guide covers basic concepts in health and human rights. This Introduction provides a primer on the right to health and human rights, an introduction to human rights-based approaches to policy and programming, an introduction to human rights mechanisms, and general resources on health and human rights. The other nine chapters each focus on a different health issue or marginalized or vulnerable population. The nine chapters do not reflect an exhaustive list of health and human rights issue areas. Rather they highlight priority program areas of the FXB Center and Open Society Foundations.

Each chapter is organized into six sections. These sections are listed below, together with a description of their purpose and how they can be used:

1. How is this topic a human rights issue?

- This section provides an introduction to the issue area and a description of why it is a human rights issue. Some chapters also include a description of common human rights-based approaches to the issue.

2. What is a human rights-based approach to advocacy, litigation, and programming?

- This section, common to each chapter, describes the key elements of a human rights-based approach. It also describes the different methods available for using a rights-based approach and the benefits that ensue.

3. What are the most relevant international and regional human rights standards related to this issue?

- This section provides two sets of tables. The first set (Tables A and B) provides a quick reference to the relevant articles in international and regional human rights instruments referred to in the text. The second set of tables are numerically labeled (Table 1 and on) and each is dedicated to an individual human right. Each individual table lists examples of human rights violations as well as international and regional treaty body interpretation and case law interpreting the human right. For example, Table 3 in the patient care chapter is “Patient care and the right to information.”
- These tables are helpful for constructing human rights arguments, identifying opportunities for using human rights mechanisms, or doing human rights legal research.

4. What are some examples of effective human rights programming on this issue?

- This section provides examples of effective litigation and advocacy activities. They are intended as suggestive precedents to be applied as needed in the particular context at hand.

5. Where can I find additional resources on this issue?

- The resources section provides a list of human rights instruments, topical resources, training materials and websites on specific human rights issue. Most of the resources are available online (websites are provided) and are open source. In some cases, the resources are available in multiple languages.

6. What are key terms related to this issue?

- The glossary provides generally accepted definitions of key terms utilized within the chapter or commonly used within the field.

INTRODUCTION TO HEALTH AND HUMAN RIGHTS

The Right to Health

Legal Basis for the Right to Health

The right to health is widely recognized in international human rights law. Below is a chart of the international and regional human rights instruments expressly recognizing the right to health:

Human Rights Instrument	Right to Health Provision
Universal Declaration of Human Rights	Article 25
International Covenant on Economic and Social Rights	Article 12
International Convention on the Elimination of All Forms of Racial Discrimination	Article 5 (d) (iv)
Convention on the Elimination of All Forms of Discrimination Against Women	Article 11.1(f) and 12
Convention on the Rights of the Child	Article 24
Convention on the Rights of Persons with Disabilities	Article 25
African Charter on Human and Peoples' Rights	Article 16
European Social Charter	Article 11
American Declaration of the Rights and Duties of Man	Article XI
Additional Protocol to the American Convention on Human Rights in the Area of Economic, Social and Cultural Rights	Article 10

The mostly widely used and comprehensive articulation of the right to health is set out in the International Covenant on Economic, Social, and Cultural Rights (ICESCR). ICESCR Article 12 provides that “The States Parties to the present Covenant recognize the right of everyone to the enjoyment of the highest attainable standard of physical and mental health.”¹

The Committee on Economic, Social and Cultural Rights (CESCR) is the UN body authorized to monitor compliance with the ICESCR and has issued a general comment on the right to health – General Comment 14.² General comments provide authoritative guidance on how States Parties to a treaty are expected to implement their treaty obligations. However General Comments are not binding on States Parties. This means that States are not legally obligated to comply with the General Comments. (For more information on this distinction, please see page XX of the Introduction.)

¹ UN General Assembly, *International Covenant on Economic, Social, and Cultural Rights* (ICESCR) (Dec 16, 1966, entered into force Jan 3, 1976). <http://www.refworld.org/cgi-bin/tehis/vtx/rwmain?docid=3ae6b36co>.

² Committee on Economic, Social and Cultural Rights (CESCR), General Comment No. 14, U.N. Doc. E/C.12/2000/4 (Aug. 11, 2000). <http://www2.ohchr.org/english/bodies/cescr/comments.htm>.

CESCR General Comment 14 on the Right to Health

Normative Content

The right to health is short-form for the right to the highest attainable standard of physical and mental health. The right to health is not the right to be healthy or the right to health care, but a more complex and nuanced understanding of the right to health. CESCR explains that “the right to health must be understood as a right to the enjoyment of a variety of facilities, goods, services and conditions necessary for the realization of the highest attainable standard of health. This section focuses on how CESCR has defined and explained what the right to health is (the normative content), States Parties’ obligations, and recommendations for national implementation of the right to health.

Underlying Determinants of Health

CESCR General Comment 14 explains that the “right to health embraces a wide range of socio-economic factors that promote conditions in which people can lead a healthy life, and extends to the underlying determinants of health.” In other words, the underlying determinants of health can be thought of as “a wide range of socio-economic factors that promote conditions in which people can lead a healthy life.” CESCR explains that the underlying determinants of health include, but are not limited to:

- Adequate supply of safe food and nutrition
- Housing
- Access to safe and potable water and adequate sanitation
- Safe and healthy working conditions
- Healthy occupational and environmental conditions
- Access to health-related education and information including on sexual and reproductive health.

Essential Elements of the Right to Health

The following is a list of essential elements applicable to all aspects of the right to health, including the underlying determinants, and to all countries, “the precise application of which will depend on the conditions prevailing in a particular” country.

A) Availability

- Public health and health care facilities, goods, services and programs are available in sufficient quantity and include 1) the underlying determinants of health including drinking water and sanitation facilities, 2) hospitals, clinics or other health-related buildings, 3) trained medical and professional personnel, and 4) essential drugs.

B) Accessibility

1. Non-discrimination

- Health facilities, goods and services accessible to all, especially marginalized and vulnerable populations.
- Discrimination is prohibited on the grounds of race, color, sex, language, religion, political or other opinion, national or social origin, property, birth, physical or mental disability, health status (including HIV/AIDS), sexual orientation and civil, political, social or other status.

2. Physical accessibility

- Health facilities, goods and services, medical services, and the underlying determinants of health are all provided within safe physical reach for all sections of the population.

3. Economic accessibility (affordability)

- Health facilities, goods and services are affordable for all.
- Health care services and services related to the underlying determinants of health must be based on equity, meaning affordable for all and not disproportionately burdensome for the poor .

4. Information accessibility

- Information is accessible and includes the right to seek, receive and impart information and ideas on health issues, while respecting the right to confidential personal health data.

C) Acceptability

- Health facilities, goods and services are respectful of medical ethics and culturally appropriate including sensitive to gender and life-cycle requirements.

D) Quality

- Health facilities, goods and services are scientifically and medically appropriate and of good quality. This includes skilled medical personnel, scientifically approved drugs and hospital equipment, safe and potable water, and adequate sanitation.

States Parties' Obligations

States have several different obligations and different levels of obligations under the right to health.

Immediate Obligation: Non-discrimination

States are immediately obligated, upon ratifying the ICESCR, to ensure non-discrimination in access to health care and the underlying determinants of health. This is an immediate obligation for all states, regardless of resources because CESCR “stresses that many measures, such as most strategies and programmes designed to eliminate health-related discrimination, can be pursued with minimum resource implications through the adoption, modification or abrogation of legislation or the dissemination of information.”

States must prohibit discrimination in access to health care and the underlying determinants of health, as well as the means and entitlements to their procurement. CESCR also emphasizes the need for equality of access to health care and health care services. CESCR explains that discrimination is prohibited on the basis of race, colour, sex, language, religion, political or other opinion, national or social origin, property, birth, physical or mental disability, health status (including HIV/AIDS), sexual orientation and civil, political, social or other status.

Progressive Realization

States also have an immediate obligation to take steps towards the realization of the right to health, referred to as progressive realization. Progressive realization means that “States parties have a specific and continuing obligation to move as expeditiously and effectively as possible”³ towards full realization of the right to health. CESCR recognizes that the right to health cannot be immediately achieved by many States Parties. For example, some States may have to develop health care infrastructure, train health professionals, or implement health care legal reforms. The obligation for States to progressively realize the right to health requires them to make continuing efforts to implement this right, recognizing that this is a process achieved over time.

Presumption against Retrogressive Measures

Along with the obligation of progressive realization is a presumption that States should not take any retrogressive measures. This means that once a State has taken a measure to realize the right to health, it should only expand on that measure and not take away or reduce the availability of that measure.

³ UN Committee on Economic, Social and Cultural Rights (CESCR), *General Comment No. 3: The Nature of States Parties' Obligations (Art. 2, Para. 1, of the Covenant)*, E/1991/23 (December 14, 1990). <http://www2.ohchr.org/english/bodies/cescr/comments.htm>.

Minimum Core

The right to health contains a minimum essential core of elements that all States are obligated to implement. Therefore, while States must progressively realize the right to health, they must at the same time begin by at least providing and realizing the minimum essentials. CESCR General Comment 14 provides a list of 6 core obligations States must realize:

- a) Non-discriminatory access to health facilities, goods and services
- b) Access to the minimum, nutritionally adequate and safe food
- c) Access to basic shelter, housing and sanitation, and safe and potable water
- d) Provision of essential drugs (as defined by the WHO)
- e) Equitable distribution of all health facilities, goods and services
- f) Adoption and implementation of a national public health strategy and plan of action.

Maximum Available Resources

ICESCR Article 2(1) also requires each State Party to realize the Covenant rights by taking steps “to the maximum of its available resources.” If a State fails to meet the minimum core obligations and attributes this to a lack of available resources, the State Party must demonstrate that it made every effort to use all available resources in an effort to satisfy the minimum core obligations.⁴

Priority Obligations

CESCR General Comment 14 provides a list of five priority obligations for States parties. CESCR considers these priorities, in addition to the minimum core obligations, as essential to realizing the right to health.

The five priority obligations are:

- a) Ensure reproductive, maternal and child health care
- b) Provide immunization against major infectious diseases in the community
- c) Take measures to prevent, treat and control epidemic and endemic diseases
- d) Provide education and access to information on the main health problems
- e) Provide appropriate training for health personnel, including education on health and human rights.

Respect, Protect, Fulfil

The right to health, “like all human rights, imposes three levels of obligations on States parties: the obligations to respect, protect and fulfil.” CESCR provides detailed explanations of these levels of obligations and with specific examples of State obligations in CESCR General Comment. The three levels are:

- Respect:* States must refrain from interfering with the enjoyment of the right to health.
- Protect:* States must take measures to prevent third parties from interfering with the enjoyment of the right to health.
- Fulfil:* States must adopt legislative, administrative, budgetary, judicial, promotional and other measures towards the full realization of the right to health.

⁴ UN Committee on Economic, Social and Cultural Rights (CESCR), *General Comment No. 3: The Nature of States Parties' Obligations (Art. 2, Para. 1, of the Covenant)*, E/1991/23 (December 14, 1990); UN Committee on Economic, Social and Cultural Rights (CESCR), *General Comment No. 14: The Right to the Highest Attainable Standard of Health (Art. 12 of the Covenant)*, U.N. Doc. E/C.12/2000/4 (Aug. 11, 2000). <http://www2.ohchr.org/english/bodies/cescr/comments.htm>.

Implementation at the National Level

CESCR General Comment 14 also provides guidance on how States parties should implement the right to health at the national level.

Framework Legislation

It is recommended that States develop and adopt a national health strategy based upon the right to health which lays out a clear plan for how the State will implement the right to health. The national strategy should include the formulation of policies, identification of resources, and corresponding indicators and benchmarks.

Indicators and Benchmarks

CESCR also recommends that States utilize right to health indicators and benchmarks. Indicators are used to monitor the implementation of the right to health and compliance with the State's obligations under ICESCR Article 12. This is achieved through data collection and statistical analysis.⁵ Benchmarks are usually developed in relation to each indicator and provide the State with specific targets that it seeks to achieve. An example is provided below:

Indicator	Proportion of births attended by a skilled health professional.
Benchmark	80% of births attended by a skilled health professional by 2015.

⁵ For more information on indicators, please see: UN Office of the High Commissioner for Human Rights, *Human Rights Indicators: A Guide to Measurement and Implementation* (2012). <http://www.ohchr.org/EN/Issues/Indicators/Pages/HRIndicatorsIndex.aspx>.

Health and Human Rights

The Resource Guide also explores the intersection between health and other human rights, beyond the right to health. Human rights are interdependent and interrelated. As CESCR General Comment 14 states:

The right to health is closely related to and dependent upon the realization of other human rights ... including the rights to food, housing, work, education, human dignity, life, non-discrimination, equality, the prohibition against torture, privacy, access to information, and the freedoms of association, assembly and movement. These and other rights and freedoms address integral components of the right to health.

CESCR highlights the interdependence and interrelatedness of the right to health and other human rights. However, the field of health and human rights extends beyond the interrelatedness of human rights. From the outset, the health and human rights field sought to explore the intersection of the field of health and the field of human rights. As Jonathan Mann and colleagues explained:

[H]ealth and human rights are both powerful, modern approaches to defining and advancing human well-being. Attention to the intersection of health and human rights may provide practical benefits to those engaged in health or human rights work, may help reorient thinking about major global health challenges, and may contribute to broadening human rights thinking and practice.⁶

Many international declarations and principles based on the linkage of health and human rights are relevant to practitioners. For example, the Alma-Ata Declaration underscored the need to protect health and identified primary health care as a key to achieving health for all.⁷ The Siracusa Principles state that when there is a conflict between human rights and public health needs, governments may infringe rights if their actions are necessary to achieve legitimate objectives, provided that those actions are the least intrusive possible, and non-discriminatory in application.⁸ These connections between health and human rights will be explored throughout each chapter.

6 Mann J et al, "Health and Human Rights," *Health and Human Rights* 1, no. 1 (Fall 1997): 8. <http://www.hhrjournal.org/archives-pdf/4065260.pdf>.
[bannered.pdf](#).

7 International Conference on Primary Health Care, *Declaration of Alma-Ata* (Alma-Ata, USSR, Sept 6-12, 1978). http://www.who.int/publications/almaata_declaration_en.pdf.

8 United Nations, Economic and Social Council, *Siracusa Principles on the Limitation and Derogation Provisions in the International Covenant on Civil and Political Rights*, E/CN.4/1985/4, Annex (1985). www1.umn.edu/humanrts/instree/siracusaprinciples.html. See also, WHO, *Guidelines for social mobilization*; WHO, "WHO Guidance on human rights and involuntary detention for xdr-tb control", www.who.int/tb/features_archive/involuntary_treatment/en/index.html.

WHAT IS A HUMAN RIGHTS-BASED APPROACH TO ADVOCACY, LITIGATION, AND PROGRAMMING?

What is a human rights-based approach?

“Human rights are conceived as tools that allow people to live lives of dignity, to be free and equal citizens, to exercise meaningful choices, and to pursue their life plans.”⁹

A human rights-based approach (HRBA) is a conceptual framework that can be applied to advocacy, litigation, and programming and is explicitly shaped by international human rights law. This approach can be integrated into a broad range of program areas, including health, education, law, governance, employment, and social and economic security. While there is no one definition or model of a HRBA, the United Nations has articulated several common principles to guide the mainstreaming of human rights into program and advocacy work:

- The integration of human rights law and principles should be visible in all work, and the aim of all programs and activities should be to contribute directly to the realization of one or more human rights.
- Human rights principles include: “universality and inalienability; indivisibility; interdependence and interrelatedness; non-discrimination and equality; participation and inclusion; accountability and the rule of law.”¹⁰ They should inform all stages of programming and advocacy work, including assessment, design and planning, implementation, monitoring and evaluation.
- Human rights principles should also be embodied in the processes of work to strengthen rights-related outcomes. Participation and transparency should be incorporated at all stages and all actors must be accountable for their participation.

A HRBA specifically calls for human rights to guide relationships between rights-holders (individuals and groups with rights) and the duty-bearers (actors with an obligation to fulfill those rights, such as States).¹¹ With respect to programming, this requires “[a]ssessment and analysis in order to identify the human rights claims of rights-holders and the corresponding human rights obligations of duty-bearers as well as the immediate, underlying, and structural causes of the non-realization of rights.”¹²

A HRBA is intended to strengthen the capacities of rights-holders to claims their entitlements and to enable duty-bearers to meet their obligations, as defined by international human rights law. A HRBA also draws attention to marginalized, disadvantaged and excluded populations, ensuring that they are considered both rights-holders and duty-bearers, and endowing all populations with the ability to participate in the process and outcomes.

⁹ Yamin AE, “Will we take suffering seriously? Reflections on what applying a human rights framework to health means and why we should care,” *Health and Human Rights* 10, no. 1 (2008).

¹⁰ For a brief explanation of these principles, see UN Development Group (UNDG), *The Human Rights Based Approach to Development Cooperation Towards a Common Understanding Among UN Agencies* (May 2003), available at: www.undg.org/archive_docs/6959-The_Human_Rights_Based_Approach_to_Development_Cooperation_Towards_a_Common_Understanding_among_UN.pdf.

¹¹ Ibid.

¹² Ibid.

What are key elements of a human rights-based approach?

Human rights standards and principles derived from international human rights instrument should guide the process and outcomes of advocacy and programming. The list below contains several principles and questions that may guide you in considering the strength and efficacy of human rights within your own programs or advocacy work. Together these principles form the acronym PANELS.

- **Participation:** Does the activity include participation by all stakeholders, including affected communities, civil society, and marginalized, disadvantaged or excluded groups? Is it situated in close proximity to its intended beneficiaries? Is participation both a means and a goal of the program?
- **Accountability:** Does the activity identify both the entitlements of claim-holders and the obligations of duty-bearers? Does it create mechanisms of accountability for violations of rights? Are all actors involved held accountable for their actions? Are both outcomes and processes monitored and evaluated?
- **Non-discrimination:** Does the activity identify who is most vulnerable, marginalized and excluded? Does it pay particular attention to the needs of vulnerable groups such as women, minorities, indigenous peoples, disabled persons and prisoners?
- **Empowerment:** Does the activity give its rights-holders the power, capacity, and access to bring about a change in their own lives? Does it place them at the center of the process rather than treating them as objects of charity?
- **Linkage to rights:** Does the activity define its objectives in terms of legally enforceable rights, with links to international, regional, and national laws? Does it address the full range of civil, political, economic, social, and cultural rights?
- **Sustainability:** Is the development process of the activity locally owned? Does it aim to reduce disparity? Does it include both top-down and bottom-up approaches? Does it identify immediate, underlying and root causes of problems? Does it include measurable goals and targets? Does it develop and strengthen strategic partnerships among stakeholders?

Why use a human rights-based approach?

There are many benefits to using a human rights-based approach to programming, litigation and advocacy. It lends legitimacy to the activity because a HRBA is based upon international law and accepted globally. A HRBA highlights marginalized and vulnerable populations. A HRBA is effective in reinforcing both human rights and public health objectives, particularly with respect to highly stigmatizing health issues.¹³ Other benefits to implementing a human rights-based approach include:

- **Participation:** Increases and strengthens the participation of the local community.
- **Accountability:** Improves transparency and accountability.
- **Non-discrimination:** Reduces vulnerabilities by focusing on the most marginalized and excluded in society.
- **Empowerment:** Capacity building.
- **Linkage to rights:** Promotes the realization of human rights and greater impact on policy and practice.
- **Sustainability:** Promotes sustainable results and sustained change.

¹³ Gauri V & Gloppen S, *Human Rights Based Approaches to Development: Concepts, Evidence, and Policy*, World Bank Policy Research Working Paper 5938 (Jan. 2012). <http://elibrary.worldbank.org/content/workingpaper/10.1596/1813-9450-5938>.

How can a human rights-based approach be used?

A variety of human rights standards at the international and regional levels applies to patient care. These standards can be used for many purposes including to:

- Document violations of the rights of patients and advocate for the cessation of these violations.
- Name and shame governments into addressing issues.
- Sue governments for violations of national human rights laws.
- File complaints with national, regional and international human rights bodies.
- Use human rights for strategic organizational development and situational analysis.
- Obtain recognition of the issue from non-governmental organizations, governments or international audiences. Recognition by the UN can offer credibility to an issue and move a government to take that issue more seriously.
- Form alliances with other activists and groups and develop networks.
- Organize and mobilize communities.
- Develop media campaigns.
- Push for law reform.
- Develop guidelines and standards.
- Conduct human rights training and capacity building
- Integrate legal services into health care to increase access to justice and to provide holistic care.
- Integrate a human rights approach in health services delivery.

USING HUMAN RIGHTS MECHANISMS FOR LITIGATION AND ADVOCACY

In addition to the human rights-based approaches listed above, health and human rights advocates may lodge complaints or file reports with regional or international human rights bodies (technically known as mechanisms). In this section we highlight two types of international human rights mechanisms: courts and human rights bodies.

Courts: act in a judicial capacity and issue rulings that are binding on governments.

Human rights bodies: examine reports submitted by governments to determine compliance with human rights obligations. In some cases they have the authority to examine individual complaints of human rights violations.

Introductory International Law Concepts

States are only legally bound by a treaty if they are a party to that treaty. The State must have ratified or acceded to the treaty to become a party to the treaty and legally obligated to implement it. Ratification occurs when a State signs the treaty and then follows its own national requirements to become legally bound by the treaty. Signing the treaty does not oblige the State to ratify the treaty nor does it make the treaty legally binding upon the State. Accession has the same legal effect as ratification. Accession occurs without signing of the treaty but when the State follows its own national requirements to become legally bound by the treaty. Both accession and ratification create a legally binding obligation to the treaty. This section highlights how treaties are legally enforced against States who are parties to the treaty so it is important to determine whether the country you are seeking to hold accountable is a party to the treaty you are seeking to use.¹⁴

It is also important to recognize the difference between ‘hard’ and ‘soft’ law. Hard law consists of treaties that are legally binding and enforceable against a state. This includes all international or regional treaties that a State has ratified or acceded to. It also includes national law. Soft law consists of international, regional or domestic instruments that are not legally binding. Soft law can include interpretations of treaties issued by treaty bodies, resolutions and declarations, principles, or guidelines. Complaints and reports filed with human rights enforcement mechanisms must be based upon a violation of ‘hard’ law – a treaty article. Soft law is often utilized to bolster or supplement an argument by demonstrating common interpretation or customary implementation of a treaty. Soft law, however, can evolve into hard law when the consistent conduct of states conforms to the soft law, out of a sense of its own obligation. This is known in international law as ‘customary law’. The distinction between hard and soft law and defining customary law can be controversial.

¹⁴ For more introductory information on international law and treaties, see: http://treaties.un.org/doc/source/events/2012/Press_kit/fact_sheet_1_english.pdf. For more information on key treaty terms see: http://treaties.un.org/Pages/Overview.aspx?path=overview/definition/page1_en.xml#treaties.

Treaties and Corresponding Enforcement Mechanisms

Note: This list includes a small sample of the treaties and enforcement mechanisms that are commonly used to advocate for health and human rights.

International Treaty	Enforcement Mechanism + Description	Mandate
International Covenant on Civil and Political Rights (ICCPR)	Human Rights Committee (HRC) www2.ohchr.org/english/bodies/hrc/index.htm UN Human Rights Treaty Body	<ol style="list-style-type: none"> 1. Reviews periodic reports submitted by States to monitor compliance with ICCPR. Issues recommendations to States, known as concluding observations. 2. Examines individual complaints filed against States party to the Optional Protocol. 3. Examines inter-State complaints. 4. Publishes interpretation of ICCPR articles, known as General Comments.
International Covenant on Economic, Social, and Cultural Rights (ICESCR)	Committee on Economic, Social and Cultural Rights (CESCR) http://www2.ohchr.org/english/bodies/cescr/index.htm UN Human Rights Treaty Body	<ol style="list-style-type: none"> 1. Reviews periodic reports submitted by States to monitor compliance with ICCPR. Issues recommendations to States, known as concluding observations. 2. Examines individual complaints filed against States party to the Optional Protocol. 3. Publishes interpretation of ICCPR articles, known as General Comments.
Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW)	Committee on the Elimination of Discrimination Against Women (CEDAW Committee) http://www2.ohchr.org/english/bodies/cedaw/index.htm UN Human Rights Treaty Body	<ol style="list-style-type: none"> 1. Reviews periodic reports submitted by States to monitor compliance with CEDAW. Issues recommendations to States, known as concluding observations. 2. Examines individual complaints filed against States party to the Optional Protocol. 3. May initiate confidential inquiry into situations of grave or systematic violations of States party to the Optional Protocol. 4. Publishes interpretation of CEDAW articles, known as general recommendations.
International Convention on the Elimination of All Forms of Racial Discrimination (ICERD)	Committee on the Elimination of Racial Discrimination (CERD) http://www2.ohchr.org/english/bodies/cerd/index.htm UN Human Rights Treaty Body	<ol style="list-style-type: none"> 1. Reviews periodic reports submitted by States to monitor compliance with ICERD. Issues recommendations to States, known as concluding observations. 2. Conducts preventative measures. These are early-warning measures aimed at preventing existing situations from escalating and urgent procedures responding to problems requiring immediate attention. Issues decisions, statements or resolutions. 3. Examines inter-State complaints. 4. Examines individual complaints filed against States party to the Optional Protocol. 5. Publishes interpretation of ICERD articles, known as General Comments.

International Treaty	Enforcement Mechanism + Description	Mandate
Convention on the Rights of the Child (CRC)	Committee on the Rights of the Child (CRC Committee) http://www2.ohchr.org/english/bodies/crc/index.htm UN Human Rights Treaty Body	<ol style="list-style-type: none"> 1. Reviews periodic reports submitted by States to monitor compliance with CRC. Issues recommendations to States, known as concluding observations. 2. Reviews additional reports from States party to the Optional Protocols on the involvement of children in armed conflict and on the sale of children, child prostitution and child pornography. 3. Optional Protocol to hear individual complaints adopted in December 2011, but has not entered into force. Anticipated to do so in the near future. 4. Publishes interpretation of CRC articles, known as General Comments.

Regional Treaty	Enforcement Mechanism + Description	Mandate
African Charter on Human and Peoples' Rights (ACHPR)	African Commission on Human and Peoples' Rights (ACHPR Commission) http://www.achpr.org/ Regional Human Rights Treaty Body	<ol style="list-style-type: none"> 1. Promotion of human and peoples' rights <ol style="list-style-type: none"> a. The Commission carries out sensitization, public mobilization and information dissemination through seminars, symposia, and conferences. b. Conducts promotional missions. 2. Protection of human and peoples' rights <ol style="list-style-type: none"> a. Reviews periodic reports submitted by States to monitor compliance with the Charter. Issues recommendations to States, known as concluding observations. b. Receives inter-state and individual communications and issues recommendations. c. Has friendly settlement of dispute and urgent appeal mechanisms. d. Special Mechanisms in the form of Special Rapporteurs, working groups or committees that investigate and report on specific human rights issues e. Conducts protective missions. 3. Interpretation of the Charter <ol style="list-style-type: none"> a. Interprets the provisions of the Charter upon a request by a state party, organs of the African Union or individuals. No organ of the AU has referred any case of interpretation of the Charter to the Commission. b. Adopts resolutions expounding on the Charter provisions. Resolutions are generally 1) thematic, 2) administrative, or 3) country specific.

Regional Treaty	Enforcement Mechanism + Description	Mandate
<p>African Charter on Human and Peoples' Rights (ACHPR) and</p> <p>The Protocol on the Establishment of an African Court on Human and Peoples' Rights</p>	<p>African Court on Human and Peoples' Rights (ACHPR) http://www.african-court.org/en/</p> <p>Regional Human Rights Court</p>	<ol style="list-style-type: none"> Judicial body that hears cases and disputes alleging violations of the African Charter on Human and Peoples' Rights, the Protocol on the Establishment of an African Court on Human and Peoples' Rights, and any other human rights treaty ratified by the state concerned. The Court may also render advisory opinion on any matter within its jurisdiction. The advisory opinion of the Court may be requested by the African Union, member states of the African Union, African Union organs and any African organisation recognised by the African Union.
<p>[European] Convention for the Protection of Human Rights and Fundamental Freedoms (ECHR)</p>	<p>European Court of Human Rights (ECtHR) http://www.echr.coe.int/echr/homepage_en/</p> <p>Regional Human Rights Court</p>	<ol style="list-style-type: none"> Judicial body that rules on individual or State applications alleging violations of the civil and political rights set out in the European Convention on Human Rights.
<p>European Social Charter (ESC) [1996 Revised version]</p>	<p>European Committee of Social Rights (ECSR) http://www.coe.int/t/dghl/monitoring/socialcharter/ecsr/ecsrdefault_EN.asp</p> <p>Regional Human Rights Treaty Body</p>	<ol style="list-style-type: none"> Reviews periodic reports submitted by States to monitor compliance with ESC and adopts conclusions. Examines collective complaints and adopts decisions. Only organizations that have enrolled with the ECSR are entitled to submit complaints, and these are limited to EU and national trade organizations and employers' organizations as well as NGOs.
<p>American Convention on Human Rights (ACHR)</p>	<p>Inter-American Court of Human Rights (IACtHR) http://www.corteidh.or.cr/</p> <p>Regional Human Rights Court</p>	<ol style="list-style-type: none"> Judicial body that rules on cases alleging violations of the American Convention on Human Rights. The Court receives cases only from States party to the Convention or cases referred by the Inter-American Commission on Human Rights. Also, in addition to being a State party to the Convention, States must also submit to the jurisdiction of the Court which may be done case by case or in a one-time declaration. The Court may also issue advisory opinions submitted by OAS agencies and States regarding the interpretation of the ACHR or other human rights treaties in the American States.
<p>American Convention on Human Rights (ACHR)</p> <p>American Declaration of the Rights and Duties of Man (ADRDM)</p> <p>OAS Charter</p>	<p>Inter-American Commission of Human Rights (IACHR) http://www.oas.org/en/iachr/</p> <p>Regional Human Rights Treaty Body</p>	<ol style="list-style-type: none"> Examines petitions filed by persons, NGOs, and State parties who have formally recognized the jurisdiction of the Court. Has the authority to refer the case to the IACHR. Monitors the human rights situation in member States. This includes, among other activities, issuing country reports and conducting country visits. Issues studies or reports on thematic priority areas.

RESOURCES ON HEALTH AND HUMAN RIGHTS

A list of commonly used resources on health and human rights follows. It is organized into the following categories:

- A. International Instruments
- B. Regional Instruments
- C. UN Documents
 - a. General Comments and Recommendations
 - b. Special Procedures of the Human Rights Council
- D. Health and Human Rights
- E. The Right to Health
- F. Litigating the Right to Health
- G. Social Determinants of Health
- H. Health Systems
- I. Social and Economic Rights Generally
- J. Health and Development
- K. Human Rights Research Resources
- L. Human Rights Case Law Research Resources
- M. Periodicals
- N. Websites

A. International Instruments

Binding

- International Labour Organization, *Convention Concerning Indigenous and Tribal Peoples in Independent Countries*, Convention No. 169 (June 27, 1989). http://www.ilo.org/dyn/normlex/en/f?p=1000:12100:0::NO::P12100_ILO_CODE:C169
- UN General Assembly, *Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment*, Resolution 39/46, A/RES/39/46 (December 10, 1984). <http://www.ohchr.org/EN/ProfessionalInterest/Pages/CAT.aspx>.
- UN General Assembly, *Convention on the Elimination of all Forms of Discrimination Against Women*, Resolution 34/180, A/RES/34/180 (December 18, 1979). <http://www.ohchr.org/EN/ProfessionalInterest/Pages/CEDAW.aspx>.
- UN General Assembly, *Convention on the Rights of the Child*, Resolution 44/25, A/RES/44/25 (November 20, 1989). <http://www.ohchr.org/EN/ProfessionalInterest/Pages/CRC.aspx>.
- UN General Assembly, *Convention on the Rights of Persons with Disabilities*, Resolution 61/106, A/RES/61/106 (December 13, 2006). <http://www.un.org/disabilities/convention/conventionfull.shtml>.
- UN General Assembly, *International Covenant on Civil and Political Rights*, A/RES/21/2200 (December 16, 1966). <http://www.ohchr.org/EN/ProfessionalInterest/Pages/CCPR.aspx>.

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- UN Economic and Social Council, *The Siracusa Principles on the Limitation and Derogation Provisions in the International Covenant on Civil and Political Rights*, E/CN.4/1985/4 (September 28, 1984). <http://www1.umn.edu/humanrts/instreet/siracusaprinciples.html>.
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B. Regional Instruments

Binding

- African Commission on Human and Peoples' Rights, *African Charter on the Rights and Welfare of the Child* (July 1, 1990). <http://www.achpr.org/instruments/child/>.
- African Commission on Human and Peoples' Rights, *Protocol to the African Charter on Human and Peoples' Rights: Establishment of the African Court on Human and Peoples' Rights* (June 10, 1998). <http://www.achpr.org/instruments/court-establishment/>.
- African Commission on Human and Peoples' Rights, *Protocol to the African Charter on Human and Peoples' Rights: Rights of Women in Africa* (November 7, 2003). <http://www.achpr.org/instruments/women-protocol/>.
- Council of Europe, *Convention for the Protection of Human Rights and Fundamental Freedoms*. <http://www.conventions.coe.int/Treaty/en/Treaties/Html/005.htm>.
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- Organization of American States: Department of International Law, *American Convention on Human Rights: 'Pact of San Jose, Costa Rica.'* http://www.oas.org/dil/treaties_B-32_American_Convention_on_Human_Rights.htm.
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C. UN Documents

a. General Comments and Recommendations

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- Committee on the Elimination of Discrimination against Women, *General Recommendations*. <http://www2.ohchr.org/english/bodies/cedaw/comments.htm>.
 - *General Recommendation 14: Female Circumcision* (ninth session, 1990).
 - *General Recommendation 15: Women and AIDS* (ninth session, 1990).
 - *General Recommendation 18: Disabled Women* (tenth session, 1991).
 - *General Recommendation 24: Women and Health* (twentieth session, 1999).
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 - *General Comment No. 4: Adolescent health and development in the context of the Convention on the Rights of the Child*, CRC/GC/2003/4 (2004).
 - *General Comment No. 5: General Measures of Implementation of the Convention on the Rights of the Child*, CRC/GC/2003/5 (2003).
 - *General Comment No. 7: Implementing Child Rights in Early Childhood*, CRC/C/GC/7/Rev.1 (2006).
 - *General Comment No. 8: The right of the child to protection from corporal punishment and other cruel or degrading forms of punishment*, CRC/C/GC/8 (2006).
 - *General Comment 9: The Rights of Child with Disabilities*, CRC/C/GC/9 (2006).
 - *General Comment 11: Indigenous children and their rights under the Convention*, CRC/C/GC/11 (2009).
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 - *General Comment No. 13: The right of the child to freedom from all forms of violence*, CRC/C/GC/13 (2011).
- Committee on the Elimination of Racial Discrimination, *General Recommendations*. <http://www2.ohchr.org/english/bodies/cerd/comments.htm>.
- Committee against Torture, *General Comments*. <http://www2.ohchr.org/english/bodies/cat/comments.htm>.

b. Special Procedures of the Human Rights Council¹⁵

- Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health, *Annual Reports*. <http://www.ohchr.org/EN/Issues/Health/Pages/Annual-Reports.aspx>.
 - *Report to the General Assembly* (main focus: right to health indicators), A/58/427 (2003).
 - *Report to the Commission on Human Rights* (main focus: definition of the human right to health), E/CN.4/2003/58 (2003).
 - *Report to the Commission on Human Rights* (main focus: sexual and reproductive health), E/CN.4/2004/49 (2004).
 - *Report to the General Assembly* (main focus: health professionals and human rights education), A/60/348 (2005).
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¹⁵ The Commission on Human Rights was terminated in March 2006 and was replaced by the Human Rights Council in March 2006.

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K. Human Rights Research Resources

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 - Hurisearch. <http://www.hurisearch.org/>.
 - UN Universal Human Rights Index. <http://uhri.ohchr.org/en>.
 - University of Minnesota: Human Rights Library. <http://www1.umn.edu/humanrts/>.
 - Study Guide: The Right to Means for Adequate Health. <http://www1.umn.edu/humanrts/edumat/studyguides/righttohealth.html>.
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L. Human Rights Case Law Research Resources

- African Human Rights Case Law Analyser. <http://caselaw.ihrda.org>.
 - ESCR-NET: Case Law Database. <http://www.escr-net.org/caselaw>.
 - Global Health and Human Rights Database. <http://www.globalhealthrights.org/>.
 - Inter-American Court of Human Rights Jurisprudence Search. <http://www.corteidh.or.cr/buscaadores.cfm>.
 - European Court of Human Rights. http://www.echr.coe.int/echr/homepage_EN.
 - INTERIGHTS: Commonwealth and International Human Rights Case Law Database. <http://www.interights.org/commonwealth-and-international-law-database/index.html>.
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M. Periodicals

- BMC International Health and Human Rights Journal. <http://www.biomedcentral.com/bmcinthealth-humrights>. (Open access).
- Health and Human Rights Journal. <http://www.hhrjournal.org/index.php/hhr>. (open access).

N. Websites

- Amnesty International. <http://www.amnesty.org/>.
- ASCR-NET. <http://www.escri-net.org/>.
- François-Xavier Bagnoud Center For Health and Human Rights. <http://harvardfxbcenter.org>.
- Global Lawyers and Physicians: Working Together for Human Rights. <http://www.globallawyersandphysicians.org/>.
- Health Rights: Human Rights in Patient Care. <http://health-rights.org/>.
- Human Rights Watch: Health. <http://www.hrw.org/topic/health>.
- INTERIGHTS. <http://www.interights.org/home/index.html>.
- International Federation of Health and Human Rights Organisations. <http://www.ifhhro.org/>.
- Open Society Foundations: Health. <http://www.opensocietyfoundations.org/issues/health>.
- Physicians for Human Rights. <http://physiciansforhumanrights.org/>.
- United Nations Office of the High Commissioner for Human Rights. www.ohchr.org.
- World Health Organization: Human Rights. http://www.who.int/topics/human_rights/en/.
- World Medical Association: Health and Human Rights. <http://www.wma.net/en/20activities/2ohumanrights/>.

GLOSSARY

A

Accession

An act by which a State accepts to become a State Party to a treaty and to be legally bound by it. Accession occurs when a State follows its own national requirements to become legally bound by a treaty. Accession does not require the State to sign the treaty. Accession has the same legal effect as ratification.

Adoption

The formal act by which a treaty text is finalized and opened for accession or ratification by potential state parties.

Amicus curiae (friend of the court)

A person, who is not a party to a lawsuit and who, on their own volition, petitions the court to file a legal document (sometimes referred to as an amicus brief) advocating a particular legal position or interpretation.

C

Concluding observations

Recommendations by a treaty's enforcement mechanism on the actions a state should take to ensure compliance with the treaty's obligations. This generally follows both submission of a state's **country report** and a constructive dialogue between the treaty body and state representatives presenting the country report.

Country report

States are obligated to submit periodic national reports on measures they have taken to comply with their treaty obligations (for treaties they have ratified or acceded to). All States, regardless of how many treaties they have ratified or acceded to, must submit a periodic report to the Universal Periodic Review.

Customary international law

A source of international law derived from the consistent conduct of states acting out of the sense of a legal obligation. Customary law is established by showing 1) state practice and 2) opinion juris – the State's sense of legal obligation or what the State has accepted as law.

One category of customary international law is **jus cogens**. This refers to a set of principles that are so fundamental that they are non-derogable and override all conflicting international and national law. Examples of jus cogens principles include the prohibition of genocide, crimes against humanity, slave trade and human trafficking.

E

Entry into force

The date on which a treaty comes into effect and becomes legally binding. Frequently, the treaty itself specifies when the treaty enters into force, which is most often upon ratification or accession of the treaty by a specific number of States. A treaty does not enter into force on the date it is adopted.

Essential medicines

“Essential medicines are those that satisfy the priority health care needs of the population ... Essential medicines are intended to be available within the context of functioning health systems at all times in adequate amounts, in the appropriate dosage forms, with assured quality and adequate information, and at a price the individual and the community can afford.”¹⁶

Exhaustion of domestic remedies

Requirement of admissibility to most international and regional courts. Before filing a complaint or case to an international or regional court, the complainant is required to pursue all available avenues for national redress unless national remedies are unreasonably delayed or unlikely to bring effective relief.

G

General comments / General recommendations

General comments or general recommendations are issued by UN treaty bodies. They provide authoritative guidance on how States Parties are expected to implement their treaty obligations. General Comments are not legally binding on States Parties, but they have significant weight as *soft law*.

H

Hard Law

Hard law consists of treaties that are legally binding and enforceable. This includes all international or regional treaties that a State has ratified or acceded to. It also includes national law.

Health

A state of complete physical, mental, and social well-being, not merely the absence of disease or infirmity (WHO).

Human rights

“Universal human rights are often expressed and guaranteed by law, in the forms of treaties, customary international law, general principles and other sources of international law. International human rights law lays down obligations of Governments to act in certain ways or to refrain from certain acts, in order to promote and protect human rights and fundamental freedoms of individuals or groups.”¹⁷

Human rights indicators

Indicators are used to monitor the implementation of human rights and a State’s compliance with treaty obligations. This is commonly achieved through data collection and statistical analysis.¹⁸

¹⁶ WHO, “Essential Medicines.” http://www.who.int/topics/essential_medicines/en/.

¹⁷ United Nations Office of the High Commissioner for Human Rights, “What are Human Rights?” <http://www.ohchr.org/en/issues/Pages/WhatareHumanRights.aspx>.

¹⁸ For more information on indicators, please see: UN Office of the High Commissioner for Human Rights, *Human Rights Indicators: A Guide to Measurement and Implementation* (2012). <http://www.ohchr.org/EN/Issues/Indicators/Pages/HRIndicatorsIndex.aspx>.

I

Interdependent / Interrelated / Indivisible

Terms used to describe the relationship between human rights. They generally mean that the enjoyment of any right requires the enjoyment of other rights. The OHCHR explains that “[t]he improvement of one right facilitates advancement of the others. Likewise, the deprivation of one right adversely affects the others.”¹⁹

International law

The set of rules and legal instruments regarded and accepted as binding agreements between nations. Sources of international law include: treaties, custom, general principles of law, and judicial decisions and juristic writings (Statute of the International Court of Justice, art. 38(1)(d)).

M

Maximum available resources

Key provision of the International Covenant on Economic, Social and Cultural Rights (ICESCR) Article 2(1) obliging governments to devote the maximum of available government resources to realizing economic, social and cultural rights.

Monitoring/ fact finding/ investigation

Terms often used interchangeably that are generally intended to mean the collection and analysis of information about government practices and whether there is compliance or violations of human rights.

N

Non-Discrimination

Non-discrimination is a cross-cutting principle in international human rights law. Everyone is entitled to all human rights without distinction of any kind. The list of categories for non-discrimination is non-exhaustive and includes on the basis of race, color, sex, language, religion, political or other opinion, national or social origin, property, birth, or other status.

O

Optional Protocol

An optional protocol is supplemental to another treaty and establishes additional rights and obligations to that treaty. Optional protocols are subject to independent ratification.

P

Progressive realization

Requirement that governments advance as expeditiously and effectively as possible toward the goal of realizing economic, social and cultural rights, and refrain from regressive developments.

¹⁹ UN Office of the High Commissioner for Human Rights, “What are Human Rights?” <http://www.ohchr.org/en/issues/Pages/WhatareHumanRights.aspx>

Protocol

The term can be used interchangeably with treaty, declaration, covenant or convention. See also “optional protocol.”

Public health

“Public health refers to all organized measures (whether public or private) to prevent disease, promote health, and prolong life among the population as a whole. Its activities aim to provide conditions in which people can be healthy and focus on entire populations, not on individual patients or diseases. Thus, public health is concerned with the total system and not only the eradication of a particular disease.”²⁰

R**Ratification**

Ratification occurs when a State signs a treaty and then fulfills its own national requirements to become legally bound by the treaty. Upon ratification, a State becomes a State Party to the treaty and is legally bound by it.

Reservation

A unilateral statement by a State signing, acceding to or ratifying a treaty that purports to exclude or modify the effect of certain treaty provisions. Under the Vienna Convention on the Law of Treaties, a state cannot enter a reservation that is “incompatible with the object and purpose of the treaty.”

Right to health

The right to the enjoyment of the highest attainable standard of mental and physical health.

S**Shadow report**

A supplemental report submitted to a human rights treaty body by any organisation other than the State during the periodic State reporting period. These reports allow NGOs to submit additional or alternative information to the treaty body to help the treaty body assess the state’s compliance with that treaty.

Signature

Signing a treaty is an expression of a state’s willingness to continue the treaty-making process and proceed to ratification. Although the provisions of the treaty are not legally binding upon signature, it does create an obligation for that State to refrain in good faith from acts that would defeat the object and purpose of the treaty.

Soft Law

Soft law consists of international, regional or domestic instruments that are not legally binding. Soft law can include interpretations of treaties issued by treaty bodies, resolutions and declarations, principles, or guidelines. Soft law is often utilized to bolster or supplement arguments by demonstrating common interpretation or customary implementation of a treaty.

²⁰ World Health Organization, “Public Health.” <http://www.who.int/trade/glossary/story076/en/>.

Special procedures

Activities covered by the mandate of the Human Rights Council to address thematic or country-specific human rights issues. Special procedures include individuals named as *special rapporteur*, independent expert, special representative of the Secretary-General, and *working groups*.²¹

Special rapporteurs

Independent human rights experts appointed by the Human Rights Council to report and advise on human rights from a thematic or country-specific perspective. Their mandate authorizes them to undertake country visits, send communications to States with alleged violations of human rights, conduct studies, report annually to the Human Rights Council, and, for most mandates, report to the General Assembly.

T

Treaty

“A ‘treaty’ is a formally concluded and ratified agreement between States. The term is used generically to refer to instruments binding at international law, concluded between international entities (States or organizations). Under the Vienna Conventions on the Law of Treaties, a treaty must be (1) a binding instrument, which means that the contracting parties intended to create legal rights and duties; (2) concluded by states or international organizations with treaty-making power; (3) governed by international law and (4) in writing.”²²

U

Underlying determinants of health

Factors that promote conditions in which people can live a healthy life. The underlying determinants of health include an adequate supply of safe food and nutrition, housing, access to safe and potable water and adequate sanitation, safe and healthy working conditions, healthy occupational and environmental conditions, and access to health-related education and information, including on sexual and reproductive health.

W

Working groups

Small committees, usually composed of five independent experts, appointed by the Human Rights Council to conduct research on a particular human rights issue.

²¹ For more information see: ESCR-Net, *Manual on the Special Procedures of the Human Rights Council* (June 2006). <http://www.escr-net.org/docs/i/425392>.

²² UNICEF, *Introduction to the Convention on the Rights of the Child: Definition of Key Terms*. <http://www.unicef.org/crc/files/Definitions.pdf>.

