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for Economic Cooperation  
and Development

SPECIAL 165

# Health and Human Rights



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# Abbreviations

BMZ	Federal German Ministry for Economic Cooperation and Development
CEDAW	Convention on the Elimination of all Forms of Discrimination against Women
CIM	Center for International Migration and Development
CRC	Convention on the Rights of the Child
DED	German Development Service
EU	European Union
GFATM	Global Fund to Fight Aids, Tuberculosis and Malaria
GTZ	Deutsche Gesellschaft für Technische Zusammenarbeit
HIV/AIDS	Human Immunodeficiency Virus / Acquired Immunodeficiency Syndrome
ICESCR	International Covenant on Economic, Social and Cultural Rights
ICCPR	International Covenant on Civil and Political Rights
ICPD	International Conference on Population and Development
ICRPD	International Convention on the Rights of Persons with Disabilities
InWEnt	InWEnt – Capacity Building International, Germany
KfW	Kreditanstalt für Wiederaufbau
MDGs	Millennium Development Goals
OHCHR	Office of the High Commissioner for Human Rights
SWAp	Sector-Wide Approach
TRIPS	Agreement on Trade-Related Aspects of Intellectual Property Rights
UN	United Nations
WHO	World Health Organisation

The present paper presents the position of German development policy on a human rights-based approach in health-related development

cooperation. It supplements the sectoral concept<sup>1</sup> and serves as a basis for discussion in cooperation with national and international partners.

## The Significance of the Human Rights-Based Approach for Health and Development: the Institutional Framework

A human rights-based approach involves explicit alignment of development policy with commitments to human rights under international and regional human rights conventions and the human rights principles of non-discrimination and equal opportunity, accountability and transparency, and participation and empowerment. It is the basis for an emancipatory understanding of development cooperation which views and promotes people everywhere as subjects and actors of their own development.<sup>2</sup> “Target groups” and “people in need” are recognized as right-holders, government partner institutions as duty-bearers.

Human rights provide a legally binding and internationally recognised reference framework for formulating health policy and strategies. The human rights relevant to the health sector include the economic, social and cultural rights embodied in the ICESCR, and specifically the right to “the enjoyment of the highest attainable standard of physical and mental health” (in short, the right to health). The covenant also covers human

rights linked to the underlying determinants of health – the right to an adequate standard of living, the right to food, the right to water, and the right to education. The covenant also includes human rights which affect both individual health (e.g. right to life and physical integrity) and health policy and its implementation at various levels (e.g. right to participation and to seek meaningful redress). Other human rights conventions deal with the right to health and protection against discrimination as they relate to frequently disadvantaged groups, including children (CRC), women (CEDAW) and persons with disabilities (ICRPD). Internationally recognised human rights are the basis for regional human rights conventions, e.g. the 2006 Maputo Protocol on the rights of women in Africa, or the 1999 Additional Protocol to the American Convention on Human Rights (Protocol of San Salvador).

Human rights and health are interrelated. The basic causes of morbidity and mortality in developing countries – malnutrition, inadequate

<sup>1</sup> BMZ (2009): *Sektorkonzept 183 Gesundheit in der deutschen Entwicklungspolitik*. Sectoral strategy: Health.

<sup>2</sup> On the human rights-based approach in German DC, see BMZ (2008): *Development policy action plan for human rights 2008-2010*. On the UN agencies, see UN (2003): *Stamford Statement on the Human Rights-Based Approach to Development Cooperation. Towards a Common Understanding among the United Nations Agencies*.

access to clean drinking water, living and working conditions which are hazardous to health, lack of education and the exclusion of many poor and disadvantaged people from essential health services – arise out of the failure to meet human rights commitments. Conversely, implementing the relevant human rights helps improve the state of health of a society, and particularly of disadvantaged groups. At the same time, health is a basic requirement for enjoying other human rights and participating in social, economic and political life.

The significance of human rights for health-related development goals is emphasised in many international declarations and agreements, for example in the programme of the Cairo Conference on Population and Development (ICPD, 1994), and the UN Declaration of Commitment on HIV/AIDS (2001). The Millennium Declaration of 2000, which is the basis for the Millennium Development Goals (MDGs) emphasises that the MDGs are to be seen in the context of implementing all human rights.

## German Development Policy and its Contribution Towards Promoting Human Rights in the Health Sector

By ratifying all the key human rights conventions, the Federal Republic of Germany has committed to collaborating actively on implementing human rights.

In its Development Policy Action Plan for Human Rights 2008-2010 the BMZ has reinforced its political commitment to focused, systematic and transsectoral strengthening of human rights within the framework of German development policy. The human rights-based approach embodied in the Action Plan calls for explicit alignment with human rights standards and core elements and key human rights principles. It puts the focus on the structural causes of discrimination and social exclusion based on gender, age, social status and/or ethnicity.<sup>3</sup>

The human rights-based approach is very relevant to all levels of intervention and priorities in development cooperation in the health sector – health system development, combating communicable infectious diseases and HIV/AIDS, sexual and reproductive health and rights. There are opportunities for action specifically in the following areas:

- Making health-related human rights an issue in the **political dialogue** with partners and donors; supporting partner governments in implementing the commitments arising out of international conventions and treaties and the recommendations of the UN treaty bodies and the UN Special Rapporteur on the Right to Health, particularly in strengthening the rights of women and disadvantaged groups.

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<sup>3</sup> BMZ (2008): *Development policy action plan for human rights 2008-2010*.

- **Capacity development** for partner governments in creating a health system which guarantees human rights standards and principles.
- Promoting dialogue between government institutions and civil society on the progressive realization of the right to health.

### **Guidelines for a human rights-based approach in the health sector**

#### **The right to health**

Human rights oriented development cooperation in the health sector is essentially based on the right to health (ICESCR art. 12), which includes the underlying determinants of health, such as access to clean water. Other rights established in the ICESCR and ICCPR, such as the right to food, the right to healthy working conditions, the right to participation and the principle of equality, are of key importance for the health sector.

The UN Committee monitoring the implementation of the ICESCR identified the substance (essential elements) of the right to health in its General Comment No. 14 (2000).<sup>4</sup>

By ratifying the ICESCR, states enter into binding commitments to respect the right to health, protect it against third-party interventions and fulfil it (the three types of obligations).

The ICESCR recognises that many states have limited resources, and provides for progressive realization of economic, social and cultural rights. However, treaty states must take concrete steps and use the maximum of available resources to fulfil the right to health for all. They submit

regular reports to the UN treaty bodies on the status of their implementation efforts. Based on the binding commitment of the Federal Republic of Germany to the human rights conventions, German development cooperation should support its partner countries in fulfilling their human rights commitments, and possibly also with reporting.

#### **Human rights principles**

Like all other human rights, the right to health is based on certain organising principles which development cooperation in the health sector follows. These human rights principles have the following practical implications.

- German development cooperation uses methods and strategies to analyse and gradually overcome structural discrimination and unequal distributions of power which adversely impact on the health of individuals and groups (including specifically women and children) and restrict their access to health services and information (principle of non-discrimination and equality of opportunity).
- German development cooperation promotes participation by all right-holders (and particularly disadvantaged and marginalised groups) in health-related decision processes at local and national level. This also includes raising the population's awareness of their rights as an important prerequisite for claiming a health policy aligned with human rights (principle of participation and empowerment).
- German development cooperation strengthens the capacity of duty-bearers to report on the implementation and re-

<sup>4</sup> UN (2000): General Comment Nr. 14 of the Committee on Economic, Social and Cultural Rights on the Right to the Highest Attainable Standard of Health, Art. 12 of the ICESCR. E/C.12/2000/4, 4.7.2000.

sults of their health policy in terms of their human rights obligations and to ensure transparency in the allocation of resources in the health sector (principle of accountability and transparency).

These principles are also familiar from the field of good governance; a human rights-based approach strengthens efforts to achieve good governance in the health sector by deriving the good governance agenda from human rights.<sup>5</sup>

### Gender equality

Gender equality is embodied in all human rights conventions, and ways to achieve this are the focus of the UN Convention on the Elimination of All forms of Discrimination Against Women (CEDAW). Gender equality is an autonomous goal of German development policy. In many countries, gender-specific discrimination against women is a structural cause of violence and abuse, and adversely affects the health of girls

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### Core elements of the right to health

Availability	Sufficient number of functional health facilities and services and essential drugs; availability of clean water and adequate sanitation
Accessibility	Accessibility of health facilities and services for all, without discrimination <ul style="list-style-type: none"> <li>• physical accessibility and safe access for all, including disadvantaged persons (e.g. people with disabilities) and groups</li> <li>• affordability for all, and specifically for disadvantaged persons and groups</li> <li>• the right to seek, receive and impart health information, whilst respecting the confidentiality of personal data</li> </ul>
Acceptability	All health facilities, goods and services must respect medical ethics and the cultural values of the given population, in so far as these do not violate human rights
Quality	Scientifically and medically appropriate quality, including trained personnel, quality-tested drugs and adequate medical equipment

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### Examples of States' obligations under the right to health

Respect	<ul style="list-style-type: none"> <li>• Recognise the right of access to health facilities and services of all groups</li> <li>• Refrain from limiting access to contraceptives</li> </ul>
Protect	<ul style="list-style-type: none"> <li>• Regulate and control the private sector so that private providers comply with the core elements of the right to health</li> <li>• Protect against harmful traditional practices, such as genital mutilation and gender-specific violence</li> </ul>
Fulfil	<ul style="list-style-type: none"> <li>• Plan and implement a health policy which ensures integrated basic health services which are also accessible for disadvantaged persons and groups</li> <li>• Establish social insurance systems which include health care for poor population groups</li> </ul>

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<sup>5</sup> BMZ (2009): Promoting good governance in German development policy BMZ Strategies 172.

and women. Frequently, women cannot decide freely about their sexual contacts, nor if and how many children they have, at which time they have them, and whether they receive lifesaving assistance in the event of birth complications. Many have no access to reproductive health information and services. Sexual and reproductive rights are part of universally recognised human rights, and their recognition and promotion is accord-

ingly a central element of German development policy in the health sector. Their implementation implies a change in legal relationships and the balance of power which is associated with promoting social, economic and political participation by women.<sup>6</sup> In addition, in many societies the right of men to adequate gender-specific health information, including education on patriarchal role stereotypes, is not adequately fulfilled.

## The Need for Increased Commitment – Areas for Action and Challenges

In developing countries as in the industrialised nations, differences in the state of health of specific population groups indicate structural disadvantages or discrimination and inequality of opportunity. Gender, education, ethnic or religious identity, origin and residence are the most frequent factors correlated with extreme poverty, socio-cultural marginalisation and unequal access to health information and services. Often, multiple and interrelated disadvantages and multidimensional discrimination are involved, as the following examples show:<sup>7</sup>

- Half the rural population in Mozambique are forced to walk for more than 30 minutes to get clean drinking water, and as a result often use sources of drinking water which are hazardous to health.
- Of the three billion people living in cities, one billion live in informal urban settlements. In the informal settlements in Manila, up to 39% of children aged 5-9 suffer from tuberculosis, twice the national average.
- Every year, around half a million women die to complications in childbirth, almost all (99%) in developing countries. Women who are poor, belong to an ethnic minority, have no schooling and/or live in under-served and mostly rural areas, have a much higher risk of dying following childbirth. In Indonesia, for example, maternal mortality is three to four times higher among poor women than among well-off women.
- In many Asian countries, male and female sex-workers are at a high risk of contracting HIV/AIDS. In many countries, criminal-

6 For a detailed treatment of sexual and reproductive rights: BMZ (2008): *Sexual and reproductive health and rights, population dynamics*. BMZ Special 148.

7 The following examples are based on information in: WHO, Commission on Social Determinants of Health (2008). *Closing the gap in a generation. Health equity through action on the social determinants of health. Final Report*; UNICEF (2008). *The State of the World's Children 2008. Child Survival*; WHO (2007). *Maternal Mortality 2005: Estimates developed by WHO, UNICEF, UNFPA and the World Bank*; WHO (2007). *Fact Sheet: Health of indigenous peoples*; UN (2008). *Redefining AIDS in Asia. Crafting an Effective Response. Report of the Commission on AIDS in Asia*. BMZ 2006. *Development cooperation with indigenous peoples in Latin America and the Caribbean*. BMZ Concept 139. GTZ/DED 2007. *Évaluation des contraintes de développement et des potentialités des Batwa dans le District de Nyaruguru. Rapport Final. (Evaluation of the restrictions on development and the potential of the Batwa in Nyaruguru District, Final Report)* UN Secretariat for the Convention on the Rights of Persons with Disabilities (2008). *Fact Sheet on Persons with Disabilities*; WHO (2003). *International Migration, Health and Human Rights*.



isation of homosexual or commercial sex causes persons from these groups to refrain from using preventive and counselling services for fear of reprisals.

- An estimated 370 million indigenous peoples live in 70 countries. Their state of health mostly differs significantly from the state of health of non-indigenous groups. In Rwanda, for example, child mortality among the indigenous Batwa pygmies is almost double the national average.
- 10% of the world's population suffer from a disability. One in five people living in absolute poverty has a disability. 90% of children with disabilities do not attend school. Only 45 countries have legislation prohibiting discrimination based on disability.
- Worldwide, there are ~ 200 million migrants, including over nine million refugees. In many countries they have only very limited access to health information and services. Often they live and work in precarious circumstances which are hazardous to health. Female migrants are also often the victims of sexual exploitation and violence.

A human rights-based approach in the health sector requires focusing health policy and health systems on the goal of improving access to health services and information for the entire population, i.e. specifically extremely poor and disadvantaged population groups, and making healthy living conditions possible.

## Areas for action

### Develop equitable health systems

Developing an equitable health system which is also specifically aligned with the rights and needs of disadvantaged groups is a priority of German development cooperation in the health sector.<sup>8</sup> This can only be achieved by carrying out a differentiated situation analysis in planning health programmes which identifies the underserved or unserved groups and the underlying structural reasons. To this end, it is necessary to take into account the socioeconomic and socio-cultural determinants of health and illness, and also to consider which groups are systematically excluded from development processes, or are in danger of being excluded.

Through its human rights-based approach, German development policy strengthens the horizontal approach in health system development. In this way, it improves basic health services to all, particularly women and disadvantaged population groups, and supports equality of access to health services. This includes establishing social insurance systems (including health insurance) for poor people.<sup>9</sup> Measures focusing on disadvantaged groups, for example in the field of reproductive health and rights of young persons, can be helpful, depending on the context. They should be supported by initiatives designed to open up the existing health system to disadvantaged groups. Successful programmes are characterized by interrelated measures: Capacity development for service providers and health personnel is combined with development of the necessary basic infrastructure, while at the same time

8 BMZ (2009): *Sektorkonzept 183 Gesundheit in der deutschen Entwicklungspolitik*. Sectoral strategy: Health.

9 BMZ (2009): *Sektorkonzept 183 Gesundheit in der deutschen Entwicklungspolitik*. Sectoral strategy: Health.  
BMZ (2002) *Förderung sozialer Sicherheit und sozialer Sicherungssysteme in Entwicklungsländern. (Promoting social security and social insurance systems in developing countries.)*

the involved communities are being empowered to identify and reduce access barriers for poor and disadvantaged people.

For example, the establishment (with German development policy support) of community-based alarm systems for maternity health in two provinces in Indonesia has led to a significant increase in the share of births with professional assistance for poor women. The concept includes dialogue on women's rights in the local communities, broad education on the risks of pregnancy and childbirth, local organisation of transport facilities for poor women with obstetric complications, and cooperation between traditional birth attendants in the community and trained midwives working in the health facilities.

### **Overcome discriminatory legislation and practices**

Discriminatory laws and practices hinder access to health services for many men and women, and also restrict the exercise of their human rights. These include laws which permit early and forced marriage, or give women fewer rights than men in marriage. In the field of reproductive and sexual health and rights, this particularly applies to girls and women, unmarried young persons, people with disabilities, and sexual minorities. Although now prohibited in many countries, gender-specific violence and harmful traditional practices are still widespread in society. In some countries access for unmarried young persons to information on sexual health is prohibited by law, in other countries pregnant girls are expelled from school. In some countries public health centres may not supply women with contraceptives without their husbands' approval. Homosexual relationships are still punishable in many places, and although widespread are looked down on by society.

Gender-specific discrimination is one of the most frequent forms of human rights violations. In many societies, ethnic or religious minorities, people of indigenous origin, refugees, migrants and people with disabilities have lower social status and are excluded from equal participation in public life. This *de facto* and often also *de jure* discrimination has an adverse effect on their access to health information and services. All too often, this type of discrimination is only perceived in crisis and conflict situations, for example when minorities are the victims of violence and expulsion.

German development cooperation in the health sector will make an increased contribution towards overcoming discrimination by the following measures, some of which are preventive in nature.

- Incorporating the issue of unequal access to health services for minorities in the political dialogue and consultations, also taking human rights sources as a basis.
- Awareness raising of actors at various levels in the health system concerning the rights of and existing discrimination against indigenous population groups and other minorities.
- Consideration of culture-specific perceptions of disease and healing in formulating and implementing health programmes, and promoting the combination of biomedical and indigenous therapies in community-based services.<sup>10</sup>
- Cooperation on reforming discriminatory legislative provisions between health programmes and other programmes and projects, for example in the field of gender and good governance.

<sup>10</sup> Cf. BMZ (2006): Development cooperation with indigenous peoples in Latin America and the Caribbean. BMZ Konzepte 139.

Both in industrialised and developing countries human rights are still often perceived as a product of Western European culture, which accordingly cannot be transferred to other societies. However, cultures are complex and dynamic systems. Every culture has values and traditions which are compatible with human rights, together with others which legitimise the rejection, restriction or violation of human rights. To support the realization of human rights in a given context, human rights based development cooperation must understand this diversity, learn to know and understand the actors involved and their concerns, and incorporate them as far as possible in a human rights based health policy. This requires culture-sensitive communication efforts, which should play a greater role in development cooperation and the human rights dialogue.<sup>11</sup>

### **Overcome stigmatisation of ill people**

In many countries, certain infectious diseases (e.g. HIV/AIDS, tuberculosis or leprosy) carry a stigma. People suffering from these are often seen as a danger, and lose social recognition by their family and community. The reasons for this are ignorance about and fear of these diseases, combined with prejudices against forms of behaviour which do not correspond to prevailing social norms. Due to their social and economic disadvantages, sick women mostly have less opportunity to defend themselves against this stigma. Stigmatisation is often the reason for discriminatory social practices or even statutory provisions which strengthen the marginalisation of groups already disadvantaged.<sup>12</sup>

Overcoming stigmatisation and discrimination is an important prerequisite for the success of programmes to combat diseases. While this requires addressing social fears and prejudices in the context of the specific culture and disease, human rights offer important support in the process. In combating HIV/AIDS, German development policy assists partner governments, civil society and the private sector in many countries in overcoming the stigmatisation of people living with HIV/AIDS, through advocacy, education and training measures at health facilities, home and work. For example, with the support of German development policy, the National Council of Muslims in Tanzania adopted guidelines on HIV/AIDS in 2007, putting itself as an important religious institution on the side of recognising human rights and opposing the stigmatisation of people with HIV/AIDS.

### **Strengthen patients' rights**

In many countries, German technical and financial development cooperation is promoting quality improvement and assurance in health services. Current approaches in developing the quality of care are strengthened and extended by systematic attention to the core elements of the right to health and to human rights principles such as participation and non-discrimination. Hereby, health care personnel and patients are made aware of and sensitized to the specific rights and obligations deriving from human rights. Ombudspersons, national human rights institutions, civil society organisers and medical professional associations can play a key role here – they are central intermediaries in explaining rights and obliga-

<sup>11</sup> On the international debate on culture and human rights in connection with population policy and health, see UNFPA (2008): *State of World Population 2008. Reaching Common Ground: Culture, Gender and Human Rights*.

<sup>12</sup> Hunt, Paul (2007): *Neglected Diseases: A human rights analysis*. WHO/ Special Programme for Research & Training in Tropical Diseases (TDR) sponsored by UNICEF/UNDP/World Bank/WHO.

tions to patients and health care personnel and in contributing to the development and implementation of a medical code of ethics.

From a human rights perspective, it is particularly important to empower users to assert their right to information. This requires health information and communication which is adapted in form and language to the needs of disadvantaged groups, for example people with disabilities.

Patient rights charters can be an effective tool for confirming the right of patients to an informed decision and respectful and confidential treatment. To have a positive impact on the practice of health care, these charters should be developed with the involvement of all relevant actors – duty-bearers and right-holders – and should provide for mediation and complaint mechanisms. For example, the Health Ministry in Cambodia formulated a patient rights charter (with support from German development policy) in collaboration with professional groups from the health system, trade unions and NGOs working in the fields of health and human rights. In two provinces where implementation of the charter was promoted, strengthening awareness of rights and obliga-

tions among health care providers, personnel and users of health services led to improved quality of care, which in turn led to increased demand for these services.

### **Support participative planning and decision processes**

German development policy is supporting participative formulation of national poverty reduction and health strategies in many countries. Participation by right-holders, including disadvantaged groups, in public decision processes at local, regional and national level is a key prerequisite for involving them in the formulation of health policy as well.

In promoting decentralisation processes in the health sector, increased support is given to participation by representatives of disadvantaged groups in local decision processes, for example on district or village health committees. Civil society organisations which inform people about the significance of human rights for their living conditions and empower them to assert these rights by participating in local administration are often important intermediaries.

### **Key questions for monitoring results achieved and impacts**

- How far has the state of health improved, particularly for women and people who are poor, disadvantaged and disproportionately affected by disease?
- How far has access to health services improved, specifically for women and poor and disadvantaged groups?
- How far has the quality of care improved, both medically and in terms of gender-specific and socio-cultural appropriateness?
- How far has the state of health-related information improved, specifically for women and poor and disadvantaged groups, and how far have they developed an awareness of their rights?
- How far has participation of poor and disadvantaged groups in planning, implementing and monitoring health-related measures been strengthened and institutionalised?
- How far have accountability mechanisms been strengthened, and are they used?

In addition, a dialogue between government and civil society actors makes possible broad social discussion about human rights priorities in the national health policy and the allocation and use of budget funds in the health sector. Public fora outside the health system institutions should be used in this dialogue, e.g. parliament or the media, and civil society initiatives should be promoted. In many countries there are now initiatives explicitly drawing on human rights standards (including the core elements of the right to health) in analysing the public sector budget, thus enabling a transparent debate about budget priorities and – depending on the political context – influencing the allocation of funds in favour of the health of disadvantaged groups. In a number of African and Asian countries, the right to health is increasingly becoming a subject for broad public discussion. For example, the *People's Health Movement India* launched a campaign in 2004 for the right to health care. The human rights shortcomings and potential of Indian health policy was publicly debated at many local and regional meetings and a national conference. Among other results of the campaign was the adoption by the Indian Government of a new health strategy to improve health in rural and underserved regions (*National Rural Health Mission*).

### **Demonstrate contributions towards fulfilling the right to health**

Documenting progress in the progressive realization of the right to health requires a differentiated monitoring system which shows the effects of and results achieved by health policy and programmes for the right-holders, and specifically women and poor and disadvantaged population groups. The core elements of the right to health and human rights constitute the reference basis for documenting the results achieved.

Guidelines and indicators are available for monitoring such impacts and supplementing the MDG indicators, developed by the Special Rapporteur for Health and the OHCHR and agreed with other UN agencies.<sup>13</sup> German development policy contributes to improved human rights impact monitoring by assisting health ministries and other institutions in partner countries in collecting health data according to the prohibited grounds of discrimination, and ensuring the population has access to this information. For example, German development cooperation in Kenya has contributed through policy advice to systematic and disaggregated documentation in public health reports of inequalities, including unequal allocation of funds. The *Kenyan National Commission for Human Rights* is also involved in this process.

The extent to which disaggregated data can and should be collected through the regular health information system requires careful consideration from a human rights-based perspective. Depending on the context, a question about marital status or ethnicity can lead exactly those groups (for example young, unmarried people) who should be better reached by these services to refrain from demanding them. In any case, health data must always be collected with respect for privacy. If necessary, alternative forms of data collection should be supported.

### **Outlook**

Many cooperation programmes in the health sector have effectively contributed towards improving the access to and quality of health services, without explicit reference to the right to health or the international human rights protection system. Nevertheless, human rights violations and non-fulfilment of human rights obligations still lead in many countries to serious impairment of

<sup>13</sup> UN (2008). Report on Indicators for Promoting and Monitoring the Implementation of Human Rights. 6 June 2008, HRI/MC/2008/3.

the health of women and of poor and disadvantaged population groups. An explicit human rights-based approach makes a decisive contribution towards improving the state of health of a society, and so also to reducing poverty. However, more synergies between development cooperation and the human rights protection system are possible in order to mainstream a human rights-based approach.

German development cooperation in the health sector will contribute through the following measures to making more intensive use of national, regional and international human rights mechanisms.

- Incorporate country-specific and health related recommendations of international and regional human rights treaty bodies in the political dialogue with partner governments, donor coordination and the development of priority strategy papers.
- Intensive dialogue with the UN Special Reporter for the Right to Health at national and international level, e.g. through dialogue with partner governments and other donors in connection with visits by the Special Rapporteur to the partner countries for German development cooperation.
- Capacity development for partner governments in meeting their obligation to report to the UN treaty bodies on the implementation of human rights conventions which they have ratified.
- Capacity development for civil society organisations in participating in regional and international reporting procedures, e.g. through parallel reports or specific human rights budget analyses of health policy.
- Capacity development for national human rights institutions in monitoring social, economic and cultural rights, and specifically the right to health.
- Systematic alignment with human rights of programme-oriented joint financing in the health sector through:
  - open dialogue between donors and partners on SWAP committees on implementing health-related human rights,
  - greater participation by parliamentary, local and civil society structures in donor-partner committees and transparency on these consultation processes for the public in partner and donor countries,
  - implementation of a human rights-based approach in joint reviews of progress in the health sector.<sup>14</sup>

In addition, it is important at all levels of action to create broader awareness of the links between health and human rights and to further develop the capacity of government and civil society actors to plan, implement and evaluate health strategies and programmes on a human rights basis.<sup>15</sup>

<sup>14</sup> Cf. for more details OECD/DAC (2008): *Linking Human Rights and Aid Effectiveness for Better Development Results: Practical Experience from the Health Sector*. Report for the Human Rights Task Team of the OECD-DAC Network on Governance (GOVNET) by Claire Ferguson.

<sup>15</sup> For example, InWEnt developed an online course on “Health and human rights” together with the WHO, aimed at experts in health ministries and staff at WHO and other UN agencies, NGOs and human rights organisations. In several countries, the course has contributed towards closer cooperation between health and human rights institutions.

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