GUIDELINES ON HUMAN RIGHTS EDUCATION

FOR HEALTH WORKERS

OSCE
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FOREWORD

In the 1991 Moscow Document the OSCE participating States agreed that they will "encourage their competent authorities responsible for education programmes to design effective human rights related curricula and courses for students at all levels, particularly (...) students (...) attending public service schools." These guidelines aim to support systemic and effective human rights education for health workers, and especially those who study to become health professionals or already carry out that important work.

Given the central role health workers play in safeguarding human rights, and the right to health in particular, human rights should be a key component of their professional development. In reality, however, there is very little, or in many cases no human rights education available for doctors, nurses, medical students, medical policymakers and all others whose primary responsibility is to enhance health. The guidelines aim to change that situation by helping to transfer human rights skills, knowledge and attitudes, and make them appropriate and applicable in the daily work of health workers, through human rights education.

The guidelines were prepared on the basis of broad consultations involving health workers, academics, NGO specialists and representatives from intergovernmental agencies. The guidelines promote the objectives of the United Nation's World Programme for Human Rights Education and its Second Phase (2010 to 2014), which focuses on implementing human rights training programmes for teachers and educators, civil servants, law enforcement officials and military personnel.

The document presents approaches to be adopted when planning or implementing human rights education for health workers related to six key structural areas: the human rights-based approach to human rights education; core competencies; curricula; training and learning processes; evaluation; and professional development and support of trainers. The guidelines also offer a list of key resources to assist in planning and implementing human rights education for health workers.

These guidelines may prove useful in a variety of contexts. For example, they can help educational personnel to plan, conduct and evaluate courses, lectures and seminars. They can also be used for advocacy purposes, such as in initiating changes in the system of professional development of health workers, in drafting of charters on rights and responsibilities for health workers or, additionally, in serving as a point of reference for expertise to anyone who may be interested in health-related human rights issues.

ODIHR is pleased to present these *Guidelines on Human Rights Education for Health Workers* and welcomes feedback on them, which will be used for future editions. It is our hope that the guidelines will contribute to the better implementation of OSCE human dimension commitments.

Ambassador Janez Lenarčič
Director, OSCE Office for Democratic Institutions and Human Rights

INTRODUCTION

RATIONALE FOR HUMAN RIGHTS EDUCATION FOR HEALTH WORKERS

The enjoyment of human rights represents an essential condition for the protection and promotion of human health defined as "a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity."[1] Beyond that, health itself is a fundamental human right indispensable for the exercise of other human rights as confirmed by international human rights law.[2] The "right of everyone to the enjoyment of the highest attainable standard of physical and mental health" comprises both health care and pre-conditions to health, such as clean water, sanitation,

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[1] "Declaration of Alma-Ata", World Health Organization, 1978, <http://www.euro.who.int/__data/assets/pdf_file/0009/113877/E93944.pdf>; "The Constitution of the World Health Organisation", 1946, <http://www.who.int/governance/eb/who_constitution_en.pdf> (Declaration of Alma-Ata).

[2] "International Covenant on Economic, Social and Cultural Rights", United Nations Office of the High Commissioner for Human Rights, 3 January 1976, article 12, para. 1, <http://www.ohchr.org/EN/ProfessionalInterest/Pages/CESCR.aspx>. For an analysis of this article see "General Comment No. 14, The Right to the Highest Attainable Standard of Health", UN Committee on Economic, Social and Cultural Rights, 11 August 2000, U.N. Doc. E/C.12/2000/4 (General Comment 14), <http://www.unhchr.ch/tbs/doc.nsf/(symbol)/E.C.12.2000.4.En>. The right to health is also guaranteed in the Charter of Fundamental Rights of the European Union, 18 December 2000, 2000/C364/01, Article 35: "Everyone has the right of access to preventive health care and the right to benefit from medical treatment".

nutrition and adequate housing.[3] This underlines the interconnection between health and human rights. Health policies and health services can serve to protect human rights and fundamental freedoms, but may also hinder the exercise of these rights. At the same time, respect for the human rights and fundamental freedoms of every individual is crucial for genuine health, and violations of human rights can have a direct impact on physical, mental and social well-being.

Within this synergistic relationship between health and human rights, health workers, whose main goal is to enhance health, are key actors in protecting, respecting and promoting the health-related human rights of every individual. Human rights can support health workers in their professional practice by improving their interaction with patients, by giving direction in situations where their decisions and situational judgement affect human rights and by helping health workers recognize human rights violations, which must be documented and redressed.[4] In order to be able to develop these specific human rights competencies to strengthen health workers' professional performance, health workers should become aware of human rights standards, principles and values and integrate them into their work. Therefore, human rights should be a part of any training or educational programme for all categories of health workers.

OSCE commitments affirm the fundamental character of human rights education and encourage human rights education in all educational institutions for all types of students and professional groups, including

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3 General Comment 14, *op. cit*., note 2, para. 12.

4 "Report of the Special Rapporteur on the Right of Everyone to the Enjoyment of the Highest Attainable Standard of Physical and Mental Health", United Nations Office of the High Commissioner for Human Rights, 12 September 2005, UN Doc. A/60/348, <http://www.ohchr.org/EN/Issues/Health/Pages/SRRightHealthIndex.aspx>. (Report of the Special Rapporteur on Health)

medical personnel.[5] The United Nations (UN) Declaration on Human Rights Education and Training reaffirms that everyone should have access to human rights education.[6]

The necessity of human rights education for health workers has been recognized in the UN Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment, the Vienna Declaration and Programme of Action, and the Plan of Action of the Second Phase of the UN World Programme for Human Rights Education.[7] The importance of human rights education for health workers has been emphasized also by the UN Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health,[8] by the Committee on the Elimination of Discrimination against Women,[9] by the UNESCO Recommendations on Human Rights Teaching, Information

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5 "Document of the Copenhagen Meeting of the Conference on the Human Dimension of the CSCE", Conference on Security and Co-operation in Europe, Copenhagen, 5 to 29 June 1990, para. 16.4, <http://www.osce.org/odihr/elections/14304>, (Copenhagen Document); "Concluding Document of the Vienna Meeting", Conference on Security and Co-operation in Europe, Vienna, 19 January 1989, paras. 13.4 – 13.7, <http://www.osce.org/mc/16262>, (Vienna Document); "Document of the Moscow Meeting of the Conference on the Human Dimension of the CSCE", Conference on Security and Co-operation in Europe, Moscow, 3 October 1991, paras. 42.1 – 42.6, <http://www.osce.org/odihr/elections/14310>, (Moscow Document); OSCE Ministerial Council, Decision No. 14/06, "Enhancing Efforts to Combat Trafficking in Human Beings, including for Labour Exploitation, through a Comprehensive and Proactive Approach," Brussels, 5 December 2006, <http://www.osce.org/mc/23048>.

6 "United Nations Declaration on Human Rights Education and Training", UN General Assembly, 19 December 2011, UN Doc. A/RES/66/137, Art. 11, <http://daccess-dds-ny.un.org/doc/UNDOC/GEN/N11/467/04/PDF/N1146704.pdf?OpenElement>, (UN Declaration on Human Rights Education and Training).

7 "World Programme for Human Rights Education, Plan of Action, 2nd Phase", UN High Commissioner for Human Rights, 27 July 2010, UN Doc. A/HRC/15/28, <http://www.ohchr.org/Documents/Publications/WPHRE_Phase_2_en.pdf>, (WPHRE, Plan of Action). The Plan of Action for the Second Phase of the World Programme for Human Rights Education focuses on human rights education and training for different groups of civil servants.

8 Report of the Special Rapporteur on Health, *op. cit.*, note 4.

9 CEDAW, general recommendation 24 (1999) on women and health, para. 31 (f). <http://www.un.org/womenwatch/daw/cedaw/recommendations/recomm.htm>.

and Documentation[10] and by civil society bodies.[11] Moreover, health professional organizations, such as the World Medical Association[12] and the International Council of Nurses, advocate for the inclusion of human rights-related topics in the training of health workers.[13]

These guidelines have been designed to support effective human rights education for health workers.

KEY DEFINITIONS FOR THE GUIDELINES

The term "health worker" includes all people whose primary role is to enhance health. This includes public health workers, health care staff, health policy workers, health service management, community health workers, health educators and private health workers.

The United Nations Declaration on Human Rights Education and Training states that:

> "Human rights education and training comprises all educational, training, information, awareness-raising and learning activities aimed at promoting universal respect for and observance of all human rights and fundamental freedoms. Human rights education contributes to the prevention of human rights violations and abuses by providing persons with knowledge, skills and understanding, and by developing their attitudes

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[10] "Malta Recommendations on Human Rights Teaching, Information and Documentation", UNESCO, 1987, reproduced in: "The United Nations Decade for Human Rights Education. No. 3 The Right to Human Rights Education", United Nations, Geneva, 1999, p. 76–91, <http://www.ohchr.org/Documents/Publications/RightHReducationen.pdf>.

[11] "Amnesty International Urges a Stronger Human Rights Role for Nurses and Midwives", Amnesty International, Nursing Ethics, 18 May 2005, Vol. 12, No. 6, 2005, pp. 649–650, <http://www.amnesty.org/en/library/asset/ACT75/002/2005/en/4ec594ad-d4ea-11dd-8a23-d58a49c0d652/act750022005en.html>.

[12] "Resolution on the Inclusion of Medical Ethics and Human Rights in the Curriculum of Medical Schools Worldwide," World Medical Association, 51st Annual General Assembly, October 1999, <http://www.wma.net/en/30publications/10policies/e8/>.

[13] "Position Statement: Nurses and Human Rights", International Council of Nurses (ICN), adopted in 1998, reviewed and revised in 2006, <http://www.icn.ch/publications/position-statements>.

and behaviours to empower them to contribute to the building and promotion of a universal culture of human rights."[14]

The Declaration also asserts that:

"[H]uman rights education encompasses:

a) Education about human rights, which includes providing knowledge and understanding of human rights norms and principles, the values that underpin them and the mechanisms for their protection;
b) Education through human rights, which includes learning and teaching in a way that respects the rights of both educators and learners;
c) Education for human rights, which includes empowering persons individuals to enjoy and exercise their rights and to respect and uphold the rights of others."[15]

Human rights education is complementary to training in medical law, medical ethics and bioethics in the following ways and for the following reasons:

- human rights serve as the foundation for medical law;
- human rights are a point of reference for policy development on health issues;
- human rights provide a framework for health workers to make ethical decisions and situational judgements; and
- unlike medical ethics and bioethics, human rights are binding on all states and those acting on their behalf, including non-state actors, as part of international legal obligations.

Therefore, courses in medical ethics, bioethics or medical law cannot be a substitute for human rights education in the training of health workers.

PROCESS FOR ELABORATING THE GUIDELINES

ODIHR initiated the development of this series of guidelines on human rights education as follow-up to consultative workshops that took place in Istanbul on 16 and 17 September 2010, in Geneva on 22 and 23 August 2011,

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[14] UN Declaration on Human Rights Education and Training, *op. cit.*, note 6.
[15] *Ibid.*

and in Warsaw on 7 and 8 November 2011 and July 30 and 31 2012. These guidelines will continue to evolve to reflect ongoing discussions aimed at developing quality human rights education programmes for health workers.

The *Guidelines on Human Rights Education for Health Workers* have been elaborated in close consultation with practitioners with long-standing experience in this field, including health workers, academics, NGO specialists and representatives from inter-governmental agencies. An initial document was drafted in collaboration with a working group organized following the Istanbul workshop. The final version of the guidelines was developed on the basis of input provided by an additional group of practitioners representing all OSCE geographical regions. These individuals are presented in the Acknowledgements section of these guidelines.

The guidelines have been developed with reference to existing key policy and resource documents promulgated by the UN, including the WHO, as well as regional human rights bodies and other agencies, such as the Pan American Health Organization (PAHO).

The *Guidelines on Human Rights Education for Health Workers* are based on the normative framework of the OSCE human dimension commitments, other regional human rights standards and mechanisms, such as those existing within the Council of Europe, and on core international human rights instruments, as well as decisions of their respective monitoring bodies:the International Covenant on Civil and Political Rights (ICCPR), the International Covenant on Economic, Social and Cultural Rights (ICESCR), the International Convention on the Elimination of All Forms of Racial Discrimination (ICERD), the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW), the Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment (CAT), the Convention on the Rights of the Child (CRC), the International Convention on the Protection of the Rights of All Migrant Workers and Members of Their Families (ICRMW), the Convention on the Rights of Persons with Disabilities (CRPD), and the International Convention for the Protection of All Persons from Enforced Disappearances (CPED).

ANTICIPATED USERS OF THE GUIDELINES

These guidelines are intended for health workers who want to enhance their human rights competencies; policymakers in the area of education, health care and public health; health workers' trainers; university and other medical school lecturers; and educational programme designers; as well as all other stakeholders involved in the planning, delivery and evaluation of educational curricula for health workers. As governments are responsible for the delivery of human rights education, it is presumed that the implementation of such programmes will take place within a legislative or policy framework ensuring sustainable human rights education for health workers.

These guidelines apply equally to private individuals and companies who provide any health service or products, and to private medical and related colleges that train health workers. They also serve civil society organizations working with or monitoring the performance of health workers.

PURPOSES OF THE GUIDELINES

The *Guidelines on Human Rights Education for Health Workers* serve to:

- support the realization of the right to the highest attainable standard of health of every human being;
- illustrate the basic elements of human rights and, in particular, the right to the highest attainable standard of health, and their meaning in the context of health practice;
- facilitate human rights education processes and awareness-building of human rights issues in the daily practice of health workers;
- be a point of reference for and articulate quality human rights education to those who develop educational programmes;
- articulate human rights education learner outcomes (specifically in the categories of knowledge and understanding, values and attitudes, and skills);
- assist in the elaboration of effective programmes for training educators to deliver human rights education for health workers;
- become a point of reference for assessing progress in promoting and adhering to human rights; and
- promote ongoing improvements in the quality of human rights education for health workers.

The guidelines propose principles that can be used in the design of human rights education for health workers, as well as criteria to evaluate the effectiveness of such efforts. They are deliberately generic and have not been designed as a resource with examples.

APPLICATION OF THE GUIDELINES

Health workers face human rights challenges throughout their daily practice, even though they may not always be able to properly recognize such issues in their professional activity. In order to avoid human rights-based training becoming dissociated from practice, it is advantageous to embed human rights as a cross-curricular topic, rather than teaching it as a separate subject. These guidelines support the introduction of human rights education – complementing educational processes in law and ethics – as an integral part of subjects taught to health workers at all levels, including pre – and in-service training, as well as training for career advancement or professional development. Training institutions are key actors in providing quality and sustainable human rights education for health workers. It is essential that human rights values infuse the culture and practices of the learning environment so that human rights are a "lived" experience in the training system. The dignity of learners, educators and other members of the community should be fully respected, so as to motivate learners to respect and apply human rights in their professional and private lives.

The guidelines aim to strengthen the incorporation of human rights standards in all areas of work of academic and professional health communities, for example in:

- Research and Teaching:
  - working with students at the undergraduate and graduate level;
  - planning, conducting and evaluating courses, lectures and seminars;
  - carrying out field work; and
  - developing internship programmes.
- Advocacy:
  - promoting awareness of health and human rights topics;
  - initiating changes in health legislation and practice, as well as in the system of professional development of health workers; and
  - reviewing or drafting codes of conduct and professional ethics, codes of practice for employers, and charters on rights and responsibilities for health workers;

- Expertise:
  - strengthening the capacity of organizations that want to work on health-related human rights issues, and have little or no competencies to do so;
  - promoting the creation and implementation of equitable and effective public health policies and programmes;
  - enhancing accountability in the incorporation of human rights norms, principles and standards in health work;
  - enhancing the investigation and documentation of human rights violations by health workers;
  - informing consultation services and technical support; and
  - sharing knowledge through conferences, workshops and training sessions.

These guidelines cannot take into account all the specific contexts in which health workers operate, for example, the cultural context, personal experiences with human rights, and other political and historical features of the learning environment within which human rights education will take place. Nor can these guidelines address the special needs or vulnerabilities of learners, such as those learning in conflict, post-conflict and post-disaster situations. Trainers and those designing human rights education will need to take such needs, conditions and sensitivities into account so that human rights education is carried out in a way that is the most effective and empowering for learners.

Finally, these guidelines are not formulaic. Rather, they are intended to serve as a measure for gauging the quality of educational programmes for health workers and as a support tool for those who initiate and conduct educational programmes compliant with human rights good practice for health workers.

STRUCTURE OF THE GUIDELINES

The guidelines are organized into six main areas:

1. **Overall Processes and Goals,** ensuring that the overall processes and goals of human rights education reflect the human rights-based approach;
2. **Core Competencies,** identifying the key learner outcomes that illustrate the essential capabilities for learner development;
3. **Curricula**, developing educational and training programmes for all learning activities, formal and non-formal;
4. **Training and Learning Processes,** ensuring these are learner-centered (relating human rights to learners' real-life experiences), participatory and inclusive, and take place in a human rights-respecting learning environment;
5. **Evaluation,** ensuring that educational programme results are regularly evaluated, using appropriate methods; and
6. **Training, Professional Development and Support for Educators**, ensuring that educational personnel receive pre-service and regular in-service training and support.

These guidelines also include a resources section that lists reference materials to assist the user of the guidelines in planning, implementing and evaluating human rights education for health workers. Resources are organized according to the following categories:

- Human rights education and training resources for health workers;
- Resources on health and human rights;
- E-learning courses on human rights and health, and training in human rights education for health workers; and
- Human rights education policy documents with relevance for health workers.

1. OVERALL PROCESSES AND GOALS

Main aim: Ensuring that the overall processes and goals of human rights education reflect the human rights-based approach

The human rights-based approach to human rights education involves the integration of human rights principles within policy formulation, as well as the planning, design, implementation, monitoring and evaluation of educational events or programmes. This approach works with the expectation that outcomes are explicitly linked with an improvement in the enjoyment of the right to health. Moreover, the human rights-based approach implies that training institutions reflect these principles in their organizational and managerial practices.

The human rights principles are:
- universality and inalienability;
- indivisibility;
- inter-dependence and inter-relatedness;
- equality and non-discrimination;
- participation and inclusion; and
- accountability and the rule of law.[16]

[16] Vienna Document, *op. cit.*, note 5, paras. 11–12; United Nations, "The UN Statement of Common Understanding on Human Rights-Based Approaches to Development Cooperation and Programming", 2003, <http://hrbaportal.org/?page_id=2127>.

HUMAN RIGHTS-BASED APPROACH IN HUMAN RIGHTS EDUCATION PROGRAMMING

All training courses for health workers integrate human rights principles, values and norms in order to enable professional performance based on respect for human rights and dignity.

Training programmes are designed and implemented in consultation with a wide range of stakeholders at the national, regional and local levels and take due account of governmental, legal, educational and civil society bodies' interests and experiences. The meaningful involvement of different civil society actors and consultation with them are core elements of designing and implementing training programmes based on the human rights-based approach.

Human rights education programme planning involves the identification of key human rights challenges faced by health workers and by society.

The objective of the programme is the improved realization of human rights, with links made to relevant human rights standards and instruments.

As a result, human rights training programmes developed using the human rights-based approach strengthen the capacity of health workers to meet their human rights obligations through improvements in policies, legislation, plans, programmes, resource allocation and practice, as well as empowering health workers to bring about change in their own professional and private lives. Human rights training programmes also strengthen the understanding and capacity to respect, protect and fulfill the rights of others, especially those who are excluded or discriminated against on the basis of race, colour, gender, language, political or other opinion, religion, national or social origin, property, birth, age or other status, and empowers them to claim their own rights.[17]

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[17] OSCE Vienna Document, *op. cit.*, note 5, para. 13.7; General Comment No. 20, "Non-Discrimination in Economic, Social and Cultural Rights (art. 2, para. 2)", UN Committee on Economic, Social and Cultural Rights, 10 June 2009, UN Doc. E/C.12/GC/20. See also "Human Rights Guide for the Civil and Public Service", Irish Human Rights Commission, 2010, p. 12, <http://www.ihrc.ie/download/pdf/ihrc_human_rights_guide_2010.pdf>.

Educational programme objectives are outcome-based and measurable, encouraging action to fulfill the human rights of all members of the society.

To succeed, sufficient and sustained resources (time, financial and human resources) are allocated by governments for human rights education.[18]

HUMAN RIGHTS-BASED APPROACH IN EDUCATIONAL INSTITUTIONS

The human rights-based approach applies to the ways of working of training institutions. These institutions promote rights-based principles within their organizational structure, processes and procedures, including non-discrimination and inclusion, dignity and respect, accountability, participation and empowerment of all health workers who undergo training, as well as of all educational personnel.

The training delivered by relevant institutions fosters participation, self-expression, communication, co-operation and teamwork, and discipline in processes that affirm the human dignity of learners and educational personnel.

[18] WPHRE, Plan of Action, *op. cit.*, note 7, p. 42.

2. CORE COMPETENCIES

Main aim: Ensuring that clearly established learner outcomes – including dimensions of knowledge and understanding, attitudes and values and skills – guide the development of curricula, training, learning and evaluation processes, and preparation of educational personnel.

The desired core competencies, or learner outcomes, presented here are intended to be used in designing human rights education for health workers. The competencies are grouped under three headings:

- knowledge and understanding;
- attitudes and values; and
- skills.

Although the competencies are presented separately, they are often interlinked, and when delivering and assessing an education programme they will be blended together. The competencies are not presented in any particular order or priority. The selection of relevant competencies to acquire (as an objective of a training course or a curriculum) is carried out by educational staff based on the concrete context and needs of participants.

Particular attention is paid to the transformation of theoretical knowledge into practice-related skills through relevant, human rights-related exercises.

KNOWLEDGE AND UNDERSTANDING

The learner is aware of and understands:

Legal and philosophical foundations of human rights

- The history and philosophy of human rights; the function of human rights, the ethical, legal and political justification of human rights; the evolving nature of the human rights framework; the Universal Declaration of Human Rights;

- Human rights principles and human rights standards as defined in the international and regional human rights treaties and relevant case law, including but not limited to: the International Covenant on Civil and Political Rights; the International Covenant on Economic, Social and Cultural Rights; the International Convention on the Elimination of All Forms of Racial Discrimination; the Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment; the Convention on the Elimination of All Forms of Discrimination against Women; the Convention on the Rights of the Child; the International Convention on the Protection of the Rights of All Migrant Workers and Members of Their Families; the International Convention for the Protection of All Persons from Enforced Disappearance; the International Convention on the Rights of Persons with Disabilities; the Geneva Conventions; the Convention for the Protection of Human Rights and Fundamental Freedoms (ECHR); the EU Charter on Fundamental Rights; the European Social Charter; the Council of Europe Convention on Human Rights and Biomedicine; the American Convention on Human Rights; and the World Health Organization Declaration on the Rights of Patients in Europe;

- The status of ratification of international and regional treaties, including existing reservations;

- National legislation referencing human rights (e.g., constitutions, national health care laws, etc.);

- The nature of the state's obligations under human rights law;

- Responsibility of the private sector, for example, pharmaceutical companies or health insurance companies, for the realization of human rights,

in particular of the right of everyone to the enjoyment of the highest attainable standard of physical and mental health[19]

- The role of human rights mechanisms, international (e.g., UN Treaty Bodies, UN Special procedures' mandates, with a clear impact on health, particularly the Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health, Universal Periodic Review), regional (e.g., OSCE, European Union, Organization of American States, Council of Europe and the European Court of Human Rights), and national (e.g., national human rights institutions);

- The role of civil society, media and other organizations with mandates or thematic focus related to health issues, such as associations of health workers or organizations advocating for patients' rights, in addressing human rights;

- The definition of a human rights violation; the root causes of human rights violations including the role of stereotypes and prejudices leading to human rights abuses, as well as the physical and psychological consequences of human rights violations on individuals, their families and society, especially in the health context;

The linkages between health and human rights

- The inherent dignity of all human beings and the necessity to protect this dignity under all circumstances, regardless of race, colour, gender, language, political or other opinion, religion, national or social origin, property, birth, age or other status;[20]

- The concept of progressive realization of the right to health and relevant obligations of the state;

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[19] See "Report of the Special Representative of the Secretary-General on the Issue of Human Rights and Transnational Corporations and other Business Enterprises, Guiding Principles on Business and Human Rights: Implementing the United Nations "Protect, Respect and Remedy" Framework", United Nations, 21 March 2001, UN Doc. A/HRC/17/31; "Report of the Special Rapporteur on the Right of Everyone to the Enjoyment of the Highest Attainable Standard of Physical and Mental Health, Annex 'Human Rights Guidelines for Pharmaceutical Companies in relation to Access to Medicines'", 11 August 2008, UN Doc. A/63/263.

[20] "Final Act of the Conference on Security and Co-operation in Europe", Helsinki, 1975, VII, <http://www.osce.org/mc/39501>.

- The obligation of the state to provide appropriate training for health personnel, including education on health and human rights, the right to access to health care, distributive justice, standards of care and quality of life for the person;

- The connection between human rights instruments and specific documents related to the duties of health workers, e.g., national medical-treatment legislation or the relevant codes of ethics for health workers;[21]

- Human rights as legal and ethical reference points for health workers for their day-to-day work and performance of their statutory duties with the public, notably regarding the treatment of children and adolescents, older persons, detainees, minorities, indigenous peoples, asylum-seekers and other migrants, people with physical or mental disabilities, victims of human rights violations, in particular victims of torture, and all other persons unable to express or formulate their rights;

- The impact of the health sector on human rights, including the role of health workers in preventing and reacting to human rights violations that affect health,[22] as well as the impact of impaired health on human rights, including participation in the cultural, civic and political life of the community, and in education, employment or housing;

- The impact on health of environmental degradation resulting from climate change, natural disasters, warfare and industrial and agricultural pollution;[23]

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[21] See WHO, "Casebook on Ethical Issues in International Health Research" (WHO, 2009), <http://www.who.int/rpc/publications/ethics_casebook/en/index.html>; "3rd General Assembly, International Code of Medical Ethics", World Medical Association, London, 1949, <http://www.wma.net/en/30publications/10policies/c8/>; and "Code of Ethics for Nurses", International Council of Nurses, adopted in 1953, revised in 2012, <http://www.icn.ch/about-icn/code-of-ethics-for-nurses>.

[22] See Pat Mayers, "Introducing Human Rights and Health into a Nursing Curriculum", Curationis, Vol. 30 No. 4, 2007, pp. 53–60, <http://curationis.org.za/index.php/curationis/article/view/1117/1052>; "The World Medical Association Declaration of Tokyo. Guidelines for Physicians Concerning Torture and other Cruel, Inhuman or Degrading Treatment or Punishment in Relation to Detention and Imprisonment", WMA, October 1975, <http://www.wma.net/en/30publications/10policies/c18/>.

[23] OSCE Ministerial Council, Document of the Eleventh Meeting, "OSCE Strategy to Address Threats to Security and Stability in the Twenty-First Century", Maastricht, 2003, para. 14, <http://www.osce.org/mc/17504>.

- The impact of human rights violations on health (for example the impact of violence against women on the health of women and children, or the impact of trafficking in human beings on the health of the victims);[24]

- The legal and ethical duties of health workers, taking into account the interests of the patients, in documenting and reporting alleged human rights violations or seeking to prevent human rights violations;

- Human rights issues related to life sciences and associated bio-technologies;[25]

- The accountability of governments for health-related human rights violations and the emerging statutory and case law regarding health related human rights issues;

- The legitimate derogations on rights (Siracusa Principles and limitation clauses, especially in relation to public health emergencies, in international human rights instruments in general), which are applicable in cases of perceived conflict between individual rights and rights of others (e.g., cases of infectious pandemic);[26]

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[24] OSCE Ministerial Council, Annex to Decision No. 2/03, "OSCE Action Plan to Combat Trafficking in Human Beings," Maastricht, 24 July 2003, para. 4.4, <http://www.osce.org/pc/42708>.

[25] "Universal Declaration on Bioethics and Human Rights", UNESCO, Paris, 2005, <http://portal.unesco.org/shs/en/ev.php-URL_ID=1883&URL_DO=DO_TOPIC&URL_SECTION=201.tml>; "International Health Regulations", WHO, 2005, <http://www.who.int/ihr/en> (WHO); "International Ethical Guidelines for Biomedical Research Involving Human Subjects", Council for International Organizations of Medical Sciences, Geneva, 2002, <http://www.cioms.ch/publications/frame_available_publications.htm> (CIOMS); "Convention for the Protection of Human Rights and Dignity of the Human Being with regard to the Application of Biology and Medicine: Convention on Human Rights and Biomedicine", Council of Europe, 4 April 1997, <http://conventions.coe.int/Treaty/en/Treaties/html/164.htm> (Council of Europe).

[26] Moscow Document, *op. cit.*, note 5, para 28.1; "International Health Regulations", WHO, 2005, <http://www.who.int/ihr/en>; "The Siracusa Principles on the Limitation and Derogation Provisions in the International Covenant on Civil and Political Rights", UN Commission on Human Rights, 28 September 1984, U.N. Doc. E/CN.4/1985/4, <http://www.unhcr.org/refworld/docid/4672bc122.html>. For analysis of the Siracusa Principles, see Sara Abiola, "The Siracusa Principles on the Limitation and Derogation Provisions in the International Covenant for Civil and Political Rights (ICCPR): history and Interpretation in Public Health Context", Research Memorandum Prepared for the Open Society Institute's Public Health Program Law and Health Initiative, Harvard, 2011.

- The protection of the overall health of the population, or public health in cases of international spread of diseases;[27]

- The coherence of health policy with human rights;

- The right to health and other health-related rights;

- The right to the highest attainable standard of health;[28]

- The right to health extending to underlying determinants of health, such as food, nutrition, housing, access to safe and potable water and adequate sanitation, safe and healthy working conditions, and a healthy environment;[29]

- Elements of the right to health (in relation to all health facilities, goods and services): availability (of health facilities, goods, and services), accessibility (non-discrimination, physical accessibility, economic accessibility [affordability], information accessibility), acceptability (respectful of medical ethics and culturally appropriate, sensitive to gender and life-cycle requirements), quality (scientifically and medically appropriate and of good quality);[30]

- Inter-relatedness and inter-dependence between the right to health and other rights;

- The rights of patients and other individuals, as well as their family members and members of their communities;[31]

- The right to self-determination and autonomy, including the right to informed consent (the right to choose or decline care or nourishment, the

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[27] See WHO, *op. cit*., note 26.
[28] General Comment 14, *op. cit*, note 2, para. 4.
[29] *Ibid*.
[30] *Ibid*., para. 12.
[31] Declaration of Alma-Ata, *op. cit*., note 1; "European Charter of Patients' Rights", Active Citizenship Network, Rome, 2002, <http://ec.europa.eu/health/ph_overview/co_operation/mobility/docs/health_services_co108_en.pdf>; WHO, "European Consultation on the Rights of Patients, 'A Declaration on the Promotion of Patients' Rights in Europe'", Amsterdam, 28 June 1994, <http://www.who.int/genomics/public/eu_declaration1994.pdf>; see a list of a number of national patients' rights documents on the WHO website: <http://www.who.int/genomics/public/patientrights/en/>.

right to participate in decision-making processes regarding one's health, the right to complain about health services);

- Rights with regard to human research and genetic engineering, including the limitation or prohibition of clinical research, particularly on vulnerable and disadvantaged groups;[32]

- The right to information (including access to one's own clinical records);

- The right to be treated with dignity and respect;

- Sexual and reproductive rights,[33] such as access to family planning, contraception, pregnancy, etc.;[34]

- The right to bodily integrity, including the absolute prohibition on the use of torture, or other cruel, inhuman and degrading treatment, of the participation of health workers in torture and executions or other corporal punishment,[35] prohibition of the performance of, or participation

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[32] See "International Ethical Guidelines for Epidemiological Studies", Council for International Organizations of Medical Sciences, 2009, <http://www.cioms.ch/publications/frame_available_publications.htm>; Council of Europe Committee of Ministers, Recommendation No. R (98) 7, "Ethical and Organisational Aspects of Health Care in Prison" (8 April 1998); World Medical Association, "Declaration of Helsinki", adopted in 1964, revised in 1975, 1983, 1989, 1996, 2000, 2008, <http://www.wma.net/en/20activities/10ethics/10helsinki/index.html>; UNESCO, Council of Europe Parliamentary Assembly, Resolution 1247(2001), "Female Genital Mutilation", 22 May 2001, <http://assembly.coe.int/main.asp?Link=/documents/adoptedtext/ta01/eres1247.htm>; and Position Statement, "Nurses' Role in the Care of Detainees and Prisoners", International Council of Nurses (ICN), adopted in 1998, reviewed and revised in 2006, <http://www.icn.ch/publications/position-statements>.

[33] UN General Comment 14, *op. cit.*, note 2, paras. 13–17. See also "Sexual rights: an IPPF Declaration", International Planned Parenthood Federation, <http://www.ippf.org/en/Resources/Statements/Sexual+rights+an+IPPF+declaration.htm>; and "Report of the International Conference on Population and Development", United Nations Population Information Network, 18 October 1994, U.N. Doc. CONF.171/13.

[34] Report of the Special Rapporteur on Health, *op. cit.*, note 4..

[35] OSCE Copenhagen Document, *op. cit.*, note 5, para. 16.4; OSCE Vienna Document, *op. cit.*, note 5, para 23.6; "Convention (IV) relative to the Protection of Civilian Persons in Time of War", UN, 12 August 1949; UN General Assembly, Res. 37/194, "Principles of Medical Ethics", 18 December 1982, UN Doc. A/RES/37/194, <http://www.un.org/documents/ga/res/37/a37r194.htm>; and "Position Statement: Torture, Death Penalty and Participation by Nurses in Executions", International Council of Nurses (ICN), adopted in 1998, reviewed and revised in 2003 and 2006, <http://www.icn.ch/publications/position-statements>; and Duncan Forrest, *Doctors and Torture* (Hoolet: Freedom from Torture, 1998), <http://www.freedomfromtorture.org/document/publication/5570>.

in harmful traditional practices,[36] prohibition on the use of medical techniques that cause unnecessary pain or suffering, both physical or mental;

- The right to privacy (including confidentiality of medical information);
- The right to liberty (related to procedures governing institutionalization of patients);
- The right to care with adequate access to pain treatment;
- The health rights of persons with disabilities;
- The right to participate in health-policy-making processes;
- A human rights approach to health planning, implementation and monitoring;[37] and
- Principles of the human rights-based approach in health planning, implementation, monitoring and in other health interventions.

Equality and non-discrimination

- Equality, non-discrimination, participation and inclusion as fundamental human rights principles, including the prohibition of discrimination based on race, colour, gender, language, political or other opinion, religion, national or social origin, property, birth, age or other status (such

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[36] See OHCHR, UNAIS, UNDP, UNECA, UNESCO, UNFPA, UNHCR, UNICEF, UNIFEM, WHO, "Eliminating Female Genital Mutilation, An Interagency Statement", World Health Organization, 2008, <http://whqlibdoc.who.int/publications/2008/9789241596442_eng.pdf>; UNAIDS, UNDP, UNFPA, UNHCR, UNICEF, UNIFEM, WHO,FIGO, ICN, IOM, MWIA, WCPT, WMA, "Global Strategy to Stop Health-Care Providers from Performing Female Genital Mutilation", World Health Organization, 2010, <http://whqlibdoc.who.int/hq/2010/WHO_RHR_10.9_eng.pdf>; and Position Statement, "Elimination of Female Genital Mutilation", International Council of Nurses (ICN), adopted in 1995, reviewed and revised in 2004 and 2010, <http://www.icn.ch/publications/position-statements>.

[37] "A human rights – based approach to health", WHO, <http://www.who.int/hhr/news/hrba_to_health2.pdf>; WHO, UNOHCHR, SIDA, "Human rights and gender equality in health sector strategies: how to assess policy coherence", WHO, 2011, <http://www.ohchr.org/Documents/Publications/HRandGenderEqualityinHealthSectorStrategies.pdf>.

as individuals suffering from chronic or infectious diseases such as HIV/AIDS[38]);

- The treatment of vulnerable people, such as children and adolescents, older persons, detainees, minorities, asylum-seekers and other migrants, people with physical or mental disabilities, victims of human rights violations (in particular victims of torture), and the protection of persons unable to express or formulate their rights due to temporary or chronic severe illness;

- The right of migrants in irregular situations, at a minimum, to access necessary healthcare, the right of migrant women in irregular situations to access primary and secondary pre – and post-natal care, the right of migrant children to the same health care services as nationals;[39]

- The limitation of the qualifying conditions for health care to only what is necessary to guarantee continuity of care, such as proof of identity;[40]

- The provision of information concerning medical treatment to health clients in languages they understand; and

- The importance of integrating a gender perspective in any activity or plan as a means to ensure equality.[41]

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[38] OSCE Ministerial Council Decision No. 6/02 "Tolerance and Non-Discrimination", Porto, 2002; OSCE Ministerial Council Decision No. 15/05 "Preventing and Combating Violence against Women," Ljubljana, 2005; UN CESCR, op. cit., note 17, para. 33; International Council of Nurses (ICN), Position Statement, "HIV infection and AIDS" (adopted in 1989, reviewed and revised in 1995, 2000 and 2008) <http://www.icn.ch/publications/position-statements>; and UNAIDS, 26th Meeting of the UNAIDS Programme Coordinating Board, "Non-discrimination in HIV Responses", 22 to 24 June 2010, <http://date.unaids.org>.

[39] "Migrants in an irregular situation: access to healthcare in 10 European Union Member States", European Union Fundamental Rights Agency (FRA), 2011, <http://fra.europa.eu/sites/default/files/fra_uploads/1771-FRA-2011-fundamental-rights-for-irregular-migrants-healthcare_EN.pdf>.

[40] *Ibid*.

[41] OSCE Ministerial Council, Decision No. 14/04 "OSCE Action Plan for the Promotion of Gender Equality", Sofia, 7 December 2004, <http://www.osce.org/mc/23295>.

The rights of health workers, related to the exercise of their duties

- Work-related rights, such as the right to just, favourable and safe conditions of work, the right to form and to join trade unions and other associations, etc.;[42]

- The right to care, including the management of vicarious traumatization or compassion fatigue arising from work duties;

ATTITUDES AND VALUES

The learner, through actions and conduct, demonstrates:

- Respect for oneself and respect for others, namely patients and other individuals within the sphere of influence of health workers, based on the dignity of all people and their human rights;

- A non-judgmental and non-discriminatory approach to patients, colleagues and other individuals;

- Respect for diversity, including the prohibition of discrimination based on race, colour, gender, language, political or other opinion, religion, national or social origin, property, birth, age or other status;

- A supportive attitude towards women's human right to health throughout their life span;[43]

- A child and age sensitive attitude;

- Awareness of one's own inherent prejudices or biases, and effort and determination to overcome these;

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[42] OSCE Copenhagen Document, *op. cit.*, note 5, para. 9.3; "63rd World Health Assembly, Global Code of Practice on the International Recruitment of Health Personnel", WHO, 21 May 2010, <http://www.who.int/hrh/migration/code/practice/en/>.

[43] See "General recommendation 24 Women and Health", UN Office of the High Commissioner for Human Rights, CEDAW,, 2 May 1999, , <http://www.unhchr.ch/tbs/doc.nsf/(Symbol)/77bae3190a903f8d80256785005599ff>; General Comment 14, *op. cit.*, note 1.

- Openness to understanding the cultural and other contexts of one's own professional performance as a health worker;
- A supportive and appreciative attitude towards other individuals;
- Compassion[44] and attention to marginalized, disadvantaged groups and persons with particular vulnerabilities;[45]
- Compassion for those suffering human rights violations, and self-assurance in supporting all victims of crime and human rights violations;
- Integrity, independence and honesty;
- Confidence in protecting human rights, in fulfilling the obligation of duty bearers to respect, protect, promote and fulfill human rights, and in performing one's duty in an accountable, transparent, efficient and effective manner;
- Leadership, personal and professional engagement in building a culture of human rights, and especially in the realization of the right to health, via a commitment to sustaining and safeguarding human rights and to not be a bystander when rights are violated;
- Readiness to reflect and openness to receive feedback to improve personal and team performance in ways reflective of human rights values and principles;
- Interest to work collaboratively with others to protect and promote human rights in and beyond one's own environment; and
- Willingness to work in an open and transparent manner so as to promote public accountability and patients' trust.

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44 The principles of compassion include sympathy, empathy, non-judgment, warmth. See Paul Gilbert, "Compassion and Cruelty: A Biopsychosocial Approach", in: Paul Gilbert (ed.), *Compassion: Conceptualisations, Research and Use in Psychotherapy* (London: Routledge, 2005).

45 OSCE Ministerial Council Decision, Decision No. 3/03 "Action Plan on Improving the Situation of Roma and Sinti within the OSCE Area", para. 61 (b), 62, 63, <http://www.osce.org/odihr/17554>.

SKILLS

The learner demonstrates an ability to:

- Respect and protect human rights in everyday work, and especially the right to health of all persons;

- Use the methodology of a human rights-based approach in health planning, implementation and monitoring of policies and strategies and other health interventions;

- Communicate respectfully with patients and other individuals;

- Critically evaluate one's own personal contribution to enhancing heath while respecting human rights;

- Promote and advocate on a daily basis for human rights in one's own professional environment and in the public domain, thereby contributing to the improvement of the state of health in general;

- Recognize and analyze human rights issues in one's own professional context and take the appropriate steps to address these issues by applying human rights principles, (e.g., by refusing to participate in practices that violate patients' human rights despite institutional or societal pressure, or otherwise preventing and reacting to human rights violations, including through documentation and reporting);[46]

- Provide necessary access to health care for all persons, regardless of legal status, including migrants, and promote such access among decision-makers at all levels, (e.g., by calling for respect for the applicable medical code of ethics in debates on entitlement to health care, and for respect for the confidentiality principle to discourage reporting of personal data to authorities, such as the legal status of migrants);

- Use or advice on the use of the complaint procedures for right to health violations in the national context, including redress mechanisms at health

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[46] See, for instance, Mark Costanzo, Ellen Gerrity, and M. Brinton Lykes, "The Use of Torture and Other Cruel, Inhumane, or Degrading Treatment as Interrogation Devices", SPSSI Policy Statement, <http://www.spssi.org/index.cfm?fuseaction=page.viewpage&pageid=1460>.

facilities, national human rights institutions, courts of law, health profession regulatory authorities, health practitioners councils and civil society;

- Recognize and analyze health issues in a societal context from a human rights perspective and initiate appropriate steps to address them, also collectively where necessary;

- Evaluate a policy decision;[47]

- Educate and empower other health workers to recognize potential human rights issues and to take appropriate action;

- Provide support to victims of human rights violations and treat them with humanity and respect for their dignity and human rights, in particular ensuring their safety, and physical and psychological well-being and privacy;[48]

- Provide a healthy and safe environment for patients and other individuals;

- Address the interests of those who require care when facing situations of "dual loyalty";[49]

- Take into account the rights of individuals and communities within medical research projects,[50] including during the stages of selecting, designing and implementing research projects;

- Locate and disseminate information on human rights relevant to one's own personal and professional needs and interests;

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47 See *Human Rights: Human Lives – A Handbook for Public Authorities* (UK Ministry of Justice, 2006), <http://www.justice.gov.uk/downloads/human-rights/human-rights-handbook-for-public-authorities.pdf>.

48 "Basic Principles and Guidelines on the Right to a Remedy and Reparation for Victims of Gross Violations of International Human Rights Law and Serious Violations of International Humanitarian Law", United Nations General Assembly resolution 60/147, 16 December 2005, <http://www.ohchr.org/EN/ProfessionalInterest/Pages/RemedyAndReparation.aspx>.

49 "Dual loyalty" can be defined as "simultaneous obligations, express or implied, to a patient and to a third party, often the state." See "Dual Loyalty & Human Rights In Health Professional Practice: Proposed Guidelines & Institutional Mechanisms", International Dual Loyalty Working Group, a Collaborative Initiative of Physicians for Human Rights and the School of Public Health and Primary Health Care University of Cape Town, Health Sciences Faculty, <https://s3.amazonaws.com/PHR_Reports/dualloyalties-2002-report.pdf>.

50 UNESCO, WHO, CIOMS, Council of Europe, *op. cit.*, note 26; and WHO, *op. cit.*, note 22.

- Use human rights, gender-, age – and child-sensitive and non-discrimination approaches in the exercise of daily duties;

- Support patients and other individuals whose rights are violated and who seek advice, by educating and empowering them to claim their human rights, assisting them to complain about rights violations using the appropriate mechanisms and referring them to appropriate institutions;

- Claim human rights on one's own behalf and on behalf of others;

- Identify human rights violations;

- Contribute to the establishment of consultative mechanisms to address human rights violations (e.g., a committee for the right to health in a hospital or a complaint office in a ministry of health); and

- Establish a safe working environment guaranteeing patients access to confidential advice, counsel, support and assistance, including in situations with a risk of human rights violations.[51]

In addition to all the above, training for health workers in management positions covers all aspects of responsibility, supervision and control where human rights come into question. Furthermore, training guarantees a high level of knowledge, commitment and skills enabling mangers to integrate human rights in performance appraisal of health workers at all levels. Supervision training should aim to develop skills, behaviors and knowledge enabling those in supervisory positions to deal with requirements to formulate human rights-compliant health care procedures and to achieve the highest attainable standard of health.

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[51] See Special Rapporteur on Health, *op. cit*. note 4; London, Leslie and Baldwin-Ragaven, Laurel, "Human Rights and Health: Challenges for Training Nurses in South Africa", Curationis Vol. 31, No. 1, 2008, pp. 5–18.

3. CURRICULA[52]

Main aim: Ensuring that education-programme design and curricula are used in formal and non-formal learning environments in ways that are appropriate to the particular context, professional responsibilities and needs of participants, and are culturally, socially and linguistically relevant.[53]

Curricula can be used in both formal and non-formal teaching and training, taking into account classroom teaching, practical skill-oriented training and extra-curricular opportunities. Training programmes need to combine theory and practice, and all health workers should have regular access to refresher courses. Any curriculum includes lesson plans that include practical exercises, as well as theory-based learning activities, handouts, moments for revision and clear means of testing and evaluating the achievement of learning outcomes.

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[52] OSCE Moscow Document, *op. cit.*, note 5, para. 42.3, stipulates that the OSCE participating States "encourage their competent authorities responsible for education programmes to design effective human rights related curricula (...) for students (...) attending (...) public service schools".

[53] For syllabi from institutions and organizations providing health and human rights education in academic settings see the online database on health and human rights education in academic settings at:<http://www.hsph.harvard.edu/pihhr/resources_hhrdatabaseintro.html#healthandhumanrightsdatabase>.

ORGANIZATION OF CURRICULA

The curriculum for health workers is built upon the key duties of health workers as defined in the national health care legislation and relevant international ethical codes, taking into account human rights standards and obligations of the state related to the right to health, including specific recommendations derived from the United Nation's treaty bodies and special procedures, as well as other relevant human rights mechanisms.

The curriculum is outcomes-based and reflects key human rights education competencies for each of the categories of knowledge and understanding, attitudes and values, and skills required by health workers and listed in the Core Competencies section of the guidelines. The curriculum is comprehensive and includes learning objectives, learning content, assessments, methods and accompanying materials for use in class or for future reference by the learners. It is suitable for all stages of the health workers' professional life.

The curriculum takes into account the diversity of all health workers, and is accessible to all learners, especially women and persons who belong to minority groups or who have disabilities. The curriculum uses locally available examples that reflect the daily reality of learners, and when necessary, it is adapted to specific contexts. Therefore, education programmes range from short, highly focused, simple, on-the-job induction or refresher training to longer-term courses, for example for medical school students, care providers and decision makers, requiring a deeper familiarity with the subject matter.

Curriculum development and review are carried out regularly, to ensure that curriculum addresses matters of immediate relevance in an inclusive manner, and involves different stakeholders, such as educational professionals, university faculties, learners, educational institutions, patient advocates and patients' representative organizations, as well as other members of community.

On-site and online courses on health and human rights are accessible for all audiences.[54]

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[54] See Resources section for a list of suggested courses.

TEXTBOOKS AND SUPPORT MATERIALS

The availability of specific textbooks and other learning resources reflects the needs and conditions of learners and considers their common concern for human rights.

All learning resources reflect human rights principles and values and intercultural dialogue, the valuing of diversity and equality, and opposition to discrimination on the basis of race, colour, gender, language, political or other opinion, religion, national or social origin, property, birth, age or other status.

In order to ensure their conformity with human rights principles, existing and new textbooks and support materials across all subjects are reviewed and revised from a human rights perspective. Practical criteria and standards are developed for selecting, reviewing and preparing textbooks, case studies and other learning resources. Materials are reviewed both from medical and human rights perspectives to make sure that all relevant elements are considered.

Textbooks and support materials show health workers practical ways in which they can promote, protect and monitor the right to health in their workplace and communities. They also explain the obligations of the state in relation to individuals in a health care setting, as well as the human rights responsibilities of the patients and their families, and include an introduction to the human rights-based approach explaining the principles of the human rights-based approach and how to integrate a human rights-based approach in health sector programming.

Learning resources encourage active participation of learners, for example through discussion and debate. They also support the use of simulation techniques and audio-visual materials, and reflect real-life situations faced by health workers.

Human rights education materials are disseminated in sufficient numbers and in appropriate languages.[55]

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[55] WPHRE, Plan of Action, *op. cit.*, note 7, p. 47.

Due to the possible complexity of human rights issues for health workers, working materials contain guidance on how specific matters should be understood and dealt with. Any support necessary in this regard is sought from human rights experts.

4. TRAINING AND LEARNING PROCESSES

Main aim: Ensuring that training and learning processes are learner-centered, practical (relating human rights to participants' real life experiences), participatory, inclusive, promote critical thinking and take place in a learning environment that respects the human rights of all participants.

Human rights education takes place in an environment that is trusting, respectful, secure and democratic. Educators and trainers demonstrate a motivation for and an understanding of lesson content and teaching skills in their interaction with learners, and make sure that health and human rights notions are in synergy. Likewise, instruction and learning processes are motivational to students and encourage their engagement with and commitment to human rights.

Co-operation is facilitated between training institutions and other actors with relevant expertise involved in human rights education for health workers, such as national human rights institutions (NHRIs) and NGOs that are encouraged to provide training to health workers. Specific human rights expertise is sourced from NHRIs, civil society organizations or academia where necessary.

METHODOLOGIES

Learner-centered methods and approaches are used to empower health workers to learn, and to encourage their active participation in co-operative learning and a sense of solidarity, creativity and self-esteem. These methods put learners at the centre of the learning experience.[56]

The training sessions aim to:
- enhance skills, knowledge and attitudes for successful integration of human rights into health workers' activities;
- be action-oriented and often combine with the development of advocacy;
- foster strategies for collaborative professional development;
- develop reflective practice;
- strengthen planning, implementation and evaluation skills and knowledge; and
- foster partnership between participants by creating formal and informal networks for the promotion of the right to health.[57]

Representatives from various vulnerable and marginalized groups, as well as patients are invited to training sessions. This allows them to present their concerns, needs and cultural traditions. It also facilitates an exchange of views between these groups and health workers about the responsibilities and benefits of co-operation.

Analysis of case law, legal opinions and international instruments, and the elaboration of case studies using an inductive method, facilitate the learning of general rules and standards, and the active participation of health workers through interactive problem solving.

Instruction and learning processes facilitate the inclusion of all participants, and encourage diversity among participants. Methodologies are appropriate to the needs of learners, enabling them to achieve the desired competencies.

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[56] *Ibid*., p. 46.

[57] For methodological tips regarding human rights training for health providers, see publications developed by the Health Programme of the Open Society Foundations at: <http://www.opensocietyfoundations.org/publications/expert-consultation-how-can-training-health-providers-be-effectively-used-promote-human>.

Teaching methods are varied and aim at facilitating the adoption of skills and attitudes that promote and protect human rights (methods may include discussion groups, formal lectures, role-playing, simulations, case studies, field work, presentations from internal and external experts, use of film and other media, clinical visits to health care providers, facilities and communities, or study visits to prisons, detention centres and other closed institutions).

Personal experiences in human rights and health, including concrete cases from daily professional practice, as well as relevant national and international policy issues are specifically discussed and addressed in training sessions to promote the integration of a human rights-based approach in health activities. Participants have the freedom to express themselves openly with regard to their own concerns on specific issues related to human rights and health.

Learners are given the opportunity to influence instruction and learning processes. Peer-led approaches are used were appropriate.

Human rights achievements and progress are encouraged and recognized through human rights events, awards, scholarships and prizes.

5. EVALUATION

Main aim: Ensuring that educational results are regularly evaluated, including success in achieving learner outcomes and improving the overall enjoyment of human rights.

Evaluation encompasses an integrated approach to providing evidence that human rights competencies are manifest in the professional performance of health workers as a result of human rights education. Human rights topics and practices are part of theoretical and practical testing. To this end, monitoring and evaluation take place at several levels.

Training programmes are designed with built-in evaluation processes that are conducted periodically, including through independent, external evaluation. The type of information to be collected and the sources of information available determine the range of methods to be employed.

In-service management supervision of human rights competencies is organized in order to ensure that professional performance is embedded in the human rights practices acquired during training programmes. Managers need to be able to provide appropriate feedback and encourage health workers to deliver services in full observance of human rights and gender equality principles.

Evaluation approaches may include the following:

- goal-based evaluation determining the extent to which the design and implementation of a health worker curriculum embracing a human rights-based approach has been achieved;
- responsive evaluation considering the impact of a human rights-based health workers curriculum from the perspectives of key stakeholders; and
- utilization-focused evaluation providing information from users about the effectiveness of the programme and how it can be improved.[58]

Evaluations based on the lessons learned and practical problems faced serve for periodic revision and adaptation of training programmes.

Evaluation needs to be purposeful, participatory, inclusive, accurate and practical.[59] It is properly budgeted for.

LEARNER ASSESSMENT

Learners are assessed for achievements in knowledge-, attitude-, and skill-based competencies. The assessment of learners' progress is carried out regularly, both during and following the end of the training programme. Pre-training and post-training testing are introduced and indicators are established to measure progress and, consequently, to tailor the programme further.

Assessments are designed to support learning by providing feedback on areas for improvement, and results are shared and discussed with participants, helping them to acquire the ability to reflect, admit shortcomings and, thus, improve their professional performance.

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[58] Glasgow, Russell E., Vogt, Thomas M. , and Boles, Shawn M., "Evaluating the Public Health Impact of Health Promotion Interventions: The RE-AIM Framework", American Journal of Public Health, vol. 89, no. 9, 1999, pp. 1322–1327, <http://ajph.aphapublications.org/doi/pdf/10.2105/AJPH.89.9.1322>.

[59] *Training of Trainers: Designing and Delivering Effective Human Rights Education* (Quebec: Equitas – International Centre for Human Rights Education, 2007), p. 20–23, <http://equitas.org/wp-content/uploads/2010/11/Equitas_Generic_TOT_2007.pdf>.

Assessment methods for individual students or groups of health workers are, and are seen as, fair and reliable, and are carried out transparently, ensuring that all learners' achievements are recognized and valued.[60]

The means of assessment are varied, including tests, essays, project-based work and peer-review processes.

Health workers are actively invited to participate in the design and implementation of assessments and evaluations. Reflection on their own work is presented as an important part of the learning process.

Those to be evaluated are informed verbally and in writing about the evaluation, its methods and objectives, the required tasks of the participants, procedures, methods of assignment, collected data, confidentiality, benefits and potential risks. They voluntarily agree to participate in the evaluation. A site visit is made before the training programme to tailor the evaluation plan to the needs of the target group.

TRAINER ASSESSMENT

Trainers are assessed for achievements in knowledge – and skill-based competencies prior to their carrying out human rights training.

Assessment of trainers' progress, whether formal or non-formal, is carried out regularly.

The assessments are designed to support the learning of trainers by providing feedback on areas for improvement. Results are shared and discussed with the trainers being assessed.

Trainers' achievements are recognized and valued.

Assessment methods for trainers are fair, reliable and non-threatening and are carried out with transparency and impartiality.

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[60] Tool for Quality Assurance of Education for Democratic Citizenship in Schools, (Paris: UNESCO, Council of Europe and Centre for Educational Policy Studies, 2005), <http://unesdoc.unesco.org/images/0014/001408/140827e.pdf>.

PROGRAMME EVALUATION

An initial pilot of the human rights education programme is carried out in order to inform and help ensure high quality curricula, teaching resources, instruction, learning processes and trainer preparation.

Programme evaluations are organized as self-reflective learning processes for the managers and staff responsible for the delivery of training.

Programme evaluations are carried out in order to investigate programme implementation, quality of curricula and learning resources, learner and trainer achievement, and ways to improve human rights education.

Programme evaluations are carried out regularly and involve diverse stakeholders, including state agencies, representatives of civil society with relevant expertise, national human rights bodies, academic institutions, patient advocates and representative organizations, and local community organizations. Evaluation methods can include analysis of disposition forms, questionnaires and other training records, site visits and interviews with health care staff.

Results of programme evaluation are shared with all key stakeholders. Information collected and lessons learned can serve as the basis for an implementation manual.

IMPACT ASSESSMENT

Impact assessments are periodically carried out to review whether learner – and institution-based outcomes documented in programme evaluations have been sustained. Impact assessments also examine the application of human rights training through actions and behaviors, as well as associated impacts in relation to the concrete realization of human rights and changes in people's lives. The "dimensions of changes" outcomes incorporated within an impact assessment are aligned with the goals and design of the training programme.

In addition to programme evaluation outcome categories listed above, impact assessments will determine if the training has:

- strengthened the understanding and capacity of health workers to respect the rights of others;
- increased the ability of health workers to influence the human rights policies and actions of duty bearers;
- resulted in increased respect for the rights of others, and especially those who are excluded, or discriminated against or are vulnerable;
- resulted in improvements in the lives of rights holders (patients, family members, other health workers and other individuals);
- strengthened rights holders' understanding and capacity to claim their rights but also to respect the rights of others, especially those who are excluded or discriminated against; and
- resulted in an increase of respect for the rights of health workers.

Impact can be measured, for example, through the completion and analysis of patient surveys and of public-perception surveys, by examining complaint statistics provided by internal and external quality-management institutions, the character of press coverage, NGO human rights reports, the number of trainees who take part in the human rights committees of their professional associations or hospital patients' rights committees, etc.

6. TRAINING, PROFESSIONAL DEVELOPMENT AND SUPPORT FOR EDUCATORS

Main aim: Ensuring that trainers and other educational personnel receive periodic, relevant and structured training according to their needs, professional responsibilities and circumstances, and in accordance with the intended learner outcomes of those they train.

In order to effectively carry out human rights education for health workers, trainers require a range of competencies. Trainers develop and use curricula, organize and carry out teaching and learning processes, and design and implement assessments in ways consistent with the relevant areas of these guidelines. Trainers and other educational personnel are qualified health practitioners, although additional experts from the field of human rights and relevant individuals from the community may be invited to contribute.

COMPETENCIES OF TRAINERS AND OTHER EDUCATION PERSONNEL

Trainers have in-depth knowledge of human rights, including gender-equality issues and non-discrimination principles within the context of health. They also have in-depth experience with requisite skills and clearly exhibit the attitudes contained in these guidelines.

Trainers and other educational personnel are competent to recognize and address discrimination of all forms – including discrimination based on race, colour, gender, language, political or other opinion, religion, national or social origin, property, birth, age or other status – and are able to take into account issues of diversity in the delivery of the training.

Trainers are chosen and retained based on the set of knowledge, skills and attitudes identified in the competencies area of the guidelines and assessment of trainer's performance by learners.

Training personnel are aware of the human rights-based approach and its application to the ways of working of agencies and organizations that implement human rights education.

Trainers are provided with regular peer support and resources (e.g., time, meeting places, communication tools) for professional collaboration.

TRAINING INSTITUTIONS

Trainers are provided with the necessary initial and on-going training in human rights standards and practices, as well as in adult education, learning theory and practice and the use of interactive learning methods. This requires the organization of diverse training programmes for different categories of trainers working in health training institutions.

The selection of trainers is based upon principles of non-discrimination, ensuring that all individuals, including women, persons belonging to minorities and persons with disabilities, are appropriately represented.[61]

Trainers are selected based on proven abilities to teach, communicate and assess learning that are tested before they benefit from in-house "training of trainers" programmes offered by the hiring institution.

Training programmes are adequately planned and resourced.

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[61] "Report of the CSCE Meeting of Experts on National Minorities", (Geneva, 19 July 1991), part III, <http://www.osce.org/hcnm/14588>.

Training programmes include structured follow-up, in order to provide support over the long term and to promote quality assurance.

Trainers possess the range of knowledge, value and skill competencies that they aim to convey in their training programmes.

Training programmes could also include training in resource-constrained settings (e.g., self-directed learning, distance learning, learning during regular supervisory visits and staff meetings, mentoring).

QUALITY OF TRAINING

Training programmes have clear learning objectives encompassing the knowledge, attitudes and skill related core competencies.

Training programmes are designed in consultation with trainers and educational personnel.

Appropriate learner-centered training methods are used and address motivation, self-esteem and emotional development, leading to awareness-raising on values and behavior; give emphasis to practice-based methods; link theory to practice; and test learned techniques in the work situations.[62]

Training programmes incorporate relevant national, regional and international human rights standards[63] and make use of resources that are understandable to learners.

Trainers are required to demonstrate competencies on the basis of learning objectives, both during and upon completion of the training or course.

Training programmes empower trainers to understand themselves as learners and to contribute with their own experiences to learning processes, and motivates them to carry out human rights education.

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[62] *Human Rights Training: A Manual on Human Rights Training Methodology* (Geneva: Office of the UN High Commissioner for Human Rights, 2000), <http://www.ohchr.org/Documents/Publications/training6en.pdf>. (OHCHR)

[63] *Ibid*, p. 2; Vienna Document, *op. cit*., note 5, paras. 13.3, 13.4, 13.6, 67.

In-service training programmes motivate trainers to carry out human rights education, ensuring, that trainers are sensitized to their own potential to contribute to the violating of human rights, however unknowing (for example, through degrading treatment or lack of motivation in eradicating negative stereotypes).

Training programmes for training personnel are adapted to the particular cultural, educational, regional and experiential needs and realities of the educators and their learners.[64]

Training programmes include how to address issues of diversity and discrimination, and should be gender-sensitive and relevant to the daily work of educators.[65]

Relevant educational and state authorities recognize and encourage training programmes for health workers, including those delivered by NGOs.

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[64] OHCHR,,*op. cit.*, note 63, p. 2.

[65] *Ibid.*, p. 1.

RESOURCES[66]

HUMAN RIGHTS EDUCATION AND TRAINING RESOURCES FOR HEALTH WORKERS

"A Human Rights-Based Approach to Programming: Practical Information and Training Materials", United Nations Population Fund and Harvard School of Public Health, 2010, <http://www.unfpa.org/public/publications/pid/4919>.

Asher, Judith, The Right to Health. A Resource Manual for NGOs (London: BMA House, 2004), <http://www.ifhhro.org/images/stories/ifhhro/Right_to_Health/3_2_5_rt_health_manual.pdf>.

Baldwin-Ragaven, Laurel and London, Leslie, Training Trainers for Health and Human Rights. A Manual for South African Health Professional Educators (Cape Town: 2006).

"Dos and Don'ts for Human Rights Training for Health Providers", Community of Practice, <http://cop.health-rights.org/teaching/23/Do-s-and-Don-ts-in-Human-Rights-Training-for-Health-Providers>.

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[66] These resources include some key documents supporting human rights education for health workers. These resources are not a complete list of all those available.

"Expert Consultation: How Can Training of Health Providers Be Effectively Used to Promote Human Rights in Patient Care?", Open Society Foundations, Public Health Program, 2008, <http://www.opensocietyfoundations.org/publications/expert-consultation-how-can-training-health-providers-be-effectively-used-promote-human>.

"Health and Human Rights Education in Academic Settings Meeting", Harvard School of Public Health and University of New South Wales, 2006, <http://www.hsph.harvard.edu/pihhr/files/news/2006/education_meeting/FinalHHREducationMeetingReport.pdf>.

"Health and Human Rights Database", Harvard School of Public Health and University of New South Wales, <http://www.hsph.harvard.edu/pihhr/resources_hhrdatabaseintro.html#databaseorganization>.

"Human Rights for Health Workers – an IFHHRO Training Manual", International Federation of Health and Human Rights Organizations, <http://www.ifhhro-training-manual.org>.

"Human Rights Training: A Manual on Human Rights Training Methodology", United Nations, Office of the High Commissioner for Human Rights, 2000, <http://www.ohchr.org/Documents/Publications/training6en.pdf>.

Mayers, Pat, "Introducing Human Rights and Health into a Nursing Curriculum", *Curationis* Vol. 30, No. 4, 2007.

Steps for Change – A human rights action guide for health workers, International Federation of Health and Human Rights Organizations, (Bunnik: Drukkerij Libertas, 2012), <http://www.ifhhro.org/publications>.

"Teaching Law and Health", Community of Practice, <http://cop.health-rights.org/teaching/>.

"Ten Principles of Human Rights Training for Health Providers", Open Society Foundations <http://www.opensocietyfoundations.org/sites/default/files/Ten-Principles-20081023_0.pdf>.

The Medical Profession and Human Rights: Handbook for a Changing Agenda, (London: British Medical Association, Zed Books, 2006).

The Right to Health. A Toolkit for Health Professionals, (London: British Medical Association and the Commonwealth Medical Trust, 2007), <http://www.ifhhro.org/images/stories/ifhhro/Right_to_Health/3–2-1_bma_right_to_health_final.pdf>.

"The Special Rapporteur on the Right to Health. A Guide for Civil Society", International Federation of Health and Human Rights Organizations, Drukkerij Libertas, 2009, <www.ifhhro.org/images/stories/ifhhro/manuals_and_guidelines/4_3_2_un_rap_guide_2009.pdf>.

Training Manual on Ethical and Human Rights Standards for Health Care Professionals, (London: Commonwealth Medical Association (COMMAT), 1999).

United Nations, *Evaluating Human Rights Training Activities. A Handbook for Human Rights Educators*, (Montreal: Office of the High Commissioner for Human Rights and Equitas – International Centre for Human Rights Education, 2011), <http://www.ohchr.org/Documents/Publications/EvaluationHandbookPT18.pdf>.

RESOURCES ON HEALTH AND HUMAN RIGHTS

Abiola, Sara, Limitation Clauses in International Human Rights Documents and National Constitutions: Scope and Judicial Interpretation. Research Memorandum Prepared for the Law and Health Initiative of the Open Society Foundation's Public Health Program (Harvard: Harvard University, 2011).

Abiola, Sara, The Siracusa Principles on the Limitation and Derogation Provisions in the International Covenant for Civil and Political Rights (ICCPR): history and Interpretation in Public Health Context. Research Memorandum Prepared for the Open Society Institute's Public Health Program Law and Health Initiative (Harvard: Harvard University, 2011)

Adams, Orvill B., et al, "Human, Physical, and Intellectual Resource Generation: Proposals for Monitoring" in Murray, Ch. J.L., and Evans,

D. B., (eds.), *Health Systems Performance Assessment: Debates, Methods and Empiricism* (Geneva: World Health Organization, 2003).

"Annual Reports to the Commission on Human Rights and the Human Rights Council", United Nations, Special Rapporteur on the Right of Everyone to the Enjoyment of the Highest Attainable Standard of Physical and Mental Health,
<http://www.ohchr.org/EN/Issues/Health/Pages/AnnualReports.aspx>.

"Codes of Ethics and Declarations Relevant to the Health Professions", Amnesty International, 2011,
< http://www.amnesty.org/en/library/asset/ACT75/002/2011/en/522ef77b-e1af-4e03-aae4–7423fe73b401/act750022011en.pdf>.

"Caring for Human Rights: Challenges and Opportunities for Nurses and Midwives", Amnesty International, 2006,
<http://www.amnesty.org/en/library/info/ACT75/003/2006>.

Cash, Richard, et al. (eds), *Casebook on Ethical Issues in International Health Research* (Geneva: World Health Organization, 2009),
<http://www.who.int/rpc/publications/ethics_casebook/en/index.html>.

"Migrants in an Irregular Situation: Access to Healthcare in 10 European Union Member States", European Union Agency for Fundamental Rights, Luxembourg, 2011,
<http://fra.europa.eu/en/publication/2012/migrants-irregular-situation-access-healthcare-10-european-union-member-states>.

"Fundamental Rights of Migrants in an Irregular Situation in the European Union", European Union Agency for Fundamental Rights, Luxembourg, 2011,
<http://fra.europa.eu/en/publication/2012/fundamental-rights-migrants-irregular-situation-european-union>.

Forrest, Duncan, "Doctors and Torture", *Hoolet*, 1998,
<http://www.freedomfromtorture.org/sites/default/files/documents/Forrest-Doctors%26Torture.pdf>.

"General Comment No. 4. Adolescent Health and Development in the Context of the Convention on the Rights of the

Child", United Nations, Committee on the Rights of the Child, 1 July 2003, U.N. Doc. CRC/GC/2003/4, <http://www2.ohchr.org/english/bodies/crc/comments.htm>.

"General Comment No. 14. The Right to the Highest Attainable Standard of Health", United Nations, Economic and Social Council, U.N. Doc. E/C.12/2000/4, 11 August 2000, <http://www2.ohchr.org/english/bodies/cescr/comments.htm>.

"General Comment No. 24. Women and Health", United Nations, Committee on the Elimination of all forms of Discrimination against Women, 5 February 1999, U.N. Doc. A/54/38/Rev.1, <http://www2.ohchr.org/english/bodies/cedaw/comments.htm>.

Grodin, Michael et al. (eds.), *Health and Human Rights in a Changing World. A Textbook* (New York: Routldege, to be published in 2013).

Gruskin, Sofia et al. (eds.), *Perspectives on Health and Human Rights* (New York: Routledge, 2005).

Gruskin, Sofia and Tarantola, Daniel, "Health and human rights" in Detels, Robert, and Beaglehole, Robin (eds.), *Oxford Textbook on Public Health* (New York: Oxford University Press, 2001).

"Health and Human Rights. A Resource Guide", Open Society Institute and Equitas – International Centre for Human Rights Education, 2009, < http://www.equalpartners.info/PDFDocuments/EngCompleteResourceGuide.pdf>.

"Health and Human Rights, Concept Paper", Pan American Health Organization, 2010, CD50/12, <http://new.paho.org/hq/dmdocuments/2010/CD50–12-e.pdf >.

Hunt, Paul and MacNaughton, Gillian, "A Human Rights-Based Approach to Health Indicators" in Baderin, Mashood and McCorquodale, Robert (eds.), *Economic, Social, and Cultural Rights in Action* (Oxford and New York: Oxford University Press, 2007).

"Identifying Survivors of Torture and Assessing their Health Needs. A Practical Guide", Medical Foundation for the Care of Victims of Torture, 2010.

Mann, Jonathan M. et al., "Health and Human Rights", *Health and Human Rights Journal*, Vol.1, No. 1, 1994.

Mann, Jonathan M., et al. (eds.), *Health and Human Rights: A Reader* (New York: Routledge, 1999).

Marks, Stephen P., "The Evolving Field of Health and Human Rights: Issues and Methods", *The Journal of Law, Medicine & Ethics*, Vol. 30, 2002.

"Modules on the human rights and health of groups in situation of vulnerability", Pan American Health Organization, <http://new.paho.org/hq/index.php?option=com_content&task=view&id=1132&Itemid=1202&lang=en>.

"The Right of Young People to Health and Gender Identities: Findings, Trends and Targets for Public Health Action", Pan American Health Organization, 2011, <http://new.paho.org/hq/index.php?option=com_docman&task=doc_download&gid=16022&Itemid=>.

"Theme-specific Fact and Information Sheets", World Health Organization website, <http://www.who.int/hhr/activities/factsheets/en/index.html>.

Toebes, Brigit C.A., *The Right to Health as a Human Right in International Law* (Amsterdam: Hart/Intersentia, 1999).

Williams, John R., "The Declaration of Helsinki and Public Health", *Bulletin of the World Health Organization*, Vol. 86, 2008, <http://www.who.int/bulletin/volumes/86/8/08–050955.pdf >.

"25 Questions and Answers on Health and Human Rights", World Health Organization, 2002, Health & Human Rights Publication Series, No.1, <http://www.who.int/hhr/information/25%20Questions%20and%20Answers%20on%20Health%20and%20Human%20Rights.pdf>.

E-LEARNING COURSES ON HUMAN RIGHTS AND HEALTH, AND TRAINING IN HUMAN RIGHTS EDUCATION FOR HEALTH WORKERS

"Basic E-learning Course on Human Rights and Health", Pan American Health Organization, <http://www.paho.org/hr-ecourse-e/index.html>.

"Certificate of Advanced Studies CAS in Human Rights Education", University of Teacher Education Lucerne, <http://www.phlu.ch/weiterbildung/zusatzausbildungen/cas-human-rights-education/>.

"E-Learning Course", Medical Peace Work, < http://www.medicalpeacework.org/courses.html>.

"Health and Human Rights, E-Learning Course", Human Rights Education Associates, <http://www.hrea.org/index.php?base_id=795&language_id=1>.

"Health and Human Rights – Dimensions and Strategies, E-Learning Course", GIZ – Deutsche Gesellschaft für Internationale Zusammenarbeit GmbH and World Health Organization, < https://shop.gc21-eacademy.org/Health-and-Health-Management/Health-and-Human-Rights-Dimensions-and-Strategies.html>.

HUMAN RIGHTS EDUCATION POLICY DOCUMENTS WITH RELEVANCE FOR HEALTH WORKERS

"Council of Europe Charter on Education for Democratic Citizenship and Human Rights Education. Recommendation CM/Rec(2010)7 and explanatory memorandum", Council of Europe, Committee of Ministers, 2010, <http://www.coe.int/t/dg4/education/edc/Source/Charter/Charter_brochure_EN.pdf>.

"Human Rights Education and Human Rights Treaties", United Nations, Office of the High Commissioner for Human Rights, 1999, Human Rights Education Series, No. 2, HR/PUB/DECADE/1999/1, English : <http://www.ohchr.org/Documents/Publications/HRTreaties2en.pdf>; Russian: <http://www.ohchr.org/Documents/Publications/HRTreaties2ru.pdf>.

"Resolution on the Inclusion of Medical Ethics and Human Rights in the Curriculum of Medical Schools Worldwide", World Medical Association, 51st Annual General Assembly, 1999, <http://www.wma.net/en/30publications/10policies/e8/>.

"Second Phase of the UN World Programme for Human Rights Education", United Nations, Office of the High Commissioner for Human Rights, 1 October 2009, <http://www.ohchr.org/EN/Issues/Education/Training/WPHRE/SecondPhase/Pages/Second-phaseindex.aspx>.

"The Right to Human Rights Education. A Compilation of Provisions of International and Regional Instruments Dealing with Human Rights Education", United Nations, Office of the High Commissioner for Human Rights, 1999, HR/PUB/DECADE/1999/2, <http://www.ohchr.org/Documents/Publications/RightHReducationen.pdf>.

"UN Guidelines for National Plans of Action for Human Rights Education", United Nations, Office of the High Commissioner for Human Rights, 20 October 1997, UN Doc. A/52/469/Add.1, <http://www.unhchr.ch/Huridocda/Huridoca.nsf/o/de5002e16faf1df980256678005ceaa8/$FILE/N9728411.pdf>.

"United Nations Declaration on Human Rights Education and Training", United Nations, General Assembly, 19 December 2011, UN Doc. A/RES/66/137, <http://www.ohchr.org/EN/Issues/Education/Training/Pages/UNDHREducationTraining.aspx>.

These guidelines are part of a set of four that ODIHR has produced to support the implementation of OSCE commitments related to human rights education, as well as the United Nation's World Programme for Human Rights Education in the OSCE region.

The set includes:
Guidelines on Human Rights Education for Health Workers;
Guidelines on Human Rights Education for Human Rights Activists;
Guidelines on Human Rights Education for Law Enforcement Officials; and
Guidelines on Human Rights Education for Secondary School Systems.

These four guidelines aim to promote systemic and effective approaches to human rights education and can be accessed through the ODIHR website: www.osce.org/odihr.