World Health Organization
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REPORT

Review of the integration of a human rights-based approach and gender mainstreaming in health sector planning and processes in Yemen

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Prepared by Annelie Rostedt, Technical Officer (Health and Human Rights), Department of Ethics, Equity, Trade and Human Rights, WHO/HQ, and Joanna Vogel, Regional Adviser, Gender in Health and Development, WHO/EMRO, with support from members of the national review team.

1. INTRODUCTION

On 17-25 January 2009, the Ministry of Public Health and Population (MOPHP), with support from the World Health Organization (WHO), carried out a human rights and gender equality review of the Third Five-Year Health Development Plan and related mechanisms. The purpose of the review was to analyse the integration of a human rights-based approach and gender mainstreaming in health sector planning and processes, and propose strategies and practical actions for further integration.

The review team included the following members:

- Dr Eman A. Al-Kubati, General Director of Women's Affairs, Population Sector, Ministry of Public Health and Population
- Mr Mohammed Sulaiman Almaqtari, Deputy Director of Perception and Information, Ministry of Human Rights
- Dr Mona Al Mudhwahi, Programme Officer, WHO Yemen
- Dr Bothaina Attal, National Professional Officer, WHO Yemen
- Ms Joanna Vogel, Regional Adviser Gender in Health and Development, WHO/EMRO
- Ms Annelie Rostedt, Technical Officer - Health and Human Rights, Department of Ethics, Equity, Trade and Human Rights, WHO/Headquarters

1.1 Background

The right to the highest attainable standard of health ('the right to health') and gender equality commitments have been recognized in international and regional human rights treaties and in international consensus documents such as the Cairo Programme of Action and the Beijing Platform for Action, the Millennium Declaration and the Millennium Development Goals (MDGs).

The 11th General Programme of Work (2006-2013) provides a global health agenda for WHO, its Member States and the international community, and identifies among its priority areas the promotion of universal coverage, attention to gender roles and norms and health-related human rights. At the 2005 World Summit, UN Member States unanimously resolved to integrate the promotion and protection of human rights into national policies. The 60th World Health Assembly adopted a resolution (WHA 60.25), which urges member states to take steps to integrate gender analysis into health sector policies and programmes. The Accra Agenda for Action (2008) aimed to accelerate and deepen the implementation of the Paris Declaration on Aid Effectiveness (2005). It commits developing countries and donors to ensure that development policies and programmes are designed and implemented in ways consistent with their agreed international commitments on gender equality and human rights.

The human rights and gender equality review in Yemen built on previous initiatives to integrate human rights and gender equality in health planning and programming. In 2001, Yemen became one of eight pilot countries in a programme for Human Rights Strengthening (HURIST), which was designed by UNDP and OHCHR and supported by WHO in Yemen. The HURIST programme aimed at developing national capacities to

promote and protect human rights and apply a human rights-based approach in development planning processes in Yemen.

A national workshop was organized in 2001 to raise awareness about a human rights-based approach to development in the fields of basic education, health and food. In 2001, a national technical committee was formed under the Ministry for Human Rights with representatives from several ministries, UNDP and WHO. Its activities included a Needs Assessment Study of Girls' Right to Health in Yemen. This needs assessment comprised both qualitative and quantitative methodologies to assess the realization of the right to health and other health-related human rights such as freedom from discrimination and access to health information and education. The national technical committee also conducted a 10 day capacity building training on human rights in development with participants from government agencies, NGOs and parliamentarians in 2003. This training had a particular focus on health and human rights with support provided from WHO. The workshop aimed to build the capacity of the key stakeholders on human rights and a human rights-based approach to development and to establish an alliance among stakeholders for an effective coordination to promote, protect, respect and fulfill human rights in Yemen.

The committee is no longer active. Nevertheless, the MOPHP has increasingly recognized its lead role in addressing the right to health and incorporating a human rights-based approach in the health sector. In September 2008, a consultative workshop was organized by the MOPHP to discuss priority areas and possible activities to revamp the focus on a human rights-based approach to health. The present review of the integration of a human rights-based approach and gender mainstreaming in health sector planning and processes builds on these discussions and aims to identify specific entry points, mechanisms and practical actions.

The Supreme Council for Women's Affairs and its consultative, executive and administrative body, the Women's National Committee, are the main government entities that work to enhance women's status and integrate women's issues into governmental affairs. A female undersecretary of information was appointed in 1997 and each ministry is required to have a woman at the director-general level. The current (Dr Eman A. Al-Kubati) and previous (Dr Jamila AlRaiby) General Director of Women's Affairs, Population Sector, in the MOPHP have been active and instrumental in advocating and facilitating the integration of gender and human rights perspectives in planning, implementation and monitoring of national health policies and programmes.

Following participation from the General Director of Women's Affairs in a WHO training workshops on gender and health in April 2007, a national gender mainstreaming capacity building workshop was held in May 2007, organized in collaboration with the Women's Affairs Directorate of the MOPHP and WHO. Participants included representatives of the MOPHP, the National Women's Committee, WHO staff from Sana'a and Aden offices, representatives of other UN agencies (UNFPA) and gender specialists from Aden and Sana'a Universities. Following the national gender mainstreaming capacity building workshop, six master trainers were selected for participation in a training-of-trainers

(ToT) workshop using the WHO Gender Mainstreaming for Health Managers: A Practical Approach training modules. In 2008, the WHO gender mainstreaming materials were translated into Arabic in partnership between MOPHP, WHO and UNFPA to facilitate wider outreach nationally. Subsequently several gender mainstreaming capacity building workshops were conducted to train health managers from the MOPHP and governorate health offices, gender focal points in UN agencies and national nongovernmental organisations on the WHO gender mainstreaming for health managers materials.

Currently a national gender in health policy document is being prepared by the General Director of Women's Affairs, which will include an action plan to scale up the integration of health and human rights and gender perspectives in planning, implementation and monitoring of national health policies and programmes. In addition, a critical mass of master trainers in gender mainstreaming in health has recently been trained in partnership between MOPHP and WHO.

1.2 Scope of the review and methodology

In order to analyse the integration of a human rights-based approach and gender mainstreaming in health sector planning and processes the team carried out various activities, including:

1. A review of Yemen's human rights obligations and implementation mechanisms in relation to the right to health. The team explored possible involvement of the MOPHP in the preparation of reports to international human rights treaty bodies, and in the dissemination and implementation of their recommendations.

2. A document review of the Third Five-Year Health Development Plan 2006-2010. Interviews with key officials in the MOPHP supported the interpretation of the findings in the Third Five-Year Health Development Plan.

3. Discussions on relevant processes and mechanisms, including the ongoing health sector review. The team also explored potential coordination mechanisms and roles of different partners in relation to human rights and gender equality.

A draft tool for human rights and gender equality analysis of health sector strategies was used as a mechanism for reaching parts of the objectives of the review. The tool is under development by the World Health Organization (Department of Ethics, Equity, Trade and Human Rights and Department of Gender Women and Health), the Swedish International Development Cooperation Agency (Sida) and the United Nations Office of the High Commissioner for Human Rights (OHCHR). The tool responds to the need to integrate human rights and gender equality in the strengthening of health systems and health sector strategies. If human rights treaties and political commitments on the right to health and gender equality are to be effectively implemented by governments, they need to be incorporated in national legislation, development plans and health sector strategies, resulting in the protection of the equal value and dignity of all women and men, boys and girls, in addition to promoting improved health outcomes.

The adoption of a national health strategy, based on a participatory and transparent process, incorporating right to health indicators and benchmarks and targeting vulnerable or marginalised groups, is a core human rights obligation of States.

> Core human rights obligation of States (among others):
> *"To adopt and implement a national public health strategy and plan of action, on the basis of epidemiological evidence, addressing the health concerns of the whole population; the strategy and plan of action shall be devised, and periodically reviewed, on the basis of a participatory and transparent process; they shall include methods, such as right to health indicators and benchmarks, by which progress can be closely monitored; the process by which the strategy and plan of action are devised, as well as their content, shall give particular attention to all vulnerable or marginalized groups."*
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> General Comment No. 14, Committee on Economic, Social and Cultural Rights, para 43 f

The review focused on broader health systems issues, giving attention to participation, non-discrimination, gender equality and accountability, and addressing the core elements of the right to health (availability, accessibility, acceptability and quality) in relation to the building blocks of a health system: leadership, financing, information, medical products and technologies, health workforce and service delivery. Interviews were held with key stakeholders (list of informants included in Annex 1) to discuss processes, challenges and opportunities in relation to the building blocks of the health system, and to identify roles of partners and mechanisms for coordination in advancing human rights and gender equality approaches to health.

The review identified a number of recommendations and practical steps for further integration of a human rights-based approach and gender mainstreaming. The recommendations were divided into short-term, medium-term and long-term recommendations. All recommendations proposed specific activities and identified the roles of responsible parties.

The review was targeted rather than being in depth. It was not possible to cover all relevant aspects of the Five-Year Health Development Plan and related mechanisms. The team were not able to meet all the respondents required to have a comprehensive perspective of all the issues covered by the review.

1.3 Integrating a human rights-based approach and gender mainstreaming in health

A human rights-based approach entails the use of a conceptual framework to understand the causes of (non-)fulfilment of human rights. It is based on human rights standards and principles and it develops the capacities of rights-holders to claim their rights and of duty-bearers (primarily government at different administration levels) to fulfil their obligations.

The right to health extends beyond health care to underlying determinants of health. The right to health contains four key elements:

- *Availability* - facilities, goods and services to be available in sufficient quantity;

- *Accessibility* - captures physical accessibility, non-discrimination, affordability, and accessibility of information;
- *Acceptability* - respect medical ethics, be gender-sensitive and culturally appropriate;
- *Quality* - trained health professionals, safe and unexpired drugs, safe drinking water.[1]

States have three types of obligations:

- *Respect*: not to interfere directly or indirectly with the enjoyment of the right to health, e.g. refrain from denying or limiting access to health-care services or marketing unsafe drugs.
- *Protect*: prevent third parties from interfering with the right to health, e.g. ensure that privatization does not constitute a threat to the accessibility, affordability and quality of services.
- *Fulfil*: adopt appropriate legislative, administrative, budgetary, judicial, promotional and other measures to fully realize the right to health, e.g. adopt a national health policy/plan covering the public and private sectors.

Human rights principles derive from human rights treaties and should guide interventions and processes. Key human rights principles in relation to health include the following:

- *The principle of equality and non-discrimination* requires States to address discrimination (intentional and non-intentional) in laws and policies and in the distribution and delivery of resources and health services, giving attention to vulnerable or marginalised groups.
- *The principle of participation and inclusion* means that people are entitled to participate in the decisions that directly affect them, such as the design, implementation and monitoring of health interventions. Participation should be active, free and meaningful.
- *The principle of accountability* requires governments and other decision makers to be *transparent* about processes and actions and to justify their choices (answerability). Also, there should be mechanisms in place to address grievances when individuals and organisations fail to meet their obligations (redress). Administrative, policy, political and judicial mechanisms can be used to ensure accountability at different levels.

Public health professionals need to be able to identify the factors that put women and men at risk for contracting illnesses if they are to effectively promote the health of their catchment populations. Gender mainstreaming in health is the process of assessing the implications for women and men, boys and girls, of any planned action, including legislation, health policies or programmes and enables women and men, boys and girls, to benefit equitably from health policies and programmes. Gender norms or social expectations of men and women can serve both as protective or risk factors for health among women and men. Women's disadvantaged social, economic and political status often creates difficulties in protecting and promoting their physical, emotional and mental health, including their effective use of health information and services. Social

[1] UN Committee on Economic, Social and Cultural Rights, General Comment No. 14, 2000

expectations of men often cause them to delay seeking health care (longer than women) and low compliance with treatment in order not to mitigate their projections of masculinity.

Recognition that the "all" being targeted in 'health for all' are not the same is at the core of a human rights and gender equality approach to health. Taking concrete steps towards health for all means identifying differences within populations and framing health services to respond to different health needs in systematic and appropriate ways. Business-as-usual procedures that aggregate population needs will be unable to meet the different health needs of men and women and boys and girls and will not succeed in ensuring every human being's right to the highest attainable standard of health.

2. YEMEN'S COMMITMENTS TO THE RIGHT TO HEALTH AND GENDER EQUALITY

2.1 Ratification of human rights treaties relevant to the right to health

The Government of Yemen has ratified seven international human rights treaties, which either recognize the right to the highest attainable standard of health or are of key importance for the enjoyment of the right to health. When a State ratifies a human rights treaty, it undertakes a legal obligation to implement the provisions in the treaty.

Human rights *treaty bodies* are committees of independent experts who monitor the implementation of the core international human rights treaties. On a regular basis (usually every 4-5 years depending on the treaty), States are required to submit reports to the respective treaty bodies on the progress in implementing treaties. The treaty body reviews the report in dialogue with Government representatives and identifies concluding recommendations or observations.

The table below provides an overview of the treaties ratified by the Government of Yemen and the last submission of State party reports. Yemen has not yet ratified the International Convention on the Protection of the Rights of All Migrant Workers and Members of Their Families (ICRMW).

Table 1: Ratification of international human rights treaties relevant to health and submission of reports

International human rights treaties	Year of ratification	Reservations to the treaty relevant to the right to health and/or gender equality?	Year of last State party report
International Convention on the Elimination of All Forms of Racial Discrimination (CERD)	1972	Article 5 (d) (iv), (vi) and (vii)	2006
International Covenant on Civil and Political Rights (ICCPR)	1987	No	2004
International Covenant on Economic, Social and Cultural Rights (ICESCR)	1987	No	2008
Convention on the Elimination of All Forms of Discrimination against Women (CEDAW)	1984	No	2002 (presently preparing the next report)
Convention against Torture and other Cruel, Inhuman and Degrading Treatment or Punishment (CAT)	1991	No	2003
Convention on the Rights of the Child (CRC)	1991	No	2004
International Convention on the Protection of the Rights of All Migrant Workers and Members of Their Families (ICRMW)	No	N/A	N/A
Convention on the Rights of Persons with Disabilities (CPRD)	2008	No	N/A

2.2 Implementation mechanisms and processes

In Yemen, three different governmental bodies have primary responsibility for the preparation of State party reports in relation to Yemen's treaty obligations.

The Ministry of Human Rights is the key State body responsible for the preparation of State party reports on the implementation of the Convention on the Elimination of All forms of Racial Discrimination (CERD), the International Covenant on Civil and Political Rights (ICCPR), the International Covenant on Economic, Social and Cultural Rights (ICSECR) and the Convention against Torture and other Cruel, Inhuman and Degrading Treatment or Punishment (CAT). The Ministry of Human Rights is also likely to take on the responsibility for the preparation of State party reports on the Convention of the Rights of Persons with Disabilities (CPRD). In the preparation of State party reports, the Ministry invites and coordinates a Technical Committee with members from the Ministry of Social Affairs and Labour, Ministry of Planning, Ministry of Justice, Ministry for Foreign Affairs, Ministry of Internal Affairs and the President's Office. There have been limited inputs from the MOPHP. However, the Deputy Director of Perception and Information of the Ministry of Human Rights, Mr Mohammed Sulaiman Almaqtari, informed that State party reports are based on issues addressed in the annual reports of relevant sectors and responses to formal requests sent to line Ministries, including the MOPHP. The Ministry of Human Rights disseminates the concluding observations (recommendations) from the treaty bodies to the MOPHP. However, there is no monitoring of whether the recommendations are implemented. When preparing a State party report, the Ministry of Human Rights reviews previous recommendations, but will not monitor or request for information on their implementation from other Ministries. A report was submitted to the Committee on Economic, Social and Cultural Rights in 2008. This report is scheduled for Committee review in May 2010.

The National Women's Committee is responsible for the submission of State party reports on the implementation of the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW). The National Women's Committee is in the process of preparing Yemen's next State party report, which is expected to be finalized in May 2009. For the drafting of previous reports, a working team has been established with members from relevant Ministries. However, the Chairperson of the National Women's Committee, Dr Rashida Al-Hamdani, informed that due to limited funding, a working team will not be formed for the preparation of this report. Instead, the report will be prepared by staff members of the National Women's Committee. Another constraint is the lack of data across sectors, where Committee members felt there may be reluctance to share data which may reflect negatively on the situation of women in Yemen.

The Highest Council for Motherhood and Childhood is responsible for the submission of State party reports on the implementation of the Convention on the Rights of the Child (CRC). The team was not able to meet with a representative of the Highest Council for Motherhood and Childhood during the review.

2.3 Special procedures and the Universal periodic review

"Special procedures" are mechanisms established by the Human Rights Council (formerly the Commission on Human Rights) to address either specific country situations or thematic issues in all parts of the world. Special procedures are either an individual (called "Special Rapporteur", "Special Representative of the Secretary-General", "Representative of the Secretary-General" or "Independent Expert") or a working group. Special procedures carry out country visits as part of their mandate and submit reports with recommendations to the Human Rights Council. Several special procedures are relevant for the right to health, including the Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health; and the Special Rapporteur on violence against women its causes and consequences.

The Ministry for Foreign Affairs and the Ministry of Human Rights are responsible for receiving and coordinating county missions by Special Procedures. In 2003, Ms. A. M. Lizin, then the Independent Expert on Extreme Poverty carried out a mission to Yemen. The report of the Independent Expert includes health related recommendations.

The *Human Rights Council* consists of forty-seven Member States of the United Nations. The General Assembly has mandated the Human Rights Council to undertake a "*universal periodic review*" of the fulfilment of States' human rights obligations. The review process started in 2008 and within a period of 5 years all States will be reviewed. Prior to the review, States are expected to submit reports to the Human Rights Council. Civil society organizations may also be involved in preparing complementary reports. Following the review, an outcome report with recommendations is adopted by the Human Rights Council.

Yemen will go through the universal periodic review in May 2009. The Government has finalized its report. In the preparation of the report, the Cabinet formed a committee headed by the Ministry of Human Rights, including representatives from the Attorney General, Ministry of Legal Affairs, Ministry of Planning, Ministry of Information, Ministry of Justice, Ministry of Foreign Affairs and Ministry of Social Affairs. The MOPHP was not part of the process. However, the team was informed that the report was guided by information from reports by the MOPHP and incorporated issues relevant to the right to health.

3. THE THIRD FIVE-YEAR HEALTH DEVELOPMENT PLAN AND RELATED PROCESSES

The Third Five-Year Health Development Plan 2006-2010 (in this report also referred to as 'the Five-Year Plan' or 'the Plan') aims to provide a framework for all health development partners in Yemen and is an important strategic starting point for the integration of human rights and gender equality in health planning and programmes. The adoption and implementation of a national health plan is a core human rights obligation of the State.

The review of the Five-Year Plan focused on human rights and gender equality elements of the core building blocks of a health system: leadership and governance; financing; information; medical products, vaccines and technologies; health workforce; and service delivery. These building blocks are crucial in ensuring that health services, goods and facilities are available, accessible, acceptable and of good quality, which are all key components of the right to health. The review of the Five-Year Plan addressed issues of equality and non-discrimination, participation, and accountability and transparency.

The MOPHP and partners are presently carrying out a health sector review, which aims to establish benchmarks to be included in a national health policy, and guide the development of the Fourth Five-Year Health Development Plan. The health sector review provides an entry point for incorporating human rights and gender equality approaches.

3.1 Leadership and governance / core issues in relation to a human rights-based approach and gender mainstreaming

The health systems building block on leadership and governance is crucial for the integration of a human rights-based approach and gender equality. Section 3.1 highlights core human rights and gender equality issues in relation to the development process of the Plan, overarching goals and guiding principles; assessment and analysis; strategic planning; and implementation, monitoring and evaluation.

Process

The assessment and analysis, strategic planning, and implementation, monitoring and evaluation phases have involved different levels of the health sector, including governorates, district health offices and service providers. During the assessment and situation analysis a consultative workshop was held in Sana'a with participants from the MOPHP and governorates health offices, related ministries (finance - local administration - planning and international cooperation - the Parliament - the Consultative Council), international organizations and national experts in medical colleges. However, findings indicate that the involvement during different phases could have been more systematic and aimed at involving a broader range of stakeholders. The team was also made aware of a move towards closer collaboration between different sectors at the governorate level.

The team was informed that there were no specific mechanisms in place to enable participation and feedback from diverse and marginalized male and female population groups. Recognizing the difficulty of ensuring participation of community members at

central level, the more feasible option was to guarantee community participation and participation of NGOs and local councils in the planning process at governorate level. Interaction with local councils and NGOs at governorate levels is mentioned in the guidelines for governorate health plans.

In the planning and development process of the Five-Year Plan there has not been systematic participation or inputs of experts on a human rights-based approach or gender equality. Effective access to relevant information, including government data and health information has been a challenge for all partners, including government.

The MOPHP communicates national priorities to the Governorates through guidelines. The guidelines for the Governorates were developed recently, while the guidelines for the district level were developed a couple of years ago. For the development of the Fourth Five-Year Health Development Plan, the MOPHP envisages to consolidate the plans of the governorates, the MOPHP and the Ministry of Planning, which will strengthen a bottom-up approach. The MOPHP expects to receive plans from the governorates by mid-2009. If funds become available, the MOPHP will organize workshops at governorate level as part of the development process.

Recognition of the right to health and gender equality in overarching goals and principles

The Five-Year Plan makes references to citizens' rights to health and gender inequalities, while not clearly recognizing the right to health and gender equality as main national priorities and goals. The Five-Year Plan does not include a human rights-based approach or gender mainstreaming as cross-cutting perspectives.

The Five-Year Plan notes that in order to achieve the set policies and strategies, political commitment is required, which includes placing health at the core of the government programme towards comprehensive development; ensuring the citizen's right in easily receiving comprehensive health care at an affordable cost; and supporting community participation. The Plan refers to health as both a right and a responsibility. The Plan also addresses equity in distribution of resources and states that "… all geographic areas and population complexes must have chances of receiving health services equally and effectively, and considering that it is one of the rights of the citizen to receive health services where ever he lives and any other factors"[2]. The Plan identifies criteria for effective community participation, including improving community awareness through the right to receive health services by considering health a constitutional right".[3]

The Five-Year Plan implicitly recognizes that the State has an obligation to fulfil the right to health by referring to the right of citizens to receive health services. However, less attention is given to the obligations to also respect and protect the right to health (refer to p. 7 of the report for an explanation of these obligations). Nevertheless, the Five-Year Plan notes that legislation is important to ensuring these obligations and to regulating practice and conditions of all concerned parties.

[2] Ministry of Public Health and Population, *Third Five-Year Health Development Plan 2006-2010*, p. 61
[3] Ibid, p. 62

The Five-Year Plan does not explicitly recognize the principles of equality and non-discrimination, and accountability. The Plan gives importance to community participation and lists community participation as a field to be addressed in the development of training programmes for district staff. In relation to rational use of human resources at district level, strategies include to authorize community participation in monitoring and supervision. However, the Plan does not establish a link to *the right to active, free and meaningful participation*.

Assessment and analysis

The assessment did not draw on observations and recommendations of international human rights mechanisms, nor information provided by other international, regional and national human rights actors.

Findings indicate that the assessment did not identify and draw on information from persons from usually excluded, marginalized and discriminated groups. Disaggregated data to allow for the identification of vulnerable groups were often not available, with the exception of sex-disaggregated data. The team was informed that some governorates refer to vulnerable groups in their planning, but there has been no systematic mapping of vulnerability. The assessment identified a number of health problems and challenges, but faced difficulties in determining the scope and severity of unfulfilled rights and the most affected persons without access to complete, reliable and disaggregated information.

The Five-Year Plan notes that there are geographical variations and inequities in access to services, but insufficient data to measure progress. The team was informed that in establishing the coverage rate, the number of the population is simply divided by the number of facilities, without sufficient attention to different needs, nor reflecting that functioning health facilities are not available in certain areas. Certain definitions established by the Ministry of Planning make certain comparisons challenging. For example, 'urban' is defined as a town having a population of more than 5000 people, which means that 'fairly rural areas' will be defined as 'urban'.

The affordability of health care, in particular for the poor, is explored in the Five-Year Plan. The situation analysis presents data on health status and refers to some of the broader determinants of health, but would benefit from further analysis of underlying and root causes of health challenges. The implications of economic policies and trade agreements are not addressed, however the team was informed that underlying and root causes were discussed during the development phase of the plan and key priorities were identified.

Various capacity gaps of the health sector in meeting population health needs have been identified and include gaps in institutional and financial frameworks. The need for strengthening of accountability in the form of monitoring and evaluation and further improvement of the weak information system are recognized. The assessment did not clearly identify critical duty-bearers and their main obligations at different national and sub-national levels. The situation analysis identifies a broad range of health issues, but gives little attention to health issues pertaining to particular groups of males and females.

Strategic planning

A human rights-based approach to strategic planning addresses empowerment of rights holders, capacity building of duty-bearers, and prioritization of excluded groups.

The Five-Year Plan addresses community participation and refers to the poverty reduction strategy which aims to encourage community participation in the management of health institutions and monitoring its performance. However, the Plan does not outline specific strategies for ensuring that both women and men are empowered to effectively claim their rights.

The strategic planning aims at enhancing the performance of duty-bearers in delivering basic health services and protecting its citizens. The assessment and analysis identifies a number of capacity gaps of duty-bearers in terms of organizational and coordination skills, authority, resources, and technical skills and abilities at all levels of the State administration, while the response does not fully address all these elements.

The Five-Year Plan recognizes the importance of legislation, but its response does not specifically address any legal gaps. Much attention is however given to institutional gaps. The response aims at addressing geographical and income-related equity gaps, but does not identify strategies giving priority to the most excluded and discriminated groups. Groups with specific needs are not identified. Little or no attention is given to specific needs of persons with physical or mental disabilities, women affected by gender-based violence and/or prostitution/trafficking. The health situation analysis provides specific health information relating to women's reproductive health, while there is less information on preventive programmes that promote women's health.

Implementation, monitoring and evaluation

Clear and measurable baselines were not available when developing the Five-Year Plan, making it challenging to establish benchmarks and targets. Indicators are an important element of effective monitoring and evaluation, however, the annex to the Five-Year Plan incorporating indicators was not available in English during the review. The team was informed that some indicators have been difficult to measure, and there is an effort to move towards indicators which can realistically be monitored. The Health Sector Review benchmarks will be used when preparing the Fourth Five-Year Health Development Plan.

The monitoring and evaluation aspects of the Five-Year Plan are still developing, however, a monitoring and evaluation unit is being established under the MOPHP. It is important that the unit has capacity to monitor the implementation of the Five-Year Plan. No specific mechanisms have been put in place to ensure active participation of vulnerable groups in the monitoring systems. National human rights institutions are not involved in the monitoring and evaluation system. The team was informed that the mid-term review documents are shared with the Ministry of Planning and made available to anyone interested upon request.

The MOPHP has costed the Five-Year Plan, taking into consideration the allocated budget for the ministry.

3.2 Financing

Availability

The Government of Yemen has affirmed its determination of achieving 'health for all' and considers the introduction of a health insurance system as an important priority. However, present health financing mechanisms do not support entitlements to universal affordable health care. There is scarcity of resources allocated from the government budget to the health system and this problem is compounded by high population growth.

Accessibility, Equality and Non-discrimination

The Five-Year Plan states that health systems should not only contribute to the improvement of people's health, but also protect them from the financial costs and risks that they may encounter due to illnesses. Equity and financing of services, and assuring protection from illnesses costs and burdens, are identified as among the objectives of the health system. The Plan refers to different health financing studies, indicating that households and individuals spend 75 percent of the total expenditure on health, while government expenditure on health is 19 percent. There are also findings showing that 41 percent of the people are forced to sell their possessions or take loans in order to afford health services.

However, the Five-Year Plan does not discuss different kinds of out of pocket expenditure, to whom and for what reasons they are incurred. It does not outline specific provisions to finance and guarantee services to avoid catastrophic payments by households, nor does it specifically address different needs and life circumstances of men and women of different groups.

The Five-Year Plan does not provide for free services, inclusive of medicines and other equipments, in connection with pregnancy. However, strategies for decreasing high risks threatening maternal and child health include provision of free Emergency Obstetric Care Services, reducing the cost of drugs, and provision and free distribution of family planning tools.

The Five-Year Plan does not identify a strategy for harmonization of user fees to facilitate equal access to both public and private facilities. Also, the Plan notes the difficulty of separating the private sector from the public as most of the staff of the public sector are also working in the private sector. The Director Human Resources noted that due to low salaries and lack of incentives in the public sector, many health workers leave the public sector for either the private sector or opportunities abroad. Some health workers are registered as public sector staff and thus receiving salaries, while no longer working in the public sector.

The Five-Year Plan acknowledges some indirect expenditures of healthcare. The distribution and access to health services is challenged by the large number of the population residing in rural and mountainous areas, in combination with limited, weak and costly transportation. Access to transportation for the aforementioned reasons in

addition to gender norms that restrict mobility create additional access challenges for women and children.

A resource allocation formula is not evident, and it is reported that the Ministry of Finance specifies the allocations of the operating budget in a traditional methodology without taking into consideration the needs or outputs.

Acceptability

The Five-Year Plan notes that the health system has to prevent people from financial costs that they may have to pay against any illness and identifies the importance of the health system being able to respond to peoples' expectations. However, there is no indication that health financing mechanisms have been developed in consultation with vulnerable groups to ensure acceptability.

Quality

The Five-Year Plan notes that efforts to build new health facilities are not guided by pre-set plans or actual needs. New health facilities are not functional due to lack of operating costs, continuity, staffing and incentives that guarantee delivery of good health services.

Accountability and transparency

The operating budget of the current facilities is found to be insufficient and approved funds are not necessarily dispersed. Transparency and accountability to ensure effective use of resources is a challenge. Corruption is stated as a contributing factor for low level of health services in the public sector.

3.3 Information

Availability

The Five-Year Plan recognizes several challenges linked to availability of information and data resources. Also, it is found that the quality and preciseness of the data is not sufficiently reliable for decision-making or strategic planning. The Five-Year Plan identifies an urgent need for establishing an effective and precise information system that is capable of analysing data and retrieving results in order to guide decision makers concerning human resources, health services delivery and evaluation systems.

The team was informed that coordination with different sectors constitutes a challenge, both within the MOPHP and with other Ministries and donor agencies. Coordination between the national information and statistics bodies and information sharing on surveys conducted by different sectors and health programmes is weak. There are efforts to address these challenges with the establishment of a national committee to coordinate collection of data and surveys between the MOPHP and donor agencies. So far USAID and the Netherlands have indicated interest to participate in the national committee.

The Five-Year Plan does not address collaboration with the National Civil Registration System (NCRS) and the Central Statistics Office (CSO). The MOPHP coordinates with both the National Civil Registration System (NCRS) and the Central Statistics Office (CSO), but apparently the coordination is still weak. The MOPHP was consulted for feed-

back on the NCRS strategy, but did not have access to the recently developed Central Statistics Office strategy. The MOPHP exchanges annual reports with the CSO, but there is little systematic sharing of data. The NCRS and the MOPHP are collaborating in the upcoming National Health Demographic Survey which may result in more information available at the MOPHP on the situation and needs of vulnerable groups in Yemen. Weak linkages between the different national information bodies remain a challenge.

MOPHP strategies to improve the availability and quality of population-based data on births, deaths and causes of death are limited to the health facility level. Hospitals collect the data recommended by the MOPHP, but have their own methods. Registration forms are distributed to health facilities at all levels and training is provided to facilitate accurate use of forms. Training is adapted to infrastructure capacities and kept as simple as possible to accommodate facilities where computers are not available. Three governorates have been selected for training on the Geographic Information System (GIS) with funding from the World Bank.

Health information collected by private health facilities is not routinely shared with the MOPHP. The Plan does not address provisions for data collection on private health care services. In addition, the private sector appears reluctant to share information, and the same is true for military health facilities. Another challenge is the lack of available running costs for the health information system and research.

Accessibility, Equality and Non-discrimination

Equity and assuring protection from costs of illness is a set objective in the Five-Year Plan. However, the Plan does not explicitly provide for data collection on economic accessibility for users. Surveys may occasionally provide some information on economic accessibility but not disaggregated by different male and female population groups. It was noted that disaggregation of data by household income is difficult because patients do not like to disclose information on income.

Sex and age disaggregated data are routinely collected by many health programmes, but may not necessarily be disseminated in disaggregated form. However, collection of accurate data on age constitute a challenge because of traditional barriers on disclosing age and because the older generations of Yemen may not know their exact age. Data collected by the health information system is not disaggregated by different population groups and while the data could be disaggregated by region, it is not reported according to regional specificities. It is also reported that challenges are faced in convincing health users, especially at first level care services, of the importance and relevance of health information systems.

The Five-Year Plan does not promote the study of causes and consequences of violence against women and the effectiveness of preventive measures. However, the team was informed that violence against women cases treated by hospital emergency settings will be reported in the future as an initiative of the health programme on violence. Currently violence against women cases are treated at the different facility levels but without reporting requirements.

Acceptability

A national committee for ethics monitors the ethics components of research. There are presently no specific mechanisms for ensuring that research/data collection is respectful of human rights and gender equality, but some of the existing ethical considerations may include such provisions.

Quality

Improving and ensuring the quality of services and medicines is given much attention in the Five-Year Plan. While several challenges in this area are outlined, there is no explicit mention on data collection on the quality of facilities, services and goods/medicines. The Five-Year Plan informs that the usage of criteria and protocols to judge the quality of services is low. The Plan aims to unify sources of collection, analysis and distribution of health information and improve the quality of health data and information.

Quality of data of health information systems has been facilitated through participation in the Health Metrics Network (HMN). The HMN process addresses issues of quality and strengthening of health information systems. Quality is also assured through better supervision of health information collection at all facility levels, especially in verifying data collected at facilities. This is based on inconsistencies in data received in the past from health facilities.

Participation and inclusion

Participation in the context of health information is not clearly discussed in the Plan, nor is dissemination and sharing of health information with the public and other stakeholders. However, the MOPHP disseminates health information with the public and other stakeholders via the MOPHP website. Health information brochures are also periodically issued by the MOPHP on key health indicators. The Five-Year Plan does not specifically promote research and the dissemination of information on women's health. However, information on women's health is published in the MOPHP quarterly magazine and a MOPHP research centre will be established (an upgrade of the current research department). The Plan does not discuss how to make information on health services available for illiterate women and men, while recognizing that the low literacy rate of especially women is a concern.

Accountability and transparency

The Five-Year Plan aims to establish a reliable health information system to support effective decision making. The team was informed that the Health Analyzer programme is accessible by all health sector levels and Deputies Ministers, programme managers and donors have been trained on how to use this programme for decision making in health.

3.4 Medical products, vaccines and technologies

Availability

The Five-Year Plan recognizes that health system objectives can only be met by providing essential medicines. The Five-Year Plan calls for the adoption of a national modern drug policy, which adopts and implements the essential drug programme.

The team was informed that the national list of essential medicines is updated every two years, but it is not printed or disseminated. The essential medicine list is not developed according to differential population needs of men and women, but rather according to absolute population numbers. There is no clear quantification of population needs for essential medicines or medical products. The ongoing health sector review aims to reinitiate the mapping processes. Essential equipments are also identified based on absolute population numbers, rather than according to differential needs of male and female population groups. The Five-Year Plan calls for improvements of the drug supply system, including evaluating the needs of essential medicines based on the *health needs*. The Plan does not address supply management. In addition, current mechanisms do not address supply management, including the need for mapping and coordination of supply systems.

Under the Multiple Medical Product Supply system there are several separate programmes with different responsibilities for the medicines sector. The National Drug Programme under the Curative Sector is responsible for essential drugs and consumables and curative technology. Mechanisms to address timely availability of medicines are not sustainable as a result of budget constraints and further challenged by separate management of consumables, emergency medicine, chronic medicines, vaccines, and essential medicines.

Accessibility, Equality and Non-discrimination

The Five-Year Plan states that medicines should be accessible to all. The Minister of Public Health and Population, Dr Abdulkarim Yehia Rasae, decreed that all essential medicines should be free to the public in 2008. However, it is not clear the extent to which this is being implemented in the governorates. The Five-Year Plan states that provision of essential services at the public health facilities, especially in the rural areas, should be close to the people and the provision of basic medicines affordable to low-income population. However, access to medicines as close to the client as possible is constrained by insufficient budgets, weak coordination among the various departments responsible for medicines, and the associated lack of transparency in procurement. The Plan notes that unavailability of medicines in the public sector forces the patients to buy from the private sector and on their own expenses. The Plan does not give specific attention to equal access of men and women from different population groups. There is no specific mention of accessibility of medicines in prisons or detention centres. The promotion of equal and affordable access to essential medicines is being considered during the health sector review process but is constrained by insufficient funds.

The Five-Year Plan does not address the need for incidental surveys on access to essential medicines by vulnerable groups, and the team was informed that such surveys are not carried out. However, there are surveys on access to essential medicines at the facility supply level and according to population averages. Access statistics on essential medicines are not disaggregated by sex or by urban and rural populations.

Mechanisms are not in place to ensure medical technologies are equally available to men and women from different social groups and in different geographical areas. Provision of medical technologies is provided in terms of population numbers. The Five-Year Plan does not mention availability of medicines in prisons or detention facilities and specific provisions to provide essential medicines to prisoners are not considered in the review process. Many prisons fall under the responsibility of the military hospitals and provision of essential medicines are regulated by them.

Acceptability

Existing mechanisms do not provide for medical products and technologies to be chosen with respect to the health needs of different population groups or the different needs and circumstances of groups of women and men. Existing mechanisms do not integrate traditional, complementary and alternative medicines into the health system. The Supreme Board for Drugs and Medical Appliances is beginning a process of regulating traditional medicines but it is not clear if the different experiences and outcomes of male and female health consumers with traditional medicine are informing the regulation process.

Quality

The Five-Year Plan includes as a main objective to ensure provision of good quality and effective drugs. Standards, quality and safety of medicines for both public and private distribution fall under the responsibility of the Supreme Board for Drugs and Medical Appliances and are carried out according to WHO guidelines. The Five-Year Plan calls for related parties to play their active role in health and drug education and ensure rational use of drugs. However, the development of human resources to ensure appropriate medicines management was halted after the cessation of the drug fund. A multi-stakeholder approach to promote rational uses of medicines is being promoted during the health sector review process.

Participation and inclusion

The Plan does not address the consultation process for policy formulation in relation to the adoption of technologies and/or updating the list of essential medicines. The plan does, however, include relevant stakeholders such as donors, NGOs, health education institutions, private medical syndicates and private health facilities.

Accountability and transparency

Targets and indicators for monitoring essential medicines are not addressed in the Five-Year Plan. While GTZ did sponsor a related study, it does not appear that indicators and targets have been included to monitor access to essential medicines. Addressing challenges faced in availability of medicines, such as 'out of stock' syndrome and 'leakage' of medicines is constrained by low budgets and insufficient health sector capacities. The health sector review process will include guidelines to address out of stock medicines and the leakage of medicines, but details of the guidelines will only be developed after the agreement of the benchmarks at the national conference.

There is a lack of transparency in procurement of the different medicines, which further constrains timely availability.

The Supreme Board for Drugs and Medical Appliances provides information leaflets on medicines in Arabic and English.

3.5 Health workforce

Availability

There is presently no strategy or policy in place to address human resources. Such a strategy is needed and would require support from the highest levels. The Five-Year Health Plan does not provide information on the number of health workers. The Plan notes that contradictory information from different surveys is a key challenge in this respect. However, a survey has been carried out recently and the database is expected to be shared by the General Directorate of Personnel. Plans are also under way to establish a human resources observatory.

The Five-Year Plan recognizes that there is little equity in the geographical distribution of health workers. Most staff are located in the main cities, while staffing levels are low in rural areas. In addition, there are no institutionalized provisions made for health workers that are posted in rural or isolated/challenging areas. However, while allowances are not provided in a systematic manner, housing allowances, water supply and food can sometimes be provided following negotiation. Such an arrangement is not reliable or sustainable as it depends on an informal agreement.

It has also been noted that health workers in the public sector do not have health insurance and there are few measures in place to protect health workers. Health workers are free to establish professional associations, but these associations have been weak in raising concerns at the policy level.

A recent study by the Medical Department found that there are many cases of sexual harassments. However, it was noted that the issue must be addressed with great sensitivity, especially to avoid discouraging families from allowing their daughters continue their pursuit of medical careers.

The team was informed that community health workers, including trained mid-wives, are prevalent, and the majority of them receive salaries. Many international organizations encourage community participation, but they are not expected to work voluntarily. Community health workers are trained by different partners, but the quality of training may vary.

Acceptability

The Five-Year Plan does not address strategies for identifying and recruiting health workers from diverse backgrounds, including disadvantaged populations. Neither does it identify strategies to increase the number of female health workers.

The Arab Board endeavours to provide scholarships to students from deprived areas, but implementation has proved a challenge.

Quality

The Five-Year Plan identifies a need for curricula reviews of various teaching institutions and the health sector review aims at creating a unified curricular framework. The Five-Year Plan recognizes the need for development of training programmes for staff in several fields, including for example community participation, reproductive health and child health. However, there is presently no system in place to ensure coordination of trainings and governorates have their own budget for in-service training.

The issue of licensing and accreditation of health workers is not addressed in the Five-Year Plan, but is raised in the Health Sector Benchmarks for the year 2015. The issue is complex as many partners, including the Syndicates, professional associations, the Ministry of Social Affairs and the Local Councils are involved.

Participation and inclusion

The 1998 Health Sector reform mandates the creation of District Health Teams with the responsibility to encourage community participation. The District Health Teams include members from communities, the local council and health professionals. In some areas, there is quota for women (one person should be a woman). District Health Teams have been elected in approximately 30 districts.

The participation of female health workers has been found to be generally weak due to lack of decision making power. However, women have had greater opportunities to influence in the area of reproductive health. There are no female health officers. He stated that a recent study on health management programs in Yemen found that the best health facilities were managed by female health workers, who were described to take on more responsibilities, receive more trust from communities, be more stable and less corrupt.

Acceptability

The Five-Year Plan does not refer to a "code of ethics" or "code of conduct" and the team was informed that such a code is not in place. However, he notes that there is a need to develop such a code for health workers.

Accountability and transparency

The Five-Year Plan does not address complaints mechanisms for health workers, however, certain complaints may be raised with Health Officers, Governors or at the Central Ministry. A law on the establishment of a medical board was issued in 2000, but never activated. The medical board was envisaged to receive complaints from both health cadres and patients.

It has been noted that effective monitoring of human resources issues also requires a good health information system.

3.6 Service delivery

Availability

The Five-Year Plan recognizes the need to increase coverage of essential services, but does not identify the components of an essential/basic basic package of services.

The public health policy and strategy section of the Plan addresses the high risks linked to maternal and child health. The plan also addresses child health with regards to continuous education and training and outlines strategies relating to child and maternal health.

The Five-Plan aims to reduce child mortality levels and strengthen health care for children below five years of age (new born, infants, below five); health care for children below fifteen years of age (school health and teenagers health); and health care for children/adolescents during secondary school and university (school health). Training programmes will be developed for the staff in some districts and include child health.

The Five-Year Plan includes reducing maternal mortality levels among the priorities for raising the health status. Areas of focus include strengthening health care for women of reproductive age, including antenatal care. The main focus of reproductive health services is maternal health. Free emergency obstetric care is addressed and family planning and STIs are also reflected. Unwanted pregnancies or abortion are not addressed due to religious concerns. Some attention is given to early detection of breast and cervical cancer, but broader women's health issues are largely not addressed. The team was informed that service delivery is, however, not differentiated between men and women in the Five-Year Plan because this is the responsibility of the relevant directorates when they formulate their action plans.

A national strategy for youth has been developed by the Higher Council of Motherhood and Childcare in coordination with the Directorate of Youth at the MOPHP. The Directorate for Youth implements activities pertaining to health such as sexual and reproductive health and HIV/AIDS issues. Awareness raising is a principal focus of the youth component. Gender norms, roles and relations that may lead to different experiences and outcomes for male and female youth are not explicitly reflected.

It was informed that WHO will support youth friendly health clinics targeting both male and female youth in medical universities with a focus on counselling for reproductive rather than actual delivery of reproductive health services. Referrals to health facilities will be provided when services are needed. A 2009 action plan enhances the role of men in reproductive health, and encourages health providers of reproductive health services to reach out to men, especially in terms of STIs services and counselling of family planning. Infertility and impotence issues for men are addressed only by private clinics or public and private hospitals, not at public first level services.

The National AIDS programme under the PHC sector runs 2 or 3 centres for diagnosis, counselling and treatment of HIV cases. The Directorate of STIs and HIV/AIDS, under the directorate of RH, works in collaboration with the National AIDS programme where all of the funds are housed. The main function of the Directorate of STIs and HIV/AIDS

is to raise awareness, not to provide services. The Directorate of STIs and HIV/AIDS did not differentiate between men and women in their action plan and it is not clear if the National AIDS programme has considered gender issues and human rights in their action plans. There is considerable stigma regarding HIV/AIDS and many HIV patients cannot maintain their employment. The Five-Year Plan provides for comprehensive education and prevention programmes against hepatitis and HIV/AIDS, but it is not clear whether such programmes address stigma and non-discrimination.

Gender based violence (GBV) is not addressed in the Five-Year Plan. The National Woman's Strategy considers gender based violence but does not work with MOPHP in implementing those activities. A checklist is being developed by the Directorate of Violence and Injuries for doctors at selected emergency departments and will raise capacities in identifying violence cases. The Higher Council is a partner in this initiative but responsibility falls under the Directorate of Violence and Injuries. The training for doctors will include an extra component on paediatric violence/abuse cases and will help distinguish between cases of injury and cases of violence. The checklist will enable collection of data on violence against women and violence against children.

The Five-Year Plan does not address services for people with physical or mental disabilities. The Plan does not address neglected tropical diseases as a group of diseases, but includes bilharzias and leprosy among endemic and epidemic diseases to be controlled.

Accessibility, Equality and Non-discrimination

The Five-Year Plan does not address gender norms, roles and relation that may lead to different experiences with accessing health services for women and men. The Plan refers to specific health challenges of rural and poor people in accessing services and medicines. Limited, weak and costly transportation is also mentioned as a barrier to accessing services and women and children are identified as most affected. The Plan does not identify any specific vulnerable population groups such as for example nomadic groups or migrants.

The Five-Year Plan gives attention to issues linked to people living with HIV/AIDS, children and adolescents, but does not discuss differential needs and experiences of women, men, boys and girls. Health care for the elderly is mentioned in general terms, through the strengthening of the health care the person receives since his birth until death section. Prisoners, sexual minorities, people with physical, psycho-social and intellectual disability, refugees and displaced groups are not specifically addressed.

Acceptability

It was noted that health service providers are not aware of the rights of patients and that this may influence their service provision. Also, users of health services are often not aware of their rights and view health not as a human right, but as a blessing when it is available and a fact of life, if it is not. While human rights may be mentioned in national policies there is a lack of transference of concepts of human rights and gender equality to implementation levels. Privacy for provider patient consultations was used as an example

of the lack of application of human rights principles at the community levels. The Five-Year Plan does not address issues of confidentiality and privacy.

The Five-Year Plan intends to evaluate the efficiency of delivered health care services at different levels of health facilities according to several elements, including 'level of acceptance of these services'. However, it is not clarified what level of acceptance entails. The Plan does not outline strategies for how services can be delivered in socially acceptable ways for various groups. However, the Plan notes that the dialogue between health service providers and community members will lead to better understanding of the privacy and vision of the community, which will make the community capable of specifying its needs. Gender norms are not addressed.

Quality

The Five-Year Plan commits to improve and ensure the quality of services. However, the usage of criteria and protocols to judge the quality of services is reported to be low. Quality of services is included among the criteria for evaluation of the efficiency of delivered services. The Plan does not specifically mention quality of service assessments, such as client satisfaction surveys.

Participation and inclusion

The Five-Year Plan gives importance to community participation and includes as an objective to address community participation in management, planning, funding, implementation, monitoring, supervision and evaluation. The Plan aims at addressing local health needs and priorities. It outlines a community participation strategy, which for example includes participation in the analysis of the situation; specifying the problem through cooperation and coordination between community and health workers; and specifying priorities so that efforts are directed towards them. However, the Plan could be stronger in emphasizing the right to participation, including the elements of active, free and meaningful participation. In some instances community participation is interpreted to mean cost-sharing.

The Five-Year Plan does not clarify whom within the community would be involved and in what capacity. The Plan refers to local councils, but does not clearly specify their present role and mandate. However, the Plan aims at improving the capacities of the local councils and making them partners in the management of the health work, understanding the health work and participating in health service delivery. Equal representation between men and women in the local councils is not addressed.

Accountability and transparency

The Five-Year Plan does not address any mechanisms for complaints and redress from patients. The Five-Year Plan notes the importance of strengthening the institutional levels of the health system. In relation to strategies for control of epidemic, prevalent and endemic diseases, the Plan intends to evaluate the efficiency of delivered health care services at different levels of health facilities according to several important elements: (1) type and quality of delivered services; (2) availability of health staff; (3) level of

acceptance of this services; (4) size of community participation; (5) its capacity to improve health status; and (6) its geographic distribution.

4. ROLES OF PARTNERS AND COORDINATION MECHANISMS

4.1 Key partners and their roles

The further integration of human rights and gender equality approaches in health require the support and collaboration between several stakeholders. The Team met with many, but not all, stakeholders during the review. Important stakeholders to involve in advancing a human rights-based approach to health and gender mainstreaming include the below (not an exhaustive listing):

The Ministry of Public Health and Population

The MOPHP has a lead role in incorporating human rights and gender based approaches to health. The MOPHP has expressed keen interest in taking forward and addressing human rights and gender equality in relation to health, and has already supported meetings, trainings and workshops on these topics.

The Ministry of Human Rights

The Ministry of Human Rights has a mandate to promote and raise awareness about different human rights, including the right to health. However, the Ministry does not presently have a strategy, budget or staff designated to work specifically on the right to health. The Ministry of Human Rights participates in activities of the Ministry of Public Health and Population by invitation and has expressed interest in closer collaboration.

The Ministry of Human Rights is responsible for coordinating the preparation of the Yemen's State party reports on four human rights treaties (CERD, ICCPR, ICESCR and CAT) and will probably take on this responsibility in relation to CRPD. The team did not find conclusive information on how or if the Ministry of Human Rights integrates a gender perspective in its work.

The Women's National Committee

The Women's National Committee operates under the Supreme Council for Women Affairs and has a mandate to propose and evaluate laws, policies, strategies, plans, and programs related to women's affairs. The members of the committee include directors of women's departments in ministries and state institutions and coordinators in selected organizations and women's sections of political parties. The Women's National Council is the principal forum for addressing women's and girls' human rights in Yemen.

The National Women's Committee is responsible for the submission of Yemen's State party reports on the implementation of CEDAW. Findings indicate weak links between the National Women's Committee and the Ministry of Human Rights, even in regards to reporting on international covenants such as the CEDAW.

The Higher Council for Motherhood and Childhood

The Higher Council for Motherhood and Childhood is a governmental institution that acts as a coordination body with other ministries under the governmental cabinet regarding issues related to childhood and motherhood. The main focus of the Council is the promotion, supervision and monitoring of the implementation of the convention on the Rights of the Child.

Other Government and Parliament entities, including for example the Ministry of Social Affairs and Labour, and the Parliamentary Committee on Health, are also important stakeholders.

United Nations

The United Nations Development Assistance Framework 2007-2011 (UNDAF) is the collective UN response to Yemen's development challenges and recognizes the need for continued promotion and expansion of human rights in Yemen. More specifically, the UNDAF suggests that the UN focus on four interlinked outcomes. Outcome 1 focuses on governance and calls for "Improved institutional capacity within the government of Yemen and civil society to ensure implementation of ratified human rights treaties. Outcome 2 focuses on gender equality and empowerment of women. It stresses the need for "Improved institutional framework ensuring that women and girls have the benefit of their equal rights". Specifically, it calls for increased participation by women in the political and social sectors, as well as securing reproductive rights. Outcome 3 focuses on basic social services and calls for equitable access and for the creation of gender sensitive health policies. Outcome 4 promotes pro-poor growth. The Team met with several UN agencies, but not all due to time constraints.

UNDP is embarking on an explicit human rights initiative in Yemen and has committed to support the Government to put mechanisms in place for the implementation of all recommendations from human rights treaty bodies. UNDP was a partner in the HURIST programme and will continue to be a strategic partner for MOPHP to engage with.

UNFPA has engaged in many activities protecting and ensuring reproductive health rights for women in Yemen. UNFPA has also been a key partner for MOPHP in raising capacities of health managers in Yemen to integrate gender issues and sensitivities in health care delivery and programme development.

UNICEF has given much emphasis to a human rights-based approach to programming in its global corporate framework. UNICEF in Yemen is conducting in-house training on the human rights approach and will presumably extend that experience outwards as it is internalized.

WHO in Yemen has supported many activities linked to human rights and gender equality in health, including the HURIST programme, capacity building workshops and trainings. WHO has designated focal points for both human rights and gender.

NGOs

Several NGOs were consulted during the assessment, including the Yemen Family Care Association, SOUL for Development, Islah Consortium and the Charitable Society Organisation**.** These NGOs are largely health focused and extend special efforts towards securing health services for vulnerable groups, including women, street and trafficked children, and the ethnic group known colloquially as the 'al-Akhdam'. Health based NGOs have been important partners for the MOPHP in provision of health services in isolated areas of Yemen and have engaged with MOPHP in several gender in health initiatives. Similarly the NGOs consulted, may not explicitly be integrating a human rights-based approach in their work but that in outcomes their work was concerned with ensuring the human rights of vulnerable groups in Yemen to health. The NGOs expressed interest in engaging more with human rights NGOs and agreed that a consolidated approach might have more positive impacts. While acknowledging greater involvement by MOPHP of their activities, the NGOs stated they had not been consulted in the development phases of MOPHP planning processes but were included in feedback sessions upon completion of MOPHP development plans. Coordination and information sharing among NGOs is sometimes a challenge as there is no coordinating body for civil society organisations.

Bilateral donor agencies

Several bilateral development agencies are engaging with the MOPHP. The team met with an adviser to the MOPHP seconded by GTZ and with representatives of the Netherlands Embassy. The representatives of the Netherlands Embassy suggested that the MOPHP could take larger responsibility for advocating for human rights and gender equality through its mandate of providing health for the Yemeni population. It was proposed that donor agencies can play a role in advocating for the human rights based approach with the national partners but that sensitivity to cultural contexts must remain a key factor in the discussions.

Media can play an important role in sensitizing the public on health and human rights issues.

4.2 Human Rights in Health Technical Working Group

The formation of a Human Rights Technical Working Group would support effective collaboration and joint action between various stakeholders. The MOPHP has expressed interest in taking the lead. The team discussed possible objectives, members, terms of reference and activities with stakeholders during the review.

Objectives

The envisaged objectives of the Technical Working Group include:

- Raised awareness of key stakeholders in Yemen on human rights in health
- Integration of a human rights-based approach in the health sector of Yemen.

Members

The following stakeholders are proposed to be invited as members of the group:

- MOPHP (chair)
- Ministry of Human Rights (co-chairing)
- Ministry of Social Affairs and Labour
- National Woman's Committee
- The Higher Council for Motherhood and Childhood
- Representative from the Parliamentary committee on health
- WHO
- UNDP
- UNFPA
- UNICEF
- Health based NGO representative
- Human rights based NGO representative
- Media representative (with focus on health education)
- Representative of (bilateral) donor agencies
- Any other relevant partners (as decided by the working group)

Terms of reference

The Terms of Reference (ToR) will need to be discussed and agreed upon by the members of the Technical Working Group. However, the draft ToR below may serve as a basis for the discussion:

- Develop annual targets to be achieved by the working group
- Review and propose revisions to policies, activities and programmes from a human rights perspective
- Review and adapt relevant human rights tools for analysis of the health development plan and specific programmes, including the WHO/Sida tool for analysis of human rights and gender equality in health sector strategies
- Advocate on health and human rights in respective organizations

Activities

The activities of the Working Group will be based on the ToR. The below activities could be considered.

- Develop an advocacy presentation
- Review existing documents on health and human rights and adapt and translate when relevant
- Identify and review existing training courses
- Identify priority issues and pilot areas and develop information/policy briefs (in collaboration with other existing working groups)
- Engage in the development of the Fourth Health Development Plan

5. RECOMMENDATIONS

The review identified a number of recommendations and practical actions for the integration of a human rights-based approach and gender mainstreaming in health. The recommendations have been divided into short-term, medium-term and long-term recommendations. The recommendations propose specific actions and responsibilities of different partners.

Time-frames:
Short term: now - August 2009
Medium term: September 2009 - April 2010
Long-term: May 2010 - December 2012

5.1 Short-term recommendations

SHORT TERM RECOMMENDATIONS: now - August 2009				
	Recommendation	**Rationale**	**Actions**	**Responsible parties**
1	Training of the human rights focal points of MOPHP and WHO country office in a human rights-based approach to health	Ensure expertise on the integration of human rights and gender equality into the MOPHP health sectors.	1. Identify the appropriate near term training courses being offered in human rights and gender equality in health. 2. Identify a budget line to support the human rights focal points in participating in the identified training course.	1. - MOPHP HR focal point - WHO country office - HHR team, WHO/HQ - HHR and GE focal points, EMRO 2. - MOPHP HR focal point - WHO Yemen
2	Formation of a Human Rights in Health Technical Working Group chaired by MOPHP and co-chaired by MOHR	Awareness raising of stakeholders and integration of a human rights-based approach in the health sector.	1. Identify potential members of the Human Rights in Health Technical Working Group. 2. Invite identified members and set meeting to discuss proposed terms of reference and develop action plan for 2009 based on terms of reference.	- Minister of Public Health and Population - DPM Population - Minister of Human Rights - HR focal point, MOPHP
3	Training of the human rights in health technical working group members in the human rights and gender equality approaches to	Establish a core advocacy and technical expert group on human rights and gender equality in health in Yemen.	Identify trainers with expertise in human rights and gender equality approaches to health.	HR focal point, MOPHP HR focal point, WHO Yemen Human Rights in Health Technical

	health.			Working Group
4	Baselines and future health workforce databases to be broken down by category (e.g. nurse, midwife, doctor), sex, geographical region, level of care and public/private practice.	Provides a basis for targeted steps and benchmarks to address gaps in the number and distribution of the health workforce and leads to geographical and sex balancing of the health workforce.	Share report with Regional Adviser, Human Resources Development, WHO/ EMRO before his forthcoming mission to Yemen to initiate development of human resources observatory. Coordinate with RA HRD during his mission.	- DG of Human Resources - DG of Information WHO office - HR focal point, MOPHP
5	Review of the health sector review benchmarks for reflection of human rights and gender equality based approach. To be done before mid-April.	Ensure that the human rights and gender equality approach is integrated into the national health policy which will guide the development of the Fourth Five-Year Health Development Plan.	Recruit a high calibre consultant (Professor Paul Hunt) for a period of one week, to work with the coaches of the benchmarks to ensure the reflection of human rights and gender equality are integrated into the benchmarks. Joint letter to be sent from the Minister of Health and donor agencies to invite Prof Paul Hunt. Mission to include a 1 day introductory workshop for all the coaches and teams and high level decision makers of the MOPHP; 3 days direct work with the benchmark coaches; and 1 day wrap up and debrief.	- WHO Yemen - HR focal point, MOPHP - Benchmark coaches - Consultant
6	Health workers at different levels of the system should participate in the development of the Fourth Five-Year Health Development Plan. Particular attention to be given to equal participation of both female and male health workers.	Health workers have a right to active and informed participation in health development and planning processes. Promotes bottom up planning processes and ensures realities at the service delivery level are integrated into planning processes.	1. Budget line to be incorporated by DG Planning in the Fourth Five Year Health Development Plan to cover costs of including participation of health workers of different levels. 2. Review guidelines on development of the Five Year Plan to ensure it includes participation of health workers at all levels. If not included, an annex should be developed and disseminated to governorates to reflect this inclusion. 3. Communication by DG Planning with DG Health Offices in the Governorates to include health workers at all	- DG Planning - WHO Yemen - HR focal point, MOPHP - DG Health Offices of the Governorates

			levels in the development of the governorate 5 year plans.	
7	Inclusion of human rights and gender equality elements into the midwifery curricula development planned for 2009.	Promotes inclusion of human rights and gender equality in provision of midwifery care in Yemen.	1. Discuss the recommendation with the Reproductive Health technical group to seek possibility of sponsoring and funding the actions needed. 2. Training of stakeholders on the midwifery curricula development in human rights and gender equality in health. 3. Recruitment of a consultant to assist in the integration of human rights and gender equality in the midwifery curricula development.	- WHO Yemen - HR focal point, MOPHP - DPM Population - Members of the RH technical group
8	Distribution and availability of documents on human rights and gender equality in health in libraries of WHO and MOPHP, and in libraries of medical schools and health teaching institutions.	Having a dedicated section (clearly marked) on human rights and gender equality in health in the libraries would facilitate access to the documents.	1. Identification and dissemination of key publications. 2. Translation of existing human rights and gender equality documents into Arabic should be initiated whenever deemed strategic.	-HHR team and GWH, WHO/HQ - HR and GE focal points EMRO -WRO Yemen - HR focal point, MOPHP
9	The MOPHP to be a member of the working team responsible for drafting the CEDAW State party report, which is to be finalized in May 2009.	Inputs from the MOPHP are needed to reflect progress and challenges in addressing women's equal right to health. MOPHP has a key role in promoting gender equality in relation to the right to health.	MOPHP to request to be part of the working team (chaired by National Women Committee) responsible for drafting the State party report.	- Gender and HR focal point, MOPHP - National Women's Committee
10	Human rights review of the pending Safe Motherhood Law	To ensure attention to human rights and gender in the Safe Motherhood Law.	1. Identify funds and translate the law. 2. Send an official request for an expert opinion to Department of Reproductive Health and Research, WHO HQ	- Deputy Minister Population Sector - WHO Yemen
11	Human resource survey (get specific name) data should be shared with all the human resource and health information	Facilitate geographical and sex balancing of the health workforce. Facilitate health workforce distribution according to the needs of all population	Holder of survey data (DG of Personnel Affairs) to release data to human resource and health information departments.	

	departments.	groups, male and female, to ensure attainment of universal human rights to health.		
12	Data from health sector reviews and surveys to be published on the MOPHP website.	Facilitate transparency and access to information by health stakeholders.	Administrator of MOPHP website to publish information on the MOPHP website.	

5.2 Medium-term recommendations

Medium term: September 2009 - April 2010				
	Recommendation	**Rationale**	**Actions**	**Responsible parties**
1	Training of health based NGOs in human rights and gender in health.	Health NGOs are important partners in providing health services, particularly in reaching remote and marginalized male and female population groups, and can play a key role in raising awareness of communities of their human rights to health. In addition, the training can raise capacities of the NGOs to gather data from target male and female populations.	1. Organize a training course in human rights and gender for NGOs to help them integrate a human rights-based approach in their daily work.	-HR focal point, MOPHP -HR focal point, WHO -Members of human rights technical working group
2	Availability in Yemen of a core group of national master trainers in the human rights based approach to health and gender equality in health. (Note: a core group of national master trainers in gender equality in health will soon be available.)	Establishes a core group of trainers to be used for different capacity building initiatives.	1. Identification of a suitable training course being offered in the human rights based approach to health. 2. Identification of national master trainers who have the mandate and availability to train national partners in the human rights based approach to health. 3. Training of the identified national trainers as master trainers.	- HR focal point, MOPHP - Members of Technical Working Group on Human Rights in Health
3	The Ministry of Public Health and Population to be a	Inputs from the MOPHP are needed to reflect progress and	1. MOPHP to be aware of the time schedule for preparing State party reports.	- Deputy Minister Population, MOPHP - HR focal point,

	member of and participate actively in the committees responsible for preparing State party reports.	challenges in achieving the right to health. MOPHP has a key role in promoting the right to health and give attention to health related gender concerns.	2. MOPHP to request to the Ministry of Human Rights, the National Women's Committee and the Highest Council on Motherhood and Childhood to be invited as member of the working group preparing the State party reports.	MOPHP - Ministry of Human Rights, - National Women's Committee - The Highest Council for Motherhood and Childhood
4	Ensure that the recommendations from human rights treaty bodies are disseminated to relevant departments in the MOPHP and guide key health policy processes.	Dissemination will help ensure ownership of the recommendations in the MOPHP. The recommendations can guide or reinforce existing health interventions. The recommendations can reinforce the importance of certain actions in dialogue with decision makers, inside and outside of the MOPHP.	1. The Ministry of Human Rights, the National Women's Committee and the Highest Council of Motherhood and Childhood to disseminate the recommendations to the Minister's Office, MOPHP. 2. The Minister's Office to ensure that the recommendations are distributed to the relevant health sectors. 3. The Deputy Ministers to disseminate the recommendations to the relevant programmes. 4. Each Deputy Minister to conduct a workshop with programmes to discuss implementation strategies and follow-up.	- Ministry of Human Rights - National Women's Committee - The Higher Council of Motherhood and Childhood, - The Minister's Office, - The Deputy Ministers' Offices - Relevant programmes - Technical Working Group on Human Rights
5	Explore the possibility of incorporating a session on gender and human rights to the planning session of the workshops to be held at Governorate levels as part of the process to develop the Fourth Five-Year Plan	To ensure that human rights and gender concerns are integrated in the five-year plan.	Issue to be raised at workshop planning meetings.	- DPM Planning - HR focal point, MOPHP - HR focal point, WHO Yemen
6	The development of a human resource strategy which is envisioned after development of the national health policy, should include the objective of achieving geographical and sex parity of the health	Will facilitate meeting the universal health rights of the Yemeni population and leads to achievement of the targeted steps and benchmarks for HR geographical and sex balancing.		DPM Planning DG of Health Policy DG of Human Resources DG of Information

	workforce			
7	To establish a network of health and human rights activists (including some lawyers).	Will provide a resource base.	1. Identify suitable individuals. 2. Create a dissemination list (email listserv). 3. The technical working group to share relevant information with the network members	- Members of Technical Working Group on Human Rights in Health

5.3 Long-term recommendations

Long-term: May 2010 - December 2012				
	Recommendation	**Rationale**	**Actions**	**Responsible parties**
1	The National Policy and the Fourth Five-year Health Development Plan to strategically incorporate human rights and gender equality	Promotes inclusion of human rights and gender equality perspectives in health	- Support capacity building on human rights and gender equality of those involved in the development process. - Identify national experts to be members of the national working teams.	- DG Planning - HR focal point, MOPHP - Members of Technical Working Group on Human Rights in Health
2	Inclusion of human rights and gender equality elements into health education curricula. Revisions of medical school and health teaching institution curricula present strategic entry points for the integration of human rights and gender equality elements.	Promotes inclusion of human rights and gender equality perspectives in health of the future health workforce of Yemen.	1. Training of decision makers and professors in medical schools and health teaching institutions on human rights and mainstreaming of gender issues in health. 2. Recruitment of consultants (national or international) to assist in the integration of human rights and gender equality in health elements whenever such entry points occur.	- Members of Human Rights Technical Working group, - HR and GE focal point, MOPHP - HR and GE focal points, WHO Yemen
3	The integration of human rights and gender equality elements in the in-service training for health workers at all levels.	Promotes inclusion of human rights and gender equality perspectives in health of the health workforce of Yemen.	1. Compilation and adaptation of information on human rights and gender equality into a training package. It is important that the training package is concise, culturally sensitive and flexible to agendas of existing in-service training.	- Members of Human Rights Technical Working group, - HR and GE focal point, MOPHP - HR and GE focal points, WHO Yemen
4	Collecting data on the situation of human rights in health and gender equality in terms of the health	Provides information on the status of the health workforce in attaining their	Incorporation of human rights and gender equality in the development of mechanisms and tools for the annual monitoring and evaluation process.	- HR and GE focal point, MOPHP - HR and GE focal points, WHO Yemen

	workforce and the users of health care services in the annual monitoring and evaluation process.	rights to equal and fair terms of employment; and the status of users of health care services in attaining their rights to access and utilization of health services. Facilitates gender and rights responsive health sector planning.		
5	The results and data collected from the annual monitoring and evaluation process should be shared with the relevant departments of the MOPHP.	Facilitates planning processes towards human rights and gender responsive health services.	Regular meetings and distribution of reports.	- Planning Dept, MOPHP - HR focal point, MOPHP

ANNEX 1: LIST OF INTERVIEWS/INFORMANTS

MEETINGS HELD DURING MISSION

Date	
Saturday 17 Jan	Dr Jamila AlRaiby Deputy Minister, Population Sector
Sunday 18 Jan	Dr Ghulam R. Popal, WHO Yemen Representative
Sunday 18 Jan	Dr Sawsan AlRefaee, Gender Program Officer, UNFPA
Monday 19 Jan	Dr Martin Kade, Advisor to the MOPHP seconded by GTZ
Tuesday 20 Jan	Dr Nasser Ali Ahmed AlAkhram, DG Human Resources Development
Tuesday 20 Jan	Joint meeting with NGOs: Dr Adel Salah, Medical Services Officer, Yemen Family Care Association Dr Shams Aman, Project Officer, SOUL Dr Jameel AlYousifi, Islah Consortium Dr Gameel Alyosofee, Project RH/FP, CSSW Alhan Ahmad Al-Adeemi, (Women Development) Manager of the Program, Al-Saleh Foundation for Development
Wednesday 21 Jan	Embassy of the Kingdom of the Netherlands: Marieka Boot, First Secretary Djoeke Adimi-Koekkoek, First Secretary Development Cooperation Gender Issues & Civil Society Support
Wednesday 21 Jan	Ministry of Human Rights: Dr Huda Ali Abdullatef Alban, Minister of Human Rights Dr Lana AlShara'abi, DG Civil Society Organizations' Affairs Mr Rami AlYousifi, DG, the Awareness Department Mr abdulkareem Alwazan, DG the International Reports
Wednesday 21 Jan	MOPHP: Dr Abdulkarim Yehia Rasae, Minister Dr Jamal Nasher, Deputy Minister, Planning Sector Dr Jamila AlRaebi, Deputy Minister, Population Sector Dr Faisal ALGuhali, DG the minister's office
Wednesday 21 Jan	UNICEF Dr Anne Marie M Fonseka, Deputy Representative Dr Kamal binAbdallah, Head of Section, Health Ms Judith Léveillée, Chief Child Protection, HIV and AIDS
Saturday 24 Jan	Dr Muslih AlTawa'ali, DG Planning, MOPHP
Saturday 24 Jan	AbdulJabbar AlGaithi, DG Health Information and Research, MOPHP
Saturday 24 Jan	Dr Ahmed Aglan, Drug Advisor of the Health Policy Unit
Sunday 25 Jan	Women National Committee (WNC): Dr Rashida Al-Hamdani, Chairperson Mrs Honria Mashour, Vice Chairperson

ANNEX 2: RELEVANT RESOURCES ON HUMAN RIGHTS AND GENDER

WHO RESOURCES AVAILABLE IN ARABIC

Health and human rights information sheet series
Publishing organization: WHO Regional Office for the Eastern Mediterranean (EMRO)
Date published:
Brief summary: Information sheets which outline some of the key instruments that enshrine health as a human right and also explores the linkages between health and human rights.

African Charter on Human and Peoples' Rights
African Charter on the Rights and Welfare of the Child
Arab Charter on Human Rights

Information sheets which outline the health linkages to the following international human rights instruments and how far the countries in the EMRO region have ratified these:

Convention Against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment
International Convention on the Elimination of All Forms of Racial Discrimination
International Covenant on Economic, Social and Cultural Rights
International Covenant on Civil and Political Rights
Protection of the Rights of Migrant Workers
Convention on the Rights of the Child

Link: http://www.emro.who.int/publications/Book_Details.asp?ID=621
http://www.who.int/hhr/activities/factsheets/en/index.html

The Right to Health Fact Sheet 31
Publishing organization: OHCHR and WHO
Date published: 2008
Brief summary: Fact sheet (booklet, 40 pages) which provides information on the current state of the right to health in the field of international human rights law. It illustrates implications for specific individuals and groups, elaborates upon States' obligations and ends with an overview of national, regional and international accountability and monitoring mechanisms.
Link: http://www.ohchr.org/EN/PublicationsResources/Pages/FactSheets.aspx

25 Questions and Answers on Health and Human Rights.
Publishing organization: WHO
Date published: 2002
Brief summary: Publication that suggests answers to key questions on the linkages between health and human rights.
Link: http://www.who.int/hhr/activities/25_Question%20&%20Answer%20_arab-version.pdf

Right to Health Cartoon
Published by: WHO
Date Published: 2002
Brief summary: Colorful publication designed to raise awareness that every person has the right to the highest attainable standard of health.
Link: http://www.who.int/hhr/activities/Right%20to%20Health%20ARAB%20version.pdf

Health and gender information sheet series
Publishing organization: WHO Regional Office for the Eastern Mediterranean (EMRO)

Date published: 2006
Brief summary: Brief information sheets including Eastern Mediterranean specific data pertaining to several health issues.
Sheets Available:

Gender and Road Traffic Injuries (Arabic - English - French)
Gender and Mental Health (Arabic - English - French)
Gender and Ageing (Arabic - English - French)
Gender and Tobacco (Arabic - English - French)
Gender and HIV/AIDS (Arabic - English - French)
Gender and Disasters (Arabic - English - French)
Gender and Blindness (Arabic - English - French)

Link: http://www.emro.who.int/ghd/gender_publications_emro.htm

Protocol, questionnaire and manuals developed for the WHO multi-country study on women's health and domestic violence
Publishing Organization: WHO EMRO
Date translation published: 2008
Brief summary: Hard copy translation of the protocol, questionnaire and manuals developed for the WHO multi-country study on women's health and domestic violence.
Link: http://www.emro.who.int/ghd/PDF/women_domestic_violence.pdf

WHO Ethical and Safety Recommendations for researching, documenting and monitoring sexual violence in emergencies.
Publishing organization: WHO
Date published: 2007
Brief summary: Based on a WHO expert consultation, these recommendations address the gap in practice with respect to collecting information on sexual violence in emergencies that complement other ethical and safety guidelines for research with survivors of violence.
Link: http://www.who.int/gender/documents/ethical_safety_recommendations_Ar.pdf

Clinical management of rape survivors: Developing protocols for use with refugees and internally displaced people (Revised edition).
Publishing organization: WHO
Date published: 2007
Brief summary: This guide describes best practices in the clinical management of people who have been raped in emergency situations. It is intended for adaptation to each situation, taking into account national policies and practices, and availability of materials and drugs.
Link: http://www.who.int/gender/documents/clinical_mng_rape_survivors_ar.pdf

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WHO RESOURCES AVAILABLE IN ENGLISH

25 Questions and Answers on Health and Human Rights.
Publishing organization: WHO
Date published: 2002
Brief summary: Publication that suggests answers to key questions on the linkages between health and human rights.
Link: http://www.who.int/hhr/activities/publications/en/index.html

Human Rights, Health and Poverty Reduction Strategies
Publishing organization: WHO
Date published: 2008
Brief summary: Designed for health-policy makers, this publication highlights the role that human rights and the right to health can play in reducing poverty.
Link: http://www.who.int/hdp/publications/human_rights.pdf

The Right to Health Fact Sheet 31
Publishing organization: OHCHR and WHO
Date published: 2008
Brief summary: Fact sheet (booklet, 40 pages) which provides information on the current state of the right to health in the field of international human rights law. It illustrates implications for specific individuals and groups, elaborates upon States' obligations and ends with an overview of national, regional and international accountability and monitoring mechanisms.
Link: http://www.who.int/hhr/activities/Right_to_Health_factsheet31.pdf

The Right to Water
Publishing organization: WHO
Date published: 2003
Brief summary: This publication discusses water as a human right and examines its implications on the roles and responsibilities of various stakeholders.
Link:
http://www.who.int/docstore/water_sanitation_health/Documents/righttowater/righttowater.pdf

International Migration, Health and Human Rights
Publishing organization: WHO
Date published: 2003
Summary: This examines a number of health-related human rights issues such as compulsory medical examinations of migrants at borders as well as forced migration.
Link: http://www.who.int/hhr/activities/en/FINAL-Migrants-English-June04.pdf

Right to Health Cartoon
Publishing organization: WHO
Date published: 2002
Summary: Colorful publication designed to raise awareness that every person has the right to the highest attainable standard of health.
Link: http://www.who.int/hhr/news/en/cartoon_health.pdf

HIV/AIDS Stand up for Human Rights Cartoon
Publishing organization: OHCHR, UNAIDS and WHO
Date published: 2003
Summary: This publication is designed to help counter commonly held misperceptions about HIV/AIDS, empower young people who have contracted HIV/AIDS and highlight the strong connection between HIV/AIDS and human rights.
Link: http://www.who.int/hhr/news/cartoonenglish.pdf

A human rights-based approach to neglected tropical diseases
Publishing organization: WHO
Date published: 2008

Brief summary: This information sheet advocates the need for a human rights-based approach to neglected tropical diseases.
Link: http://www.who.int/hhr/activities/NTDs_Human_rights_based_approach.pdf

Fact Sheet Indigenous Health
Publishing organization: WHO
Date published: 2007-2008
Brief summary: The Fact Sheet provides basic information on indigenous peoples. It also briefly explains why indigenous peoples typically have poor health.
Link:
http://www.who.int/hhr/activities/Fact%20Sheet%20Indigenous%20Health%20ENGLISH.pdf

Health and human rights information sheet series
Publishing organization: WHO Regional Office for the Eastern Mediterranean (EMRO)
Date published:
Brief summary: Information sheets which outline some of the key instruments that enshrine health as a human right and also explores the linkages between health and human rights.

African Charter on Human and Peoples' Rights
African Charter on the Rights and Welfare of the Child
Arab Charter on Human Rights

Information sheets which outline the health linkages to the following international human rights instruments and how far the countries in the EMRO region have ratified these:

Convention Against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment
International Convention on the Elimination of All Forms of Racial Discrimination
International Covenant on Economic, Social and Cultural Rights
International Covenant on Civil and Political Rights
Protection of the Rights of Migrant Workers
Convention on the Rights of the Child

Link: http://www.emro.who.int/publications/Book_Details.asp?ID=621
http://www.who.int/hhr/activities/factsheets/en/index.html

Human Rights & Health information sheets
Publishing organization: WHO Regional Office for the Americas (AMRO) / Pan American Health Organization (PAHO)
Date published: 2008
Brief summary: The following information sheets set out how human rights and health relate to specific population groups.

Indigenous Peoples
Older Persons
Persons exposed to second-hand tobacco smoke
Persons living with HIV/AIDS
Persons with disabilities
Persons with mental disabilities

Link: http://publications.paho.org/product.php?productid=959&cat=0&page=1
http://www.who.int/hhr/activities/factsheets/en/index.htm

WHO Resource book on mental health, human rights and legislation
Publishing organization: WHO
Date published: 2005

Brief summary: The publication provides guidance on mental-health legislation, including the elements of context, content and process. It targets those directly involved in drafting or amending mental-health-related legislation, as well as those responsible for guiding the law through the adoption and implementation process.

Link: http://www.who.int/mental_health/policy/who_rb_mnh_hr_leg_FINAL_11_07_05.pdf

(available in English, French and Spanish)

WHO Checklist on Mental Health Legislation

Publishing organization: WHO

Date published: 2005

Brief summary: This checklist is a supplement to the WHO Resource Book on Mental Health, Human Rights and Legislation. It is designed to assist countries in assessing whether key components are included in their mental health law, and in ensuring that the broad recommendations contained in the Resource Book are carefully examined and considered.

Link: http://www.who.int/mental_health/policy/WHOLegislationChecklist.pdf

Transforming health systems: gender and rights in reproductive health

Publishing organization: WHO

Date published: 2001

Brief summary: Training curriculum for health programme managers, which contains six core modules.

Link: http://www.who.int/reproductive-health/publications/transforming_healthsystems_gender/text.pdf

(available in English, Spanish and Russian)

Women's health and human rights: Monitoring the implementation of CEDAW

Publishing organization: WHO

Date published: 2007

Brief summary: Explains how human rights related to health are enshrined in the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW), governmental obligations to implement those rights and monitoring of those obligations by the CEDAW Committee. It concludes with suggestions for maximizing WHO's use of the CEDAW monitoring process.

Link: http://www.who.int/reproductive-health/publications/womenhealth/womenhealth_hr_cedaw.pdf

Advancing Safe Motherhood through Human Rights

Publishing organization: WHO

Date published: 2001

Brief summary: Outlines how the dimensions of unsafe motherhood can be measured and comprehended, and how causes can be identified by reference to medical, health system and socio-legal factors.

Link: http://www.who.int/reproductive-health/publications/RHR_01_5_advancing_safe_motherhood/advancing_safe_motherhood_through_human_rights.pdf

Considerations for formulating reproductive health laws

Date published/last revised: 2000

Publishing organization: WHO

Brief summary: Discussion paper that considers how laws can be applied to facilitate rather than obstruct the availability of reproductive and sexual health services.
Link: http://www.who.int/reproductive-health/publications/rhr_00_1/considerations_for_formulating_reproductive_health_laws.pdf

Gender issues in health in the sociocultural context of the Eastern Mediterranean Region: Report of a regional consultation
Publishing organization: WHO EMRO
Date published: 2005
Brief summary: Report of a consultation that took place in the Eastern Mediterranean Regional Office to with objectives to examine the interaction between the biological disposition of males and females and their social roles; 2) identify vulnerabilities that result in unhealthy outcomes for either sex; and 3) identify interventions to address these added vulnerabilities in the context of the Eastern Mediterranean Region.
Link: http://www.emro.who.int/ghd/PDF/gender_sociocultural.pdf

Gender and health in the Eastern Mediterranean Region: Conceptual and operational advocacy
Publishing organization: WHO EMRO
Date published: 2005
Brief summary: Explores how gender can be used as a tool to increase positive health outcomes for men and women and clarifies how gender is conceptualized in the context of the Eastern Mediterranean Region.
Link: http://www.emro.who.int/dsaf/dsa720.pdf

Gender analysis of health care access and utilization in Pakistan: Report on a stakeholders' workshop
Publishing organization: WHO EMRO
Date published: 2007
Brief summary: Report of a stakeholder's workshop on gender analysis of health care access and utilization, held in Bhurban, Pakistan on 28–30 August 2006 based on the initial analysis of data collected in a WHO and Institute of Public Health, Lahore, Pakistan, gender assessment of health care seeking behaviour in Kasur district, Punjab, Pakistan.
Link: http://www.emro.who.int/ghd/pdf/whd_12_e.pdf

Health and gender information sheet series
Publishing organization: WHO EMRO and WHO
Date published: 2002-2006
Brief summary: Brief information sheets including Global and Eastern Mediterranean specific data pertaining to several health issues.
Sheets Available:

- **Gender and Road Traffic Injuries** (Arabic - English - French)
- **Gender and Mental Health** (Arabic - English - French)
- **Gender and Ageing** (Arabic - English - French)
- **Gender and Tobacco** (Arabic - English - French)
- **Gender and HIV/AIDS** (Arabic - English - French)
- **Gender and Disasters** (Arabic - English - French)
- **Gender and Blindness** (Arabic - English - French)
- **Gender and Malaria** (English - French)

Gender and Tuberculosis (English - French)
Link: http://www.emro.who.int/ghd/gender_publications_emro.htm ; http://www.who.int/gender/documents/fact/en/index.html

Guidelines for Developing Women's Health and Development County Profiles
Publishing organization: WHO EMRO
Date published: 2004
Brief summary: Guidelines for Member States in the Eastern Mediterranean Region on how to compile and develop national profiles of women's health and development status.
Link: http://www.emro.who.int/ghd/PDF/gender_guidelines_developingcountries.pdf

Women's empowerment and gender equality: Essential goals for saving women's lives
Publishing organization: WHO
Date published: 2008
Brief summary: Quick facts on achieving MDG 5 through advancing women's empowerment and gender analysis. (Available in English, French and Spanish).
Link: http://www.who.int/gender/documents/EN_womens_emp.pdf

WHO Ethical and Safety Recommendations for researching, documenting and monitoring sexual violence in emergencies.
Publishing organization: WHO
Date published: 2007
Brief summary: Based on a WHO expert consultation, these recommendations address the gap in practice with respect to collecting information on sexual violence in emergencies that complement other ethical and safety guidelines for research with survivors of violence.
Link: http://www.who.int/gender/documents/OMS_Ethics&Safety10Aug07.pdf

Clinical management of rape survivors: Developing protocols for use with refugees and internally displaced people (Revised edition).
Publishing organization: WHO
Date published: 2007
Brief summary: This guide describes best practices in the clinical management of people who have been raped in emergency situations. It is intended for adaptation to each situation, taking into account national policies and practices, and availability of materials and drugs.
Link: http://www.who.int/reproductive-health/publications/clinical_mngt_rapesurvivors/clinical_mngt_rapesurvivors.pdf

Gender and Health Research Series
Publishing organization: WHO
Date published: 2005-2007
Brief summary: Three research reviews that uncover ways that sex and gender impact the health of women and men when it comes to lung cancer, tuberculosis and mental health.
Link: http://www.who.int/gender/documents/en/

RESOURCES PUBLISHED BY OTHER ORGANIZATIONS

United Nations, Claiming the Millennium Development Goals: A human rights approach
Publishing organization: OHCHR
Date published: 2008
Brief summary: This publication provides a stark status update of the millennium goals, and why many of them are not on track to be realized.
Link: http://www.ohchr.org/Documents/Publications/Claiming_MDGs_en.pdf

International Guidelines on HIV/Aids and Human Rights (with revised Guideline 6)
Publishing organization: OHCHR and UNAIDS
Date published: 2006 (1998, 2002)
Brief summary: This is a consolidation of the 1998 and 2002 reports. Additionally, some minor changes occurred such as shortening "HIV/AIDS" to "HIV."
Link: http://data.unaids.org/Publications/IRC-pub07/jc1252-internguidelines_en.pdf
http://www.ohchr.org/Documents/Publications/HIVAIDSGuidelines_ar.pdf (in Arabic)

Frequently asked questions on a human rights-based approach to development cooperation
Publishing organization: OHCHR
Date published: 2006
Brief summary: The publication sets out a human rights approach to the MDGs and identifies entry points at the policy level as well as for country-level programming and advocacy.
Link: http://www.ohchr.org/Documents/Publications/FAQen.pdf

ANNEX 3: LIST OF CAPACITY BUILDING COURSES

INTENSIVE COURSES

Third International Intensive Course on Health and Human Rights
Organizing institution: University of New South Wales, the Initiative for Health and Human Rights
Course description: The course establishes the key concepts and frameworks of the three domains of health, development and human rights, before exploring the reciprocal links between the three fields and developing this understanding through practical case studies in daily workshops.
Upcoming Dates: 7 - 11 December 2009
Web link: http://www.ihhr.unsw.edu.au/initiative/courses.html

Health and Human Rights
Organizing institution: University of Heidelberg Department of Tropical Hygiene and Public Health, Germany
Course description: This course covers the general concepts and principles of human rights, their relationship to, and impact within the health sector.
Upcoming Dates: Annual
Web link: http://www.klinikum.uni-heidelberg.de/Human-Rights.108377.0.html

Local responses to HIV/AIDS from a rights perspective: planning and implementation
Organizing institution: Royal Tropical Institute, The Netherlands
Course description: Evidence-based HIV/AIDS intervention strategies for prevention, care and support and mitigation of impact are presented, and questions such as which type of knowledge is needed to carry out effective HIV/AIDS interventions, which research questions to look at and how to translate research outcomes into interventions are examined. Approaches for scaling up effective strategies are also discussed, as are concepts of gender and rights-based programming for HIV/AIDS.
Upcoming Dates: Start date: April 22, 2009 with a duration of three weeks.
Web link: http://www.kit.nl/smartsite.shtml?ch=FAB&id=15667

Gender mainstreaming in health: a practical approach
Organizing institution: Department of Gender, Women and Health, World Health Organization
Course description: Aimed at health managers working at the country level, or public health professionals in international, national or community based organizations, this workshop is based on the WHO Gender Mainstreaming Manual, comprised of several tools for practical use. The manual contains three modules, conceptually organized around answering the questions "What do we know?", "What can we do?"; focusing on how to actually *do* gender mainstreaming. Comprised of facilitator and participant guides, the manual is best used by people who want to integrate gender, with a focus on programmes/policies. It transfers skills for Gender Mainstreaming (GMS), and has led to the development or strengthening of existing plans of action to integrate gender where used. Based on participatory learning, the manual engages facilitators and participants through a process of awareness raising to a hands-on application of concepts in gender analysis and gender-responsive programming in a ***3-4 day workshop***, depending on the level of understanding of participants on gender issues, and the desired outcome of the workshop.
Upcoming Dates: Not applicable - according to country requests.

DISTANCE LEARNING

Health and Human Rights
Organizing institution: InWent Capacity Building International in collaboration with the World Health Organization
Course description: This online training intends to generate increased clarity and understanding about the important synergy between health and human rights. It is developed with a broad target audience in mind comprising public health and human rights practitioners, WHO staff and other UN agencies, government officials, NGOs, etc.
Upcoming Dates: 2 Nov. 2009 - 30 April 2010
Web link: http://gc21.inwent.org/health-demo
Logon: Username- guest, Password- guest

Organizing institution: Department of Gender, Women and Health, World Health Organization
Course: WHO e-learning series on Gender and Health: Awareness, Analysis and Action
Course description: The e-learning series is designed to raise awareness and initiate the building of basic skills for gender analysis and its application in a public health context. It is *not* intended to replace face-to-face training sessions that are better for deepening the skills required for gender analysis and response. The e-learning series is primarily intended for use by WHO staff in all functions (including senior management) in headquarters, regions and country offices - as a means to strengthen institutional capacity in supporting Member States.
Upcoming Dates: Not applicable - to be available via weblink and CD Rom in 2009.

International Diploma Mental Health Law and Human Rights
Organizing institution: Indian Law Society Law College and WHO Mental Health Improvements for Nations Development (MIND)
Course description: The one-year Diploma in Mental Health Law and Human Rights was launched in October 2008, by the Indian Law Society in collaboration with WHO/HQ. The course is instrumental in building capacity in countries to promote the rights of persons with mental disabilities in line with the UN Convention on the Rights of Persons with Disabilities and other international human rights standards. The course provides students with the opportunity to develop knowledge and expertise in the area of mental health, human rights and law, and equips them with essential skills to be able to advocate for human rights and actively participate legal and policy reform. The one year Diploma includes both residential sessions and distance learning and is taught by a faculty of renowned international experts. The course will appeal to a wide range of people interested in this area including health and social workers, lawyers, policy makers, legislators, service users/survivors, families of service users/survivors and government officials.
Upcoming Dates: Applications for this academic year (2009-2010) can be submitted online at: http://www.mentalhealthlaw.in/admission.html
Web link: www.mentalhealthlaw.in

ANNEX 4 USEFUL WEBSITES

United Nations Development Programme
UN Human Rights Policy Network (HuriTALK)
http://www.undp.org/governance/programmes/huritalk.htm

World Health Organization
Health and Human Rights
http://www.who.int/hhr/en/

World Health Organization
Gender, Women and Health
http://www.who.int/gender/en/

United Nations Office of the High Commissioner for Human Rights
Office of the High Commissioner for Human Rights
http://www.ohchr.org/EN/Pages/WelcomePage.aspx

UNAIDS
http://www.unaids.org/en/PolicyAndPractice/HumanRights/default.asp
http://www.unaids.org/en/PolicyAndPractice/Gender/default.asp

Health and Human Rights Info
http://www.hhri.org/

University of Minnesota
Human Rights Library
http://www1.umn.edu/humanrts/

People's Decade of Human Rights Education
The Human Right to Health
http://www.pdhre.org/rights/health.html

Gender Equity Index by Social Watch
Shows trends in bridging the gap between men and women in education, the economy and empowerment
http://www.socialwatch.org/en/avancesyRetrocesos/IEG_2008/index.htm

Cynthia Nelson Institute for Gender and Women's Studies (IGWS)
Resources nexus through which research projects, conferences, workshops, policy debates and educational programs on gender issues are engaged.
http://www.aucegypt.edu/ResearchatAUC/rc/IGWS/Pages/default.aspx

Centre for Arab Women Training and Research (CAWTAR)
Independent regional Institution promoting gender equality in the Arab World through Research, Training, Networking and Advocacy.
http://www.cawtar.org/

Gender and Disaster Sourcebook
One-stop user-friendly electronic guide featuring information on the link between gender equality and disaster risk.

http://www.gdnonline.org/sourcebook/index.htm

Gender and Health Collaborative Curriculum Project (GHCCP)
Collaborative, web-enabled medical curriculum that integrates gender and health into all aspects of medical education and includes stand-alone online learning modules that focus on gender in specific domains of medical education.
http://www.genderandhealth.ca/en/modules/

Women Watch
Central gateway to information and resources on the promotion of gender equality and the empowerment of women throughout the United Nations system, including the United Nations Secretariat, regional commissions, funds, programmes, specialized agencies and academic and research institutions.
http://www.un.org/womenwatch/osagi/index.html

ANNEX 5: LISTSERVS/NEWSLETTERS/JOURNALS

Health and Human Rights: An International Journal
http://www.hhrjournal.org/index.php/hhr
Register to Notified by email on publication of an issue of the journal
Subscribe for periodic updates

Amnesty International
News for Health Professionals
For a free subscription write to: Health@amnesty.org

Doctors for Human Rights
http://www.doctorsforhumanrights.org/index.php?php=true&content=register&title=Register

BioMed Central
International Health and Human Rights
http://www.biomedcentral.com/bmcinthealthhumrights/

Health and Human Rights Info Newsletter
Sign up by sending an e-mail to: postmaster@hhri.org

International Federation of Health and Human Rights Organizations
Sign up by sending an e-mail to: ifhhro@ifhhro.org

Partners in Health
E-bulletin
http://pih.org/home.html#

WHO EMRO Gender and Health Listserv
To subscribe send an email to ghd@emro.who.int with 'subscribe GHL' in the body of the message.

Equity, Health & Human Development
Sign up by sending an email to: http://listserv.paho.org/Archives/equidad.html