

Adaptation of material belonging to

Training Session Plan

**Health as a Human Right – The Basics**  
**The framework with case studies from Africa**



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## **The International Federation of Health and Human Rights Organisations (IFHHRO)**

*IFHHRO forms a unique network of active organisations committed to the protection and promotion of health related human rights. Members and observers are human rights groups which address health-related rights violations, medical associations involved in human rights work, and organisations that have been created specifically to mobilize health workers for human rights protection.*

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## Learning Objectives

- To become familiar with the scope and content of health as a human right
- To gain understanding of what the different elements of a human rights approach to health mean in practice



## Target Group

Health workers with little knowledge about Human Rights.



## Duration

90 minutes



## Materials

- A4 paper in two colours
- Eight sheets of flipchart paper (or a big wall)
- Masking tape or Blu-Tack
- Markers
- A5 paper



## Training Aids

1. Case studies
2. Background note – what do participants need to know about the right to health?
3. Case studies and the AAAQ
4. Overview cards – headers
5. Overview cards – elements



## Handouts

1. Right to Health Framework



## Session Plan

*This training session is an adaptation of the session plan 'Health as a Human Right- the basics'. Part of the human rights framework is combined with case studies from Africa to give the session a more regional focus. If the target group has very limited knowledge of human rights, the game 'Stepping into Human Rights' can be used as a preliminary introduction. All these sessions can be found online in the IFHHRO training manual "Human Rights for Health Workers at [www.ifhhro-training-manual.org](http://www.ifhhro-training-manual.org).*

### **Preparation**

Study Training Aids 1, 2 and 3.

Print copies of the case studies (Training Aid 1).

Print the overview cards on coloured paper (Training Aids 4 & 5). Use one colour for the headers, and one colour for the cards with the different elements of health as a human right.

Hang up 4 sheets of flipchart paper where all participants will be able to see them.

Sheet 1 is for: Meaning of the Right to Health (hang a second empty sheet underneath)

Sheet 2 is for: Health as a Human Right

Sheet 3 is for: Source of the Right to Health

Sheet 4 is for: Government Obligations (hang a second empty sheet underneath)

The headers can already be pasted on the sheets.

### **Step 1 Introduction (5 minutes)**

Tell the participants that this session will focus on health as a human right.

Next, ask the participants the following question: “Do you think health is a human right?”

This is an inventory, do not ask for further explanation, but only count how many of the participants answered ‘yes’ or ‘no’. Write these numbers on a flipchart.

### **Step 2 Case studies (20 minutes)**

Divide the participants into four groups and provide each group with a case study, a marker and sheets of A5 paper. Ask the groups to identify all the problems in the case study and to write each problem on a separate sheet of paper.

### **Step 3 Meaning of the right to health (15 minutes)**

Inform the participants that the right to health will be explained by creating an overview with coloured cards.

Begin with the additional explanation about the meaning of the right to health included in the background note (Training Aid 2). Hang up the right to health definition (card 1). Then ask what types of services and goods are referred to in the definition; this is not only health care (card 2), but also underlying determinants of health (cards 3, 4 & 5).

An overview has now been created of the general content of the right to health. Go into more detail by giving the additional explanation. Then hang up the four standards (AAAQ) that are applicable to health services, goods and facilities (6 available, 7 accessible, 8, acceptable, 9 good quality) and explain the meaning of each standard.

### **Step 4 Linking cases studies to the AAAQ (20 minutes)**

Ask the groups to link the problems identified in the case studies to the AAAQ and place these next to the relevant standard. Ask one member of each group to present the case study, the problems and the links with the standards. If necessary, give further explanation and address links that were not mentioned (see Training Aid 3).

### **Step 5 Sources and obligations (15 minutes)**

Continue with the overview by explaining the four important characteristics of human rights and hanging up the corresponding cards (numbers 10, 11, 12, 13).

Follow with the additional explanation from the background note on Sources of the Right to Health. Name the International Covenant and the African Charter as examples and hang up the corresponding cards (cards 14, 15, 16, 17).

End with the additional explanation on government obligations and the cards with the three categories of obligations; respect, protect and fulfil (cards 18, 19, 20).

**Step 6      Discussion question (10 minutes)**

Ask the participants the same question as at the beginning: "Do you think health is a human right?"

Ask participants to explain their opinion. Ask participants who changed their opinion why they did so.

**Step 7      Conclusion (5 minutes)**

Explain to participants that the overview of the right to health contains the basic information to be able to start thinking about what this right can mean for them in practice. Conclude the session by pointing out that problems in the health sector can be linked to the right to health.

## Training Aid 1 – Case studies

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### Case 1

56 year old Ibrahim presented to the village clinic with complaints of fever, headache and general body weakness. After listening to his complaint the nurse on duty simply gave him some tablets of antipyretic (paracetamol). She did not bother to check his vital signs (temperature, pulse rate, blood pressure) or give him proper physical examination.

Two days later, Ibrahim was brought back to the clinic, with inability to move his right upper and lower limbs, and difficulty with vocalization. His wife narrated that he suddenly fell down while coming out of the bathroom.

Clinical examination revealed a blood pressure of 230/15 mmHg. Diagnosis was made of a stroke secondary to uncontrolled blood pressure.

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### Case 2

6 year old Hadiza lives with her parents in Tunga village. Tunga village does not have a health centre. The nearest health facility to the village is rural hospital Sahon-rami, which is about 1,5 hours away by motorcycle.

October 21 Hadiza becomes sick. Her father manages to bring her to the rural hospital after many hours of travelling. They arrive at the hospital at 10.30 pm but cannot see the doctor until 2 am because of the long line of patients who are already waiting to see the only doctor working in the hospital.

Hadiza is diagnosed with severe malaria. The doctor prescribes medications. At the pharmacy Hadiza's father finds out that the total cost of the prescribed drugs is 5 dollars. He has only 2 dollars and can therefore buy only a fraction of the drugs prescribed. He tries to plead with the pharmacist but is told that the free anti-malaria drugs provided by the government have been out of stock for the past three months.

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### Case 3

Most remote villages in rural Mashegu do not have functional modern health facilities. Even the few villages that have basic health posts are dilapidated and lack medical equipment and supplies. In some of these health posts, the lack of basic equipments such as screens has made it difficult for patients to be examined in privacy. On many occasions, patients are examined in open spaces in the full glare of other people, without any consideration given to their dignity as human beings that deserve privacy. As a result of this practice, a lot of villagers are now refusing to attend the clinics for fear of their privacy being compromised.

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### Case 4

Due to the incessant cases of gun battles and shootouts between state security forces and armed robbers the government has enacted a law that makes it mandatory for all cases of gunshot wounds to be reported to the police before treatment can be instituted. The main reason is that this will help track armed robbers that were shot by security forces.

45 year old Maku, a successful grain seller, is shot by unknown gunmen while returning from the market. He needs urgent life-saving treatment and is rushed to the nearest health facility by a good samaritan. However, on reaching the hospital, the health workers at the facility demand a police report before they can institute treatment. Unfortunately, before the police report can be obtained, Maku dies of excessive blood loss secondary to gunshot wounds.

## Training Aid 2 – Background Note

### What do participants need to know about the right to health?

This background note contains the general outline for an introductory overview of the right to health. The numbers correspond with overview cards that will be pasted on different sheets of flipchart paper to create a complete overview.

#### Flipchart Sheet # 1 – Meaning of the Right to Health

Additional explanation: The right to health is not a right to be healthy, as good health is influenced by a number of factors that a government has no control over such as genetics or risky lifestyles. The right to health is therefore a right to the *highest attainable* standard of physical and mental health.

In detail this means the right to health contains:

1. (Definition) Right to the enjoyment of a range of facilities, goods, services, and conditions necessary for the realization of the highest attainable standard of health
2. Health care
3. Underlying determinants of health
4. *Potable water*
5. *Safe working conditions*

Additional explanation: There are four essential standards that the right to health imposes on health services, goods and facilities. These are underlying criteria that a government must make progress on in order to realize the right to health. Together they are often referred to as 'triple A Q' (AAAQ)

6. **A** Available in sufficient quantity
7. **A** Accessible to everyone  
This includes:
  - Physical accessibility
  - Financial accessibility
  - Accessible on the basis of non-discrimination
  - Access to health related information
8. **A** Acceptable  
Respectful of human dignity and medical ethics.  
Sensitive to local needs, gender and life-cycle requirements.
9. **Q** Good Quality

#### Flipchart Sheet # 2 – Health as a Human Right

Introduction: Health is a human right, this means it is:

10. Fundamental – to human survival, dignity and development
11. Universal – it applies to everyone everywhere
12. Inalienable – it cannot be taken away from a person
13. Indivisible – it is closely connected to other human rights

#### Flipchart Sheet # 3 – Source of the Right to Health

Additional explanation: Another feature of human rights is that they are legally protected. The right to health can therefore be found in international human rights law, regional human rights law and national laws.

The most comprehensive article on the right to health at the international level can be found in:

14. International Covenant on Economic, Social and Cultural Rights

15. *Article 12(1) The States Parties to the present Covenant recognize the right of everyone to the enjoyment of the highest attainable standard of physical and mental health.*

The right to health is also contained in regional documents including:

16. African Charter on Human and Peoples' Rights

17. *Article 16 (1) Every individual shall have the right to enjoy the best attainable state of physical and mental health. (2) States parties to the present Charter shall take the necessary measures to protect the health of their people and to ensure that they receive medical attention when they are sick.*

#### **Flipchart Sheet # 4 – Government Obligations**

Additional explanation: These legal human rights instruments that contain the right to health impose obligations on governments. As can be seen from the examples above the right to health is formulated very broadly. To get better insight into what governments should and shouldn't do to realize the right to health the obligations can be divided into three categories.

18. Respect – refrain from violating the right to health

19. Protect – prevent others from violating the right to health

20. Fulfil – take measures necessary for the realization of the right to health

#### **Additional Resources**

OHCHR/WHO, *Fact Sheet No. 13 The Right to Health*

Online: [www.ohchr.org/Documents/Publications/Factsheet31.pdf](http://www.ohchr.org/Documents/Publications/Factsheet31.pdf)

WHO, *25 Questions and Answers on Health and Human Rights*

Online: [www.who.int/hhr/activities/en/25\\_questions\\_hhr.pdf](http://www.who.int/hhr/activities/en/25_questions_hhr.pdf)

**Training Aid 3 – Case studies and the AAAQ**

Standards	Case 1	Case 2	Case 3	Case 4
<b>Available</b>	not enough educated doctors	not enough doctors long waiting line, late treatment not enough free anti-malarials	no health facilities in many villages health posts lack medical equipment and supplies	
<b>Accessible</b>	no proper information	rural hospital very far costs of medicine too high		no access to treatment for gunshot wounds without police report
<b>Acceptable</b>			medical examinations without privacy villagers refuse to attend clinics for fear of compromising their privacy	denial of emergency treatment
<b>Good Quality</b>	wrong diagnosis negligence no proper physical examination were nurses educated?		dilapidated health posts	

**Handout 1 – Right to Health Framework**

**Meaning of the right to health**

*Right to the enjoyment of a range of facilities, goods, services, and conditions necessary for the realization of the highest attainable standard of health*

Health care

Underlying determinants  
*Potable water  
Safe working conditions*

**Available**  
in sufficient quantity

**Accessible**  
to everyone

**Acceptable**  
respectful of human dignity

**Good Quality**

**Health as a human right**

**Fundamental**  
To human survival, dignity and development

**Universal**  
It applies to everyone everywhere

**Inalienable**  
It cannot be taken away from a person

**Indivisible**  
It is closely connected to other human rights

**Source of the right to health**

International Covenant on Economic, Social and Cultural Rights

*Article 12(1) The States Parties to the present Covenant recognize the right of everyone to the enjoyment of the highest attainable standard of physical and mental health.*

African Charter on Human and Peoples' Rights

*Article 16: (1) every individual shall have the right to enjoy the best attainable state of physical and mental health  
(2) States party to the Charter should take all necessary measures to protect the health of their people and to ensure that they receive medical attention when they are sick*

**Government obligations**

**Respect**  
Refrain from violating human rights

**Protect**  
Prevent other from violating human rights

**Fulfil**  
Take measures necessary for the realization of human rights