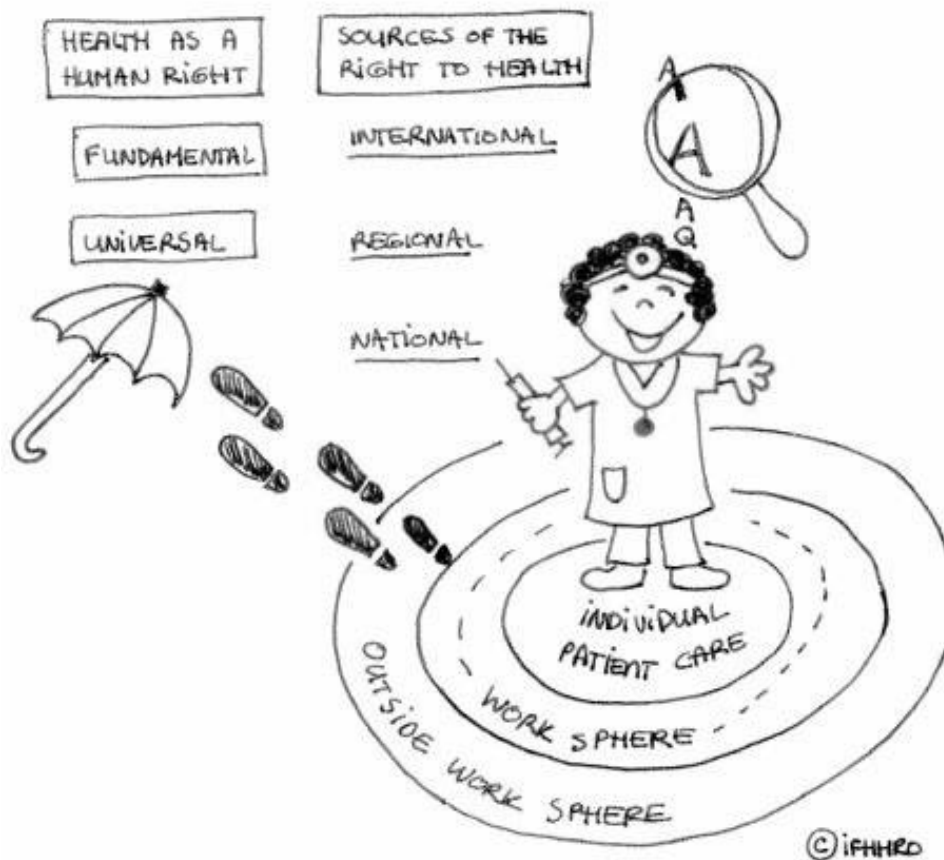




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Human Rights for Health Workers – An IFHHRO Training Manual

Syllabus



The *Human Rights for Health Workers – IFHHRO Training Manual* shares materials developed to train health workers in health and human rights issues. It intends to bridge the gap between the legal conceptualization of the right to health and the daily practice of health workers by providing human rights education materials specifically designed for them. The manual is available in English, [Russian](#), [French](#) and [Spanish](#).

The Training Manual was developed by Rosalinda Terhorst and Alicia Dibbets in 2010. All session plans can be found on the IFHHRO website. They can be easily accessed by clicking on the links in this syllabus.

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Cover illustration: Rosalinda Terhorst

The mission of IFHHRO | Medical Human Rights Network is to mobilize health workers for the worldwide progressive realization of health-related human rights. Our vision is the full enjoyment of health-related human rights by everyone at all times.

www.ifhro.org

info@ifhro.org

Introduction

Have you ever asked health workers what the relationship is between their work and human rights? You will most probably be met with puzzlement and miscomprehension.

Few health workers have an explicit understanding of what human rights can mean in relation to their work. The Human Rights for Health Workers – IFHHRO Training Manual aims to bring a change in this situation by providing detailed training session plans that can be used to raise awareness among health workers about health and human rights.

Basic knowledge on human rights

Human rights education is generally not integrated in medical and nursing school curricula and most health workers have limited knowledge about human rights. When introducing health workers to human rights it is extremely important not to overwhelm them with only legal information. This is why the relation between health-related human rights and the daily work of a health worker plays a central role in most of the session plans provided in the *Human Rights for Health Workers – IFHHRO Training Manual*.

Health workers do not need to become human rights specialists, but having basic knowledge does matter. In their daily work health workers need to take decisions that can mean the difference between the protection or the violation of human rights. What exactly health workers need to learn depends on the country they work in, their specialisation and their previous knowledge about human rights.

Participatory training approach

There is no fixed format for a human rights training programme for health workers.

Experience learns that it is possible to interest health workers in human rights as long as they can establish a connection with their own work. An effective way to do this is by using a participatory training approach based on the principles of adult learning in which recognizable situations are used as a starting point to stimulate new insights.

It is this way of thinking that forms the basis for all the session plans available on this website. All session plans have been tried out during IFHHRO trainings. Some session plans are suitable for all trainings, others need to be adapted to the local situation, the learning objectives, or the target group.

In this syllabus, you will find suggestions for several one- or two-day trainings on the following issues:

- [Health and Human Rights \(One-Day Training\)](#)

- [Access to Pain Treatment and Human Rights \(One-Day Training\)](#)
- [Sexual and Reproductive Health Rights \(One-Day Training\)](#)
- [Human Rights Mechanisms \(One-Day Training\)](#)
- [Health Workers as Human Rights Actors \(Two-Day Training\)](#)

Contents

The IFHHRO Training Manual consists of 6 basic parts, each of which contains three or more session plans.

1. Suggestions for planning a training:

- [One-Day Training – Health and Human Rights](#)
- [One-Day Training – Access to Pain Treatment and Human Rights](#)
- [One-Day Training – Sexual and Reproductive Health Rights](#)
- [One-Day Training – Human Rights Mechanisms](#)
- [Two-day training – Health Workers as Human Rights Actors](#)

2. Suggestions for the introduction of the participants and the programme:

- [Puzzling with Human Rights – Introducing participants and the subject](#)
- [Definition Game – Introducing participants and the subject](#)
- [Keeping all the Balls in the Air – Introducing participants and the subject](#)

3. Essential basic information on health and human rights:

- [Stepping into Human Rights – An introductory board game](#)
- [Stepping into the Right to Health – Combining the board game with the basics of the right to health](#)
- [Further Steps – Linking the human rights framework to a health issue](#)
- [Human Rights Tools](#)
- [Health as a Human Right – the basics](#)
- [One Big Family – A role play about the link between health and human rights](#)
- [Adaptation of material Stepping into Human Rights – emphasis on UN Human Rights Treaties](#)
- [Adaptation of material Stepping into Human Rights – with a regional emphasis](#)
- [Adaptation of material Stepping into Human Rights – emphasis on patient care](#)
- [Adaptation of Health as a Human Right – the framework with case studies from Africa](#)

4. Health workers and human rights:

- [Would've Could've Should've – The role of health workers in human rights issues](#)
- [Would've Could've Should've – The role of health workers in sexual and reproductive rights issues](#)
- [Mind Your Step – Human rights and human wrongs in health worker practice](#)
- [Dual Loyalty and Human Rights – Caught between two players](#)
- [Spheres of Influence – Health workers and human rights](#)
- [Site Visits – Applying the AAAQ framework in health institutions](#)
- [Steps for Change – Human rights action by health workers](#)

5. Different health issues in relation to human rights:

- [Everyday Stories – An introduction to sexual and reproductive health rights](#)
- [Introduction to Mental Health and Human Rights](#)
- [Barriers to Access to Pain Treatment](#)
- [Access to Pain Treatment as a Human Rights Issue – The Basics](#)
- [Introduction to Palliative Care and Human Rights](#)
- [Domestic Violence, Health Care Providers & Human Rights](#)
- [Introduction to Human Rights in Patient Care](#)
- [Introduction to Harm Reduction and Human Rights](#)
- [Sexual Health and Human Rights – A triplet game with special focus on LGBT persons and sex workers](#)
- [Examining, Documenting and reporting Torture – An introductory session](#)

6. Human rights mechanisms:

- [The Reporting Procedure Under UN Human Rights Treaties & Civil Society](#)
- [The UN Special Rapporteur on the Right to Health & Civil Society](#)
- [Human Rights for Everybody? An introduction to discrimination as human rights violation](#)

Components

All sessions are structured in the same way and consist of the following components:

- *Learning objectives*: explains what participants should have learned at the end of the session
- *Target group*: identifies the type of group for which the session is appropriate
- *Duration*: gives the recommended duration of the session
- *Training materials*: gives a list of stationery and supplies needed during the session
- *Training aids*: lists any supporting tool(s) that are provided at the end of the session plan
- *Handouts*: lists documents to distribute also provided at the end of the session plan
- *Session plans*: a step by step guide for training delivery including indication of time

Frequently Asked Questions

Can I use the materials for free?

Yes, you can use and reproduce all the training materials provided that the source is specified.

I like a specific session plan but the case study used is not suitable for my target group, what should I do?

The session plans are meant to give you suggestions about how to structure a session and which method might be useful. Of course you should change it according to the needs of your target group. Feel free to use different case studies, to change the script of a role play, or otherwise adapt it to the local situation.

May I translate the materials?

IFHHRO welcomes applications for rights of translation. Please take the following rules into account:

- © IFHHRO and IFHHRO logo on the cover page
- Name(s) of author(s) on the cover page
- Name of translator on the cover page under authors
- The same layout as the original version
- A copy of the translated material should be sent to IFHHRO. All translations will be published on the IFHHRO website.

One-Day Training – Health and Human Rights

Suggestion for an introductory one-day training on health and human rights:

60-90 minutes	Welcome & Introduction <u>Puzzling with Human Rights</u> <i>Introduction participants</i> <i>Introduction programme</i>
15-30 minutes	Break
60-90 minutes	Session 1 <u>Stepping into Human Rights</u> <i>An introductory board game</i>
1 hour	Lunchbreak
90 minutes	Session 2 <u>Human Rights Tools</u> <u>Health as a Human Right – The Basics</u> <i>Introduction to the right to health through questions and answers</i>
15-30 minutes	Break
90 minutes	Session 3 <u>Would've Could've Should've</u> <i>The role of health workers in human rights issues</i>



- To gain basic knowledge on human rights
- To gain perspective on practical ways in which the human rights approach can be used to address health issues
- To become familiar with the scope and content of health as a human right
- To understand the roles health workers (can) play in relation to health related human rights



Health workers with an interest in human rights and limited to no knowledge about health related human rights



360 minutes

Welcome and Introduction

The day starts with a brief introduction of the participants through an activity. Pictures of human rights issues which have been cut into half are distributed among the participants. Each participant has to look for the other half. This activity provides the facilitator a quick scan of the level of human rights awareness and expertise among participants and might already raise issues for discussion during later sessions. Introduce the programme after all participants have been introduced.

Stepping into Human Rights

By playing a board game basic questions and answers about human rights are raised. While playing the game participants are encouraged to think of answers to these questions and to remember them, to get ahead in the game. The information provided in the game is an introduction to essential terms that receive further attention in the following session.

Health as a Human Right

To create a new perspective among participants on the different uses of the human rights framework this session starts with a brainstorm activity. Actual tools, for example, a ladder, whistle, rope or an umbrella are used as a symbol for the practical application of human rights to health issues. Participants have to come up with examples of how these “human rights” tools can help them in solving a health issue from their daily work.

This exercise is followed by an overview showing elements and examples of health as a human right. This overview is assembled together with the participants by spreading cards

among them and asking targeted questions about different aspects of health as a human right which need to be answered with the cards. The information from the game board is repeated and explained in more detail.

At the end of the session participants are requested to see how their tool from the beginning of the session fits into the overview.

The Role of Health Workers in Human Rights Issues

This session focuses on the role health workers can play in relation to health related human rights. The session begins with a personal story from a health worker as an illustration of a patient care situation with human rights implications. All the actors that play a role in this story are placed into an overview. Afterwards the participants pose each other a series of questions in pairs to become aware of their own standpoint towards the possible roles of health workers. The session concludes with a diagram to illustrate the different spheres in which health workers can play a role.

Conclude the day with a summary.

One-Day Training – Access to Pain Treatment and Human Rights

For a one-day training on access to pain treatment and human rights the following programme is suggested:

1 hour to 90 minutes	Welcome & Introduction <u>Definition Game</u> <i>Introduction participants</i> <i>Introduction programme</i>
15-30 minutes	Coffee/tea
90 minutes	Session 1 <u>Barriers to Access to Pain Treatment</u> <i>Case studies to introduce the issue</i>
1 hour	Lunch
90 minutes	Session 2 <u>Human Rights Tools</u> <u>Access to Pain Treatment as a Human Rights Issue – The basics</u> <i>Introduction to the issue through questions and answers</i>
15-30 minutes	Coffee/Tea
90 minutes	Session 3 <u>Dual Loyalty and Human Rights – Caught between two players</u> <i>A dual loyalties role play about access to pain treatment</i>



- To gain knowledge on barriers to access to pain treatment
- To recognize that access to pain treatment can be viewed as a human rights issue.
- To understand what the different elements of a human rights approach to access to pain treatment mean in practice
- To be able to recognize dual loyalty situations in relation to pain treatment



Health workers



360 minutes

Welcome & Introduction

The day starts with an introduction of the participants and programme through an activity. Definitions relevant to the training topic are distributed among participants. The terms are separated from the definition. All participants receive either a term or a definition. Everyone has to look for the matching piece. When a match is found participants introduce themselves to each other. Together they have to take a look at the training programme and decide to which session they think their definition applies. At the end all participants introduce each other in plenary and all definitions are placed in the programme.

Relevant definitions can be taken from the glossary of the Palliative Care chapter from Health and Human Rights: A Resource Guide at equalpartners.info/index.html

Barriers to Access to Pain Treatment

To gain understanding of existing barriers to access to pain treatment participants will work with case studies in groups. All barriers found in the case studies are presented in an overview in plenary. The session ends with a discussion about where different kind of barriers originate.

Human Rights Tools & Access to Pain Treatment as a Human Rights Issue

To create a new perspective among participants on the different uses of the human rights framework in relation to access to pain treatment the session starts with a brainstorm activity. Actual tools, for example, a ladder, whistle, rope or an umbrella are used as a symbol for the practical application of human rights. Participants have to come up with examples of how

these “human rights tools” can help them in addressing one of the barriers to access to pain treatment.

This exercise is followed by an overview showing elements and examples of access to pain treatment as a human right. This overview is assembled together with the participants by spreading cards among them and asking targeted questions about different aspects of access to pain treatment as a human right which need to be answered with the cards.

At the end of the session participants are requested to see how their tool from the beginning of the session fits into the overview.

Dual Loyalty and Human Rights

During this session plan role playing is used to familiarize participants with dual loyalty and human rights in health worker practice. For this programme the role play script about access to pain treatment needs to be selected. Participants will be asked to act out this role play about a dual loyalty conflict where a nurse is not allowed to give a patient with pain more medication. The participants then need to come up with possible alternative actions by the nurse that could change the situation. The session concludes with a discussion on different strategies to address dual loyalty conflicts.

Conclude the day with a summary.

One-Day Training – Sexual and Reproductive Health Rights

Suggestion for an introductory one-day training on sexual and reproductive health rights and the role of health workers:

60-90 minutes	Welcome & Introduction <u>Definition Game</u> <i>Introduction participants</i> <i>Introduction programme</i>
15-30 minutes	Break
90 minutes	Session 1 <u>Stepping into Human Rights</u> <i>An introductory board game</i> <u>Further Steps</u> <i>Linking the human rights framework to sexual and reproductive health rights</i>
1 hour	Lunch Break
90 minutes	Session 2 <u>Everyday Stories</u> <i>An introduction to sexual and reproductive health rights</i>
15-30 minutes	Break
90 minutes	Session 3 <u>Would've Could've Should've</u> <i>The role of health workers in sexual and reproductive rights issues</i>



- To gain basic knowledge on human rights
- To be able to identify sexual and reproductive rights issues
- To link sexual and reproductive rights issues to everyday work
- To understand the roles health workers (can) play in relation to sexual and reproductive health rights



Health workers with limited knowledge about human rights and an interest in sexual and reproductive health rights



360 minutes

Welcome and Introduction

The day starts with an introduction of the participants and programme through an activity. Definitions relevant during the training are distributed among participants. The terms are separated from the definition. All participants receive either a term or a definition. Everyone has to look for the matching piece. When a match is found participants introduce themselves to each other. Together they should have a look at the training programme and decide to which session they think their definition applies. Finally, all participants introduce each other in plenary and all definitions are placed in the programme.

Stepping into Human Rights and Further Steps

By playing a board game basic questions and answers about human rights are raised. While playing the game participants are encouraged to think of answers to these questions and to remember them, to get ahead in the game. The information provided in the game is an introduction to essential terms related to human rights. After playing the board game a connection will be made between the human rights framework and sexual and reproductive health rights.

Every Day Stories

Building upon the message from the previous session participants will now focus on identifying sexual and reproductive rights issues and link them to the everyday work of the health worker. The session starts with an exercise in which four stories are compiled by the participants using pictures. Each story addresses different sexual and reproductive health rights issues. Essential elements of a human rights approach to sexual and reproductive rights are linked to these stories. The session concludes with a discussion about how the

important human rights issues can be identified and how to use the elements of a human rights based approach to change the situations from the stories in a positive way.

The Role of Health Workers in Human Rights Issues

At the end of the day, the role health workers can play in relation to sexual and reproductive rights is discussed. The session starts with a personal story from a health worker as an illustration of a patient care situation with human rights implications. All the actors that play a role in this story are placed into an overview. Afterwards the participants pose each other a series of questions in pairs to become aware of their own standpoint towards the possible roles of health workers in relation to sexual and reproductive health rights issues. The session concludes with a diagram to illustrate the different spheres in which health workers can play a role.

Conclude the day with a summary.

One-Day Training – Human Rights Mechanisms

For a one-day training on human rights mechanisms the following programme is suggested:

1 hour to 90 minutes	Welcome & Introduction <u>Human Rights Tools</u> <i>Introduction participants</i> <i>Introduction programme</i>
15-30 minutes	Coffee/tea
80 minutes	Session 1 <u>Stepping into Human Rights Emphasis on UN human rights treaties</u> <i>An introductory board game</i>
1 hour	Lunch
100 minutes	Session 2 <u>The Reporting Procedure under UN Human Rights Treaties & Civil Society</u> <i>Creating a visual timeline of the procedure</i>
15-30 minutes	Coffee/Tea
90 minutes	Session 3 <u>The UN Special Rapporteur on the Right to Health & Civil Society</u> <i>Introductory quiz and options for civil society involvement</i>



- To gain perspective on practical ways in which the human rights can be used to address health issues
- To gain basic background knowledge on UN human rights mechanisms
- To gain knowledge of the UN Human Rights Treaty monitoring process and the UN Special Rapporteur on the Right to Health
- To understand how civil society actors can be involved in the treaty monitoring process and the work of the Special Rapporteur



Staff of health organisations with basic knowledge about human rights



360 minutes

Welcome & Introduction

The day starts with an introduction of the participants and the training topic through a brainstorm activity on the different uses of the human rights framework. Actual tools, for example, a ladder, whistle, rope or an umbrella are used as a symbol for the practical application of human rights. Participants are divided into pairs and have to come up with examples of how these “human rights tools” can help them in addressing health related human rights issues from their own countries. After sharing their ideas participants introduce each other.

Stepping into Human Rights

By playing a board game basic questions and answers about human rights are raised. While playing the game participants are encouraged to think of answers to these questions and to remember them, to get ahead in the game. The information provided in the game is an introduction to essential terms that receive further attention in the following sessions.

For this programme the adapted question cards with an emphasis on UN Human Rights Treaties are used.

The Reporting Procedure under UN Human Rights Treaties & Civil Society

During this session a series of coloured cards are used to present participants with a timeline of the different steps in the reporting procedure to UN Treaty Bodies, possible deviations from these steps, and opportunities for the involvement of civil society at each step.

This programme makes use of the short version indicated in the session plan; replacing step 5 and skipping steps 8 and 9.

The UN Special Rapporteur on the Right to Health & Civil Society

This session starts off with a short plenary TRUE/FALSE quiz to introduce participants to the work of the Special Rapporteur. This is followed by group work during which participants are asked to determine how fictional civil society organizations could make use of the work of the Special Rapporteur.

Conclude the day with a summary.

Two-day training – Health Workers as Human Rights Actors

For a two-day training on health workers as human rights actors the following programme is suggested:

DAY ONE

- 60 minutes **Welcome & Introduction**
[Keeping all the Balls in the Air](#)
Introduction participants
Introduction programme
- 15-30 min Coffee/tea
- 90 minutes **Session 1**
[One Big Family](#)
A role play about the relationship between health and human rights
OR
[Dual Loyalty and Human Rights](#)
A role play about human rights in health worker practice
- 1 hour Lunch
- 120 minutes **Session 2**
[Stepping into the Right to Health](#)
A human rights board game and the basics of the right to health
[Human Rights Tools](#)
Looking at how human rights can be used to address health issues
- 15-30 min Coffee/Tea
- 60-90 minutes **Session 3**
[Would've, Could've, Should've](#)
Answering questions on the role of health workers in human rights issues
[Spheres of Influence](#)
Circles on the floor to clarify how human rights influence healthcare

DAY TWO

- 90 minutes **Session 4**
[Steps for Change – Introduction](#)
Analyzing a health care system problem as a human rights issue
- 15-30 min Coffee/tea
- 60 minutes **Session 5**
[Mind Your Step](#)
A decision-making game on human rights issues in health worker practice
- 1 hour Lunch
- 120 minutes **Session 6**
[Steps for Change – Participants’ analysis](#)
Applying the steps to a selected healthcare system problem
- 15-30 min Coffee/Tea
- 60 minutes **Session 7**
[Steps for Change – Outcome](#)
Sharing the outcome of the previous session



- To gain basic background knowledge on human rights and the right to health

- To learn different ways in which health workers can influence human rights issues
- To become aware of their personal standpoint towards the role of health workers
- To understand how problems within a healthcare system can be framed as human rights issues
- To analyse a problem from their own healthcare system as a human rights issue and develop a plan for action



Health workers



800 minutes



Handouts:

1. IFHHRO Publication – [Steps for Change: A human rights action guide for health workers](#)
2. [Templates for Steps for Change](#)

DAY ONE

Welcome & Introduction

Keeping all the Balls in the Air

This exercise serves as an icebreaker and a quick introduction to the relationship between the health profession and human rights. Participants are asked to try and keep balls in the air by tossing them around to each other; first one ball at a time and then three balls at once. Each ball represents a different aspect of a health worker's involvement in human rights: 1) the health worker 2) the work environment 3) the human rights issue.

Explain that each session during this training programme addresses one or a combination of these three aspects. At this point summarize the programme and for each session name which of the three aspects are covered.

Role Plays

For the first session on Day One either of the following two session plans can be used.

One Big Family

This session starts with a comprehensive role play which incorporates different aspects of the relation between health and human rights. The role play is then analyzed by looking at which human rights are relevant and how these are influenced by the actions of the health workers in the role play.

OR

Dual Loyalty and Human Rights

During this session plan role playing is used to familiarize participants with dual loyalty and human rights in health worker practice. For this programme any of the role play scripts can be selected. Participants will be asked to act out one of the role plays about a dual loyalty conflict. The participants then need to come up with possible alternative actions by the health worker that could change the situation. The session concludes with a discussion on different strategies to address dual loyalty conflicts.

Stepping into the Right to Health & Human Rights Tools

This is a three-part combined session including an introductory board game on human rights, an overview of the right to health, and human rights as tools.

The board game covers basic questions about human rights that participants have to answer to get ahead in the game. While playing the game participants also have to create an overview of health as a human right.

During the second part of this session a large version of the overview of 'health as a human right' needs to be pasted on a wall. Instead of doing this while the participants are playing the game (as the session plan indicates) take a little more time to hang up and present the overview after the participants have completed the game.

The third part of this session is a brainstorm activity on the different uses of the human rights framework in relation to health system problems presented by the participants. Actual tools, for example, a ladder, whistle, rope or an umbrella are used as a symbol for the practical application of human rights. Participants have to come up with examples of how these "human rights tools" can help them in addressing an issue they have identified themselves.

For the purpose of this training programme ask participants to come up with a problem from their own health system and to write it down on a card. Carry out the exercise as indicated in

the session plan but also ask the participants to paste the problem they have written down at an appropriate place in the overview created during part two of this session.

Would've, Could've, Should've & Spheres of Influence

This session is another combination of exercises from two session plans.

Start with the Roundabout exercise from the Would've Could've Should've Session Plan (Steps 3 & 4). During this exercise participants pose each other a series of questions in pairs to become aware of their own standpoint towards the possible roles of health workers. (Skip the rest of this Session Plan.)

Continue with the complete Spheres of Influence Session Plan by connecting it to the outcome of the previous exercise. Instead of using the right to health examples provided for in this session plan a few of the problems can be used which the participants identified at the end of the last session.

DAY TWO

Steps for Change – Introduction

This session is an introduction to the IFHHRO publication Steps for Change: A human rights action guide for health workers. During this session an example will be used to illustrate how this Guide can be applied to problems within a health system. At the end of the session participants will be asked to come up with possible actions by health workers. Do not hand out the Guide at the end of the session as indicated in the Session Plan, but wait till the start of Session 6 (Steps for Change – Participants' analysis).

Mind Your Step

This session consists of a game during which health workers are confronted with human rights issues that occur in different health institutions. They have to take decisions leading to a new situation in which another decision needs to be taken. By playing the game health workers will become familiar with different human rights issues and realise that they play an important role in protecting the right of their patients. How far their role reaches depends on multiple factors including their personal values and beliefs, position, connections and abilities.

The discussion at the end of the session can be linked to the outcome of the previous session by asking the participants whether they now have different ideas about the feasibility

of the actions identified.

Steps for Change – Participants' analysis

During this session participants will apply the Steps for Change Guide to their own identified healthcare system problem. The problems identified by the participants at the end of Session 2 can be used as inputs. Participants can each work on their own analysis or small groups can be formed with participants working together on one issue. It is important that the problem identified is from the own experience of at least one of the participants carrying out the analysis.

Hand out the Steps for Change Guide after participants have selected a healthcare system problem to work on. Also hand out the Templates for the Steps for Change. Ask the participants to turn to Section II of the Guide in which the Steps for Change are described.

Briefly explain Step 1 and instruct participants to apply it to their selected problem by filling in the template. Continue in the same way with Steps 2-5. Allow about 20-25 minutes for each Step, and walk around to provide instructions and advice.

Steps for Change – Outcome

At the end of the training participants will have the opportunity to share the results of their Steps for Change analyses and provide each other with feedback on their plans for action.

Conclude the training with a summary.

Users feedback

Very helpful for young trainers

The training manual is very helpful for young trainers. Planning a training session becomes an easy task through it, and the content is very rich and well structured .

We used some activities for the first time in a 3 days training for medical students, active in the students' association, and the second time in one day training for non-health related students interested in human rights and health.

The framework gives the basics we have to know and transmit to the trainees, and the examples makes it very concrete and its adaptation in case studies (the adaptation for Africa) makes it really easier, and lighter, we used it for the 2nd training. "One Big family " was useful in introducing the issue in a participative and funny way, and underlining the relation between health issues and different human rights. Also "the Dual loyalty "concept is very well explained, and insures a better understanding of the role of health workers in health human rights issues, practicing this activity with medical students was very interesting because they were aware about the challenges they will face in their daily work. . The activity "every day stories about sexual and reproductive health " is very interactive and participants like it! Finally we would like to deeply thank the IFHHRO trainers for "Would've, Could've, should've" activity. We find that it is a very important one, because it shows in a clearer view, all what is interfering with health rights facts, identify those who are able to take action, and where could this be and that's the aim of the training in some way.

Sana Sboui and Mayssa Rekhis - Tunisia - April 2012

Very useful

One Big family, Health as a Human Right, Domestic Violence and Everyday stories are the most useful session plans for me. The first two are useful because Right to Health is a relatively new concept in my country. The latter two are useful because many people, especially women, suffer from domestic violence and violation of sexual and reproductive rights. I've found Role Play as the most useful method. This is, I think, because our people believe in those things they see with their eyes!

Anonymous - Asia - September 2011

Practical materials

Thank you very much for the very information and practical materials available. Was introduced to the site through the ESCR-net group in regards to the training.

I am from the Pacific and will try with all effort to get some support to be able to attend the Global Training of Trainers in November. This is very much needed for the Pacific - teaching human rights and its linkages to health issues.

Vani Dulaki - Fiji - Sep 2011