

A HUMAN RIGHTS APPROACH TO
PUBLIC HEALTH:
WHO Capacity Building in the Area of
Children's Rights

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The World Health Organization (WHO) is currently stepping up its efforts to use human rights as an essential element of its work at all levels of the WHO and in countries in which the WHO works. The development of a comprehensive, organization-wide strategy for health and human rights is ongoing, and an increasing number of programs are already undertaking human rights activities in relation to their particular areas of work.

The Department of Child and Adolescent Health and Development (CAH), located in the WHO Cluster for Family and Community Health, has been at the forefront of these efforts. The work of CAH is based on the firm conviction that all children and adolescents should have the means and the opportunity to develop to their full potential. In addition to basic needs, survival, and maximum development, access to health and to health services are fundamental human rights. However, the effective respect, protec-

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tion, and fulfillment of these rights depends on the realization of other rights, including the rights to education and access to appropriate information; to privacy; to protection from all forms of violence; to rest, leisure, and play; to an adequate standard of living; and to participation. Only by recognizing and taking into consideration the universality and indivisibility of the full range of the rights of the child in the process of child and adolescent health planning, programming, and management can children and adolescents enjoy childhood and reach adulthood successfully.

Based on this rationale, CAH decided in early 1998 that the planning and programming of its support to child and adolescent health activities should be guided by the need and obligation to ensure the rights of children and adolescents. Procedures for the respect, protection, and fulfillment of these rights through the UN human rights instruments and their monitoring mechanisms, in particular the Convention on the Rights of the Child (CRC) and the United Nations Committee on the Rights of the Child (the Committee), could be used as a channel for both advocacy and practical support for child and adolescent health activities in countries.

A plan of action was developed to use the CRC as the main normative legal framework for the development of strategies to improve the health and development of children and adolescents. Two issues provided the initial entry point for CAH in the development of its CRC-related activities: first, the direct relationship between the respect, protection, and fulfillment of Article 24 of the CRC (the child's right to health and health services) with effective implementation of the joint WHO/UNICEF strategy for the Integrated Management of Childhood Illness (IMCI); and second, the need to strengthen WHO input into the work of the Committee—the monitoring body of the CRC—with an initial focus on the health situation of young children.

During the early implementation phase of the plan of action, it was also recognized that the CRC could provide a guiding framework for WHO's work across a broad spectrum of child and adolescent health and development. Furthermore, the application of the CRC as a possible plan-

ning, programming, and management tool could provide WHO and its partners an opportunity to improve on the considerable work already being undertaken in the area of child and adolescent health and development. The CRC could facilitate holistic, intersectoral approach based on such sound human rights principles as accountability, universality, indivisibility, nondiscrimination, and, specifically, the best interests of the child, respect for the views of the child, and survival and development.

Activities in the Context of the CRC

While the current work vis-à-vis the CRC entails a wide range of activities, two interrelated activities are particularly important to the work of CAH and WHO in general. These are child rights capacity building for child and adolescent health activities within WHO and in countries, and maximizing the use of the CRC reporting process and the work of the Committee for improving child health.

Child Rights Capacity Building

Effective use of the CRC as a practical tool for the planning, programming, and management of child and adolescent health activities in WHO and in countries relies on an adequate understanding and knowledge of the CRC and its applicability among relevant government partners, including Ministry of Health representatives, WHO, and its partners, including other intergovernmental and bilateral agencies, and civil society.

To facilitate the integration of rights-based thinking to all aspects of child and adolescent health and development, WHO has developed a CRC training course. Although primarily designed for WHO staff, field tests conducted in headquarters and regional offices have shown the course's value and applicability for a wider range of actors in the field of child and adolescent health, including government officials, the UN, and civil society partners.

Recognizing the expertise and experience in this area of a variety of partners, as well as various existing forms of CRC training, UNICEF, Save the Children/UK, and the Office of the United Nations High Commissioner on

Human Rights, among others, were consulted in creating the training program. Furthermore, UNICEF, Save the Children, and a member of the United Nations Committee on the Rights of the Child participated in a number of regional field tests, in particular in Southeast Asia and Africa.

The training aims to broaden the understanding of child rights and the CRC framework and how this framework may be used in the planning, programming, and management of child and adolescent health activities in WHO and in countries. The approach taken in this training rests on two tenets which facilitate the use of the CRC as a framework for thinking about the broader context of the needs of the child in developing support to national health programs and activities. First, the link between the *needs* of the child and the *rights* of the child in relation to having needs met; and second, the concept that the rights of the child can only be achieved if others accept their obligations in relation to those rights. Rights-based thinking therefore focuses on the *chain or network of rights and obligations* which must exist if the child's needs are to be met. The relationship between needs, obligations, and rights, and the way these are brought together in the CRC, forms the backbone of the course.

The training takes as its starting point the diverse societal perceptions of children. This is followed by an exploration of the fundamental needs of children and adolescents, identifying the standards and subsequent obligations which stem from an acceptance of these needs and how translating these needs in terms of rights facilitates access to a legal framework of accountability and the recognition of children and adolescents as stakeholders in society rather than as passive recipients. These steps form the basis for in-depth discussions about the CRC, its relevance to child and adolescent health, and its potential use as a practical tool for improving the health and development of children and adolescents.

This gradual shift from a traditional needs-based approach to child and adolescent health and development work toward what might be considered a child rights approach aims to introduce human rights as a valuable addition to ongoing planning and programming in CAH and within countries.

Further Uses

It is essential that CRC training be conducted at all levels of the organization, including a focus on countries. Initial training has been conducted at WHO headquarters for CAH staff, and further training will continue to include those departments which undertake work relating to child and adolescent health and development. At the regional level, training is underway. Regional training programs provide a stepping-stone to increased child rights programming through focused workshop activities in countries. Regional offices for Europe, Southeast Asia, Africa and the Eastern Mediterranean have benefited from training workshops and have subsequently initiated follow-up activities. In the European region, activities include the integration of a CRC perspective in work relating to child abuse and neglect, provision of detailed health commentaries on a number of CRC country reports, and regional participation in the day of general discussion on state violence against children, which was organized by the Committee. The Southeast Asian regional office has developed a comprehensive, region-specific information/advocacy document on the CRC in the context of child and adolescent health and has provided technical assistance to the government of India in the preparation of its periodic State party report. The African regional office, in collaboration with CAH, has drafted a follow-up plan of action with a focus on assisting two selected countries in the implementation of health-related concluding observations and recommendations by the Committee through the conduct of national workshops on the CRC. The regional office for the Eastern Mediterranean is currently preparing for a national workshop in Lebanon and Morocco, respectively, following the regional training. Further training is planned for the Americas and Western Pacific into early 2002.

National workshops aim to build capacity in the actual integration of the CRC framework within identified child and/or adolescent health activities. Initial selection of countries is based on the CRC reporting process, as this process provides a useful entry point for further national rights-based activities. Wherever possible, the country reports, WHO's analysis of such reports, and the health-

related concluding observations and recommendations issued by the Committee are used as a basis for both the national workshops and follow-up activities.

In principle, activities within the selected country start with general training on child rights and the CRC, which will be followed by a detailed analysis of selected child and/or adolescent health program activities to consider whether they;

1. support or promote the rights of the child;
2. jeopardize or challenge any aspects of the rights of the child; and
3. make full use of the CRC framework and approach in analyzing the needs and rights of the child and developing appropriate activities.

This analysis will lead to proposals on: the systematic use of the CRC in the planning and the management of these activities, and the development and use of practical process and outcome indicators to monitor and evaluate the rights aspects of the activities.

Field testing of the training occurred at national level in India and the Gambia during the latter half of 2001. A senior level workshop conducted for Indian government officials paved the way for a series of state and district level workshops to be held in India in 2002. In the Gambia, some 30 participants from ministries, agencies and NGOs attended a training workshop, which included a CRC-based analysis of the introduction of IMCI into the country. The analysis resulted in a number of concrete recommendations for further integration of a child rights perspective in the future planning process of IMCI in the Gambia.

Input to the CRC Reporting Process

CAH views the reporting process of the CRC and the work of its monitoring body, the Committee, as an important potential mechanism for improving the health and development of children and adolescents. CAH is responsible for coordinating WHO's input in the work of the Committee and at all levels of the reporting process. Since

1998, some 30 health commentaries on State party reports have been prepared and presented to the Committee. Following these comprehensive interventions, the Committee has actively encouraged a number of countries to seek support from WHO and to adopt and/or strengthen activities; for example, in relation to IMCI and the sexual and reproductive health of adolescents.

The various stages of the process provide multiple entry points for the inclusion of child and adolescent health issues in national agendas. Involvement in the preparation of State party reports enables WHO to assist in the incorporation of relevant issues into the report in a comprehensive manner, including an interpretative analysis, and to ensure the active participation of the Ministry of Health of the State party. Participation in the sessions and pre-sessional working group of the Committee allows WHO to follow up on the health issues cited in the national reports, to highlight priority issues for the country in question, and to advise the Committee on action-oriented and realistic health-related recommendations.

Finally, follow-up to the concluding observations and recommendations of the Committee facilitates a multi-sectoral response to the issues identified by the Committee which provides WHO, in collaboration with the government and partners, with an opportunity to address such issues in a holistic manner. It also provides a basis for possible child rights programming for the child and adolescent health issues identified through the process. Active follow-up to, and use of, the findings by the Committee will be strengthened in a number of selected countries, with the child rights capacity-building workshops providing the initial entry point.

Conclusion

While capacity building and the CRC reporting process constitute the bulk of current activities, the continuing effort to fully integrate a child rights perspective in the work of CAH and WHO at large is reflected in ongoing efforts to use the CRC as the starting point and guiding framework for the development of the new WHO strategy

for child and adolescent health and development. Furthermore, discussions are underway with the International Labor Office (ILO) to explore collaboration in the area of child labor, and technical assistance is being provided to the International Federation of Medical Students Associations for the development of child rights training materials. WHO has also provided input into the development of the draft global strategy for infant and young child feeding to ensure the incorporation of fundamental CRC principles.

WHO firmly believes that the human rights approach to public health needs to be promoted and strengthened to further improve the health and well-being of children, families, and societies. Its work in the field of child rights, linked with other human rights activities—particularly in the areas of women’s health and reproductive health—is a major contribution to continuing efforts to strengthen a human rights approach to public health.