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**PROGRESS REPORT ON HEALTH AND HUMAN RIGHTS: CURRENT
SITUATION AND WAY FORWARD IN THE AFRICAN REGION**

Information Document

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BACKGROUND

1. The right to “enjoyment of the highest attainable standard of health without distinction of race, religion, political belief, economic or social condition” is enshrined in the Constitution of the World Health Organization (WHO) of 1946. The African Charter on Human and Peoples Rights¹ also provides that “every individual shall have the right to enjoy the best attainable state of physical and mental health”; and all guaranteed by the State.
2. In 2012, the Sixty-second session of the Regional Committee endorsed the report on Health and human rights: current situation and way forward in the African Region.² It endorsed a resolution requesting WHO to promote the human rights approach in health development based on the African Charter on Human and Peoples Rights. The required actions are: designing health policies and strategies based on human rights standards and norms; strengthening capacities and expertise in human rights-based approaches; and developing monitoring tools to evaluate progress.
3. This progress report covers the period 2013–2015, and proposes next steps to address the challenges.

PROGRESS MADE

4. Thirty participants from ministries of health and ministries in charge of gender issues from six countries³ underwent training in leadership, content and skills–building in gender, equity and human rights during a subregional workshop held in Zimbabwe in 2013. The participants agreed to establish multisectoral country teams to mainstream gender, equity and human rights across programmes in countries.
5. Two country Gender, Equity and Human Rights (GER) focal points were trained on the application of the Human Rights and Gender Equality in Health Sector Strategies Tool⁴ during a workshop held in Geneva in 2014. These focal points, from Tanzania and Mozambique, subsequently initiated institutional and technical mainstreaming of GER in Family and Reproductive Health and Communicable Diseases programmes in their respective countries.
6. WHO regional and country focal points for GER from The Islamic State of Gambia, Mauritania, Rwanda and South Africa supported Universal Periodic Review (UPR)⁵ sessions in their respective countries. These sessions were commissioned by the President of the Human Rights Council, UN General Assembly and conducted by the University of Essex, United Kingdom. The UPR recommendations cover, among others, topics on health security, emergencies and disaster relief, mental health, communicable diseases, sexual and reproductive health, family, women, and children’s health.
7. WHO is actively engaged in developing tools for monitoring GER at country level as part of UN System Wide Mainstreaming⁶ and also jointly with the United Nations Economic

¹ OAU Doc. CAB/LEG/67/rev5, 21 ILM 58 (1982), The African Charter on Human and Peoples Rights (Adopted 27 June 1981 and entered into force October 1986). <http://www.achpr.org/instruments/achpr>. Accessed 10 May 2016.

² Resolution AFR/RC62/R6: Health and human rights: current situation and way forward in the African Region. In: *Sixty-second session of the WHO Regional Committee for Africa, Luanda, Republic of Angola, 19–23 November 2012, Final Report*, Brazzaville, Congo, World Health Organization, Regional Office for Africa, 2012 (AFR/RC62/14) pp.17–18.

³ Botswana, Lesotho, Mozambique, Namibia, Zambia and Zimbabwe.

⁴ WHO, Human Rights and Gender Equality in Health Sector Strategies Tool, World Health Organization, 2011.

⁵ <http://www.ohchr.org/EN/HRBodies/UPR/Pages/UPRMain.aspx> website accessed 29 April, 2016.

⁶ WHO UN System Wide Mainstreaming: Gender, Equity and Human Rights at all levels of WHO, (2013).

Commission for Africa (UNECA)⁷ in strengthening the capacity of countries to collect and analyse data. Ethiopia, Malawi and Zambia have gender indicators in their health management information systems, which enable these countries to monitor gender inequalities and inequities.

8. WHO supported the Ethiopia Commission on Human Rights (ECHR) in its fight to eliminate discrimination against women. The Commission members learned skills in using a checklist to monitor how the private and public sectors address gender, stigma, discrimination and quality of health service delivery. WHO supported the Ethiopia Commission to document the case study⁸ and dissemination to a global audience.

9. Despite the progress made in addressing health and human rights in the African Region, several major challenges remain. These include: (a) scarcity of expertise on Human Rights standards, norms, tools and advocacy; (b) weak monitoring systems of human rights at country level; and (c) weak leadership to coordinate other sectors to effectively prioritize human rights issues on the national agenda.

NEXT STEPS

10. Member States should:

- (a) Promote multilateral, intersectoral dialogue for commitment to integration and policy coherence of human rights.
- (b) Build national capacities for GER, including having focal points and adequately funded work plans.
- (c) Collect and analyse disaggregated data and ensure health inequality monitoring through the analysis of existing qualitative and quantitative national data.

11. WHO should:

- (a) Build technical capacity on the integration of sustainable approaches which promote and protect human rights and are gender-responsive in countries.
- (b) Promote disaggregated data analysis and health inequality monitoring through the analysis of existing qualitative and quantitative national data and the production of case studies.
- (c) Provide technical assistance to Member States on integrating human rights into national health policies, strategies and plans.

12. The Regional Committee took note of the Progress Report and endorsed the proposed next steps.

⁷ United Nations Economic Commission for Africa (UNECA), Gender Development Center, Addis Ababa, Ethiopia.

⁸ WHO, *A foundation to address Equity, Gender and Human Rights in 2030 Agenda: Progress in 2014-15*, World Health Organization, 2016 (WHO/FWC/GER/16.1).