

# The Three Phases of Health and Human Rights Education: A new cross-disciplinary opportunity in the Asia-Pacific and beyond

Emily Waller<sup>1</sup> and Daniel Tarantola<sup>2</sup>

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**I**N THE NEW MILLENNIUM, public health and human development policies and programs are evolving in a context of mixed opportunities and challenges. There are currently unprecedented resources available to address persisting and emerging issues of global significance, including: HIV/AIDS economic globalization, conflicts and natural disasters, Indigenous health gaps, ageing, emerging epidemics, climate change and the widespread movements of people through labor and forced migration. However, the increased competition for attention, finances and human resources often sets one issue against the other, failing to recognize the exacerbating qualities of these global challenges. In this fast-changing environment, health and development inequalities are widening disparities among populations.

To respond to these challenges, many policymakers, practitioners, advocates, and academics in the fields of public health and international development are increasingly turning to a human rights framework to guide their actions. More recently, there is a movement to examine the interactions across all three domains of public health, human development and human

<sup>1</sup>Research and Development Manager, University of New South Wales Initiative for Health and Human Rights, Sydney, Australia.

<sup>2</sup>Professor of Health and Human Rights and Course Director, University of New South Wales Initiative for Health and Human Rights, Sydney, Australia.

rights in an effort to cut across the traditional disciplinary and institutional barriers isolating one issue from the others and more effectively respond to compounding challenges. As the interactions between health, development and human rights are becoming increasingly clear, there is growing recognition that a clearer understanding of their reciprocal relationships can help shape health and development policies, strategies and programs for the future using human rights as guiding principles and as a normative framework. A critical element of this evolution calls for reinforced education and training.

This paper will outline the rise of health and human rights education and recent efforts to move this field one step further to examine the interface of the three important global topics: Health, Development and Human Rights. In particular, it will describe a unique cross-disciplinary course offered in Australia, highlighting its conception, development and implementation. Finally, this paper will examine the future of health and human rights education worldwide.

### **The Early Phase: A Brief History of the Rise of Health and Human Rights Education**

The year 1948 represents a particularly important moment in history as it marks not only the establishment of the World Health Organization, the first intergovernmental global organization focusing solely on health, but also the adoption of the Universal Declaration of Human Rights, the foundation document for human rights. Ever since, there has been increased recognition of the responsibility of governments and the international community to better respond to public health challenges, as well as uphold human rights norms, standards, principles and laws. However, despite the intrinsic links between health and human rights, stemming from but extending beyond the right to the highest attainable standard of physical and mental health as laid out in the International Covenant on Economic, Social and Cultural Rights (Article 12, UN, 1976), these two fields remained largely isolated from one another. Their mutually reinforcing nature did not become fully elucidated until the onset of the HIV/AIDS epidemic in the 1980s. Under the leadership of Jonathan Mann at the World Health Organization (WHO), the formulation of the first global strategy on HIV/AIDS launched by WHO included the creation of a supportive environment and the reduction

of the impact of HIV on individuals and communities, invoking the promotion and protection of human rights (Mann, 1987).

As the links between HIV and human rights gave rise to a broader public health and human rights agenda, two international conferences on Health and Human Rights, held in 1994 and 1996 at the Harvard School of Public Health, cemented their mutually reinforcing nature and created the foundation of what is known today as the 'Health and Human Rights Movement' (1995; Mann and Gruskin, 1997). Borne out of this Movement was a call to better define health and human rights theories, principles, approaches and methodologies and create opportunities for related education in academic settings. Accordingly, the Harvard School of Public Health hosted the first academic course on Health and Human Rights in 1996, and later formed an association with Boston University in subsequent years.

Over the course of the past two decades, health and human rights education has gained strength in academic and professional development curriculum. Such mounting interest in and demand for health and human rights education has been accompanied by a diversification of course profiles, methods and formats worldwide. In 2007, the former Special Rapporteur on the Right to the Highest Attainable Standard of Health, Prof. Paul Hunt, highlighted to the United Nations General Assembly the importance of educating health professionals about human rights and their responsibilities: "To be blunt, most health professionals whom the Special Rapporteur meets have not even heard of the right to health. If they have heard of it, they usually have no idea what it means, either conceptually or operationally. If they have heard of it, they are likely to be worried that it is something that will get them into trouble." Such statements are sobering reminders that health and human rights education and training has a long road ahead. Advocating for the inclusion of human rights within the medical school curriculum remains challenging, especially in academic settings where public health is less valued over biomedical teachings, let alone crossing rigid disciplinary boundaries often erected around Medicine and Law. It is, however, encouraging that not only have many schools of public health and law around the world embarked on health and human rights education, but more public health activists and international development organizations also continue to embrace the human rights framework and language, thus pushing the demand forward.

## **The Second Phase: The Intersection Between Health, Development and Human Rights—An Australian University's Experience**

In July 2005, the University of New South Wales (UNSW), Sydney, Australia, sponsored five professorships designed to capture new areas of groundbreaking collaborative research by transcending traditional boundaries between disciplines. Recognizing the important links between public health and human rights and the role Australia can play in advancing this area domestically, within the Asia-Pacific Region and globally, one of these professorships was specifically created for Health and Human Rights. Around this Professorship is the UNSW Initiative for Health and Human Rights (UNSW IHHR), a unique cross faculty entity mandated to generate and facilitate multidisciplinary education and research in the field of health and human rights. Building on the premise that higher education will impact directly on how future generations approach critical global and local issues, the UNSW IHHR is committed to building capacity in this field. Its education strategy centers on an annual cross-disciplinary course it offers to postgraduate students and professionals alike: The UNSW Intensive Course on Health, Development and Human Rights (referred to here after as the 'Intensive Course'). The first course was successfully held in July 2007 and two additional iterations in December 2008 and 2009 followed suit.

The Intensive Course reflects the unique cross-faculty nature of its host institution, the UNSW IHHR, bringing together knowledge, experience and methods from the fields of social sciences, human rights law and public health to advance health, development and human rights as both an area of study and a new, composite method of research. The course aims to provide an overview on the reciprocal interaction between health, human development and human rights, enable participants to build and progressively refine their knowledge of related issues, and present structures and practical tools that can be used to incorporate a health, development and human rights framework within their work or study (see Box 1: Learning Outcomes).

### **Course Structure and Content**

The Intensive Course is structured to build upon its strength as a cross-disciplinary learning opportunity. The lecturers, topics, teaching styles, materials and readings for this course are a compilation of the theories, methods,

### **Box 1: Health, Development and Human Rights Learning Outcomes**

The course learning outcomes are as follows:

1. Define underlying principles and prominent approaches applied to each of the fields of health, development and human rights;
2. Describe the reciprocal interaction between health, development and human rights and how these linkages can be analyzed and applied in practice in one or more selected areas pertinent to participants interests;
3. Illustrate how international mechanisms and procedures can be applied to health, development and human rights and how they can be accessed; and
4. Identify key actions and research that is needed to further the synergy between health, development and human rights.

and research underpinning the disciplines of public health, human rights law, economic, human and/or international development, and social sciences. The course is directed by the Chair of the UNSW IHHR, and supported by members of the UNSW Faculties of Medicine, Law, and Arts and Social Science. In addition, a number of guest faculty members from other universities and research centers, health services, nongovernmental organizations, and United Nations agencies, support the delivery of this course. Notably, the co-founder of the short course on Health and Human Rights offered periodically at the Harvard School of Public Health for the past fifteen years has contributed to all three iterations of this course, which has been instrumental to its success. One of the core strengths of this course centers on the high quality and diversity of lecturers. This was reiterated by a participant in the course evaluation that “the presenters were of very high calibre and were extremely interesting, thought-provoking and gratuitous in sharing their knowledge.”

This Intensive Course is designed to be both theoretical and practical in orientation. It is structured so as to meet its stated learning outcomes and respond to specific topics of interest registered by participants (see Box 2: Course Structure). The course consists of plenary sessions which convey the theories, principles, methods and practice applicable to its content, and thematic sessions for smaller groups focus on specific populations and issues.

## **Box 2: Course Structure**

The course structure builds on the following sequence over five days:

Day 1: Foundations: Establishing the core principles and conceptual frameworks in each of the three domains: health, development and human rights. As participants are expected to have some familiarity and experience in at least one of these domains, these sessions will be so designed as to engage participants in a debate on their interpretation of what each domain encompasses and what are the key objectives, principles, methods and mechanisms characterizing them.

Day 2: Connection: By exploring the connections between health, development and human rights, participants are provided with one or more analytical frameworks designed to recognize the reciprocal interaction between health, development and human rights.

Day 3: Application: Participants learn about applying learned methods, in particular rights-based approaches, to topics of immediate relevance at both the national and community levels.

Day 4: Action: Learning about health, development and human rights in action through topical examples and case studies of interest to the participants.

Day 5: Evaluation: The final day focuses on monitoring and evaluation, including identifying important public health, international development and human rights indicators for monitoring, and introducing the theoretical health, development and human rights impact assessment.

Group workshop sessions focus on case studies to which participants are invited to gradually apply the knowledge and skills they acquire from plenary and thematic sessions with the guidance of tutors. Lunchtime roundtables are held voluntarily during lunch breaks each day. These informal sessions create opportunities for smaller groups of participants to engage in open discussions around topics nominated by participants during the week, such as: the pharmaceutical industry and human rights, humanitarian emergencies and relief, and fear-based health promotion campaigns.

Within this structure, lectures and workshops that explore the mutually reinforcing interactions between health, development and human rights are used to analyze and address emerging issues, including: disability studies,

gender, prison systems, Indigenous health, climate change, trade agreements and globalization, cancer control, mental health, health impact assessments, and the right to development, to name a few (see Box 3: Selection of presentation topics). This course is structured to foster learning between participants and provide an opportunity to build networks which often continue long after the course has finished. One participant noted: “This course is a unique opportunity to engage in an intellectually stimulating environment with a wide range of like-minded people. It has provided me with the confidence to further engage in the field and the contacts to pursue collaborative work.” Given both the diverse and often challenging content of this course, participants are encouraged to apply a critical approach to topics of discussion to express their views in an open environment.

### **Box 3: Selection of plenary presentation topics**

- Introduction to Public Health
- Human Rights and the Law
- Introduction to Human Development
- The Right to Development
- The Health, Development and Human Rights Triangle: Concepts to Practice
- Globalization, Health and Human Rights: Intellectual Property Rights and Access to Medicines
- Human Rights and Disabilities
- Rights-based Approaches: Incorporating Gender and Human Rights in Policy and Programming
- Climate Change and Human Health
- Mechanisms and Indicators: Monitoring & Evaluating Health & Human Rights
- Health, Development and Human Rights in Indigenous Populations
- The Interaction of Human Rights and Mental Health: Examples from post-conflict mental health
- Child and Adolescent Health: Using the Convention on the Right of the Child
- Health, Development and Human Rights Impact Assessment

## **Group Workshops**

To encourage applied learning of knowledge and skills presented throughout the course, tutors facilitate small group workshop sessions with participants. In the 2009 course, four case studies were used to focus discussion, including: Indigenous health in Australia, malaria in Kenya, HIV in South Africa, and the construction of a dam in China. During these structured group workshops, participants brainstorm how the interventions described in the case studies impact on health, development and human rights, and to move this analysis further, how the impacts on the three domains interact positively or negatively with one another. Once participants are familiar with these general concepts, they are led through the application of a rights-based approach, using the following guiding principles: legal/policy context, participation and empowerment, non-discrimination, transparency, accountability, and other relevant rights, as well as availability, accessibility, acceptability and quality of health services, as stipulated within the right to the highest attainable standard of physical and mental health (Art. 12, UN, 1976). A 2007 course participant commented: “[I have acquired the] beginnings of a different kind of critical thinking. I am more conscious of working with principles in public health, primary health care and development that are derived from human rights.” Finally, participants examine the case study using a health, development and human rights impact assessment framework to determine anticipated impacts in the three domains, discuss information gathering methods, and begin to propose recommended solutions to mitigate against negative impacts and provide opportunities for positive ones.

Participants often find these group work sessions particularly challenging as the information provided in the case studies are purposely limited. “The workshops were very interesting but we would need some background information to work more efficiently” (2009 Course participant). The case studies are designed to provide space for participants to use their imagination and stimulate discussion. While previous course evaluations have recommended extending the time allocated to workshop sessions in order to encourage a more in-depth analysis, the challenge throughout the iterations of the course is to decide what should be cut from the course to accommodate such suggestions. Achieving the appropriate balance among session types, including group work, topics, teaching methodologies and free time



for networking has been difficult over the years. However, in 2007, a course participant stated: "On the one hand I wish we had more time to reflect and discuss with colleagues.... on the other hand I found the days long and full... and yet I would not want to leave out anything. So on balance I think you've got it right!" Despite such reassurances in course evaluations, this challenge reoccurs year after year as new ideas to improve emerge.

### **Target Participants**

This Intensive Course welcomes postgraduate students, PhD candidates, and national and international professionals interested in continuing education or professional development. Typically, postgraduate students are enrolled in Masters programs ranging from public health, policy studies, international relations, social development, human rights law and international law, to name a few. While the course is designed for participants with a minimum qualification of a graduate university degree, some participants are accepted on the basis of their experience and professional background. The various professional backgrounds represented by participants include youth work, Indigenous populations, law, intellectual disabilities, migrant and refugee groups, social research, development, and public health, bringing a valuable set of experience and expertise to the course. The course also benefits from a rich cultural diversity as the participants come from various geographical regions and institutions, including: United Nations agencies, such as the WHO, UNAIDS, UNICEF and UNDP, national and international nongovernmental agencies, official development assistance agencies, public services and the private sector. To date, over one hundred and eighty nine students and professional participants have successfully completed the course in its short three-year history.

### **Course Materials**

In addition to the diverse lectures from prominent faculty members, course materials drawn from the most up-to-date literature are provided to participants in the Course Reader. While much of the literature is theory-based, some readings provide practical suggestions for implementation in the field. The Course Reader also provides introductory and logistical information

for all participants, including assessment information for postgraduate students.

The Course Reader is complemented by other useful documents which are distributed throughout the course. Resource books or series papers guide the analysis during the course and thereafter (Tarantola et al, 2007; Mann et al, 1999; and Gruskin et al, 2005). Additional promotional and reference materials are provided upon request by such organizations as the WHO, Amnesty International, the Australian Human Rights Commission, and the United Nations Office of the High Commissioner of Human Rights.

### **Lessons Learned**

Throughout the history of this course, a number of important lessons learned continually emerge. In particular, there is a shared commitment to working towards the optimal synergy between health, development and human rights and strong participant enthusiasm in making these links is evident. Individually, they are all common goals of humanity, but together, they can become more powerful and create a distinctive synergy. A participant stated: "The course has prompted me to employ a human rights approach whenever I think about questions regarding health and development and that without them, health and development cannot be achieved in any meaningful way." In addition, a strong Asia-Pacific Regional interest exists in the emerging area of Health, Development and Human Rights. Keen interest is expressed by participants from the region in taking the new knowledge and skills they learned from the course and applying them to their own country and professional experience.

### **The Third Phase: An Expansion of Health and Human Rights Education Worldwide**

As the theoretical base underpinning health and human rights has developed and the terminology has become more widely used in public discourse, there was a natural evolution to expand health and human rights education within and beyond the university setting. In the last two decades, more institutions offer such courses globally, more instructors and facilitators have built the needed expertise and more students register in such courses. In November 2006, the Harvard School of Public Health's Program on

International Health and Human Rights and the UNSW IHHR co-convened a meeting on 'Health and Human Rights Education in Academic Settings,' attended by twenty-five prominent educators in the field to exchange information about their approaches and experiences in teaching health and human rights (Tarantola and Gruskin, 2006). A syllabi database of Health and Human Rights courses was compiled to serve as a resource for those interested in learning about this growing domain (UNSW IHHR and HSPH PIHHR, 2006).

Beyond the academic setting, a number of organizations provide training in health and human rights throughout the world. Notably, the International Federation of Health and Human Rights Organizations conduct regional training and networking meetings in Africa, Asia and Latin America on monitoring the right to health (IFHHRO, 2010). In addition, the United Nations is active in training staff and country counterparts alike. This expansion of health and human rights education is critical to ensuring a broader reach globally in this important area of study and practice.

### **The Future of Health and Human Rights Education**

While health and human rights education has progressed significantly in its short lifespan, there are still a number of areas which demand energy, ideas and action in order to move the field forward in this new millennium. In particular, there are three areas which deserve further attention. First, critically, as demonstrated above, human rights-related curriculum and syllabi need to be adapted to specific local needs and languages. Investing in culturally and linguistically-sensitive education and training is an essential step towards ensuring individuals across the globe can claim their rights and governments are held accountable to protect, respect, and fulfill human rights. Second, while the theories, methods and frameworks underpinning health and human rights are now well-established, the emphasis in the field should focus on enhancing the application of a health, development and human rights conceptual framework in practice. It is critical to build the evidence that applying a human rights framework to health and development policies, programs and projects not only adds value, but can create a positive impact on people's lives. Case studies demonstrating such evidence will strengthen and reinforce health, development and human rights education and training. Finally, following two decades of education and training in this field, an evaluation on its effectiveness and impact is due.

The expansion of the number of health and human rights course world-wide is encouraging, and the UNSW IHHR is proud to make our own small contribution to this growth by extending the analysis to include development. A 2008 course participant noted: “I was extremely happy with the whole five day course. I feel that doors in my mind have opened when I didn’t even realize they were shut.” As long as demand for such training continues to grow, and the added-value of such approaches is recognized among public health practitioners, human rights activists, development specialists and a multitude of other professionals and students, the future of health, development and human rights looks promising.

### Note:

For more information on the *UNSW Intensive Course on Health, Development and Human Rights*, please visit the following website: [www.ihhr.unsw.edu.au/education/courses.html](http://www.ihhr.unsw.edu.au/education/courses.html)

### THE UNSW INITIATIVE FOR HEALTH AND HUMAN RIGHTS

The School of Public Health and Community Medicine

Level 2, Samuels Building

University of New South Wales, NSW 2052 Australia

ph (612) 9385 1071

fax (612) 9385 1526

e-mail: [ihhr@unsw.edu.au](mailto:ihhr@unsw.edu.au)

[www.ihhr.unsw.edu.au](http://www.ihhr.unsw.edu.au)

### References

(1995). First International Conference on Health and Human Rights. *Health and Human Rights* 1(2): 128-135.

Gruskin S., Grodin M., Annas G., and Marks S. Editors. 2005. *Perspectives on Health and Human Rights*. New York: Routledge.

Hunt P. 2007. *Report of the Special Rapporteur of the right of everyone to the highest attainable standard of physical and mental health*, 17 January 2007, UN Doc. A/HRC/4/28.

International Federation of Health and Human Rights Organizations (IFHHRO) 2010. *Activities – Training and networking meetings*. Available from: <http://www.ifhhro.org/main.php?op=text&id=31>. Accessed on: 15 December 2009.

Mann J. 1987. “The World Health Organization’s global strategy for the prevention and control of AIDS. In *AIDS - A global perspective*” [Special Issue]. *West J Med*; 147:732-734.

Mann J and Gruskin S. 1997. "Second International Conference on Health and Human Rights." *Health and Human Rights* 2 (3): 1-3.

Mann J., Gruskin S., Grodin M. and Annas G. Editors. 1999. *Health and Human Rights: A Reader*. New York: Routledge.

Tarantola D. and Gruskin S. 2006. "Report: Health and Human Rights Education in Academic Settings." *Health and Human Rights*; 9 (2): 297-300.

Tarantola D., Byrnes A., Johnson M., Kemp L., Zwi A.B., Gruskin S. 2008. *Human Rights, Health and Development*, Technical Series Paper #08.1. Sydney: UNSW. Available from: <http://www.ihhr.unsw.edu.au/publications/papers.html>

United Nations (UN). 1976. *International Covenant on Economic, Social and Cultural Rights* (1976). UN GA Resolution 2200A (XXI). New York: UN.

University of New South Wales Initiative for Health and Human Rights (UNSW IHHR) and the Harvard School of Public Health Program on International Health and Human Rights (HSPH PIHHR). 2006. *Health and Human Rights Syllabi Database*. Available from: [http://www.ihhr.unsw.edu.au/education/education\\_resources.html](http://www.ihhr.unsw.edu.au/education/education_resources.html) or [http://www.hsph.harvard.edu/pihhr/resources\\_hhrdatabase.html](http://www.hsph.harvard.edu/pihhr/resources_hhrdatabase.html).