Health and Human Rights: Teaching Pack Guide
2017

Summary

This teaching pack introduces students to the topic of health and human rights through a series of three videos, in which human rights lawyer Alicia Ely Yamin uses narrative to introduce the concepts of health and human rights, explain how they are related to each other, and articulate why they matter in today's world.

In the first video, Yamin explains what human rights are and why they are important for everyone around the world. In the second video, she offers a brief history of health and human rights since World War II. In the third video, she describes how health-related human rights developed during the era of the Millennium Development Goals (2000-2015) and the Sustainable Development Goals (2016-2030). The series concludes in video three by considering the vital role that human rights plays in diverse political environments.

The videos are accompanied by tools for further learning, including an annotated bibliography, glossary of terms, timeline of key events, and factsheet on universal health coverage.

Teaching Pack Components

Videos:
1. Introduction to Human Rights: https://vimeo.com/220864937
2. A Brief History of Health and Human Rights: https://vimeo.com/220866509
3. Health, Human Rights, and the Sustainable Development Agenda: https://vimeo.com/224982940

Related Educational Resources:
- Health and Human Rights: Annotated Bibliography
- Human Rights: A Short Glossary
- Human Rights Timeline: Select Key Events
- Universal Health Coverage (UHC): Q&A Factsheet

Learning Objectives

The learning objectives below may be used in teaching with the entire three-part series. Objectives specific to individual videos in the series are noted in brackets.

After completing this module, the student will:

1. Understand how international human rights law took shape and developed since World War II, and how it relates to health. [*videos 1, 2*]

2. Appreciate how "civil and political rights" (for example, freedom of information, freedom from torture, the right to be treated with inherent dignity) and "economic, social and cultural rights" (for example, health, education, housing) are connected to each other, and how these connections relate to well-being. [*videos 1, 2*]

3. Be able to discuss how human rights-based approaches to health conditions, as well as to conditions for health, add a dimension of people as active participants in their own health decisions. [*video 2*]

4. Recognize how discrimination interacts with health disparities in relation to race, gender, sexuality, and poverty. [*videos 2, 3*]

5. Be able to discuss human rights related to health as both ethical principles and legal norms. [*videos 2, 3*]

6. Understand the connection between the evolution of human rights norms and of economic development efforts, and how such intersections affect and are affected by the shifting global political narrative. [*series*]

Sample Discussion Questions

Below are suggested questions for discussion. The individual videos in the series that most directly explore and help to answer each question are indicated in brackets.

1. What were the global circumstances that led to the creation of the Universal Declaration of Human Rights (UHDR)? [*video 1*]

2. Rights have been thought of as (a) shields to prevent the government from doing something to me, and as (b) promoting some material condition. How do you and your government think of rights? [*video 1*]

3. What role did human rights play in the way that people responded to the HIV/AIDS pandemic through political and health policy activism? [*video 1, 2*]

4. What does it mean to consider health as a human right? [*video 2*]

5. We can approach human rights from the perspective of health concerns; or, conversely, we can approach health issues from the perspective of human rights. How might you consider the following examples from each of these two different "starting places"? (You may want to do this exercise in small groups) [*video 2*]

  a. A teenager who suffers a disabling on-the-job injury.

  b. A middle-aged male member of a racial or minority group, who has a heart attack triggered by years of chronic stress related to the discrimination and stigma he's endured.

  c. An illiterate pregnant woman who is not allowed to make her own reproductive and childbearing choices due to family or community religious beliefs.

6. In a human rights framework, health systems are seen as social institutions that embed ethical principles as well as technical considerations. Health systems are shaped by community practices as well as national and international health policies. What are some examples of health policies that might reflect a human rights perspective? [*video 2*]
[*Potential answers might include: solidarity in financing; the organization of primary and specialized services and treatment between the provider and the patient; sign language/interpretation services; systematic provider alerts to identify and prevent disrespect or stigma*]

7. In a human rights framework, health systems are understood to reflect ethical values. Thinking about the past or present, in the United States or abroad, can you provide some examples that might illustrate this? [*video 2*]
[*potential answers: public policies of many community health clinics in the U.S. today to treat everyone regardless of ability to pay; patient confidentiality to avert social stigma about diseases associated with discrimination and bias; adequate pain control; a focused insistence on providing childbearing women with clean bedding and respect during hospitalization*] [*this question could be an alternative to question 6, above*]

8. How have sexual and reproductive health been framed in terms of human rights? [*video 2*]

9. How does discrimination that is based on one or more of the following factors affect health? How does it affect human dignity? What are the similarities and differences in how such discrimination affects health and dignity? [*video 2*]

   - Gender
   - Race or ethnicity
   - Religion
   - Sexuality

10. Why do the following principles of a rights-based approach matter in relation to health (choose one)? [*video 2*]

    - equality and non-discrimination
    - transparency and accountability
    - meaningful participation

11. What are the three important relationships between health and human rights that were first identified by Dr. Jonathan Mann? [*video 2*]

12. What are some of the differences between the Millennium Development Goals and the Sustainable Development Goals? [*video 3*]

13. Distinguish a rights-based approach to health from one that is based on health as either a market commodity or a religious or community charity. What are some differences? How might these differences shape the experience (and perhaps the health) of the person who receives care in these three different contexts? [*video 3*]

14. How do human rights related to health in your society affect you and your family? Where do you perceive injustices or violations against human dignity? What do you think needs to change? How might you help advance such change? [*answers should be informed by all three videos in the series*]

Further Reading

Below are selected suggested readings for further understanding and discussion. The resource list included in this teaching pack, entitled "Health and Human Rights: An Annotated Bibliography," provides many more recommended resources, including foundational human rights documents, reports, online learning sites and educator guides, topic portals, briefs, multimedia, and articles.

- Mann JM et al. Health and Human Rights. *Health and Human Rights Journal* 1994; 1(1):6-23. https://cdn2.sph.harvard.edu/wp-content/uploads/sites/13/2014/03/4-Mann.pdf.

- UNICEF Convention on the Rights of the Child. The Human Rights Approach 2014. https://www.unicef.org/crc/index_framework.html.

- Operationalizing Human Rights in Efforts to Improve Health. PMNCH Knowledge Summary 34. The Partnership for Maternal, Newborn and Child Health; United Nations 2015. http://www.who.int/pmnch/knowledge/publications/summaries/ks34/en.

- Human Rights-Based Approach. United Nations Population Fund. http://www.unfpa.org/human-rights-based-approach.

- Leading the Realization of Human Rights to Health and Through Health. High-Level Working Group on the Health and Human Rights of Women, Children and Adolescents; World Health Organization 2017. http://www.who.int/life-course/publications/hhr-of-women-children-adolescents-report/en.

- Yamin AE. Speaking Truth to Power: A Call for Praxis in Human Rights. Open Global Rights Blog 2017. https://www.openglobalrights.org/speaking-truth-to-power-call-for-praxis-in-human-rights.

Health and Human Rights: Annotated Bibliography

This bibliography is a selective sampling of educational resources that introduce students to health and human rights as they relate to a diversity of social, policy, and health care delivery practices. Materials may be suitable for students at the advanced high school, undergraduate college, and public health graduate school level. Health and human rights is an inherently multidisciplinary field. Learning objectives and supporting materials will vary depending on how the material is used in a course. Brief annotations provide a cursory summary, and indicate where certain materials might be particularly relevant. Within each section, dated publications are listed in each section in chronological order.

This bibliography accompanies three videos prepared in partnership with the Incubator and Alicia Ely Yamin, Visiting Professor of Law and Program Director of the Health and Human Rights Initiative at the O'Neill Institute at Georgetown University Law Center, and Adjunct Instructor on Law and Global Health at the Harvard T.H. Chan School of Public Health. The materials listed here represent a diversity of viewpoints and opinions and do not necessarily reflect the viewpoints and opinions of either the Incubator or Professor Yamin.

Human Rights Documents

The materials in this section are primary source documents that play or played a key role in national or international policies. Some relate to health more obviously than others; all contain components that directly affect the health of those they govern. These basic human rights documents are included in this bibliography to help teachers select documents (or sections of documents) relevant to the connections between social circumstances, governance, and health.

1. **United States Constitution** (1787)
    https://www.archives.gov/founding-docs/constitution

    The United States Constitution is a foundational document of government for the United States of America, drawn up in Philadelphia under the leadership of George Washington, setting forth how the country's national government will be structured and operates. The National Archives website includes the text, images of original documents, a description of what it says and what it means, and links to related articles.

2. **United States Bill of Rights** (1789)
    https://www.archives.gov/founding-docs/bill-of-rights

    The Bill of Rights is the document of the first ten Amendments to the Constitution. The Amendments spell out the rights of American citizens (originally protecting only land-owning white males) in relation to

government. The Bill of Rights guarantees civil rights, sets rules for due legal process, and recognizes that other rights may also exist that belong to states or to the people.

3. **France's Declaration of the Rights of Man and Citizen** (1789)
   http://www.conseil-constitutionnel.fr/conseil-constitutionnel/root/bank_mm/anglais/cst2.pdf
   http://avalon.law.yale.edu/18th_century/rightsof.asp

   This is the founding document of the French Revolution. Created out of the belief that human rights are both "natural" and universal for all (again, originally limited to white men), the Declaration was inspired by Enlightenment philosophers and by the American Revolution. The document influenced European structures of democracy and freedom throughout the 19ᵗʰ and 20ᵗʰ centuries, and its ideals helped to shape the Universal Declaration of Human Rights (UDHR).

4. **Mexican Constitution of 1917**
   https://www.constituteproject.org/constitution/Mexico_2015.pdf?lang=en

   Mexico's Constitution, the third since the nation's founding in 1824, went into law in 1917 and is said to be the first national constitution to set out social rights. Among its many articles, it mandates a governance structure that restricts religious control, influenced land reforms, promotes fair working conditions, and affirms universal rights to health, housing, and food.

5. **World Health Organization Constitution** (1946)
   http://www.who.int/governance/eb/who_constitution_en.pdf

   The World Health Organization (WHO) Constitution outlines foundational WHO principles and practices. WHO was created out of the United Nations in 1946, to replace the Health Organization, which had been part of the League of Nations' Economic and Social Council. WHO is the global organization responsible for directing and coordinating international health within the United Nations. The WHO Constitution affirms the highest possible attainment of health as a fundamental right of all people without distinction.

6. **United Nations Universal Declaration of Human Rights** (1948)
   http://www.un.org/en/universal-declaration-human-rights

   The United Nations' Universal Declaration of Human Rights (UDHR) was drafted by a committee of representatives from around the world in response to the atrocities of World War II. Launched at the United Nations General Assembly on December 10, 1948, it was designed to encapsulate universally agreed-upon ethics that could serve as a common standard for human rights of all peoples and all nations. The UDHR has no legally binding power but is usually considered together with two 1966 International Covenants that do have legal power: the International Covenant on Civil and Political Rights (ICCPR) and the International Covenant on Economic, Social and Cultural Rights (ICESCR). UDHR Article 25 affirms a universal right to a standard of living adequate for health and well-being, and recognizes that health requires rights to food, clothing, housing, and medical care and necessary social services, social security, and special care and assistance for mothers and children.

7. **Universal Declaration of Human Rights: Illustrated Edition** (2015)
   http://www.un.org/en/udhrbook

This illustrated edition of the Universal Declaration of Human Rights (UDHR) pairs each Article with a graphic intended to illustrate that right's key concepts. This edition might be useful in primary, secondary, or multi-lingual school classrooms. It may be reproduced and/or translated without restrictions as long as it is distributed at no cost.

8. **International Covenant on Civil and Political Rights** (ICCPR) (1966)
    http://www.ohchr.org/EN/ProfessionalInterest/Pages/CCPR.aspx

    The ICCPR is one of two international human rights treaties that expands on Articles of the Universal Declaration of Human Rights (UDHR). The ICCPR focuses on civil and political rights such as, for example: freedom of speech, right to free assembly, right to religious freedom, right to a fair trial, and the right to vote.

9. **International Covenant on Economic, Social and Cultural Rights** (ICESCR) (1966)
    http://www.ohchr.org/EN/ProfessionalInterest/Pages/CESCR.aspx

    The ICESCR is one of two international human rights treaties that expands on Articles of the Universal Declaration of Human Rights (UDHR). The ICESCR focuses on economic, social, and cultural rights such as, for example: the right to health, education, housing, an adequate standard of living, employment, and free practice of one's indigenous culture and language.

10. **United Nations Convention on the Elimination of all Forms of Discrimination Against Women** (CEDAW) (1979)
    http://www.ohchr.org/EN/ProfessionalInterest/Pages/CEDAW.aspx

    The United Nations Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW) is an international treaty adopted in 1979 that confirms States' agreement to ensure equal rights for women. It addresses issues such as, for example: gender stereotypes, sex trafficking, rights to nationality and politics, equal rights as men to education, employment, and health; and the right to equality in marriage.

11. **United Nations Convention on the Rights of the Child** (CRC) (1989)
    http://www.ohchr.org/EN/ProfessionalInterest/Pages/CRC.aspx

    The United Nations Convention on the Rights of the Child (CRC) is a legally binding treaty adopted by the United Nations (UN) in 1989. It sets forth the minimum standards essential to protect children's rights. UN Member States that ratify the CRC agree to protect rights that include, for example: non-discrimination, a child's best interests, respect for the rights and responsibilities of families, privacy, protection from violence, and education.

12. **Vienna Declaration and Programme of Action** (1993)
    http://www.ohchr.org/EN/ProfessionalInterest/Pages/Vienna.aspx

    The Vienna Declaration and Programme of Action ("Vienna Declaration") was adopted at the World Conference on Human Rights in 1993. Inspired by the end of the Cold War, it reaffirms human rights as a universally relevant standard, and emphasizes the "indivisible, interdependent, and interrelated" nature of economic, social, cultural, civil, and political rights.

13. **Cairo Programme of Action** (1994)
    https://www.unfpa.org/sites/default/files/event-pdf/PoA_en.pdf

    The Cairo Programme of Action was adopted at the International Conference on Population and Development in Cairo, Egypt, in 1994. The document is a comprehensive statement outlining a 20-year plan by 179 countries. It was the first multilateral, formal public affirmation recognizing that reproductive health and rights, as well as women's empowerment and gender equality, are vital for successful global population and development efforts.

14. **Beijing Declaration and Platform for Action** (1995)
    http://beijing20.unwomen.org/~/media/headquarters/attachments/sections/csw/pfa_e_final_web.pdf

    The Beijing Declaration and Platform for Action ("Beijing Declaration") was adopted at the United Nations' Fourth World Conference on Women in Beijing, China, in 1995. It represents a global effort to put into action the United Nations' charter article affirming a provision for equality between men and women as well as sexual and reproductive rights.

15. **United Nations Convention on the Rights of Persons with Disabilities** (2006)
    https://www.un.org/development/desa/disabilities/convention-on-the-rights-of-persons-with-disabilities.html

    The United Nations Convention on the Rights of Persons with Disabilities (CRPD) is a legally binding human rights treaty that adopts a broad view of persons with disabilities, and affirms the agency of all persons with disabilities as individuals who are entitled to enjoy all human rights and fundamental freedoms.

16. **Technical Guidance on the Application of a Human Rights-Based Approach to the Implementation of Policies and Programmes to Reduce Preventable Maternal Morbidity and Mortality** (United Nations Human Rights Council: UN A/HRC/21/22) (2012)
    http://www2.ohchr.org/english/issues/women/docs/A.HRC.21.22_en.pdf

    This report, from the Office of the United Nations High Commissioner for Human Rights (OHCHR), provides technical guidance to help policy-makers translate human rights language into action to improve women's health and rights. It outlines how to implement policies and programs that reduce maternal mortality and morbidity in line with human rights standards. It highlights the need for effective enforcement mechanisms as well as international assistance and cooperation.

17. **Technical Guidance on the Application of a Human Rights-Based approach to Reduce and Eliminate Preventable Mortality and Morbidity of Children Under 5 Years of Age** (United Nations Human Rights Council: UN A/HRC/27/31) (2014)
    http://www.who.int/maternal_child_adolescent/news_events/news/2014/human-rights-child-health/en

    This report from the Office of the United Nations High Commissioner for Human Rights provides technical guidance to help policy-makers translate human rights language into action to improve the health and rights of children under age 5. It contains operational advice on legislation, coordination, planning,

budgeting, implementation, monitoring and evaluation, and on international cooperation in line with human rights standards for children.

18. UN Resolution 70/1. **Transforming Our World: The 2030 Agenda for Sustainable Development** (2015)
    http://www.unfpa.org/resources/transforming-our-world-2030-agenda-sustainable-development

    This document sets forth the United Nations Resolution defining and outlining the 2030 Agenda for Sustainable Development, which replaced the Millennium Development Goals in 2015. It identifies 17 Sustainable Development Goals (SDGs) that aim to eliminate poverty, discrimination, abuse and preventable deaths, address environmental destruction, and enable an era of development for all people by 2030. The document is available in two formats:
    Formal UN Resolution format: http://www.un.org/en/ga/search/view_doc.asp?symbol=A/RES/70/1
    Publication format: https://sustainabledevelopment.un.org/post2015/transformingourworld/publication

19. **Committing to Implementation of the Global Strategy for Women's, Children's and Adolescents' Health.** (World Health Assembly: WHA69.2. 2016) (2016)
    http://apps.who.int/gb/ebwha/pdf_files/WHA69/A69_R2-en.pdf

    This statement, adopted in May 2016 by the World Health Assembly (WHA), outlines the vision launched by the UN Global Strategy for Women's, Children's and Adolescents' Health (2016-2030). As a policy document, it serves as a non-binding appeal to all UN Member States to put the Strategy into practice for the benefit of all women and children; to stakeholders to support implementation plans; and it requests the UN Director General to maintain progress and accountability on national plans and relevant elements of the Strategy, including reliable data collection and analysis.

Reports

The documents listed in this group are primarily reports developed by collaborative groups of high-level researchers and policy-makers with the goal of influencing health and human rights policies and practices.

1. **World Development Report 1993: Investing in Health.** World Bank 1993.
   https://openknowledge.worldbank.org/handle/10986/5976.

   This report is important for its historic role in establishing why health is vital in global development and funding. The report examines how human health, health policy, and economic development connect. It recommends a three-step health policy approach for governments in developing countries and in the formerly socialist countries that is focused on households, investment in schooling, particularly for girls, funding priorities on low-cost and highly effective health interventions, and greater diversity and competition in health service delivery. The 1993 report served as the foundation for the 2013 Lancet Commission report, Global Health 2035: A World Converging Within a Generation.

2. **Closing the Gap in a Generation: Health Equity Through Action on the Social Determinants of Health:** Final Report of the Commission on the Social Determinants of Health. World Health Organization 2008. http://www.who.int/social_determinants/thecommission/finalreport/en.

   This report is important for its historic role in launching a global policy focus on social determinants of health and illustrates why inequities are a matter of life and death for all communities. Produced by the

World Health Organization's Commission on the Social Determinants of Health (CSDH), it aimed to draw the attention of governments and society to the social determinants of health and the value of creating better social conditions for health, particularly among the most vulnerable people. The report includes stories, charts, and related resources integrating human rights that continue to be relevant today.

3. **Monitoring the Building Blocks of Health Systems: A Handbook of Indicators and their Measurement Strategies**. World Health Organization 2010. http://www.who.int/healthinfo/systems/monitoring/en.

   This handbook describes indicators and related measurement strategies for sustaining and strengthening health systems. It uses a World Health Organization (WHO) framework of "building blocks" that include service delivery, health workforce, information, medicines, financing, and governance. While the handbook does not explicitly discuss human rights, it may be useful in developing or evaluating health rights-based activities and systems.

4. **The Global Strategy for Women and Children's Health.** World Health Organization 2010. http://www.who.int/pmnch/knowledge/publications/fulldocument_globalstrategy/en.

   This document offers an action- and policy-focused global strategy to address the need for more effective financing, practical government policy, and improved service delivery that will protect and prevent women and children from preventable health risks worldwide. It emphasizes the importance of health workers and leadership actors working together to improve health delivery access, interventions, and monitoring, evaluation, and accountability.

5. **Who Will Be Accountable: Human Rights and the Post-2015 Development Agenda.** United Nations Center for Economic and Social Rights 2013. http://www.cesr.org/who-will-be-accountable-sdgs.

   This report focuses on the importance of and need for accountability in the post-2015 development plan of the Sustainability Development Goals. It is available as both a full-length and brief summary document. It defines accountability, articulates its importance in realizing human rights, and outlines who should be accountable, for what in the SDGs, and how such accountability might be effectively ensured. The document illustrates the framework that shaped the debates and discussions that were to lead to priority focus on accountability and human rights in the subsequent development of the SDGs.

6. Bustreo F, Hunt P. **Women's and Children's Health: Evidence of Impact of Human Rights.** World Health Organization 2013. http://apps.who.int/iris/handle/10665/84203.

   This report shows why and how applying human rights to health interventions for women and children not only helps governments comply with their obligations, but also contributes to improving the health of women and children. Women and children's health policies need research and evaluation that can clearly identify and highlight many of the human rights dimensions of the interventions. The report is targeted to governments, parliamentarians, and public health professionals engaged in policy development, monitoring, evaluation, and research in the field of women's and children's health. It aims to also generate discussion and action from policy-makers on a human rights-based approach to health, and would be suitable for public health students exploring women's and children's health concerns.

7. **Making Fair Choices on the Path to Universal Health Coverage: Final Report of the WHO Consultative Group on Equity and Universal Health Coverage.** World Health Organization 2014. http://www.who.int/choice/documents/making_fair_choices/en.

    This report focuses on issues of fairness and equity in policy efforts at universal health coverage (UHC). It offers a three-part strategy with practical recommendations. The report is designed for government decision makers who can impact their country's health policies. It highlights the importance of a strong system for monitoring and evaluation to promote accountability and participation for all.

8. Hsiao W, Li M, Zhang S. **Universal Health Coverage: The Case of China.** Working Paper 2014-15. United Nations Research Institute for Social Development 2014. http://www.unrisd.org/80256B3C005BCCF9/search/E15A4915BFDBEE8AC1257D9E0033BACE?OpenDocument.

    This report uses a theory of political economy to analyze China's policy changes and accomplishments. The four sections: (1) review the history of the Chinese health system between the 1950s and 1990s, (2) analyze political economy factors that led to China's UHC policy in 2009, (3) describe the policy outcomes and current financing structure, and (4) discuss the challenges that remain and potential lessons from the China experience for other nations. The China case demonstrates the importance of medical ethics in health care.

9. **Health Policy Makers: Summary Reflection Guide on a Human Rights-Based Approach to Health; Application to Sexual and Reproductive Health, Maternal Health and Under-5 Child Health.** United Nations Office of the High Commissioner for Human Rights, Harvard FXB Center, The Partnership for Maternal, Newborn & Child Health, UNFPA, World Health Organization 2015. https://cdn2.sph.harvard.edu/wp-content/uploads/sites/5/2015/07/RGuide_HealthPolicyMakers_WEB.pdf.

    This guide provides health policy-makers practical guidelines for implementing a human rights-based approach (HRBA) to health care efforts for women and children. The guide is organized into six sections, each of which includes sample questions to consider, examples to illustrate the questions, and an HRBA "reflection" designed to offer insight into why the issue matters from a human rights perspective. The six sections consider best practice in health policy through (1) planning, (2) budgeting, (3) implementation, (4) monitoring, review, and oversight, (5) remedies, and (6) international assistance and cooperation. It could be used as a teaching tool in discussing the development of health policy guidelines and what human rights-based approaches to health mean.

10. **Every Woman, Every Child, Every Adolescent: Achievements and Prospects:** The Final Report of the Independent Expert Review Group on Information and Accountability for Women's and Children's Health. World Health Organization 2015. http://www.who.int/woman_child_accountability/ierg/news/ierg_2015_report_launch/en/index2.html.

    This report reviews 75 countries that achieved some progress toward successfully attaining Millennium Development Goal (MDG) 4—to lower under-5 child mortality rates by two-thirds— and MDG 5—to reduce maternal mortality rates by three-quarters—between 1990 and 2015. It includes visual and graphic data as well as case studies on five countries: India, China, the Philippines, Democratic Republic of the Congo, and Argentina. The document represents the final report of a four-year Independent Expert Review Group

(iERG) that outlines results, resources, and progress of the UN Global Strategy, "Every Woman Every Child." The iERG put forth three new recommendations that would set important preconditions for successes in global health during the SDG era. The report also contains related resources and appendixes that include definitions of the indicators used in analyses, the most current survey data from 98 countries, and time-trend data from 10 countries.

11. **The Global Strategy for Women's, Children's and Adolescents' Health, 2016-2030.** World Health Organization, Every Woman Every Child 2015. http://www.who.int/life-course/publications/global-strategy-2016-2030/en.

This report represents a global collaborative strategy effort, led by the World Health Organization, to position adolescents in addition to women and children, at the heart of the UN Sustainable Development Goals (SDGs). The report identifies the unique health challenges adolescents face, and explains their role alongside women and children to drive change in the post-2015 era. The Strategy reflects a life-course perspective and an integrated, multisectoral approach, recognizing that health-enhancing factors— including nutrition, education, water, clean air, sanitation, hygiene, and infrastructure—are essential to achieving the SDGs.

12. **Summary Reflection Guide on a Human Rights-Based Approach to Health: Application to Sexual and Reproductive Health, Maternal Health and Under-5 Child Health: Health Policy Makers.** United Nations 2015.
http://www.ohchr.org/EN/Issues/Women/WRGS/Pages/MaternalAndChildHealth.aspx.

This document offers technical guidance for health policy-makers who are applying human rights-based approaches (HRBAs) to policies and programs that aim to reduce maternal and under-5 child mortality and morbidity. It is part of a collection of Reflection Guides targeted to health policy-makers, national human rights institutions, and health workers; the series also includes a one-page sheet of additional resources for all three groups.

13. **Summary Reflection Guide on a Human Rights-Based Approach to Health: Application to Sexual and Reproductive Health, Maternal Health and Under-5 Child Health: National Human Rights Institutions.** United Nations 2015.
http://www.ohchr.org/EN/Issues/Women/WRGS/Pages/MaternalAndChildHealth.aspx.

This document offers technical guidance for national human rights institutions as they apply human rights-based approaches (HRBAs) to policies and programs that aim to reduce maternal and under-5 child mortality and morbidity. It is part of a collection of Reflection Guides targeted to health policy-makers, national human rights institutions, and health workers; the series also includes a one-page sheet of additional resources for all three groups.

14. Cotlear D et al. **Going Universal: How 24 Countries are Implementing Universal Health Coverage Reforms from the Bottom Up.** World Bank Group 2015.
http://www.worldbank.org/en/topic/universalhealthcoverage/publication/going-universal-how-24-countries-are-implementing-universal-health-coverage-reforms-from-bottom-up.

This report describes how 24 developing countries (representing one-third of the world's population) are implementing universal health coverage (UHC) using a "bottom-up" approach. The book will help policy-makers understand the options they face and help them shape operational research agendas that help

chart evidence- and experience-informed pathways toward accelerated progress for UHC world-wide. Chapter 6 (pp. 161-85) particularly focuses on "Strengthening Accountability."

15. **Indicators and a Monitoring Framework for the Sustainable Development Goals: Launching a Data Revolution for the SDGs.** Sustainable Development Solutions Network 2015. http://unsdsn.org/resources/publications/indicators.

    This report, presented to the Secretary-General of the United Nations by the Leadership Council of the Sustainable Development Solutions Network, outlines the importance of a comprehensive indicator framework to support the goals and targets of the Sustainable Development Goals (SDGs). It outlines 10 principles for Global Monitoring Indicators (GMIs), so they track the range of SDG priorities in a clear and effective manner. Six annexes consider indicators and monitoring framework in detail, including a description of proposed indicators for all 17 SDGs. Intended for policy implementers who will put the framework into practice, the report might also be especially useful for public health students discussing how to turn the SDGs and their targets into a management tool to help countries develop implementation strategies and allocate resources accordingly, as well as a report card that measures progress and helps ensure stakeholder accountability.

16. **Summary Reflection Guide on a Human Rights-Based Approach to Health: Application to Sexual and Reproductive Health, Maternal Health and Under-5 Child Health: Health Workers.** United Nations 2016. http://www.ohchr.org/EN/Issues/Women/WRGS/Pages/MaternalAndChildHealth.aspx.

    This document offers technical guidance for health workers who are applying human rights-based approaches (HRBAs) to policies and programs that aim to reduce maternal and under-5 child mortality and morbidity. It is part of a collection of Reflection Guides targeted to health policy-makers, national human rights institutions, and health workers; the series also includes a one-page sheet of additional resources for all three groups.

17. **Indicator and Monitoring Framework for the Global Strategy for Women's, Children's and Adolescents' Health, 2016-2030.** World Health Organization, Every Woman Every Child 2016. http://www.who.int/life-course/about/coia/indicator-and-monitoring-framework/en.

    This report provides the indicator and monitoring framework for use with the World Health Organization's Global Strategy for Women's, Children's and Adolescents' Health (2016-2030). The Framework is intended to help in the practical application of the Global Strategy to support national Sustainable Development Goals (SDG) and health monitoring. It focuses on three objectives (Survive, Thrive, Transform) and 17 targets.

18. **2016: Old Challenges, New Hopes: Accountability for the Global Strategy for Women's Children's and Adolescents' Health.** Independent Accountability Panel: Every Woman, Every Child, Every Adolescent 2016. http://www.iapreport.org.

    This report tracks accountability for the World Health Organization's Global Strategy for Women's, Children's and Adolescents' Health 2016. The website offers a visually dynamic summary of the issues and challenges. The document is available in full-length or summary format, and integrates narrative about human rights into its findings and recommendations.

19. **The Sustainable Development Goals Report 2016.** United Nations 2016.
https://unstats.un.org/sdgs/report/2016.

This report outlines, defines, and briefly discusses the aim of each of the 17 Sustainable Development Goals (SDGs). Each SDG is illustrated by graphic fact sheets useful in the classroom or as stand-alone teaching materials.

20. **High-Level Working Group on the Health and Human Rights of Women, Children and Adolescents. Leading the Realization of Human Rights to Health and Through Health.** World Health Organization 2017. http://www.who.int/life-course/publications/hhr-of-women-children-adolescents-report/en.

This report emphasizes that the right to health does not stand alone but is indivisible from other human rights. Targeted to influence world leaders, the report calls for a transformative leadership agenda as vital if women, children, and adolescents are to realize their health and well-being and to flourish and prosper; and it describes the key dimensions of this agenda. The authors urge leaders to found their work on this agenda on the human rights principles of equality, inclusiveness, non-discrimination, participation, and accountability, in order to create the transformation necessary to secure more peaceful, fairer, and more inclusive societies, for everyone.

Online Learning / Educator Guides

The resources in this section are all brief talks or guides that could be used as online learning or educator guides to help students begin to think about human rights as they relate to health and equity.

1. Rosling H. **The Statistics of Human Rights.** TED 2009.
https://www.youtube.com/watch?v=BJTSS5llThs.

In this TED talk, international health professor, Hans Rosling, uses his Gapminder tool and related visual statistical tools and databases to demonstrate disparities that have affected health around the world since the 19th century. It may be useful in introducing students to these basic concepts.

2. **Grade 5 English Language Arts: Module 1: Human Rights.** Expeditionary Learning 2013.
https://www.engageny.org/resource/grade-5-ela-module-1.

This teaching module was designed for use in the New York State Common Core English Language Arts curriculum to introduce fifth graders to basic concepts about human rights. Unit 1 (11 lessons that may be used independent of Units 2 and 3) engages students in a close read of the introduction and select articles of the Universal Declaration of Human Rights (UDHR). Units 2 and 3 invite students to apply this learning to reading and discussion of a particular novel, Esperanza Rising, *by Pam Muñoz Ryan. All modules aim to build literacy skills while developing global awareness. Published in 2013, additional updates related to the NYS Common Core ELA Curriculum were added in 2014 and 2015.*

3. **Child Rights Toolkit: Integrating Child Rights in Development Cooperation.** UNICEF, European Commission 2014. https://www.unicef.org/eu/crtoolkit/toolkit.html.

This toolkit provides educators and development professionals with eight teaching modules on key areas relevant to child rights. They were developed by UNICEF and include: 1) Introduction, 2) Overview of Child

Rights in Development Cooperation, 3) Child Rights in Programming and Sector Policies, 4) Child Participation, 5) Child Rights in Governance, 5) Child Impact Assessment, 6) Child-Responsive Budgeting, 7) Child Rights in Crisis and Risk-Prone Situations, and 8) Working with Civil Society on Child Rights. Each module can function as a stand-alone lesson.

4. Rosling H, Rosling O. **How Not to be Ignorant About the World.** TEDSalon Berlin 2014. https://www.ted.com/talks/hans_and_ola_rosling_how_not_to_be_ignorant_about_the_world/transcript?language=en.

    This TED talk by international health professor, Hans Rosling, and his son, provides an entertaining introduction to understanding global disparities related to health. Rosling invites his audience to test and respond to questions identifying common misperceptions about health statistics and the consequences of global inequities in the world today. The video would be useful as a basic introduction to global health through the lens of global studies.

5. Hunt P. **Equality: The Road Less Travelled.** TEDx University of Essex. 2015; Nov 5. https://www.youtube.com/watch?v=Q2ydINUhp5g.

    This TED talk begins with the skepticism of Paul Hunt's 8-year old son that human rights efforts actually work, given his dad's constant efforts as a global expert in human rights law. Hunt emphasizes that if we want human rights to speak to policy-makers and practitioners, we need evidence that they work. Using short video clips, the talk argues there is a new, dynamic, global movement for the practical implementation of these empowering human rights. These rights signpost "the road less travelled" to equality and equity for all. This video is especially suitable to introduce students to the connection between human rights and ideas about equity.

6. Canlas M, Argenal A, Bajaj M. **Teaching Human Rights from Below: Towards Solidarity, Resistance and Social Justice.** Radical Teacher 2015. DOI: 10.5195/rt.2015.226. https://radicalteacher.library.pitt.edu/ojs/index.php/radicalteacher/article/view/226.

    This article for teachers describes the authors' experience establishing and running a weekly human rights club for immigrant and refugee youth in a public high school in a large urban area on the West Coast of the United States. The article includes discussion of sensitivities such as class, race, and undocumented status, and provides useful guidelines and advice for other educators who seek to bring these concerns into the classroom and public school community.

7. **Health and Human Rights Resource Guide.** Harvard FXB Center for Health and Human Rights, Open Society Foundations 2013. https://www.hhrguide.org.

    This web portal provides ten chapters or "windows" into applying a human rights-based approach (HRBA) to health, each focused on a specific health issue or vulnerable population. The portal is designed for advocates and practitioners around the world. Chapters consider: patient care, HIV/AIDS, tuberculosis, harm reduction, palliative care, children, minorities, LGBTI, disability, and access to medicines. This online book/portal was developed by Harvard University FXB Center for Health and Human Rights in collaboration with the Open Society Foundations.

Topic Portals

This section includes websites that function as topic portals into a collection of related materials pertaining to health and human rights. Resources include selected web-based report series, online journals and journal series, and resource libraries.

1. **BMC International Health and Human Rights.** https://bmcinthealthhumrights.biomedcentral.com.

   This open access online journal publishes original peer-reviewed research articles related to health and disease in developing and transitional countries. It also features issues related to the impact of health policies, programs, and practices on human rights.

2. **Global Health and Human Rights Database: A Free Online Database of Health and Human Rights Law**. http://www.globalhealthrights.org.

   This topic portal is a free online resource of law from around the world relating to health and human rights. The site offers an interactive, searchable, and fully indexed database of case law, national constitutions, and international instruments, with three sections: (1) Judgments, (2) International and regional instruments, and (3) National constitutions. Designed for lawyers and law students, the database may also be useful in a public health classroom considering the relationship between public health and human rights. The portal was developed by Lawyers Collective and the O'Neill Institute for National and Global Health Law at Georgetown University, in collaboration with a worldwide network of civil society partners.

3. **Health and Human Rights Journal.** Harvard University François-Xavier Bagnoud Center for Health and Human Rights. https://www.hhrjournal.org.

   This open access online journal is the flagship publication of the Harvard University François-Xavier Bagnoud Center for Health and Human Rights. Founded by Dr. Jonathan Mann in 1994 and currently edited by Dr. Paul Farmer, the Health and Human Rights Journal (HHR) provides an inclusive forum for action-oriented dialogue among human rights practitioners while also focusing rigorous scholarly analysis on the conceptual foundations and challenges of rights discourse and action related to health.

4. **Health and Human Rights SDG Series.** Health and Human Rights Journal 2015. https://www.hhrjournal.org/health-and-human-rights-journal-sdg-series.

   This topic portal of the Health and Human Rights Journal *highlights a series of essays and blog posts about the Sustainable Development Goals (SDGs) published in September 2015. The series also includes essays directly relevant to universal coverage and accountability:*
   Introduction: What might SDGs mean for human rights and health? by Carmel Williams and Alison Blaiklock

   SDGs and the Importance of Formal Independent Review: An Opportunity for Health to Lead the Way by Paul Hunt

   Universal Health Coverage and the Right to Health by Audrey Chapman

   The Slippery Target for Child Survival in the 2030 Agenda for Sustainable Development by Elizabeth Gibbons

SDG SERIES: Leaving No One Behind: Human Rights and Accountability are Fundamental to Addressing Disparities in Sexual and Reproductive Health by Rebecca Brown

With SDGs Now Adopted, Human Rights Must Inform Implementation and Accountability by Carmel Williams and Alison Blaiklock

National Health Equity Strategies to Implement the Promise of SDGs by Eric A. Friedman

5. **MDG Reports.** United Nations. http://www.un.org/millenniumgoals/reports.shtml.

   This web portal of the "Millennium Development Goals and Beyond 2015" includes links to each of the eight Millennium Development Goals (MDGs) and to all the reports issued on their progress since 2002. Resources include: Millennium Development Goals Reports; MDG Gap Task Force Reports; Reports on the MDGs by the United Nations Secretary-General; a sampling of other related United Nations reports; the Recommendations of the MDG Africa Steering Group; Regional MDG reports; Millennium Project Report [on] Investing in Development; and the Human Development Report.

6. **Practitioners' Portal on Human Rights Based Approaches to Programming.** United Nations. http://hrbaportal.org.

   This web portal (known as the "HRBA Portal") features resources to help integrate a human rights-based approach into development work at the program level. It includes background information, training and learning materials on nearly two dozen topics, and offers access to the United Nations Human Rights Policy Network, HuriTALK, where more than 2,000 practitioners from across the globe can share experiences and examples of integrating human rights lessons into their work.

7. **Resource Library.** United Nations Office of the High Commission on Human Rights. http://searchlibrary.ohchr.org.

   This webpage offers users a searchable library catalogue of more than 17,000 resources from the United Nations Office of the High Commissioner for Human Rights (OHCHR).

Informational Briefs

This section contains short summaries, blogs, and brief essays that help readers gain a quick understanding of some aspect of health and human rights.

1. Fukuda-Parr S. **The 2030 Agenda and the SDGs—A Course Correction?** Speri.Comment: The Political Economy Blog 2015; Sept 15. http://speri.dept.shef.ac.uk/2015/09/30/the-2030-agenda-and-the-sdgs-a-course-correction.

   This blog post provides an easy-to-understand summary of how the Sustainable Development Goals are different from the Millennium Development Goals in their creation and vision for change. The author, a leading economist, explains why accountability to human rights is a vital next step for the realization of health and development. The post was published by Speri.Comment, the political economy blog of the Sheffield Political Economy Research Institute.

2. **Convention on the Rights of the Child: The Human Rights Approach.** UNICEF 2014.
   https://www.unicef.org/crc/index_framework.html.

   This webpage summarizes the human rights approach that informs the United Nations' Convention on the Rights of the Child (CRC). The page includes links to background on human rights, the development of the CRC, and how it operates to protect children.

3. **Rights-Based Approaches to Sexual and Reproductive Health, Maternal Health and Under-5 Health: Additional Resources.** United Nations 2017.
   http://www.ohchr.org/EN/Issues/Women/WRGS/Pages/MaternalAndChildHealth.aspx.

   For use with "Summary Reflection Guide on a Human Rights-Based Approach to Health: Application to Sexual and Reproductive Health, Maternal Health and Under-5 Child Health" (2015, 2016).

   This one-page bibliography supplements three United Nations Reflection Guides on applying human rights-based approaches (HRBAs) to health; the guides and the additional resources are targeted to health policy-makers, national human rights institutions, and health workers active in providing health support in the areas of sexual and reproductive health and the health of children under 5.

4. **Frequently Asked Questions on Economic, Social and Cultural Rights.** Fact Sheet No. 13. United Nations Office of the High Commissioner for Human Rights 2008.
   http://www.ohchr.org/EN/PublicationsResources/Pages/FactSheets.aspx.

   This booklet-length fact sheet provides lay readers with basic answers to questions about social, cultural and economic rights, inherent in the 1948 Universal Declaration of Human Rights (UDHR) and the 1966 International Convention on Economic, Social and Cultural Rights (ICESCR). It is part of a series of similar fact sheets, on a variety of aspects of human rights, published by the United Nations Office of the High Commissioner for Human Rights.

5. **National Human Rights Institutions: Summary Reflection Guide on a Human Rights-Based Approach to Health; Application to Sexual and Reproductive Health, Maternal Health and Under-5 Child Health.** United Nations Office of the High Commissioner for Human Rights, Harvard FXB Center, The Partnership for Maternal, Newborn & Child Health, UNFPA, World Health Organization 2015. https://cdn2.sph.harvard.edu/wp-content/uploads/sites/5/2015/07/RGuide_NHRInsts_WEB.pdf.

   This guide offers practical guidelines for those who work in human rights institutions to help effectively and meaningfully implement a human rights-based approach to women and children's health care. National human rights institutions (HRIs) and independent human rights institutions for children (IHRICs) are uniquely placed to hold governments accountable for the right to health and survival for all women and children, without discrimination. The guide is organized into five sections, each of which includes sample questions to consider, examples to illustrate the questions, and an HRBA "reflection" designed to offer insight into why the issue matters from a human rights perspective. The five sections consider best practice in health policy through (1) planning, (2) budgeting, (3) implementation in practice, (4) monitoring, review, and oversight, and (5) remedies. It could be used as a teaching tool in discussing the development of health policy guidelines.

6. Sustainable Development Goals: Related Human Rights. United Nations Office of the High Commissioner for Human Rights 2014. http://www.ohchr.org/Documents/Issues/MDGs/Post2015/SDG_HR_Table.pdf.

   This fact sheet lists and describes the 17 Sustainable Development Goals (SDGs) in a table providing examples of related human rights documents pertinent to each SDG. It is intended to illustrate the comprehensive nature of the SDGs in contrast to the Millennium Development Goals (MDGs). The document also includes a chronological list of all major international human rights instruments between 1948 and 2007, with associated links. The document is suitable for use as a teaching tool in high school or introductory college classes and classroom section discussions on international public policy, economic development, or global health, human rights, and sustainability.

7. **Human Rights-Based Approach.** United Nations Population Fund. http://www.unfpa.org/human-rights-based-approach.

   This online informational summary offers a brief on the human rights-based approach to economic development cooperation, and how human rights standards and principles should be put into practice in programming. It summarizes elements of good practice under a human rights-based approach, and discusses rights vs. needs, rights holders and duty bearers, and available mechanisms for protecting human rights from a development perspective.

Multimedia

The resources in this section include a brief selection of videos that introduce a range of cross-disciplinary topics related to human rights pertaining to health.

1. **The Many Paths Towards Universal Health Coverage.** World Health Organization 2013. https://www.youtube.com/watch?v=VQ3sHfYzcv8.

   This video explains the concept of universal coverage and uses examples from six countries—China, Oman, Mexico, Rwanda, Thailand, and Turkey. It aims to show ways that all countries can provide accessible and affordable care for their people.

2. Fukuda-Parr S. **Professor Sakiko Fukuda-Parr on the UN Sustainable Development Goals (SDGs).** New School International Affairs 2015; Oct 6. https://vimeo.com/140457004.

   This 2-minute video offers a development economist's "soundbite" of key points about the United Nations Sustainable Development Goals (SDGs), soon after their initial release in 2015. Professor Sakiko Fukuda-Parr summarizes what international affairs students should know about the SDGs and where we need more information from the mainstream media.

3. Fukuda-Parr S. **Sustainable Development Goals: A Course Correction?** Bernard and Audre Rapoport Center for Human Rights and Justice 2015. https://www.youtube.com/watch?v=n7fBatuXziA.

   This video offers a full-length (1.5 hour) lecture on the Sustainable Development Goals (SDGs) by leading development economist, Professor Sakiko Fukuda-Parr. The lecture was delivered as part of the University of Texas' Rapoport Center's Inequality and Human Rights Colloquium in October 2015. In the video, Professor Fukuda-Parr expands on the political economy blog (Speri.comment) post she had published a

few days earlier. The blog post and selections from the video may be useful for classroom use and discussion about health and human rights in relation to the SDGs.

Related video: Fukuda-Parr S. The 2030 Agenda and the SDGs—A Course Correction? Speri.comment: The Political Economy Blog 2015. http://speri.dept.shef.ac.uk/2015/09/30/the-2030-agenda-and-the-sdgs-a-course-correction.

4. Yamin, AE. **Dignity Matters: Applying Human Rights Frameworks to Health.** TEDx UConn 2015. https://www.youtube.com/watch?v=ezeA2UfCHTw.

    This TEDx presentation by human rights lawyer Alicia Ely Yamin explores the connections between injustice and power in health inequalities and why we should care about such patterns in the world today.

5. **Monitoring the Implementation of SDGs from a Gender Perspective: Tools for Accountability.** United Nations 2016. http://webtv.un.org/news-features/add-your-voice-series/watch/monitoring-the-implementation-of-sdgs-from-a-gender-perspective-tools-for-accountability-csw60-side-event/4803953115001.

    This webcast panel discusses accountability tools for monitoring the implementation of SDGs from a gender perspective. The panel took place during the March 2016 United Nations' 60th session on the Commission on the Status of Women (CSW60). Participants share ideas on how a strong monitoring framework, backed by robust gender-sensitive indicators and quality gender statistics, can help support the implementation of the 2030 Agenda on Sustainable Development and provide tools for accountability. Additional information about CSW60 is available at http://www.unwomen.org/en/csw/csw60-2016.

6. **Universal Health Coverage.** World Health Organization. http://www.who.int/universal_health_coverage/en.

    This web portal offers key information about universal health coverage available from the World Health Organization. The site includes information about essential aspects of UHC (health financing, health workforce, medicines and health products, health statistics, national health policies, and service delivery/safety), media releases, country progress, multimedia (including videos), WHO programs and activities, relevant speeches by the WHO Director General, WHO publications, and data and statistics.

7. Holman SR. **Health Justice – Hermeneutic of Blessing? The 2016 Grawemeyer Religion Award Lecture.** University of Louisville, Louisville Presbyterian Theological Seminary 2016. https://www.youtube.com/watch?v=dptjt0q6u9M.

    This public lecture explores the challenges posed by cultural factors such as religion and faith-based humanitarian action in efforts to applying human rights in international development and policy issues around the world today. It identifies tensions that shape humanitarian responses to health rights violations, emphasizes the importance of human rights principles and rights-based approaches to health in any global ethics of equity, and outlines possible approaches to interdisciplinary collaboration and understanding that can advance health rights for all. Founded in 1984, the Grawemeyer Awards annually honor "powerful ideas" in five fields—music, political science, religion, psychology, and education—which have the potential to advance justice and make the world a better place.

Organizations

1. **Millennium Development Goals.** United Nations. http://www.un.org/millenniumgoals.

   This website of the United Nations Millennium Development Goals (MDGs)—which aimed to cut global extreme poverty rates in half, halt the spread of HIV/AIDS, and provide universal primary education by 2015—provides links to extensive resources, including background, infographics, progress reports, and material that emerged from the MDGs to inform the post-2015 development agenda.

2. **Sustainable Development Goals.** United Nations. https://sustainabledevelopment.un.org/sdgs.

   This website of the United Nations provides a visually interactive interface to learn about the post-2015 Sustainable Development Goals.

3. **Every Woman Every Child**. United Nations. http://www.everywomaneverychild.org.

   This organizational portal provides information about and by the United Nations' Every Woman Every Child campaign, which serves in shaping global discussions of accountability and human rights in light of the 2030 Sustainable Development Goals (SDGs). Launched in 2010, the campaign aimed to save the lives of 16 million women and children by 2015. It mobilizes and intensifies international and national action by governments, multilaterals, the private sector, and civil society to address the major health challenges facing women and children around the world. Post-2015, the Every Woman Every Child "Global Strategy for Women's and Children's Health" presents a roadmap on how to enhance financing, strengthen policy, and improve service on the ground for the most vulnerable women and children between 2016 and 2030, to support the implementation of the SDGs. The website portal includes links to information on commitments, networks, accountability, resources, and news and events.

4. **ESCR-Net.** International Network for Economic, Social and Cultural Rights. https://www.escr-net.org.

   This web portal features resources about and from the International Network for Economic, Social and Cultural Rights (ESCR-Net). ESCR-Net connects nongovernmental organizations, social movements, and advocates from more than 75 countries in a global movement to make human rights and social justice a reality for all.

5. **Human Rights Watch**. https://www.hrw.org.

   This website represents Human Rights Watch, a nonprofit, nongovernmental human rights organization made up of human rights professionals including country experts, lawyers, journalists, and academics of diverse backgrounds and nationalities. Established in 1978, Human Rights Watch focuses on facts, reporting, media, and targeted advocacy, often in partnership with local human rights groups. The organization publishes more than 100 reports and briefings each year on human rights conditions around the world, meets with governments, the United Nations, regional groups like the African Union and the European Union, financial institutions, and corporations to press for changes in policy and practice that promote human rights and justice.

6. **O'Neill Institute for National and Global Health Law.** Georgetown University. http://www.law.georgetown.edu/oneillinstitute.

   Global Health and Human Rights Database: http://www.globalhealthrights.org
   Program on Health and Human Rights:
   http://www.law.georgetown.edu/oneillinstitute/research/area-health-and-human-rights.cfm

   These web portals highlight work of human rights lawyers who focus on global health law at the O'Neill Institute for National and Global Health Law at Georgetown University Law School. Research resources focus on the relationship of international human rights law (particularly the impact of litigation) and its connection with positive health outcomes. In collaboration with the Lawyers Collective, the O'Neill Institute also hosts a free online Global Health and Human Rights database of law from around the world relating to health and human rights.

Articles

1. Mann JM et al. **Health and Human Rights.** Health and Human Rights Journal 1994; 1(1): 6-23. https://www.hhrjournal.org/archives/volume-1-issue-1.

   This historic article sets out human rights leader Dr. Jonathan Mann's framework for a (then) new approach to collaborative scholarship and activism advancing health rights for all. The framework calls for (1) balancing public health goals with human rights norms, (2) describing and assessing the health effects of human rights violations, and (3) advancing research, teaching, field experience and advocacy to recognize the conceptual and practical implications of connecting human rights/dignity with health. Mann's insights remain important for health and human rights work today.

2. Cook RJ, Ngwena CG. **Women's Access to Health Care: The Legal Framework.** International Journal of Gynecology and Obstetrics 2006. DOI: 10.1016/j.ijgo.2006.04.009.

   This article identifies three legal principles that are key to advancing women's reproductive and sexual health. First, law should require that care be evidence-based, reflecting medical and social science rather than, for instance, religious ideology or morality. Second, legal guidance should be clear and transparent, so that service providers and patients know their responsibilities and entitlements without litigation to resolve uncertainties. Third, law should provide applicable measures to ensure fairness in women's access to services, both general services and those only women require. Legal developments are addressed that illustrate how law can advance women's equality, and social justice. The article is most relevant for considering human rights in the context of sexual and reproductive health.

3. Neier A. **Social and Economic Rights: A Critique.** Human Rights Brief 2006; 13(2):1-3. http://digitalcommons.wcl.american.edu/cgi/viewcontent.cgi?article=1254&context=hrbrief.

   This short article argues that the effort to achieve fairer distribution of the world's resources must take place through the political process rather than through an appeal for economic, social, and cultural rights. The author argues that strong civil and political rights can be significantly effective in dealing with social and economic inequities and, while not the answer to unfair resource distribution, offer the most effective way to address social and economic justice. This article would be useful in discussing the controversies over human rights and the place of social, economic, and cultural rights.

4. London L. **What is a Human Rights-Based Approach to Health and Does It Matter?** Health and Human Rights Journal 2008; 10(1): 65-79. https://www.hhrjournal.org/2013/09/what-is-a-human-rights-based-approach-to-health-and-does-it-matter.

   This article discusses the complexities involved in thinking about human rights-based approaches to health. The author, a research leader and physician in public health and HIV/AIDS, focuses on evidence from South and Southern Africa and the importance of mutual approaches and nurturing learning networks to realize the right to health.

5. Yamin AE. **From Ideals to Tools: Applying Human Rights to Maternal Health.** PLOS Medicine 2013; 10(11). DOI:10.1371/journal.pmed.1001546. http://journals.plos.org/plosmedicine/article?id=10.1371/journal.pmed.1001546.

   This article explores how applying human rights frameworks and human rights-based approaches (HRBAs) to maternal health—including maternal morbidity, mortality, and other violations of sexual and reproductive health and rights—are essential ingredients in effecting long-term change. The author draws on lessons from a decade of women's health rights efforts and explains the ultimate goals of HRBAs to enable women to live lives of dignity.

6. Fried ST et al. **Universal Health Coverage: Necessary But Not Sufficient.** Reproductive Health Matters 2013; 21. DOI: 10.1016/S0968-8080(13)42739-8. http://www.sciencedirect.com/science/article/pii/S0968808013427398.

   This article highlights key considerations for better addressing sexual and reproductive health and rights issues within universal health coverage (UHC), particularly in the context of the post-2015 sustainable development agenda. The authors describe the history of UHC and its role as a health, development, and health care financing issue, and discuss its limitations as currently understood from a human rights perspective. They show why structural barriers to health, as well as the legal and policy environments that are essential to health (particularly to sexual and reproductive health and rights), require critical consideration in current discussions about health in the post-2015 development framework and must be taken into account above and beyond UHC in any future health goal. The article concludes that UHC alone will not result in universal access to sexual and reproductive health, and certainly not to sexual and reproductive rights. Instead, it should be considered as a means to achieving broader health and development goals. A goal such as seeking to reach the highest attainable standard of health or maximizing healthy lives that is informed by a rights-based approach should be the aspiration for the post-2015 development agenda.

7. Lancet-University of Oslo Commission on Global Governance for Health. **The Political Origins of Health Inequity: Prospects for Change.** The Lancet 2014; 383: 630-667. http://dx.doi.org/10.1016/S0140-6736(13)62407-1.

   This report, published by a Lancet Commission in collaboration with the University of Oslo, examines power disparities and dynamics across a range of policy areas that affect health and need improved global governance. It includes explicit consideration of human rights in relation to health. Intended for policy-makers, the report would be useful in graduate school classroom discussions about health rights, global governance for health, and health governance. The online report is accompanied by an editorial essay and comments.

8. **Integrating Human Rights Into the Post-2015 Development Agenda:** Follow-up and Review: Ensuring Accountability for the SDGs. United Nations Office of the High Commissioner for Human Rights 2015. http://www.ohchr.org/Documents/Issues/MDGs/Post2015/AccountabilityAndThePost2015Aagenda.pdf.

   This three-page article outlines why achieving the effective implementation of the post-2015 development agenda will depend on the creation of a strong "follow-up and review" framework to ensure that the Sustainable Development Goals (SDGs) commitments are met. The follow up and review architecture, at national, regional and global levels should be universal, participatory, and transparent. It must ensure accountability of all relevant actors including the private sector, and track that "no one is being left behind" by monitoring progress with data fully disaggregated by population groups. It emphasizes the importance of all United Nations Member States participating in universal, multi-stakeholder periodic reviews at the global level, and building strong national review processes. Monitoring and review should be evidence-based, on the basis of a data revolution underpinned by human rights. The brief is aimed at participants (including policy experts) in United Nations organizations but is also a useful summary for classroom discussion introducing these issues in the context of public policy, global health, and economic development.

9. **Operationalizing Human Rights in Efforts to Improve Health.** PMNCH Knowledge Summary 34. The Partnership for Maternal, Newborn and Child Health; United Nations 2015. http://www.who.int/pmnch/knowledge/publications/summaries/ks34/en.

   This knowledge summary introduces the importance and added value of human rights standards and principles, and provides practical examples of human rights integration for women's, children's and adolescents' health along the life course, and across the policy cycle and in service delivery. The added practical value of applying human rights in policies, programs and services for women's, children's and adolescents' health is not always immediately clear to stakeholders within and beyond the health sector. Quality technical guidance and human rights documents can help to clarify and inform the integration of human rights in planning and programming. Efforts to integrate human rights must be accompanied by appropriately designed research on and evaluation of their impact on women's, children's and adolescents' health.

10. Abiiro GA, De Allegri M. **Universal Health Coverage From Multiple Perspectives: A Synthesis of Conceptual Literature and Global Debates.** BMC International Health and Human Rights 2015; 15. DOI: 10.1186/s12914-015-0056-9. http://bmcinthealthhumrights.biomedcentral.com/articles/10.1186/s12914-015-0056-9.

    This article synthesizes the literature and global debates concerning the importance of universal health coverage (UHC). It discusses the many different ways that UHC is perceived and argues for the need to pay attention to the complex interactions across the various components of a health system in the pursuit of UHC as a legal human rights issue. As a humanitarian social concept, UHC aims at achieving universal population coverage by enrolling all residents into health-related social security systems and securing equitable entitlements to the benefits from the health system for all. As a health economics concept, UHC guarantees financial protection by providing a shield against the catastrophic and impoverishing consequences of out-of-pocket expenditure, through the implementation of pooled prepaid financing systems. As a public health concept, UHC has attracted several controversies regarding which services

should be covered: comprehensive services vs. minimum basic package, and priority disease-specific interventions vs. primary health care. The move towards UHC in lower- and middle-income countries requires all states to effectively recognize the right to health in their national constitutions. It also requires a human rights-focused integrated approach to health service delivery that recognizes the health system as a complex phenomenon with interlinked functional units that must work together effectively before UHC can be achieved.

11. Yamin AE, Lander F. **Implementing a Circle of Accountability: A Proposed Framework for Judiciaries and Other Actors in Enforcing Health-Related Rights.** Journal of Human Rights 2015; 14: 312-331. DOI: 10.1080/14754835.2015.1056874. http://dx.doi.org/10.1080/14754835.2015.1056874.

This article discusses the practice of accountability in health-related rights around the world today. Judges are increasingly being asked to enforce access to entitlements as well as to regulate the conduct of executive branches in relation to the right to health with consequences that have arguable benefits to national health equity. Decisions made by judicial bodies in the context of health rights litigation have far-reaching consequences, not only directly on litigants but also often indirectly on the broader population. This article argues that remedies should not be appended to broken health systems. Rather, access to justice and the ability to enforce judgments must be contemplated by political actors from the beginning of the policy cycle, and proposed remedies can help drive health system and judicial revision and reform. For a meaningful "circle of accountability," legal opportunity structures that inhibit access to justice must be considered alongside the framing of rights during adjudication, as well as procedural protections for litigants, in addition to the role of the judiciary in monitoring and enforcement of decisions post-judgment. The application of a reflective, purposive approach at each of these points in the judicial process has significant potential to enhance the impact of judicialization of health rights, in terms of equity and accountability within health systems, and beyond.

12. Sen A. **Universal Health Care: The Affordable Dream.** Harvard Public Health Review 2015; 4. http://harvardpublichealthreview.org/universal-health-care-the-affordable-dream.

This article outlines the case for universal health care (UHC) as a realistic goal for enhancing human capability. It draws from examples over the past thirty years, where effective health care is provided at low cost to the bulk of the population, to argue that UHC is a dream that is in fact affordable. The case for UHC is often underestimated due to insufficient appreciation for how affordable and well-organized health care for all can enrich and enhance human lives. Health care plays a dual role in improving human life by removing economic poverty as well as reducing impoverishment in other (not necessarily economic) ways that also matter to everyone. The Indian state of Kerala is one example of possible success, given its successful implementation of UHC despite being one of the poorest states in India. The strong positive interdependence between health and economic performance illustrates the centrality of health in enhancing human capability. The article would be useful in classroom discussions about the controversies related to UHC.

13. Fukuda-Parr S, McNeill D. **Post 2015: A New Era of Accountability?** Journal of Global Ethics 2015; 11. DOI: 10.1080/17449626.2015.1004738. http://www.tandfonline.com/doi/pdf/10.1080/17449626.2015.1004738.

This article discusses the role of accountability in implementation of the post-2015 Sustainable Development Goals (SDGs). The Millennium Development Goals (MDGs) were criticized for failing to address the issue of governance, and the associated notions of responsibility and accountability. It is vital

post-2015 to recognize the structural constraints facing poor countries—the power imbalances in the global economic system that limit their ability to promote the prosperity and well-being of their people, as was clearly brought out by the Commission on Global Governance for Health. This article is divided into three parts. First, it makes the case for a global justice perspective which emphasizes the responsibility—and hence also accountability—of international organizations and rule-making bodies. Second, it demonstrates the limitations of accountability mechanisms of the type adopted in the MDGs. Finally, it concludes by arguing for a new approach to accountability that may be better suited to the post-2015 era.

14. MacNaughton G et al. **The Impact of Human Rights on Universalizing Health Care in Vermont, USA.** Health and Human Rights Journal 2015; 17. https://www.hhrjournal.org/2015/12/the-impact-of-human-rights-on-universalizing-health-care-in-vermont-usa.

    This article reports on the Vermont Workers' Center's human rights-based approach to universal health care and the extent to which this approach influenced decision makers. In 2011, Vermont was the first state in the U.S. to enact framework legislation to establish a universal health care system for all its residents. The article examines motivations, messaging, and response framework, as well as how the legislation offered an alternative to the economics-based discourse, and the role of human rights principles in guiding norms for health care in Vermont. These principles empower Vermonters with more voice in policymaking and have potential to shape ongoing democratic principles of governance.

15. Schmidt H, Gostin LO, Emanuel E. **Public Health, Universal Health Coverage, and Sustainable Development Goals: Can They Coexist?** The Lancet 2015; June 30. http://dx.doi.org/10.1016/S0140-6736(15)60244-6.

    This opinion paper considers the risks of a narrow focus on universal health coverage (UHC) and its implications for public health and implementation of the sustainable development goals (SDGs). The authors consider countries such as Thailand, Colombia and the United States, and particularly non-communicable diseases (NCDs), such as lung cancer linked to tobacco use. The global move towards UHC is urgent and long overdue, but the ultimate challenge for policy-makers is to achieve equitable health outcome improvements through genuine integration of individual- and population-level health promotion and preventative efforts with curative services. This essay will be useful in health policy discussions about making UHC work for all.

16. Friedman EA. **An Independent Review and Accountability Mechanism for the Sustainable Development Goals: The Possibilities of a Framework Convention on Global Health.** Health and Human Rights Journal 2016; 18(1). https://www.hhrjournal.org/2016/01/an-independent-review-and-accountability-mechanism-for-the-sustainable-development-goals-the-possibilities-of-a-framework-convention-on-global-health.

    This article outlines and comments on the potential scope of the Framework Convention on Global Health (FCGH), a proposed global treaty to be rooted in the right to health and aimed at health equity. Such a Framework Convention could establish a nuanced, layered, and multi-faceted regime of compliance and accountability to the right to health. In so doing, it would significantly strengthen accountability for the health-related Sustainable Development Goals (SDGs), which it would encompass. Legally binding, the FCGH could facilitate accountability through the courts and catalyze comprehensive domestic accountability regimes, requiring national strategies that include transparency, community and national accountability and participatory mechanisms, and an enabling environment for social empowerment. A

"Right to Health Capacity Fund" could ensure resources for these strategies. Inclusive national processes could establish targets, benchmarks, and indicators consistent with FCGH guidance, with regular reporting to a treaty body, which could also hear individual cases. State reports could be required to include plans to overcome implementation gaps, subjecting the poorest performers to penalties and targeted capacity-building measures. Regional special rapporteurs could facilitate compliance through regular country visits and respond to serious violations. And reaching beyond government compliance, from capacity-building to the courts and contractual obligations, the FCGH could establish nationally enforceable right to health obligations on the private sector.

17. Kumar A. **When Exposing Abusers Is Not Enough: Strategies to Confront the Shameless.** Human Rights Watch 2017. https://www.hrw.org/world-report/2017/country-chapters/when-exposing-abusers-is-not-enough.

    This essay outlines strategies to challenge public leaders who shamelessly flaunt their human rights violations as electoral or recruitment tools. It highlights effective strategies that shift the focus from traditional "shaming" media approaches to instead target their networks of financial enablers and, for those implicated in violations in armed conflicts or security operations, their arms suppliers. By underscoring their enablers' complicity in abuses and seeking to impose punitive measures on these enablers directly, human rights advocates have a chance to affect the calculations of the shameless too. Some financing or arming abusers may be more vulnerable to being exposed publicly than their clients. And since enabling alone can amount to a serious international crime or human rights abuse, advocates should also make clear that coercive tools like sanctions and punitive measures like prosecutions also apply directly to those who enable such public figures. The essay is one chapter in Human Rights Watch's [2017 World Report](), an annual review of human rights around the globe.

Health and Human Rights: Glossary of Terms

2017

This short glossary is designed to accompany the three-video series on health and human rights prepared in partnership between the Incubator and Alicia Ely Yamin, Visiting Professor of Law and Program Director of the Health and Human Rights Initiative at the O'Neill Institute at Georgetown University Law Center, and Adjunct Instructor on Law and Global Health at the Harvard T.H. Chan School of Public Health. This list includes only those terms, phrases, and concepts that are included and discussed within the video narratives. Many of these terms represent controversial issues, with highly contested debates over the "best" or most representative meaning(s).

Additional Incubator resources developed to accompany the video series include the following (available as separate documents): an annotated bibliography (including major human rights laws and conventions mentioned in the series, not included in this glossary); a teaching guide with summary, learning objectives, discussion questions, and a short list for further reading; a select human rights timeline; and a Q&A Factsheet on Universal Health Coverage (UHC).

Note: Sources for terms below are noted in brackets at the end of each entry, with additional information at the end of this document. Where no source is listed, the definition is taken from Alicia Ely Yamin's book, *Power, Suffering, and the Struggle for Dignity: Human Rights Frameworks for Health and Why They Matter*).

Civil and political rights: Human rights concerning individual autonomy and participation in government, defined in international law by the International Covenant on Civil and Political Rights (ICCPR) and other treaties; for example, the right to life, equality before the law, and freedom of expression.

Claims and duties: Terms used in human rights law commonly used to refer to the legal demands (claims) or responsibilities and rights (duties) between persons under the law. [*adapted from Oxford Dictionary online*]

Colonialism: The policy or practice of one country's political control over another country, including occupation and economics. Colonialism is traditionally associated in human rights discussions with the imposition of human rights violations that manifest discrimination and inequities that negatively affect the health and health risks of those who are being colonialized. *[adapted and expanded from the Oxford Dictionary online]*

Conditions: The circumstances or factors that affect the way in which people live or work, especially with regard to their well-being. Conditions pertinent to health and human rights include both *health conditions* (factors such as disease that affects the body directly), and *conditions for health* (social, environmental, or political factors that can affect health and health risks). *[adapted and expanded from the Oxford Dictionary online]*

Dignity: A core philosophical and ethical concept in human rights law, related to the inherent value of a human being as worthy of merit and respect. *[adapted from Oxford English Dictionary]*

Economic, social, and cultural (ESC) rights: A group of human rights concerning the workplace, social security, family life, cultural life, and access to an adequate standard of living, among other things, defined in international law by the International Covenant on Economic, Social and Cultural Rights and other treaties; for example, the right to health, housing, and education.

Equity in health: (i) The absence of systematic or potentially remediable differences in health status, access to healthcare and health-enhancing environments, and treatment in one or more aspects of health across populations or population groups defined socially, economically, demographically or geographically within and across countries. (ii) A measure of the degree to which health policies are able to distribute well-being fairly. *[Health Systems Strengthening Glossary]*

Health: A state of complete physical, social and mental well-being, and not merely the absence of disease or infirmity. *[Constitution of the World Health Organization]*

Health policy: (i) A formal statement or procedure within institutions (notably government), which defines priorities and the parameters for action in response to health needs, available resources and other political pressures. *[Health Promotion Glossary]* (ii) A statement designed specifically to promote health or a desired health outcome, or those not explicitly about health but acknowledged to have a health impact (e.g., education, transportation, and economic policy). *[Global Health Glossary]*

Health system: (i) All the activities whose primary purpose is to promote, restore and/or maintain health; (ii) the people, institutions and resources, arranged together in accordance with established policies, to improve the health of the population they serve, while responding to people's legitimate expectations and protecting them against the cost of ill-health through a variety of activities whose primary intent is to improve health. *[Health Systems Strengthening Glossary]*

Human rights: "Human rights are rights inherent to all human beings, whatever our nationality, place of residence, sex, national or ethnic origin, colour, religion, language, or any other status. We are all equally entitled to our human rights without discrimination. These rights are all interrelated, interdependent and indivisible." *[United Nations Office of the High Commissioner on Human Rights]*

As they relate to health and human rights violations, they may be discussed in several different conceptual frameworks, as legal, ethical, and/or moral principles.

Human rights-based approaches (HRBAs) to health: Attitudes, policies, and practices that shape organizational and individual action, commonly discussed in the context of health, health systems, and economic development with health implications; HRBAs may take different forms but share a rooted commitment to key human rights principles, such as: universality, interdependence and indivisibility,

equality and nondiscrimination, transparency and accountability, and meaningful participation. *[Global Health Education and Learning Incubator at Harvard University]*

Inextricable linkage: The idea advanced by Dr. Jonathan Mann in 1994, that there is an inseparable relationship between health and human rights such that no person can fully enjoy health without human rights, nor can any person fully enjoy human rights without health. *[derived from Yamin video narrative]*

International Conference on Population and Development (ICPD): A conference coordinated by the United Nations in Cairo, Egypt, in September 1994 during which 20,000 delegates from governments, UN agencies, NGOs, and the media discussed issues including immigration, infant mortality, birth control, family planning, education of women, and protection for women from unsafe abortion services. The Program of Action that resulted from the conference is the steering document for the United Nations Population Fund (UNFPA).

Legally enforceable right: Sometimes referred to as "judicialization," human rights law focuses primarily on rights that can be enacted through the due process of the courts and enforced by law. [*derived from Yamin video narrative*]

Millennium Development Goals: Eight international goals established to measure the achievement of the Millennium Declaration with a target date of achievement of 2015. The goals are as follows: (1) Eradicate extreme poverty and hunger; (2) achieve universal primary education; (3) promote gender equality and empower women; (4) reduce child mortality; (5) improve maternal health; (6) combat HIV/AIDS, malaria, and other diseases; (7) ensure environmental sustainability; and (8) develop a global partnership for development.

Sexual and Reproductive Health: Refers to a state of complete physical, mental, and social well-being in all matters relating to the reproductive system and to its functions and processes at all stages of life. *[Global Health Glossary]* According to the World Health Organization, achieving good reproductive health requires attention to: sexual development, maturation, and health with special reference to adolescents; fertility regulation (i.e., family planning); maternal health; perinatal health; unsafe abortion; infertility; reproductive tract infections, including HIV/AIDS, other sexually transmitted infections, and cervical cancer; violence and its consequences for sexual and reproductive health; and female genital mutilation and other harmful practices. *[Health, Public Health & Global Health: Concepts and Contemporary Landscape — Glossary]*

Social determinants of health: "The conditions in which people are born, grow, live, work and age, and the wider set of forces and systems shaping the conditions of daily life. These forces and systems include economic policies and systems, development agendas, social norms, social policies and political systems." *[Social Determinants of Health; World Health Organization]*

Sustainable Development Goals (SDGs): International development goals that succeeded the Millennium Development Goals after 2015. The term emerged from an agreement made at the United Nations Conference on Sustainable Development held in Rio de Janeiro in 2012 (Rio+20).

State: In human rights documents, the capitalized term, "State," commonly refers to individual countries or nations, most typically those 193 nations that hold formal membership in the United Nations.

Universal Declaration of Human Rights: Promulgated by the UN General Assembly in 1948, following World War II and the creation of the United Nations, this document set forth a standard of fundamental human rights to be universally protected.

Universal health coverage (UHC): The goal of universal health coverage is to ensure that all people obtain the health services they need without suffering financial hardship when paying for them. This requires: a strong, efficient, well-run health system; a system for financing health services; access to essential medicines and technologies; and a sufficient capacity of well-trained, motivated health workers. *[Health in All Policies Glossary]*

World Health Organization (WHO): The United Nations specialized agency for health. WHO's objective, as set out in its Constitution, is the attainment by all peoples of the highest possible level of health. Health is defined in WHO's Constitution as a state of complete physical, mental, and social well-being, and not merely the absence of disease or infirmity. WHO is governed by 192 Member States through the World Health Assembly. *[Global Health Glossary]*

Sources:

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http://who.int/social_determinants/publications/health-policies-manual.

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http://www.who.int/healthsystems/hss_glossary/en.

Social Determinants of Health. World Health Organization.
http://www.who.int/social_determinants/en.

Oxford Dictionaries. https://www.oxforddictionaries.com.

What are Human Rights? United Nations Office of the High Commissioner on Human Rights.
http://www.ohchr.org/EN/Issues/Pages/WhatareHumanRights.aspx.

Yamin AE. Power, Suffering, and the Struggle for Dignity: Human Rights Frameworks for Health and Why They Matter. 294-296. University of Pennsylvania Press 2016.
http://www.upenn.edu/pennpress/book/67.html.

Human Rights Timeline: Select Key Events

2017

This timeline accompanies a three-video series on health and human rights by human rights attorney, Alicia Ely Yamin. It lists only events highlighted in the video narrative. Further information about additional human rights documents pertinent to the themes discussed in the videos are available in an accompanying annotated bibliography. Some of the descriptions below are partly informed by and adapted from the "Human Rights Timeline" published by The Eleanor Roosevelt Papers Project at the George Washington University, available at: https://www2.gwu.edu/~erpapers/humanrights/timeline.

1939-1945

World War Two: Human rights violations increasingly become an international concern related to the atrocities of the Nazi era in Germany under Adolf Hitler.

1945

The **United Nations (UN)** is established, emphasizing the principle of individual human rights. The Charter of the UN states that one of the primary purposes of the UN is the promotion and encouragement of "respect for human rights and for fundamental freedoms for all without distinction as to race, sex, language or religion."

1947-1991

The **Cold War** is a period of political tension and intentional non-cooperation following World War II, between communist nations closely allied with the Soviet Union, and the West, particularly the United States.

1948

The UN General Assembly adopts the **Universal Declaration of Human Rights**, the primary international articulation of the fundamental and inalienable rights of all human beings and the first comprehensive agreement among nations with regards to the specific rights and freedom of all human beings.

1964

Nelson Mandela and seven other leaders of the African National Congress (ANC) are sentenced to life in prison by the South African government for protesting the apartheid policies in South Africa.

1966

The UN adopts and opens for signature the **International Covenant on Civil and Political Rights (ICCPR)** and the **International Covenant on Economic, Social and Cultural Rights (ICESCR)**. Together these documents further developed the rights outlined in the Universal Declaration of Human Rights.

1976
The **ICCPR** and **ICESCR** take effect after ratification by UN Member States.

1981
The disease that would become known as **HIV/AIDS is first identified** and develops into a global pandemic throughout the 1990s.

1980s-1990s
A movement emerges to incorporate **human rights in domestic affairs** in national constitutions around the world.

1989
The Cold War begins to thaw and the **Berlin Wall**, between East and West Berlin, is dismantled.

1990
Nelson Mandela is released after 27 years in prison, when South Africa's President F.W. de Klerk lifts the ban on the ANC and other anti-apartheid organizations.

1990s
An increasing focus on **sexual and reproductive rights** develops.

1991
The **Soviet Union is formally dissolved** into independent republics.

1993
The Second World Conference on Human Rights convenes in Vienna, where the **Vienna Declaration and Programme of Action** is adopted.

1994
The International Conference on Population and Development in **Cairo (ICPD) Programme of Action** affirms the relationship between gender equality and economic development.

1995
The **Beijing Declaration** at the World Conference on Women declares that "women's rights are human rights." The Platform for Action designed at the conference contains dozens of references to human rights pertaining to women.

1995-1996
The successful development of **antiretroviral (ARV) therapy** makes it possible to treat HIV/AIDS as a lifelong chronic, rather than inevitably fatal, disease. Due to high cost of the medication, debates begin over the cost-effectiveness of such treatment, particularly in low-income countries.

2002
The United Nations **Millennium Development Goals** are commissioned by the United Nations Secretary-General, to develop a concrete action plan to "alleviate extreme poverty by 2015."

2003
The United Nations adopts a public statement to promote a **human rights-based approach to development** for UN agencies involved in global and regional development efforts.

2010
United Nations Secretary-General launches the **Global Strategy for Women's and Children's Health.** In 2015, the Strategy is updated to include adolescent health, and published as part of the multi-stakeholder *Every Woman Every Child* movement, to help end preventable deaths and ensure well-being within a generation.

2015
The Millennium Development Goals are concluded, and the United Nations launches the **Sustainable Development Goals** (2016-2030).

2016
Donald Trump is elected as President of the United States, and in the United Kingdom a national vote to withdraw from membership in the European Union ("Brexit") marks a global **politically conservative shift** in the English-speaking West.

Universal Health Coverage (UHC): Q&A Factsheet

2017

Q: What is universal health coverage (sometimes called universal health care, or UHC) and how is it understood from a broad global health perspective?

A. The World Health Organization (WHO) defines universal health coverage most simply as "universal access to health services with social health protection" [*Health Systems Strengthening Glossary. World Health Organization 2011. http://www.who.int/healthsystems/hss_glossary.*]

The goal of universal health coverage is to ensure that all people obtain the health services they need without suffering financial hardship when paying for them; this requires a strong, efficient, well-run health system; a system for financing health services; access to essential medicines and technologies; and a sufficient capacity of well-trained, motivated health workers.
[*Glossary. Health in All Policies: Training Manual. World Health Organization 2015. http://who.int/social_determinants/publications/health-policies-manual.*]

Q. Where can I learn more about UHC?

A: The WHO maintains a "universal health coverage" portal online at http://www.who.int/universal_health_coverage/en with accessible descriptions of UHC and links to the following related resources:
- Data and statistics
- Publications
- Related programs and activities
- Multimedia
- In-country progress information
- Media releases
- Related feature news stories

Q: Where can I read the latest scholarship and policy summaries from global experts on why UHC matters worldwide and in select country examples?

A: It's impossible to provide a comprehensive list of reputable resources on the UHC debates and realities around the globe, but below is a small sample of representative resources by global experts that might assist you in understanding the issues and controversies:

- **Report:** Hsiao W, Li M, Zhang S. Universal Health Coverage: The Case of China. Working Paper 2014-15. United Nations Research Institute for Social Development 2014. http://www.unrisd.org/80256B3C005BCCF9/search/E15A4915BFDBEE8AC1257D9E0033BACE?OpenDocument.

- **Report:** Making Fair Choices on the Path to Universal Health Coverage: Final Report of the WHO Consultative Group on Equality and Universal Health Coverage. World Health Organization 2014. http://www.who.int/choice/documents/making_fair_choices/en.

- **Report:** Cotlear D et al. Going Universal: How 24 Countries are Implementing Universal Health Coverage Reforms from the Bottom Up. World Bank Group 2015. http://www-wds.worldbank.org/external/default/WDSContentServer/WDSP/IB/2015/09/10/090224b0830cc779/1_0/Rendered/PDF/Going0universa0s0from0the0bottom0up.pdf.

  See especially Chapter 6, "Strengthening Accountability" (pp. 161-185).

  (Note: this report was published before the final release of the Sustainable Development Goals, and may differ in detail from current World Bank and World Health Organization information.)

- **Article:** Yamin AE. Taking the Right to Health Seriously: Implications for Health Systems, Courts, and Achieving Universal Health Coverage. *Human Rights Quarterly* 2017; 39(2): 341-368.

- **Opinion Essay:** Schmidt H, Gostin LO, Emanuel E. Public Health, Universal Health Coverage, and Sustainable Development Goals: Can They Coexist? *The Lancet* 2015; June 30. http://dx.doi.org/10.1016/S0140-6736(15)60244-6.

- **Video:** WHO: The Many Paths Towards Universal Health Coverage. World Health Organization 2013. https://www.youtube.com/watch?v=VQ3sHfYzcv8.

  This video explains the concept of universal coverage and uses examples from six countries—China, Oman, Mexico, Rwanda, Thailand and Turkey—to show ways that all countries can provide accessible and affordable care for their people.

Q: The United States is the only developed country in the world without universal health care. Why do some Americans oppose the idea of UHC?

A: For an insight into this debate, here are three recent publications that contain diverse but representative common arguments for and against UHC in the United States:

- **Against UHC in the U.S. from a conservative economic perspective** *(opinion piece)*: Roy A. Conservative Think Tank: 10 Countries With Universal Health Care Have Freer Economies Than The U.S. Forbes.com 2015; Jan 27. http://www.forbes.com/sites/theapothecary/2015/01/27/conservative-think-tank-10-countries-with-universal-health-care-are-economically-freer-than-the-u-s/#645593149fac.

- **Pro-UHC in the U.S. from a human rights perspective** *(editorial)*: Rudiger A. "Why Universal Health Care is Essential for a More Equitable Society." Huffington Post [blog] 2015; May 31. http://www.huffingtonpost.com/anja-rudiger/universal-health-care_b_6973164.html.

- **An Economic Data Analysis** *(brief)*:
  U.S. Health Care From a Global Perspective: Spending, Use of Services, Prices, and Health in 13 Countries. The Commonwealth Fund 2013.
  http://www.commonwealthfund.org/publications/issue-briefs/2015/oct/us-health-care-from-a-global-perspective.
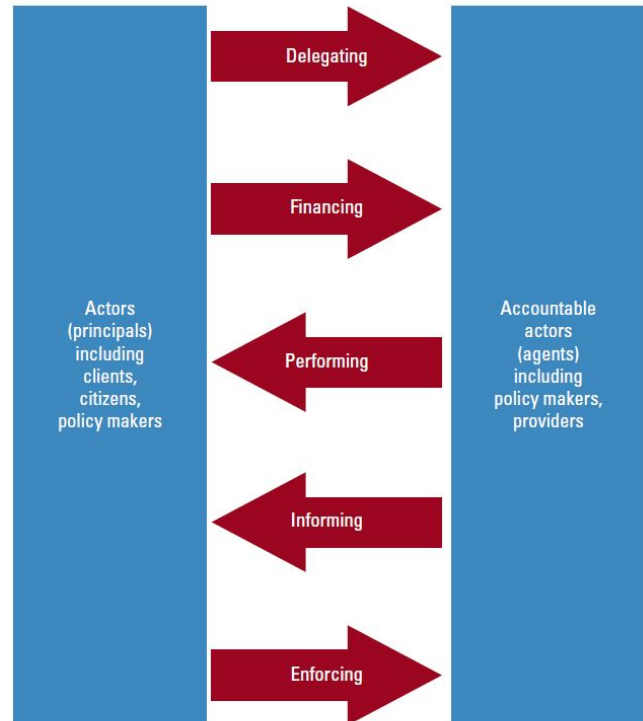
Q: How might accountability work in designing effective UHC?

A: Lines of accountability flow in many different directions. At right, for example is a graphic illustrating this issue from a 2003 World Bank report [cited on p. 163 by Cotlear et al. in *Going Universal: How 24 Developing Countries Are Implementing Universal Health Coverage from the Bottom Up.* World Bank Group 2015.]

To help address this question more specifically using one particular example, the United Nations (UN) Secretary-General in 2016 appointed a nine-member expert Independent Accountability Panel (IAP) as part of the UN "Every Woman Every Child" strategy, to help develop an updated accountability framework to ensure strong implementation of the post-2015 Sustainable Development Goals (SDGs).

Learn more at:
http://www.everywomaneverychild.org/accountability/independent-accountability-panel.

Five Features of Accountability

Delegating

Financing

Performing

Informing

Enforcing

Actors (principals) including clients, citizens, policy makers

Accountable actors (agents) including policy makers, providers

Source: World Bank 2003.