



THE ECOSYSTEM OF EVIDENCE

Lessons learned in the pandemic
era and future challenges

10th International Conference for EBHC Teachers and Developers
10th Conference of the International Society for EBHC
Taormina, 25th - 28th October 2023

#EBHC2023



Consideration of human rights in WHO guideline development

A protocol for implementation and appraisal

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READ-IT

Background

- “*The highest attainable standard of health as a fundamental right of every human being*” – WHO Constitution 1948
- Not the right to be healthy, but a set of principles, and obligations of states, to ensure the **freedoms and entitlements** of a population in the provision of healthcare.
- **All individuals** possess equal human rights as enshrined in the Universal Declaration of Human Rights. Prioritisation of those furthest behind.
- Human rights are **inalienable** and interdependent on each other.



Background



OFFICE OF THE HIGH COMMISSIONER
FOR HUMAN RIGHTS



CESCR General Comment No. 14: The Right to the Highest Attainable Standard of Health (Art. 12)

Adopted at the Twenty-second Session of the Committee on Economic, Social and Cultural Rights (1991)
(Contained in Doc E/C12/1991/24)

1. Health is a fundamental human right. Every human being is entitled to the highest attainable standard of health conducive to the full and complete realization of his or her rights and freedoms.

5. Incorporating equity, human rights, gender and social determinants into guidelines

5.1 Reflecting WHO's values in its guidelines

The aim of all WHO's work is to improve population health and decrease health inequities. Sustained improvements to physical, mental and social well-being require actions in which careful attention must be paid to equity, human rights principles, gender and other social determinants of health. Attention to these areas enables WHO to more effectively deliver on its commitments in its Twelfth General Programme of Work (1). This chapter describes how these important considerations can be integrated into each step of the guideline development process and suggests eight entry points for doing so.

International Covenant on Economic, Social and Cultural Rights
Adopted and opened for signature, ratification and accession by General Assembly resolution 2200A (XXI) of 16 December 1966

entry into force 3 January 1976, in accordance with article 27

Article 12

1. The States Parties to the present Covenant recognize the right of everyone to the enjoyment of the highest attainable standard of physical and mental health.

2. The States Parties to the present Covenant to realization of this right shall include those necessary for:

(a) the reduction of the stillbirth-rate and of infant mortality and for the healthy development of the child;

(b) the improvement of all aspects of environmental and industrial hygiene;

(c) the prevention, treatment and control of epidemic, endemic, and other diseases;

(d) the development of conditions which would assure to all medical service and attention in the event of sickness.



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Aims

- Develop a tool that identifies equity, rights, gender, and societal considerations (ERGS) relevant to the scope of a specific guideline
- To use the tool to evaluate 12 WHO guidelines with respect to ERGS
- To summarise the common themes identified in the evaluation.



Methods

- **Guideline scope**

Population:	
Intervention:	
Objectives:	
Target audience:	
ERGS methods	



Methods

Equity and Discrimination	Is this relevant to the guidelines scope?	Why is it relevant?	What would we expect in the guideline?	How does the guideline meet these expectations?
<p>Who are vulnerable groups in the guideline's target population?</p> <ol style="list-style-type: none"> 1. Which people have the highest burden of the disease and poorest outcomes of treatment? 2. Consider differentials across intersections of gender, age, ethnicity, socio-economic status, cultural practices, religion, race, disability, marital status, indigenous status. <p>See Progress+ for further details</p>				
<p>Could the intervention benefit some groups of people and not others?</p> <ol style="list-style-type: none"> 3. Which groups of people are most vulnerable to discrimination? 4. How can the intervention benefit the most vulnerable? Consider AAAQ (availability, accessibility, acceptability and quality) 5. How can we prevent some groups becoming marginalised by the intervention? 				
<p>Is how could the intervention reinforce or reduce stigma in the population group?</p> <ol style="list-style-type: none"> 6. Is stigma a barrier to accessing the service? Consider the conditions infectiousness, disfigurement and associations; criminalized behaviour, age, disability, relationship to gender norms 				
<p>Is their an asymmetry in the knowledge and information held by the providers and the population?</p> <ol style="list-style-type: none"> 7. What is the strategy for providing information to the population, paying attention to vulnerable groups and their carers? 				



Methods

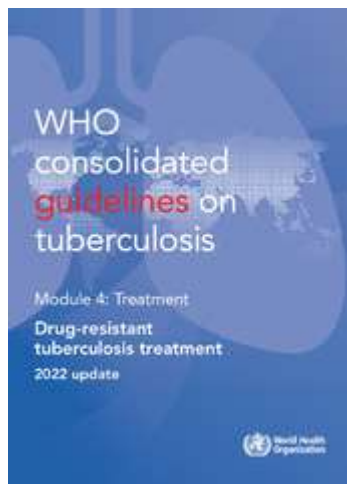
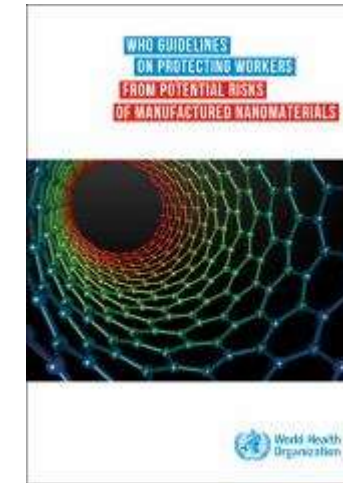
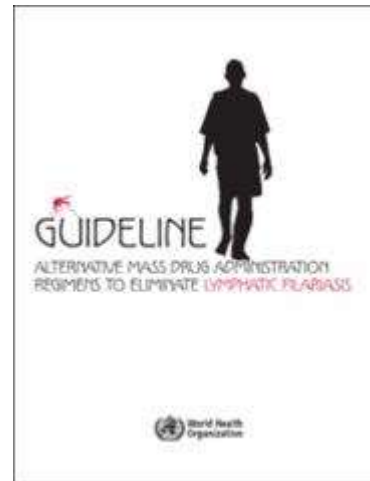
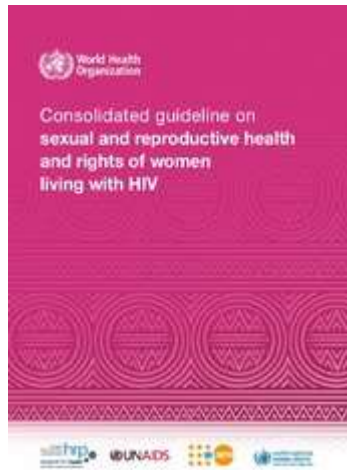
2) Gender based determinants of health	Is this relevant to the guidelines scope?	Why is it relevant?	What would we expect in the guideline?	How does the guideline meet these expectations?
<p>How might gender norms mean that the intervention puts women or men at risk. How can the intervention be an opportunity to improve harmful gender norms?</p>				
3) Autonomy and ethics	Is this relevant to the guidelines scope?	Why is it relevant?	What would we expect in the guideline?	How does the guideline meet these expectations?
<p>How does the interventions counterfactual affect <u>peoples</u> rights?</p> <p>8. Are there aspects of the intervention that may be concerning to individuals or the community regarding their rights?</p> <p>9. How would <u>peoples</u> rights change if the intervention was not recommended.</p>				
<p>Are there any risks to people's autonomy and how should this be protected?</p> <p>10. Does the intervention involve informed consent. Is there a risk of coercion in implementing the intervention?</p> <p>11. will some populations need specific consent considerations?</p>				
<p>Are there any specific concerns people would have regarding their rights and how will they hold actors to account?</p> <p>12. things that go wrong include medical adverse effects, rejection by the community or adverse publicity</p>				

Methods

4) Societal considerations	Is this relevant to the guidelines scope?	Why is it relevant?	What would we expect in the guideline?	How does the guideline meet these expectations?
<p>Is the intervention likely to have consequences for families or community with regards to equity and human rights?</p> <p>13. Will delivery require family members resources, or disadvantage certain groups?</p>				
<p>Is the intervention likely to have impacts on the health system, its workers, and their rights?</p>				
<p>Could the intervention have an adverse effect on the environment?</p> <p>14. Could the intervention result in environmental damage, with a negative impact of sustainability, biodiversity or local populations.</p>				
<p>Overall, what do we expect (column 4) and what is in the guideline (5)</p>				



Results



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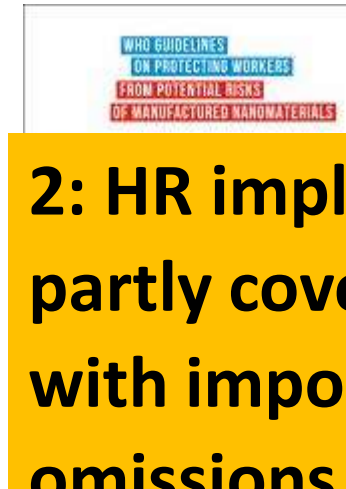
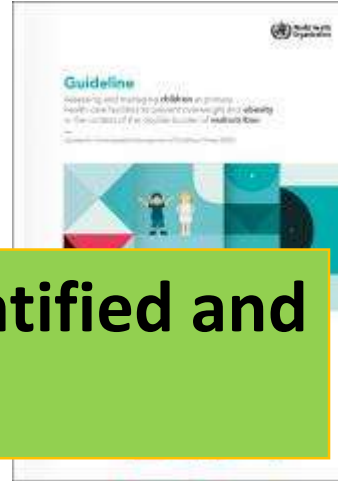
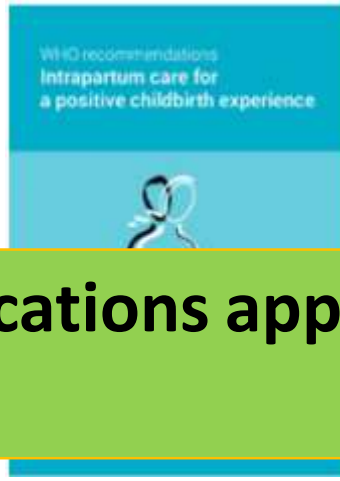
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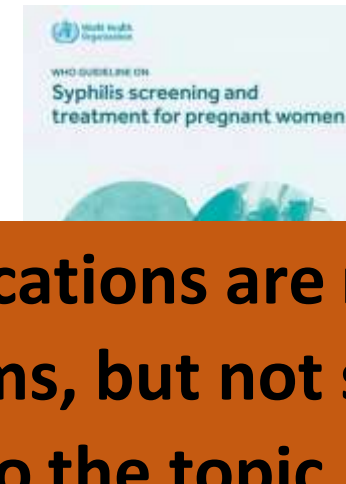
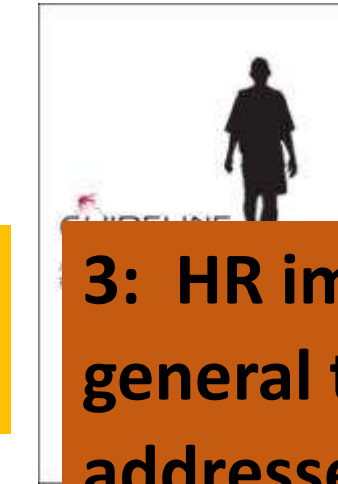
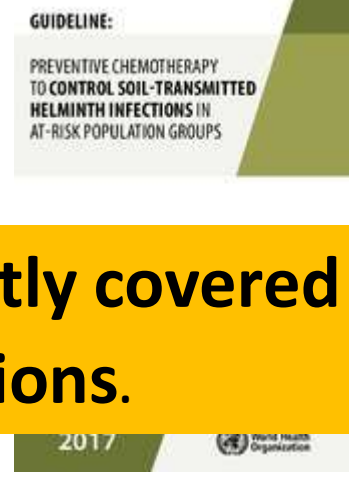
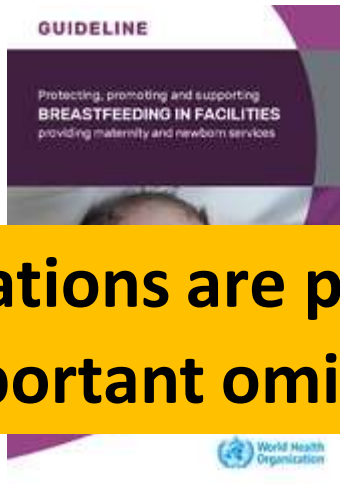
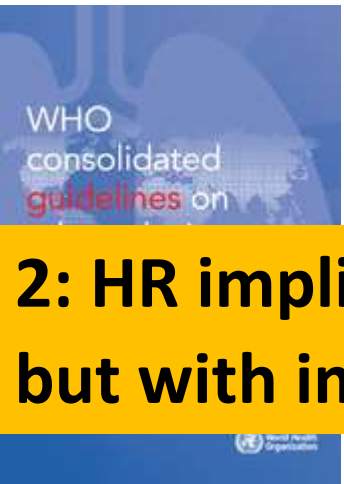


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Results



2: HR implications are partly covered but with important omissions.



2: HR implications are partly covered but with important omissions.

3: HR implications are mentioned in general terms, but not specifically addressed to the topic.

Recurring themes

1. Identifying vulnerable populations and reaching them
2. Providing information so that people can achieve their rights
3. Protection and empowerment of women and girls
4. Protecting autonomy
5. Protecting privacy
6. Social/ societal mobilisation and poverty alleviation



Limits

- This is version 1 of the framework
- The next phase is to test this on a wider variety of stakeholders.
- Requires human rights experts and community representatives
- We did not meet a saturation point for an in-depth policy analysis greater range of guidelines.



Conclusions

- The human rights implications of guideline recommendations should be considered at the very start of the guideline development process.
- The framework prompts guideline teams to consider important human rights issues related to the recommendations.
- This approach could be used by guideline development groups when planning and writing health recommendations.
- Using the completed frameworks we identified good examples and gaps in a sample of guidelines.

