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**CENTRAL COMMISSION FOR
POPULARIZATION AND EDUCATION**



Research Symposium on Realising the Rights to Health and Development for All

Melia Hotel, Hanoi, Vietnam | 30 October 2009

Research Symposium Report

Contemporary challenges to health, development and human rights: Advancing research and building the evidence base to inform responses to current global threats

March 2010

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Additional thanks are extended to Professor Anthony Zwi for kindly mapping the proceedings and providing a structured summary of the Research Symposium group discussion and opening plenary session (Annex 3).

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Executive Summary

The Research Symposium was convened to identify the research outcomes generated by the International Conference on 'Realising the Rights to Health and Development for All' held in Hanoi, Vietnam. Forty-eight Conference participants attended the Symposium, representing diverse professional and disciplinary backgrounds from various countries around the world and many international organisations (see Annex 2). The Research Symposium provided participants with an opportunity to contribute ideas towards the establishment of a health, development and human rights research agenda based on the Conference outcomes. In addition, group work sessions provided focused debate on three important issues raised in the plenary session:

- 1. What key knowledge gaps are there in the fields of health, development and human rights?**
- 2. How do we build health, development and human rights dimensions into monitoring and evaluation?**
- 3. What methods and tools should be developed to address human rights issues in health and development?**

This research symposium identified the need to encourage the inclusion of human rights frameworks into policies, programs and services in Vietnam and other low and middle income countries. This would require further research focused on the key elements of rights-based approaches (RBAs) to re-define and re-frame the importance of human rights in both health and development and not in an either/or context. The further development of tools, such as an expanded health, development and human rights impact assessment and cross-disciplinary methodology approaches, through research are critical to achieve these objectives. A combined health, development and human rights research agenda developed by sharing ideas, probing facts, presenting the evidence and creative thinking is needed to advance the public health and human development agenda to respond more effectively and efficiently to our current global challenges.

1. Background

The Research Symposium immediately followed a large-scale International Conference on 'Realising the Rights to Health and Development for All' from 26–29 October 2009, Hanoi, Vietnam. The Research Symposium built upon the Conference outcomes to advance the understanding of the complex and powerful relationships between health, development and human rights and to propose practical ways in which research can inform the understanding of these challenges and influence the appropriate responses. The themes shaping the Research Symposium and Conference discussion were HIV/AIDS and other current and emerging public health threats, maternal and child health, climate change and economic globalisation.

At the outset of the Symposium, Co-Chairs Professor Dao Duy Quat, Dr Cao Duc Thai and Professor Daniel Tarantola welcomed participants and expressed their gratitude to those who had made the Conference a success, including participants, presenters, Co-Chairs, rapporteurs and Conference event organisers.

They reiterated the objectives of the Research Symposium which were to:

- (1)** Reflect on what emerged from the Conference in terms of health, development and human rights theory;
- (2)** Learn from real experiences in the field and identify research priorities and key mechanisms to move these priorities forward; and,
- (3)** Create an opportunity for attending researchers to establish strategic partnerships and linkages.

2. Opening Plenary Session

After the welcome and introductions, participants were invited to give their own reflections and feedback from the Conference. They confirmed that the Conference had been extremely beneficial and that they were pleased with the aims, structure and outcomes of the Conference. Attesting to this, the level of participation at the Research Symposium was very high (see Annex 2).

This section highlights some of the issues raised by participants including the lack of a universally accepted definition of Rights-based Approaches (RBAs), different perspectives on what constitutes 'evidence' in related research, methodological issues and the need to broaden and diversify resources engaged in such research.

What are Rights-based Approaches?¹

There is a clear need to generate a better understanding of human rights language and how this will be applied in the RBAs to health and development. Looking historically at how human rights have evolved worldwide, it is essential when moving the research forward to ensure that the human rights language, which varies across disciplines, maintains its principle of universality while at the same time, adapting around common principles to different nations and communities in accordance with historical and cultural sensitivities.

There are different interpretations of RBAs, as it is an evolving and dynamic field. The United Nations (UN) common understanding of RBAs to international development and cooperation is an attempt to lay out essential characteristics of RBAs; however, many other interpretations have been put forward by different stakeholders (governments, international Official Development Assistance agencies, research institutions, non-governmental organisations, academic groups) in different disciplines (health, education, justice, fisheries, agriculture, among others) and with a focus on different populations (e.g. women, children, the elderly, migrants, people with disabilities, refugees and communities subjected to discrimination). In the absence of a universally agreed definition of RBAs—which may be premature as ongoing experiences have yet to inform such an agreement—an essential requirement for all interpretations of RBAs is that they must be very clear about what and whose specific human rights are being considered and what specific health and/or development approach, output, outcome or impact is being studied in relation to these rights. The principle of 'participation' and the need for community involvement

¹ Annex 4 presents a list of websites on which a large number of RBAs to health and development are displayed. This list is in no way exhaustive but gives an indication of the large and growing number of organisations that have incorporated RBAs into their work and provides an overview of the central themes of RBAs.

at every stage of research or program design and implementation were repeatedly stressed as pivotal components of RBAs. How to achieve deeper understanding of power relations in participatory processes in RBAs was underscored as an essential research question.

Beyond the rhetoric of human rights, what matters most is that RBAs and related research be anchored in practice and strongly linked to policy and program implementation, monitoring and evaluation. Research on RBAs is still in its infancy and there is a need to improve the quality of RBAs and develop and promote alternative research methods and tools, whilst building upon the capacity of researchers and institutions.

What constitutes evidence?

The central focus of feedback from participants was the need for 'evidence' to support claims that RBAs and a human rights focus on health and development actually add value. Different disciplines have their own perception of and requirements for evidence; therefore, the notion of evidence as applicable to RBAs was interpreted differently across participants. Some expect this evidence to exist as in the form of a relationship between cause (such as a violation of a particular human right) and effect (for example on a particular health and development issue), culminating in a statistically valid probability of causation. Others felt that the plausibility of such a relationship (i.e. whereby evidence converges towards a plausible conclusion without inferring causation) would be the mainstay of evidence building. Research design in this field is contingent upon compliance with ethical and technical imperatives precluding experimental (i.e. with randomisation of comparison groups) and quasi-experimental (i.e. without randomisation of comparison groups) designs.

Withholding a human right in order to assess the effects of such a measure on health or development, or observing these effects in a community whose human rights are being violated would fail to comply with ethical requirements. Study designs could,

however, consider comparing the adequacy and outcome of an intervention or a program applied when human rights have been violated. For example, behavioural patterns in young people may be affected when information relevant to a desired behaviour change has been denied, as would be the case where the right to information on sexuality and sexual health is withheld from young people. In such a case, studies could also measure behaviour change once appropriate information is made available.

The differences in perception of what evidence would be "good enough" seemed to stem less from disagreement on methodology than on semantic issues. To illustrate this point, some participants recognised the value of evidence arising from pre/post studies in HIV research and evaluation, where access to information or to essential services would be regarded as a public health intervention by some practitioners both within and beyond the realm of HIV, while others would define these as the fulfilment of one or more human rights. It was argued that much evidence has already been accumulated on causal relationships between health, development and human rights, including the vast body of evidence linking health and development to their structural or social determinants.

However, the linkages between these determinants and human rights have not been systematically made explicit. The added value of extending a health, development and human rights analyses would be to establish the degree of compliance of public health or development programs with human rights norms and standards, thereby documenting progress made—or lack thereof—by state and non-state stakeholders towards fulfilling their obligations and duties, respectively. Re-arranging and restructuring this evidence through the application of human rights norms and standards would help formulate national and international policies and programs seeking to simultaneously advance health, development and human rights.

Along with a rights perspective, the social ecology of health and disease may be a useful conceptual framework for analysing in a dynamic fashion the reciprocal interactions between health and development. This perspective has been applied, for example, in relation to emergent and re-emergent infectious diseases, but this socially and ecologically embedded approach is relevant for other areas of human health as well. Social ecology implies 'the inter-penetrating unity of the biological and the social', which goes somewhat beyond 'social epidemiology' or the 'social determinants of health'.

A related question is 'who has the duty to present evidence?' This question is particularly relevant to situations where derogations on human rights have been instituted or are being contemplated in order to achieve a public health goal. As human rights constitute a set of internationally recognised norms and standards which most states have committed themselves to abide by, the burden of proof falls on those who want to restrict rights, not those who are trying to promote and protect human rights in health and development policy and practice.

Methodology and Tools

There is a need to move from general principles to practical application (i.e. a practical methodology and tools to ensure that human rights principles norms and standards are understood and are applied). The Conference scope was very broad, highlighting the need to move from the broader context into specific research projects that develop and test practical methodologies and tools. Standardised assessment tools could emerge from such research and be translated in key languages and widely applied to the study of RBAs in relation to public health, international development and other compounding global challenges. These could be developed by interested participants who could seek funding from sponsors to produce the tools and make them available online at no charge.

Funding opportunities to support such research are unfortunately limited. Regrettably, the lukewarm interest from donors to support multi-disciplinary interventions, and in particular research involving human rights, has impeded progress in this field, despite public expressions of commitment to human rights by many members of the donor community.

Disseminating Conference and Research Outcomes

A journal article in the *Lancet* and/or other peer-reviewed journals outlining the Conference outcomes would be a good way of indirectly stimulating research. Pending prior agreement of their authors, Conference presentations could be made available on the Conference website so that those who attended the Conference can review them and a broader audience of people, including those who were unable to attend the Conference, can have access to them.

Learning materials could be developed in response to the Conference outcomes for use in teaching and academic institutions internationally. This will encourage an international outreach stemming from the Conference and ensure a process whereby people around the world can adapt these findings to their own country context. It was felt this would be particularly important in identifying links between under-researched areas, such as human rights and climate change.

Researchers should disseminate their findings in the field at conferences and through peer-reviewed journals, as well as other media and resources. Practitioners have a responsibility to keep informed of research findings and apply them, where relevant, to their work.

Wrap-Up from the Opening Plenary Session

The Conference was a positive exercise for the exchange of information and as a networking opportunity. It revealed a need for research on how human rights, health and development are

linked and for providing stronger evidence of these linkages. The Conference and Research Symposium had underscored that, as a first step, human rights terminology should be agreed upon and clearly articulated by stakeholders before any research project is designed and implemented. A suggested second step should be the development of RBAs that can be applied in development and health. Country-based and evidence-based approaches which incorporate effective RBA monitoring and evaluation are required.

In order to explore the above issues in greater depth, participants broke out into three groups, each addressing one of the following topics:

- 1.** What key knowledge gaps are there in the fields of health, development and human rights?
- 2.** How do we build health, development and human rights dimensions into monitoring and evaluation?
- 3.** What methods and tools should be developed to address human rights issues in health and development?

3. Group Work Sessions

This session provided an opportunity to break out into three smaller groups in order to discuss research priorities and areas which require further debate. The outcomes of the three group discussions can be summarised as follows:

3.1 What key knowledge gaps are there in the fields of health, development and human rights?

The discussion centred on issues of community participation and power. Specifically, how is community participation defined, valued and implemented in research; and how does power impede or support human rights outcomes related to public health and human and economic development? In addition, a number of topic areas and frameworks were highlighted as deserving increased attention in research.

Community and Participation

In line with key principles of RBAs, greater community participation in health, development and human rights research is essential. Ensuring meaningful community participation provides greater visibility and voice to the community, as well as due acknowledgement of their expertise. Community views also improve value, effectiveness and cost benefits of programs. In particular, the following questions were raised: How do we define and value 'expertise' (i.e. community expertise)? What is 'legitimate knowledge and input' and how do research processes acknowledge various forms of expertise? What is the contribution of the community in strengthening health systems? What is the cost benefit of investing in communities?

The Issue of Power

The issue of power is at the core of identifying knowledge gaps within a health, development and human rights perspective. In particular, participants were concerned about how power may promote and/or impede meaningful participation and accountability, both in policies and programming. Developing effective advocacy strategies may assist in filling this knowledge gap. While the 'social determinants of health' provide a broad framework of analysis around issues of power affecting public health and development outcomes, there is also a need to look beyond social determinants and expand the focus to 'civil and political determinants of health', including decision making around policies and budget allocations.

Other research Topics

A number of other health, development and human rights-related topics were highlighted as demanding more attention from a common research agenda. Areas of interest include a) population-related issues, b) environmental and climate change impacts and c) non-communicable diseases.

Several gaps were noted with regards to health, development and human rights research related to specific vulnerable populations. Among these research gaps were people living with HIV in closed settings (i.e. prisons and detention centres), maternal health, gender-based violence, human trafficking, reproductive health rights (e.g. sex birth ratio) and children's rights. There was general interest in better understanding the impacts of climate change and other natural disasters on the health and development of populations, specifically related to migratory populations and other communities whose economic dependency is linked to weather patterns and coastal variations (i.e. fishing communities and farmers).

The burden of non-communicable diseases continues to grow in developed and developing countries alike, and a health, development and human rights framework should be expanded to include mental health, chronic diseases, ageing and people with disabilities. Finally, a range of other topics were suggested: attention to the impact of conflict, the global economic crisis and development co-operation in a broader context. For some populations exposed to multiple vulnerabilities—for example generalised HIV epidemics in some African populations also exposed to food scarcity and forced mobility induced by climate change—threats to health and development should be examined and responded to simultaneously rather than in isolation from one another. The existing knowledge gap relating to “compounding vulnerabilities” and effective ways of reducing these vulnerabilities and mitigating the impact of ongoing health and development crises on the most vulnerable communities calls for urgent policy-, system- and action-oriented research. This

research should aim at assessing the immediate and long-term needs and capacities of affected communities confronting multiple threats, with a view of devising targeted, coherent programs best suited to respond to these needs and further enhance community resilience and capacity.

Frameworks and Processes

There is an apparent lack of evidence in practice regarding the effectiveness of RBAs and some participants questioned whether good public health practice already fulfils the right to health. It was suggested that it might be useful to map various RBA frameworks for health, including practical examples of what is happening on the ground. One framework that could be used is a combined Health, Development and Human Rights Impact Assessment, which may prove useful in examining the impact of policies and programs on health, development and human rights. Such an approach, strongly rooted in community participation, would inform decision makers on policy and program options likely to achieve the highest synergy between health, development and rights. While some authors have proposed this approach, its feasibility has yet to be established and methods and tools suited to a combined Impact Assessment are lacking.

In resource-scarce environments, research can inform governments, organisations, and communities on how to realign priorities in a way that will generate the most benefits in health, development and human rights terms. As a specific example, determining how criminal law, health-related laws and regulatory and administrative frameworks and practices impact on HIV and harm reduction would be timely in many countries where the high vulnerability to HIV, hepatitis C and other blood-borne infections of people who use drugs has been documented. Participants agreed that due consideration of political and cultural contexts, in addition to the legal frameworks, was critical to the shaping of approaches that would achieve the highest likelihood of success. Building the capacities of local people, in particular those intended to be the prime

beneficiaries of effective public health, development and human rights interventions should be a common feature in all research.

(A mind map of this group work session is available in Annex 3.)

3.2 How do we build health, development and human rights dimensions into monitoring and evaluation?

The discussion centred on knowledge gaps, building capacity and expertise and desirable actions in RBAs to monitoring and evaluating processes and outcomes, in relation to research, policies and programs.

Rights-based approaches and Impact Assessment

In health and development programs, in particular those funded by international donors, monitoring and outcome/impact evaluation (as opposed to process/program adequacy evaluation) have commanded growing attention in the past decade. In response to this growing demand, there is a need to move beyond the rhetoric of human rights and use RBAs as something more concrete, which requires clearly defined methods and strong, proven indicators. A global standard for indicators that are nationally and locally relevant, and which recognise the legal and policy indicators of national frameworks, should be developed beyond the realm of HIV, where much progress has already been made. The use and diverse interpretations of an “evidence based” approach was discussed, noting that the nature of such evidence may vary depending on its intended use. Discussion on this topic highlighted whether it is necessary to show a causal relationship between policy and programmes, on the one hand, and outcome/impact on the other. Alternatively, another evidence-based approach would establish whether policies and programmes are consistent with observed trends, or to legitimise RBAs in policy and program development. Elucidating the purpose of the evaluation and exactly what is being evaluated

is essential, as results from the evaluation should be used to inform further improvements to program implementation. A significant avenue for research is to establish if, how and to what extent RBAs add to needs-based or efficiency-based approaches to health and development. A vast array of monitoring and evaluation mechanisms implicitly incorporates human rights principles. The systematic analysis of some of these evaluations would, at least as a first step, shed light on the application of human rights norms and principles and advantages that could be drawn in making methods and tools more explicit in this regard. The development of new indicators or the “tweaking” of existing ones would be a solid contribution to this analysis.

RBAs and process approaches

RBAs to monitoring and evaluation should not only focus on the outcomes but also on the process. Practical tools should be developed to show how to use a rights-based lens in evaluating the processes of policy and program development and implementation. This would, for example, assess the degree to which these processes are transparent, accountable and participatory, especially in relation to the most vulnerable communities. Methods and tools are still lacking in this area. Participants discussed the need for monitoring and evaluation methods and tools to go beyond “box ticking” and become more analytical and action-oriented. This requires moving beyond numbers by using both quantitative and qualitative methods.

Terminology around Human Rights

Human rights remain a vague, and in some cases, a highly controversial subject in many societies. Much of the reluctance to explicitly bring human rights into the health and development discourse stems from the lack of awareness and understanding about their significance. Terminology can be unclear, confusing or even misleading, in particular when used in a variety of languages which attach different connotations to different terms. There is the need to think about human rights terminology in specific linguistic and cultural

contexts, and this applies particularly to the language used in monitoring and evaluation as these processes are intended to produce a statement on how, in what ways and to what extent human rights are fulfilled or violated. An example was given about informed consent, and what it really means to people in different social and cultural environments: is informed consent merely intended for risk management or for fulfilling people's rights? Communities need to have a clearer awareness and understanding of their rights and how to exercise them. Similarly, state stakeholders and members of civil society should benefit from additional information, education and guidance on how they can best deliver their obligations and duties in practice. Participation of communities in the design, purpose and process of monitoring and evaluation, as well as in the review of findings and their implications, is a necessity. To this end, approaches, methods and tools to inform, educate and apply human rights norms and standards have to be borne out of research, then tested and applied.

Evaluation and the role of Donors

Who drives evaluation: policy makers, the researchers and program implementers or the donors? Issues raised around this question included the need to ensure donors incorporate RBAs into their evaluation framework. In their institutional statements, a growing number of international development agencies uphold the value of human rights but fall short of applying them in practice to their programming, monitoring and evaluation activities. This raised the question of the degree to which program implementers have agency to re-cast evaluation frameworks to include RBAs when current frameworks fall short of their human rights evaluations? Many implementers accepted that they might need to include RBAs in their monitoring and evaluation frameworks, even in the absence of donor requirements. The limited time frames applied to the development and application of more inclusive methods and tools were seen as impeding this evolution.

It was noted, however, that many non-governmental organisations (NGOs) are trying to implement more evidence-based RBAs to development and

health projects. Participants expressed an ongoing commitment to applying human rights indicators to program/project design and implementation. Research and practice should endeavour to generate these instruments.

(A mind map of this group work session is available in Annex 3.)

3.3 What methods and tools should be developed to address human rights issues in health and development?

The discussion centred on the issues surrounding the development of methods or tools which could address human rights issues in health and development. These were mainly focused on two dimensions of RBAs: participation and accountability.

Participation and the development of an effective tool for assessing participation

Initially the group addressed the need to encompass national and international laws expected to be reflected in RBAs. In any particular setting, a legal approach to health and development would require evidence of the congruence between national and international law and the processes and outcomes of policies and programmes. Participation and accountability, both of which are essential components of RBAs, are a useful way to capture such evidence. The importance of the principles underpinning the realisation of the right to health (Availability, Accessibility, Acceptability, and Quality of structures, goods and services) for assessing the processes and outcomes of RBAs in relation to public health and development priorities, including, for example, education, food and water was highlighted during the discussion.

Monitoring and evaluating participation from a combined health, development and human rights perspective requires new tools, as existing ones do not explicitly include human rights considerations. There is a need to look at the existing tools which successfully assess participation, and to build upon them by making their human rights implications more

visible. A tool should be culturally sensitive and needs to be modified depending on the user (e.g. a program implementation scenario aimed at fostering greater participation of intended beneficiaries may be evaluated through both service providers and the beneficiaries themselves).

The group discussion focused on the meaning of participation; all agreed that a lot of work has previously been done in the area of participation and that there are many best practice examples of participation in the field. In light of this progress, it was important to build on these examples, as well as to continue questioning what effective participation really means in practice. This requires a consideration of 'how one determines whether participation is meaningful' and 'who speaks on behalf of whom?'

Accountability and the development of an effective tool

There was consideration of what methods and tools are required to measure accountability, and some thought was given to the criteria by which we would judge a tool's effectiveness. It was suggested that this could be done by ensuring the tool is simple, robust and maintains the universality of human rights. The need for top down and bottom up accountability was highlighted along with the following three components in terms of program accountability: (1) Who holds responsibility for implementation of a particular program? (2) What are the consequences of the failure of the program? (3) What redress is available in the event of this failure?

Certain countries lack the mechanisms to address the failures highlighted above due to weak justice systems. There is, therefore, a need to look at a process of enforcement of accountability that can operate in different civil, political, social and cultural contexts. The issue of participation was once more raised, including the need to ask people what they would consider as a satisfactory level of fulfilment of their rights and what level of accountability and redress they would expect. Furthermore, in any assessment of the legal and policy framework, the need to look beyond the existence of laws and

policies and assess their content and the degree to which they are implemented was noted. The existing legal framework, judicial process and the prevailing mechanisms and standards of redress would be expected to vary across countries, and research should address these issues in specific national settings.

(A mind map of this group work session is available in Annex 3.)

4. Conclusion and next steps

Following the presentation and discussion of individual group work outcomes, participants engaged in a debate on directions and priorities for research during a final plenary session. A general conclusion reached was that substantive contents of the rights to health and development and other related rights are already evident in many existing public health policies, programs and services and in development practice, but are not framed explicitly in the context of international human rights. The existing body of work on issues such as participation, power imbalances and accountability (even if narrowly defined) can provide a useful basis from which to start, but further efforts are required to explicitly address these issues as key components of a RBA. More work needs to be done towards enhancing the inclusion of human rights into the development, monitoring and evaluation of policies, programs and services. This requires further evidence-based research and a focus on the key elements of the RBA to re-cast and re-frame the importance of human rights in both health and development and not in an either/or context. As efforts in these areas progress, clarity regarding the terminology of RBAs and which specific human rights concepts are included will be critical to ensuring that appropriate conclusions can be drawn as to the additional benefits of incorporating each different rights concept in health and development work.

Too much policy research is socially disembodied and technocratically driven, i.e. confined to narrowly technical content, and addressed to a restrictive set of “key decision-makers”. There is an implicit (and not very realistic) conceptualisation of the processes of social and policy change, perhaps required by diplomatic convention in many circumstances. But health policy research should be concerned not just with narrowly technical content, but also with factors and influences that impinge upon policy processes as well, if it is to usefully inform health policy practice. This also requires a re-conceptualisation of the stakeholders in health policy research (how and by whom are research priorities established, who conducts the research, what constitutes research, who uses the output, how is it disseminated, for what purposes, etc), and the associated power configurations that may present as obstacles to the attainment of health for all. Indeed, the question might be rephrased thus: how might social and policy change evolve under specific circumstances, and what is the role and contribution of research to this?

The proposed next steps underscore the need for specific research priorities in health, development and human rights.

Next steps

Research should contribute its share to the understanding of and inform progress in the interplay between health, development and human rights by addressing the following issues:

- The evidence of the value added by RBAs to health and development to ongoing needs-based and efficiency-based approaches needs to be presented, acknowledging that these approaches are not mutually exclusive.
- The re-analysis of past evaluations and research findings that did not explicitly document human rights is encouraged, as the re-framing of these findings will, in many cases, provide evidence of the synergy between health, development and human rights.
- Defining and developing participatory processes in health and development policy and program formulation through RBAs should ensure that community aspirations and rights help shape local and national agendas and requires the development of new methods and tools.
- Monitoring and evaluation frameworks and tools applicable to RBAs to health and development at the community, sub-national, national and international levels should be developed, tested and publicised.
- Exploring the empirical evidence on the reciprocal impacts of health, development and human rights as they apply to such contemporary issues such as HIV/AIDS and emerging health threats, maternal and child health, climate change and globalisation would advance the understanding of how these linkages exacerbate vulnerabilities of certain communities and how these could be alleviated through community-generated, synergistic responses.
- Methods and tools need to be developed to incorporate human rights and development considerations in Health Impact Assessment; thereby broadening the assessment of policies and programs to focus not only on their health outcome but also on specific human development and human rights impacts.
- The Research Symposium outcome should be brought to the attention of the research community, research sponsoring agencies, international development agencies as well as national authorities and non-governmental organisations.
- Symposium participants should submit concrete research proposals and other researchers to research sponsors, and research findings should be published and publicised.
- Contacts made by participants during the Conference and the Symposium should be nurtured, leading to international collaborative research, collegial exchange of information and mutual support.

Annexes

ANNEX 1 Research Symposium Agenda

Melia Hotel, Hanoi, Vietnam | 30 October 2009

SESSION	AGENDA ITEM	EXPECTED OUTCOME
1	Welcome and objectives of the Symposium.	Agreement on the agenda, method of work and outcomes.
2	Discussion on salient outcomes of the Conference and proposed conceptual framework for further discussion.	A conceptual framework categorising key knowledge gaps and relevant research needs.
3	Discussion and agreement on a structure.	Clarity about issues for discussion in groups and Symposium outputs.
4	Three discussion groups.	Agreement in each group on how to approach the issues assigned to the group, and in what order of priority. Consolidated outcomes of group discussions: <ul style="list-style-type: none"> ■ What are most pressing research issues? ■ How to approach them? ■ What methods could be considered? ■ Who would be the intended users of research findings?
5	Presentation and discussion of group reports.	Consolidated framework highlighting overall research objectives, knowledge gaps, recommended research, target users, research partnerships, and information dissemination plan.
6	Adjourn	

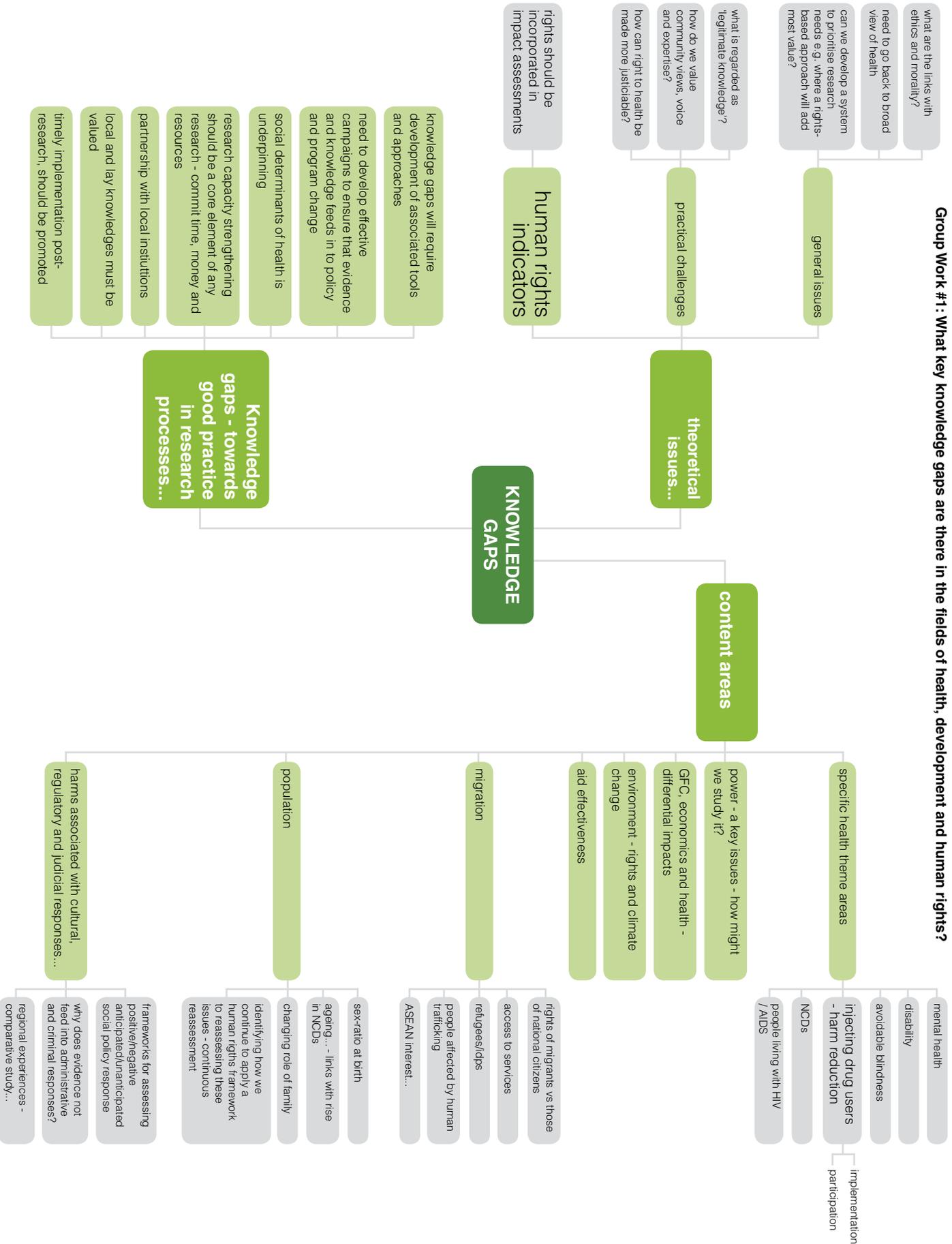
ANNEX 2 Research Symposium Participants

TITLE	SURNAME	FIRST NAME	POSITION	ORGANISATION
Dr	Andreeva	Vladanka	Monitoring and Evaluation Advisor	UNAIDS
Ms	Asimus	Larisa	Project Officer, Initiative for Health and Human Rights	The University of New South Wales
Mr.	Baldwin	Simon	Senior Technical Officer HIV and Drugs	Family Health international
Prof	Bhattacharya	Dhrubajyoti	Assistant Professor, Health Law and Policy and Medical Jurisprudence	Southern Illinois University School of Medicine
Dr	Chan	Chee-khoon	Professor & Convenor, Health & Social Policy Research Cluster	Women's Development Research Center (Kanita)
Ms.	Chhetri	Prashikha	Assistant Planning and Management Officer	UNAIDS
Dr	Dang	Cong Minh	Deputy Director	Vietnam's Central Commission of Popularization and Education
Dr	Dang	Dzung Chi	Deputy Director	Vietnamese Institute for Human Rights
Dr	Dhaliwal	Mandeep	Cluster Leader: Human Rights, Gender & Sexual Diversities	UNDP HIV/AIDS Practice
Ms	Duong	Hoang Quyen	Programme Executive	The Atlantic Philanthropies
A/Prof.	Durbach	Andrea	Director, Australian Human Rights Centre	The University of New South Wales
Ms	Esposito	Catherine	PhD Student	The University of New South Wales
Ms	Ferguson	Laura	Research Manager	Harvard School of Public Health
Dr	Forman	Lisa	Assistant Professor	University of Toronto
Ms	Green	Kimberly	Asia Regional Senior Technical Advisor	Family Health international
A/Prof	Gruskin	Sofia	Professor, Health and Human Rights; Director, Program on International Health and Human Rights	Harvard School of Public Health
Dr	Hoang	Nghia Van	Lecturer	Vietnamese Institute for Human Rights
Prof	Johnson	Michael	Professor, School of Social Science and Policy and Deputy Chair of the Fred Hollows Foundation	The University of New South Wales and The Fred Hollows Foundation
Ms	Khuat	Thu Hong	Director	Institute of Social Development
Ms	Kitchin	Laura	Program Officer, Initiative for Health and Human Rights	The University of New South Wales
Mr	Lamphey	Peter	President of Public Health Programmes	Family Health International
Ms	Le	Thi Phuong Mai	Population and Development Programme Manager	UNFPA
Dr	Lê	Minh Giang	Lecturer	Hanoi Medical University
Mr	Le	Thanh-Liem	Director	Long An Provincial Department of Health
Mr	Le	Tuan Son	Specialist	Ministry of Justice
Prof	Maher	Lisa	Program Head and NHMRC Senior Research Fellow	The University of New South Wales
Ms	Margolin	Elissa	Senior HIV/AIDS Prevention Technical Advisor	USAID

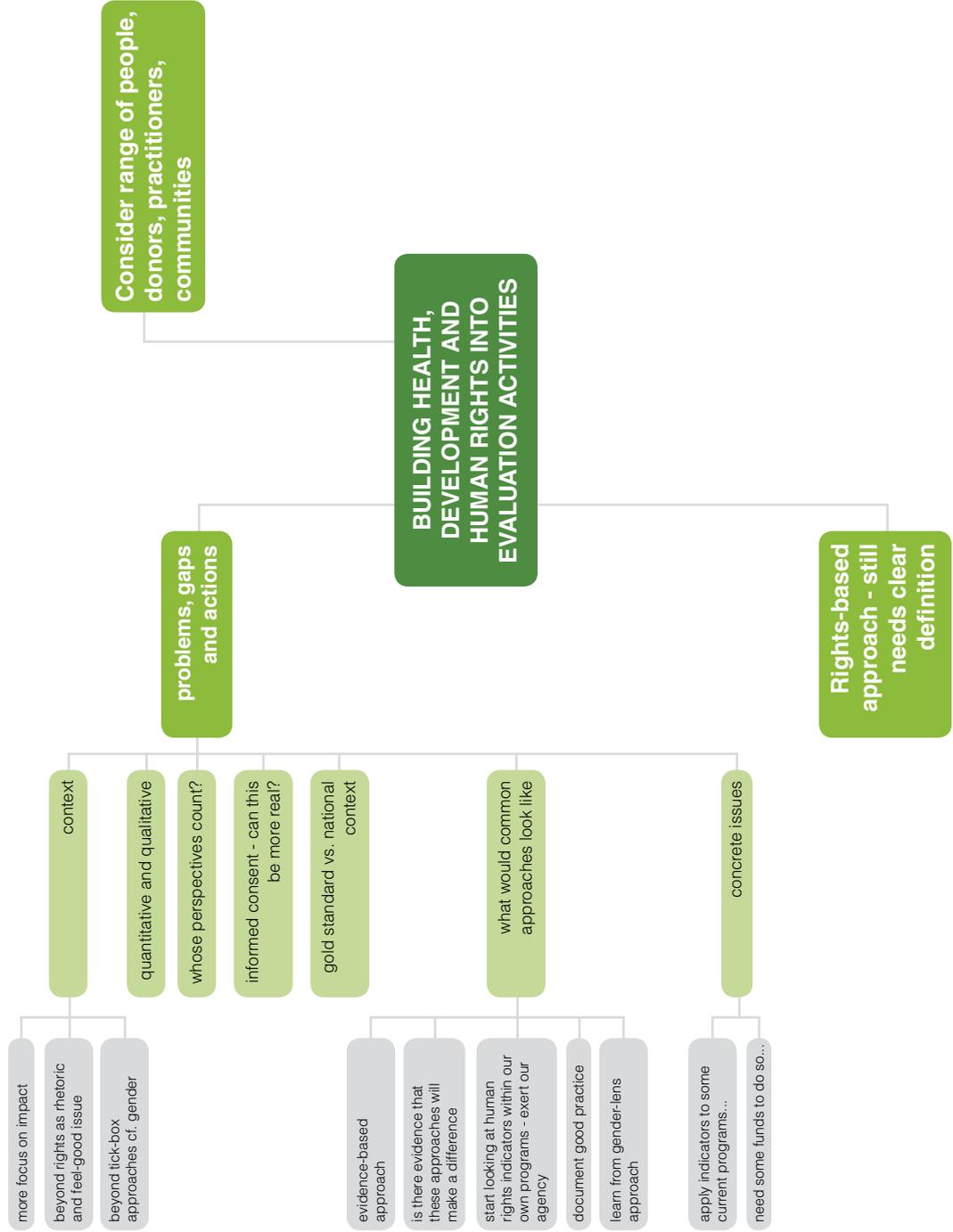
TITLE	SURNAME	FIRST NAME	POSITION	ORGANISATION
Dr.	Mills	Steve	Country Director, Vietnam	Family Health International
Ms	Motlagh	Mitra	Technical officer - Human Rights, Gender and Equity	World Health Organization - Western Pacific Regional Office
Ms	Nguyen	Huong Mai Thi	Director of CCRD, Secretary General of Vietnam Association of HIV Prevention	CCRD - Center for Community Health Research and Development
Dr	Nguyen	Trong Hau	Programme Executive	The Atlantic Philanthropies
Dr	Nguyen	Van Tien	Vice-Chairman	The National Assembly's Committee for Social Affairs
Dr	Nguyen	Duc Thuy	Director	Vietnamese Institute for Human Rights
Mr	Nguyen	Tuong Long	Director	Lao Cai Provincial Department of Social Evils Prevention
Ms	Nguyen	Thi Minh Tam	Head of Division of Planning and Finance	Gia Lai Province, DOLISA
Dr.	Nguyen	Cam Anh	Programme Officer	UNAIDS
Dr.	Potts	Helen	Chief Program Officer of Health Programs	Physicians for Human Rights
Prof	Quat	Dao Duy	Specialist, Editor-in-Chief of the online Paper of the Communist Party of Vietnam,	Central Commission for Popularization and Education of the Communist Party of Vietnam
Dr	Rule	John	Deputy Director	National Association of People Living with HIV – Australia (NAPWA)
Prof	Tarantola	Daniel	Chair, Initiative for Health and Human Rights	The University of New South Wales
Dr	Thai	Cao Duc	Senior Lecturer and the Former Director	Vietnamese Institute for Human Rights
Mr	Tran	Tien Duc	Consultant on Health & Development	Independent
Dr.	Tran	Tuan	Director	Research and Training Centre for Community Development
Mr.	Traynor	David	International Programs Manager	Australian Federation of AIDS Organisations
Mr	Trinh Tan	Jean-Francois		IOM
Mr	Walker	David	Policy Advisor	World Vision, Australia
Ms.	Waller	Emily	Research and Development Manager, Initiative for Health and Human Rights	The University of New South Wales
A/Prof	Whelan	Anna	Associate Professor, School of Public Health and Community Medicine	The University of New South Wales
Dr	Wodak	Alex	Director, Alcohol and Drug Service	St Vincent's Hospital
Prof.	Zwi	Anthony	Professor of Public Health, School of Public Health and Community Medicine	The University of New South Wales

ANNEX 3 Mind maps to accompany the three group work sessions

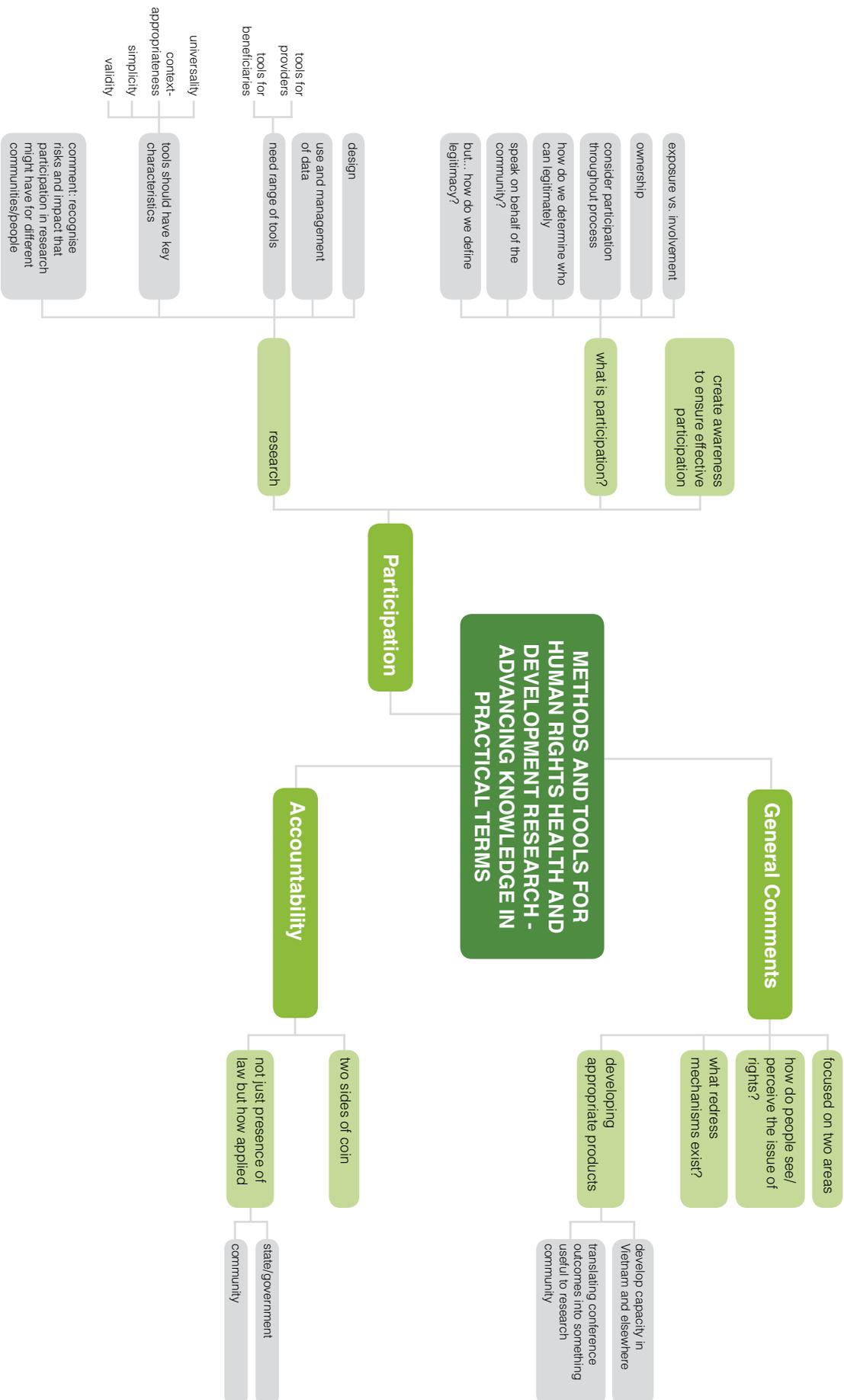
Group Work #1: What key knowledge gaps are there in the fields of health, development and human rights?



Group Work #2: How do we build health, development and human rights dimensions into monitoring and evaluation?



Group Work #3: What methods and tools should be developed to address human rights issues in health and development?



ANNEX 4 RBAs to Development and Health

UN AGENCIES	
OHCHR	www.un.org/Depts/dhl/humanrights/toc/toc9.pdf
UNAIDS	www.genderandaids.org/downloads/events/Operational%20Guide.pdf
UNDG	www.undg.org/?P=221
UNDP	www.undp.org/governance/docs/HR_guides_HRBA_Indicators.pdf
UNICEF	www.unicef.org/sowc04/files/AnnexB.pdf
WHO	http://apps.who.int/tdr/publications/tdr-research-publications/human-rights/pdf/human-rights.pdf
NGOs	
Actionaid	www.actionaid.org/assets/pdf/RBA%20paper%20FINAL.pdf
CARE	www.careinternational.org.uk/?lid=6215
Oxfam	www.oxfamnovib.nl/id.html?lang=EN&id=7911
Save the Children	www.gsdr.org/go/display/document/legacyid/1587
BI-LATERALS	
United Kingdom	www.dfid.gov.uk/Documents/publications/tsphumansummary.pdf
Norway	www.gsdr.org/go/display/document/legacyid/1581
Sweden	www.gsdr.org/go/display/document/legacyid/1585
OTHER RESOURCES	
Danish Institute for Human Rights	www.humanrights.dk/files/pdf/Publikationer/applying%20a%20rights%20based%20approach.pdf
Rights Based Approach Society	www.rightsbasedapproach.org/
Governance and Social Development Resource Centre	www.gsdr.org/go/topic-guides/human-rights/rights-based-approaches