



INTERNATIONAL FEDERATION OF HEALTH
AND HUMAN RIGHTS ORGANISATIONS

CHARTER

*'Health will finally be seen, not as a blessing to be wished for,
but as a human right to be fought for.'*

Kofi Annan



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1. IFHHRO

International Federation of Health and Human Rights Organisations

The International Federation of Health and Human Rights Organisations (IFHHRO) promotes the realisation and protection of health-related human rights, including the Right to the highest attainable standard of Health. IFHHRO focuses on the important role of health professionals in this regard.

IFHHRO believes that there lies a vast potential in the health profession that could be mobilised for the promotion and protection of human rights and for the prevention of cruel, inhuman and degrading treatment or punishment, by applying medical expertise.

To increase the involvement of doctors, nurses, paramedics and other health workers, IFHHRO stimulates international cooperation between health and human rights organisations in various countries. Our members are doctors' associations interested in human rights work, nurses' organisations, human rights groups paying attention to health-related rights violations, or organisations that have been especially created to mobilise health professionals for human rights protection.

IFHHRO provides an international platform for these organisations. Being part of an international network, health and human rights organisations from all over the world can share their experiences, provide support to each other and connect with international and regional bodies.

2. Vision

IFHHRO strives for the full enjoyment of health-related human rights by everyone.

3. Mission

The mission of IFHHRO is to mobilise health workers for the worldwide progressive realisation of health-related human rights.



4. Strategies

4.1 Rights-based approach to health

According to the World Health Organization (WHO), a rights-based approach to health means “integrating human rights norms and principles in the design, implementation, monitoring, and evaluation of health-related policies and programmes.” IFHHRO promotes a rights-based approach to health as a strategy for structural improvement of the health situation of vulnerable groups. It articulates social factors of inequalities in health, the responsibility of governments to reduce these inequalities, and the legitimate claim of health consumers and providers for a better health system.

4.2 Building networks

Expertise and activism in the field of health and human rights is scattered the world over. IFHHRO’s strategy is to strengthen human rights in the health sector by providing an international platform for discussion, for exchange of expertise and inspiration, and for linking with international institutions.

Individual health professionals can be protected and inspired by an international network of colleagues active in taking up human rights issues in health. An international network can also be used to share expertise on rights based health budgeting with health policy makers and National Medical Associations.

5. The Right to Health

Central to IFHHRO’s work is the concept of the Right to Health. IFHHRO believes that health professionals and their associations have an important role to play in the monitoring and promotion of this right.

The Right to Health is short for ‘the right of everyone to the enjoyment of the highest attainable standard of physical and mental health’, a phrase coined by the UN Committee on Economic, Social and Cultural Rights (CESCR) to ensure all people equal access to health care and health-related services (e.g., clean drinking water), within the limits of a State’s capacity. In May 2000, CESCR published General Comment No. 14, which provided a detailed description of the obligations of States to secure the Right to Health, as well as criteria for monitoring this right.

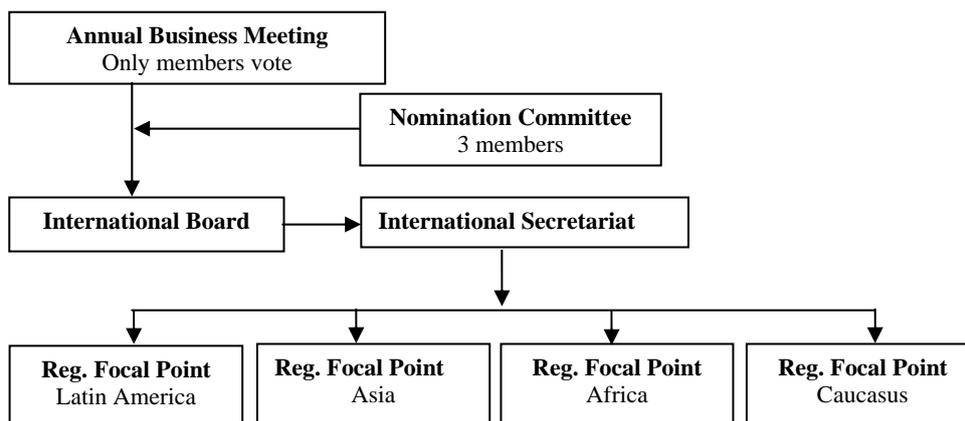


General Comment No. 14 strengthens the basic principle that the accessibility, availability and affordability of health care of good quality are an inalienable right for all. In the 21st Century, the Right to Health is a right, not just a service and not a charity, commodity or a privilege. Absence of available, accessible and affordable health care and underlying preconditions of health is thus not an absence of service, but a violation of a basic human right.

Recognizing that there is a Right to Health implies that governments have obligations, both with regard to medical services and to other aspects of life that determine health, such as clean drinking water and adequate sanitation, or protection against environmental and occupational hazards. It also implies that individuals and groups can hold their governments accountable for not taking progressive measures to comply with these obligations. Since 2002, there is a Special Rapporteur on the Right to Health, who oversees the progress made by governments in realizing the Right to Health.

6. Structure

IFHHR is a Federation comprised of member and observer organisations. It is governed by the **International Board** consisting of representatives of member organisations and a director.





The International Board must be composed of professionals with demonstrated ability to lead and guide the federation, elected by the general membership. The composition of the Board will reflect geographic (continent) and gender representation.

Board members shall serve 4-year terms with the possibility of re-election for two additional terms. In the interest of continuity, some Board members upon finishing their first term, should be encouraged to run for re-election.

The Board will elect a chairperson from within the group to serve for a period of 4 years with the possibility of re-election for two additional terms.

The **International Secretariat** is run by the coordinator training programme and two project officers and any other staff, temporary or permanent, necessary for effective programme delivery or as becomes needed on a project basis..

Regional Focal Points have been set up at the offices of four IFHHRO members:

Edhucasalud (for Latin America), CEHAT (for Asia), AGHA (for Africa) and Global Initiative on Psychiatry – Tbilisi (for Caucasus & Central Asia). The main tasks of the Regional Focal Points are to more actively engage the regional networks, to increase the number of activities at the regional level, to enhance IFHHRO's outreach towards member organisations and to strengthen its Southern profile.

7. Membership / Observer Status

A member or observer of IFHHRO is any organisation or person who contributes to the advancement of the mission of IFHHRO, who acts in accordance with the above mentioned core values and policies of IFHHRO and who has been recognized and registered as a member by IFHHRO by virtue of payment of annual dues or having been granted a dues waiver. The International Secretariat shall maintain a register of the international members and observers¹.

By becoming a member or observer, organisations and individuals agree to be bound by the IFHHRO Charter and the above Membership Criteria. They agree not to engage in any actions that can harm the good name and reputation of IFHHRO. They understand that they are not authorized to sign declarations, petitions or other external communications on behalf of IFHHRO without written permission from representatives of the international secretariat. They agree not to use name or logo of IFHHRO for personal gain or commercial or political activities.

¹ For a list of current members, observers and individual members, see Appendix 1.



They acknowledge that failure to comply with any of the terms of IFHHRO Membership can result in sanction and, in the event of persistent breach, expulsion as a member of IFHHRO.

8. Finance

An independent auditor audits the accounts of IFHHRO, which shall be prepared by the International Secretariat and presented to the International Board.

No part of the income or property of IFHHRO shall directly or indirectly be paid or transferred otherwise than for valuable and sufficient consideration to any of its members by way of dividend, gift, division, bonus or otherwise howsoever by way of profit.



Appendix 1

Current Member Organisations

Action Group for Health, Human Rights and HIV/AIDS (AGHA)	Uganda
Aman-saulyk	Kazakhstan
Association for Victims of Repression in Africa (AVRA)	Congo
Centre for Enquiry into Health and Allied Themes (CEHAT)	India
Commonwealth Medical Trust (COMMAT)	UK
Doctors for Human Rights	UK
EDHUCASalud	Peru
Global Initiative on Psychiatry (GIP) – Tbilisi	Georgia
Harvard Program of International Health and Human Rights	USA
Health Research & Human Rights Foundation (HRRF)	Bangladesh
Independent Medico-Legal Unit (IMLU)	Kenya
Johannes Wier Foundation	Netherlands
Medici per i Diritti Umani	Italy
Palestinian Physicians for Human Rights	Palestine
Physicians for Human Rights	Israel
Physicians for Human Rights	USA
Physicians for Social Justice	Nigeria
Save Congo	DR Congo
Zimbabwe Association of Doctors for Human Rights (ZADHR)	Zimbabwe

Current Observer Organisations

Amnesty International
British Medical Association (BMA)
International Council of Nurses (ICN)
International Federation of Medical Students' Associations (IFMSA)
International Rehabilitation Council for Torture Victims (IRCT)
Norwegian Medical Association (NMA)
Ipas
People's Health Movement (PHM)
South African Medical Association (SAMA)



Turkish Medical Association

Uganda Medical Workers Union

World Medical Association (WMA)

Individual members

Ajaz Akhtar - Pakistan

Gwendolyn Albert - USA / Czech Republic

Abdulaziz Bahaj - Yemen

Bishnu Prasad Bastola - Nepal

Raju Prasad Chapagai – Nepal

Gregory Fabian - USA / Slovakia

Marco Gomez - South Africa

Layth Mula-Hussain – Iraq

Irma Mandjavidze - Georgia

Primrose Matambanadzo - Zimbabwe

Lamiaa M. Elsayed-Mostafa - Egypt

Mohammad Shariar Nafees – Bangladesh

Imran Sindhu - Pakistan

Rajesh Roy - India