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„Adopting Change: Application of Human Rights Based Approach to IAEA's Technical Cooperation Programme on Human Health/Cancer Control"

Verfasserin

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Views and opinions presented in this paper are solely those of the author and do not necessarily represent those of the International Atomic Energy Agency (IAEA).

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Acronyms

AI	Appreciative Inquiry
CIMA	The Chartered Institute of Management Accountants
CRC	Convention on the Rights of the Child
DMAIC	Define, Measure, Analyse, Improve, Control (Six Sigma)
ECE	(UN) Economic Commission for Europe
FAO	Food and Agriculture Organization
HBR	Harvard Business Review
HRBA	Human Rights Based Approach
HRM	Human Rights Mainstreaming Mechanism
HURIST	(Programme on) Human Rights Strengthening
IAEA	International Atomic Energy Agency
IARC	International Agency for Research on Cancer
ICCPR	International Covenant on Civil and Political Rights
ICESCR	International Covenant on Economic, Social and Cultural Rights
ICJ	International Court of Justice
ILO	International Labour Organization
IMF	International Monetary Fund
ImPACT	(Programme of Action for Cancer Therapy- Review Missions)
LMICs	Low and Middle Income Countries
MDGs	Millennium Development Goals
MTS	Medium Term Strategy
NESRI	National Economic and Social Rights Initiative
NHRIs	National Human Rights Institutions
OHCHR	Office of the High Commissioner on Human Rights
PACT	Programme of Action for Cancer Therapy
PACT	Programme of Action for Cancer Therapy
PDCA	Plan, Do, Check, Act

RBM	Results Based Management
RtH	Right to Health
SLT	Social Learning Theory
TACC	Technical Assistance and Cooperation Committee
TC	Technical Cooperation
TPB/TRA	Theory of Planned Behaviour/Theory of Reasoned Action
UDHR	Universal Declaration on Human Rights
UN	United Nations
UNDAF	United Nations Development Assistance Framework
UNDG	United Nations Development Group
UNDP	United Nations Development Programme
UNEP	United Nations Environmental Programme
UNESCO	United Nations Education, Science and Cultural Organization
UNICEF	United Nations Children's Fund/UN International Children's Education Fund
UNO	United Nations Organization
UNWOMAN	United Nations WOMAN
VUCC	Virtual University on Cancer Control
WB	The World Bank
WHO	World Health Organization

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At the start of the Master of Arts in Human Rights (MAHR), I was faced with a lot of skepticism as to how it will be applied to my current work which is focused on quality management. Now towards the end of it, I wonder how I could work without applying human rights in my daily work and life.

This deep appreciation of human rights is the result of the unique inspirational leadership of Dr. Manfred Nowak, the able MAHR faculty members and the team, particularly, Ms. Marijana Grandits, Ms. Tina Hoffstätter and Ms Sabine Mann; I am very grateful to all of them. My special thanks and respects are due to Dr. Walter Schicho for guiding me through the process of writing the Master Thesis, sharing books, articles and references, and affording time to spark ideas whenever I had a snag in the progress of my work.

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1 Introduction

The Chapter 1 provides a brief introduction of the study, its purpose and expected gains, and describes the road map as to how the study is being conducted in a systematic manner, following logic of sequential steps to achieve its objectives.

1.1 The Purpose and Significance of the Study

The central theme of this paper is to demonstrate, argue and analyze that the results based management (RBM) approach applied in the IAEA and its Technical Cooperation (TC) Programme is characterized with the elements inherent in the Human Rights Based Approach (HRBA). These similarities run across strategy, programme processes and TC project design and documentation.

Unlike many UN specialized agencies, IAEA does not have a direct mandate to deliver specific human rights. For example International Labour Organization (ILO)'s mandate is to protect the Right to Work and Workers' Rights and all allied issues whereas UNICEF's core mandate is to protect Child Rights aiming in particular to implement Convention on the Rights of the Child (CRC); the UNWOMEN is responsible for advocacy and programme and policy support to Women's Rights and WHO focuses on the Right to Health. These organizations have access to both the Member State governments (called Duty Bearers) and the people/citizens (called the Right Holders) through their development and technical cooperation programmes. The IAEA on the other hand works through Member State government and respective institutions, although it encourages partnership with the private and social sector entities where there are common objectives to achieve by complementing each other's efforts to deliver better programme results. To this end, the IAEA's direct access to communities is limited and through Member States' institutions.

The IAEA's mission 'Atom for Peace' guides the programme planning and management, thus contributing to the socio-economic development of its Member States through building capacities in the use of nuclear techniques in areas such as Food and Nutrition, Water, Agriculture, Human Health, Energy, and Environment.

For the purpose of the study, we select IAEA's core policy documents and a sample from the TC Programme/Projects on Human Health/Cancer Control, and with the help of certain instruments, show as to how the Results Based Management (RBM) is applied in the programme to support the realization of Human Rights/Right to Health in IAEA Member States and in which areas further complementary assets to be transferred from the Human Rights Based Approach (HRBA) to enhance its alignment.

Both RBM and HRBA are conceptual frameworks; whereas the RBM was adopted in the UN system in the late 1990s, the HRBA is just emerging. This makes the study well timed as to remove any doubts about the complementarity of the two approaches during the discourse among development professionals on the merits and/or demerits of the two approaches and the question of substituting the one with the other.

In order to frame the issue of Human Health/Cancer Control in the context of human rights, we look at two levels of IAEA's function:

- Organizational Policy level - it includes core policy and strategy documents and programme guidelines articulating management principles and approaches to follow in the delivery of TC Programme;
- Programme/Project[1] level - it includes a sample of TC national and regional projects in the area of Human Health/Cancer Control, selected from the TC biennium programme 2012-2013.

The multi-level research allows us to improvise a holistic approach intertwining and overlaying the RBM and HRBA systems to deal with the existing tension between the two, irrespective of the prospects of its adoption or effect on development programming in the future. Considering that the implementation of HRBA in the context of Millennium Development Goals (MDGs) post 2015 scenario will be one of the subjects for discussion; we look for some clarity on it through this study. The debate is covered

[1] TC programme is delivered through national, regional and interregional projects therefore to understand the programme dynamics; we have to study the projects.

partly in the following Chapter 2 on Literature Review and partly in Chapter 4 on Analysis and Findings.

The decision by the UN to adopt HRBA and/or to integrate HRBA with RBM in the development programming is not expected to cause a complete overhaul of the system; neither is it expected to make an impact in a short period of time. It might run the course of UN reforms agenda beyond 2015. Therefore, we opt to concentrate on the prospects of change internally within the scope of the IAEA's technical cooperation programme for the purpose of the study.

Based on the above understanding, a number of key policy and programme/project documents are selected, researched and analyzed from the perspective of human rights, and the results are employed to develop a hybrid model to answer the key research question: **"What will change at the organizational level (inward looking change) and programme level (outward looking change) with the adoption of HRBA in complementarity to RBM?"** The detailed 'Content Analysis' methodology including the selection of sample, self-devised analytical tools and the process is elaborated in Chapter 3.

Many practical challenges are envisaged in the course of transformation; e.g. merging the best characteristics of HRBA with RBM approach within the given policy directives. In doing so, we use references to IAEA Statute Article II[2] and ICESCR Article 12[3], while keeping in mind the limitation of international conventions' non-binding nature, the progressive fulfilment of the Right to Health, and the absence of a plausible mechanism for compliance to the HRBA criteria. These arguments are covered in Chapter 4 on Analysis and Findings.

Finally, we draw conclusions and formulate a few recommendations intended to contribute to enhancing the 'Right to Health' perspective of the TC programme as

[2] The Article II of the IAEA Statue, 1957, states, "The Agency shall seek to accelerate and enlarge the contribution of atomic energy to peace, health and prosperity throughout the world".
[3] The Article 12 of the ICESCR, 1966, states, "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".

presented in Chapter 5. In the light of the study, we develop an integrated multi-level hybrid model as an example to initiating change.

1.2 Expected Learning Gains

In general, the study is expected to contribute to the discourse on the prospects of adopting and assimilating the HRBA with the existing RBM in the UN system to steer a positive change in thinking towards mainstreaming the concept of human rights into organizational policies, strategies and programming process. The discourse is currently taking place at the UN quarters with reference to post 2015 MDG scenario pursuing the '**common understanding on a human right based approach'** in the UN.[4]

More specifically; what are the gains of the research to the IAEA's Technical Cooperation Programme? At the policy level, it will help to develop a clear understanding of the HRBA as part of TC knowledge management geared towards collaboration within UN system and contributing to action as One-UN. At programme level, it will lead towards improved communication on the concept and approach of Human Rights/Right to Health in the programming process, cultivate stronger partnerships with organizations like UNICEF, FAO and WHO and build trusting relationship, through civil society organizations (CSOs), with communities (e.g. workers, farmers, patients etc.) who are directly or indirectly benefiting from the TC programme.

The awareness on the subject will add value to the quality of programming and will lead to national governments' actions to ensure improvement in the delivery of health services at the local level (e.g. providing people with information to encourage on early cancer diagnosis to get treatment for enhancing the chances of recovery and survival).

The study will also contribute a practical hybrid model based on the TC programme experience in Human Health/Cancer Control. At the moment, concrete examples on the application of Human Rights Based Approach (HRBA) in programming are sparse and

[4] WHO-OHCHR Brochure, 2014.

inadequate to provide clear and comprehensive guidance to practitioners. Therefore, the model will provide an opportunity to development and human rights practitioners and UN colleagues to test and apply the model in their respective areas of work, and contribute to the global knowledge on the subject.

2 Literature Review

The following literature review encompasses multiple concepts, theories, models, examples and practices focussed on the theory of change in health programming intertwining with the discourse on human rights/right to health and the advantages and challenges of the use of human rights based approach in conjunction with results based management to steer the change process.

For the convenience of the reader, the chapter is divided into two parts: the first part (2.1) provides background information on the development process of the Bill of Rights, the debate on the realization of Right to Health in the context of poverty and health nexus and inequities, and the role of scientific and technological development and social media in empowering the communities; the second part (2.2) provides an overview of contemporary theories and systems under three main headings: The Change Management Theories - in general and in health, The Health Management Systems, and The Innovative Practices in Health Management/Cancer Control.

2.1 Human Rights Context

The subject of human rights is vast and complex and cannot be justly addressed in this short study which is focused on developing an enhanced technical cooperation programme model to underscore the importance of the Right to Health. We start with creating an understanding of human rights in the light of global movements and actions including the role of United Nations Organization, and various international, regional and national entities.

The United Nations Organization (UNO) which was founded in 1945 in the aftermath of the World War II undertakes the following commitment:

- "to save succeeding generations from the scourge of war, which twice in our lifetime has brought untold sorrow to mankind, and

- to reaffirm faith in fundamental human rights, in the dignity and worth of the human person, in the equal rights of men and women and of nations large and small, and
- to establish conditions under which justice and respect for the obligations arising from treaties and other sources of international law can be maintained, and
- to promote social progress and better standards of life in larger freedom."[5]

"Human rights are the rights inherent to all human beings, irrespective of nationality, place of residence, sex, national or ethnic origin, colour, religion, language, or any other status. All human beings are equally entitled to human rights without discrimination. These rights are all interrelated, interdependent and indivisible."[6]

"Universal human rights are often expressed and guaranteed by law, in the form of treaties, customary international law, general principles and other sources of international law. International human rights law lays down obligations of Governments to act in certain ways or to refrain from certain acts, in order to promote, protect and fulfil human rights and fundamental freedoms of individuals or groups"[7]. For example the state governments are responsible, on the one hand, to create enabling environment for people to enjoy their basic human rights and, on the other hand, to establish mechanisms for addressing violations of human rights by individuals and institutions.

The National Economic and Social Rights Initiative (NESRI) which was founded in 2004 as a response to growing interest in the implementation of human rights standards in USA, subscribes to the following universally applicable basic principles:

"Universality: People are entitled to these rights simply by virtue of being human.

[5] United Nations Organization, Preamble, 1945.
[6] UN Office of the High Commissioner for Human Rights, 1993.
[7] Ibidem.

Indivisibility: Human rights are indivisible and interdependent meaning that in order for people to enjoy civil and political rights, they are afforded economic, social and cultural rights (and vice versa).

Participation: People have a right to participate in how decisions are made that affect their lives including those regarding the protection of their rights.

Accountability: Governments must create mechanisms of accountability for the enforcement of rights.

Transparency: Governments must be open about all information and decision-making processes related to rights.

Non-Discrimination: Human rights must be guaranteed without discrimination of any kind, not only purposeful discrimination, but also protection from policies and practices which may have a discriminatory effect."[8]

2.1.1 The Development of the International Bill of Rights and its Institutions

Although the two world wars became the raison d'être for the development of the International Bill of Rights, however we learnt from a review of human rights history that the stage was already set at the turning of the 18th century and towards the end, the two revolutions - American Revolution in 1776 and the French Revolution in 1789 - turned the tables in favour of popular movements on freedom and human rights.

The abolition of slavery[9] and women franchise[10] took a long time to materialize, the former during the first 100 years and the later during the next 100 years from the time of the two revolutions; the duo, ultimately, made a substantial contribution to the understanding of human rights as declared in the UNO Charter.

[8] National Economic and Social Rights Initiative (NESRI), 2004.
[9] Slavery Abolition Act, UK, 1833; 13th Amendment to the US Constitution, USA, 1865.
[10] Qualification of Women Act of 1981, UK; 19th Amendment to the US Constitution, USA, 1920.

A content analysis of early American newspapers covering the complete 18th century reveals that the phrase 'human rights' appeared on 4 occasions during 1760-1780 for the first time; surprisingly, its number jumped to 102 during 1780-1800[11] showing a positive change in public awareness and acceptance of the concept.

The concept of human rights was also present in the European philosophies during the same era as the phrases such as the 'right of man' or 'right of mankind' were detected in the literature; however their occurrence in legal texts was very low.[12] The theory originates from the teachings of *John Locke, Thomas Paine, Jean Jacques Rousseau* and many other philosophers of that time.[13]

The historical milestones achieved over the last few centuries that paved the way to the 20th Century Human Rights documents, include:

- The Magna Carta (1215)
- The English Bill of Rights (1689)
- The French Declaration on the Rights of Man and Citizen (1789), and
- The US Constitution and Bill of Rights (1791).[14]

The rapid industrialization in America and Europe, expanding consumer and labour markets, especially in European colonies in Asia and Africa necessitated better organization of resources (factors of production i.e. land, labour, capital, material and entrepreneurship). The establishment of the International Labour Organization in 1919 was another critical step towards protecting the rights of workers including occupational safety and health.[15] Subsequently in 1926 'The Slavery Convention' was adopted; followed by many international treaties including UDHR in 1948 and 'The Geneva

[11] De Bolla, 2013, p.140.
[12] Ibidem, p.122.
[13] Nowak, 2003, p.9.
[14] Flowers, 1998.
[15] Ibidem.

Conventions' and their 'Additional Protocols' in 1949 to address humanitarian issues, particularly protecting civilian population during armed conflicts.[16]

In 1945, the International Court of Justice (ICJ) was created under the Charter of the United Nations as one of the principal organs "to settle, in accordance with international law, legal disputes submitted to it by States and to give advisory opinions on legal questions referred to it by authorized United Nations organs and specialized agencies."[17] The ICJ is located in The Hague in Netherlands.

The Universal Declaration of Human Rights (UDHR) 1948, the International Covenant on Political and Civil Rights (ICCPR) 1966 and the International Covenant on Economic, Social and Cultural Rights (ICESCR) 1966 together constitute "The Bill of Rights', due to the reason that while deliberating on the human rights, many additional areas of human rights have been defined and incorporated in the ICCPR and ICESCR"[18], which were not included in the UDHR.

The adoption of any binding legal instrument e.g. the convention, covenant or a treaty, further requires the UNO to develop mechanism and institutional infrastructure for its implementation including, in most of the cases, provision for building capacities of national governments to facilitate realization of human rights in compliance with those treaties.

The UNO has established such mechanisms as part of the process, and as of now there are many specific institutions that form the UN Human Rights implementation and reporting mechanism consisting of various councils, review committees/sub-committee, periodic reporting mechanism and special procedures. Some of these bodies are based on the strength of UN Charter and others on the strength of specific treaties.

[16] The Geneva Conventions and their Additional Protocols are at the core of international humanitarian law, the body of international law that regulates the conduct of armed conflict and seeks to limit its effects. They specifically protect people who are not taking part in the hostilities (civilians, health workers and aid workers) and those who are no longer participating in the hostilities, such as wounded, sick and shipwrecked soldiers and prisoners of war; (ICRC).

[17] International Court of Justice, webpage.

[18] Shyful Hoque, 2013, webpage.

One of the recent developments is the establishment of the Office of the High Commissioner for Human Rights (OHCHR) in 1993, in pursuance to discussions held and decisions taken during Vienna World Conference on Human Rights, Vienna Declaration and Programme of Action, the same year.

The OHCHR while working closely with the National Human Rights Institutions (NHRIs) provides advice, expertise and support to facilitate the human rights monitoring process through various mechanisms in the UN system. [19]

2.1.2 Regional Human Rights Treaties and Institutions

Besides the establishment of the UNO, its Charter and the Bill of Rights, the second half of the 20th century has seen unprecedented focus on human rights due to changing geopolitical scenario and strong collaboration between the political and civil institutions, and particularly the alliances among non-governmental civil society and development organizations to undertake advocacy on behalf of the marginalized groups of people and communities.

Among the regional initiatives, 'The European Convention on Human Rights' is the first convention adopted by the Council of Europe (CoE) in 1950 and entered into force in 1953. It is considered the cornerstone of all its activities and its ratification is a prerequisite for joining the CoE.

The implementation of the CoE convention is overseen by 'The European Court of Human Rights' in the 47 member states. Individual complaints of human rights violations are admitted to the Strasbourg Court as a last resort after all the possibilities of appeal in the concerned member state have been exhausted. The European Union is also inclined to sign 'The European Convention on Human Rights' in order to provide legal space to over 820 million citizens.[20]

Other regional Human Rights Treaties include:

[19] UN Office of the High Commissioner for Human Rights, 1993.
[20] Council of Europe, 1949.

- European Convention for the Protection of Human Rights and Fundamental Freedoms (1950)
- European Social Charter (1961)
- Revised European Social Charter (1996)
- American Convention on Human Rights (1969)
- Additional Protocol to the American Convention on Human Rights in the Area of Economic, Social and Cultural Rights (Protocol of San Salvador) (1988)
- African Charter on Human and Peoples' Rights (1981)
- African Charter on the Rights and Welfare of the Child (1990)
- Protocol to the African Charter on Human and Peoples' Rights on the Rights of Women in Africa (2003) [21]

2.1.3 Right to Health (RtH)

The 'Right to Health', which is the nucleus of this study is embedded in the International Covenant on Economic, Social and Cultural Rights (ICESCR). It was adopted on 16 December 1966 and entered into force on 3 January 1976. The Article 12 recognizes the right of everyone to enjoy the highest attainable standard of physical and mental health and covers areas such as infant mortality and healthy development of the child, environmental and industrial hygiene, prevention, treatment and control of epidemic as well as creation of conditions to assure medical service and attention in the event of sickness. [22]

The RtH is embedded in many other UN Conventions, among these are: the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) 1979; Convention on the Rights of the Child (CRC) 1989; International Convention on the Protection of the Rights of All Migrant Workers and Members of their Families (ICMW) 1990 and the Convention on the Rights of Persons with Disabilities (CRPD) 2006. The RtH is also the cornerstone of the mandates of the Wold Health Organization (WHO) and the International Atomic Energy Agency (IAEA).

[21] UN Office of the High Commissioner for Human Rights, 1993
[22] ICESCR, Article 12, 1966.

The modalities of how to realize the RtoH by the respective governments and the international communities are described in 'The General Comment 14 on the right to the highest attainable standard of health - article 12 of the ICESCR in 2000. The institutional process is further strengthened by the appointment of UN Special Rapporteur on Health in 2002. By this, the international community came a long way to recognize the importance of the RtoH.

2.1.4 The Nexus of Health and Poverty

The establishment of the WHO in 1946 and the IAEA in 1957 were two important milestones that acknowledged the close and complex relationship between health and poverty. Whereas WHO constitution states that, "(t)he health of all peoples is fundamental to the attainment of peace and security and is dependent upon the fullest cooperation of individuals and States"[23], the IAEA's expression 'to accelerate and enlarge the contribution of atomic energy to peace, health and prosperity'[24] sends a strong message to the international community regarding the dynamic role of scientific and technological development in achieving that goal.

The three aspects, peace, health and poverty, cut across each other as without peace it is difficult, if not impossible, to attain such social and economic, civil and political conditions that could sustain mental and physical well-being of people and maintain dignity of life with "freedom from want and freedom from fear".[25]

The destructive influence[26] of poverty on health and being-well of people is recognized by the UN and International organizations who keep warning the international community about the health consequences of those living in poverty at individual level and to the society in terms of low human capital and economic production with falling income graph, hence perpetuating the vicious circle of poverty.

[23] WHO Constitution, 1946.
[24] IAEA Statute, Article II, 1957.
[25] Quote from US President ROOSEVELT, Franklin D., 'The four Freedoms' 1941.
[26] World Health Report, 1995, p.v.

The causal link between health and poverty is demonstrated in the pattern of urban dwelling in which many minorities and ethnic groups (including refugees and asylum seekers) are segregated and are forced to live in specified locations, which consequently deprive them from accessing mainstream public health services assuring minimum quality standards. Therefore it is critical for the policy makers in the government to have a "holistic look at solving the problem of health disparities, which requires dealing with complex and interlinked socio-economic problems". [27]

One approach to achieving the objectives of RtH is to establish the collective Right to Development (RtD)[28] which has been debated for many decades without any conclusive mechanism in place for its realization. The association between health and poverty cannot be overemphasized enough, especially when according to an estimate by the UN Food and Agriculture Organization (FAO) about 870 million people of the 7.1 billion people in the world are suffering from chronic undernourishment and almost all (i.e. 852 million) live in developing countries, representing 15 percent of the population of developing countries. There are around 16 million people undernourished in developed countries.[29]

In the World Cancer Report 2014, it is reported that the highest incidence rates of all types of cancers, except non-melanoma skin cancer, are associated with high income countries including Japan, Republic of Korea, Australia and New Zealand; more than 60% of cases occur in the regions of Africa, Asia, Central America and South America which also account for 70% of deaths by cancer.[30] Cancer Control has not yet been included in the agendas of the governments because there are many **competing health problems** that require public resources.[31]

[27] Thomas & Quinn, 2008, pp.111-125
[28] Meier & Fox, 2008, pp. 259-355
[29] World Hunger Education Services, 2013.
[30] International Agency for Research on Cancer/WHO, 2014, p.16
[31] WHO Guide for Effective Programmes, 2006, p.iii.

In view of the financial barriers, the developing and less developed countries can benefit from creating risk pools to improve "financial protection" of the poor who cannot afford to pay the cost of health care out of their pockets at any given time.[32]

The World Bank (WB) in a recent study by Adam Wagstaff et al indicates that whereas the focus of health MDG interventions was pro-poor, the progress happened to be pro-rich. This has become a puzzle for the researchers. They hypothesise that this could be due to the low quality of health care provided to the poor.[33]

Thus, in designing public health interventions, it is obvious that a uniform approach does not work due to its inability to address all the diverse public health issues for all the people. The effect of public interventions will always be subject to the influences of identity, culture, physical environments, and socioeconomic status.[34]

How to deal with this scenario at hand?

The issues related to public health are best addressed through the holistic approach that puts the ***Patient, Client Population and the Community***[35] at the heart of the network of public health services.

Prof. Winslow (2009) describes public health as *"the Science and Art of (1) preventing disease, (2) prolonging life, and (3) promoting health and efficiency through organized community effort"*[36] such as improving sanitation, controlling communicable infections, strengthening nursing services and developing social mechanisms to ensure adequate standards of living and health maintenance.[37]

[32] Peters et al, 2008, pp.161-171.
[33] Adam Wagstaff, 2014, p.18.
[34] Editorial, The Lancet Journal, 2014, p.1.
[35] Tulchinsky & Varavikova, 2009, p.45.
[36] Ibidem.
[37] Ibidem.

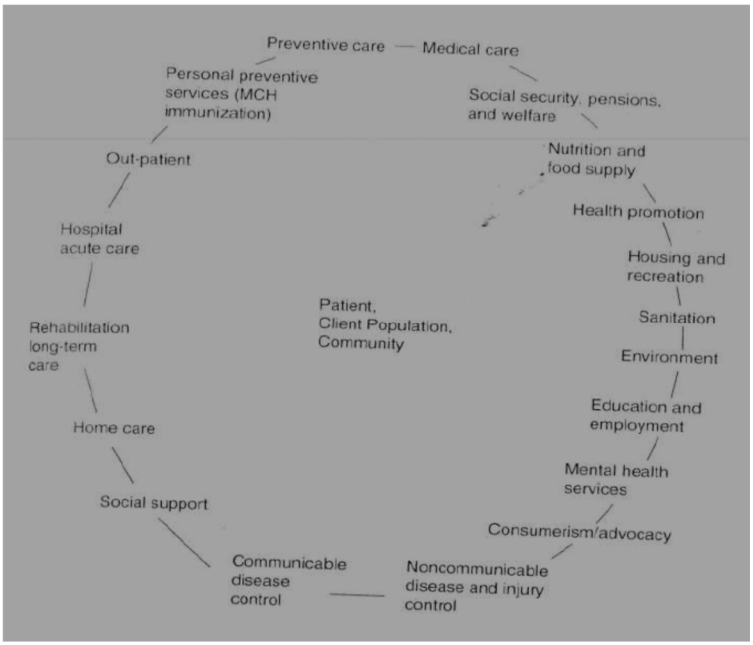

Figure 1 - Holistic Approach to Public Health by Prof. Winslow[38]

The above theory has been, successfully, revitalized during 1990s by many civil society organizations working with marginalized individuals and communities, e.g. the Grameen Bank[39] and Bangladesh Rural Advancement Committee (BRACS)[40] in Bangladesh as well as the National Rural Support Programme (NRSP)[41] network in Pakistan.

[38] Tulchinsky & Varavikova, 2009, p.45.

[39] The origin of Grameen Bank can be traced back to 1976 when Professor Muhammad Yunus, Head of the Rural Economics Program at the University of Chittagong, launched an action research project to examine the possibility of designing a credit delivery system to provide banking services targeted at the rural poor. As of October, 2011, it has 8.349 million borrowers, 97 percent of whom are women. With 2,565 branches, GB provides services in 81,379 villages, covering more than 97 percent of the total villages in Bangladesh. (Grameen Bank).

[40] BRAC, an international development organization based in Bangladesh, is the largest non-governmental development organization in the world. What is unique about BRAC is its method of pulling people out of poverty. BRAC has organized the isolated poor and learned to understand their needs by finding practical ways to increase their access to resources support their entrepreneurship and empower them to become agents of change. (Wikipedia).

[41] NRSP's mandate is to alleviate poverty by exploiting people's potential and to undertake development activities in Pakistan. It has a presence in 56 Districts in all the four Provinces including Azad Jammu and

2.1.5 The Nexus of Health, Poverty and Technological Development

The 20th century with newly discovered energy resources unleashed the rapid growth of industry and accelerated research and development in the field of science and technology; consequently, affecting the management perception of public health no less than other disciplines of life.

The road to development from X-Ray machines (in 1895 by Conrad Röntgen) to MRI (progressively from 1882 to-date[42]) sophisticated systems was long and bumpy, but the scientific community has arrived at a juncture where it is reaffirmed to be of immense benefit to people suffering from various physical and mental illnesses.

The investment in research and development (R&D) by both the governments, academia and private industries/entrepreneurs in health, physics, biology, pharmaceutics, medicine, medical equipment, machines, sources of energy and environment made a crucial contribution to the scientific and technological development. The UN and its specialized and associated agencies including the IAEA contribute by building capacities of Member States to strengthen the process of scientific and technological research and development.

One of the determinants of health is the inequalities in the distribution and utilization of resources and technological innovations as a result of lope-sided development in various parts of the world, – dubbed as the 'North-South Gap'.

Kashmir through Regional Offices and Field Offices. NRSP is currently working with more than 2.4 million poor households organized into a network of more than 162,242 Community Organizations. With sustained incremental growth, it is emerging as Pakistan's leading engine for poverty reduction and rural development. (NRSP).

[42] One of the most recent inventions to have changed the way medical diagnostics is the Magnetic Resonance Imaging machine, commonly known as the MRI, Its inventor, Dr. Raymond V. Damadian received the 2007 National Inventor of the Year Top Inventor Award for the MRI, even though the Nobel Prize for discoveries that depended on the MRI went to Paul Lauterbur and Sir Peter Mansfield in 2003. (http://www.ehow.com/about_4599974_who-invented-mri.html).

According to Prof. Sachs, "the impulse of science and technology does not operate at anywhere near the needed strength in the low income countries as it does in the high-income countries",[43] which seems to be connected with the high economic growth.

The scientific and technological development is called a double-edged weapon that on the one hand helps to ameliorate inequalities by creating conditions for people to benefit from scientific solutions in the form of treatment, products and services, and on the other, widens the gap between the developed and developing countries with each new invention beyond the reach of poor communities.

Nevertheless, as Dr. Michio Kaku believes that historically many technologies were at the beginning the domain of the privileged class, however, through mass production, competition, better transportation and improvements in technology, became affordable to the average person.[44]

On the positive side, due to the unprecedented discoveries and development in physical and medical sciences, pharmaceutical products, improvement and innovation in scientific equipment and machines during the last half a century, humanity has been successful in containing the frequent outbreaks of epidemics, eradicating diseases like malaria, small pox and tuberculosis, and effectively controlling HIV/AIDs in most of the parts of the world. New Vaccines and medicines have been developed and new methods for diagnosing ailment from X-ray machine to MRI and EEG technologies have been invented.

The computer technology provides an edge to medical professionals in addressing medical problems, e.g. the IBM's supercomputer 'Watson', is used in a number of US hospitals to help customize treatments for cancer patients. The computer is made to learn how to use qualitative information on the lung and breast cancer findings gathered through peer review including medical record and outcomes of patients.[45] "This lets

[43] Sachs, 2002, p.7.
[44] Kaku, 2014, p.162.
[45] Marks, 2014, pp 17-18.

doctors customise treatments based on a patient's age and medical history – in some cases down to genome level, and their specific variant of cancer."[46]

Access to scientific and technological development is a basic human right, with which to address the basic needs of people living in poverty.[47]

2.2 Change Management

"Change is endemic and all around us."[48]
The Chartered Institute of Management Accountants (CIMA), London, UK

Many internal and external pressures faced by organizations demanding transformation and change that organizations cannot ignore, such as: global competition, changes in customer demands, technological advances and, new legislation.[49] It will not be out of place to add to the list the 'International Human Rights legislation and global discourse' on post 2015 scenario on the corporate sector, in respect of Corporate Social Responsibility (CSR).

2.2.1 Change Management in General

For long, corporations have been using the term 'change management' to meet their profit-oriented commercial ends through adopting approaches such as leaning the organization by cutting costs, laying off the staff, restricting mobility and travel, and outsourcing customer services and production processes to sweatshops. The discourse on change management started by experts like John Kotter, Rosabeth Moss Kanter, Warren Bennis, Chris Argyris, Charles Handy, Ed Schein and Andrew Pettigrew, changed that notion to a great extent. Further, the collaboration between the corporate executives and academia taking place simultaneously during 60s and 70s resulted in new theories and approaches to create a better understanding of the phenomena of

[46] Marks, 2014, pp 17-18.
[47] UNESCO, 2014
[48] Downey, 2008, p.4.
[49] Ibidem.

change and its management. The emergence of civil society non-profit organizations on the scene in the 80s and 90s made a ripple effect across the globe in broadly disseminating the new approaches.

In addition, the introduction of human rights perspective, the concepts such as 'Corporate Social Responsibility (CSR)' and 'Sustainable Development' put moral, legal and material pressure on organizations to broaden their view of change management in order to remain competitive.

An overview of popular change management theories is given below for the benefit of the reader.

- **PDCA/PDSA – W. Edwards Deming**

  The world famous PDCA/PDSA model introduced by Dr. Walter Shewhart and Dr. W. Edwards Deming is being frequently used by organizations, with a strong focus on the quality of products, processes and customer satisfaction. It uses customer feedback for continuous improvement. The model is based on an unending continuous learning cycle following four Steps: Plan, Do, Check/Study and Act[50].

Figure 2 - PDCA [51]

[50] Forsythe, 2012, p.2.
[51] Broday & Junior, 2013. pp.377-390.

Following the PDCA approach, many management experts and leaders developed models to achieve the quality goals. The table below provides a comparative overview in which each process is described in broader terms listing main sub processes or steps. In all four models, planning, executing, monitoring/checking, analysing, and reacting to it and using the information for improvement are, more or less, spelled out in the same logical sequence.

<table>
<tr><th>PDCA</th><th>DMAIC</th><th>A3</th><th>8D/PSP</th></tr>
<tr><td rowspan="5">Plan</td><td>Define</td><td>Clarify the Problem</td><td rowspan="2">1. Create Team & collect Information
2. Describe the Problem</td></tr>
<tr><td rowspan="2">Measure</td><td>Break down the Problem</td></tr>
<tr><td>Set a Target</td><td>3. Define Contain-ment Actions</td></tr>
<tr><td rowspan="2">Analyse</td><td>Analyze the Root Cause</td><td>4. Analyze the Root Cause</td></tr>
<tr><td>Develope Countermeasures</td><td>5. Define possible corrective Actions</td></tr>
<tr><td>Do</td><td>Improve</td><td>See Countermeasures</td><td>6. Implement corrective Actions</td></tr>
<tr><td>Check</td><td rowspan="2">Control</td><td>Evaluate Results & Processes</td><td rowspan="2">7. Define Actions to avoid Recurrence
8. Congratulate your Team</td></tr>
<tr><td>Act</td><td>Standardize Success</td></tr>
</table>

Table 1 - An Overview of Change Management Systems[52]

- **John Kotter's 8-Steps Leading Change**[53]

The change model closest to what our study intends to achieve was developed in 1995 by John Kotter, a Harvard Business School professor. The model works through 8 steps as reproduced below:

[52] Google Images, 2014.
[53] Bright Hub PM- Project Management, 2014.

- Create a sense of needing it to be done now
- Build a strong team.
- Create the vision for the change.
- Make sure everyone understands the vision through communication.
- Remove any obstacles in the way of implementing the change.
- Make sure that the company experiences a sense of success.
- Don't declare victory too early – keep building.
- Make sure the changes become a core part of your company

Using the Change Management Concept presented by John Kotter,[54] we are, at the moment, attempting to address steps 1 (creating a sense of urgency) and 3 (creating a vision) which are so far in our control and leaving the rest for the later in the hope that we will be able to pick the thread as part of the UN system as soon as there is an opportunity to implement.

- **Appreciative Inquiry**

The 'Appreciative Inquiry' approach involves discovery of what gives life to an organization and makes it work most effectively and constructively.[55] It responds to change management challenges and leads to smooth transformation due to its deliberate focus on positivity at the centre of the approach. The Appreciative Inquiry is worked out in practice by using the '4-D' model:

Discover - people talk to one another, often via structured interviews, to discover the times when the organisation is at its best. These stories are told as richly as possible.

Dream - the dream phase is often run as a large group conference where people are encouraged to envision the organisation as if the peak moments discovered in the 'discover' phase were the norm rather than exceptional.

[54] Bright Hub PM- Project Management, 2014.
[55] Cooperrider & Srivastva, 1986.

Design – a small team is empowered to go away and design ways of creating the organization dreamed in the conference(s);

Destiny – the final phase is to implement the changes.[56]

As far as the implementation of change management is concerned, Harold L. Sirkin at el discussed the subject in their paper 'The Hard Side of Change Management', Harvard Business Review (HBR) October 2005.[57] They introduced the concept of DICE which is spelled out as: D. duration, I. integrity of project team's performance, C. commitment, and E. effort. They further emphasise while explaining each of these factors that both hard and soft aspects are important in the process, and reliance only on cultural, leadership and motivation issues is not enough to influence the outcome of change management initiative.

2.2.2 Theories of Change in Health Management

The National Cancer Institute, The US Department of Health and Human Services, issued 'A guide for Health Promotion Practice' in 2005 in which a number of change theories have been collected and explained to practitioners for attaining conceptual clarity in the planning and implementing of effective health programmes.

They range from the very fundamental Ecological and Health Belief Models to Stages of Changed Model and an Integrative Model as well as a further extension to Community Organization with a practical Sociocultural Environment Logic Framework. According to the authors, the theory of change has been practiced in health management for over 60 years now and has made significant advancement in health programming and practice.

A short description of each theory is provided below:

[56] Cooperrider & Srivastva, 1986.
[57] Sirkin, Keenan, & Jackson, 2005. pp.109-118

- **The Ecological Perspective: A Multilevel, Interactive Approach**

The theory takes into consideration a process of change that includes change of behaviour both at the organizational level and in the physical and social environment of communities. The process moves up to the institutional level where its role becomes apparent in social and economic policies. It emphasises upon an interaction and interdependence of factors within and across all levels of a health problem.[58]

- **Health Belief Model**

It is one of the earliest theories of health behaviour and is being widely recognized. According to the theory, people's beliefs about whether or not they were susceptible to disease, and their perceptions of the benefits of trying to avoid it, influenced their readiness to act.[59]

- **States of Change**

The theory evolved out of studies comparing the experiences of smokers receiving professional treatment. As a person attempts to change behaviour, he or she moves through five stages: pre-contemplation, contemplation, preparation, action and maintenance.[60]

- **Theory of Planned Behavior (TPB) and Theory of Reasoned Action (TRA)**

Both these theories focus on the behavioural intentions of the person which, it is said, "is influenced by a person's attitude towards performing a behavior, and by beliefs about whether individuals who are important to the person approve or

[58] National Cancer Institute, National Institutes of Health, The US Department of Health and Human Services, 2005.
[59] Ibidem, p.13.
[60] Ibidem, p.15.

disapprove of the behavior".[61] Hence the culture and environment become part of the decision making process.

- **Social Cognitive Theory**

The theory takes into account the 'reciprocal determinism' which is defined as 'the dynamic interaction of the person, behavior, and the environment in which the behavior is performed'. Whereas a person's behavior is influenced by the environment, the environment is also affected by person's behavior. The idea of reciprocity is evolved from research on Social Learning theory (SLT).[62] The Integrative Model further explains how external and individual factors impact the behavior.[63]

- **The Community Organization (Participatory) Model**

It is a process based model focusing on community organization through participatory method to identify common issues, mobilize resources and devise solutions to address the same. It takes the main theme from social system theory and identifies three change models i.e. locality development, social planning and social action. The terminology used, such as empowerment, community capacity, participant and critical consciousness[64], cuts across the concept of human rights and human rights based approach. The details of the model are covered towards the end of the chapter under the sub-heading, 'Health Management Programming'.

- **Sociocultural Environment Logic Framework**

This theory and the practical model deal with preventive services and takes into consideration the determinants such as equity, social justice, societal resources as well physical environment that could lead to immediate outcomes at community

[61] National Cancer Institute, National Institutes of Health, The US Department of Health and Human Services, 2005, p.16.
[62] Ibidem, p.20-21.
[63] Ibidem, p.19.
[64] Ibidem, p.24.

level and further to health outcome, consequently attaining healthier communities and healthy population.[65]

While wrapping up the above discussion, we find that the **'behaviour change'** is considered by a number of theorists as one of the major factors, which plays a crucial role in the success of health programmes. With the development and globalization of multimedia, the 'social marketing uses marketing techniques to influence the voluntary behaviour of target audience members for health benefit'[66]. This has turned in favour of the community by empowering them to make informed decisions in addressing health issues, and to take charge of their physical and mental well-being including options to use litigation to claim the 'Right to Health'. However, as we learned from a discussion on Global Health Governance concerning flow of funds from developed to developing countries, the rights-based litigation is not considered to be very effective at international level due to its limited scope and past track record of unsuccessful attempts. Hence, Lisa Forman et al, propose the following four additional approaches for mobilizing funding to realize Human Rights/Right to Health:

- Social advocacy,
- Monitoring of health services by citizen,
- **HRBA** application in health policies and programming, and
- Movements and campaigns on Health; [67]

The use of social advocacy and social marketing to empower individuals and communities is half of the story, the other half consists of promoting human rights for motivating national governments and high income countries to increase investment in the health programmes in the Middle and Low Income Countries (MLICs) and "to thereby mitigate persisting inter-and intra-country health inequities".[68]

[65] National Cancer Institute, National Institutes of Health, The US Department of Health and Human Services, 2005, p.26.
[66] Ibidem, p.36.
[67] Forman L. , Cole, Ooms, & Zwarenstein, 2012.
[68] Ibidem.

Leung, in a research paper on 'Increasing Dynamic Capabilities of Health Organizations with Social Media' (2013); states,

> "In terms of technical fitness and evolutionary fitness, a health organization may utilize social media for two purposes: First, social media enables a hospital to attract potential customers; second, social media enables the hospital's stakeholders – including patients, physicians, and other health professionals – to increase communication".[69]

The **'technical fitness'** refers to how effectively a certain capability performs its intended function(s) [for the organization]; whereas **'evolutionary fitness'** is concerned with the organization's external selection environment.' The 'evolutionary fitness' can be attained by using the feedback through patients-doctor networks and communications for enhancing the quality of products and services i.e. 'technical fitness' to meet customers' expectations and maintain their loyalty.[70]

Leung (2013) conducted the empirical study to explore the quantitative relationships between the evolutionary fitness and technical fitness as well as to compare the speed of % change in the two variables. Among his conclusions, the one regarding identification of various groups of users and customizing communication contents is critical. For example, he proposes the hospital administrators to, particularly, encourage 'sad patients' with chronic diseases to use social media platforms and foster the development of social support groups. Using references from Cohen & Hoberman, 1983; Wantland, Portillo, Holzemer, Slaughter, & McGhee; 2004, he concluded that (w)ith increased level of perceived social support, patients might engage in positive behavioural change more easily.[71]

[69] Leung 2013.
[70] Ibidem.
[71] Ibidem, p. 141.

The connection between global health and human rights are increasingly recognized outside the academic circles,[72] and many international health experts, particularly those working within the UN system believe in the interconnectedness and reciprocal effect of human rights on health policies and programmes.

2.3 Health Management Systems and Programming Approaches

Out of the many management systems and approaches, also applicable to health programming, we opt to review the following three approaches.

- Results Based Management Approach
- Human Rights Based Approach
- Community Organization (participatory) Model

2.3.1 Results Based Management Approach

Results based management approach, true to its taxonomy, directs all its efforts to achieving results through systematic planning, programming, monitoring and evaluation of development interventions, using a variety of tools to measure performance, improve the quality of programming and its impact on communities. It also makes it possible to fix responsibility for non-performance and draw lessons from both success and failure as part of the learning process.

The concept to focus on results instead of on the objective[73] of the programme evolved during early 1990s mainly due to the civil society organizations' outcry for ensuring effectiveness of development programmes and accountability for managers and decision makers; dealing with foreign investment such as the development assistance, loans from the World Bank and IMF and resources mobilized from international community. The donors (funding agencies) fully supported the ideology of RBM and encouraged the recipient countries to adopt the newly emerging RBM approach.

[72] Forman L. , Cole, Ooms, & Zwarenstein, 2012.
[73] Referring to the concept of Management by Objective (MBO) introduced by Peter Drucker in 1950s.

The UN system adopted RBM approach in 1997 and subsequently developed RBM training manuals and guidelines for use of the staff. Comprehensive training programmes were also developed and delivered to the UN staff and its partner civil society organizations.

The Results Based Management (RBM) is a linear approach that creates a causal link (so-what paradigm) among various components, for example inputs/resources enable the project team to carry out activities that deliver outputs leading to outcomes, and finally the impact as a result of the whole exercise.

According to the UNDG Handbook (2011), the RBM is defined as "a management strategy by which all actors, contributing directly or indirectly to achieving a set of results, ensure that their processes, products and services contribute to the desired results (outputs, outcomes and higher level goals or impact) and use information and evidence on actual results to inform decision making on the design, resourcing and delivery of programmes and activities as well as for accountability and reporting".[74]

The results-based management (RBM) approach is defined by the UN Education, Scientific and Cultural Organization (UNESCO) as: "a participatory and team-based approach to management designed to improve programme delivery and management effectiveness, efficiency and accountability that focuses on achieving defined results, and should be applied in all stages of programming".[75]

The UNESCO use the concept of 'results chain flow'[76] from the expected outcomes of the strategy to the expected results of the programme and further down of the project activities. Many RBM practitioners also apply the notion of the 'premises of hierarchy', according to which the output achieved at one level is consumed as input at the next level and this process continues till the programme impact is evidenced. In case this chain is broken, the likelihood of achieving the highest goal of the programme will diminish.

[74] UNDG RBM Handbook, 2011, p.2.
[75] UNESCO, RBM Handbook, 2010-2011, p.6.
[76] Ibidem, p.10.

Wrapping up the discussion above, we conclude that the RBM is a participatory approach that requires engagement of all the stakeholders at each phase of the programme cycle. The ideas and the feedback are used to improve the process, thus creating an environment for continuous learning from collective experience.

A generic diagram of RBM paradigm is given below.

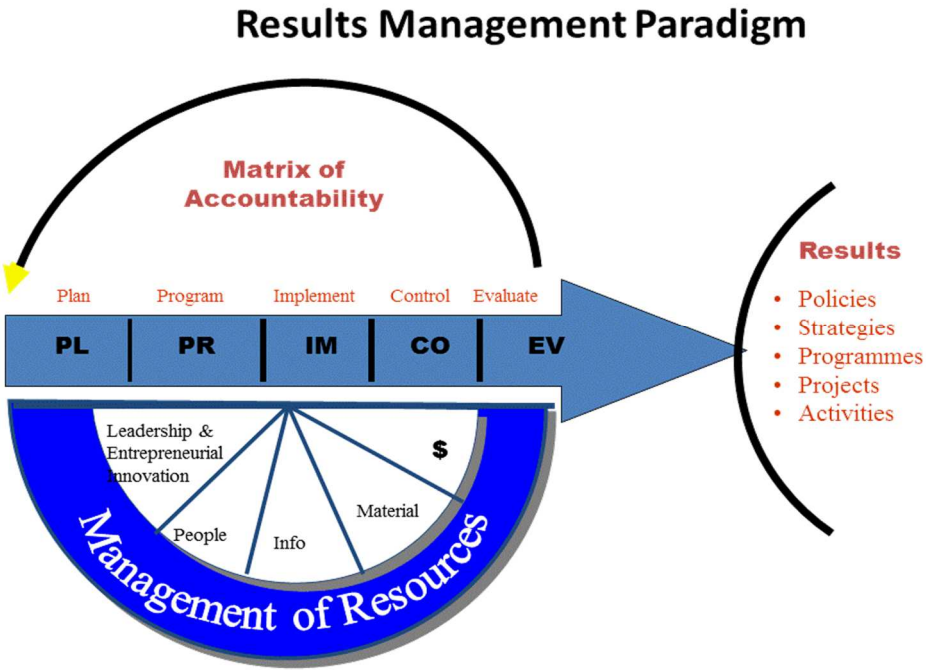

Figure 3 - Results Management Paradigm[77]

The diagram shows five levels of results i.e. policy, strategy, programmes, projects and activities. It defines the overall process from planning to evaluation that takes place at each level and reiterates the need for resources in order to obtain results. The overarching matrix of corresponding accountability further explains that stakeholders carry the responsibility for their actions at each level.

In the IAEA, the RBM model in practice encourages a cyclical approach in programming and the use of logical framework analysis (LFA) as the main tool for planning. At the end of the exercise, it helps the stakeholders to arrive at decisions to set

[77] UN Staff College Presentation, 2010.

country/regional priorities and plan specific projects. The programme cycle has three main phases as graphically shown below.[78]

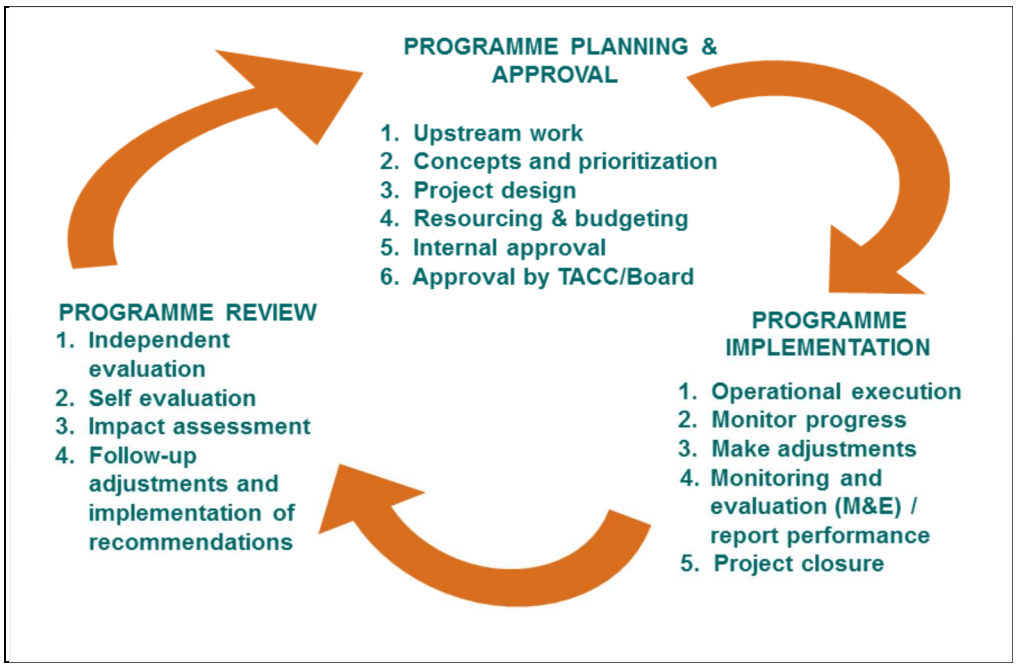

Figure 4 - TC Programme Planning Cycle[79]

The RBM programming cycle contains a strong element of monitoring and evaluation to address the **'so what'** question to drive at some conclusions with regards to the actual performance and consequent change by looking at the facts on the ground and feedback obtained from stakeholders. For example:

• What are the goals of the organization?

• Are they being achieved?

• How can achievement be proven?

Key features of results-based monitoring are defined in 'Ten Steps to a results-based monitoring and evaluation system'[80] as follows:

[78] The Department of Technical Cooperation, IAEA, 2012.
[79] The Department of Technical Cooperation, IAEA, 2014.

"Baseline data to describe the problem or situation before the intervention

Indicators for outcomes

Data collection on outputs and how and whether they contribute toward achievement of outcomes

More focus on perceptions of change among stakeholders

Systemic reporting with more qualitative and quantitative information on the progress toward outcomes

Done in conjunction with strategic partners

Captures information on success or failure of partnership strategy in achieving desired outcomes;

Source: Adapted by the writers from Fukuda-Parr, Lopes, and Malik 2002, p. 11." [81]

Other planning and operational tools include Project Design templates/ Documents, Logical Framework Matrix and the Work Plan. The programming process is supported by IT system.

2.3.2 Human Rights Based Approach

It is premature to say how the HRBA approach will evolve over a period of time with its wider application; however, a common understanding is emerging within the UN system. The nucleus of this understanding is the mechanism for technical cooperation for development. According to World Health Organization (WHO), the HRBA principles for the development cooperation are aimed at building the capacities of

[80] Kusek & Rist, 2004, p.15-17.
[81] Ibidem, p.11.

"duty-bearers to meet their obligations and/or of rights-holders to claim their rights"[82]. The principles are articulated as follows:

- "Human dignity
- Attention to the needs and rights of vulnerable groups and an emphasis on ensuring that health system are made accessible to all
- The principle of equality and freedom from discrimination including discrimination on the basis of sex and gender roles
- Integrating human rights into development also means empowering poor people; and
- Ensuring their participation in decision making process which concerns them
- Incorporating accountability mechanisms accessible to people."[83]

The UN organizations that have taken lead in reviewing their existing systems for alignment with the new human rights based approach include the ILO, UNICEF, UNDP, WHO, FAO and UN-Habitat. There are interagency initiatives such as the UNDP and Office of the High Commissioner for Human Rights (OHCHR) joint programme on Human Rights Strengthening (HURIST) to help in building synergies among their respective mandates and optimizing impact.[84] The 'Action 2 for Strengthening UN Support for the Promotion and Protection of Human Rights Worldwide' launched as part of the UN reform agenda in early 2000. Action 2 emphasizes on three basic criteria i.e. equity and non-discrimination, participation and inclusion, and accountability and the rule of law, which is fully resonant with the HRBA principles.[85]

Given below is a graphic representation as to how this monitoring concept is being introduced in the UN system. UNDAF i.e. the UN Development Assistance Framework is used as the centre point for planning and programming by the UN agencies present in the country, particularly in the planning the progress monitoring on MDGs.

[82] WHO, website, July 2014.
[83] Ibidem.
[84] United Nations, Chief Executive Board Document, 2005, P.43.
[85] OHCHR, UNDP and ECHA Publication, 2007.

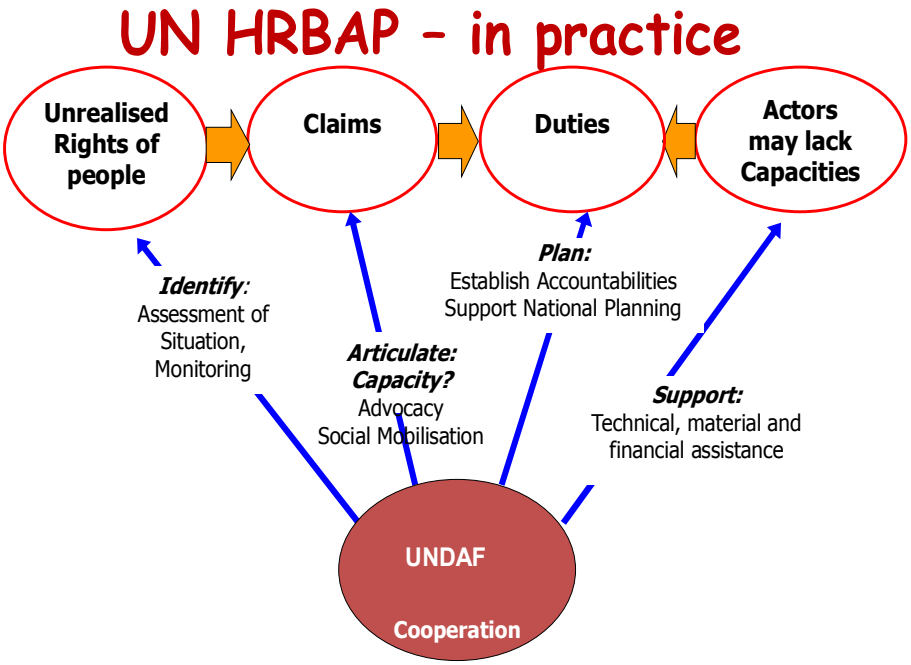

Figure 5 - Human Rights Based Approach (HRBA)[86]

There are four key processes to undertake:

- Situation Analysis to take stock of the existing human rights policies, legislation and institutional arrangements; and to identify gaps in the outset;
- More specific need assessment to define areas for capacity building of both the government (called the Duty Bearers) and the people, groups and communities (called the Right Holders) through advocacy and social mobilization;
- Planning and development of monitoring and reporting mechanism in collaboration with government institutions; and
- Delivery of technical, material and financial support for capacity development.

[86] UN Staff College Presentation, 2010.

2.3.3 Challenges

Among the challenges faced and foreseen in the implementation of Human Rights and Human Rights Based Approach (HRBA), three are critical.

- **Non-binding nature of International Legal Instruments**

Due to the non-binding nature of some international legal instruments such as the Universal Declaration of Human Rights (UDHR), the compliance by Member States is more a matter of goodwill. Although, in due course of time, most of UDHR Articles made their way into the two important UN Covenants i.e. the International Covenant on Civil and Political Rights (ICCPR) and the International Covenant on Economic, Social and Cultural Rights (IESCR) in 1966; both of which are binding.[87]

On the positive side, there are many examples of the soft law preceding the formal convention or being used authoritatively by organizations to make it effective. The former include example of the "IAEA's Guidelines which formed the basis for adoption of the 1986 Convention on Early Notification of a Nuclear Accident following the Chernobyl accident"[88] and the latter, "UNEP Guidelines on Environmental Impact Assessment which were subsequently substantially incorporated in the 1991 ECE Convention on Environmental Impact Assessment in a Transboundary Context".[89] The IAEA "had made particular use of non-binding standards, through its codes of conduct, guidelines or safety recommendations".[90]

Likewise, many national governments, international bodies and donor organizations have started to work with the UN Development Group - Human Rights Mainstreaming Mechanism (UNDG-HRM) to improve the situation. The UNDG-HRM intends "to support strategic activities at global, regional and country level

[87] Boyle, 2014, p.123.
[88] Ibidem.
[89] Ibidem.
[90] Ibidem, p.124.

that ultimately contribute to the *transformational change and/or impact* at the country level".[91]

- **Addressing Member States' Need for Capacity Building**

Any support to Member States for building capacity including strengthening human rights obligations is provided at their request.[92]

With regard to organization of public health system, the governments are already vested with legislative, regulatory and taxation powers[93] derived from the constitution and law. This power is used to develop national laws and implement legislation and regulatory functions including checks and balances, and health education in the area of public health in accordance with international laws.

For example, the IAEA's PACT programme is assisting Member States to develop polices on cancer control and to establish demonstration sites.

Likewise, the Organization of European Cooperation and Development (OECD) is promoting development of National Cancer Control Plans (NCCP) in member countries to set out country's broad targets to reduce the number of cancer cases and deaths and to improve the overall quality of cancer patients. A recent survey reveals that NCCP is increasingly becoming visible and receiving dedicated funding. Countries that have not introduced NCCP are addressing cancer control through regional policies to target specific aspects such as screening and establishing registries.[94]

- **The Concept of Shared Responsibility for Monitoring Performance**

To ensure implementation of human rights at the national level requires an adequate monitoring and accountability mechanism that could provide information to national

[91] UNDG 2012.
[92] OHCHR, UNDP and ECHA, 2007.
[93] Tulchinsky & Varavikova, 2009, p.375.
[94] OECD, 2013, p.92

policy makers. This is an area which is presumed to be beyond the influence of the UN system, least of all the technical cooperation/development programmes outfit.

The UN reiterates that the UNO including its specialized agencies are actively pursuing "ways to harmonize and render more effective the various monitoring mechanisms"[95] which we understand is related entirely to the mandatory monitoring and reporting under the treaties and have not yet trickled down to regular development programming.

There are implications for the monitoring and evaluation of the programme.

Firstly, it is difficult to ensure timely access to and availability of data as well as its accuracy and consistency. Secondly, in most of the cases, there is no baseline information or structure available to measure the progress or change against it. Reconstructing a baseline is not only tedious and time consuming but also an expensive exercise. Thirdly, the ownership of the results of data analysis and its utilization to ascertain responsibility for performance (non-performance) is difficult to establish under the programme.[96]

Considering the above challenges, the World Bank has supported a study to establish general guidance for mainstreaming human rights into development programming and processes. The three modes described in the study are:

- **Non-explicit Integration** that deals with the issue of overlap between the areas of human rights and the development programme goals;
- **Integration of human rights principles** that focuses on strategic and sectoral integration of human rights principles such as participation and inclusion in the development programming process; and

[95] United Nations, Chief Executive Board, 2005.
[96] UN Philippines, 2002, p.127-128.

- **Integration of human rights accountability** that emphasises on the legal aspect with focus on duty bearers' acceptance of human rights based approaches in development. [97]

Our research looked for specific examples in the UN system for application of the above and came up with some similarities in the on-going development initiatives such as the WB programme for poverty alleviation which has non-explicit integration of human rights. Other UN organizations including the WHO and FAO follow integration of human rights' principles in programming[98] whereas UNICEF provides a good example working with the national governments to implement the Convention on the Rights of the Child (CRC) which has a strong element of monitoring. In conclusion, these challenges are difficult but not insurmountable.

2.4 Innovative Practices in Health Management / Cancer Control

This brief part of literature review is focused on specific and innovative practices in human health/cancer control programming with the view to gain insight into the dynamics at play and factors supporting effective policies, programmes and projects.

We select two organizations: the World Health Organization (WHO) and the International Atomic Energy Agency (IAEA). There is already a strong partnership between IAEA and WHO in the area of Human Health/Cancer Control; in particular the IAEA's PACT programme is closely working with WHO teams to implement review missions for providing assistance in development of national cancer policies. The two organizations have their respective mandates regarding delivery of health programmes.

Besides, we look at a third model focused on community participation to develop an understanding of the notion of community and how to empower people/communities for achieving results in health programmes.

[97] McInerney-Lankford & Sano, The World Bank, 2010, p.29.
[98] The WHO programme on health/cancer control is a good example as described in the following section 2.4.1.

2.4.1 World Health Organization – Health Programming Model

According to the World Health Organization (WHO), "rights-based approach means integrating human rights norms and principles in the design, implementation, monitoring, and evaluation of health-related policies and programmes".[99]

The WHO programme on cancer control is based on six modules as follows:

- Planning
- Prevention
- Early detection
- Diagnosis and treatment
- Palliative care
- Policy and advocacy[100]

The underlying determinants of health care such as availability, accessibility, acceptability, and quality, are embedded in the Health Programmes/Projects.

The principles applied by the WHO in cancer control include traits like leadership, participation of all stakeholders at all levels, using partnerships to enhance effectiveness, focus on addressing the needs of people at risk of developing cancer, evidence based decision making, consideration for social values and seeking continuous improvement. [101.]

[99] WHO Brochure, 2014.
[100] WHO Brochure, 2006.
[101] Ibidem.

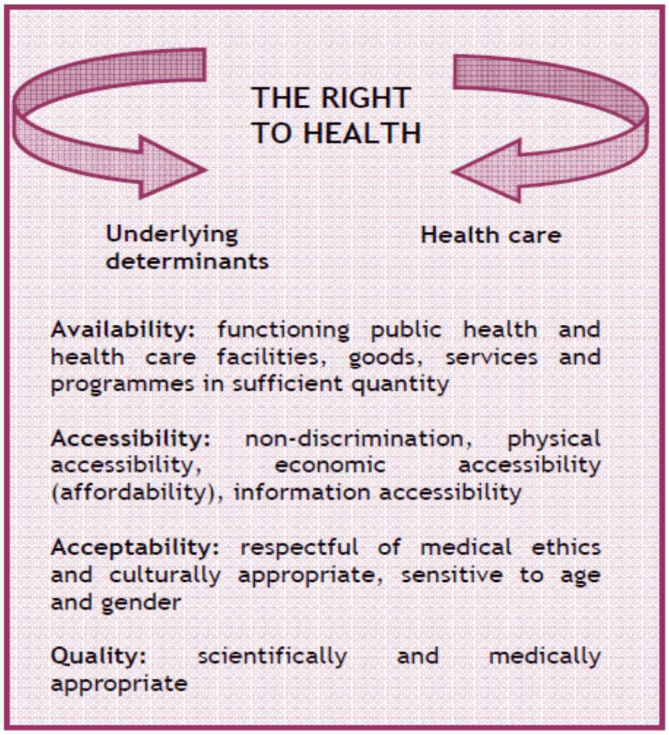

Figure 6 - The Determinants of the Right to Health[102]

2.4.2 IAEA's Programme of Action for Cancer Therapy (PACT) Model

The IAEA Human Health Programme includes 5 main categories, namely, Nuclear Medicine and Diagnostic Imaging, Radiation Oncology and Cancer Treatment, Quality Assurance and Metrology in Radiation Medicine, Programme of Action for Cancer Therapy (PACT) and Nutrition for Improved Health.

The comprehensive cancer programme approach consists of the following specialized fields:

- Prevention
- Early Diagnosis
- Treatment
- Palliative Care
- Information

[102] WHO Brochure 2006, p.2.

Concerned with the cancer problems in the developing world, the IAEA established the Programme of Action for Cancer Therapy (PACT) in 2004 and started to build global partnerships in cancer control and technology transfer in radiation medicine to fully realize the public health impact obtained. In 2009, IAEA established collaboration with the UN World Health Organization (WHO) and The International Agency for Research on Cancer (IARC).

The cooperation between WHO and IAEA is based on a mutually developed framework to integrate their work building on specific areas of expertise, resulting in an effective, well-coordinated and robust approach to combating cancer with particular focus on low- and middle-income countries. Whereas the IAEA competitive edge is in technology, the WHO programme is embedded in population based interventions to strengthening public health, cancer prevention and control as well as primary health care.[103]

The PACT Programme performs four main functions/activities as presented graphically below.[104]

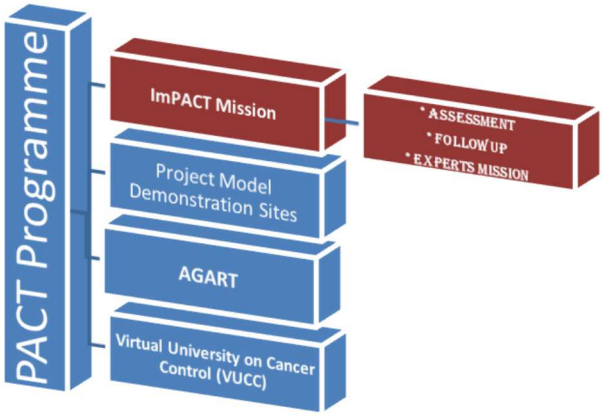

Figure 7 - IAEA Programme of Action for Cancer Therapy (PACT) [105]

ImPACT Review is a Cancer Control Assessment tool that helps countries to respond to the cancer crises, in a timely manner, by providing an evaluation of the country's readiness to implement cancer control programmes. **PMDS** i.e. Project Model

[103] IARC-WHO, World Cancer Report 2014, p.550
[104] IAEA PACT, Brochure, 2012.
[105] Ibidem.

Demonstration Sites pilot sites in the MSs that are aimed at demonstrating the effectiveness of evidence-based strategies and the benefits of synergic partnership for capacity building enhancement.

The PDMS follows the **ImPACT** mission to address the unique challenges of each Member State. The PACT **AGART** (Advisory Group on Radiotherapy Technology) has been working on increasing access to Radiotherapy Technology since 2009. The **VUCCnet,** which is a virtual university, was developed in cooperation with international partners to enhance capacities in the knowledge and skills of professionals in cancer control.[106]

The PACT programme employs several different strategies and approaches, for example, creating better understanding of cancer related issues faced by the developing regions of the world through innovative assessment tools for analysing the cancer burden; by establishing partnerships and providing training to health professionals. PACT not only utilizes advanced technologies and expertise, but also provides advisory services for access to affordable technologies.[107]

2.4.3 Community Organization (participatory) Model

Community organization has its roots in the civil society and is one of the most applied approaches in social planning and social action. In this process, "community groups are helped to identify common problems, mobilize resources and develop and implement strategies and programme to reach common goals".[108] This approach is often used in public health programmes as it is consistent with an 'ecological perspective'[109] that

[106] IAEA PACT, Brochure, 2012.
[107] Ibidem.
[108] National Cancer Institute, National Institutes of Health, The US Department of Health and Human Services, 2005, P.23.
[109] Ibidem.

takes into consideration 'environmental factors and human behaviour'[110]. Community organization as a change model is being classified by Jack Rothman[111] in three types:

"**Mode A**, which is a Locality Development mode, presupposes that community change should be pursued through broad participation by a wide spectrum of people at the local community level in determining goals and taking civic action.

Mode B focuses on Social Planning/Policy and follows a technical process for problem solving regarding substantive social problems, such as delinquency, housing and mental health.[112] The orientation to planning is data-driven and conceives of carefully calibrated change being rooted in social science thinking and empirical objectivity (unlike other existing forms of planning that are more political and emergent).

Mode C, Social Action approach presupposes the existence of an aggrieved or disadvantaged segment of the population that needs to be organized in order to make demands on the larger community for increased resources or equal."[113]

The terminology used in Social Organization is consistent with the terminology applied in RBM and HRBA; for example, **empowerment**, **participation, relevance** and so on[114] (table reproduced below), although the definitions and the context may not be exactly the same in all three cases.

[110] National Cancer Institute, National Institutes of Health, The US Department of Health and Human Services, 2005, P.23.
[111] Rothman, 1968, pp 27-64.
[112] Ibidem, p.31.
[113] Ibidem, pp 27-64.
[114] National Cancer Institute, National Institutes of Health, The US Department of Health and Human Services, 2005, p.24.

THEORY AT A GLANCE

Table 6. Community Organization

Term	*Definition*	*Potential Change Strategies*
Empowerment	A social action process through which people gain mastery over their lives and their communities	Community members assume greater power, or expand their power from within, to create desired changes
Community capacity	Characteristics of a community that affect its ability to identify, mobilize around, and address problems	Community members participate actively in community life, gaining leadership skills, social networks, and access to power
Participation	Engagement of community members as equal partners; reflects the principle, "Never do for others what they can do for themselves"	Community members develop leadership skills, knowledge, and resources through their involvement
Relevance	Community organizing that "starts where the people are"	Community members create their own agenda based on felt needs, shared power, and awareness of resources
Issue selection	Identifying immediate, specific, and realizable targets for change that unify and build community strength	Community members participate in identifying issues; targets are chosen as part of a larger strategy
Critical consciousness	Awareness of social, political, and economic forces that contribute to social problems	Community members discuss the root causes of problems and plan actions to address them

Figure 8 - Community Organization Model [115]

With this, we conclude the Literature Review.

[115] National Cancer Institute, National Institutes of Health, The US Department of Health and Human Services, 2005, p.24.

3 Research Methodology

3.1 Key research question

"What will change at the organizational level (inward looking change) and programme level (outward looking change) with the adoption of Human Rights Based Approach (HRBA) in complementarity to Results Based Management (RBM)?"

3.2 Description of research design

We developed a quasi-experimental design for the purpose of this formative research and used 'Content Analysis' methodology for making replicable and valid inferences from the text.[116]

A quasi-experimental design lacks randomization element present in experimental design; however it is frequently used in research.[117] It consists of both quantitative and qualitative tools for the collection, codification and analysis of information from the selected policy documents and a number of selected Technical Cooperation (TC) projects on Human Health/Cancer Control.

The reason for using quasi-experimental design is that it helps us to test the theory and develop an intervention, a model or an approach using non-randomized sample. Its results can be assessed through conducting time series or before and after situation analysis.[118]

Although the quasi-experimental design does not provide 100% internal and external validity as full control cannot be maintained, yet it is flexible enough to address complexity and innovation in developing a theoretical model for further discourse, modification and utilization to serve the purpose of the study.

The internal and external validity notions are defined as:

[116] Krippendorf, 2003, p.18.
[117] William M.K. Trochim 2006.
[118] Harris, Bradham, Baumgartetn, Zuckerman, Fink, & Perencevich, 2004. pp.1586-1591.

*"**Internal validity** is the degree to which a study establishes the cause-and-effect relationship between the treatment and the observed outcome. Establishing the internal validity of a study is based on a logical process.*

***"External validity** is addressed by delineating inclusion and exclusion criteria, describing subjects in terms of relevant variables, and assessing generalizability."*[119]

We establish internal validity of the study by developing a logical process (and sub processes) for 'Content Analysis' as to ensure that the results are attributable to the selected sample. On the other hand, as mentioned above, we do not control external factor and our scope is limited to one organization and one theme, therefore, results cannot be generalized that makes the external validity quite weak in this case.

The process is as follows:

- Sample selection of documents and projects
- Selection of categories for analysis
- Organization and tabulation of data
- Content analysis
    - Quantitative Analysis
    - Qualitative Analysis
- Reporting main findings
- Conclusions and recommendations
- Development of a 'Hybrid TC Programme/Project Model'
- Sharing Future Vision and leading the way to change

3.3 Selection of documents and projects

The selection of documents 'defining the boundaries'[120] for the purpose of content analysis is being done keeping in mind the fact that there is an overlap in the programming process as the IAEA Secretariat facilitates, coordinates and carries out various internal processes during the course of programming which is driven by the

[119] Draugalis, 2001, pp.2173-2181.
[120] Krippendorf, 2003.

Member States (MSs). Whereas the ownership of the TC programme/projects belongs to the Member States, there is shared responsibility for the results under the concept of RBM. Therefore, as and when applicable, we take the internal processes as being owned by the organization and external as being owned by the participating MS for the purpose of the study under the two headings as follows:

- Organizational Level: Policy, strategy, programme documents/guidelines and project templates *(in the context of inward looking change)*
- Programme/Project Level: Project specific documents in Human Health/Cancer Control *(in the context of outward looking change)*

3.3.1 Organizational Level – Policy, Strategy and Programme Guidelines

We select for the purpose of the study, the following key policy documents and guidelines to obtain a comprehensive overview of the IAEA's mandate, management approach and TC programme perspective.

i. IAEA Statute

ii. IAEA Medium Term Strategy 2012-2017; Section related to Technical Cooperation

iii. Management Principles for the Formulation and Implementation of the TC Programme

iv. Guidelines for the Planning and Design of TC Projects (2012-2013)

v. Project Description Template

vi. Project Logical Framework Analysis/Matrix (LFA/LFM) Template

vii. Project Periodic Progress Report (PPAR) Template

3.3.2 Programme/Project Level – Sample Projects

There are three main 'themes' in the area of Human Health/Cancer Control in Technical Cooperation Programme, we select, purposively, one regional and one national project for each theme which has gone through the programme cycle of planning, implementation, monitoring and reporting. We aim to use as much information as possible to understand the TC programme/project features and characteristics under RBM approach.

All project documents are being codified and the Projects are given code numbers to hide actual identities as follows:

NX1: mean a national project under the theme No. 1

RX2: means a regional project under the theme No.2

Selection of Projects using Purposive Sampling Method			
Area	**Theme**	**National**	**Regional**
Prevention/Control Services	Prevention and control of cancer	NX1	RX1
Treatment	Radiation oncology in cancer management	NX2	RX2
Technology	Nuclear medicine and diagnostic imaging	NX3	RX3
		3	**3**

Table 2 - Purposive Sampling

3.4 Selection of categories[121] for analysis

We explain below the principles that are being established in selecting, defining and using the 'categories'.

Principle 1: We select 15 key concepts, terms and phrases called **'categories'** from specific sections on Human Rights/Human Rights Based Approach in Chapter 2: Literature Review and apply these 'categories' as 'benchmarks' for analyzing the contents of the above listed documents. In each document the frequency of occurrence of each category is counted and ranked;

Principle 2: The definitions are applied as given in The Concise Oxford Dictionary – The New Edition for the 1990s:

- Concept: A general notion; an abstract idea
- Term: A word used to express a definite concept
- Phrase: A group of words forming a conceptual unit

For example in our case, we apply Principle 2 in the following manner:

(Concept: Participatory Approach) (Term: Participation) (Phrase: Community Participation)

Principle 3: Units emerging from the same root are considered as one 'category' and not as three to avoid excessive text and overlap of ideas. Example: the notion of 'Participation' as given above.

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[121] Franks, 1996. P.1.
"... all analysis of content involves implicit or explicit categorisation; this takes place through the segmentation of the elements of two domains:
A: segmenting the data into elements that bear content (e.g. words, phrases, sentences, picture-elements, other kinds of signifier).
B: segmenting the content into elements of contents (e.g. word-meanings, connotations, viewpoints, themes, denotations, other kinds of signified)".

3.5 Organization and Tabulation of Data / Information

For the purpose of Content Analysis, specific information extracted from the documents listed under 3.3.1 and 3.3.2 above is being organized in the form of worksheets which are used as the basis to create various tables such as Frequency Tables (FTs), Ranking Tables (RTs), Convergence Matrices (CMs), and graphs to visually depict the results of analysis. The idea is to ascertain the extent to which these documents are aligned with Human Rights Based Approach (HRBA) to establish a solid basis for designing an enhanced hybrid model for TC project in Human Health/Cancer Control.

*The word **'Alignment'** is defined as 'the arrangement of something in a straight line or in an orderly position in relation to something else', which serves our objective.*

Examples of worksheets/Input Tables are given below:

Worksheet 1																			
C1	C2	C3	C4	C5	C6	C7	C8	C9	C10	C11	C12	C13	C14	C15	C16	C17	C18	C19	C20
					Policy						Total	Programme		Total	Project			Total	G.Total
	Benchmarks	Concept	Term	Phrase	doc1	doc2	doc3	doc4	doc5	doc6		doc1	doc2		doc1	doc2	doc3		C12+C15+C19
1																			
2																			
3																			
4																			
5																			
6																			
7																			
8																			
9																			
10																			
	Totals:																		

Table 3 - Input from Policy Level Document (Sample)

Worksheet 2																							
C1	C2	C3	C4	C5	C6	C7	C8	C9	C10	C11	C12	C13	C14	C15	C16	C17	C18	C19	C20	C21	C22	C23	C24
					NX1			NX2			NX3			RX1			RX2			RX3			
	Benchmarks	Concept	Term	Phrase	doc1	doc2	doc3	doc1	doc2	doc3	doc1	doc2	doc3	doc1	doc2	doc3	doc1	doc2	doc3	doc1	doc2	doc3	Total
1																							
2																							
3																							
4																							
5																							
6																							
7																							
8																							
9																							
10																							
	Totals:																						

Table 4 Input from Programme/Project Level Document (Sample)

3.6 Content Analysis

The analysis is carried out using both quantitative and qualitative techniques and self-devised tools 'to develop the aspects of interpretation'[122] of categories for arriving at, as far as possible, some meaningful results to understand the current state of alignment between the RBM and HRB approaches.

- **Technique 1: Quantitative data analysis** – counting the frequency of occurrence of selected categories (key concepts, terms and phrases) and displaying through tables, ranking tables and graphs produced from the above worksheet;
- **Technique 2: Qualitative data analysis** – extracting texts and organizing in matrices; conducting interpretation and prioritization according to the context in which the issue is being framed where the selected category (key concept, term or phrase) is being applied;
- **Technique 3:** Observing relationship, if any, between organizational (worksheet 1) and programme (worksheet 2) levels in the light of analysis as to understand

[122] Mayring, 2000, p3/7.

whether the *inward looking change* is the cause for *outward looking change*. Consequently, the input is used in the hybrid model.

Following logic is employed in the analytical process i.e. counting frequency of occurrence of categories and placement of text/statements in the matrices under headings across x-y coordinates.

- In Frequency Tables (FTs), actual text count of categories is posted whereas in Convergence Matrices (CMs), the text is posted only once in order to avoid repetition. For example if the phrase 'Stakeholders' Analysis' appears 3 times, it is reflected 3 times in the FT but only once in the CM.
- Main category is placed on x-axis and the subordinate category on the y-axis:

Examples		**Development** in physical and medical sciences	**Scientific** and technological development
Main term/subject	X-axis	Development	Science
Subordinate term/subject	Y-axis	Science	Development

Table 5 - An Example of Placement Logic

- Outlier Text containing mixed/uncategorized subjects chosen due to their relationship with the theme of human rights, is placed freely as found appropriate, e.g. 'public resources' is placed at the coordinates of 'Poverty and Stakeholders/Communities'. It could, alternatively, be placed at 'Poverty' and 'Health' coordinates; the term 'Claims' is placed at the coordinates of 'Human Rights' and 'Stakeholders', and the concept 'Empowering Poor' is placed under the theme of 'Development' where it appears more relevant than at any other place for reference.
- Some boxes have more than one texts or statements due to their complementary nature.

- The total number of texts plotted on x-y coordinates in Convergence Matrices[123] (CMs); each connecting two categories, one main and the other subordinate, is squared in the final tables to analyze the 'Closeness to/Distance from the Benchmark Categories'.
- Convergence Matrices[124] are normally used in algebra to represent stability problems in ecology and economics; however we are using the technique in a simpler text-based format.

3.7 Reporting Main Findings

Only the main findings of analysis are reported with particular focus on identification of:

(i) Similarities/common characteristics and interpretation of identified 'Categories' in the existing RBM model;

(ii) The potential for change; and

(iii) Essential assets such as a concept, method, process, characteristic, value, trait or criteria[125] to be transferred from HRBA model to the existing RBM model.

3.8 Conclusions and Recommendations

Accordingly, the findings are used to formulate conclusions and recommendations, contained in Chapter 5.

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[123] Wikipedia, 2014.
''In the mathematical discipline of numerical linear algebra, when successive powers of a matrix **T** become small (that is, when all of the entries of **T** approach zero, upon raising **T** to successive powers), the matrix **T** is called a **convergent matrix** "

[124] Pryporova, 2009, p.2.

[125] Franks, 1996. P.3.
''... the criteria for membership are given in the form of a set of properties which are *singly necessary* and *jointly sufficient* for category membership...'

3.9 Developing a Hybrid Model for Sharing Vision, and Leading the Way to Change

A Hybrid Model is proposed for the IAEA's TC programme/project design to absorb the HRBA categories, with the interventions at 2 entry points:

(i) Organizational Level - Policy and Strategy
(ii) Programme Level
(iii) Project Level

The model is being discussed with a group of professionals for theoretical consistency, applicability and identification of opportunities and challenges in the context of change management. There are five questions; two for the 'rating of consistency and applicability', one on 'time required for change' and two to 'record opportunities and challenges' as well as improvement in the model. The responses are kept confidential, but the results of rating and views expressed by the group are used to finalize the model as provided in Chapter 5.

Pre-Testing of Hybrid Model	
Questions	How far the ideas described in the model have internal consistency?
	How far the proposed model is applicable in TC Human Health/ Cancer Control projects?
	If applied, how long will it take to embrace the change?
	Please share 1-3 opportunities to be gained by applying the proposed model.
	Please share 1-3 challenges in the way of adopting change through the proposed model.
	Please share 1-3 ideas to improve the proposed model.

Table 6 - Sample Questions for Pre-testing of the Model

Finally, the precise representation of the objective and expected outcome of the study is depicted below.

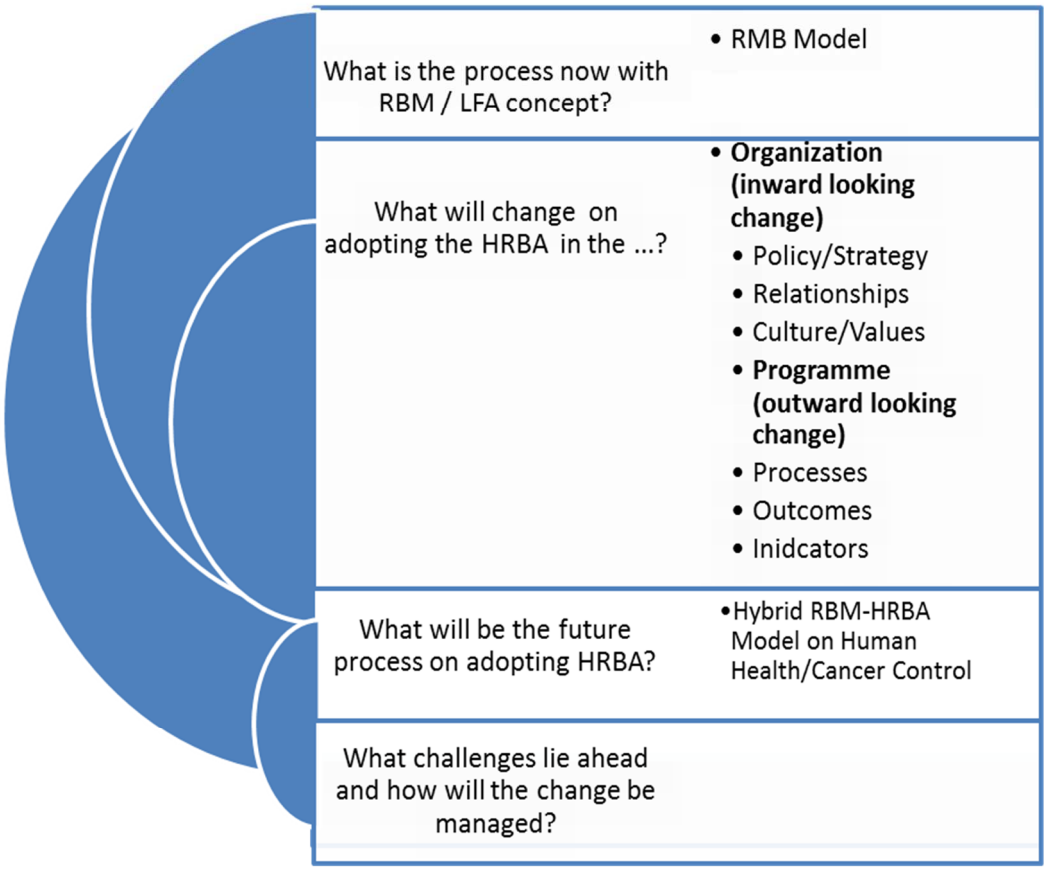

Figure 9 - The Conceptual Representation of the Objective of the Study

4 Content Analysis and Findings

The Chapter 4 is of critical value to the study in two ways: firstly it examines the contents of selected documents vis a vis the categories to demonstrate how far the existing RBM system in the IAEA Technical Cooperation Programme is aligned with the Human Rights Based Approach (HRBA), and secondly, what is the potential to add new assets to transform it into an enhanced hybrid system.

According to the methodology already defined in Chapter 3, the analysis is carried out using both quantitative and qualitative tools and techniques to arrive at, as far as possible, some meaningful results to understand the issues at hand posed by the research question i.e.: **"What will change at the organizational level (inward looking change) and programme level (outward looking change) with the adoption of Human Rights Based Approach (HRBA) in complementarity to Results Based Management (RBM)?"** *The study is focused on Human Health/Cancer Control where results are directly affecting the people at both individual and community level.*

4.1 *Data Collection, Organization and Content Analysis*

4.1.1 Selection of Categories

According to the proposed methodology, the data gathering and analytical tools are being developed in the form of worksheets feeding into various tables and matrices which are used to reflect the results of the analysis.

Simultaneously, from a reading of relevant sections focused on human rights and human rights based approach in Chapter 2 'Literature Review', fifteen 'Categories' (concepts/terms/phrases) are selected against which the IAEA policy and TC programme and project related documents are studied, and the extent of alignment with HRBA and the scope for potential change is being identified. Some 'Categories' are left out to keep the study manageable, however many of them made their way in it through the selected text, such as 'accountability' and 'accessibility' with reference to Health Management as is seen in the upcoming qualitative analysis.

15 Selected Categories

Human Rights / Rights	Poverty	Health	Law	Development
Quality/ Standards	Duties / Obligations	Science/Technology	Stakeholders / Communities	Patients
Participation	Equality	Equity	Inclusion	Non-discrimination

Selected Categories from Chapter 2 – Literature Review; Section 2.1 Sub-sections 2.1.2, 2.1.3, 2.1.4, & 2.1.5; Section 2.2., Sub-sections 2.2.2; Section 2.3 Sub-sections 2.3.1, 2.3.2 & 2.3.3; Section 2.4 Sub-sections 2.4.1 & 2.4.3

4.1.2 Significance of Selected Categories in the Realization of Human Rights

The presence of selected categories in the literature has particular significance individually and collectively because; firstly, it reflects the extent of **understanding** and **acknowledgement of Human Rights** in the mainstream thinking of the international community from various perspectives. The subject is alive and making progress. Secondly, the **communication** through literature has a far reaching role in impacting the realization of human rights whereas the absence thereof carries the risk of inadvertent neglect or violation of human rights. Through the discourse, there are possibilities of creating positive environment for the government and its institutions to become more proactive and proficient in the delivery of human rights.

Thanks to the proliferation of media, we know that "Today almost half of the population in developing countries lives in extreme poverty, and are denied basic human rights such as the right to an adequate standard of living, including food and housing, the highest attainable standard of physical and mental health, and education."[126]

Poverty by itself can be defined in many ways, from the perspective of the World Bank (WB) in terms of $/day or from the point of view of Dr. Mehboob-ul- Haq in terms of

[126] UN OHCHR, SR Report, 2013.

human development[127], it affects the lives of millions of people in the world and deprive them from fundamental human rights and human dignity.

Recalling the discussion covered in Chapter 2, Sections 2.1.4, 'according to an estimate by the UN Food and Agriculture Organization (FAO) about 870 million people of the 7.1 billion people in the world are suffering from chronic undernourishment and almost all i.e. 852 million live in developing countries, representing 15 percent of the population of developing counties. There are 16 million people undernourished in developed countries.[128]

The causal relationship between health and poverty traps people in an unredeemable situation where they have no more control over life and are unable to make decisions due to shrinking choices. Poor health causes low productivity, low income, low intake of nutritious food further deteriorating health with non-affordability to adequate health services or treatment, fewer chances to work, earn and maintain an adequate living standard. That is why the holistic realization of Article 12 of ICESCR is so important for every one of us as part of the global community.

The selected categories include a set of terms that constitute the development framework for a social system based on participation, equity, equality (also related to gender), inclusion and non-discrimination, which should be the norm and not the exception if the UNO Charter is applied in true sense.

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[127] UNDP, 2014.

According to Dr. Mahbub ul Haq (1934-1998), founder of the Human Development Report, "The basic purpose of development is to enlarge people's choices. In principle, these choices can be infinite and can change over time. People often value achievements that do not show up at all, or not immediately, in income or growth figures: greater access to knowledge, better nutrition and health services, more secure livelihoods, security against crime and physical violence, satisfying leisure hours, political and cultural freedoms and sense of participation in community activities. The objective of development is to create an enabling environment for people to enjoy long, healthy and creative lives." - Mahbub ul Haq (1934-1998), founder of the Human Development Report; http://hdr.undp.org/en/humandev.

[128] World Hunger Education Services, 2013.

4.1.3 Quantitative and Qualitative Data Organization

The above 'Categories' are applied to review the documents with the use of various self-devised tools as described in Chapter 3, for example:

i. Worksheets to collect original number counting/frequency of appearance of categories from a reading of documents and summing up the count.
ii. Frequency Tables (FTs) and Ranking Tables (RTs) to organize counted data in a meaningful way.
iii. Convergence Matrices (CMs) to depict qualitative information and textual statements across relevant categories.
iv. Graphs to show comparisons.

The first **'Convergence Matrix'** is prepared out of the selected categories as a '**Benchmark'** for qualitative analysis. The Benchmark Convergence Matrix (worksheet) is spread over the next two pages to provide a holistic view. It contains 225 boxes (15x15) and some 40x40 cross-referenced texts following the rules explained in Chapter 3 under Methodology.

For better readability, the matrix is further reproduced in three segments: a, b & c on the subsequent pages.

Categories	Human Rights / Rights	Poverty	Health	Law	Development	Quality/ Standards	Duties / Obligations
Human Rights / Rights	Individual Right to Health	Human dignity	Enjoyment of the highest attainable standard of physical and mental health	International laws			Promotion and Protection of Human Rights Worldwide
Poverty		Public resources				Standards of living, health and well-being	
Health	Fundamental right to health protection			ICESCR	Health education	Standard of living adequate for the maintenance of health	
Law	Human Rights Treaties			Rule of law			
Development	To make health services more democratic	Gap between the developed and developing countries	Competing health problems; Health problems				Availability of health services'; Accessibility
Quality/ Standards	Human rights standards and principles						
Duties / Obligations	Human Rights obligations						
Science/Tech					Development in physical and medical sciences	Quality of Medicines and Health Care	
Stakeholders / Communities	Claims		Public Health		Development Cooperation		
Patients			Perception of public health				
Participation						Accountability mechanisms	
Equality/							
Equity							
Inclusion		Empowering poor					
Non-discrimination							

Convergence Matrix 1 - (Benchmark) Selected Categories

Science/Tech	Stakeholders / Communities	Patients	Participation	Equality	Equity	Inclusion	Non-discrimination
			Participation in decision (making)	The principle of equality and freedom from discrimination including discrimination on the basis of sex and gender roles	The determinants such as equity, social justice, societal resources as well physical environment that could lead to immediate outcomes at community level	Inclusion	Non-discrimination
		Community, Client Population, Patient,		Equality			
Scientific and technological development			Change should be pursued through broad participation by a wide spectrum of people at the local community level				
			Ensuring their participation in decision making process which concerns them				
	Involvement of stakeholders						
			Participation and inclusion				
					Equity and non-discrimination		

N.B. Continued from previous page

Categories	Human Rights / Rights	Poverty	Health	Law	Development
Human Rights / Rights	Individual Right to Health	Human dignity	Enjoyment of the highest attainable standard of physical and mental health	International laws	
Poverty		Public resources			
Health	Fundamental right to health protection			ICESCR	Health education
Law	Human Rights Treaties			Rule of law	
Development	To make health services more democratic	Gap between the developed and developing countries	Competing health problems; Health problems		
Quality/ Standards	Human rights standards and principles				
Duties / Obligations	Human Rights obligations				
Science/Tech					Development in physical and medical sciences
Stakeholders / Communities	Claims		Public Health		Development Cooperation
Patients			Perception of public health		
Participation					
Equality/					
Equity					
Inclusion		Empowering poor			
Non-discrimination					

Convergence Matrix 2 - (Benchmark) Selected Categories - Segment a

Categories	Quality/ Standards	Duties / Obligations	Science/Tech	Stakeholders / Communities	Patients
Human Rights / Rights		Promotion and Protection of Human Rights Worldwide			
Poverty	Standards of living, health and well-being				
Health	Standard of living adequate for the maintenance of health				Community, Client Population, Patient,
Law					
Development		Availability of health services'; Accessibility	Scientific and technological development		
Quality/ Standards					
Duties / Obligations					
Science/Tech	Quality of Medicines and Health Care				
Stakeholders / Communities					
Patients					
Participation	Accountability mechanisms			Involvement of stakeholders	
Equality/					
Equity					
Inclusion					
Non-discrimination					

Convergence Matrix 3 - (Benchmark) Selected Categories - Segment b

Categories	Participation	Equality	Equity	Inclusion	Non-discrimination
Human Rights / Rights	participation in decision (making)	The principle of equality and freedom from discrimination including discrimination on the basis of sex and gender roles	The determinants such as equity, social justice, societal resources as well physical environment that could lead to immediate outcomes at community level	Inclusion	Non-discrimination
Poverty					
Health		Equality			
Law					
Development	Change should be pursued through broad participation by a wide spectrum of people at the local community level				
Quality/ Standards					
Duties / Obligations					
Science/Tech					
Stakeholders / Communities	Ensuring their participation in decision making process which concerns them				
Patients					
Participation					
Equality/					
Equity					
Inclusion	Participation and inclusion				
Non-discrimination			Equity and non-discrimination		

Convergence Matrix 4 - (Benchmark) Selected Categories - Segment c

4.2 *Analysis and Findings*

Details of analysis are contained in a number of worksheets which are not part of this report, but the consolidated results in the form of quantitative and qualitative findings are provided in the following sections.

The documents included in the content analysis are listed below:

i. Policy and Programme Documents & Guidelines
    i. IAEA Statute (1957)
    ii. Medium Term Strategy (MTS) 2012-2017
    iii. Management Principles for the Formulation and Implementation of the TC Programme (2000)
    iv. TC Programme Guidelines (2012-2013)
    v. TC Project Templates (2012-2013)

ii. TC Project Documents (2012-2013)
    - Six (three National and three Regional) projects on Human Health/Cancer Control as listed below.

Selection of Projects using Purposive Sampling Method			
Area	**Theme**	**National**	**Regional**
Prevention/Control Services	Prevention and control of cancer	NX1	RX1
Treatment	Radiation oncology in cancer management	NX2	RX2
Technology	Nuclear medicine and diagnostic imaging	NX3	RX3
		3	**3**

Table 7 Sampled TC Projects

4.2.1 Quantitative Analysis and Findings

- **IAEA Policy Documents, TC Programme Guidelines and TC Project Templates**

The worksheet below depicts the 'Frequency of Categories' in IAEA Policy Documents, TC Programme Guidelines and Project Templates'. The key to read the Frequency Table (FT) is as follows:

- **Policy**

IAEA Statute = doc 1

Medium Term Strategy = doc2

Management Principles = doc 3

- **Programme**

TC Programme Guidelines = doc 1

- **Project**

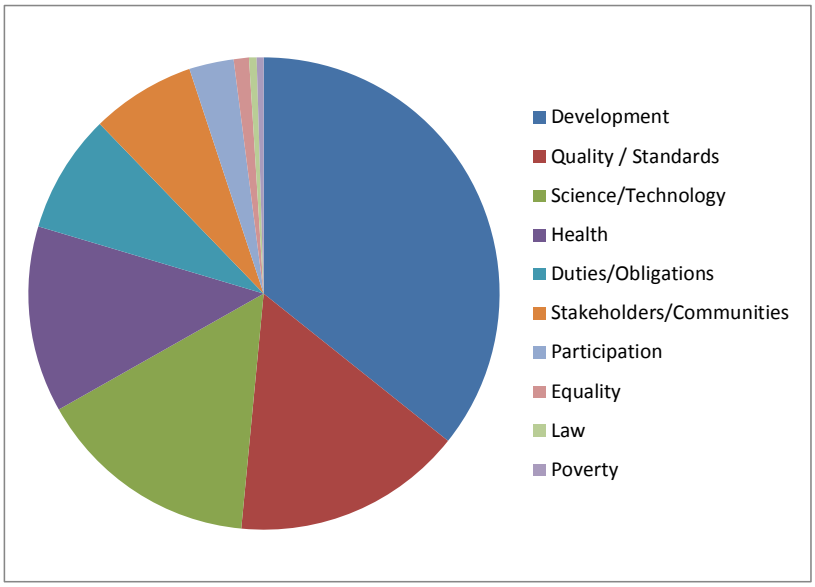
National Project Template = doc 1

Regional Project Template = doc 2

Worksheet 1 - Frequency of Categories in IAEA Policy Documents														
C1	C2	C3	C4	C5	C6	C7	C8	C9	C10	C11	C12	C13	C14	C15
					Policy			Total	Programme	Total	Project		Total	G.Total
	Categories	Concept	Term	Phrase	doc1	doc2	doc3		doc1		doc1	doc2		C9+C11+C14
1	Human Rights	x		x	0	0	0	0	0	**0**	0	0	**0**	0
2	Poverty		x		0	1	0	1	0	**0**	0	0	**0**	1
3	Health		x		10	9	0	19	6	**6**	0	0	**0**	25
4	Law		x		1	0	0	1	0	**0**	0	0	**0**	1
5	Development		x		4	28	11	43	20	**20**	4	3	**7**	70
6	Quality / Standards		x	x	4	3	0	7	19	**19**	2	3	**5**	31
7	Duties/Obligations	x	x	x	9	4	1	14	2	**2**	0	0	**0**	16
8	Science/Technology		x	x	2	19	3	24	5	**5**	0	1	**1**	30
9	Stakeholders/Communities		x		0	0	0	0	9	**9**	1	4	**5**	14
10	Patients				0	0	0	0	0	**0**	0	0	**0**	0
11	Participation	x	x		0	0	1	1	3	**3**	1	1	**2**	6
12	Equality	x	x		1	1	0	2	0	**0**	0	0	**0**	2
13	Equity	x	x		0	0	0	0	0	**0**	0	0	**0**	0
14	Inclusion	x	x		0	0	0	0	0	**0**	0	0	**0**	0
15	Non-discrimination	x	x	x	0	0	0	0	0	**0**	0	0	**0**	0
	Totals:				31	65	16	112	64	64	8	12	20	196

Frequency Table 1 / Worksheet

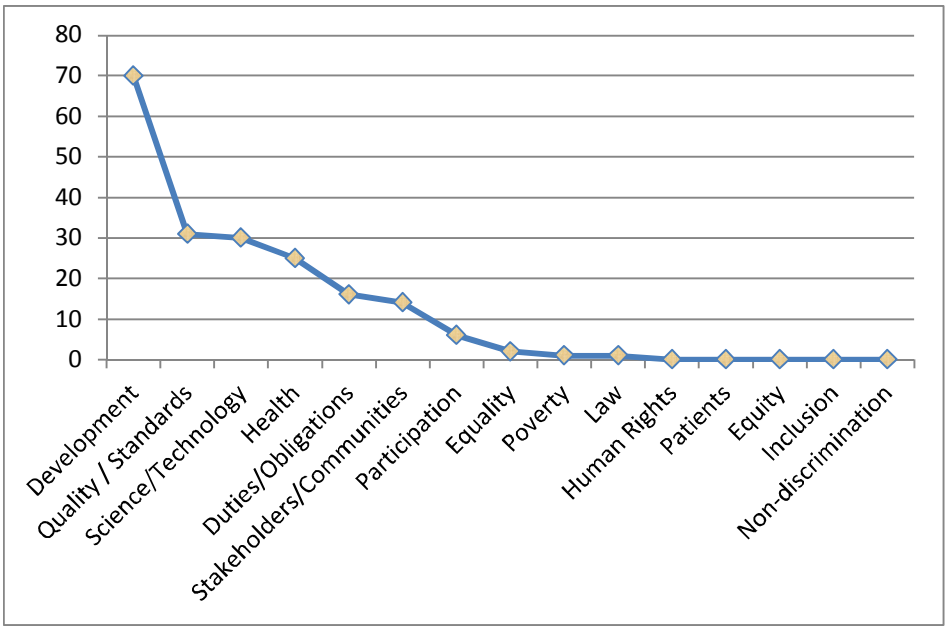
Clearly, the most frequently appearing categories in these documents such as 'Development', 'Quality/Standards', Science/Technology', and Health' are the ones that constitute the very essence of the IAEA mandate. More details of the nature of context in which these categories are being used and interpreted are given in the Section#4.2.2 on Qualitative Analysis.



Graph 1– Distribution of Categories in IAEA Policy Documents

Frequency of Categories in IAEA Policy Documents Ranking	
Development	70
Quality / Standards	31
Science/Technology	30
Health	25
Duties/Obligations	16
Stakeholders/Communities	14
Participation	6
Equality	2
Poverty	1
Law	1
Human Rights	0
Patients	0
Equity	0
Inclusion	0
Non-discrimination	0
Total:	196

Ranking Table 1



Graph 2 - Ranking of Categories according to Frequency

- **Sample Project Documents**

In order to verify if the information contained in the IAEA policy and programme documents is mirrored in the project design; a content analysis of six selected projects documents in Human Health/Cancer Control is conducted. The key to read the FT is as follows:

National Project Theme 1 = NX1

National Project Theme 2 = NX2

National Project Theme 3 = NX3

Regional Project Theme 1 = RX1

Regional Project Theme 2 = RX3

Regional Project Theme 2 = RX3

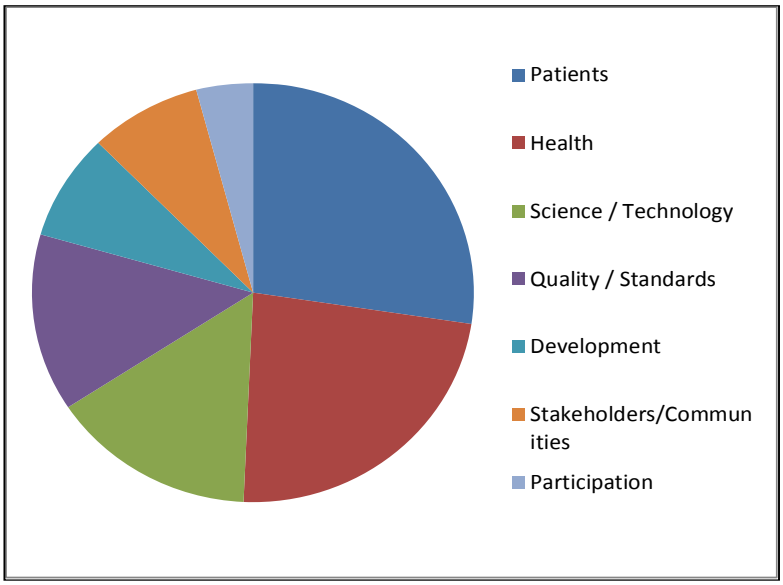
Worksheet 2 - Frequency of Categories in Project Documents																							
C1	C2	C3	C4	C5	C6	C7	C8	C9	C10	C11	C12	C13	C14	C15	C16	C17	C18	C19	C20	C21	C22	C23	C24
					NX1			NX2			NX3			RX1			RX2			RX3			
	Categories	Concept	Term	Phrase	doc1	doc2	doc3	doc1	doc2	doc3	doc1	doc2	doc3	doc1	doc2	doc3	doc1	doc2	doc3	doc1	doc2	doc3	Total
1	Human Rights	x		x	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			0
2	Poverty		x		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			0
3	Health		x		1	1	3	0	1	4	0	0	1	0	6								17
4	Law		x		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			0
5	Development	x	x		0	0	2	0	1	0	0	0	1	0	2								6
6	Quality / Standards		x	x	1	0	5	0	1	0	1	0	2	0	0								10
7	Duties/Obligations	x	x	x	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			0
8	Science / Technology		x	x	0	0	6	1	1	1	1	1	0	0	0								11
9	Stakeholders/Communities		x		2	0	0	0	0	0	0	0	0		0	0	4						6
10	Patients		x		3	0	4	0	8	1	1	0	2	0	1								20
11	Participation	x	x		0	0	0	0	0	0	0	0	0	0	3								3
12	Equality	x	x		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			0
13	Equity	x	x		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			0
14	Inclusion	x	x		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			0
15	Non-discrimination	x	x	x	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			0
	Totals:				7	1	20	1	12	6	3	1	6	0	16						0		73

Frequency Table 2 / Worksheet

We observe that the results are not comparable due to the thematic orientation of the projects. The focus here is on 'Patients' (20 times), 'Health' (17 times), 'Science and Technology' (11 times) and on 'Quality/Standards' (10 times). Terms like

'Development', Stakeholders/Communities' and 'Participation' are also present in the documents.

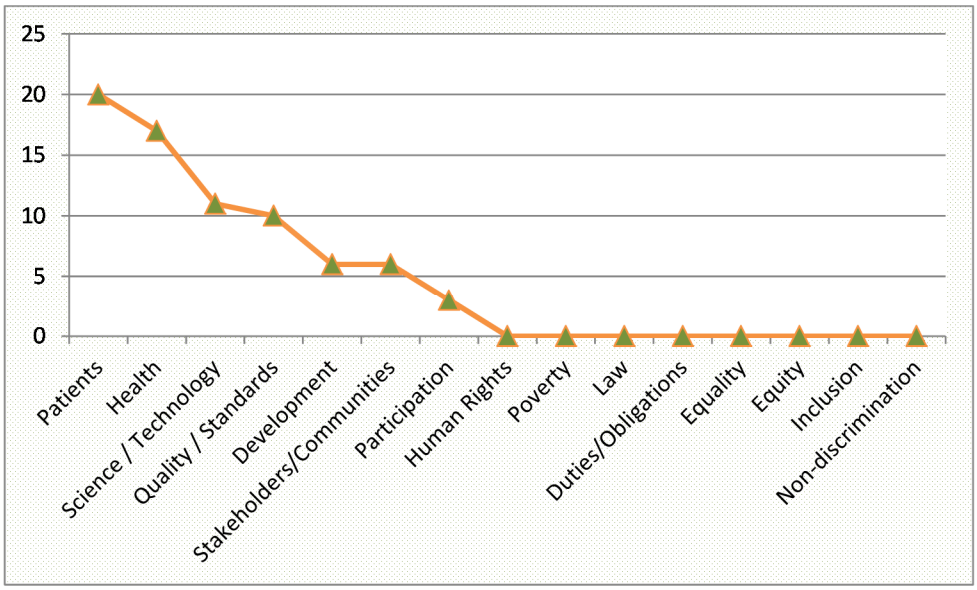
Therefore, we draw project specific inferences from this analysis. Almost fifty percent of the pie chart area is covered with two subjects 'Patients' and 'Health' meaning that the projects are well grounded in the subject of health and focused on the needs of 'patients' and providing 'high quality' of health services fully supporting the Right to Health. It is an excellent opening for transposing the Human Rights Based Approach (HRBA) in the project design. More detailed discussion is carried out in the relevant section under Qualitative Analysis.



Graph 3 - Distribution of Categories in Sampled Project Documents

Categories	Count
Patients	20
Health	17
Science / Technology	11
Quality / Standards	10
Development	6
Stakeholders/Communities	6
Participation	3
Human Rights	0
Poverty	0
Law	0
Duties/Obligations	0
Equality	0
Equity	0
Inclusion	0
Non-discrimination	0
Total:	73

Ranking Table 2



Graph 4 - Ranking of Categories according to Frequency

- **Most Frequently Used Categories**

The most frequently used categories and ranking order is given in the following tables.

Categories	Policy Docuemnts, Programme Guidelines and Project Templates	Sample Project Docuemnts	Total Count
Development	70	6	76
Quality / Standards	31	10	41
Science/Technology	30	11	41
Health	25	17	42
Duties/Obligations	16	0	16
Stakeholders/Communities	14	6	20
Participation	6	6	12

Table 8 - Combined Results of Frequency Tables

Categories	Ranking
Development	76
Health	42
Quality / Standards	41
Science/Technology	41
Stakeholders/Communities	20
Duties/Obligations	16
Participation	12

Ranking Table 3 - Combined Results

- **Missing Categories and New Assets for Consideration**

There are some categories missing in both policy documents and sampled project documents, but it, by no means, is interpreted as the absence of these aspects. The reader will find out that many of these categories are notionally appearing in the qualitative analysis. For example the term 'Equity' is missing but 'Equitable Geographical Representation' is mentioned in one of the policy documents. The

term ‘Inclusion’ is missing, but the concept and practices of ‘Participation (Inclusion) of Stakeholders’ is emphasized in various guidelines.

What is missing in Policy Documents?

Human Rights
Patients
Equity
Inclusion
Non-discrimination

What is missing in Sampled Project Documents?

Human Rights
Poverty
Law
Duties/Obligations
Equality
Equity
Inclusion
Non-discrimination

We treat these missing categories and their valuable references given in Convergence Matrices as ‘**The New Assets’** to be transferred to the Hybrid Model for enhancing its alignment with the HRBA concept and processes.

4.2.2 Qualitative Analysis and Findings

The qualitative analysis of the text extracted from the above documents is treated on the model of the ‘**Convergence Matrix of Selected Categories’** produced as a **‘Benchmark’** for guidance. Once again two sets of information are analysed as it is considered important to study policy documents in order to verify that they are being mainstreamed and implemented in the TC programming /project design process and sample project documents to observe policy resonance.

- **IAEA Policy, Strategy and Programme Guidelines**

  - **IAEA Statute:**

Drawn in 1956 and come into force in 1957 at the establishment of the IAEA, the Article II of the Statute reflects an 'avant-garde' vision of development citing 'Health' as one of the major undertakings. The IAEA Statute document has since been revised three times; the last version available has been amended in 1989.

From a cursory look at the 'Convergence Matrix' below, it is observed that the IAEA Statute, like any such standard legal document is heavy on information with regards to its mandate, functions, membership and business procedures. The first key statement on which we build our future model is placed on the X-Y coordinates of 'Human Rights' and 'Health' and i.e. Article II of the Statute, **"The Agency shall seek to accelerate and enlarge the contribution of atomic energy to peace, health and prosperity throughout the world".**[129]

Among other statements significant in the discourse of human rights, are those related to 'Health and Safety Measures', 'Principle of Sovereign Equality', the 'Respect for the international character and responsibilities of the organization' and the focus of work on the '**under developed areas of the world**'. To this end, it supports many specific human rights in the backdrop of the UN Charter, the Universal Declaration on Human Rights (UDHR) (1948), the International Covenant on Economic Social and Cultural Rights (ICESCR) (1966), Declaration on the Right to Development (1986) and the Millennium Development Goals (MDGs).

[129] IAEA Statute, Article II.

Categories	Human Rights/Rights	Health	Law	Development	Quality / Standards	Duties/ Obligations	Stakeholders/ Communities	Equality
Human Rights/Rights	The Agency shall seek to accelerate and enlarge the contribution of atomic energy to peace, health and prosperity throughout the world.							The principle of the sovereign equality of all its members
Poverty				To make provision, in accordance with this Statute, for materials, services, equipment, and facilities to meet the needs of research on, and development and practical application of, atomic energy for peaceful purposes, including the production of electric power, with due consideration for the needs of the **under-developed** areas of the world				
Development		Collaboration with the competent organs of the United Nations and with the specialized agencies concerned, standards of safety for protection of health and minimization of danger to life and property			To secure employees of the highest standards of efficiency, technical competence, and integrity	Withdrawal by a member from the Agency shall not affect its contractual obligations entered into pursuant to article XI or its budgetary obligations for the year in which it withdraws		
Quality/ Standards		Health and Safety Standards/Measures;						
Duties/ Obligations			Appoint an executive secretary and staff as shall be necessary, who shall exercise such powers and perform such duties as the Commission may determine			In the performance of their duties, the Director General and the staff shall not seek or receive instructions from any source external to the Agency	Each member undertakes to respect the international character of the responsibilities of the Director General and the staff and shall not seek to influence them in the discharge of their duties	
Science / Tech			Each member shall notify the Agency of the quantities, form, and composition of special fissionable materials, source materials, and other materials which that member is prepared, in conformity with its laws, to make available immediately or during a period specified by the Board of Governors.			The outgoing Board of Governors shall designate for membership on the Board the ten members most advanced in the technology of atomic energy		
Stakeholders/ Communities			Make recommendations for the first meeting of the Board of Governors concerning the provisions of a headquarters agreement defining the status of the Agency and the rights and obligations which will exist in the relationship between the Agency and the host Government			Willing to carry out the obligations of membership in the Agency; shall perform his duties in accordance with regulations adopted by the Board		
Non-discrimination						They shall not disclose any industrial secret or other confidential information coming to their knowledge by reason of their official duties for the Agency	Any member or group of members of the Agency desiring to set up any project for research on, or development or practical application of, atomic energy for peaceful purposes may request the assistance of the Agency in securing special fissionable and other materials, services, equipment, and facilities necessary for this purpose	

Convergence Matrix 5 - IAEA Statute[130]

[130] All CMs are subsequently reproduced in two or three segments, as required, for better readability.

Categories	Human Rights/Rights	Health	Law	Development
Human Rights/Rights	The Agency shall seek to accelerate and enlarge the contribution of atomic energy to peace, health and prosperity throughout the world.			
Poverty				To make provision, in accordance with this Statute, for materials, services, equipment, and facilities to meet the needs of research on, and development and practical application of, atomic energy for peaceful purposes, including the production of electric power, with due consideration for the needs of the **under-developed** areas of the world
Development		Collaboration with the competent organs of the United Nations and with the specialized agencies concerned, standards of safety for protection of health and minimization of danger to life and property		
Quality/ Standards		Health and Safety Standards/Measures;		
Duties/ Obligations			Appoint an executive secretary and staff as shall be necessary, who shall exercise such powers and perform such duties as the Commission may determine	
Science / Tech			Each member shall notify the Agency of the quantities, form, and composition of special fissionable materials, source materials, and other materials which that member is prepared, in conformity with its laws, to make available immediately or during a period specified by the Board of Governors.	
Stakeholders/ Communities			Make recommendations for the first meeting of the Board of Governors concerning the provisions of a headquarters agreement defining the status of the Agency and the rights and obligations which will exist in the relationship between the Agency and the host Government	
Non-discrimination				

Convergence Matrix 6 - IAEA Statute - Segment a

Categories	Quality / Standards	Duties/ Obligations	Stakeholders/ Communities	Equality
Human Rights/Rights				The principle of the sovereign equality of all its members
Poverty				
Development	To secure employees of the highest standards of efficiency, technical competence, and integrity	Withdrawal by a member from the Agency shall not affect its contractual obligations entered into pursuant to article XI or its budgetary obligations for the year in which it withdraws		
Quality/ Standards				
Duties/ Obligations		In the performance of their duties, the Director General and the staff shall not seek or receive instructions from any source external to the Agency	Each member undertakes to respect the international character of the responsibilities of the Director General and the staff and shall not seek to influence them in the discharge of their duties	
Science / Tech		The outgoing Board of Governors shall designate for membership on the Board the ten members most advanced in the technology of atomic energy		
Stakeholders/ Communities		Willing to carry out the obligations of membership in the Agency; shall perform his duties in accordance with regulations adopted by the Board		
Non-discrimination		They shall not disclose any industrial secret or other confidential information coming to their knowledge by reason of their official duties for the Agency	Any member or group of members of the Agency desiring to set up any project for research on, or development or practical application of, atomic energy for peaceful purposes may request the assistance of the Agency in securing special fissionable and other materials, services, equipment, and facilities necessary for this purpose	

Convergence Matrix 7 - IAEA Statute - Segment b

- **IAEA Strategy:**

The Medium Term Strategy (MTS in short) covers a period of five years (2012-2017). The strategy is developed and codified through consultative process in which many levels of management take part. Decisions by the Board of Governors (BoG), General Conference (GC) Resolutions as well as lessons learnt from previous experience and from working relationships with stakeholders are being incorporated in the strategy. It has already been in the implementation, particularly during the preparation of the TC biennial programmes for 2014-2015.

The qualitative information extracted from the MTS document is mapped out on the Convergence Matrix below. Our study of the document from the lenses of human rights provides an insight into the current thinking of IAEA as an organization centred on holistic development of Member States.

On a 10x10 matrix, it contains 34 messages encompassing a range of issues in the context of human rights including references to challenges faced by humanity, MDGs, human health/cancer control, holding hands of new member states for building capacity in nuclear techniques and joint development of nuclear energy systems.

Categories	Human Rights/ Rights	Poverty	Health	Development	Quality / Standards	Duties/ Obligations	Science / Tech	Stakeholders/ Communities	Equality	Equity
Human Rights/Rights	Basic human and socio-economic development needs	Achievement of the Millennium Development Goals	Activities in human health, cancer treatment, food security, water resource management, industrial applications and environmental monitoring	To address global challenges related to nuclear technology, including global energy security, human health, food security and safety, and water resource management, and to nuclear safety and security and non-proliferation				National and regional development strategies	To promote to the extent possible **gender equality** and equitable geographical representation in the Agency	To promote to the extent possible gender equality and **equitable geographical representation** in the Agency
Poverty	Major challenges facing humanity today include food security, health, elimination of poverty and management of water resources, together with the need for a cleaner and safer environment.		Over 900 million people currently suffer from malnutrition and even more lack the balanced diet needed to be healthy	To strengthen infrastructure development; General infrastructure development for nuclear power and nuclear science			nuclear power's contributions to socio-economic development	To take prompt actions to seize the advantages of positive opportunities and minimize the adverse consequences of unexpected negative developments		
Health				partnerships, especially the Joint World Health Organization (WHO)/IAEA Programme on Cancer Control, the Agency will support integrated, comprehensive national programmes			Response to trans boundary development challenges			
Development		Achievement of the major sustainable development priorities of each country; the sustainability of nuclear applications in Member State development programmes	In human health, cancer and cardiovascular disease will be areas of particular focus as chronic and non-communicable diseases are increasing as a global health threat, including in developing countries.	General infrastructure development for nuclear power; Provide peer review services on all aspects of infrastructure development.	Improve infrastructure development	obligations under relevant safeguards agreements	Strengthening promotion of nuclear science, technology, and applications	Joint development of evolutionary and innovative nuclear energy systems		
Quality / Standards					Comprehensive application of quality management	Comprehensive safeguards agreements which are in accordance with relevant obligations, and additional protocols	Safe applications of nuclear technologies to address development challenges	Agency will support Member States in building capacity for sustainable production and related quality assurance systems		
Duties/ Obligations							To address global challenges related to nuclear technology			
Science / Tech				Facilitate development of innovative new applications; Nuclear power for newcomer States; Development of research	Improvement in national nuclear security and continued development through Agency assistance,			To build capacities in nuclear science; Build capacities in nuclear science, energy systems analysis,		
Stakeholders/ Communities			Cooperation with the World Health Organization	Comprehensive human resource development programme; Development of institutional and human resources in Member States	Efficient and effective implementation of the Agency's programme, and better coordination within the Secretariat with due regard to quality and risk management					
Participation				International research and development collaboration						
Inclusion				Disseminating information on technological developments						

Convergence Matrix 8– Medium Term Strategy

Categories	Human Rights/ Rights	Poverty	Health	Development	Quality / Standards
Human Rights/Rights	Basic human and socio-economic development needs	Achievement of the Millennium Development Goals	Activities in human health, cancer treatment, food security, water resource management, industrial applications and environmental monitoring	To address global challenges related to nuclear technology, including global energy security, human health, food security and safety, and water resource management, and to nuclear safety and security and non-proliferation	
Poverty	Major challenges facing humanity today include food security, health, elimination of poverty and management of water resources, together with the need for a cleaner and safer environment.		Over 900 million people currently suffer from malnutrition and even more lack the balanced diet needed to be healthy	To strengthen infrastructure development; General infrastructure development for nuclear power and nuclear science	
Health				partnerships, especially the Joint World Health Organization (WHO)/IAEA Programme on Cancer Control, the Agency will support integrated, comprehensive national programmes	
Development		Achievement of the major sustainable development priorities of each country; the sustainability of nuclear applications in Member State development programmes	In human health, cancer and cardiovascular disease will be areas of particular focus as chronic and non-communicable diseases are increasing as a global health threat, including in developing countries.	General infrastructure development for nuclear power; Provide peer review services on all aspects of infrastructure development.	Improve infrastructure development
Quality / Standards					Comprehensive application of quality management
Duties/ Obligations					
Science / Tech				Facilitate development of innovative new applications; Nuclear power for newcomer States; Development of research	Improvement in national nuclear security and continued development through Agency assistance,
Stakeholders/ Communities			Cooperation with the World Health Organization	Comprehensive human resource development programme; Development of institutional and human resources in Member States	Efficient and effective implementation of the Agency's programme, and better coordination within the Secretariat with due regard to quality and risk management
Participation				International research and development collaboration	
Inclusion				Disseminating information on technological developments	

Convergence Matrix 9– Medium Term Strategy - Segment a

Categories	Duties/ Obligations	Science / Tech	Stakeholders/ Communities	Equality	Equity
Human Rights/Rights			National and regional development strategies	To promote to the extent possible **gender equality** and equitable geographical representation in the Agency	To promote to the extent possible gender equality and **equitable geographical representation** in the Agency
Poverty		Nuclear power's contributions to socio-economic development	To take prompt actions to seize the advantages of positive opportunities and minimize the adverse consequences of unexpected negative developments		
Health		Response to trans boundary development challenges			
Development	Obligations under relevant safeguards agreements	Strengthening promotion of nuclear science, technology, and applications	Joint development of evolutionary and innovative nuclear energy systems		
Quality / Standards	Comprehensive safeguards agreements which are in accordance with relevant obligations, and additional protocols	Safe applications of nuclear technologies to address development challenges	Agency will support Member States in building capacity for sustainable production and related quality assurance systems		
Duties/ Obligations		To address global challenges related to nuclear technology			
Science / Tech			To build capacities in nuclear science; Build capacities in nuclear science, energy systems analysis		
Stakeholders/ Communities					
Participation					
Inclusion					

Convergence Matrix 10– Medium Term Strategy - Segment b

It may come as a surprise to many readers who consider IAEA as a 'Nuclear Watchdog' that the IAEA strategy revolves around 'development'. It demonstrates a balanced approach to national, regional and global development encompassing a full spectrum of areas as mapped below. 'Development' is the core of IAEA strategy.

Figure 10 - Medium Term Strategy – Development Spectrum

As for the frequency of appearance of the term 'Development' in IAEA strategy, it appears twenty eight times in the document consisting of eight pages i.e. 3.5 times per page on average.

The resonance itself ***sends a strong message to the international community to engage with IAEA in development discourse and to create a new partnership paradigm for the exchange of expertise, knowledge of science and technology, and shared responsibility for global leadership.***

- **Management Principles for the Formulation and Implementation of the TC Programme**

The document lays down the management principles for the formulation and implementation of the TC programme. It was issued in the year 2000 and has since been heavily consulted and referred to in the course of conception, planning and implementation of the TC programme. An overview of the document reveals that it addresses various developmental issues that concern the TC staff and the stakeholders in the programming process, such as the suitability of technique to be selected, engagement and participation of stakeholders in priority setting and sharing information. The Convergent Matrix below reflects the key messages offered by this document.

In a 5x5 matrix, the document contains various development aspects resonant with other policy documents that stand behind the UN notion of Human Rights.

Categories	Development	Quality / Standards	Science / Tech	Stakeholders/ Communities	Participation
Poverty	Development and implementation of the TC Programme.				
Development		Priority that is given to different technical areas changes as the interests, needs and capacities of Member States change, and developments in technology - both nuclear and conventional - occur	Most suitable technology for the solution of their development problems	Development of their programme strategies which deal with technical co-operation activities	TC which will, inter alia, be responsible for managing the participation of donors and representatives of end-users in Thematic Planning exercises
Quality / Standards	The development of operational procedures		Technical results are fed back into the development of applications		
Duties/ Obligations	Technical co-operation (TC) activities are an integral part of the Agency's mandate and obligations vis-à-vis its Member States.		Ensuring that the technology delivered is safe and appropriate, fit for purpose	Keeping their project partners informed about developments in countries	
Science / Tech	Developments in technology				

Convergence Matrix 11 - Management Principles

- **TC Programme Guidelines**

The Programme Guidelines are issued every biennium at the start of the programming process. The guidelines are updated every time in the light of decisions made by the Board of Governors (BoG) and General Conference (GC). It resonates with the Medium Term Strategy (MTS) 2012-2017. The central idea of the contents is '***meeting national and global challenges, setting developmental priorities, establishing productive partnerships and making an impact with the use of suitable nuclear techniques'.***

Categories	Human Rights/Rights	Development	Quality / Standards	Duties/ Obligations	Science / Tech	Stakeholders/ Communities	Participation
Human Rights/Rights	To address global challenges related to nuclear technology, including global energy security, human health, food security and safety, water resource management, nuclear safety and security, and non-proliferation	Identify development needs; major sustainable development priorities of each country			Contribution of atomic energy to peace, health and prosperity	Cooperation among the stakeholders	
Health	Key areas such as human health, food security		Take into account the adequacy of health and safety standards	Apply relevant agreements and health and safety measures		Established partnership agreements with the World Health Organization	
Development		Priority national development areas; national development priorities of the countries participating in a particular regional project.	TC quality criteria; TC central criterion is the main element for considering participation in a regional project,		Competitive solutions infrastructure and capability development in the area of nuclear technology, techniques and applications	Linkage to national development plans/programmes	Participation of partners in the design phase
Quality / Standards		UN development strategies	A systematic quality review' quality criteria and requirements; quality assurance		Solid foundation for science and technological adaptation/innovation		Stakeholders' feedback on continuous improvement
Stakeholders/ Communities	Consultative process with stakeholders	Development partners	Standardized reporting	Obligations of Member States	Infrastructure and capability development	Transparent interaction among stakeholders	National participation costs
Participation						Support from the stakeholders	
Inclusion		Process of intensive dialogue and strategic thinking among stakeholders					

Convergence Matrix 12 - TC Programme Guidelines

Categories	Human Rights/Rights	Development	Quality / Standards	Duties/ Obligations
Human Rights/Rights	To address global challenges related to nuclear technology, including global energy security, human health, food security and safety, water resource management, nuclear safety and security, and non-proliferation	Identify development needs; major sustainable development priorities of each country		
Health	Key areas such as human health, food security		Take into account the adequacy of health and safety standards	Apply relevant agreements and health and safety measures
Development		Priority national development areas; national development priorities of the countries participating in a particular regional project.	TC quality criteria; TC central criterion is the main element for considering participation in a regional project,	
Quality / Standards		UN development strategies	A systematic quality review' quality criteria and requirements; quality assurance	
Stakeholders/ Communities	Consultative process with stakeholders	Development partners	Standardized reporting	Obligations of Member States
Participation				
Inclusion		Process of intensive dialogue and strategic thinking among stakeholders		

Convergence Matrix 13 - TC Programme Guidelines - Segment a

Categories	Science / Tech	Stakeholders/ Communities	Participation
Human Rights/Rights	Contribution of atomic energy to peace, health and prosperity	Cooperation among the stakeholders	
Health		Established partnership agreements with the World Health Organization	
Development	Competitive solutions infrastructure and capability development in the area of nuclear technology, techniques and applications	Linkage to national development plans/programmes	Participation of partners in the design phase
Quality / Standards	Solid foundation for science and technological adaptation/innovation		Stakeholders' feedback on continuous improvement
Stakeholders/ Communities	Infrastructure and capability development	Transparent interaction among stakeholders	National participation costs
Participation		Support from the stakeholders	
Inclusion			

Convergence Matrix 14 - TC Programme Guidelines - Segment b

- **TC Project Templates**

Separate Project Templates are used for national, regional and interregional projects with small variations to incorporate specific aspects at each level. Due to close proximity with regional project templates, we excluded the interregional project template and analysed only the national and regional project templates.

The national and regional project templates also mirror many common aspects such as the focus on developmental objective, safety and quality standards as well as clearly articulating the roles of stakeholders.

One peculiarity is that the regional projects are formulated under Regional/Cooperative agreements and have their own intra-region coordination mechanism and resources. Regional projects are complex due to varying state of development in the participating countries and their respective needs which have to be merged at the regional level to construct and define the regional broader developmental goal and priorities.

Categories	Development	Quality / Standards	Science / Tech	Stakeholders/ Communities	Participation
Human Rights/Rights	Major problems / needs, their causes and effects; and how these are linked to the National Development Plan/Programme	Quality of air, water, land and ecosystem			
Health	Broader development programme or priority (Human Health/Cancer Control)	Safety infrastructure and associated standards and procedures			
Development	Developmental Objective		Role of nuclear technology	Stakeholder Analysis and Partnerships	
Duties/ Obligations					National Participation Costs
Stakeholders/ Communities	National Development Programme			Role of implementing institutions and other stakeholders	

Convergence Matrix 15 - Template for National Projects

Categories	Development	Quality / Standards	Science / Tech	Stakeholders/ Communities	Participation
Human Rights/Rights		Quality of air, water, land and ecosystem			
Health	Regional broader development goal or priority (Human Health/Cancer Control)	Safety infrastructure and associated standards and procedures at the institutional level			
Development	Developmental Objective		Role of nuclear technology	Stakeholder Analysis and Partnerships	
Duties/ Obligations				Funding expected from each stakeholder	Requirements for Participation
Stakeholders/ Communities	Regional Development Plans	Regional standard setting		Role of implementing institutions and other stakeholders	

Convergence Matrix 16 - Template for Regional Projects

All the above reviewed documents are derived from the IAEA Statute and therefore fully support the UN Charter and a range of human rights.

- **TC Sample Project Documents**

The qualitative analysis of the documents of the sampled national and regional projects in Human Health/Cancer Control is done jointly due to small number of projects. The results are displayed below.

Categories	Human Rights / rights	Health	Development	Quality/ Standards	Science/Tech	Stakeholders / Communities	Patients	Participation
Health	Leading, in many cases, to a significant change in the prognosis and quality of life of patients		To improve treatment options for patients; To improve health of cancer patients in the country		Update healthcare technology	Collaboration with World Health Organization (WHO)	To improve patients' prognosis and quality of life through the more effective and precise diagnostic	
Development	Prioritization of cancer in Health	Treatment of cancer patients	National development frame work	Quality standards; Quality Management / quality control	Clinical needs of updated technology for diagnoses, treatments, and researches in oncology, cardiology, neurology, and psychiatry	Improved knowledge of health and other related professionals on cancer control	Annual treatment outcome for cancer patients; Number of diagnosed and treated patients	
Quality / Standards		Provide better healthcare services for people	Having insufficient national experience in PET-CT/Cyclotron Technology		Establishing a high quality of PET-CT imaging system	Development of qualified personnel		
Duties/ Obligations						Commitment of relevant stakeholders	Palliative Treatment of Cancer Patients	
Science / Tech		Nuclear hybrid techniques have different degrees of development	Training program of PET-CT/Cyclotron technology	To provide high standard healthcare technology for patients			Number of new procedures and protocols implemented. Nº of patients in whom the result of the procedure change the management.	
Stakeholders/Communities			Development of necessary human resource capacity and infrastructure in place	Collaboration with Stakeholders				Participation of relevant stakeholders;
Patients	Benefit from this project by enhancing quality of their lives and then survival rate of the patients would be increased dramatically	To increase access (to address the) suffering of many of the cancer patients in the regions	In the long-term, patients will benefit from the development and implementation of national cancer control programmes		Implementation of PET-CT/Cyclotron technology for clinical diagnosis and treatment			
Participation						Stakeholders' meeting		

Convergence Matrix 17 - Selected Project Documents

Categories	Human Rights / rights	Health	Development	Quality/ Standards
Health	Leading, in many cases, to a significant change in the prognosis and quality of life of patients		To improve treatment options for patients; To improve health of cancer patients in the country	
Development	Prioritization of cancer in Health	Treatment of cancer patients	National development frame work	Quality standards; Quality Management / quality control
Quality / Standards		Provide better healthcare services for people	Having insufficient national experience in PET-CT/Cyclotron Technology	
Duties/ Obligations				
Science / Tech		Nuclear hybrid techniques have different degrees of development	Training program of PET-CT/Cyclotron technology	To provide high standard healthcare technology for patients
Stakeholders/Communities			Development of necessary human resource capacity and infrastructure in place	Collaboration with Stakeholders
Patients	Benefit from this project by enhancing quality of their lives and then survival rate of the patients would be increased dramatically	To increase access (to address the) suffering of many of the cancer patients in the regions	In the long-term, patients will benefit from the development and implementation of national cancer control programmes	
Participation				

Convergence Matrix 18 - Selected Project Documents - Segment a

Categories	Science/Tech	Stakeholders / Communities	Patients	Participation
Health	Update healthcare technology	Collaboration with World Health Organization (WHO)	To improve patients' prognosis and quality of life through the more effective and precise diagnostic	
Development	Clinical needs of updated technology for diagnoses, treatments, and researches in oncology, cardiology, neurology, and psychiatry	Improved knowledge of health and other related professionals on cancer control	Annual treatment outcome for cancer patients; Number of diagnosed and treated patients	
Quality / Standards	Establishing a high quality of PET-CT imaging system	Development of qualified personnel		
Duties/ Obligations		Commitment of relevant stakeholders	Palliative Treatment of Cancer Patients	
Science / Tech			Number of new procedures and protocols implemented. Nº of patients in whom the result of the procedure change the management	
Stakeholders/Communities				Participation of relevant stakeholders;
Patients	Implementation of PET-CT/Cyclotron technology for clinical diagnosis and treatment			
Participation		Stakeholders' meeting		

Convergence Matrix 19 - Selected Project Documents - Segment b

4.3 Convergence Matrices Closeness to/Distance from Categories

By squaring the absolute numbers of boxes and plotted categories (benchmarks) in CMs, we found that the document closest to the selected categories is the Medium Term Strategy (MTS) and the farthest is the Project Template. This hints upon the scope of transferring greater areas of strategy into project templates for equally greater response from users of these documents.

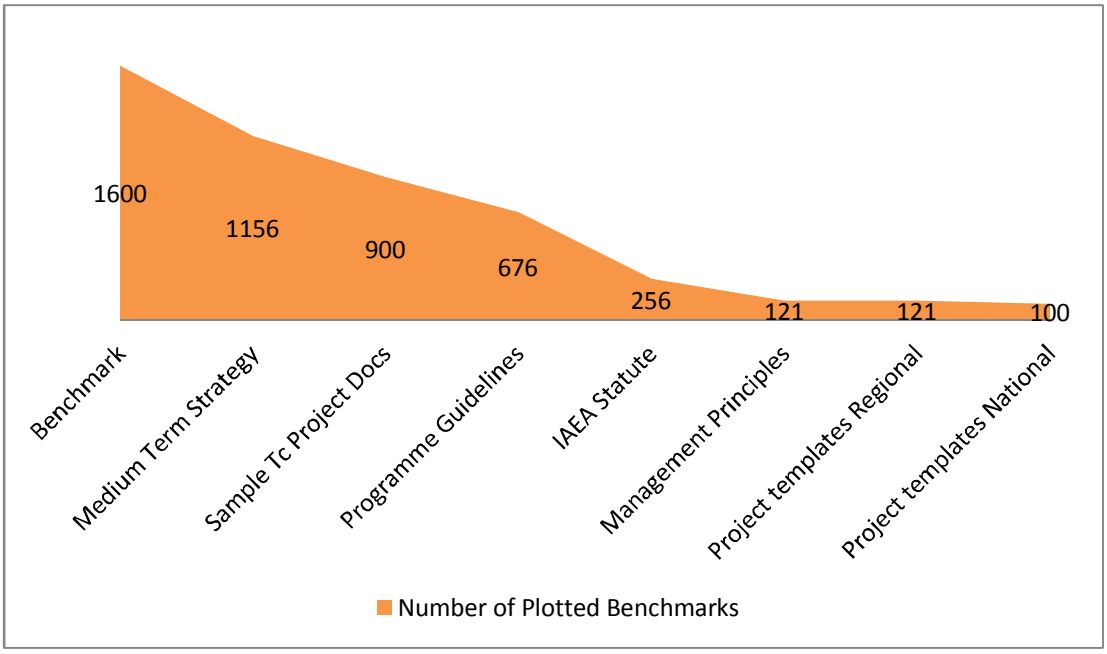
Other key document influencing the project design is the TC Programme Guidelines that require certain actions from the users on specific matters and plays a role in shaping the body of the TC programme.

Convergence Matrices	Number of Boxes on X:Y	Sq. Boxes	Plotted Categories	Sq. Plotted Categories
Benchmark Categories	15x15	225	40x40	1600
IAEA Statute	8x8	64	16x16	256
Medium Term Strategy	10x10	100	34x34	1156
Management Principles	5x5	25	11x11	121
Programme Guidelines	7x7	49	26x26	676
Project templates National	5x5	25	10x10	100
Project templates Regional	5x5	25	11x11	121
Sample Project Docs - National & Regional	8x8	64	30x30	900

Table 9- Closeness to/Distance from Categories

Convergence Matrices	Number of Sq. Categories
Benchmark Categories	1600
Medium Term Strategy	1156
Sample TC Project Docs	900
Programme Guidelines	676
IAEA Statute	256
Management Principles	121
Project templates Regional	121
Project templates National	100

Ranking Table 4 - Closeness to/Distance from Categories



Graph 5 - Closeness to/Distance from Categories

4.4 An Overview from Human Rights Lenses

The cross referencing through CMs is one of the most interesting and useful learning of this study. Further, we look at the applicability of the analysis to TC Programme/Projects through the Human Rights lenses, while remaining within the scope of IAEA's mandate. We raise some questions about the three interlinked subjects - prosperity, health and safety standards - that are of general concern. The discussion below will serve as 'Food for Thought'.

The term 'prosperity' in IAEA Statute is the opposite of 'poverty' and gives a positive air to the issue. Is there an '**indicator of prosperity'** to show how the poverty is being eliminated and prosperity achieved through socio-economic transformation by delivering the TC Programme? The World Bank has recently set a new goal of '**promoting shared prosperity'** and is going to monitor the income growth of the bottom 40 % of a nation's population instead of focusing only on growth of per capita GDP having realized the fact that the notion of 'trickle down' impact of growth does not

capture the fundamental concern for **equity**,[131] which is critical for geopolitical stability of the world. *Would the WB and the IAEA join hands in promoting this goal?*

Based on the 'so what' logic, is there an **'indicator of change'** to verify the difference it makes to the people in a particular country to have received an advance machine for cancer diagnosis, or trained a number of scientists in innovative solutions to address exotic animal diseases, or a new variety of seeds to grow nutritious crop to feed the mal-nourished population? *Would there be an effort to identify the threshold at which a country achieves the critical mass in nuclear expertise to ensure enhanced quality of life for its entire population?*

Are there **'indicators on human development'** to convince if the health programme and projects are reaching out the patients that need treatment; also targeting remote areas or ensuring equal access to women and children as well as marginalized communities? *Would there be a provision in the programme cycle to promote interaction with civil society organizations with access to communities in order to better understand the ground realities?*

Do the programming process and monitoring mechanisms clearly define how the '**shared responsibility'** is indicated and measured, particularly with regard to safety of patients, workers and the environment from radiation? *Would it be helpful to engage stakeholders in peer review to ensure that the safety standards are being universally appreciated and implemented?*

With these questions in mind, we move to the next chapter in which we share the conclusions drawn from the study and formulate recommendations for the development of a Hybrid Programme/Project Model.

[131] The World Bank Group, 2014.

5. Conclusions and Recommendations – Leading towards Positive Change

Having determined the state of alignment; the RBM programming process applied in IAEA, conceptually, is found potent for enhancement by transposing the core traits of the Human Rights Based Approach (HRBA) to it. This chapter takes the reader through the course of transposing.

5. 1 Conclusions and Key Recommendations

From the analysis and findings in the preceding chapter:

It is concluded that:

i. Although the categories 'Human Rights' and 'Right to Health' do not appear in the selected documents, the perspective of Human Rights/Right to Health is implicit in the core mandate of IAEA, and is embedded to varying degrees in the Medium Term Strategy (MTS), Management Principles and Programme Guidelines.
ii. Many important categories such as participation, inclusion, equality (including gender equality), equity and non-discrimination are not frequently used in the text of reviewed documents; nevertheless, the notion is evidently present.
iii. The MTS is the 'highlight' of the policy; its mainstreaming into TC programme/project processes is not fully visible in the analysis.
iv. Similarly, the developmental aspects of the IAEA that are contained in the policy documents, particularly in the MTS, do not seem to be fully reflected in the programme/project template documents.
v. The IAEA policies and programme/projects have potential for transposing gradually the Human Rights Based Approach (HRBA) into the current RBM system.
vi. It is evident from the fact that the perspective of Right to Health is strongly visible in the sample project documents on Human Health/Cancer Control.

Henceforth, it is recommended:

i. **To substantially mainstream IAEA Statue Article II** which sets a clear and unambiguous agenda to enlarge and accelerate the contribution of atomic energy to peace, health and prosperity **and the Medium Term Strategy** with emphasis on a broad spectrum of development **into TC Programme and Project processes**. By doing that the programme will be able to support realization of the following Human Rights within the context of 'prosperity', 'health' and 'safety standards':

   - Right to Adequate Living Standards
   - Human Dignity
   - Right to Development – individual & collective
   - Right to Health
   - Right to Food
   - Women Equality and Child Rights
   - Rights of Persons with Disabilities
   - Right to Information
   - Right to Privacy

ii. **To enhance 'internal and external communication and outreach'** to disseminate messages contained in the above mentioned policy documents in support of human rights, including in the context of human health/cancer control:

   - Human Dignity *(specifically for Cancer patients to be addressed with respect and supported by the medical staff in making decisions about their treatment and care);*
   - Right to Development *(role of atomic energy in breaking the vicious circle of poverty for individual & collective development);*

- Right to Information *(about cancer prevention, control, treatment and care both for hospitals and service oriented health institutions, and cancer patients and their families)*
- Right to Privacy *(specifically for Cancer patients to provide space for discussing and choosing the treatment options)*

iii. **To build and strengthen development partnerships** with UN, global, regional and national organizations, research and development (R&D) institutions, academia, and civil society organizations on:

- Contribution to the achievement of MDGs[132] and Post 2015 SDGs.[133]
- Creating awareness on 'non-explicit integration of human rights' in programming in UN specialized and associated agencies such as the IAEA with a strong focus on both technology and development.

vii. **To appoint a Focal Point for Communication on Human Rights** in the organization to support strategic and operational processes of the above functions.

[132] Millennium Development Goals.
[133] Strategic Development Goals.

5.2 Creating Future Vision

Why to adopt change when the existing IAEA organizational policies, strategy and programme guidelines already support the notion of human rights? In response, the following arguments are presented:

a. With the adoption of Human Rights Based Approach (HRBA), the human rights inherent in the IAEA's policies will become **visible**, adding tremendous **value** to the Technical Cooperation as one of the most effective means to contribute to the development of Member States and its institutions (Duty Bearers) by enhancing their capacities to deliver a range of quality services to people (Right Holders) in Human Health, Nutrition, Food and Agriculture, Water, Energy and Environmental Protection as well as Safety, Security and Non-Proliferation.

b. It is time for the leading UN and its specialized and associated organizations to contribute to the **discourse on post 2015 Strategic Millennium Goals** (SMGs) in pursuance to rights based approach. It is particularly important for the IAEA since the IAEA's participation in the Innovation Fair in 2013; the same year "the ECOSOC held an Implementation Forum during the High-Level Segment for the first time. The event featured announcements by governments, the private sector, and the UN system in support of the theme of the Annual Ministerial Review (AMR): Science, technology and innovation (STI) and the potential of culture in promoting sustainable development and achieving the Millennium Development Goals (MDGs)."[134]

c. The IAEA is an organization which has an outstanding track record including the Nobel Peace Prize Award, and it commands respect in the community of the world side by side other organizations that have adopted or in a process of adopting the change, among them are the UNESCO, ILO, UNICEF, FAO and WHO. **Extended partnership** with these organizations will provide avenues to **reaching out people,**

[134] http://www.iaea.org/technicalcooperation/Home/Highlights-Archive/Archive-2013/07082013_ECOSOC.html.

groups and communities (Right Holders) who benefit from TC Programme and obtain feedback for further improvement and continuous learning.

d. Specifically in the context of health programming, "the national human rights systems are working at a level **far above** the experience of patients through the treatment pathways. The **quality of experience of a patient** improves exponentially after particular rights are protected along the care pathway. For example the experience of providing somebody with a private space to discuss their treatment and diagnosis (Right to Privacy), and using the person's name properly in that discussion (Human Dignity)".[135]

Bearing in mind the above arguments to create a vision for IAEA's role in the application of Human Rights Based Approach, we now move to proposing a model for adopting change.

5.3 Integrating the Process of Change

In this process we try to establish an interface among the four major steps that we have navigated through i.e. data collection, analysis, findings and conclusions.

Following information and objects are available from Chapter 4 for input to building the envisioned hybrid model cutting across policies, programme and projects with particular reference to projects on Human Health/Cancer Control.

- **List of Selected Categories**
- **Cross-referencing of the Selected Categories and placement in the Convergence Matrix with columns and rows (X-Y coordinates)**
- **Results of Analysis:**
    - **Quantitative: Worksheets, Frequency and Ranking Tables and Graphs**
    - **Qualitative: Convergence Matrices, Tables and Graphs**
    - **Main Findings**

[135] Macmillan Cancer Support, February 2010.

- **An Overview from the Human Rights Lenses**
- **Conclusions and Key Recommendations**

5.4. Highlight of the Study

The findings discussed in Chapter 4 strongly indicate that the IAEA policy, strategy, management principles, and programme guidelines altogether concentrate on 'development', particularly the Medium Term Strategy (MTS) is the highlight of this study as there is resonance of the subject from a variety of perspectives throughout the document. Statistically speaking, the term 'Development' has appeared 70 times in policy documents and 28 times in the MTS.

It is an important finding that leads us to believe that ***any substantial change that has to occur is critically dependent on one factor and that is to implement and fully mainstream the Medium Term Strategy (MTS) in the TC programming process and project design***. In particular, the strategic direction to building capacity of Member States for sustainable development, focusing on national and regional development strategies, promotion of nuclear science, technology and applications, collaboration with international organizations and UN agencies such as the World Health Organization, and standing up to major challenges facing humanity.[136]

5.5 Hybrid Model – Transition from conventional RBM to enhanced programming with HRBA

With the above understanding, we include in the development of Hybrid Model interventions both at the organizational level (inward looking change), and at the Programme/Projects level (outward looking change) as envisaged and proposed in Chapter 3 (Methodology) and in Chapter 4 (Analysis and Findings). The model consists of two project concepts (i) national and (ii) regional. It is also pre-tested with a number of staff in the Technical Cooperation and Technical Department to ensure conceptual consistency with the overall objective of the study.

[136] IAEA Medium Term Strategy 2012-2017.

The organizational level is constituted of policies, strategy, management principles and programme guidelines whereas the programme level is constituted of the operational programme and projects. Hence the proposed model below shows this interconnectedness.

5.5.1 Organizational Level – Policy/Strategy: Communication as the Main Vehicle for Initiating Change

The first step in any change process is to start communicating and familiarizing ourselves as well as the stakeholders in the language[137] which is mutually appreciated. The IAEA as an organization has gone through this change process when the UN system shifted to Results Based Management. Particularly, the TC Programme process, TC glossary, project templates and the IT systems were all aligned to the new vocabulary, for example 'Developmental Objective', 'Outcome/Output', Stakeholders' Analysis', 'Participation' and so on.

Similarly, the alignment with HRBA is steered to adopting some new and substantial terms as part of the change process such as 'Human Rights', 'Right to Health', 'Equality', 'Equity', 'Inclusion', and 'Non-discrimination' to shortening the distance between the Benchmarks Categories and the TC Programme/Project documentation. (Please refer to Graph#5, page#112).

The broader dissemination of information regarding the UN Charter, Universal Declaration on Human Rights; International Covenant on Economic, Social and Cultural Rights (ICESCR) Article 12 and the IAEA Statute to create awareness among the interested parties, keeping in mind the fact that UN system reacts in response to the articulated needs by the Member States, and most of the participating Member States are signatories of the covenant.

The route to achieving the above vision is paved on the fact that the IAEA have positive environment and good foundation to start with. The concept of Human Rights/Right to

[137] 'Language' here is not meant literally, but as a 'means of communication'.

Health is embedded in the system at all levels from policy to projects as reflected in the qualitative analysis.

The acceptance of the HRBA as a complementary approach to RBM in the policy is going to positively affect the relationship with partner organizations and add a perspective to the value system of the organization, which encourages positivity; leading through relationship, thinking and delivery; improve knowledge by reflecting and exploring different approaches to address challenges.[138]

It is envisioned in the way the core information contained in the Article II of the IAEA Statue, Medium Term Strategy, Management Principles documents, and TC Programme Guidelines is communicated broadly and consistently.

5.5.2 Programme Level

At the programme level, from the communication point of view, a few 'initial steps' are to be taken deliberately and systematically; for example:

- To add Human Rights and Human Rights Based Approach (HRBA) terminology to TC 'Glossary', and use wherever relevant at various forums;
- To provide staff and stakeholders opportunities to participate in UN activities including workshops and training and promotional events related to Human Rights and HRBA;
- To collect and provide information and good practices on Human Rights/Right to Health and the HRBA in programming to share with staff and stakeholders.

5.5.3 Project Level - Concepts of the Hybrid TC Project Model

As explained in Chapter 2 Section#2.3.1 that TC Programme Cycle goes through 3 main phases, namely planning, implementation including monitoring and evaluation, and

[138] IAEA Leadership Blueprint, 2012.

closure including evaluation and incorporation of lessons learned into the future planning process.

In the light of good practices in the WHO (Health Programme) and the IAEA (PACT) referred to in Chapter 2, and the findings of the study, we conceptualize interventions:

- At the national level specific to 'Human Health/Cancer Control'; and
- At the regional level specific to 'Development Partnership Development'.

The former is aimed at engaging patients and civil society organizations to link the programme with communities and the latter at extending the area of influence to larger development concept according to the '**non-explicit integration'** mode of human dimension in programming[139]. The proposed model for regional project has the scope to include at least one Member State from each of the four geographical regions, although more are encouraged to join.

- **The National Project Concept on Human Health/Cancer Control**

  Keeping the IAEA and the Member State Government at the centre of the concept to play the act of catalysts, the relationship among the counterpart institutions, patients and their immediate families, and the civil society organizations and communities is emphasized. The reason for this complex trio interaction is that the counterpart institutions are in direct contact with these two important stakeholders in any health programme, and their opinions matter in the process of decision making about the availability, accessibility, (cultural) acceptability and affordability of health services, particularly in the area of Cancer Control. The decisions made by the health institutions are mainly based on their resources (human, financial, technological etc.) whereas the decisions made by the people, for example patients and their families are additionally based on their behavioural norms embedded in the culture. Any social change at that level has to come through a participatory process and inclusion of respective stakeholders. For effective participation,

139 McInerney-Lankford & Sano, 2010, p.29.

capacities of people including patients, families, communities and civil society organizations are to be built through communication and information sharing. In retrospect, the capacities of health personnel interacting with patients/stakeholders are to be enhanced and awareness about the rights of the patients and users of health services to be raised.

The project concept follows the approach described as the **'integration of human rights principles'**, such as participation, inclusion and non-discrimination in the project design.[140]

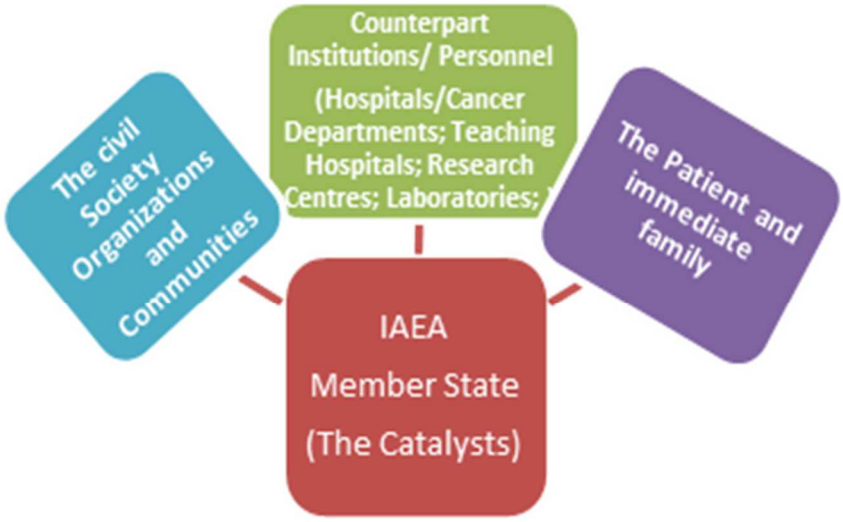


Figure 11 - Inclusive and Participatory Hybrid Project Model

[140] McInerney-Lankford & Sano, 2010.

National Health Project in a Cancer Hospital – Proposed Logic of Intervention

Programme Cycle / Project Stage	What? Nature of Intervention	Why? Intention	When? & Where? Programme Phase/Stage	Who? Responsible Institution/ Persons	How? Proposed Action
Planning and Design	Engagement of: All IAEA relevant departments; National authorities; UN Agencies; Civil Society / Community Organizations in the Health Sector; Academia; Public Media.	To benefit from the experience of broader UN experience in the health sector; To align the project plans with the needs and expectations of patients, their families and communities; To engage academia and the media in the discourse on health related issues and in highlighting the project objective and results, To identify potential opportunities and risks; To establish and strengthen support for the integration of project in larger national health programmes;	Beginning of biennium Programme; Upstream work/ Stakeholders Analysis carried out in MSs	Project Managers at TC and in the Member State	Connect with UN Agencies in the country through UNDAF process or any other available platform that the Ministry of Health is exposed to; Identify and engage at least one Civil Society Organization (CSO) in the planning process having interaction with groups of people and connections with academia and public media;[141]
	Engagement of Patients'	To encourage patients	Both at the planning and at	Counterpart institutions/	Identify Patients/ and Patients' support

[141] Normally, the Civil Society Organizations are fairly resourceful and enjoy the trust of people, know how to frame issues and use public media; have bonding with academia in research and development on social issues.

Programme Cycle / Project Stage	What? Nature of Intervention	Why? Intention	When? & Where? Programme Phase/Stage	Who? Responsible Institution/ Persons	How? Proposed Action
	Groups and Patients' Support Groups[142] on specific health issues (e.g. Cancer)	interaction with groups;[143] To acquire first-hand information and knowledge about the specific needs of patients; To develop mechanisms to keep these groups engaged in productive discussion and interaction;	the take off stage of the project	staff	groups (mixed, male/female) and enlist their support for the project;
Implementation, Monitoring and Evaluation	Establishment of mechanisms within the Hospital for bringing CSO and Patients' groups together for material and moral support;	To encourage sharing among groups; To encourage project staff to be part of the groups and volunteer support;	Take off meeting to operationalize the Project	Counterpart institutions/ staff	Prepare introductory information on the concerns[144] of patients and share plans how these are to be addressed; Exchange expectations from working together in groups;
	Maintaining contact with UN partners / WHO[145] Maintaining and strengthening interaction with Civil Society	To continue gathering feedback and providing latest information with regard to the progress / action according to the	Implementation	Counterpart institutions/ staff members	Collect information/feedback, and prepare reports or brochures for specific groups; Use the expertise of academia and media personnel directly or

[142] There are many patients/patients' support groups (including virtual groups) that share experiences related to health problems, treatment and its results; also where to find quality health services and whom to contact for further information known as the snow ball effect. These groups provide both moral and material support to each other.

[143] Being part of the group helps the patients to keep positive and feel secure, which plays a part in early recovery.

[144] For examples: what kind of treatment options are available, what is the quality of treatment and care, the qualification of the staff treating and attending the patients, other services and facilities available/provided and the cost etc.

[145] WHO programme is focused on advocacy. It has well established links with CSOs and communities.

Programme Cycle / Project Stage	What? Nature of Intervention	Why? Intention	When? & Where? Programme Phase/Stage	Who? Responsible Institution/ Persons	How? Proposed Action
	Organization; patients' groups and patients' support groups;	project plan; To use feedback for improvement and display the results;[146]			through the CSO to assist in preparing such material;
	Orientation in human rights based approach (HRBA) of those hospital staff members who are directly providing treatment and care to patients	To ensure that patients' safety standards are maintained; communication and interaction with patients, families and communities is positive, and that the patients have trust in the staff and are willing and happy to use the treatment;	Implementation	Counterpart institutions/ staff members	Provide orientation to staff on HRBA in their respective areas of responsibility; Provide means and opportunities to staff for sharing information with patients, patients' groups and support groups;[147]
	Development and maintenance of a website for virtual meetings, information sharing and support;	To cater for patients and groups who are not physically in contact at location;	Implementation	Project Managers at TC and MSs IT Team	Involve the IT personnel to develop user friendly website to provide access to those not physically present;
	Linkages with other similar programmes / projects in the area and in the region; Creating common platforms for exchange of information and	To achieve sustainability of the project results;	Implementation and Closure stages	Counterpart institutions/ staff members	Get in touch with other similar programmes and projects develop common platforms for the staff as well as for patients' groups; Share technical knowledge and innovations with international

[146] There is nothing more convincing than the material evidence and the experience by the people involved.

[147] This will be a part of their experience and will make them appreciate their own contribution to the betterment of the patients.

Programme Cycle / Project Stage	What? Nature of Intervention	Why? Intention	When? & Where? Programme Phase/Stage	Who? Responsible Institution/ Persons	How? Proposed Action
	experiences; Continuously improving the quality by seeking feedback and benchmarking;				community e.g. other countries implementing such projects, receive feedback and benchmark the project vis a vis international standards;
Project Closure and Review (Self – assessment; Assessment; Lessons Learned)	Draw lessons from the experience of interacting with these specific groups.	To consolidate experiences and review performance through self-assessment and independent assessments; To record and document issues yet to be resolved; To conduct stakeholders' satisfaction survey and document good practices.	Closure	Project Managers at TC and MSs	Seek continued collaboration; Develop with other UN agencies and participating countries, a common set of questions for self-assessment; Enhance capacity building efforts of the groups.

Table 10 - National Health Project in a Cancer Hospital – Proposed Intervention

- **The Regional Project Concept**

We now demonstrate as to how the assets from HRBA could be added to complement the existing regional project example and how the change is achieved through building partnership with and among the relevant actors/partners in the development process.

The 'partnership' starts with engaging people/entities and creating common objectives. In the present RBM programme, the main focus is on the Counterpart Institutions who are the direct users of nuclear technology; linkages with and among Academia, Civil Society Organizations and the Research and Development (R&D) organizations or on-going R&D processes in countries are not visible and distinguished. This contains the spread of the benefits of TC programme to the ultimate end users (the people and communities such as patients, farmers, water users, energy consumers, service providers, professionals, students, skilled/unskilled workers and job seekers).

The proposed regional project Hybrid Model concept is based on the premise that the IAEA policies and TC programme guidelines have potential to absorb the elements from the Human Rights Based Approach (HRBA) to make it more effective and relevant in supporting the delivery of human rights. The role that the organization is set to play as a catalyst for change is placed at the centre of the model.

The 3-dimentional model of a **Regional project** with **non-explicit integration** of HRBA assets is presented below that describes the notion of interlinking the users of nuclear technology/counterpart institutions with the academia and the R&D institutions and R&D process as well as civil society organizations for greater impact of the programme. The dynamics of this model further incorporate the role of industry in changing the socio-economic development scenario with the support of the government.

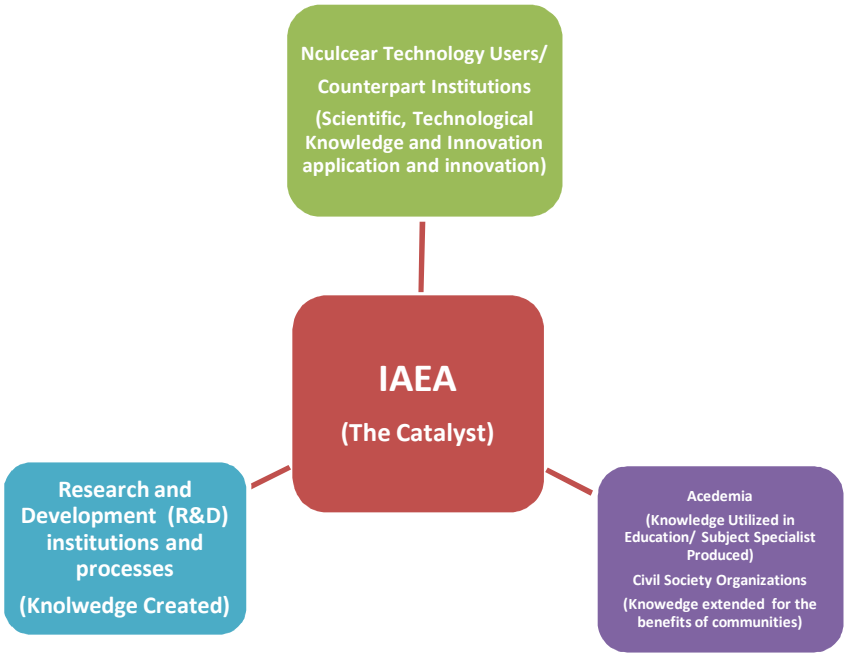


Figure 12- Development Partnership Development Paradigm in a Hybrid Regional/Interregional Project

The model takes into consideration the fact that the government alone cannot alleviate poverty without the support of the business and industrial sectors that function within the government policies and legal framework. The complex **relationship between poverty and health and technological development** is being established in Chapter 2. This is one of the main mandates of the IAEA which is being realized by and through the TC Programme.

The partnership roles and function are envisaged as follows:

Partners	**Roles and Functions**
IAEA	To act as a catalyst to bring all partners together; To build capacities of MSs and supports development of specific policies on Science and Technology (which are at the moment missing in the majority of case), including legislation for the private sector industrial and non-industrial application of Nuclear Technology in areas such as Human Health, Agriculture, Food and Nutrition, Water Resources, Energy, and Environment Protection in the perspective of promoting Human Rights; and To support in creating enabling environment for partners to deliver their respective functions/obligations as Duty Bearers.
Member State & Counterpart Institutions	To develop policies on Science and Technology and comprehensive legislation regarding industrial and non-industrial application of Nuclear Technology for entrepreneurs and investors; (e.g. in Health Sector) To establish legislative and management infrastructure, communication mechanisms and support systems for the implementation of policies and legislation; To build monitoring and evaluation mechanism for keeping the progress on course; To engage all stakeholders in the above process and utilize the support of the IAEA optimally and effectively to benefit the people (Right Holders).
R&D institutions	To deliver innovative knowledge (e.g. to address health issues) to the industry for using in developing and launching products, supported by the government policies and regulations.
Academia	To incorporate new knowledge in developing and upgrading the curriculum and will create educational programmes to provide subject specialists (e.g. in nuclear engineering, nuclear physics, medicine, radiology, oncology and so on) to work in the industry and services sectors.
Industry	To provide high value added jobs to graduates and further train and add skills to academic knowledge.

Entrepreneurs	A segment of graduates opt to start Small and Medium Enterprises (SMEs) and provide input to industrial sector manufacturing processes or to supply chain.
Civil Society Organization	To communicate with people and concerned groups (Right Holders) such as patients in the case of health related information, new treatments found and tested; facilities and equipment developed, services made available and how to have access etc.)

Table 11- Partnership Roles

The expected results are:

- With supportive policies and legislation, there will be more investment in the use of nuclear technology-based enterprises and industries;
- The output of the industry and small and medium enterprises (SMEs) will benefit the government in terms of higher economic growth and lower rate of unemployment.
- The aging experts in Nuclear Technology User institutions will be succeeded by the new generation of experts and an exchange of knowledge will help *to enlarge the contribution of atomic energy to peace, health and prosperity*[148].
- The proliferation of technology for peaceful purposes, supported by public information will increase the chances of people to make informed decisions to use it and benefit from it.
- The path to **economic development will enhance the options of people to have access to social services in health, education and improved living standards** including affordability of food, nutrition food intake, and clean environment. Engagement with the World Bank in achieving the goal for shared prosperity is potentially foreseen in this case.

[148] IAEA Statue, Article II, 1957

The skeleton of the design is given below to demonstrate the application of the model across TC programme cycle.

Regional/Interregional Project on Development Partnership Development – Proposed Logic of Intervention					
Programme Cycle / Project Stage	**What? Nature of Intervention**	**Why? Intention**	**When? & Where? Programme Phase/Stage**	**Who? Responsible Institution/ Persons**	**How? Proposed Action**
Project Planning and Design	Engagement of all stakeholders;/ prospected partners in the planning of the project	To set common objectives for collaboration to address issues in the context of complex relationship among Poverty, Health and Technological Development; To commit necessary resources from the outset. To consider potential opportunities and risks.	Beginning of biennium Programme; Upstream work/ Stakeholders Analysis carried out in selected MSs	Agency Government/ Counterpart; Academia; R&D Institutions; Civil Society Institutions	At least engage one country from each geographical region to pre-testing the concept and obtain commitment in terms of financial, technical and material participation.
Project implementation, Monitoring and Evaluation	Establishing mechanism /platform for interaction	To provide policy support to Government; To facilitate sharing of information among partners; To create synergy in actions taken for addressing the identified issues;	Take off meeting to operationalize the Project	Agency Government/ Counterpart;	Hold consultative process to provide information and share expectations among partners; Define roles and responsibilities and mechanism for implementation of the project.
	Implementing / monitoring project plans	To deliver inputs, assist in processes and	On-going	Agency Government/ Counterpart;	Update all partners; share documents on

Programme Cycle / Project Stage	What? Nature of Intervention	Why? Intention	When? & Where? Programme Phase/Stage	Who? Responsible Institution/ Persons	How? Proposed Action
		obtain tangible results; To measure progress on policy making; legislation development; To conduct peer review outputs and outcome of the project; To incorporate feedback from the consultation among partners in to the plans;			the progress, and receive feedback
Closure and Review (Impact Assessment, Lessons Learned)	Assessing outcome and drawing lessons on partnership and collaboration	To conduct review and assess the completion of policy process; To reschedule activities if not completed within the project time and budget. To mobilize resources and commitment for the same. To assess risk and develop mitigation measures.	Closure / Review meetings	Government/ Counterpart; Academia; R&D Institutions; Civil Society Institutions.	Seek continued collaboration; enhance capacity building efforts; Use PDCA cycle for continuous improvement.

Table 12 - Regional/Interregional Project – Proposed Interventions

Concluding Remarks

In order to enhance the scope of discourse on Human Rights Based Approach (HRBA), more case studies in the UN and Associated Agencies to be carried out by the development professionals in collaboration with academia and HRBA practitioners for lateral comparison and ironing out any creases in the model to make it easy for adoption.

Since it is an emerging approach and not yet fully developed and tested, we need to take steps to introduce it to development practitioners as clearly and accurately as possible, demonstrating its advantages with conviction and give time to absorb the information.

Likewise, efforts and resources are assigned to provide training and to develop a knowledge base of experiences to build the critical mass of HRBA experts. The UN Staff College is well placed to coordinate training efforts whereas other UN and Associated Agencies in collaboration with academia provide intellectual input into developing training courses and practical tools to implement HRBA.

A professional network and communities of HRBA practice will add to the momentum. The debate on MDGs/SDGs beyond 2015 is a good opportunity to start taking these small steps to lead the future process of explicit or non-explicit integration of human rights and application of human rights based approach in the UN system.

The key players from both the government and non-governmental organizations are identified and engaged in the discourse, particularly those who have already been engaged in the implementation of MDGs. Their earlier experiences are worth consideration in this debate.

Besides policy and programmatic changes, broadening the scope of public information and availability of material on HRBA theory and practices will help in creating better understanding of the system and dissipate fears normally associated with change.

Communication is the most important tool to 'unfreeze' any situation and build the momentum for change, through creating consciousness among potential actors.

The alignment of UN Agencies programme policies with HRBA and engaging implementing partners in member states is crucial for the adoption of the model. The example of WHO is available in the case of their health programming for cancer control.

Considering the fact that the change and its impact will be visible over a period of time, the tools for monitoring the process are to be introduced in the outset.

Like Business Management, Quality Management and Development Evaluation; Human Rights and the Human Rights Based Approach (HRBA) is a substantive subject to be developed and treated as a discipline and not to be contained in the sphere of civil society Human Rights Awareness and Advocacy activities; only then it will be effective to bring about cultural change. The management thinking through education will transform it from soft cross-cutting issue to a more concrete result-oriented subject matter for development programming in the UN system.

Universities provide solid education to scientists and organizations provide space for application of their knowledge like IAEA does; similarly, when universities educate human rights graduates and masters, the organizations will absorb them in the system, give them space and create environment for the application of their knowledge in policy making and programming. With this tribute to the Vienna Master of Arts in Human Rights (MAHR), and its Leadership, Faculty and Team, I conclude my paper.

Bibliography

Books

Boyle, A., *Soft Law in International Law Making; International Law* (Fourth Edition ed.). (E. M. D, Ed.) London, UK: Oxford University Press, 2014.

De Bolla, P., *The Architecture of Concepts - The Historical Formation of Human rights.* New York: Fordham University Press, 2013.

Downey, J. A. Change Management. *Topic gateway No. 48*, p.4. The Chartered Institute of Management Accountants, London, UK, May 2008.

Forman, L., Cole, D. C., Ooms, G., & Zwarenstein, M., *Human Rights and Global Health Funding: What contribution Can the Right to Health Make to Sustaining and Extending International Assistance for Health?* Global Health Governance*, VI*(I), Fall 2012.

Franks, B., Types of Category in the Analysis of Content. *Discussion Papers - Qualitative Series*, 1. London, UK: London School of Economics, 1996.

Krippendorf, K. *Content Analysis: An Introduction to its Methodology* (Second Edition). Sage Publications, University of Pennsylvania, USA, 2003.

Kusek, J. Z., & Rist, R. C., *Ten steps to a results-based monitoring and evaluation system: a handbook for development practitioners,* The World Bank, Washington D.C, USA, 2004.

Leung, R. C., *Increasing Dynamic Capabilities of Health Organizations, Social Media in Strategic Management,* Emerald Group Publishing Limited, London, 2013.

Macmillan Cancer Support, *Developing and Evaluating the Practical Application of a Human Rights Framework in Cancer Care – a Report for Macmillan Cancer Support Presented by brap;* version 1.6 final, February 2010.

Mayring, P., Qualitative Content Analysis. *Forum: Qualitative Social Research (Qualitative Sozialforshung) Art. 20,* 2000.

McInerney-Lankford, S., & Sano, H.-O., *Human Rights Indicators in Development - An Introduction*, The World Bank in collaboration with PCS Country Services, Nordic Trust Fund, Washington, D.C., USA, 2010.

Meier, B. M., & Fox, A. M., *Development as Health: Employing the Collective Right to Development to Achieve the Goals of the Individual Right to Health*, Human Rights Quarterly*, 30,* 2008.

National Cancer Institute, National Institutes of Health, The US Department of Health and Human Services, *Theory at a Glance- A Guide for Health Promotion Practice, 2nd* edition Washington D.C., USA, 2005.

Nowak, M., *Introduction to the Human Rights Regime* Martinus Nijhoff Publishers, Liedon/Boston, Vol. 14, 2003.

Sachs, J., *Science, Technology & Poverty - Five Ways to Mobilize Development in Low-Income Countries*. IAEA Bulletin *v44*, 7, 2002.

The Department of Technical Cooperation, IAEA, *A Quick Reference Guide to Designing TC Projects,* Vienna, Austria, 2012.

Tulchinsky, T. H., & Varavikova, E. A., *The New Public Health* (2nd ed.), USA, 2009.

Articles

Broday, E. E., & Junior, P. P., Application of a Quality Management Tool (8D) for Solving Industrial Problems. *Independent Journal of Management & Production (IJM&P), pp.* 377-390, July-September 2013, *v.4*(n.2).

Draugalis, S. M., Establishing the internal and external validity of experimental studies. *American Journal of Health - System Pharmacy,* pp.2173-2181. *V58*(22), 2001.

Harris, A. D., Bradham, D. D., Baumgartetn, M., Zuckerman, I. H., Fink, J. C., & Perencevich, E. N., ' The Use and Interpretation of Quasi-Experimental Studies in Infectious Diseases',. (G. M. Eliopoulos, Ed.) *Oxford Journals, Medicine & Health, Clinical Infectious Diseases,* pp.1586-1591,. V*38*(11), 2004.

Rothman, J., *Approaches to Community Intervention . Frameworks - Love and Encourage*, pp. 27-64. E-Bookspdf.org, 1968.

United Nations, Chief Executive Board, *One United Nations-Catalyst for Progress and Change. How the Millennium Declaration is changing the way the UN system works*, p.43. New York, USA: UN Headquarters, 27 June 2005.

Guidelines, Manuals, Brochures and Presentations

OHCHR, UNDP and ECHA. Brochure – *Action 2 for Strengthening UN Support for the Promotion and Protection of Human Rights Worldwide. Action 2 Global Programme - Reference Group Meeting Minutes*, UN Office, New York, USA: 17 July 2007.

PACT Brochure, *Fighting Cancer in the Developing World, PACT Supporting Solutions and Innovations,* 2012, http://cancer.iaea.org consulted on 18 May 2014.

UNESCO, *Results-Based Programming, Management and Monitoring (RBM).* Paris, France: . 2010-2011.

UNESCO, *Technology for Poverty Eradication (TAPE). Employing Technology to address basic needs, access resources and to promote sustainable livelihoods,* Paris, France, 2012

UN Philippines, Training Manual on Rights-Based Approach to Development Programming. pp.127-128. Manila, The Philippines, July 2002.

UNDG - United Nations Development Group, *Results Based Management Handbook,* New York, USA, 2011.

UN Staff College, Presentation, *'Monitoring Policy Results - The MDGs Module IV'*, Training Workshop. Nairobi, Kenya, 12 July 2010.

UN Staff College, Presentation, '*Five Paradigms of Results Based Management and Evaluation, Module II'* Training Workshop. Nairobi, Kenya, 12 July 2010.

World Health Organization, Planning, Cancer Control: knowledge into action. *WHO Guide for Effective Programmes,* 2006.

World Health Organization, Brochure, '*A Human Rights-Based Approach to Health'*

Journals

Editor, The Lancet Journal, '*Life, liberty and the pursuit of healthiness',* The Lancet Journal, *Vol 384*. 5 July 2014.

Marks, P., *My first supercomputer*, pp.17-18. The New Scientists, 3 May 2014.

Sirkin, H. L., Keenan, P., & Jackson, A., '*The Hard side of Change Management'*, Harvard Business Review, HBS, Boston, pp. 109-118, October 2005.

Reports

OHCHR - United Nations Human Rights, *Special Rapporteur on extreme poverty and human rights,* October 2013.

UNDP, *UNDP Report - About Human Development 2014*.

UNDG, 'Delivering as one on Human Rights - UN Development Group Human Rights Mainstreaming Mechanism (UNDG-HRM). *Multi-donor Trust Fund, Terms of Reference (Final),* 21 October 2010/amended 12 September 2012.

World Health Organization, *World Health Report, 'Bridging the Gaps'.* Geneva, 1995.

Legal Documents

IAEA Statute, Article II, 1957.

ICESCR, Article 12, 1966.

Constitution of the World Health Organization 1946.

Qualification of Women Act of 1981, UK;

UK, Slavery Abolition Act 1833

United Nations Organization, Preamble of the UNO Charter, 1945.

US Constitution; 13th Amendment, 1865.

US Constitution, 19th Amendment, 1920.

Internet Sources

IAEA, *IAEA Technical Cooperation Home*. http://www.iaea.org/technicalcooperation/Home/Highlights-Archive/Archive-2013/07082013_ECOSOC.html consulted on 8 June 2014.

IAEA, *IAEA Leadership Blueprint.* http://www.iaea.org/Publications/Booklets/IAEA/leadersblueprint0611.pdf, . consulted on 19 April 2014.

Bright Hub PM- Project Management, *A Look at Kotter's 8-Step Change Model, at* http://brighthubpm.com/change-management/57685-famous-names-in-change-management/ consulted on 2 July 2014.

Cooperrider, D. L., & Srivastva, S., *New Paradigm Consulting,* Appreciative Inquiry, 1986: http://www.new-paradigm.co.uk/appreciative.htm consulted on 2 July 2014.

Council of Europe, *A Convention to protect your rights and liberties,* 1949, CoE: http://human-rights-convention.org/ consulted on 12 May 2014.

Flowers, N., *Human Rights Here and Now: Celebrating the Universal Declaration of Human Rights*. (N. Flowers, Editor), Human Rights Education Associates; hrea.org, 1998, http://www1.umn.edu/humanrts/edumat/hreduseries/hereandnow/Part-1/short-history.htm consulted on 17 April, 2014.

Forsyth, P. PP&S., *White Paper: Quality Management: Then, Now and Toward the Future*. PP&S Headquarters, 2012, http://www.pp-s.com/Files/PPSWP_QMSbeyondprod.pdf consulted on 23 April 2014.

GoogleImages. *PDCA,* on 17 April, 2014.

Grameen Bank. (n.d.). *Bank for the Poor: Grameen Bank*. A Short History of Grameen Bank: http://www.grameen-info.org/index.php?option=com_content&task=view&id=19&Itemid=114 consulted on 18 June 2014.

ICRC, *Geneva Conventions.* http://www.icrc.org/eng/war-and-law/treaties-customary-law/geneva-conventions/ consulted on 2 May 2014.

International Court of Justice, *The Court,* ICJ: http://www.icj-icj.org/court/index.php?p1=1 consulted on 2 July 2014.

National Economic and Social Rights Initiative (NESRI), *What are the basic Principles of the Human Rights Framework?* http://www.nesri.org/programs/what-are-the-basic-princiles-of-the-human-rights-framework consulted on 2 May 2, 2014.

NRSP, *National Rural Support Programme*. http://nrsp.org.pk/ consulted on 15 June 2014.

Pryporova, O., *Types of convergence of matrices, Doctor of Philosophy Dissertation,* IOWA State University, IOWA, USA, 2009, http://lib.dr.iastate.edu/etd/10505/, consulted on 30 June 2014.

Shyful Hoque, S. S., *Dissimilarities of UDHR, ICCPR and ICESCR towards Human Rights Provisions,* 2013, http://forum.daffodilvarsity.edu.bd/index.php?topic=13168.0 consulted on 28 May 2014.

Trochim, W. M., *Web Centre for Social Research Methods . Research Methods Knowledge Base-Quasi-experimental design, 2006,* http://www.socialresearchmethods.net/kb/quasiexp.php consulted on 5 June 2014.

UN Office of the High Commissioner for Human Rights, '*Regional Human Rights Treaties',* ohchr.org: http://www.ohchr.org/EN/Issues/ESCR/Pages/RegionalHRTreaties.aspx consulted on 25 May 2014.

UN Office of the High Commissioner for Human Rights, '*Human Rights Bodies',* OHCHR: http://www.ohchr.org/en/hrbodies/Pages/HumanRightsBodies.aspx consulted on *2* July 2014.

Wikipedia, http://en.wikipedia.org/wiki/Convergent_matrix consulted on 24 May 2014.

Wikipedia, *BRAC (NGO).*, from http://en.wikipedia.org/wiki/BRAC_(NGO) consulted on 14 June 2014

World Health Organization, Trade, foreign policy, diplomacy and health. *Human Rights-Based Approach to Health,* http://www.who.int/trade/glossary/story054/en/ consulted on 04 July 2014.

World Hunger Education Services, *2013 World Hunger and Poverty Facts and Statistics, http://www.worldhunger.org/articles/Learn/world%20hunger%20facts%202002.htm* consulted on 29 May 2014.

Abstracts

The Human Rights Based Approach (HRBA) is emerging as one of the conceptual programming frameworks aimed at mainstreaming the core human rights principles into the national development policies and programmes. To this end, the UN agencies are focusing on promoting the concept and simultaneously building the capacities of national governments who are the duty bearers to respect, fulfil and protect human rights

Many UN agencies have already started to experiment with the new approach in conjunction with the Results Based Management which has been in practice since late 1990s in the UN system. So far only a few practical models and guidance is available to development practitioners.

The above study, thus, is an attempt to demonstrate how the two approaches could complement each other in the IAEA Technical Cooperation Programme. The key question is, 'what will change at the organizational level (inward looking change) and programme level (outward looking change) with the adoption of HRBA in complementarity to RBM.'

Using a sound 'content analysis' methodology, necessary research tools are designed to select sample and to collect and analyse information. It included both quantitative and qualitative tools for analysis that provided an enriching set of findings, on which the conclusions of the study are based.

One of the astounding results was that a number of categories defined in the outset of the study in the context of HRBA were found explicitly or implicitly embedded in the text of the selected documents and prevailing RBM programming system for the IAEA Technical Cooperation, which raised the possibility to develop a hybrid model to demonstrate the merger of the two approaches.

The hybrid model addresses the issue at two levels: national project concept specific to human health/cancer control, and regional project concept specific to partnership development.

At the end of the study, some general remarks are provided to further the scope of discourse keeping in mind the post 2015 Strategic Development Goals scenario.

Abstracts (Deutsch)

Der menschenrechtsbasierte Ansatz stellt einen neuen konzeptionellen Rahmen zur Programmgestaltung dar, der die Grundprinzipien der Menschenrechte bei allen Entscheidungen im Kontext von nationalen Programmen der Entwicklungszusammenarbeit berücksichtigt. Aus diesem Grund richten viele Organisationen der Vereinten Nationen die vermehrte Aufmerksamkeit auf die Förderung dieses Konzeptes sowie menschenrechtskonforme Lernprozesse und entsprechende Strukturentwicklung *(capacity building)* innerhalb einer Regierung und ihrer Behörden. Diese sind als Inhaber der Pflichten des Staates *(duty bearer)* dazu verpflichtet, Menschenrechte zu achten, zu schützen und zu erfüllen.

Zahlreiche Organisationen der Vereinten Nationen sammeln bereits erste Erfahrungen mit diesem neuen Ansatz und dessen Zusammenführung mit dem ergebnisbasierten Managementsystem, das bei den Organisationen der Vereinten Nationen seit den späten 1990er Jahren angewendet wird. Für den Bereich Entwicklung sind bisher nur wenige praktische Modelle und Anleitungen verfügbar.

Diese Studie versucht daher am Beispiel des Programms für technische Entwicklungszusammenarbeit der IAEA aufzuzeigen, wie sich beide Ansätze ergänzen können. Die Grundsatzfrage lautet „Was wird sich durch die Einführung des menschenrechtsbasierten Ansatzes, ergänzend zum ergebnisorientierten Managementsystem, auf Organisationsebene (innerhalb IAEA) und auf Programmebene (außerhalb IAEA) verändern?“

Unter Anwendung der Methode der “Inhaltsanalyse” wurden Werkzeuge zur Eingrenzung und Auswahl relevanter Information sowie zu deren Analyse bestimmt. Die Schlussfolgerungen dieser Studie basieren auf den Ergebnissen von quantitativen und qualitativen Werkzeugen, durch deren Kombination eine Ableitung des Fazits unterstützt werden konnte.

Eines der bemerkenswerten Ergebnisse war, dass eine Reihe von Kategorien (Entwicklung, Partizipation, Stakeholder, Wissenschaft/Technologie und Qualität), die

am Beginn der Studie als charakteristisch für einen menschenrechtsbasierten Ansatz definiert wurden, explizit oder implizit im analysierten Textmaterial gefunden wurde. Die Tatsache, dass diese Kategorien in den maßgebenden Unterlagen und Programmen des ergebnisorientierten Managementsystems bereits vorhanden sind, verbessert die Chance ein Hybrid-Modell aus beiden Ansätzen zu entwickeln.

Dieses Hybrid-Modell berücksichtigt beide Aspekte: (i) organisatorisches Regelwerk und Programm-Richtlinien (Veränderungen innerhalb IAEA) und (ii) Programm- und Projektebene (Veränderungen außerhalb IAEA).

Die Studie endet mit allgemeinen Anmerkungen hinsichtlich der Verbreiterung eines entsprechenden Diskurses innerhalb der Strukturen der Vereinten Nationen unter Berücksichtigung der strategischen Entwicklungsziele nach 2015.