

**United Nations Special Rapporteur on the right of everyone to the enjoyment of the
highest attainable standard of physical and mental health
Call for Submissions
17 April 2019**

Seeking written input to a thematic report on medical education and health workforce strengthening.

The United Nations Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health (Special Rapporteur) will present a thematic report on the role of medical education in strengthening the health workforce to the 74th UN General assembly in October 2019.

In addition to planned in-country consultation, the Special Rapporteur seeks written inputs from stakeholders (Member States, civil society actors, medical professionals, academia, and others) to inform the preparation of this report. In this report, medical education is not just about training doctors, but also other health workers, the majority of whom are the first point of contact for populations and who are the frontline health providers.

Health workers are an essential component of health systems, without which the right to the highest attainable standard of mental and physical health cannot be realised. The roles, support, and often precarious state of the health workforce has been raised by the Special Rapporteur and his predecessors in various thematic reports, including in the context of mental health (see A/HRC/35/21, and Add.1), in the effects of corruption (see A/72/137), and in the achievement of the Sustainable Development Goals (SDGs) (see A/71/304). The first Special Rapporteur Paul Hunt (2002-2008) considered the “precarious condition” of health professionals, and the skills drain, in one of his early reports (A/60/348), linking health workforce weaknesses to alarming global health inequality.

The Special Rapporteur acknowledges the global effort being made to address the health workforce crisis, and recognizes there is a considerable volume of literature that focuses especially on this topic. So as not to replicate this work, the Special Rapporteur’s report will emphasize broader, systemic, and structural issues that have an impact on medical education systems and their influence on the attainment of the right to health and other human rights and strengthening of the health workforce. These issues are recurring themes in the Special Rapporteur’s reports; they include the over-reliance of healthcare systems on biomedical paradigms, the presence of medical hierarchies and asymmetries of power. Within and beyond medical education, these issues result in distortions such as greater value being placed on specialists and secondary and tertiary level services than on primary healthcare and primary care providers, and an overall lack of alignment between medical education and the fundamental needs of each State. The Special Rapporteur wishes to use this report to promote human rights-based medical education systems that enable States to make healthcare available, accessible, acceptable and of good quality for all.

This report will have special relevance to middle- and low-income countries where there are insufficient numbers of health workers to achieve UHC and SDG 3 health targets. The Special Rapporteur is concerned that low- or middle-income countries should not replicate medical

education systems that are founded on simplistic biomedical models and non-democratic hierarchical systems that are not well placed to meet the health needs and rights within those States.

Feedback is sought on these issues and questions:

- 1) The Special Rapporteur seeks examples of medical education undergoing change from more hierarchical to more democratic, rights-based and community-based models. What were the actual changes, and the processes of participation / consultation to decide on the changes? Did they involve different ways of selecting candidates for medical training? Did the curricula change? Did these changes effect the subsequent roles of doctors and other healthcare workers within the health system? Did greater numbers of graduates select social or family medicine? Were there were unexpected outcomes?
- 2) Former Special Rapporteurs and other health rights leaders have called for the inclusion of human rights in the medical and nursing curricula. This report seeks examples of such training, with an explanation as to what the training aimed to achieve, and whether it was successful.
- 3) What methods have been used successfully to encourage doctors and nurses or other mid-level health workers to live and work in remote or rural areas, and reduce inequitable access to health care?
- 4) *Balancing biomedical paradigms with human rights and social determinants-based approaches.* Social and economic circumstances have a large impact on people's health. Medical care is estimated to account for only 10-20 percent of the modifiable contributors to healthy outcomes for a population.¹ This report will be used to highlight medical education curricula or other health workforce training that focuses on the social determinants of health and on training professionals with a broad spectrum of competencies and skills. Examples are sought that include analysis and critique of these different approaches to medical education, and their impact on health outcomes, health workers, and the right to health.
- 5) The *Lancet Commission on Medical Education* in 2010 identified many of issues of relevance to this report, including a mismatch of competencies to patient and population needs; poor teamwork; persistent gender stratification of professional status; narrow technical focus without broader contextual understanding; predominant hospital orientation at the expense of primary care; quantitative and qualitative imbalances in the professional labour market; and weak leadership to improve health-system performance.² The Special Rapporteur welcomes examples of how these concerns have been addressed in a way that has produced positive benefits for a

¹ Hood, C. M., K. P. Gennuso, G. R. Swain, and B. B. Catlin. 2016. County health rankings: Relationships between determinant factors and health outcomes. *American Journal of Preventive Medicine* 50(2):129-135.

² Frenk, J, Chen, L, et al. Health professionals for a new century: transforming education to strengthen health systems in an interdependent world. *The Lancet*, 2010, 376: 1923-58.

- a. stronger health workforce
 - b. stronger health systems
- 6) The policy environment: Are there examples of national health workforce strategies that contain either explicit or implicit recognition of the right to health?³ For example, participation, human rights accountability, non-discrimination, community service, rights-based training, rural incentives, and/or social determinants as essential components for strengthening the national health workforce. What have been challenges and successes in strengthening the national policy environment around the health workforce?
- 7) There are many challenges in health presently, including how to effectively respond to opioid dependency, mental health as an emerging global health imperative, the need for palliative care, the influence of the pharmaceutical sector, the tensions between approaches promoted by social medicine and biomedicine, and so on. The Special Rapporteur welcomes feedback on ways in which human rights-based medical education could make a positive contribution to resolving these and other global health crises.
- 8) What other challenges or opportunities are health workers experiencing in their daily work in relation to strengthening the health workforce? How can human rights fortify responses to these challenges or opportunities?
- 9) The Special Rapporteur welcomes suggestions for rights-based indicators that can effectively assess and monitor progress in relation to rights-based approaches to medical education, both within specific fields and broadly.

Submissions should be in one concise document and not exceed 1000 words. You do not have to answer all questions above, just any of those relevant to your work. Please send all submissions electronically in Word format to Julie Hannah, (jhanna@essex.ac.uk) by **20 May 2019** indicating in the subject line: '*Submission: Thematic report on medical education/health workforce strengthening*'.

³ Health Workforce Advocacy Initiative, "Incorporating the Right to Health into Health Workforce plans", 2009, available at: https://s3.amazonaws.com/PHR_other/incorporating-right-to-health.pdf