**The Fifth Phase of the World Programme for Human Rights Education: an Opportunity for Unparalleled Change and a Brighter Future for All**

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In 1948, the General Assembly of the United Nations proclaimed in the Universal Declaration of Human Rights that every human being has the right to a standard of living adequate for the health and well-being of himself and his family, including medical care and necessary health services.[[1]](#footnote-0) Since the time of this proclamation in 1948, the healthcare industry across various nations has struggled to fulfill healthcare as a human right for their citizens, as the quality of medical and health services remain egregiously low, especially for marginalized populations.[[2]](#footnote-1) Thus, implementing human rights education for the healthcare industry, especially healthcare professionals, is a cause that should be adopted as part of the 5th phase of the World Programme for Human Rights Education, as it would improve the quality of life of millions of marginalized individuals across the world.

The problem of lack of quality healthcare for marginalized individuals has only been exacerbated amidst COVID-19 as a result of censorship and racism where “minority groups [are] blamed for the virus.” This problem has led to an increased need to understand intersectionality, as marginalized groups often face even greater healthcare consequences. For example, “women and children” face “sexual violence in evacuation camps,” “LGBTI people face added stigma,” and “sex workers” experience “expanded police powers.”[[3]](#footnote-2) These conditions have caused these marginalized individuals to experience significant hardships with regard to healthcare access and quality service.

Unfortunately, in addition to the healthcare hardships caused by the pandemic, several of these marginalized groups experience a lack of regard for human rights from healthcare professionals. For example, members of the LGBTI community have reported lacking equality and respect from healthcare professionals during treatment.[[4]](#footnote-3) Furthermore, people of color in predominantly White nations have reported receiving bias from healthcare professionals during consultations. And finally, it has been documented that people with addiction to controlled substances not only experience stigma from healthcare professionals, but they also lack the necessary information that they need to maintain relatively good health with their lifestyles.[[5]](#footnote-4) These examples demonstrate the egregious inequality in the healthcare industry–that only the individuals who do not occupy the aforementioned communities are treated with the dignity and respect that are intrinsic to every human being.

In order to make a full-faith effort to combat the lack of human rights in the healthcare of marginalized individuals, it is imperative to focus on inclusivity in the education of healthcare professionals who are at the forefront of providing needed care for marginalized populations., Implementing an inclusivity-centered education system for healthcare professionals would emphasize that everyone regardless of race, sexual orientation, religion, and socioeconomic status deserves respect in the healthcare industry. Furthermore, it would entail prioritizing a non-discriminatory form of healthcare that focuses on the rights of LGBTQI+ individuals, addresses racial health disparities, promotes culturally responsive care, and emphasizes the identification and support of trafficked individuals.

As a part of the fifth phase of the World Programme for Human Rights Education, inclusivity is of the utmost importance meaning that many different types of healthcare providers must be involved in the education creation, dissemination, and evaluation process. Moreover, this Preogramme must be targeted to a wide variety of healthcare providers, including but not limited to midwives, doulas, physicians, nurses, medical assistants, pharmacists, physical therapists, occupational therapists, psychologists, psychiatrists, nutritionists, phlebotomists, laboratory technicians, and dietitians. Also important is the inclusion of informal healthcare providers who greatly influence the well-being of members of societies such as religious and community leaders. Often left out of these types of training include alternative medicine practitioners, who are often dismissed for providing non-evidence-based care; however, it is imperative that individuals such as acupuncturists, herbalists, naturopaths, chiropractors, and homeopaths are also educated as it provides another opportunity for patients to get the information and support needed in these critical situations such as those related to sex trafficking, abuse, exploitation, neglect, non-consent, discrimination, forced treatment, and more.

It is crucial to explore sustainable approaches to disseminate this inclusivity-centered information to healthcare professionals, minimizing barriers to access. One effective method is to integrate the fundamentals of human rights into existing ethics courses or continuing education programs for healthcare training, ensuring that future and current healthcare professionals can acquire the necessary knowledge and skills that will enable them to actively include marginalized groups as they work in healthcare. Through an enhanced understanding of the issues at hand, inclusivity in patient-centered care is a plausible goal encompassing reduced bias, increased awareness, and ethical decision-making.

1. "Universal Declaration of Human Rights - OHCHR." <https://www.ohchr.org/en/UDHR/Documents/UDHR_Translations/eng.pdf>. Accessed 31 May. 2023. [↑](#footnote-ref-0)
2. "Access to Health Care Around the World Is Not Equal. COVID-19 ...." 23 Jun. 2020, <https://www.globalcitizen.org/en/content/unequal-health-care-access-covid19/>. Accessed 31 May. 2023. [↑](#footnote-ref-1)
3. "Human Rights and Covid-19 | Global Challenges." <https://globalchallenges.ch/issue/special_1/human-rights-and-covid-19/>. Accessed 31 May. 2023. [↑](#footnote-ref-2)
4. "Providers' Attitudes and Knowledge of Lesbian, Gay, Bisexual, and ...." <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6370394/>. Accessed 31 May. 2023. [↑](#footnote-ref-3)
5. "Implicit Racial/Ethnic Bias Among Health Care Professionals and Its ...." <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4638275/>. Accessed 31 May. 2023. [↑](#footnote-ref-4)