IFMSA Policy Proposal
Human Rights Education

Proposed by Team of Officials
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Policy Commission

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Policy Statement

Introduction:

Education is a fundamental human right. One of the main components of this right is education to strengthen respect for human rights and fundamental freedoms, that is through Human Rights Education among other means. Human Rights Education (HRE) holds a central position in promoting the respect, protection and fulfilment of human rights. Learning about human rights empowers individuals to claim their rights and eases the fight against human rights violations. As medical students and future healthcare professionals, Human Rights Education is, hence, essential for our responsibility to create inclusive healthcare systems and respect and protect human rights in our practice. Furthermore, as youth and members of the community, Human Rights Education is crucial to promote respect, tolerance and universal culture of human rights.

IFMSA position:

The International Federation of Medical Students' Associations reaffirms human rights education as an essential component of the right to education and as a fundamental human right itself as every human being have the right to know and understand their own rights and freedoms. The IFMSA believes that Human Right Education (HRE) for individuals and communities is the basis to promote and preserve human rights. Furthermore, the IFMSA believes that HRE for health and care workers is pivotal to ensuring a human rights-based approach to services and health promotions. Last, the IFMSA believes that youth have an essential and integral role in education and raising awareness about human rights in formal and informal settings, among their peers as well as their communities.

Call to Action:

Therefore, IFMSA calls on:

Governments to:

- Recognise Human Rights Education as an important pillar of the education of every individual, especially healthcare professionals.
- Establish national committees for human rights education, in line with the OHCHR Guidelines for National Plans of Action for Human Rights Education, to oversee the development of awareness and education programs on human rights that are targeted and relevant to the national context.
- Ensure that the composition of the aforementioned committees includes government agencies, non-governmental organisations and civil society, emphasising an intersectoral approach to human rights promotion and ensuring the meaningful engagement of the different stakeholders.
- Conduct systematic analysis of the state of human rights education in their context, including the assessment of populations reached, areas of human rights challenges and the available HRE initiatives.
- Develop a national strategy for strengthening human rights education and work on the integration of human rights education into the different levels of education; primary, secondary and higher education as well as in professional development programmes across thee different sectors.
- Foster and ensure safe and inclusive spaces, especially on the community level, that respect human rights and encourage meaningful participation, in the learning about and discussion of human rights issues and concerns.

International organisations and non-governmental organisations (NGOs) to:

- Develop strategies to ensure the integration of HRE as part of any efforts to develop their human resources;
- Ensure the awareness and education of the populations they serve on human rights in order to empower them to claim and fulfil their own rights.
- Provide technical support to local, national, regional and international Human Rights Education

projects;
- Focus on advocacy and raising the general awareness within the Civil Society on the importance of Human Rights Education.

The health sector and medical schools to:
- Integrate educational elements addressing the fundamental knowledge about human rights, as well as the intersection of human rights issues and health in the educational and training curricula;
- Ensure that students and workers are knowledgeable on the national policies and mechanisms to address human rights issues encountered in clinical settings;
- Conduct research on the intersection of human rights issues and health, and ensure the communication of the conclusion to students and workers;
- Ensure the integration of HRE elements as part of health promotion strategies and plans, as well as community health interventions planning.

IFMSA National Member Organisations (NMOs) and medical students to:
- Facilitate opportunities, such trainings, open spaces and awareness activities, to educate their members about human rights and to equip them with the competencies needed to promote this knowledge in their local communities;
- Promote Human Rights Education of fellow students and young people through both non-formal and formal educational activities, collaborating with universities and students organisations;
- Collaborate with the relevant stakeholders, governmental institutions, NGOs and civil society, in advocating for and facilitating human rights education locally, nationally and internationally.

Position Paper

Background information:

The universal declaration of Human Rights addresses education not only as a right that should be directed to the full development of the human personality and to the strengthening of respect for human rights and fundamental freedoms but also as an asset to promote the rights and freedoms covered through it [1]. Education is, hence, considered a fundamental tool for the promotion and realization of human rights through the provision of knowledge, skills, values, attitudes, behaviours and actions related to human rights [2]. Furthermore, the United Nations Declaration on Human Rights Education and Training emphasises the right to education as a means of attaining full development, enabling everyone to participate in a free society, and maintaining peace and security [3].

These international tools underpin human rights education (HRE), not only as a tool for the fulfilment of human rights but also as a fundamental right itself. It comes at the start of rights-based approaches, increasing the general knowledge of human rights and empowering people and communities to have control over their rights and claim them [4][5].

Furthermore, health is a human right. According to the principles of human rights indivisibility, interdependence and interrelatedness, the right to health is, directly and indirectly, impacted by the state of other human rights [1]. Hence, human rights education is also crucial for the fulfilment of the right to health.

Through this position paper, we aim to examine the importance of human rights education (otherwise referred to as HRE throughout the document) in community development and for the fulfilment of the right to health. We further aim to provide a basic understanding of the concept of human rights education.

Discussion:

1. Human Rights and Community Development

The United Nations Declaration on the Right to Development recognised development as a human right and defined it as "a comprehensive economic, social, cultural and political process, which aims at the constant improvement of the well-being of the entire population and of all individuals on the basis of their active, free and meaningful participation in development and in the fair distribution of benefits resulting therefrom" [6]. This recognition establishes the entitlement for all humans to "participate in, contribute to and enjoy" the process of development and its outcomes. The declaration highlights the different rights that are intertwined with the right to development and insist on the steps that should be taken in order to achieve development [6]. This declaration established the relationship between human rights and community development as bidirectional, based on the human rights principles of indivisibility and interdependence.

Furthermore, based on the Human Development Report 2000 drafted by the UNDP, community development and human rights do not exist independently of one another but are parallel processes that aim for the betterment of human life and the living status of individuals living within a community through complementing and supplementing each other fruitfully [7]. Such development occurs when the population within a certain community takes action based on what's important to them. Community development has to recognize the marginalization of some groups within a society as a result of the status quo and the predominant societal infrastructure. Therefore, community development seeks to challenge the status quo and ensure equity and fairness for all inhabitants of a community. It is therefore evident that human rights, social justice and equality are rooted in efficient community development [8].

Efficient community development has been faced with several challenges all around the world, leading to

the continuous violation of human rights and the constant marginalization of several minority groups. Globally, an estimated 785 million people lack access to clean water as water scarcity is aggravated by rapidly expanding urban areas placing a heavy burden on water sources and the depletion of these sources [9]. When it came to the right to education, 258.4 million children, youths and adolescents made up the out-of-school population in 2018 according to the UNESCO Institute for Statistics as a result of several factors including the lack of trained educators, inadequate learning facilities, low socioeconomic class and the exclusion of ethnic minorities [10]. The World Bank and WHO announced in a 2017 report that half of the world lacked access to necessary health services with inequalities existing both within and between countries, a clear infringement of the right to health and accessing healthcare [11].

Tackling such issues necessarily requires efficient community development where human rights-driven thinking is at its core principle, that is aimed at analysing and addressing the inequalities, discriminatory practices and unjust power relations. Human rights thinking emphasises the examination of the impact of structures and systems on individuals and the society as a whole to eliminate marginalization or the maltreatment of specific groups and minorities and to ensure dignity, empowerment, protection and equal participation to all individuals regardless of the group to which they belong [12].

2. Human Rights and Health

The WHO Constitution (1946) states that "the highest attainable standard of health" is a fundamental right for all human beings." This implicates a distinct set of legal duties and obligations on all countries to ensure the protection of the right to health to all inhabitants without any discrimination [13]. Such obligations include the drafting of health policies, the amendment of laws and the establishment of governmental programs concerned with human rights and the protection of the right to health. Although such programs and policies are established with the goal of improving the health of the population, governments and organizations often fail to address issues that disproportionately affect marginalized minority groups within the population [14]. The interplay of belonging to different minority groups within a society has factored into the increased discrimination against these individuals in the healthcare settings in the absence of adequate laws and policies that specifically protect them. There is significant evidence that sexual and gender minorities experience inequality in receiving healthcare services due to stress, stigmatization and the lack of social and legal support, leading to a decrease in the likelihood of individuals belonging to the SGM group seeking healthcare in the future [15]. When these individuals also belonged to an ethnic minority, they experienced double stigmatization, further exacerbating the inequality and discrimination that they experienced in the healthcare setting [16].

The right to healthcare is not restricted to the healthcare setting but extends beyond that to include the underlying social determinants of health [13]. Social determinants of health consist of structural determinants, which are the result of the unequal distribution of power, income and resources globally and nationally, and the conditions of an individual's daily life. Together, these are responsible for a major source of health inequities between and within countries with these inequities being sharper in the developing world [17]. Such determinants include safe and potable water, sanitation, food, housing, health-related information and education, and socioeconomic status [13]. A significant body of evidence in fact showed that socioeconomic status (SES) was an important social determinant concerning perceived privilege and discrimination in healthcare. However, the role of this social determinant was as well influenced by the racial group an individual of a certain SES belonged to, emphasizing the importance of the intersectionality of different factors when it comes to health inequities [18]. Such inequities can be seen reflected in demographic studies on child mortality, mean life expectancy, and mortality rate, all of which are significantly impacted by the social determinants that are linked to them. Due to the importance of the role played by social determinants in predicting health, WHO launched a Commission of Social Determinants of Health to review the evidence and recommend policies in order to

improve the health of the most vulnerable groups and populations in the world [19]

The link between health and human rights is inescapable, as these two concepts are interdependent from the human rights perspective. In other words, ensuring the protection of the right to health is integral to the protection of the exercise of all other rights. Accordingly, it is of utmost importance that the right to health and its social determinants be paid attention to and addressed through adequate health policies and health programs established in order to concretely and explicitly promote human rights, and vice versa [20]. However, addressing these deficits cannot be done through the provision of material resources or resolving the material deprivation of vulnerable groups alone, as it has been shown that the distribution of such resources is also socially determined. Resolving these issues requires a deeper understanding of the health effects of social and economic policies, followed by the appropriate adoption and implementation of such policies [19].

3. Human Rights Education (HRE)

The United Nations World Programme for Human Rights Education defines HRE as "Education, training and information aimed at building a universal culture of human rights". The Council of Europe in the Charter on Education for Democratic Citizenship and Human Rights Education, elaborates further in the definition that HRE is aimed at "equipping learners with knowledge, skills and understanding and developing their attitudes and behaviour to empower learners to contribute to the building and defence of a universal culture of human rights in society, with a view to the promotion and protection of human rights and fundamental freedoms" [22]. Whereas Amnesty International refers to it as the process where people will be learning about their rights but in a participatory and interactive way [23]. It is, hence, agreed that a comprehensive education in human rights not only provides knowledge about human rights and the mechanisms that protect them but also imparts the skills needed to promote, defend and apply human rights in daily life. Thus, human rights education shall foster the attitudes and behaviours needed to uphold human rights for all members of society.

The learning process used in the way to the fulfilment of human rights education focuses on three dimensions: about, through and for human rights. The first dimension, learning about human rights, is concerned with the spread of basic and reliable information about human rights and their implementation as well as sensitising people to the importance of HRE and to their active role in the fulfilment of their rights. The second dimension, learning through human rights, is concerned with recognising the context through which human rights and human rights education is approached, in a way that is consistent with human rights values (e.g. participation, freedom of thought and expression, etc.), and aims to ensure that the learning process is adequate and appropriate for people to include this in the values of their societies. The third dimension, learning for human rights, focuses on the development of skills, attitudes and behaviours to ensure the application and promotion of human rights [22].

In light of the aforementioned discussion, HRE stands today as a shared responsibility between the government, the NGOs and other members of society. Furthermore, as medical students, future healthcare professionals and human rights advocates we should be aware of the importance of HRE in our medical education system and of the role it plays in our fight against human rights violations worldwide. We need HRE to empower a new generation of physicians that can play an active role both in society, holding all involved bodies accountable for their role, and in the healthcare system, ensuring the fulfilment of human rights for all.

4. Human Rights Education in Health Education and Training

The Vienna Declaration and Programme of Action adopted back in 2003, urged States to integrate respect for human rights and fundamental freedoms into the educational policies at the national as well as international levels [24]. Two years later, in 2005, the UNGA proclaimed the World Programme for

Human Rights Education as member states acknowledged that human rights education is a "long-term and lifelong process by which everyone learns tolerance and respect for the dignity of others and the means and methods of ensuring that respect in all societies" [25]. The World Programme aims to "advance the implementation of human rights education programmes in all sectors" and is structured in consecutive phases where: the first phase (2005-2009) focused on the school systems, the second phase (2010-2014) focused on higher education and on HRE for educators, civil servants, law enforcement officials and military personnel, the third phase (2015-2019) focused on strengthening the implementation of the first two phases and on HRE for media professionals and journalists and the fourth phase (2020-2024) focusing on youth [25][26].

In 2010, a report by the United Nations High Commissioner for Human Rights noted progress in integrating human rights education in national curricula as well as numerous national policies and actions to foster a culture of respect for human rights in school life [27]. Yet, the report acknowledges the presence of gaps in implementation and calls for a more comprehensive and systematic approach to HRE at the national level [27].

Further gaps are identified in the lack of sufficient knowledge on the implementation of HRE in school contexts as well as on the understanding of what Human Rights Education really means and aims for [28]. Such gaps are also emphasised in medical education, as shown by a survey carried out by the IFMSA in 2021 on HRE in medical education systems. Data collected from 488 medical schools in 93 countries around the world showed that only 255 had HRE syllables educated within their medical curriculum with varied approaches and methodologies. It was concluded that not enough emphasis is being placed on HRE, and comprehensive and mainstreamed implementation of human rights education is lacking. Further research bodies identify the lack of proper guidance and training of educators, as well as the lack of standardized methodology and structure of human rights-related courses as other major challenges [29][30].

Human rights education for healthcare students and workers is crucial for them to approach health through the lens of dignity, community empowerment, and social justice and is pivotal for the promotion of health justice [31]. However, as indicated in the previous paragraphs, a systematic and mainstreamed approach to human rights education in medical and health education and training programs is required.

5. Role of Educators' Training and Teacher Perceptions

The role played by teachers and educators is central to HRE initiatives and efforts. The Human Rights Education Handbook places considerable importance on the role of teachers and goes beyond that to include the teacher's own transformation as being essential for the process of HRE. This includes the examination of one's own prejudices and biases in addition to the ability to go beyond the original content in order to engage with the learners' feelings and experiences [32]. Training on the human rights framework played a central role in the process of such transformation and the eventual incorporation of the human rights discourse in educators' homes, schools and communities. The success of these training sessions was attributed to various reasons, including the presence of notable and well-known speakers, the participatory and engaging format and the introduction to novel material and topics [33].

Another major factor that seems to influence and encourage teacher participation in HRE initiatives and programs was the use of research evidence during meetings and training sessions. The utilization of evidence-based research also helped in the expansion and development of HRE initiatives. It was also reported that teachers within schools that had fully implemented human rights education expressed support for children's rights to a significantly higher extent than their counterparts in schools which had only partially implemented the framework, especially with children's rights concerned with student participation in the classroom and democratic teaching [2]. Such evidence stresses the significance of

incorporating rights-consistent pedagogy within teachers' training, as teachers who were uncomfortable with democratic pedagogy and those who hold misconceptions about such rights were unlikely to be supportive of rights-based education [34].

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