

## **A realist synthesis of the utility of the right to health framework in addressing skilled health worker shortages in low and middle-income countries (work in progress).**

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**Context:** There is a global recognition of the right to achieve the highest possible levels of physical and mental health (the right to health for short). Central to this is the availability and accessibility to health workers. However, considering the current global maldistribution of health care professionals, realising the right to health is a far larger challenge for low and middle-income countries (LMICs).

**Objective:** This study will (i) describe policies aimed at addressing skilled health worker shortages in LMICs, and the extent to which they align with the right to health framework (ii) determine how, and under what circumstances the right to health framework is useful in addressing skilled health worker shortages in LMICs.

**Methodology:** Using a realist synthesis approach, this study will describe the interaction between factors that constrain the desired outcomes (context), and a change in thinking and resources (mechanisms).

**Participants:** Health workers including, doctors, nurses, midwives and pharmacists.

**Intervention:** All policy/interventions that are informed by the rhetoric of the right to health or have its features (i.e. reflect the core obligations of State parties as specified by the Committee on Economic, Social and Cultural Rights (CESCR) General Comment 14.

**Comparator:** All policy/interventions that do not align with the right to health framework (i.e. are not informed by the rhetoric of the right to health or have its features.)

**Outcome measures:** We will assess for any measure that represents change in the number of skilled health workers recruited, number of skilled health workers in the current stock, rate of skilled health worker migration as well as any consequence of the interventions.

**Results Findings:** Pending.

**Conclusion:** By recognising the need for incremental efforts and international support where a State party faces constraints, the right to health framework may offer value in the advocacy for population health in LMICs. However, the extent to which this has been realised needs to be assessed.