Notes on IFMSA Advocacy Issues for WHA 2018

In these notes I have set out some personal ideas on the target areas for IFMSA advocacy at this year's World Health Assembly. You will wish to develop your own group approach to such issues but I hope these notes provide some food for your thoughts.

How can IFMSA support Universal Health Coverage?

Universal Health Coverage requires access to appropriate health professionals, medicines and facilities.

The WHO 2016 report "Working for Health and Growth: Investing in the Health Workforce" here has important implications for IFMSA's advocacy for UHC. It noted that changing populations will generate a demand for 40 million new health worker jobs by 2030. However, most of these jobs will be created in wealthier countries, without action, there will be a global shortfall of 18 million health workers to achieve and sustain universal health coverage, primarily in low- and lower-middle-income countries. The recommendations on what needs to be changed in health employment, health education and health service delivery to maximize future returns on investment and to enable the necessary changes include:

1. Investment to create good health sector jobs, particularly for women and youth.
2. Recognise and strengthen womens' roles in all areas of health delivery and leadership.
3. Scale up high quality education and lifelong learning for health workers.
4. Reform health systems to focus on high quality, affordable, integrated community care.
5. Harness the power of ICT to enhance health education and delivery.
6. Invest in IHR capacity, develop resources for humanitarian aid.
7. Raise finance from domestic and international aid sources necessary for this investment.
8. Promote international and national intersectoral cooperation and engage civil society.
9. International recognition of qualifications, reduce negative impacts of migration.
10. Research into health labour markets and monitor them using common measures.

The greatest obstacles to the delivery of medicines in low income countries, noted by the WHO, are the level of insecurity and the weakness of health systems and facilities. The problems vary from country to country, but the underlying issue is a lack of funding. My experience in East Africa was that in rural areas, where more than 70% of people live, health services were led by nurses and midwives with support from a "medical assistant" with two years training to prescribe a very restricted range of medicines. The situation is improving as "eHealth" services are introduced but this is limited by the training of local nursing staff in using such facilities. If the need for other medicines is identified patients must travel to a pharmacy (formal or informal) to buy what they can afford. This often means that they do not complete a course of medicine, which leads to antimicrobial resistance. The service is likely to be very expensive for patients who bear 30- 60% of the cost (government health services provide 15-30% with a similar level from aid or charitable sector).

IFMSA advocacy could address these issues by pressing for the inclusion of nurses in medical training coupled with an emphasis on the use of eHealth to link rural health provision to centres able to deliver medical products by drone as in Rwanda (see here) and instructions , training and support online.

How can IFMSA address Antimicrobial Resistance?

September 2016 saw the death in Reno of a woman in her 70s whose condition proved to be resistant to all 26 antibiotics available in US hospitals. She developed a rare infection after treatment in an Indian hospital for a broken femur and was hospitalised with sepsis after returning to Nevada. The news, released in January last year, has raised fears that the era of total antimicrobial resistance has begun.

This could fundamentally affect the future of medicine, threatening the lives of hundreds of millions of patients across the globe. Experts have warned of the danger of rising antimicrobial resistance for several years, due to their misuse in human medicine and animal husbandry and the lack of controlled distribution in many countries. In seeking to understand this issue I found I was able to purchase a single dose of a fourth-generation antibiotic in a wayside shack near Phnom Penh. IFMSA members will understand that this is a recipe for developing antimicrobial resistance.

Following the WHO 2015 Global Action Plan on Antimicrobial Resistance, the UK government published a review with the support of the Wellcome Trust entitled “Tackling Drug-Resistant Infections Globally: The Review on Antimicrobial Resistance”. The report, which is available here , put forward ten recommendations, estimated to cost $40 billion over ten years:

1. A massive global public awareness campaign
2. Improve hygiene and prevent the spread of infection
3. Reduce unnecessary use of antimicrobials in agriculture and their dissemination into the environment
4. Improve global surveillance of drug resistance and antimicrobial consumption in humans and animals
5. Promote new, rapid diagnostics to cut unnecessary use of antibiotics
6. Promote development and use of vaccines and alternatives
7. Improve the numbers, pay and recognition of people working in infectious disease
8. Establish a Global Innovation Fund for early-stage and non-commercial research
9. Better incentives to promote investment for new drugs and improving existing ones
10. Build a global coalition for real action – via the G20 and the UN

This is an issue that affects global health across all national boundaries and all sectors of human and animal health. Antimicrobial resistance will have greatest impact on IFMSA members’ millennial generation and beyond. It raises issues of global health equity, because as effective antimicrobials become rarer, there is little doubt who will be last in line for them.

IFMSA is taking a lead in working together with Veterinarian, Pharmaceutical and Dental student organisations, but as this is truly an intergenerational challenge you might wish to consider a wider approach on this issue to all students and young people to raise awareness and call for action.

Noncommunicable Diseases, What Can IFMSA Do?

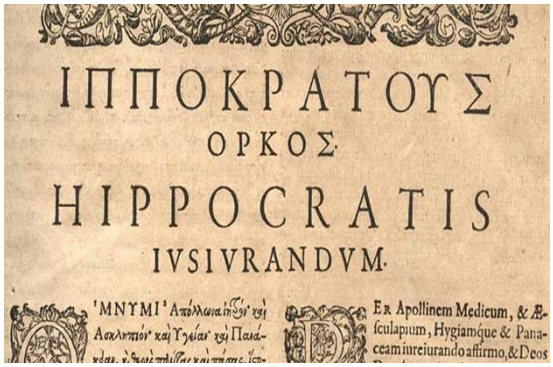
IFMSA is a participant in the WHO Global Dialogue on the role of non-State actors in supporting Member States in their national efforts to tackle noncommunicable diseases (NCDs) as part of the 2030 Agenda for Sustainable Development. The statement by the co-chairs of the WHO Global Dialogue on NCDs called for NGOs to redouble their efforts to advocate for action at global, national and local levels, but their conclusion on progress to date was frankly depressing:

"*Nearly three-quarters of all countries showed very poor or no progress in 2015 towards achieving the implementation of their time-bound commitment to address NCDs made at the United Nations General Assembly in 2011 and 2014. The current rate of decline in premature deaths from NCDs is insufficient to meet target 3.4 of the Sustainable Development Goals to, by 2030, reduce by one third premature mortality from NCDs. This poses a particular challenge to low- and middle-income countries, where premature deaths strike hardest, and among populations already made vulnerable due to lack of equitable economic, social, and environmental development trends".*

To understand the causes and consequences of NCDs in total or for individual diseases, globally, for individual countries the best source is the Institute of Health Metrics and Evaluation, Results page here. The Global Burden of Disease Tool, Data Visualisations, Country Profiles and research reports are all very useful. They show expert estimates of the impact of the main behavioural and environmental risk factors associated with diseases and their outcomes. I used these data to develop tools for evaluating the value for money of behaviour change interventions, in terms of health and social cost savings, for smoking cessation, alcohol harm reduction, improved diet and activity, breast feeding continuation and bowel cancer screening response available here.

The key to achieving behavior change to reduce NCDs is to help people to persist with good health behavior. As Mark Twain famously said *"Giving up smoking is the easiest thing in the world. I know because I've done it thousands of times".* This requires community group support for those who change their behavior and serious effort to counter the forces that promote health harming behavior. IFMSA could support community action and face down the international companies that promote alcohol, tobacco and junk food and refuse to provide "traffic light" labelling for: fat, saturates, sugar and salt or provide social media apps and devices that enable on-line bullying and inactivity, while refusing to safeguard children from their misuse and the consequences for physical and mental health.

How can IFMSA address Discrimination in Healthcare?



IFMSA represents future health professionals in training so it may be useful to consider what is meant by a professionalism in this context. A definition provided by the Royal College of Physicians is "*A set of values, behaviours, and relationships that underpins the trust the public has in doctors*". A profession is a science or craft that claims the right to self-governance due to the specialist knowledge, skills and the ethics that guide the behavior of its members. Some 2,500 years ago this was underlined by the Hippocratic Oath, that starts: "*I will use treatments for the benefit of the ill in accordance with my ability and my judgment, but from what is to their harm and injustice I will keep them"*

In recent years this has been superseded by the World Medical Association Declaration of Geneva (updated:1948, 1968, 1983, 1994, 2005, 2006 and 2017) the first version of this was a response to the atrocities committed by doctors in Nazi Germany during the second world war, the current version goes:

As a member of the medical profession:

- *I solemnly pledge to dedicate my life to the service of humanity;*
- *The health and well-being of my patient will be my first consideration;*
- *I will respect the autonomy and dignity of my patient;*
- *I will maintain the utmost respect for human life;*
- *I will not permit considerations of age, disease or disability, creed, ethnic origin, gender, nationality, political affiliation, race, sexual orientation, social standing, or any other factor to intervene between my duty and my patient;*
- *I will respect the secrets that are confided in me, even after the patient has died;*
- *I will practise my profession with conscience and dignity and in accordance with good medical practice;*
- *I will foster the honour and noble traditions of the medical profession;*
- *I will give to my teachers, colleagues, and students the respect and gratitude that is their due;*
- *I will share my medical knowledge for the benefit of the patient and the advancement of healthcare;*
- *I will attend to my own health, well-being, and abilities in order to provide care of the highest standard;*
- *I will not use my medical knowledge to violate human rights and civil liberties, even under threat;*
- *I make these promises solemnly, freely, and upon my honour.*

This declaration commits medical professionals to a duty to global health (*the service of humanity*) and very clearly forbids discrimination in the provision of services to patients. While only a minority of graduating doctors now make this pledge IFMSA might wish to ask its members as well as other health professionals including: Nurses, Allied Health Professionals and Administrators to join them in making this commitment as an ethical basis for a united stand against all forms of discrimination in healthcare.