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Follow-up to the World Summit for Social Development and the twenty-fourth special session of the General Assembly: priority theme: strategies for the eradication of poverty to achieve sustainable development for all

Statement submitted by NeuroCare Ethiopia, a non-governmental organization in consultative status with the Economic and Social Council*

The Secretary-General has received the following statement, which is being circulated in accordance with paragraphs 36 and 37 of Economic and Social Council resolution 1996/31.

* The present statement is issued without formal editing.

Statement

Introduction

Global NeuroCare, formerly NeuroCare Ethiopia, holding Special Consultative Status with the United Nations Economic and Social Council, fully supports the Fifty-Fifth Session of the Commission for Social Development which focuses on strategies for eradicating poverty to achieve the Sustainable Developmental Goals [SDGs] set forth by the 2030 Agenda for Sustainable Development (A/RES/70/1) [Agenda], including SDG 3 seeking to "ensure healthy lives and promote well-being for all at all ages."

Background

Global NeuroCare is the leading non-government organisation advancing sustainable neurological services in the Horn of Africa, and works in partnership with the Addis Ababa University Department of Neurology in Ethiopia. Our longstanding vision of ensuring sustainable Global Neurological Equity is broadly reaffirmed by the SDG 3, and unconditionally endorsed in the Agenda's Vision 7 on equitable and universal healthcare.

Purpose

This statement highlights specific recommendations for developing and improving healthcare services in resource limited areas.

Findings

Global NeuroCare concurs with the 2030 target of reducing by one-third premature mortality from non-communicable diseases through prevention and treatment. [SDG 3.4]. This is particularly important for neurological disorders such as stroke, epilepsy, and dementia, which have reached catastrophic levels in many regions. These conditions represent the greatest threat to global public health and, if not properly addressed, the resultant morbidity and mortality will exacerbate poverty, which may have profound effects on the economic, social and political stability of developing countries with the potential to incite civil disturbances and foment terrorism.

The most effective method of combating these non-communicable diseases and disorders is to increase the recruitment, training and retention of local medical staff in developing regions, especially in the least developed countries, which comports with SDG 3(c) of the 2030 Agenda. This mandates establishing an ongoing self-sufficient on-site local training program to ensure sustainable staff development, which is necessary to advance health care, expand medical services and direct proper management of funding, equipment and medications to meet local needs. This is the approach Global NeuroCare supports in Ethiopia, where the Addis Ababa University Neurology Residency Training Program has graduated 28 board-certified neurologists that are practicing in Ethiopia delivering care to many thousands of patients and, more importantly in an underserved nation of almost 100 million people, they are teaching the general physicians how to care for common neurological conditions such as stroke, epilepsy, neuropathy, spine disease and

dementia. Prior to inception of the training program ten years ago, there were 3 neurologists in the country.

The recent unprecedented growth of global health programs throughout the North and particularly in United States academic medical centres has created a scramble for Africa characterised by brief medical missions to resource limited areas. These missions are highly advantageous to the sending institution, providing a heightened profile in academic circles, narrating novel research data and, most importantly, securing a share of the widespread global health funding from governments, foundations and philanthropic organisations.

However, based on our experience in sub-Saharan Africa over the past decade, these types of self-serving missions fail to provide any substantive benefit to the host nation. These missions can and do cause actual harm since visitors may fail to recognise local needs, are unaware of cultural differences and frequently ill-suited to provide any meaningful medical care. For example, visiting doctors unfamiliar with local diseases and disorders may be overwhelmed by the limited resources and related constraints in a developing region, and fail to understand how their recommendations conflict with appropriate patient care. These missions can further disrupt medical care in the host nation by requiring overburdened local staff to contend with cultural, social and language barriers while orienting visitors to clinical activities, resource limitations and personal matters including travel, accommodations and safety issues. These problems are compounded by many other factors that raise serious ethical and legal concerns such as visiting doctors practicing beyond the scope of their training, failing to provide continuity of care upon departure, and ignoring proper record keeping, all harmful to the local patients and staff. Moreover, these missions may donate equipment or pharmaceutical supplies to the detriment of the host nation. The World Health Organisation recognised that donations can “constitute an added burden to the recipient health care system” and established specific guidelines to address the problem. (WHO Guidelines for Medicine Donations 2011; WHO Guidelines for Donation of Medical Equipment 2011).

The overall result of these medical missions can be a combination of harmful practices affecting patient care, and impeding development of local health care in the very regions where it is most needed. As the number of global health programs in United States academic medical centres continues to grow at the current exponential rate of tripling every five years, so too will the dangerous practices engendered by these brief self-serving medical missions.

Moreover, the South, and in particular the least developed nations, have inherently vulnerable populations that are at risk of exploitation by these types of missions, whether intentional or not, and warrant protection. For example, it is imperative to ensure that visitors do not practice beyond their skill level, extract research data without local approval or engage in a host of other activities that violate the World Health Organisation Constitution focusing on Health and Human Rights which enshrines “the highest attainable standard of health as a fundamental right” for each person. (WHO Fact Sheet No. 323, 2015). This is one of the special challenges requiring attention in the African countries and least developed nations as set forth in the New Agenda Paragraph 22 and SDG Paragraph 56.

Global NeuroCare has effectively addressed many of these problems during its tenure in Africa, which has helped advance the extraordinarily successful, self-sufficient and expanding neurology training program in one of the least developed nations on the planet.

We recognise that the most effective way to ensure sustainable growth of global health care in accordance with the SDGs and avoid exploiting the South is to establish formal universal guidelines for North-South collaborative partnerships engaging in global health activities. The currently available guides and opinions for global health relationships are incomplete, fragmented, and contradictory, and generally focus on benefits for the North or sending institution.

Recommendations

Global NeuroCare recommends appointment of a Special Rapporteur or Independent Expert with a thematic mandate of Global Health, to examine, advise and publish relevant guidelines that will ethically promote North-South collaborative partnerships, particularly in Africa.

These guidelines should comport with the United Nations Development Programme strategic plan for development protocols and (1) promote ethical capacity development focusing on the hosts' needs; (2) address those needs in agreements engaging all stakeholders; (3) which recognise and account for the disparity in relationships between partners; (4) to establish realistic mutually agreed upon long term goals; (5) that are designed to advance patient care, physician training and medical research; (6) focusing on priorities of the South; (7) with transparency and accountability; and (8) including full reciprocity of benefits in training and research.

This recommendation fulfils Goal 17.9 by enhancing international support for targeted capacity building in developing regions, and meets the Agenda's recognition of the special challenges inherent in Africa and the least developed nations. More importantly, it is the only way to move forward with an ethical approach to advancing health care and thereby reducing poverty.