<u>Guidelines For Collaborative Healthcare Partnerships: An Integral Approach To Poverty</u> Reduction

Submitted by: NeuroCare Ethiopia

NGO in Special Consultative Status with ECOSOC of the United Nations

Introduction

Global NeuroCare, formerly NeuroCare Ethiopia, holding Special Consultative Status with the United Nations ECOSOC, fully supports the 2017 Integration Segment ("Making eradication of poverty an integral objective of all policies: what will it take?") by promoting healthy lives and well-being for all peoples at all ages [Sustainable Development Goal (SDG) 3], thereby reducing poverty in all its forms and dimensions [SDG 1], engendering broad, positive economic and social impacts [2030 Agenda for Sustainable Development (A/RES/70/1) or "Agenda"].

Findings

Health is a fundamental constituent for all forms of well-being, and thus a strong determinant of poverty. Ill health leads to a decline in well-being and diminished productivity, with a concomitant loss of income, increase in medical expenses and ongoing healthcare costs, which exacerbates poverty, inevitably leading to further ill health, and forming the well documented mutually reinforcing cycle of poverty and ill-health. There are a multitude of interconnected and contributory factors including the negative impact of poverty on health through unsanitary conditions, lack of clean water, malnutrition, heavy work demand, and limited access to basic and preventive care. Conversely, good health plays a crucial role in reducing poverty by increasing the level of educational attainment, productivity and income.

Thus, the success of any poverty reduction strategy must be premised on improving health inequities, which are most profound in developing regions and especially the least developed nations. These inequities are attributable to a number of diverse factors, and although certain factors are specific for particular regions the underlying commonality in every nation is a lack of access to health related services resulting in "[untreated] non-communicable diseases [that] are forcing millions of people into poverty annually, stifling development." [WHO 2017, 10 Facts on Health Inequities and Their Causes]. The most concerning non-communicable diseases are the neurological disorders, which are increasingly affecting developing nations, with a profound impact on the poor, and represent the greatest threat to global public health. [WHO 2006, Neurological Disorders: Public Health Challenges]. These particular disorders have a high rate of morbidity, afflicting millions of people, resulting in poor cognition and physical impairment, rendering them unable to reach their full potential, with lost income and fewer opportunities, leading to increased vulnerability, marginalization and exclusion, while suffering overwhelming medical and social needs. The failure of any nation to address these inequities will have profoundly negative effects on its economic, social and political stability.

There are various options for increasing access to health related services, but the most effective method that should underpin all others is the promotion of improved medical education, which is supported by the World Health Organization [WHO Constitution, Article II (o)] and best accomplished through increased recruitment, training and retention of local medical staff in developing regions.

Global NeuroCare maintains this approach in Ethiopia, where the Addis Ababa University Neurology Residency Training Program continues to flourish and, entering the second decade, has graduated 30 board-certified neurologists, each delivering care to many thousands of patients and,

more importantly for the 100 million people in this underserved region, teaching general physicians how to care for common neurological conditions. This type of local, sustainable and expanding program provides a solid foundation for advancing development with geographical redistribution of care, increased specialization and collateral services, significantly improving access to quality healthcare.

Developing this type of training program to combat the non-communicable neurological diseases requires international cooperation and support. [WHO Constitution, Article II (j)]. However, in our experience over the past decade, many of the international global health programs that would seemingly provide support have engaged in a scramble for Africa characterized by brief self-serving medical missions that not only fail to provide any substantive benefit to the host nation, but can and do cause actual harm to the local medical community, impeding development of services in the very regions where improved access is most needed. Global NeuroCare reaffirms previous statements highlighting these harmful practices. [E/2016/NGO/53; E/CN.5/2017/NGO/19].

Left unchecked, the dangerous practices characteristic of these types of international medical missions will escalate with the continued exponential growth of global health programs, especially at United States academic medical centers. It is imperative to formulate guidelines for collaborative health partnerships to protect inherently vulnerable populations and ensure developed countries do not overwhelm already fragile medical communities. [UN Charter, Articles 55,56].

Global NeuroCare reiterates an earlier statement summarizing model guidelines. [E/CN.5/2017/NGO/19]. These recommended guidelines will allow government, private sector, non-government organizations and local communities to effectively engage in an integrated, sustainable, multi-faceted and cross-sector approach to breaking the poverty-health cycle, promulgated through cooperative alliances addressing the interrelated nature of the SDGs 1 and 3.

Recommendations

Global NeuroCare's overarching goal of providing guidelines for the development of collaborative health partnerships between the North and South is to ensure that all peoples attain the highest possible level of health which comports with international [Universal Declaration of Human Rights, Article 25(1); WHO Constitution, Article I] and regional [African Charter on Human and People's Rights, Article 16; Revised European Social Charter 1996, Article 11; Additional Protocol to the American Convention on Human Rights, Article 10] standards, thereby reducing all forms and dimensions of poverty.

In order to accomplish this goal, Global NeuroCare reaffirms previous recommendations to appoint a Special Rapporteur or Independent Expert in global health with a directive to publish relevant guidelines that will ethically promote North-South collaborative partnerships for the purpose of advancing healthcare services in accordance with the Agenda. [E/CN.5/2017/NGO/19].