

Improving Health in the Developing World: What Can National Medical Associations Do?

BMA House, London, Friday 30 June 2006

The Sudan Doctors Union (SDU) has participated in the above-mentioned conference organized by the British Medical Association (BMA) last June.

The conference was intended to launch a new phase of work for national medical associations and a new beginning for those stricken by poverty and disease. National medical associations has come together to explore how they could improve health for the world's poorest people. Participation was truly global, including representatives from Zambia, Ethiopia, the Sudan and Nigeria – and a broad range of expertise.

Presentations at the conference covered the following aspects:

- ***The right to the highest attainable standard of health : an introduction and overview of new findings*** presented by professor Paul Hunt, UN Special Rapporteur on the right to the highest attainable standard of health.
- ***The right to health: practical measures for health professionals***. Delivered by Ms Judith Asher, independent consultant.
- ***Pushing at an open door: NMAs and drug development for neglected diseases***, presented by Dr Mary Moran, pharmaceutical policy Research Group. The George Institute for International Health, Sydney, Australia.
- ***Health worker migration: working towards a solution***, presented by Dr.Titilola Banjoko, Director, Africa Recruit.
- ***THET and NHS links: building bridges between North and South***, by Mr.Andrew Leather, consultant surgeon and Clinical

Director of Surgery, King's College Hospital, London.

- ***National medical associations in focus:***

- o ***World Medical Association***. A presentation by Dr.Kgosi Letlape, President, World Medical Association.
- o ***Malaysian Medical Association***. Presentation delivered jointly by Dr Ronald Mccoy, past president and Dr.Siang Chin Teoh, current president, Malaysian Medical Association.
- o ***Sudan Doctors Union***. A presentation delivered by Dr.Elsheikh Badr, Assistant Secretary General, Sudan Doctors Union.

The conference was addressed by Mr.Gareth Thomas MP, UK parliamentary Under-secretary of State for International Development. Four sessions of fruitful discussion were held during the day.

Key messages from the conference

What can NMAs do to improve the health of the world's poor? A great deal. In summarizing the proceedings of the conference and suggesting an agenda for co-operation, Dr Edwin Borman, chairman of the BMA's international committee, drew attention to the following key points:

Advocacy

Healthcare professional are already in a powerful position to influence change for the world's poor. The key challenge for NMAs, however, lies in developing an advocacy approach that will make governments listen. This conference has shown that both the right to health, and the broader principles of human rights, offer a sound basis upon which to build dialogue with governments. NMAs are also

well-placed to set an example and, where possible, speak out against practices which violate the integrity and dignity of human beings.

Such an approach, however, has to be set in context with the wider policy agenda for the world's poor. NMAs need to begin working with new partners if they are to drive through policies which, not only improve the health of the poor, but also are synchronized with the changes needed in primary education and the empowerment of women. Collaboration between the main stakeholders – professions, the public, academia, NGOs, and government – should determine priorities, set standards and benchmarks, ensure delivery, and maintain accountability.

Public Health

Whilst prevention and treatment clearly were major priorities, it was vital for NMAs to address and anticipate the health challenges and crises facing their own populations. That required health systems to be fit for purpose. The achievement of the health – related Millennium Development Goals (MDGs) also depended upon health systems which were tailored to the specific health needs of a country. A prime example of this could be found in "neglected" diseases. These often formed the greater part of the disease burden in many developing countries and NMAs had a clear role in encouraging their governments to build on recent progress made in drug development.

North-South and South-South

Collaboration also was necessary at a global level. Shared advocacy between North and South held immense potential, but it required a balanced and

informed approach. Northern governments, for example, needed to be aware of the power of small change in the hardest-hit countries: "where there is nothing, something is almost everything". The focus should not be on the media –friendly projects, but on identifying the most urgent health needs.

Collaboration between Southern NMAs could allow them to take very direct approaches to a number of important issues. The best expression of this was to be found in the suggestion that ethical standards for neglected disease drug development be shared between those African countries most affected by these illnesses.

North and South need to continue pushing for a solution to the flow of health worker migration from developing countries. Highlighting and understanding the factors which caused health worker migration was a vital element in defining the incentives, which would encourage individuals to stay in their home country.

The links movement represented collaboration in its purest form: Northern and Southern health professionals working together to regenerate health systems.

For more information about the conference and for access to presentations refer to the BMA website at <http://www.bma.org.uk>

At the conference, a talk was held between Sudan doctors Union (SDU) and British Medical Association (BMA) on collaboration on vital professional issues. Both sides promised to keep links and the BMA has expressed its interest in Supporting SDU.