IFMSA Speech @ HLPF 2017 SDG 3 session

Thank you honourable Moderator. Thank you for inviting me here today to provide a perspective from medical students and young people. I speak on behalf of the International Federation of Medical Students’ Associations today, representing 1.3 million medical students from 124 countries. IFMSA is also a member of UN Major Group for Children and Youth, which I speak on behalf of today.

To achieve SDG 3, we need at least 3 things:

1. Political will
2. Policy coherence
3. Investments in health

1. Political will

To beat NCDs - the biggest killer of them all, which consist of CVD, cancer, diabetes and chronic respiratory disease and account for around 70% of global deaths. NCDs share the same risk factors and thereby many policies can prevent several NCDs. These diseases are not diseases of the rich or elderly. They occur in all population groups and all types of countries. In fact people living in poverty are hit the hardest by NCDs, and thus should rather be seen as a social justice issue. We believe every person on the planet has the right to prevention, management and treatment of the disease.

With regards to sexual and reproductive health and rights, we aim to equip young people with the knowledge, skills, attitudes and values they need to determine and enjoy their sexuality, to achieve health, and understand disease prevention as well as being comfortable in healthy relationships. Comprehensive Sexuality Education (CSE) is a culturally relevant approach to educate young people to exercise their sexual and reproductive rights and to empower them to make well informed decisions about their health and sexuality. However, we do see CSE as a fundamental component of all member states’ responsibilities to uphold and respect the Human Rights for young people. To achieve the SDGs, the people need access to family planning services incl. contraception and safe abortion, and it will be crucial to end discrimination and stigmatization in healthcare.

In relation to conflict setting, we want to underline that health is a human right. This also counts for people on the move, who are particularly vulnerable, whether they are in camps or in transit, everywhere. And currently their state of health is compromised. There is a need for political commitment and will to address the problem in a coordinated way with international standards. In addition, one barrier that we simply cannot accept is the attacks on health facilities. For ourselves as medical students, we also see lacks in our curriculum, and we are in fact training ourselves to get skills for disaster medicine through a course we have developed with an academic institution.
2. Policy coherence

Or said with a metaphor, it is simply nonsense to only address one part of a person’s health. Or in political terms, that the policies mutually support and strengthen each other across government. That is important between policies within the health sphere, but also many areas outside the traditional health areas affect health. The SDGs are interlinked, and we believe that every minister is a health minister, and whenever they adopt a new policy, they should consider how it affects the health of the people.

A few examples of health outside the health sector are, that air pollution causes 7 mio deaths every year, indoor and outdoor. Climate change puts people's health at risk e.g. new spread of disease due to temperature changes, increasing frequency and intensity of extreme weather events eg floods, heat waves. But climate change can also be seen as an opportunity, as some of the solutions to halt climate change offer health co-benefits e.g. active transportation (cycling), reducing air pollution, improving diets with less red meat (CVD).

To us, policy coherence also means addressing the commercial determinants of health – in a comprehensive manner. The former WHO Director-General Margaret Chan has noted that “efforts to prevent non-communicable diseases go against the business interests of powerful economic operators”. These are strong forces that we are up against, and we have experienced numerous examples of industry trying to influence policy making. We will not achieve UHC and other targets in SDG3 without appropriate management of conflict of interests within health, nor without addressing issues outside traditional health e.g. international finance, trade, and investment policies. We simply cannot accept that profit comes over public health.

3. Investments in health

This is important at the global level, but especially at the national and city level. Regrettable, current funding to implement cost-effective interventions in health from domestic to international resources is grossly inadequate, and unbalanced. Unbalanced as donor support to some areas of health such as communicable diseases and maternal and child health is much larger than to NCDs, despite NCDs accounting for the large majority of deaths. This is a result of the siloed approach to health we have been experiencing for many years.

Regulatory and fiscal policies such as taxation of health harming products are effective strategies to prevent and control NCDs – and they are highly cost-effective policies for governments, incl. tobacco, alcohol and SSB. A part of the revenue can positively be invested in other parts of the health system. However, industry interference is a large challenge to realising such policies. Also, it can be effective to lower prices on healthy products such as fruits and vegetables, allowing individuals the privilege of making healthy choices. Logically, a healthy population has the ability to work, support society and have lower healthcare costs amongst many other great things.
Another important investment is in health workforce. Investing in health workforce often brings economic growth, as we know from the commission on health employment and economic growth. The number of doctors globally differs from 1 per 200 people to 1 per 10s of thousand people in other countries. In addition, we face challenges with low workforce in rural areas, and low access to healthcare. We simply do not have enough doctors, nurses, midwives, health workers etc. educated, despite the great need.

Youth is an important area for us, both IFMSA and MGCY. We know that 70% of the risk factors that cause deaths from NCDs start in adolescence, youth is a crucial time in life. We also know that adolescents face unwanted teenage pregnancies, child marriages and gender based violence. We know that mental health is a big challenge incl. suicides being a top killer, and road injuries and HIV still are major challenges. As we like to say “Nothing about us, without us”, and we sincerely believe that you need young people’s input, someone who understands the age group from own experience, to create the most effective policies. We still remain to find the best way for meaningful youth participation, but there is a need for institutionalised spaces for youth participation. This means that youth should be involved at all levels of society, from policy making, to implementation and monitoring.

Clearly, we have a lot of challenges ahead of us, but thankfully we do have a bright, innovative and well-informed young population that will keep pushing for positive change – especially if a space for such engagement is provided.

Thank you.