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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 Global NeuroCare, 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, a non-profit organization holding Special Consultative Status with the United Nations Economic and Social Council [ECOSOC], fully supports the Fifty-Sixth Session of the Commission for Social Development [“Strategies for eradication of poverty to achieve sustainable development for all”] by promoting healthy lives and well-being through prevention and treatment of non-communicable diseases [Sustainable Development Goals (SDG) 3 and 3.4], thereby reducing poverty in all its forms and dimensions [SDG 1], engendering positive sustainable economic, social and cultural gains. [2030 Agenda for Sustainable Development ([A/RES/70/1](#)) or “Agenda”].

Background

Global NeuroCare maintains a vision of Global Neurological Equity and focuses on advancing sustainable neurological services in developing regions, a goal reaffirmed by SDG 3, and unconditionally endorsed in the Agenda’s Vision 7 on equitable and universal healthcare.

Purpose

This statement provides specific recommendations to improve healthcare services in resource limited areas as a strategy for accelerating the eradication of poverty.

Findings

Poverty reduction [SDG 1] requires a sustainable, coordinated and integrated approach across multiple sectors and disciplines.

However, ill-health is a fundamental determinant of poverty, leading to diminished productivity, income loss, medical expenses and ongoing health related costs, exacerbating poverty and furthering ill-health in a mutually reinforcing cycle, with multiple interconnected, contributory and reciprocal factors including the negative impact of poverty on health through unsanitary conditions, lack of clean water, malnutrition, and limited access to basic and preventive care, leading to profound economic, social, cultural and environmental decline.

Thus, the success of any poverty reduction strategy must be premised on improving healthcare disparities to further healthy lives and well-being [SDG 3].

Healthcare disparities are attributable to multiple diverse factors, with some specific for particular regions or circumstances, and affected by local values and ideologies, but 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, Health Inequities and Their Causes; WHO 2011, Global Status Report on Non-Communicable Diseases].

This is precisely why the Agenda sets a target of reducing by one-third premature mortality from non-communicable diseases through prevention and treatment. [SDG 3.4].

The most disconcerting non-communicable diseases are the neurological disorders — such as stroke, epilepsy, dementia — which have an extraordinarily 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. [E/CN.5/2017/NGO/19].

These particular disorders are disproportionately increasing in developing countries, with a profound impact on the poor, and represent the greatest threat to global public health. [WHO 2006; Neurological Disorders].

There must be considerable improvement in access to sustainable neurological care in order to achieve any meaningful poverty reduction. The remaining questions are where to start, and how to advance this cross-cutting initiative.

The Agenda tells us exactly where to start: “reach the furthest behind first.” This means the least developed nations, especially in sub-Saharan Africa. These regions present special challenges requiring particular attention (Agenda Paragraph 22, 23, and SDG Paragraph 56), in order to ensure that each person receives “the highest attainable standard of health.” (WHO Fact Sheet No. 323, 2015).

The focus on sub-Saharan Africa should centre on Ethiopia which stands apart as harbouring the greatest potential for sustainable healthcare improvement due to the solid foundation of a well-established, self-sufficient, expanding neurology training program at Addis Ababa University College of Health Sciences.

Global NeuroCare endorses this extraordinarily successful program as the most appropriate means to advance access to healthcare while contemporaneously reducing poverty. The program has graduated 30 neurologists since inception in 2006, with increasing numbers of physicians entering the training annually. These neurologists are providing care to many thousands of patients and, more importantly, they are actively engaged in capacity building by teaching the medical students, residents and general physicians to care for common neurological conditions. Additionally, they are training physicians from other African nations, thereby taking an innovative lead in establishing South-South cooperation generating cross-cutting benefits spreading throughout sub-Saharan Africa. [SDG 17.9].

This Addis Ababa University Department of Neurology Residency Training Program, and the formation of similar programs in other regions, focusing on increased recruitment, training and retention of local medical staff, a position strongly ratified in previous statements [E/2016/NGO/53; E/CN.5/2017/NGO/19], comports with the Agenda [SDG 3(c)], is supported by WHO [Constitution Article II(o)], and remains crucial for the continuing development of neurology in sub-Saharan Africa, where the current ratio of 1 neurologist for every 3–5,000,000 people is far below the WHO recommended ratio of 1 for every 100,000 people.

There must be international cooperation and support for developing these training facilities in order to move forward [WHO Constitution, Article II (j)], but this has been hampered by global health programs from the North engaging in self-serving short-term medical missions that provide no substantive benefit to the host

country, and impede development of health care in the very regions where it is most needed.

Global NeuroCare reaffirms previous statements addressing these concerns through recommendations to advance ethically congruent collaborative partnerships and protect inherently vulnerable populations [E/2016/NGO/53; E/CN.5/2017/NGO/19; E/2017/NGO/16], which will ensure that international support leads to an increasing number of neurologists to manage the double burden of ongoing communicable diseases and rapidly expanding non-communicable disorders. [SDG 3.3, 3.4, 3(c)].

However, the quality of neurological care must be improved in tandem with quantity, since poor quality obviates the benefits of increased access, wastes valuable resources, and causes actual harm, through inverse, unsafe, fragmented and misdirected care.

The most reasonable approach to improving quality is to develop a Centre of Excellence for Neuroscience that builds on the well-entrenched Ethiopian program to ensure success, and comports with the social, cultural, political and institutional values unique to this diplomatic capital of Africa, thereby promoting expansion in other African regions.

This type of Centre would provide comprehensive, multi-disciplinary, evidence-based care for neurological conditions, with seamless coordination of primary, secondary and tertiary care from diagnosis to discharge, leading to elevated standards of performance with a concomitantly higher quality of patient service, resulting in broad ancillary effects by advancing the training program to ensure an ever increasing number of well-trained physicians, strengthening the relationship between research and clinical treatment, and allowing targeted geographic expansion which is essential for capacity building in sub-Saharan Africa, thus solidifying North-South, South-South and triangular cooperation, with innumerable cross cutting benefits leading to a reduction of poverty through treatment focusing on non-communicable diseases.

In summary, poverty reduction mandates improving access to neurological care in sub-Saharan Africa, and ensuring quality improves in tandem with quantity through advancement of a Centre of Excellence.

Recommendations

- On the basis of the afore-referenced facts, challenges and goals, Global NeuroCare calls upon the Commission for Social Development to urge Member States:
- To reiterate that non-communicable diseases and particularly neurological disorders are a significant determinant of poverty;
- To acknowledge that any successful poverty reduction strategy necessitates improving access to healthcare for people with neurological disorders;
- To ensure improved healthcare access by supporting the Addis Ababa University Department of Neurology in recruiting, training and retaining more physicians in sub-Saharan Africa [SDG 3(c)];
- To follow our prior statements on developing ethically congruent collaborative partnerships to protect inherently vulnerable populations while increasing the number of physicians;

- To focus on improving quality of care in tandem with quantity, and prioritize implementing a development agenda with specific goals, targets and indicators promoting a Centre of Excellence;
 - To designate Addis Ababa, Ethiopia as the site for the first African Centre of Excellence, to be developed from the well-established neurology training program;
 - Recognizing that following these recommendations 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 [E/CN.5/2017/NGO/19], and will promote poverty eradication [SDG 1], stimulate economic growth [SDG 8], eliminate harmful practices [SDG 5.3], encourage scientific research [SDG 9.5], and advance overall health security [SDG 3(d)];
 - We hereby request that the Commission for Social Development, Economic and Social Council, and Human Rights Council jointly submit our recommendations to the relevant committees of the General Assembly to adopt by resolution its support, thereby affirming the necessity of preventing and treating non-communicable neurological diseases in sub-Saharan Africa as a critical means of poverty reduction.
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