McMaster University

McMaster
HEALTH FORUM

STUDENT VOICES 5

Advocating for Global Health through Evidence, Insight and Action

Student Voices 5: Advocating for Global Health through Evidence, Insight and Action

March 2013

ISBN 978-1-927565-04-9 (print)
ISBN 978-1-927565-05-6 (online)
ISSN 1925-7716 (print)
ISSN 1925-7724 (online)

Suggested citation for the report

Hoffman SJ, editor. Student Voices 5: Advocating for Global Health through Evidence, Insight and Action. Hamilton, Canada: McMaster Health Forum; 2013. Available at www.mcmasterhealthforum.org.

Suggested citation for a chapter

Chan D, Lau K, So K. Chapter 1 - Advocating for Global Arms Control: Looking Beyond the Arms Trade Treaty. In: Hoffman SJ, editor. Student Voices 5: Advocating for Global Health through Evidence, Insight and Action. Hamilton, Canada: McMaster Health Forum; 2013. Available at www.mcmasterhealthforum.org.

Funding for this publication was provided by McMaster University's Bachelor of Health Sciences (Honours) Program.
The views expressed here do not necessarily represent the views of McMaster University or the McMaster Health Forum.

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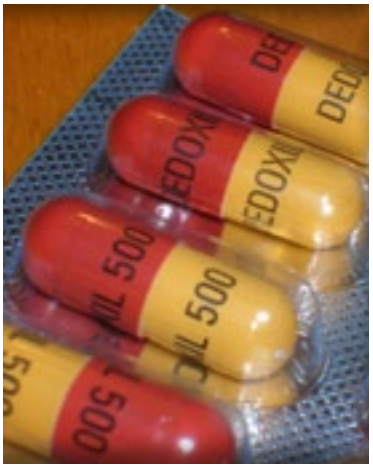
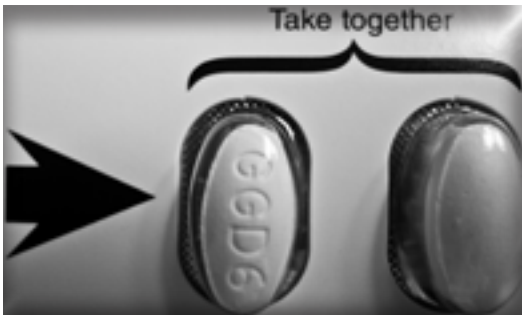
Cover photo courtesy of Tim McKulka, 2006.
Young Sudanese girls helping mothers by fetching water for family.

About the McMaster Health Forum

For concerned citizens and influential thinkers and doers, the McMaster Health Forum strives to be a leading hub for improving health outcomes through collective problem solving. Operating at the regional/provincial level and at national levels, the Forum harnesses information, convenes stakeholders, and prepares action-oriented leaders to meet pressing health issues creatively. The Forum acts as an agent of change by empowering stakeholders to set agendas, take well-considered actions, and communicate the rationale for actions effectively.




control arms
Protect Lives


Take together

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Journey through Bagan, Myanmar. Steven J. Hoffman, 2009.

Introduction

Global health efforts must be informed by the best available evidence and most creative insights. Today's students have an important role to play in this enterprise for both their innovative ideas and future leadership of the global health sphere.

This edited volume offers a student perspective on five pressing global health issues: arms control; mental health; health worker migration; unsafe abortion; and rational use of medicines. Each chapter explores the global political context in which decisions on the particular health topic of focus are made, identifies prevailing trends in the issue area, and considers advocacy strategies that concerned stakeholders can adopt to catalyze action. Specifically, each chapter examines the:

1. nature of a particular global health challenge;
2. policy options that have been proposed to help address it;
3. global decision-makers with the power and influence to enact the desired policy changes;
4. reasons why global decision-makers may not have implemented the desired policy changes;
5. potential obstacles for policy change and how they can be overcome;
6. natural advocacy partners with complementary interests and their strengths and weaknesses;
7. practical advocacy strategies most likely to influence those global decision-makers with the power to effect the desired policy changes;
8. resources needed to pursue the identified advocacy strategies;
9. possible indicators of progress and success.

The authors are all students at McMaster University who prepared these essays for a fourth-year undergraduate course on Global Health Advocacy (HTH SCI 4ZZ3) that was offered from January to April 2012 by the Bachelor of Health Sciences (Honours) Program in collaboration with the McMaster Health Forum. Through this publication, it is hoped that these students can help shape some of today's leading debates in global health as they prepare themselves to confront tomorrow's greatest challenges.

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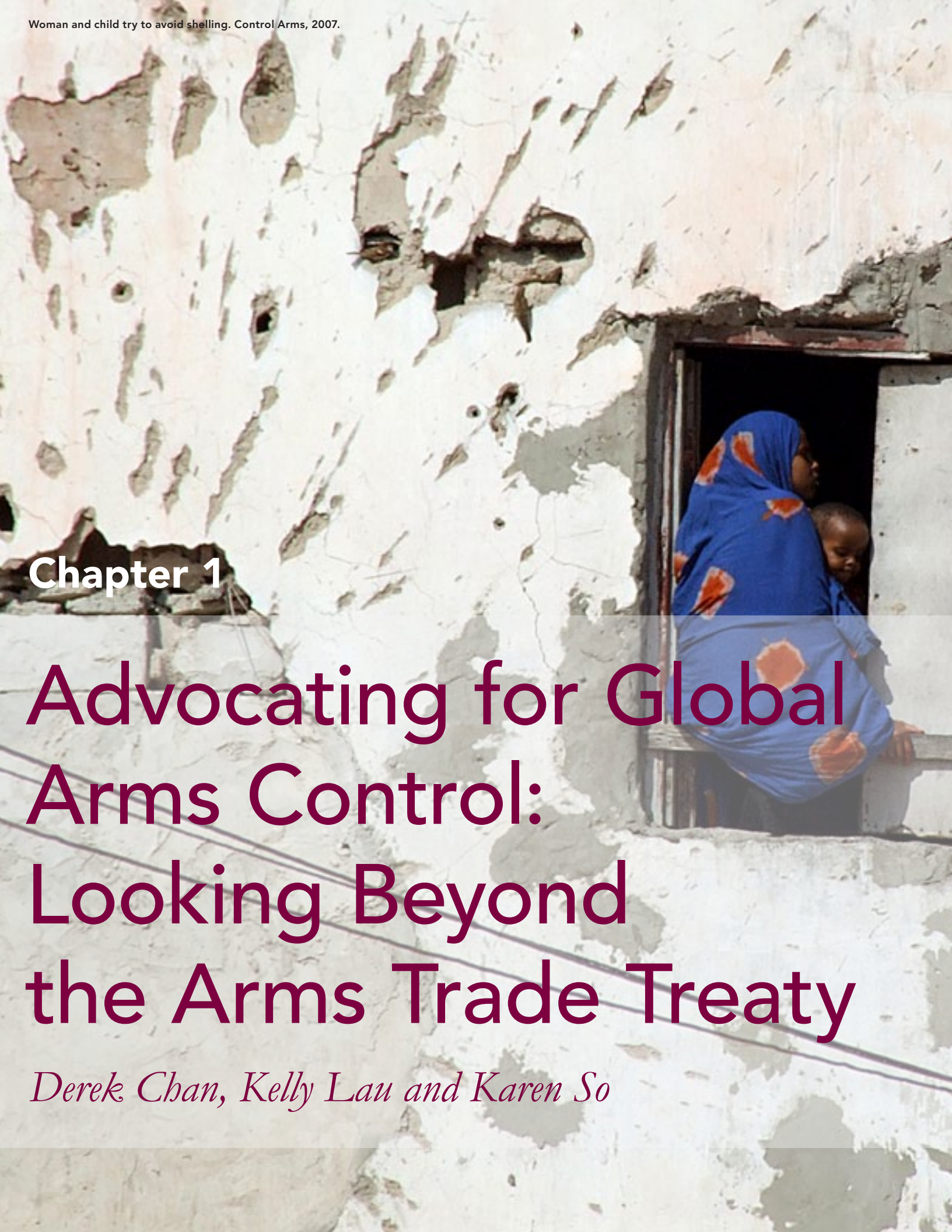
March 2013



Woman and child try to avoid shelling. Control Arms, 2007.

Chapter 1

Advocating for Global Arms Control: Looking Beyond the Arms Trade Treaty

Derek Chan, Kelly Lau and Karen So

Abstract

Background

The poorly regulated global arms trade of mainly small arms and light weapons (SALWs) has led to appalling humanitarian and development consequences, human rights infringements, and millions of people suffering every day. Significant advocacy efforts pursued by civil society organizations (CSOs) have led to current negotiations on the development of an Arms Trade Treaty (ATT) that could provide a robust international, legally-binding regulatory framework for conventional weapons. However, whether or not the ATT is ultimately ratified, strategic advocacy efforts need to be developed to ensure that arms regulation, monitoring and enforcement is prioritized on state agendas in the long term.

Methods

An extensive review of relevant academic and grey literature was conducted to evaluate the progress and efficacy of advocacy movements towards current talks on the ATT. Collected information and evidence was used in conjunction with innovative ideas to develop a strategic advocacy plan to advance arms control using both top-down and bottom-up approaches.

Plan of Action

The proposed advocacy plan aims to engage with a wide range of academic, political, civil society and industry stakeholders as well as the general public by framing arms control as a humanitarian, development and human rights issue. These perspectives are integrated into three main advocacy strategies: 1) a MyStory Campaign; 2) an Arms Control Conference and Working Group; and 3) Advocacy-Based Educational Programs.

Outcomes

These advocacy strategies should increase the capacity of vested actors to collaborate on and coordinate advocacy efforts, pressure governments to prioritize arms control, and keep states accountable towards monitoring and enforcing arms regulation in the long term.

Keywords

Arms control, Arms Trade Treaty, media advocacy, conference diplomacy, working group, advocacy-based educational programs

Nature of the Issue

Armed violence – broadly defined as "the use of armed force to achieve goals and/or gains" – has significantly deteriorated national health systems.[1] At the end of 2010, an estimated 27.5 million people were internally displaced within their countries and millions more sought refuge abroad due to armed violence.[2] Humanitarian and development efforts have also been threatened, with more than 780 humanitarian workers killed and 689 injured between 2000 and 2010.[2] In addition to increased gender-based violence and mental health disorders in conflict zones,[3,4] the use of conventional arms has perpetuated instability and poverty.

Small arms and light weapons (SALWs) are responsible for the majority of these incidences. This type of weapon is defined as "any man-portable lethal weapon that expels or launches...a shot, bullet or projectile by the action of an explosive".[5] Due to their availability, low cost and manageability, SALWs have become the weapon of choice in conflict-prone regions.[6] Rapid globalization has facilitated the trade of SALWs at rates and in ways that supercede the ability of international bodies and states to adequately monitor, track and regulate them, allowing illicit brokers to take advantage of inconsistencies and loopholes in national arm trade policies.[6,7]

Previous attempts to implement an international regulatory framework for the arms trade have been thwarted due to a lack of political will and different vested interests.[8] With significant recent advocacy efforts from civil society organizations (CSOs) that have motivated key political figures to support and prioritize the issue on the global agenda, key decision-makers are now poised to build a potentially robust regulatory framework for the arms trade to facilitate humanitarian and development efforts as well as promote human rights.[2,6,9]

Policy Options:
How to Address the Issue

The UN Programme of Action (UN PoA) on SALWs, the only international framework in place, has a wide range of state commitments to regulate the trade of SALWs at the regional, national and global level. This framework lacks specificity on implementation procedures and does not include a stringent follow-up process. State reporting is voluntary.[10]

Recent advocacy efforts have focused on the development of the Arms Trade Treaty (ATT), which would create a legally-binding standard for international transfers of conventional arms. This document could potentially address weaknesses in the UN PoA by reinforcing state commitments through specific laws, regulations and administration procedures. However, there is a chance that the ATT may lead to an erosion of previous commitments outlined in the UN PoA since the legally-binding ATT would take precedence in conflicting provisions.[10] An example would be the differing amounts of time states are required to keep records of their SALWs. In the UN PoA, the International Tracing Instrument, which marks and traces SALWs from their production, has required states to retain records for a minimum of 20 years,[11] whereas draft papers on the ATT have required states to keep records for only 10 years.[12] Developing a comprehensive and robust treaty has been a priority, but making sure that existing monitoring structures maintain their integrity and are being built upon is equally important. Advocacy is needed to pressure states to go beyond simply adhering to these standards in order to create strict regulations to monitor and regulate the production, storage and transfer of arms as well as promote the collection and destruction of arms.[10]

Arms Trade Treaty discussion at the United Nations. Benoit Muracciole – Amnesty International France (Control Arms), 2009.

Global Decision-Makers:
Actors of Change

The UN is a key international body that can develop and establish effective policies to regulate the global arms trade. Since current arms trade controls are inadequate to uphold humanitarian and development efforts and maintain human rights, several offices could play a major role in developing a regulatory system for worldwide implementation.[13] These branches include the UN Office for Disarmament Affairs, Office of the UN High Commissioner for Refugees, UNICEF, UN Development Programme, Office for the Coordination of Humanitarian Affairs, World Health Organization and the

Office of the High Commissioner for Human Rights. Advocacy efforts should aim to inform these working bodies about the importance of developing and implementing a monitoring and enforcement system to ensure state adherence.

National governments need to be targeted because they make key decisions regarding arms control within their own states. Advocacy efforts should pressure political leaders to develop feasible monitoring and enforcement systems congruent with the goal of arms control. Recent state-expressed support for establishing an implementation support unit may be a promising avenue to build upon monitoring and enforcement efforts.[14] Alternatively, a permanent, independent institution can be considered, the development of which can be guided by other model systems like those used in the International Atomic Energy Agency and the Organization for the Prohibition of Chemical Weapons.[14]

The arms industry must also be actively engaged since they directly influence the production of arms and ammunition. The industry is economically tied to many states, influencing government decision-making. Of the top 100 arms-producing and military service companies, 45 are based in the U.S., 33 are in Western Europe and 10 are in Asia. The five largest arms exporters are also the five permanent members of the UN Security Council.[15]

Barriers to Policy Change: Problems that Remain

Three major obstacles to the implementation of effective arms regulations are a lack of political consensus, the negative influence of the arms industry, and insufficient administrative capacity. Key players have different priorities when developing a regulatory framework, which has made reaching an agreement problematic. In the current development of the ATT, some actors believe that the framework should be a binding document to prevent the illicit trade on purely humanitarian grounds, whereas other actors envision that negotiations should occur on the grounds of trade and commerce.[16]

Many countries also have high economic investments in the arms trade. The arms industry remains lucrative, valued at $7 billion USD.[2] These considerable assets have given the industry strong lobbying power on the international level. In Europe for example, lobbying by industry representatives impeded the establishment of the 1998 EU Code of Conduct for Arms Exports.[17] There is reason to believe that these industries would continue to resist efforts to control arms production and trade.

Despite these underlying economic and political interests, one of the most widely investigated obstacles to policy change is a lack of administrative

capacity to report arms exports. The Stockholm International Peace Research Institute (SIPRI) surveyed UN member states and found that the three largest contributors to non-reporting were insufficient knowledge, inadequate human resources and lack of inter-agency cooperation.[18] The overall combination of social, political and structural barriers has impeded the establishment of an effective arms regulatory framework.

Overcoming Policy Obstacles: Potential Solutions

Due to the wide variety of stakeholders and priorities, achieving political consensus on the current development of the ATT has been difficult. However, this obstacle has been addressed through continual negotiations that have occurred through the ATT preparatory meetings and those held for the UN PoA.

Policy options for increasing regulation can be problematic for implementation due to the arms industry's power and influence on states. One way to incentivize the arms industry to cooperate with a stronger regulatory system would be to incorporate a level playing field. Similar to business corporations agreeing to establish a lower-tiered pricing threshold, states could agree to divert business negotiations accordingly by pressuring companies to reach a level playing field where the arms trade is regulated.[19] The cost of doing so would be a smaller overall market with a higher threshold of standards, making the entry of new business actors difficult. However, the benefits of implementing monitoring and enforcement measures more easily may outweigh the costs.

To enhance the administrative capacity of national governments, a cooperative agreement with SIPRI could be established.[20] By coupling SIPRI's expertise and experience of researching and collecting relevant information on arms control, state administrative capacity could be increased.

A child playing with live ammunition. Control Arms, 2011.

Advocacy Partners: Allies for the Cause

CSOs have long advocated for arms control before official negotiations on the ATT began at the UN in 2006. To advocate for a longitudinal implementation of a robust monitoring and enforcement system, these groups must be included to incorporate their field experience. Control Arms is one major collaborative campaign that has played a strong advocacy role in the development of the ATT and should be a partner in these efforts.[21]

Celebrities and public figures should also play a major role in this advocacy plan since they can elevate the priority of regulation, monitoring and enforcement of the arms trade onto state agendas.[22] Former child soldiers such as Ishmael Beah, author of A Long Way Gone, Emmanuel Jal, a UNICEF advocate, and Roméo Dallaire, a retired lieutenant-general, are well-positioned to participate in educational aspects of the advocacy movement. Partnering with these leaders would add legitimacy to the campaign since they have experienced the traumas of the poorly regulated arms trade, and would ensure that advocacy efforts give a voice to the victims of war and conflict.

Advocates at the grassroots level should also be partners in order to ensure public support. Educational, political, spiritual and other community leaders would be able to influence and mobilize various audiences. In particular, youth activism through universities and colleges should be used to strengthen support since this demographic would eventually yield future leaders.

Practical Advocacy Strategies: Promoting Arms Control on the Global Agenda

To effectively advocate for global arms control, a strategic plan using humanitarian, development and human rights frames to engage policymakers, CSOs and the general public needs to be developed. Reframing arms control as a humanitarian issue would dispel state security concerns.[23] Since SALWs undermine development efforts and destabilize communities, using a development frame would help convey arms control to higher bodies like the UN as a means to help fulfil the Millennium Development Goals.[3] Framing the issue through the human rights lens would also resonate with the general public's sense of social responsibility.[24] The proposed plan aims to integrate these perspectives into three main advocacy strategies: 1) a MyStory campaign to galvanize public support and media attention; 2) a UN-led Arms Control Conference and Working Group to facilitate coordination and problem-solving between key players; and 3) advocacy-based educational programs to empower individuals and to sustain grassroots movements in the long-term.

MyStory Campaign

Effectively communicating the negative effects of the poorly regulated arms trade to government officials and the general public is challenging because the concept may seem abstract and non-urgent, especially when the audience is removed from the issue.[25] To counter political and public apathy, the MyStory campaign attempts to use media advocacy as a means to bring about positive change by helping to develop the issue, to set the agenda, to shape the debate and to advance policy.[26,27] MyStory builds upon Control Arms' Million Faces Petition that united one million people across more than 160 countries in 2006, through a series of photos, face drawings and portraits that led to the initiation of UN talks for the development of an ATT.[21] MyStory would strategically link faces and stories to a faceless and story-less issue through videos to call and motivate politicians and the general public to action.

Individuals and groups willing and able to video record their stories would indicate their intent, and resources would be sent to the individuals informing them on how to submit videos through an online website. Professional videographers would travel to conflict zones to record stories from those directly affected by the poorly regulated global arms trade, and public figures that also support the call for arms control including Nobel Laureates, celebrities and political figures. Selected videos from diverse populations and ethnic backgrounds would be chosen to ensure that voices cover a global scope. Based on the relevant audience, videos would be edited and strung together for broadcasting in various domains (e.g., public arenas, conferences) that would increase awareness, support and action from both the general public and policymakers alike.

Arms Control Conference and Working Group

To build momentum for prioritizing arms control on the global agenda, a coalition of influential advocates is needed.[28-30] A UN-organized Arms Control Conference could act as a forum to mobilize stakeholders, CSOs, academics, and industry and state representatives to discuss research, develop solutions and overcome barriers for arms control – the combination of which would build strong political support.[28-30] This conference would be implemented as a separate arm of the UN Conference on Disarmament[31] since broader stakeholder

Disarmament Structure to promote arms regulation. Luke Redmond, 2009.

engagement is needed to appropriately address arms control. These stakeholders would be given the necessary guidance to pressure governments to follow through on formulated recommendations.[28] The structure of the conference would be adjusted to reflect issues warranting address; for instance, seeking "consensus" prior to the ratification of a regulatory treaty versus focusing on monitoring and implementation post-ratification. The conference would be held biennially in different countries to promote North-South partnerships, and would also act as a means to update stakeholders on the progress of arms control through report reviews, ensuring commitments are maintained in the long-term.[29] Overall, the conference would foster knowledge transfer and coordinate progress on arms control practices worldwide.[30]

From the conference, a UN-facilitated working group – which could be hosted by the UN Office for Disarmament Affairs – would be established. This working group would comprise academics, politicians, civil society leaders and arms industry representatives to accomplish three main tasks: 1) address problems and develop recommendations for solutions (e.g., how to engage the arms industry in the regulation process); 2) generate progress and recommendation reports on state compliance to regulation practices; and 3) mediate between conference delegates and UN state officials to ensure that arms control remains high on state agendas. This working group would meet biannually to monitor progress. A similar group that has taken this collaborative approach is the World Health Organization's Consultative Expert Working Group on Research and Development: Financing and Coordination.[32]

Advocacy-Based Educational Programs

To inspire and sustain advocacy efforts in communities in the long term, advocacy-based educational programs led by local CSOs would engage and equip university and college students in both developed and developing countries with the

Public Demonstration for a well-regulated Arm Trade Treaty. Control Arms, 2011.

tools needed to pressure their governments. These students are well-positioned to bring about social change and garner media attention.[33] By strategically placing these programs in academic institutions, youth would have opportunities to network with academics and professionals who could lend credibility to grassroots campaigns. In Brazil, for example, a youth movement supported by educators and youth workers ultimately led to the Brazilian Congress' decision to adopt the UN Convention for the Rights of the Child.[34]

These educational programs would comprise guest speakers, advocacy workshops and the

introduction of an online university and college network. Guest speakers would include those who have been directly affected by the poorly regulated arms trade, and public figures who support the advocacy movement and can speak about their field experiences and reasons why arms control is important. An advocacy workshop would follow comprising skills training and resource provision such as letter-writing resources, enabling students to start and run their own campaigns. An online network would give students the opportunity to coordinate with other academic groups to build advocacy capacity in a similar manner as the existing U.K. network called the Universities Network for the Campaign to Control Arms.[35]

Resources Needed: Ensuring Success

The successful implementation of the aforementioned advocacy strategies requires several human, financial and intellectual resources.

Human Resources

CSOs developing the MyStory campaign would need individuals with managerial, operational, technical and logistical experience to contribute to media and film production, and to disseminate these videos in public arenas and through social media channels. The UN would require individuals with similar skill sets to plan and execute the Arms Control Conference and to work with influential representatives from a broad range of backgrounds for the working group. Reputable speakers, educators and student leaders would also be needed to implement advocacy-based educational programs worldwide, and to allow grassroots advocacy to develop.

Financial Resources

Financial resources to support these advocacy initiatives would be substantial. Based on similar advocacy strategies employed by the NGO Invisible Children, the latest fiscal reports indicated that media and film creation costs reached nearly $700,000 USD in 2011.[36] Showcasing more individuals around the world that are affected by and can speak to the pervasive effects of the poorly regulated arms trade could drive these costs higher. Conference costs would also add to this figure by about $50,000 USD,[36] while working group costs would be relatively minimal. Implementing advocacy-based educational programs worldwide would be the most costly in exchange for awareness of the issue in the long term. A national tour in the U.S. would cost approximately $1 million USD;[36] however, by allowing local CSOs to lead these efforts and

Soldiers in Kashmir, India seized bullets from a separatist militant hideout. Control Arms, 2008.

encouraging the access of materials online, these costs could be minimized and distributed.

Intellectual Resources

Intellectual resources are also needed to lend credibility to the advocacy strategies. Reputable and knowledgeable figures would need to be involved within the MyStory campaign. Academics, policy experts and representatives from research think tanks, CSOs and the arms industry are needed for the conference and working group. Finally, speakers and local educators are needed to spark youth-led advocacy movements based on the implementation of advocacy-based educational programs.

Indicators of Progress: Measuring the Accomplishments

The effectiveness of the MyStory campaign, the Arms Control Conference, working group and advocacy-based educational programs in prioritizing arms controls on state agendas would be measured by the expansion of the Control Arms network, law and policy changes, and increase in state reporting.

Member Collaboration and Coordination

Any expansion of the Control Arms network through coordination of university groups, politicians and other powerful actors, would indicate the broad-based support and salience of arms control.[21] Increased collaboration between key actors including states, arms industry and CSOs would also demonstrate greater commitment to long term solutions for arms regulation.

Law and Policy Changes

Efforts to discuss the arms control reform through increased UN and state reports addressing the arms trade would indicate the prioritization of arms control on the global agenda. Major policy reform at the international and national levels that create stricter regulations on arms production, tracking and brokering would also indicate strong government and international support and commitment.[18]

Increase in State Investment and Reporting

An increase in the number and quality of national reports on the trade of SALWs to the UN Register of Conventional Arms would be a good indication of interstate commitments to arms regulation. Greater investment in building monitoring and reporting capacity within countries to track and manage arms production, trade and destruction would also demonstrate long-term support of arms control.[18]

Actionable Key Messages

✏ Framing arms control as a humanitarian, development and human rights issue could effectively garner support from both influential stakeholders and the general public.

✏ Using media advocacy through a MyStory campaign could catalyze positive change in both political and public domains by highlighting the stories of victims and renowned public supporters for arms control.

✏ A UN-led Arms Control Conference and working group could bring together international bodies, states, civil society organizations and arms industry representatives to collaboratively develop, problem-solve and coordinate arms control measures.

✏ Advocacy-based educational programs could foster sustainable youth-led advocacy movements for arms regulation through the use of speaker tours, an advocacy workshop and an online university network.

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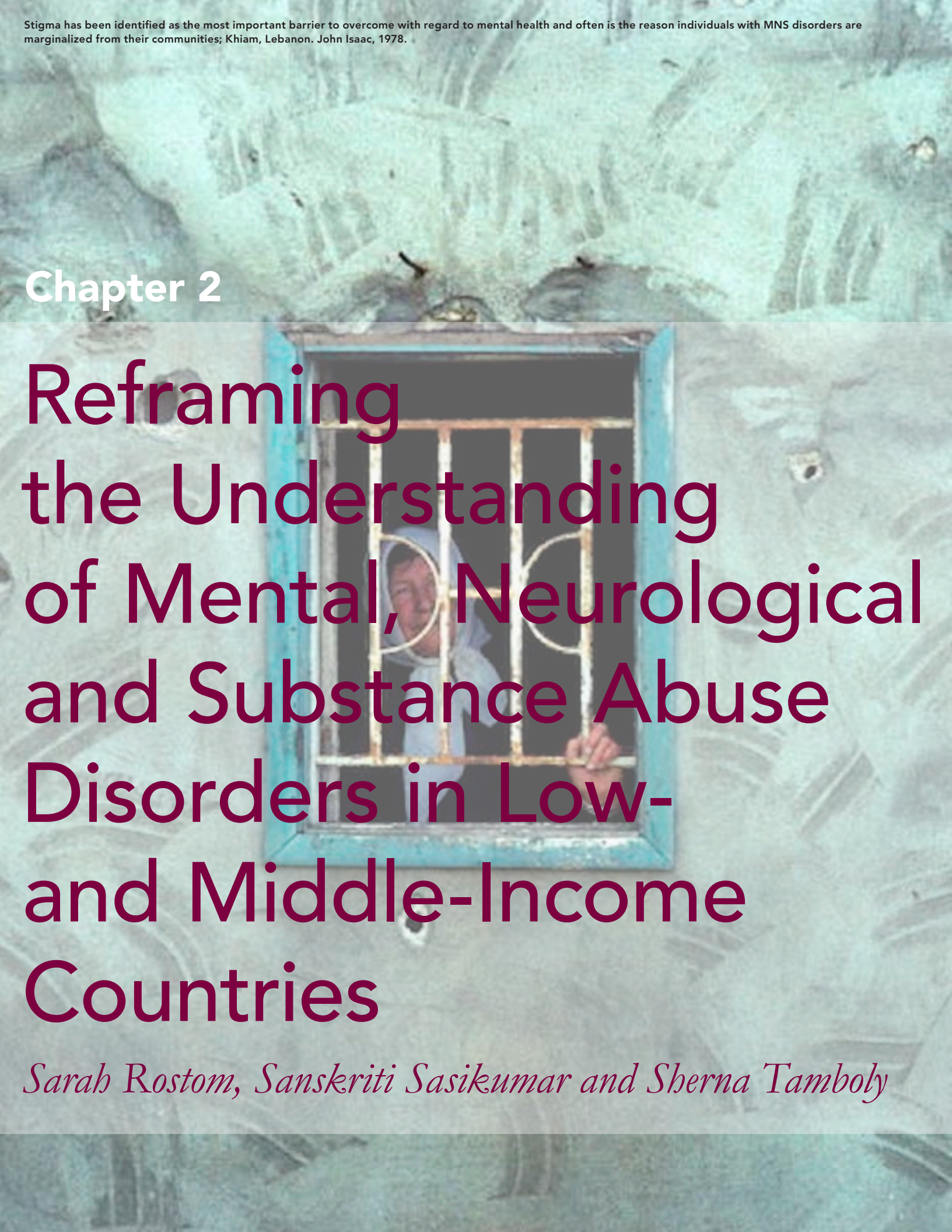
Control Arms public demonstration in London, UK. Control Arms, 2008



Stigma has been identified as the most important barrier to overcome with regard to mental health and often is the reason individuals with MNS disorders are marginalized from their communities; Khiam, Lebanon. John Isaac, 1978.

Chapter 2

Reframing the Understanding of Mental, Neurological and Substance Abuse Disorders in Low- and Middle-Income Countries

Sarah Rostom, Sanskriti Sasikumar and Sherna Tamboly

Abstract

Background

Mental, neurological and substance-abuse disorders (MNS) are pervasive in low- and middle-income countries (LMICs), with four out of every five people requiring treatment for these illnesses. Despite this burden, mental health is largely neglected on government agendas. While scarce resources and widespread physical health concerns are commonly cited reasons, the lack of understanding concerning MNS disorders fundamentally fuels this neglect.

Methods

Non-communicable disease summits were consulted in order to obtain an understanding of the current status of mental health in LMICs. This information was then used to determine the potential policy options for ministries of health to overcome: the burden of MNS disorders; the obstacles that have prevented and are likely to further prevent these options from being implemented; the advocacy strategies that will encourage the adoption of the suggested policy options; the resources needed to follow through with these advocacy strategies; and the possible indicators of success for mental health improvement.

Findings

Reframing the issue of mental health communally, economically, and academically is crucial in order to improve mental health in LMICs.

Conclusions

This advocacy plan suggests three key strategies in order to improve mental health. The first strategy encourages community-based advocacy by training leaders and professionals to advocate for mental health. The second strategy emphasizes the need for a special session of the United Nations (UN) General Assembly devoted to mental health, which can be achieved by garnering support from UN member states. Lastly, the plan calls for an online interface that encourages mental health research and increased academic collaboration.

Keywords

Mental health; mental, neurological and substance abuse; MNS disorders; community advocates; United Nations; academic collaboration

Nature of the Issue: Understanding the Challenge

Four out of five people who require treatment for mental, neurological and substance abuse problems (MNS) in low- and middle- income countries (LMICs) are not receiving the care they need.[1] MNS is a term recently coined by the WHO to wholesomely refer to mental health disorders; it includes unipolar depressive disorders, schizophrenia, suicidal behaviour, epilepsy and drug and alcohol abuse.[2] Currently, 85% of people with severe mental disorders are from LMICs; however, misconceptions as to how to improve the accessibility to mental health treatment serves as a deterrent to change.[1,3] For instance, many still believe that mental health interventions need to be sophisticated and provided by specialized staff.[1] Moreover, stigma and a lack of understanding about the importance of mental health tend to determine factors such as access, funding and societal values, and can further hinder progress.[4] Additional challenges include imprecise diagnostic tools, limited etiological evidence and the continued separation of mental health from primary healthcare (PHC).[5]

Policy Options: Identifying Avenues for Improvement

A. Overcome Stigma

Stigma can be defined as the negative attitudes or beliefs that are held about people who are perceived as different.[6] In 2001, the WHO declared that stigma was the most important barrier to overcome, as it permeates all issues concerning mental health.[6] Due to the pervasive effects of stigma, policymakers must promote community awareness and education of MNS disorders.[5] By compelling the public to change its attitudes and be more understanding of those struggling with MNS disorders, individuals can live with "dignity, free from isolation and marginalization."[5,6]

B. Improve Current Legislation to Overcome Stigma

Effective legislation encourages countries to meet international human rights and practice standards.[7] Yet only 36% of the people in low-income nations are covered by mental health legislation in comparison to the 92% living in high-income nations.[7] A 2005 WHO publication indicated that of the 75% of countries that have mental health legislation, only 51% have laws enacted after 1990, and 15% have unchanged legislation from the 1960s.[8] This can be detrimental because in countries with outdated legislation, there have been more instances of violation rather than a promotion of human rights with respect to mental healthcare.[8]

C. Increase Resources

Higher-income nations spend 200 times more on mental health than their lower-income counterparts.[7] This difference in spending highlights the need for more funding for lower-income countries on the basis of need, cost-effectiveness and human rights.[9] Common factors that contribute to this scarcity of resources for mental healthcare include poor economic conditions, low priority for mental health issues, and low willingness to pay for necessary treatment.[9] Policies should target these weaknesses in countries' infrastructure in order to facilitate increased spending on mental health. One particular weakness is the structure of the mental health system. In order to better allocate resources towards mental health, governments can track mental health budget information and make it publicly available.[10]

D. Decentralize Mental Health Systems

Mental health systems can be restructured into smaller organizations to increase accountability and transparency. Decentralization has been shown to not only help address acute shortages of mental health professionals in LMICs, but it can also help increase access to care.[9] In Uganda, for example, by increasing the number of psychiatric nurses at the district level by 75%, up to 80% of health sub-districts had at least one anti-psychotic, one anti-epileptic and one anti-depressant available.[11] Currently, many LMICs are largely dominated by large psychiatric institutions despite evidence suggesting that more individual-based care results in better outcomes.[11]

Decision-makers: Influencing and Enacting Change

A. World Health Organization

The WHO, especially its Department of Mental Health & Substance Dependence, has published a number of key documents on mental health challenges and advocacy strategies.[12] The WHO has also been influential in helping countries develop their advocacy sectors in order to put mental health on government agendas, and promote the acceptance of persons with MNS disorders by reducing the associated stigma.[12] The information disseminated by the WHO to its member states can be used by their health ministries and research councils to shape policy, research and action priorities.[2]

B. United Nations

In the broader political sphere, the UN General Assembly can play an important role in putting mental health on the global agenda and spurring national governments to action.[5] United Nations General Assembly Special Sessions have the power to bring governments, multilateral agencies and donors together in order to mobilize the international community and resources to help address the global burden of MNS disorders.[5] This is an important aspect of the suggested strategic advocacy plan.

C. Ministries of Health

Health ministries play an important role in ensuring mental health is prioritized on national political agendas. They can urge key policymakers

and stakeholders, such as ministries of finance, executive members of the government, and political parties, to improve policy, funding, legislation and research concerning mental health.[12,13] They can also help facilitate the inclusion of mental health sectors in PHC sectors to prioritize mental health services. Additionally, health ministries can raise awareness locally by working with nongovernmental organizations (NGOs) and the media.[12]

Past Obstacles: Barriers to Policy Change

A. Stigma

The stigma and lack of understanding surrounding MNS disorders, both communally and academically, has stunted progress on mental health improvements globally. The perception of MNS disorders varies considerably across cultural traditions, complicating the process of developing effective mental health programs.[5] In some communities, MNS disorders are perceived to be divine punishment, devil possession, or simply the manifestation of an individual's lack of self-control.[14] Moreover, individuals who require mental healthcare often choose to forgo treatment to avoid discrimination and community backlash.[5,12] Governments and NGOs are less likely to invest in initiatives and mobilize resources that have insufficient community demand, despite the obvious need.[5]

B. Prioritization of Physical Health

It has been argued that people in LMICs are afflicted with severe physical health concerns, such as HIV/AIDS.[15] Considering the scarcity of resources in LMICs, physical health has overwhelmingly been prioritized over MNS disorders by government leaders and policymakers.[9,12]

C. Scarce Resources

Mental health institutions have lacked the physical and human resources to provide effective mental healthcare. Indeed, one-third of countries do not have mental health policies to coordinate mental health services.[16] A shortage of community-based facilities, mental health institutions and workers, and essential medicines have hindered the provision of mental health services. Afghanistan and Rwanda, for example, are among a group of low-income countries that only have one or two psychiatrists for the entire country.[16] A quarter of low-income countries lack basic anti-depressive medications.[16]

Future Obstacles to Policy Change: Moving Forward

A. Mental Health Systems

As the international community begins to recognize mental health as a legitimate concern, creating comprehensive mental health systems to address these concerns is an anticipated future challenge, particularly for LMICs.[17] Policy and legislative frameworks, community mental health services, mental health in PHC, human resources, and public education are key components of a mental health system.[17] While this multifaceted approach is ideal, it is not feasible for LMICs due to minimal resources and the need for immediate mental health intervention. One particular way to overcome this problem is to begin developing community-specific mental health systems. In low-income countries, for example, most mental health assessment and treatment occurs in PHC or traditional/religious settings, as exemplified by Ethiopia.[17]

B. Economic Barriers

It is estimated that neuropsychiatric disorders will account for the loss of $16.1 trillion USD through the loss of productivity and quality of life over the next 20 years.[5] Despite these projected economic losses, the percentage of national health budgets spent on mental health is only 1.5% in low-income countries, 2.8% in middle-income countries and 6.9% in high-income countries.[9] This obstacle can be

overcome by emphasizing the economic repercussions of neglecting mental health. From an economic perspective, governments would certainly benefit from tending to the mental health needs of the communities they represent.[5]

C. Research and Innovation

Research concerning MNS disorders has not produced major innovations in the prevention or treatment of MNS disorders in the last two decades due to the lack of incentives to encourage innovative interventions.[5] Therefore, pharmacological, psychological and social treatments that persons with MNS disorders can receive have been limited. To tackle this challenge, mental health research incentives can be modelled on the Drugs for Neglected Disease Initiative (DNDi), a non-profit drug research and development organization for neglected diseases.[5,18] Through strong partnerships and strategic advocacy, DNDi has successfully incentivized research of neglected diseases, such as Sleeping Sickness and Chagas disease.[18]

Natural Advocates: Identifying Individuals With Similar Interests

A. Citizen Groups

Individuals with MNS disorders, as well as their families, are directly affected by the access to and quality of available mental healthcare services. As a result, they act as important advocates for its improvement.[12] Furthermore, they can draw attention to any shortcomings of the existing system that need to be overcome to ensure the wellbeing and recovery of persons living with MNS.[12,19]

Additionally, feedback from these groups can also directly influence government policies and legislation that pertain to the provision of mental healthcare services.[12] The general public can also lend its support by lobbying for better education and awareness of mental health challenges, and can demand that governments play a more proactive role in promoting the overall mental health of the general population.[12]

B. Mental Health Workers

Due to the nature of their jobs, mental healthcare workers in community or psychiatric hospitals can be empathic towards persons with MNS disorders, and may choose to take on an active advocacy role.[12] Therefore, mental health workers can play a key role in protecting consumer rights, raising awareness and lobbying for improved mental healthcare access and quality.[12]

C. NGOs

NGOs often work with regional and national governments to improve and implement mental health legislation, attract local or foreign investments to fund the programs, and monitor the quality and organization of MHS.[12] Furthermore, they also act as advocacy groups for persons facing mental health challenges and for their families.[12] For example, the Mexican Foundation for Rehabilitation of People with Mental Disorders has spearheaded pilot projects and community services with the Ministry of Health in Mexico.[12] This has resulted in significant changes in Mexico's national mental health policy.[12]

Advocacy Strategies: Influencing Global Decision-makers to Effect Change

A. Training Community Advocates

The upkeep of mental health institutions and community initiatives relies on the dedication and cooperation of communities. Without an understanding of MNS disorders, such initiatives will not be sustainable. As a result, it is essential that community awareness initiatives are at the forefront of advocacy strategies.[20] A particularly effective way of raising awareness is to train influential community

Increased collaboration among researchers, NGOs, and community advocates is crucial to improving mental health research and services. Hebah Khan, 2012.

leaders to become advocates for mental health.[20] These individuals can include professionals such as teachers, social workers, doctors or lawyers, as well as community, faith and political leaders, who can each advocate for mental health within their own respective sphere of influence.[20] For example, teachers can integrate mental health into their curricula, journalists can write about the pervasive effects of mental health, and politicians can advocate for the inclusion of mental health concerns on government agendas. In doing so, these advocates can dispel myths concerning mental health and relay information in a culturally-appropriate and sensitive manner. It is important to partner with local NGOs to identify the most influential members of each community, and to target those individuals to become advocates. This will maximize the influence and effectiveness of the training program.

NGOs and charity organizations with a vested interest in mental health, such as the World Federation for Mental Health (WFMH), can collaborate with academic institutions in the regions of interest to develop training programs for community leaders. This advocacy strategy is modelled on an initiative developed by the Canadian charity Save The Mothers (STM) in partnership with Makerere University in Kampala, Uganda.[20] The Uganda-based organization offers a Masters of Public Health Leadership (MPHL) program for professionals and community leaders with an interest in improving maternal healthcare in Uganda.[21] The program has been very successful since its inception in 2005, and can be used as a model for mental health advocacy.[20,21]

B. Advocating for a Special Session of the UN General Assembly

In order to draw further attention to mental health and place it on the global agenda, international NGOs and national governments should advocate for a special session of the United Nations General Assembly devoted to mental health. This session could urge UN member states to endorse a Declaration of Commitment to improve current

Community advocates play a crucial role in raising awareness in a culturally appropriate manner; in this picture, a teacher in Ghana discusses stigma and discrimination with his students. Allyson Shorkey and Michael Baxter, 2011.

mental health systems and overcome the economic barriers that prevent their implementation.[5]

This strategy has proven effective in the recent past. At the World Health Assembly in May 2009, a number of international organizations devoted to non-communicable diseases (NCDs) and UN member states successfully campaigned for a special session of the UN General Assembly devoted to NCDs.[22] As a result of their advocacy efforts, the special session on NCDs took place in September 2011, having been backed by a third of the world's population and a quarter of the UN member states.[22] Despite being an NCD, mental health was not thoroughly addressed during this special session. In fact, only one clause in the final resolution was devoted to MNS disorders.[23]

Due to the complex nature of MNS disorders and potential interventions, addressing these along with other NCDs is insufficient. Moreover, after the 2011 conference, there have been calls for a special session on mental health by experts who have voiced their opinions through prestigious academic journals such as The Lancet and PLoS Medicine.[24]

A number of external players and factors contribute to the feasibility of this advocacy strategy. India, for example, has been a strong advocate for MNS disorders. In January 2012, India, with the support the United States and Switzerland, convinced the WHO Executive Board to pass a resolution on mental health.[25] Since WHO has already put forth a plan of action to coordinate mental health efforts by health and social sectors at the country level, there is a greater likelihood of success for those advocating for a special session of the UN General Assembly devoted to mental health.[23] Additionally, nations should collaborate with international NGOs, such as the International Society for Mental Health and the World Federation of Mental Health, in order to present a united front for their advocacy efforts. Therefore, a coalition of influential organizations and UN member states can successfully advocate for a special session on mental health in order to push the issue onto the global agenda.

A Woman celebrates World Mental Health Day. Dili, Timor-Leste. Martine Perret, 2008.

C. Increasing Collaboration through Mind Link

There needs to be more collaboration among academic institutions, NGOs and community advocates to encourage the adoption and implementation of efficient evidence-based interventions to improve MNS services. There are currently many institutions involved in mental health research, each with its own comparative advantages. The International Mental Health Research Organization raises large amounts of money, possibly due to its numerous celebrity endorsements.[26] Another organization, the Centre for Addiction and Mental Health, uses strict quality assessments for the research available to its clients, their families and health professionals looking for up-to-date information on addiction and mental illness.[27] By collaborating with one another, research centres and institutions can pool both monetary and

intellectual resources to catalyze more significant achievements in mental health research.[12]

Online blogs and forums can be used as effective means of bringing like-minded stakeholders together. We propose the creation of a "Mind Link" online interface as a means to increase collaboration among researchers, NGOs and community advocates from different parts of the world who choose to register with the interface. This interface will allow researchers to share their knowledge and compare research evidence. Increased networking among academics can allow for faster dissemination of research evidence and efficient sharing of ideas.[28] Additionally, this online interface will allow NGOs and community advocates to ask questions and seek the technical expertise of the researchers.[28] This exchange of ideas and research will encourage NGOs and community advocates to implement evidence-based interventions in their local communities in a culturally sensitive manner.[28] Furthermore, this online interface can also help different institutions and individuals voice their views on various barriers to access to mental health services, and share their ideas and research on how these barriers can be overcome.[28] Mind Link will serve as an inexpensive avenue for like-minded individuals to continue collaborating over long distances.[28] Additionally, Mind Link can also serve as a useful post-conference tool for stakeholders to maintain relations and follow up on long-term goals. As a result, this will allow for the development of long-term strategies to address and overcome challenges associated with MNS.

Resources Needed:
Putting Ideas in Practice

In order to implement the proposed advocacy strategies, necessary resources must be identified and secured. Essential human resources include community leaders and professionals trained to advocate for mental health locally: UN member state representatives who must advocate for and partake in the proposed special session of the UN General Assembly; academics and researchers who will contribute to the Mind Link online interface; and web designers to maintain the interface. Intellectual resources include educational materials to train community advocates and members of the public.[12] Finally, national governments must provide funding to maintain community advocacy programs, while funding must be secured from academic institutions to implement and promote Mind Link.

Indicators of Success:
Assessing the Change

A. Awareness

The development of community-based mental health awareness initiatives will result in an increased collective recognition and acceptance of MNS disorders. By having different professionals and influential members of society advocate for mental health, there will be a variety of awareness initiatives

With a United Nation General Assembly Special Session concerning mental health, UN members states would be compelled to improve the status of mental healthcare in their countries and recognize the importance of addressing mental health. United Nations, New York. Marco Castro, 2007.

that target different population demographics.[13,29] Moreover, the involvement of media, celebrities, public figures and reputable leaders will foster a widespread understanding of mental health.[29,30] Therefore, increased awareness can indicate a decrease in the stigmatized perception of mental health in all levels of society.

B. Academic Collaboration and Incentives

Increased academic collaboration can take the form of online interfaces, annual conferences or joint projects between researchers from different institutions. Such initiatives serve as indicators of progress because they allow researchers to keep up-to-date with the latest mental health information, as well as discuss efficient means of targeting MNS disorders.[5] Moreover, the development of a fund to support such collaborative activities will indicate a fast-track in the development of medicinal or psychosocial treatments.[5] It will also reflect an increase in the cross-pollination of ideas to promote synergies between academics in the field. Additionally, the success of the Mind Link interface can be quantified by the number of web page visitors and registered users.

C. World Health Assessment Instrument for Mental Health Systems

The WHO's World Health Assessment Instrument for Mental Health Systems (WHO-AIMS) can generate essential information to aid in the tracking and delivery of mental health services.[9] Adapted from a number of suggestions in the World Health Report 2001, it includes the provision of MNS treatment in PHC, making psychotropic drugs available, educating the public, involving communities, families and consumers, and supporting more research.[31] LMICs can employ the WHO-AIMS to provide them with a reliable measure of their country's mental health system.[31]

Actionable Key Messages

✏ Mental health challenges severely threaten economic and social progress in LMICs; therefore they need to be framed in these contexts in order to be prioritized on the global agenda.

✏ MNS disorders pose a multifaceted problem, compounded by stigma, little academic attention, poor health systems, and a lack of resources.

✏ Advocacy efforts must be geared towards training community advocates, lobbying for a special session of the UN General Assembly devoted to mental health, and creating an online interface to improve collaboration between the stakeholders involved in mental health initiatives.

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The status of mental health services is likely to be leveraged by identifying influential members of a community and training them to become advocates for mental health. Regel El-Kubri, Sudan. Stuart Price, 2008.

Villagers walk 20 minutes to the nearest water source in rural Ghana. Sarah Hampson, 2008.

Chapter 3

Brain Drain: Advocating to Alleviate the Global Health Worker Migration Crisis

Jessica Chen, Sarah Hampson and Alessandra Robertson

Abstract

Background

The international migration of health personnel has become increasingly detrimental to fragile health systems over the last half century. This migration compounds the effect of the existing global health personnel shortage. Decreased health worker density is associated with increased infant mortality, which is an indicator of overall population health.

Findings

To address the global health worker migration crisis, policy options include: financial and technical support from destination countries; bilateral and multilateral agreements between states; creation of self-sufficient healthcare systems; and collection of reliable migration data. Implementation requires the support of key stakeholders such as the World Health Organization, member states, and other international organizations. However, there are many obstacles to policy change, including the power disparities between source and destination countries, ethical sensitivity of policies, financial incentives, lack of data collection, and limited international cooperation.

Advocacy Strategies

Media campaigns can be used in destination countries to mobilize citizens and influence national policy. Research initiatives can galvanize action at grassroots, national and international levels. Regional conferences can bring together key stakeholders and promote collaboration between source and destination countries. All efforts will be overseen by an international advocacy group.

Keywords

Advocacy; brain drain; destination countries; global health; health workers; migration; WHO Code of Practice on the International Recruitment of Health Personnel

Nature of the Issue

Brain drain – the migration of health personnel seeking access to better opportunities and an improved standard of living – threatens the stability of healthcare systems across the developing world.[1] The health worker migration crisis exacerbates the pre-existing global health personnel shortage of 4.3 million.[2] While there are other patterns of migration, such as internal and lateral, this paper will focus on migration from developing to developed countries. This phenomenon has worsened at an unprecedented rate over the last half century, particularly in the last decade.[2,3] Developing countries from which health workers are emigrating will be referred to as "source" countries. Developed countries to which these workers are migrating will be referred to as "destination" countries. The HIV/AIDS epidemic, poor working conditions, lack of professional development opportunities, and poor wages all contribute to this harmful emigration.[4,5] In destination countries, aging populations, an increase in healthcare specialization, and new medical technologies create a powerful demand for health workers unmet by domestic health professional education systems.[1,6] This is compounded by international recruitment.[1,6]

Evidence shows that more than 20% of physicians working in Australia, Canada and the United States are foreign-trained.[1] Migration has reached critical levels in countries such as Sao Tome, Ghana, Haiti and Jamaica, with 30% or more of physicians practising outside of their country of medical training.[7-9] Similar trends are seen in the migration of nurses, with the United Kingdom reporting 25% of its foreign-trained nurses are African.[7] Emigration of health workers contributes to decreased health worker density. This is associated with increased maternal, child, and in particular infant mortality,[10,11] which is an indicator of overall population health.[12] This partially results from increased workloads and decreased health system capacity.[13] An important factor is the emigration

of experienced workers, leaving novices who do not possess the level of expertise to provide competent care.[13]

Further, adding to the complexity of this issue are the potential benefits of health worker migration. Source countries that supply health personnel to destination countries often gain remittances, external financial investments in healthcare education, and opportunities for professional development and knowledge transfer.[14] However, permanent migration negates these benefits, as there is a loss of knowledge, experience and public spending on health professional education.[5]

Policy Options

In May 2010, the 63rd World Health Assembly unanimously adopted the World Health Organization Code of Practice on the International Recruitment of Health Personnel (hereafter referred to as the Code).[15] The Code primarily focuses on the recruitment of health personnel, but it also includes provisions on strengthening health systems capacity.[15] It serves as a guideline and structure in which to increase collaboration and dialogue between states, health personnel and international organizations.[15] Four key policy recommendations proposed by the Code are: 1) increasing health systems capacity; 2) bilateral and multilateral agreements; 3) workforce self-sufficiency; and 4) migration statistics.[15]

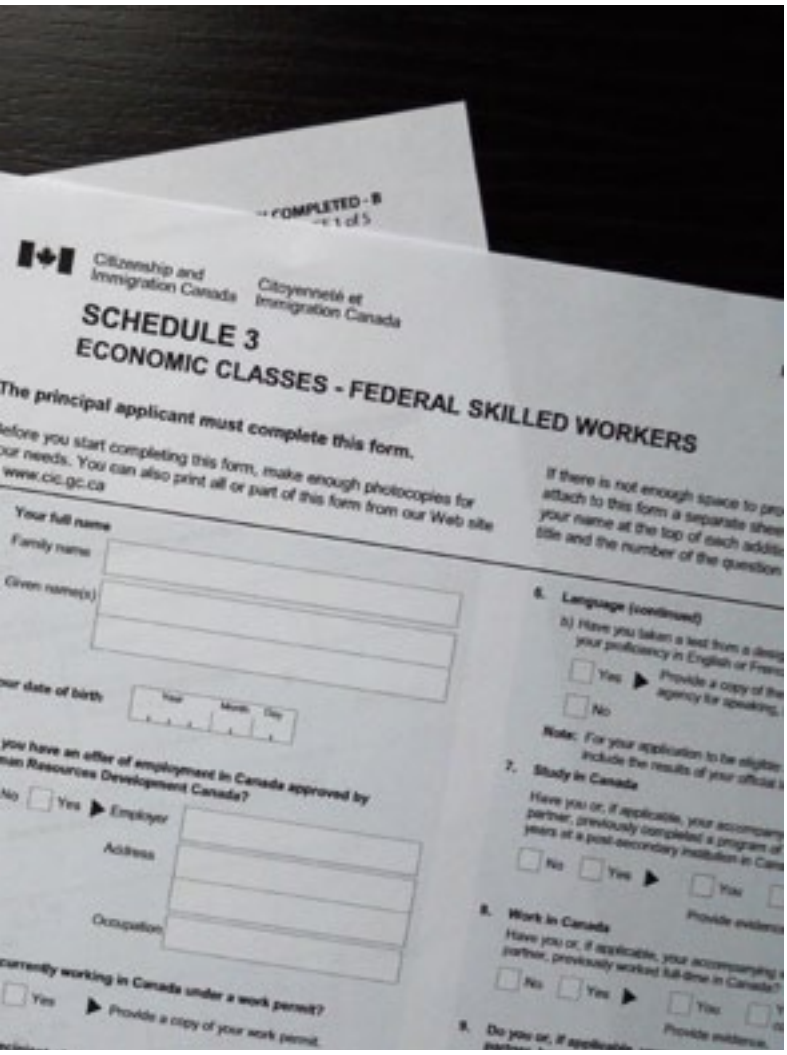
According to the Code, destination countries should supply the necessary technical and financial resources to strengthen the health systems of source countries.[15] Destination countries and international donor organizations should relax traditional donor rules, allowing international development funds to be used for health worker development and wages.[5,6,15] The responsibilities of source countries include expanding healthcare budgets with the goal of improving working conditions, training, wages, career development and continuing education opportunities.[5]

It is essential to negotiate bilateral and multilateral agreements between states.[15]

Immigration documents. Sarah Hampson, 2012

International cooperation and coordination are necessary to ethically manage migration and recruitment of health personnel.[15] Arrangements can include facilitating circular and return migration, encouraging health personnel to return after working overseas.[5] This strategy has been effective in the Caribbean.[5] A more controversial arrangement involves destination country investment in source country institutions to train a surplus of health personnel.[13] However, this has recently come under criticism due to a net loss of nurses in the Philippines.[5,13]

Health workforce self-sufficiency must also be addressed in both source and destination countries. Destination countries should strive to strengthen their own health systems, thus reducing



the need for recruitment of health personnel from source countries, particularly those facing critical shortages.[15] Source countries are encouraged to adapt education to local conditions with the goal of producing and retaining qualified, community-oriented health personnel.[1,8] Shifting the focus away from expensive Western procedures and tools, by offering teaching and research opportunities in locally relevant medicine, result in less incentive for health workers to concentrate on Western specialities.[7]

Finally, there is a need for increased availability, quality and comparability of migration statistics.[5] There should be an international standard of migration data collection methods.[16] The strengthening of information systems and information exchange between countries will also assist in evidence-informed policy development.[5,15,17]

Key Stakeholders

For each of the proposed policy options, there is a network of stakeholders that should be included in the dialogue to create an effective and sustainable response to the health worker migration crisis. Regarding health systems strengthening, essential players include international organizations such as the World Trade Organization, international donor agencies, financial and development institutions, and WHO member states.[15] Member states must be involved in the negotiation of bilateral and multilateral agreements.[15] To ensure workforce self-sufficiency, the WHO, member states, health personnel and health professional organizations must all be included.[15] Stakeholders capable of information generation and exchange must be consulted to address the gap on migration statistics. These include public agencies, academic and research institutions, health professional organizations, sub-regional, regional and international organizations, as well as national governments.[15]

Past Obstacles to Policy Change

The most significant factor that has prevented global decision-makers from implementing the proposed policy changes addressing health worker migration is a power dichotomy between source and destination countries. Source countries suffer from personnel shortages and consequently diminished quality and availability of healthcare services.[11,18] They would therefore have the most incentive to promote policy changes. Yet the vast majority of source countries are low-income countries lacking the resources and power to initiate and support international agreements.[8,11,18] It follows that source countries require financial and political support from wealthier countries. However, the powerful, high-income countries that can afford to initiate change,

such as the United States, are also the top recipients and beneficiaries of migrant health workers.[1,8] These destination countries benefit greatly from an influx of trained personnel due to their lack of workforce self-sufficiency.[1,6] This power dynamic impedes international collaboration on health worker migration.

Another significant factor that has deterred policy change is the ethical dilemma of preventing migration from source to destination countries. Freedom of movement is a human right.[1,19] The predominant push factors for health worker migration are poor remuneration, poor working conditions, safety and lack of opportunity.[1,4,7] Aggressive policies tackling health worker migration can consequently be interpreted as preventing potential migrants from seeking a better life or even restricting their human rights. Conversely, access to healthcare is also a human right, and migration of health workers has a direct negative impact on the healthcare system in source countries.[11,19] The ethical complexity of the problem has thus prevented policy change.

Future Obstacles to Policy Change

The aforementioned barriers will continue to hinder policy change. However, recent progress, marked by the adoption of the Code, may not be sustained due to additional obstacles that are likely to arise in the future. First, the Code is voluntary,[15] and therefore signatories are not bound by law to implement its provisions.[3] This limits the extent to which member countries can be monitored and held accountable. To combat this accountability gap, advocacy efforts should promote the Code as a platform for more specific bilateral and multilateral agreements that are legally binding. Additionally, national governments should be encouraged to integrate the principles of the Code into national policy. Advocates should also focus on improving data collection as a means of monitoring adherence to the Code.

Financial assistance is another obstacle to policy change. Successful implementation of the Code requires the financial support of destination countries, yet the level of resources currently mobilized is inadequate.[8,20] In response to this financial gap, advocates should garner the support of destination countries through lobbying and awareness campaigns. In addition, changing the conditions under which recipients of aid can use this funding could help free up existing funds for wider usage.[5]

A third obstacle to policy change is reliable data collection. This may be due to the financial burden of producing reliable statistics, difficulty in comparing data across locations and time periods, governments' reluctance to share migration data, and the undervalued importance of data collection.[5,18,21] There are a number of ways to improve the quality of migration data. Advocates should promote awareness of the importance of data and emphasize information exchange, as highlighted in Article 7 of the Code.[15,21] Advocacy efforts should also focus on the creation of international standards for data collection and networking opportunities to share data between source and destination countries.[21]

Finally, international collaboration and coordination poses an obstacle to policy change. The vastly differing positions of countries on health worker migration prolonged the creation of the Code – it took six years for the Code to progress from a mandate to an adopted code of practice – and will continue to slow agreements on this issue.[3] It is important to advocate for forums of international discussion, learning and strategy sharing in order to spur progress in this field.

Future obstacles – the lack of legally binding agreements, financial incentives, reliable data and international coordination – are interdependent and require sound advocacy strategies to be overcome.

Natural Advocacy Partners

The most natural advocacy partner for this issue is the WHO itself, as it created and strives to implement

the Code.[3] Additionally, the health worker migration crisis compounds existing health personnel shortages and prevents the achievement of health-related Millennium Development Goals supported by the WHO. A more focused effort includes the Health Worker Migration Policy Initiative, which promotes and supports implementation of policies to mitigate the health worker migration crisis.[22] Other key partner organizations include the Global Health Workforce Alliance, the International Organization of Migration, and the World Health Professions Alliance.

Non-governmental organizations (NGOs) will also play an important role in supporting advocacy efforts. Some NGOs that are actively adjusting their policies to minimize the effects of the health worker migration crisis include Physicians for Human Rights, Doctors Without Borders and the Global AIDS Alliance. Furthermore, most health-related organizations require health personnel to implement their interventions. Some examples include: the Global Fund to Fight AIDS, Tuberculosis and Malaria; the Bill and Melinda Gates Foundation; and the Global Alliance for Vaccinations and Immunization.

Advocacy Strategies

Ideally, advocacy strategies would involve both source and destination countries. However, addressing the issue in source countries would require extensive health systems reform and development work, involving disciplines outside of healthcare.[11] This is beyond the scope of this chapter on health worker migration advocacy. Thus, the strategies proposed will mainly target the role of destination countries in deepening this problem. Given the current complexity of the issue, this is the most realistic approach.

Media Campaigns

Media advocacy is an important tool to achieve political prioritization in destination countries. Since the proposed policy changes conflict with destination countries' interests, they will not be a natural priority for governments in destination countries.[23] Consequently, targeting citizens, as opposed to lobbying governments directly, may be the most effective strategy in this situation. Awareness media campaigns can mobilize citizens to pressure policymakers and stakeholders to take action, as these powerful actors are responsive to public opinion.[24,25] A recent example of an effective media campaign using grassroots mobilization is "Make Poverty History." Through rallies, emails and letters, mostly by students and young professionals, Canada's Parliament passed the Official Development Assistance Accountability Act (more commonly known as the Better Aid Bill).[26]

The specific media strategy must be tailored to educated individuals or those who have a personal connection to the issue, as they are more likely to be politically involved.[27] Media campaigns should employ various sources such as social media, petitions, rallies, radio, television, websites or newspapers.[24] Concrete tools such as pre-scripted emails and letters should be provided to facilitate ease of action.[26] For this target audience, migration of health workers should be framed as a human rights issue. According to the Constitution of the WHO, "the enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being."[28] Health workers are the most basic constituent unit of every health system, thus excessive international migration and unethical recruitment are jeopardizing this basic human right. It is the responsibility of governments with power to stop the widening disparities.[28]

However, due to the complexity of this issue, opposition is to be expected. Groups that aim to improve the quality of healthcare in destination countries by advocating for an increase in the number of health workers would oppose this campaign. Although this is a justified cause, in response the media campaign could emphasize the direct effects of supporting unethical health worker recruitment.

Lecture hall at Maseno University in Kenya. Jessica Chen, 2011.

Research Initiatives

In many cases, research itself is an effective advocacy strategy. Successful interventions must be evidence-based, and a thorough understanding of the problem is necessary for the creation of appropriate solutions. Generation of high-quality research will better define the problem and increase the political priority of the issue.[29] It will also bring about a greater appreciation for the scope of the problem globally, elucidating the relationship between health worker recruitment and the health and survival of individuals in source countries.[11,30] This requires both quantitative migration statistics and qualitative studies about the context of health worker migration.

The issues surrounding health worker migration are highly complex and interconnected. It is imperative that research gaps be filled to advocate for policy change.[10] One area with limited research is the effectiveness of the policy changes proposed by the Code, such as bilateral and multilateral agreements, as well as in which contexts they may be successful.[15]

Regional Conferences

The fact that the Code was adopted indicates that the issue has received attention from the international community. Global advocacy efforts must therefore focus on taking action and it will be important for countries to engage in dialogue to share knowledge and negotiate agreements.

There have been initial efforts to promote international collaboration: the International Conference on Ensuring Tomorrow's Health: Workforce Planning and Mobility, and the Latin American Network for Migration of Health Professionals are both initiatives focused on migration from Latin America to Europe.[31] Resulting outcomes include highlighting good practices, identifying progress and challenges, and coming up with a work plan.[31] This approach shows promise, and should be expanded to other regions experiencing health workforce migration, such as Asia, Sub-Saharan Africa and North America.[1]

Maseno University in Kenya. Mike Baxter, 2011.

A series of smaller conferences could provide an opportunity for further sharing of knowledge between various stakeholders, including government officials, NGOs, international organizations, recruiters and researchers. Source countries could share retention strategies, destination countries could share workforce planning strategies, and source and destination countries could establish bilateral or multilateral agreements. These conferences would be led by the WHO Health Worker Migration Policy Initiative Task Force, as leadership by a previous champion of the cause will contribute to their success.[29]

These conferences should be ongoing to allow for continual communication between important actors. Regular contact between source and destination countries will also create mutual understanding and establish obligation and accountability for destination countries. This will create natural timelines for initiatives, avoiding unfulfilled commitments. Being faced by source countries and seeing the negative implications of their contribution to health worker migration may put pressure on destination countries to act.

Advocacy Group

The creation of an international advocacy group would provide the leadership required to coordinate advocacy initiatives for such a complex issue. A unified voice increases credibility and is more effective at generating political prioritization.[29] The advocacy group would include representatives from affected countries, experts in health worker migration, statistical analysts, and individuals with advocacy experience. The purpose of this group would be to oversee and coordinate international advocacy efforts, including media campaigns in destination countries, research projects, and international initiatives such as conferences and networks.

This strategy was successful in the case of the Framework Convention Alliance, which was a significant contributor to the development, ratification, and implementation of the WHO Framework Convention on Tobacco Control.[32] In the case of health worker migration, a new advocacy group could play a similar role in the implementation of the Code.

Resources Needed to Pursue the Identified Advocacy Strategies

According to the WHO, the Code would require $24.3 million USD to implement.[20] They propose that communication and advocacy should take up 13% of resources – $3.16 million USD. Since the policy options proposed by this paper are covered under the Code, this is an appropriate estimate of the funding required for the aforementioned media campaigns, research, conferences and advocacy group.

Human resources are also required, including individuals with marketing and design expertise for the media campaign, academic experts to conduct research, and conference planning teams, as well as a team to oversee coordination and implementation of all advocacy strategies.

Indicators of Progress and Success

Ultimately, the goal of tackling health worker migration is to improve the quality and availability of healthcare worldwide by increasing the number of health workers in each underserved country. An increased health worker density in source countries would therefore be an ideal indicator of success

Specifically, the success of media campaigns can be measured by the priority of the issue on the governmental agendas of destination countries, the number of people reached by the campaign, and the amount of news coverage. Research success can be measured by the number of peer-reviewed articles published on health worker migration. For the regional conferences, indicators of success include the

Emergency room at Clínica del Ttío in Cuzco, Peru. Sarah Hampson, 2009.

number of attendees, the resolutions passed and the continuity of the conferences each year.

Implementation of the proposed policy changes would also indicate the success of the advocacy strategies. Progress in financial commitment from destination countries would be reflected in increased funding for source countries. Improved data collection could be shown by an increase in the number of countries reporting health worker migration statistics to the WHO, and the completeness of this data. An increase in the number of bilateral and multilateral agreements would indicate improved international collaboration and coordination. Lastly, progress in healthcare workforce self-sufficiency would be reflected in an increased percentage of domestic personnel in the health workforce of destination countries and an increased percentage of health workers choosing to stay in or return to source countries.

Key Messages

✏ Health worker migration directly affects the health of individuals, particularly in countries with critical personnel shortages.

✏ This challenge must be addressed in a way that maximizes the benefits of health worker migration and minimizes its negative impacts.

✏ Collaboration between source and destination countries is at the core of policy options to successfully address health worker migration.

✏ Media campaigns, research initiatives, and regional conferences headed by an internation for solutions to the health worker migration crisis.

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Overlooking Accra, Ghana. Sarah Hampson, 2008.

Portrait of a woman. Marie Frechon, 2007.

Chapter 4

Maternal Health: Advocating for women's right to safe abortions

Margherita Cinà, Johnny Chang and Hugh Guan

Abstract

Background

Unsafe abortions are the leading cause of maternal mortality worldwide. In 2008, 49% of abortions worldwide were unsafe, with most occurring in developing countries. The illegality of abortions strongly correlates with maternal death. In areas with more permissive abortion laws, there are significantly fewer maternal deaths. The World Health Organization (WHO) believes the reduction of maternal mortality, the target of the fifth Millennium Development Goal (MDG), can be achieved by preventing unsafe abortions. Despite this belief, unsafe abortion remains a neglected global public health challenge.

Method

A search of several databases, search engines and governmental and organizational websites uncovered relevant scholarly articles, reports, legislations, recommendations and case studies. This data and literature review served as the foundation for a strategic advocacy plan.

Findings

This paper presents a three-pronged advocacy strategy. First, it proposes an international conference to bring together government officials, advocacy groups and researchers in order to promote dialogue and to build support for safer abortions with the purpose of improving maternal health. Second, it calls for a global litigation strategy to challenge the current state of abortion illegality in most countries. Third, it advocates for a working group to influence the United States Agency for International Development (USAID), the main foreign aid agency of the U.S. Currently, USAID is criticized for being inefficient and outdated, and there is consensus that this agency needs to be reformed. This acts as a window of opportunity to influence USAID's views on family planning funding, specifically its stance on abortions.

Conclusion

With only three years left to achieve the MDGs, it is crucial to address the growing problem of unsafe abortions, which remains one of the most neglected global public health challenges today.

Keywords

Unsafe abortion; Millennium Development Goals (MDGs); conference diplomacy; global litigation; USAID; human rights.

Nature of the Issue

The topic of abortions is a controversial and sensitive issue that needs to be addressed on the global health agenda. An unsafe abortion is a "procedure for terminating an unintended pregnancy either by individuals without the necessary skills or in an environment that does not conform to minimum medical standards, or both".[1] These clandestine procedures are usually performed outside of authorized facilities and are often conducted in unsanitary conditions with no availability of medical backup in case of emergency, and no post-abortion care. Methods of unsafe abortions include ingesting toxins, breaking the amniotic sac with sharp objects, or causing external injury to the abdomen.[2] Complications resulting from these unsafe abortion methods make it the leading cause of maternal mortality.[2] In 2008, 49% of abortions worldwide were unsafe, and approximately 68,000 women die from unsafe abortions every year.[2,3]

Unsafe abortions are a global issue with 97% of cases occurring in developing countries.[3] From 2003 to 2008, the global trends suggest that the number of abortions in developing countries increased by 2.8 million.[3] Furthermore, areas with more liberal laws have, in general, lower rates of unsafe abortions than areas where abortion is subject to stricter laws.[3]

The aim of the fifth Millennium Development Goal (MDG) is to reduce maternal mortality and achieve universal access to reproductive health services.[4] The World Health Organization (WHO) believes that preventing unsafe abortions is one of the easiest methods to reduce maternal mortality, but despite this opportunity, unsafe abortion remains one of the most neglected global public health challenges.[3,5] This strategic advocacy strategy will provide a framework to help bring this issue to the international global health agenda and to motivate change.

Policy Options

A. Changing Restrictive Laws to Increase Access to Safe Abortions

The laws governing abortions around the world range from total prohibition to the allowance of abortions up to the second trimester. In a survey of the literature, it was found that women induce abortions regardless of its illegality.[7] Currently, there are legal barriers towards achieving the right to health. Data supports the conclusion that restrictive laws are ineffective in preventing abortions, and therefore detrimental to maternal health.[5]

B. Improved Resource Allocation

The relationship between abortion's legal status and its practical application is complex. Even in countries where abortions are partially legalized, the lack of physical resources and technical expertise can be additional barriers.[6] For this reason, better resource allocation, leading to health capacity development and better education, is crucial for a comprehensive solution.[5,8] Additionally, resource reallocation will allow for more funding for education on safe abortion methods. For healthcare providers, this will result in training on safer abortion techniques.[5,6] Education will provide women and their communities with the knowledge necessary to prevent unsafe abortions, and could also address issues of stigma associated with abortion practices.[6,5]

Global Decision-makers

The WHO is a major player in global health decision-making. Although its authority has been questioned in the past, the WHO is still a leading institution with the normative power to influence popular discourse.[9,10] It is closely involved with the issue of unsafe abortion as part of its sexual and reproductive health strategy to meet the MDGs.[11] The United States is another major global decision-maker as it is are the largest funders of family planning and

UN Session on the Status of Women. Nancy Hawthorne, 2012.

reproductive health services worldwide.[12] The amount of resources provided by the U.S., its role as an influential global actor, and its opposition to giving aid for safer abortion practices makes the U.S. a critical stakeholder in the decision making process.[5,8,13] Filling in the gap left by the U.S., Scandinavian countries have contributed a large amount of funding, expertise and political support to address unsafe abortions.[5,12] These countries have set an example for other global leaders to follow.[5,12]

Inaction by Global Decision-makers

A major obstacle that prevents laws from being changed by decision-makers is the role of social, cultural and religious values. Abortions, in various societies, do not conform to a set cultural or social norm, and thus suffer from stigmatization.[14] At the community level, stigma can prevent individuals from accessing safe abortion clinics. On the policy level, it can affect legislation of safe abortion measures from being enacted.[14,15] Values against abortions encourage the formation of opposition groups that are able to pressure governments to maintain anti-abortion laws. For example, in Kenya opposition groups recently forced the government to arrest three abortion service providers.[14]

The "Global Gag Rule" and the Foreign Assistance Act's Helms Amendment are examples of the U.S. exporting its anti-abortion ideology, and have prevented funding from going to any programs that promote safe abortions.[16] As a result of the Helms Amendment, the United States government does not provide any funding for safer abortions.[17] It restricts aid-receiving countries from increasing their capacity for safe abortions.

The Helms Amendment itself is not as restrictive in allowing funding for safe abortions as the United States Agency for International Development (USAID) has interpreted.[13] The Amendment states that "provisions shall not be construed to prohibit, consistent with local law, information or counseling about all pregnancy options".[13] This means that countries that have changed their laws to allow for abortions still cannot receive resources from the United States. USAID maintains its strict interpretation of the Helms Amendment because of the political sensitivity around the issue of abortion in the U.S., and the systemic issues of the funding agency.[13] The governing structure of USAID has contributed to such inefficiencies and inaction. Ultimately, the Helms Amendment needs to be repealed, but until then, USAID should reinterpret the Helms Amendment more generously.

Future Obstacles to Policy Change

Social, cultural and religious values are slow to change and will continue to be an obstacle for safe abortions in the future. Opposition groups that base their lobbying on these values will most likely still advocate against changes in policy.[14] It is probably

A view of the United Nations Human Rights Council. Jean-Marc Ferré, 2011

Ivorian women waiting for consultation. Hien Macline, 2012

not productive to challenge groups on their values. It would likely be more effective to continue to frame unsafe abortions as a larger human rights issue that is universally consistent with all values, such as the right to health.

Political pressure will also remain as an important barrier to policy change. Since this issue is controversial, some politicians will be against future policy change.[13] In addition, some constitutions may not support an explicit or implicit right to health, despite the recognition of this right in international treaties. Some judicial systems may not have the capacity to enact any change.[18] However, if abortion laws are changed to allow greater access to safe abortions worldwide, then positive results in early-adopting countries may open up windows of opportunity for changes in non-willing countries.

Natural Advocates and Partners

The WHO, in addition to being an important global health decision-maker, is an advocate for safe abortions. Its greatest strength is that it can provide the technical resources and the political capital for influencing change.[9,19] One weakness of the WHO is that it is responsible to its funders and a large portion of its annual funding comes from the United States, a country that does not currently provide funding for safe abortions globally.[19] NGOs can also be advocacy partners; Ipas is the most prominent organization in advocating for an end to unsafe abortions. Ipas engages in a range of activities both on the international stage and in local communities involving research and education.[20] Additionally, NGOs involved with women's rights, such as MADRE, and human rights, such as Amnesty International, can sustain the movement and relate it to more visible issues.[21,22] Including NGOs as an advocacy partner takes advantage of their ability to mobilize communities at the grassroots level.[5] Among limitations of NGOs are the perception that they lack accountability and transparency, and their tendency to attract controversy from opposition groups.[23,24]

Other potential advocacy partners include politicians who are sympathetic to the issue of maternal health. Their involvement in government can influence legislation and resource allocation. Governments

can also set an example for other countries in their region,[5,6] although such positive role modeling is not always emulated.

Advocacy Strategies

A. International Forum and Conference Diplomacy

In 2007, Marie Stopes International, an international family planning organization, hosted one of the first maternal health conferences that focused specifically on unsafe abortions.[25] Now, five years later and with only three years left to achieve the MDGs, a follow-up conference should be held to ensure that more action is taken on maternal health and unsafe abortions. This should be a collaborative event jointly organized by the WHO and its member states. Having the WHO co-organize this conference will legitimize the event and emphasize the urgency of this issue. One historical example was the 1978 Alma Ata Declaration, which established health as a human right. Countries have used this declaration that resulted from this conference as a foundation for expansion of their primary healthcare services and improved access to healthcare more broadly.[26]

The purpose of this proposed conference on safer abortion is to bring the topic of unsafe abortions to the attention of the international community, with particular reference to how it relates to the fifth MDG. This international conference should also promote dialogue between the various stakeholders – government officials, advocacy groups and researchers – and act as an information-sharing opportunity to build support for action promoting safer abortions. International agreements on economics, security and health have demonstrated the ability of conference diplomacy to encourage dialogue.[27] A desired outcome of this conference is a declaration that frames unsafe abortions as a violation of an individual's right to health. This can include an action plan with time-specific targets and commitments by countries that would lead to the eventual elimination of unsafe abortions worldwide. A similar example is the United Nations' political declaration on HIV/AIDS that also utilized the human rights framework to encourage progress towards its goals.[28]

To ensure the success of this conference, key stakeholders interested in making abortions safer will be invited to attend and participate in the conference's planning. Invitees should include health leaders from both developed and developing countries, government agencies such as USAID, and non-governmental organizations, such as Ipas, that focus on maternal health.[29]

Limitations of this strategy include the fact that conferences are sometimes perceived to be expensive and not always providing tangible results. While these limitations must be acknowledged, conferences can foster international cooperation. This conference should also be careful to set ambitious yet realistic goals to help achieve progress in reducing the rate of unsafe abortions worldwide.

B. Global Litigation Strategy

There is an opportunity for a global rights-based litigation strategy to challenge the current state of abortion illegality.[5] This advocacy strategy will demonstrate, using the correlation of the restrictiveness of abortion laws and the number of maternal deaths, that the illegality of abortions is a violation of an individual's right to health.[5] Globally, roughly 70% of countries have some form of health guarantee, even though the right to health may not be explicitly expressed as a constitutional right.[30] Some countries, such as Canada, have been able to offer the protection by using other provisions, thus the right to health may require a creative litigation approach and generous interpretation.[18] Two landmark cases in South Africa – Minister of Health v. Treatment Action Campaign (2002) 5 SA 721 CC, and Soobramoney v. Minister of Health KwaZulu Natel 1997 (12) – have shown that while the jurisdiction of resource allocation lies with the state, the states must provide adequate resources and

Afghan mother with children. John Isaac, 1988.

healthcare to their citizens.[18] In Argentina, Mariela Vicencente v. Ministry of Health and Social Welfare Case No. 31.777/96 (1998) guarantees access to medicine and/or treatment, requiring the state to take concrete action. It is the hope of this strategy to ensure the right to health by forcing states to create measures to allow safe abortions.[18] These landmark cases have demonstrated that the right of health case can be upheld in different courts around the world. One tool that can be used in some countries is a public writ interest litigation that is an action in equity to enforce fundamental human rights such as health.[31] In countries that have recently changed their laws to allow abortions, litigation is a form of judicial enforcement to back up the legislative body.[13] The goal of the global litigation strategy is to not only change abortion laws and ensure adequate resource allocation, but also to set a precedent for further advocacy strategists. Judicial challenges and domestic litigation may force legislatures to rethink abortion policy.

There are three main challenges to this strategy. First, countries may not have an expressed right of health in their constitution.[18] Second, there may be a perception that the practice of safe abortion is forced upon low- and middle-income countries by more powerful countries that are insensitive to their cultural and religious contexts.[32] Third, without proper political support, resource allocation may still pose an issue since some courts have shown an unwillingness to detail the process by which their rulings must be implemented.[33]

The first challenge could be overcome by creatively and generously interpreting national constitutions.[18,32] The second challenge can be lessened by framing the issue through a legal and rights-based frame.[18] In addition, the use of domestic litigation, empowering local lawyers, and utilizing the domestic courts, can mitigate the perception that safe abortion is forced upon low- and middle-income countries by other more powerful states.[32] In terms of cultural and religious sensitivity, a media campaign aimed at promoting women's health and increasing public awareness about the dangers of unsafe abortions may shift cultural and religious attitudes.[33] The third challenge can be addressed by shifting public attitudes and actions of working groups.

The advantage of this strategy is that it forces open a policy window to address unsafe abortions. Since abortions can impinge on cultural and religious sensitivities, often times it is not discussed.[15] It also brings the issue of maternal health and the right of health into the public consciousness and, with a supplementary campaign similar to the one in the Treatment Action Campaign court case in South Africa, it can shift attitudes on safe abortions.[18,32,33] The greatest strength of this strategy is that it can be implemented in many countries.

C. Working Group on Reforming USAID

Informed by the practices of the tobacco industry lobby, abortion advocacy groups should suggest the formation of a working group on reforming USAID. In doing so, safe abortion advocacy groups will have the opportunity to influence U.S. foreign aid policy.[34] This effort will try to shift USAID to reinterpret the Helms Amendment to allow for reallocation of resources and include funding for safe abortions as part of their family planning programs.[8] This advocacy proposal is a synthesis of mutual concerns of both safe abortion advocates and the United States government. Internally, the United States has expressed interest in forming a working group for USAID because it feels that there are inefficiencies in the organization and issues of outdated governance mechanisms.[35] The advocacy strategy takes advantage of this potential policy window.

The major benefits of this strategy are that it works within existing systems and its implementation can begin without much opposition.[34] As a result of being part of regular government activity, it will most likely pass unnoticed by the mass media and will not suffer from negative public opinion. This will

Pregnant woman concerned about her health in Haiti. United Nations Photo. 2010

bypass some of the obstacles preventing change in the public sphere such as general social values and pro-life organizations in the U.S. Advocacy groups also need to encourage the participation of USAID recipients because of their roles as stakeholders to ensure the successful implementation of safe abortion clinics once resources are reallocated.

The strategy of a working group is feasible despite concerns that the United States may be hesitant to form a working group with NGO participation, and that the working group may not be able to influence meaningful change. The tobacco industry's lobby in the European Union demonstrated that it was possible to integrate its interests into the governance mechanisms through working groups. The lobby influenced the decision-making process of key stakeholders.[34] However, one weakness may be the transparency of this strategy. If the government recognizes that an NGO is attempting to influence national policies, it may marginalize other NGOs in the decision-making process as a whole, and be counterproductive to the goals of the advocacy efforts. It is a high risk strategy, but it has the potential to lead to a breakthrough for better resource allocation.

Actionable Key Messages

✏ Unsafe abortion is the leading cause of maternal mortality and is a violation of the right to health.

✏ Conference diplomacy, working groups and litigation are tangible strategies to advocate for safe abortions, ensuring that the right to health is protected and resources are properly allocated.

✏ With only three years left to achieve the UN's fifth Millennium Development Goal of reducing maternal mortality, there is an urgent need to reverse global inaction on addressing unsafe abortions.

Resources Needed

Human and financial resources are needed to achieve the feasibility of this advocacy strategy. For the conference, the host country can provide the logistical, financial and human resources. NGOs concerned with maternal health can provide the necessary financial and human resources required for litigation and the subsequent media campaign that surrounds it, and stakeholders to influence the development of the working group. These include legal teams, plaintiffs, court resources and media correspondents.[13,33]

Indicators

There are three possible indicators of success linked with the goals of the advocacy plan. The first and most evident indicator would be the global reduction in the number of unsafe abortions. The second indicator will be reflected by changes in abortion laws around the world. This can be monitored by the WHO, as it already gathers information annually on unsafe abortions and abortion laws through its sexual and reproductive health programs.[6,11] The third indicator will measure the changes in resource allocation by the United States through press releases and annual reports.[29]

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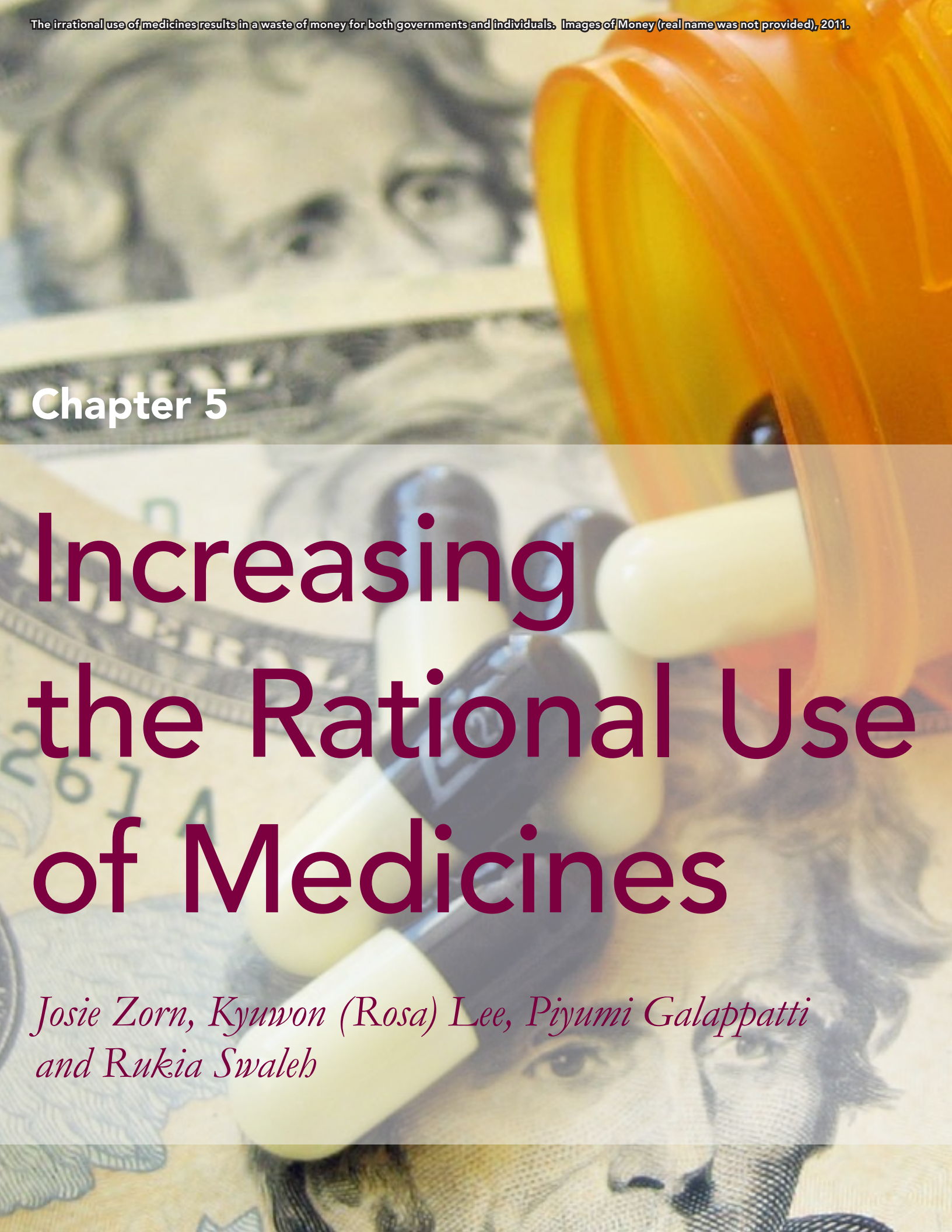

The irrational use of medicines results in a waste of money for both governments and individuals. Images of Money (real name was not provided), 2011.

Chapter 5

Increasing the Rational Use of Medicines

Josie Zorn, Kyuwon (Rosa) Lee, Piyumi Galappatti and Rukia Swaleh

Abstract

Background

More than half of all medicines worldwide are prescribed, dispensed or sold inappropriately, and half of all patients fail to take them correctly. This poses a threat to patients' health through increased antimicrobial resistance and adverse drug reactions, and also results in a waste of limited healthcare resources. Although the problem of irrational use of medicines is a global issue, it is more prevalent in developing countries and has more severe effects due to the existing shortage of medicines.

Method

A literature review was conducted to identify the nature of the irrational use of medicines problem, policy options available, key decision-makers, barriers to action, future obstacles, and natural advocacy partners. Insights obtained were then applied to develop an advocacy strategy to promote the rational use of medicines in developing countries.

Plan of Action

According to the literature, only 50% of governments have implemented policy options recommended by the World Health Organization (WHO) to promote the rational use of medicines. To increase political prioritization, we propose the formation of a global coalition for the rational use of medicines, an annual regional course to increase the knowledge of healthcare professionals about the rational use of medicines, and a global forum to discuss appropriate policies to address it. To increase the perceived urgency of the problem, the global coalition could emphasize the link between irrational use of medicines and increasing antimicrobial resistance, which poses a serious threat to global health.

Intended Outcomes

By prioritizing the rational use of medicines on the global health agenda, it is hoped that more governments will implement WHO's recommended policy options. This should lead to a decrease in the irrational use of medicines around the world.

Keywords

Rational use of medicine; access to medicines; antimicrobial resistance; advocacy; developing countries.

Nature of Issue

More than half of all medications worldwide are prescribed, dispensed or sold inappropriately, and nearly half of all patients fail to take medicines correctly.[1] The World Health Organization (WHO) defines the rational use of medicine as 'patients receiving medications appropriate to their clinical needs, in doses that meet their own individual requirements, for an adequate period of time, and at the lowest cost to them and their community.'[2] Irrational use of medicines occurs when one or more of these criteria are not met. The most common forms of irrational use include: polypharmacy, which is the use of too many medications; overuse of antibiotics and injections; failure to prescribe in accordance to clinical guidelines; and inappropriate self-medication.[2] Irrational use primarily results from the lack of regulation and inappropriate storage of available medicines, as well as the lack of knowledge and skills for the rational use of medicines among consumers and healthcare professionals. Other causes include inappropriate promotion of medicines by pharmaceutical companies and incentives for health providers that are tied to medication prescriptions and sales.[2]

The irrational use of medicines has serious health and economic implications. This includes adverse reactions that result in higher rates of morbidity and mortality.[2] Patients who use antibiotics inappropriately may develop antimicrobial resistance.[3] In 2006, inappropriate treatment regimes and poor patient adherence to medication resulted in the development of multi-drug-resistant tuberculosis (MDR-TB) in South Africa.[4] The increased spread of HIV has had a significant negative impact on the control of TB due to the biological link between the two diseases, especially in sub-Saharan Africa.[5] Increases in the prevalence of MDR-TB will further worsen the situation and pose a threat to both regional and global health security.[4] In terms of economic implications, the irrational use of medicines puts unnecessary strain on the economy by wasting valuable resources. Specifically, USD 4-5 billion and EUR 9 billion are spent annually in the

United States and Europe respectively, on combating antimicrobial resistance.[6]

Despite these consequences, the irrational use of medicine generally only gains political attention when governments' pharmaceutical budgets are strained; otherwise, it remains largely ignored.[7] Thus, there is a need for increased advocacy to promote its political prioritization. Although this is a global issue, the irrational use of medicine is more prevalent in developing countries, and its effects are magnified due to the existing shortage of medicines.[7] This advocacy strategy therefore focuses on the irrational use of medicine in developing countries.

Policy Options: Addressing the Global Health Challenge

The WHO has developed a list of 12 core policy options to increase the rational use of medicines globally. For example, a coordinated approach to policy implementation at the national level is required to account for country-specific factors that contribute to this challenge. The WHO has advised countries to create a national multi-sectoral coordinating body consisting of representatives from the ministry of health, health professional associations, academia, pharmaceutical industry, consumer groups and health-related NGOs. This collaborative body would coordinate the implementation of multiple interventions to increase the rational use of medicines, and keep track of progress and program effectiveness.[2]

Another option is to create a national essential medicines list based on national clinical guidelines.[2] The essential medicines list is a list of medicines required to maintain a basic healthcare system that is efficient, safe and cost-effective. An essential medicines list could help facilitate the effective regulation of medicines based on each country's needs.[2,7]

Finally, the WHO recommends that countries devote greater funding towards ensuring the


The irrational use of medicines results in a waste of money for both governments

accessibility of medicines and availability of staff.[2] Investments aimed at increasing the affordability of medicines reduce the likelihood of patients altering dosages to make their medications last longer. Availability of well-trained staff is important to keep medicines in standard conditions and to appropriately prescribe and dispense them. Healthcare professionals can be trained on the rational use of medicines during their education, and can be offered relevant courses as part of continued in-service education.[6]

Global Decision-makers: Actors of Policy Change

The key players with the ability to take action and enact policies on this problem can be divided into

and individuals. Images of Money (real name was not provided), 2011.

four categories: national governments, WHO, international associations of health professionals, and the private sector.

A. National Governments

National governments, specifically ministries of health, play a primary role in deciding which national policies related to medicine use, clinical guidelines and pharmaceutical industry practices are implemented. It is crucial that these policies are implemented on a national scale while taking into account country-specific issues such as the type of healthcare system and availability of funding. National governments often regulate the activities of key stakeholders; therefore, their cooperation is essential for enacting policy change to promote the rational use of medicines.

B. World Health Organization

The WHO also plays an important role by helping to set the global health agenda. This UN agency hosts the World Health Assembly (WHA) annually, which unites policymakers from all member countries and receives considerable press attention. Including discussions on the rational use of medicines in WHA meetings could raise the profile of the issue considerably and increase its perceived urgency. The WHO may also provide recommendations to national governments and assist with monitoring and evaluating the progress of government programs.[8] The WHO's role spans from prioritizing the rational use of medicines globally to acting as an international coordinating and regulating body.

C. International Associations of Healthcare Professionals

International associations of healthcare professionals, such as the Global Health Workforce Alliance (GWHA), World Health Professions Alliance (WHPA), and International Pharmaceutical Federation (FIP), are also important decision-makers for this issue area. Their role includes governing various health professionals, encouraging knowledge transfer among members, and promoting high-quality education of health professionals in developing countries.

D. Private Foundations and Pharmaceutical Companies

Private philanthropic foundations such as the Bill & Melinda Gates Foundation and pharmaceutical companies have the potential to play a key role in funding educational programs and conferences. In particular, pharmaceutical companies already sponsor conferences and workshops for health workers in developing countries.[9] However, measures must be in place to ensure that these workshops and conferences focus on improving health workers' knowledge rather than promoting particular products.[9,10]

A global forum governments, policymakers and academics would facilitate best practices regarding the rational use of medicines. World Health Organization/Jess Hoffman, 2010.

Inaction by Global Decision-makers: Barriers to Policy Change

About half of all countries have not implemented the basic rational use of medicines policies recommended by the WHO[11] due to barriers including competing priorities within global health, lack of national capacity, and insufficient resources.

A. Competing Priorities and Perceived Urgency

The current misperception that access to medicines is largely a problem of affordability de-emphasizes the importance of the rational use of medicines.[12] This skews global investment towards making medicine more affordable rather than promoting optimal use of available medicine, resulting in inadequate resources and efforts for promoting the rational use of medicines. Specifically, the WHO spends only 0.2% of its budget on promoting the rational use of medicines.[13] One reason for this misperception may be the invisibility of the afflicted population, which includes the elderly, poor and those who lack education and sufficient social support networks.[14]

B. Lack of National Capacity

Highly functioning national health systems are required for the regulation of medicine use. Many developing countries lack strong health systems, which is necessary for the long-term success of rational use of medicine policies.[6] More specifically, weaker health systems often lack adequate infrastructure to support necessary monitoring and coordination of policies regarding medicines selection, prescription monitoring and continuing medical education.[6]

C. Inadequate Resources

Education and regulation of the rational use of medicines requires financial resources, qualified personnel and equipment.[15] On an international

scale, developing countries have not received adequate financial support to facilitate the rational use of medicines, and the effectiveness of support provided by international financial institutions is limited by debt servicing and conditionality for loans.[16] On a national scale, funding from the government is necessary to strengthen national health systems. However, although greater health systems capacity may be economically beneficial in the long term, the extended time before which the investment is paid off may not be attractive to investing governments. This particularly pertains to health systems where there is a large role for the private sector and where most medicines are paid out-of-pocket by patients and not governments.[6] Even if financial resources are available, many countries lack the necessary human resources, including competent inspectors, pharmacists, pharmacy technicians and educators to implement educational and regulatory systems to promote the rational use of medicines.[6]

Future Obstacles for Policy Change

The most significant obstacle for future policy change is the low prioritization of the rational use of medicines. Long-term attention, regulation and investments are required to implement and maintain policy changes. Therefore, sustainable advocates are required to ensure increased prioritization.

Related to lack of prioritization is the problem of economic crises. In the past, recessions – such as the global financial crisis of 2008 – led to significant contractions in many national economies.[17] Global economic crises further aggravate existing health system challenges.[17] These systems are required for the promotion of the rational use of medicines, thus a further weakening of them would also result in decreased capacity to address the problem of irrational use and implementation of helpful policies. To minimize the impact of future economic crises, this issue must be considered and accounted for when creating policies for institutionalizing rational use of medicine policies. It is important to create a strong infrastructure that can sustain fluctuations in human and financial resources. This may require stronger international cooperation where systematic international support can assist individual countries undergoing economic crises.

Natural Advocacy Partners: Complementary Interests, Strengths and Weaknesses

Advocacy for the rational use of medicines needs to involve all stakeholders, including governments, WHO, training institutions, NGOs, faith-based groups and healthcare professionals. Increasing the number of players involved will increase the visibility of the problem globally.

NGO engagement is critical in advocating for action by governments. Examples of NGOs who are involved in campaigns to ensure equitable access to affordable and quality medicines include Health Action International (HAI), WHPA, Oxfam and Médecins Sans Frontières (MSF). Involvement of these groups would bring strength, credibility and experience to the advocacy campaign for the rational use of medicines. Groups like FIP aid in the development of partnerships and work with leaders in healthcare, education and science, putting them in a prime advocacy position. WHPA and FIP could be instrumental in promoting higher-quality education of healthcare professionals on the rational use of medicines.

Other potential advocacy partners include research-based organizations such as the International Network for Rational Use of Drugs (INRUD) and the Center for Disease Dynamics, Economics, and Policy (CDDEP). Both of these groups conduct research to support better decision-making on health policies for the rational use of medicines.

Healthcare professionals educating patients about proper use of medicines. US Army Africa, 2009.

Advocacy Strategies

To increase the political prioritization of the rational use of medicines, the following three advocacy strategies could be pursued: bringing together a global coalition to advocate the rational use of medicines; implementing an annual course for the continued in-service education of healthcare professionals; and hosting a global forum to facilitate learning about policy and best practices among government representatives and policymakers. These advocacy strategies target developing countries, which are most affected by the problem.

A. Global Coalition for Rational Use of Medicines

One of the elements that determines political priority for global health initiatives is the power of the actors involved.[18] An issue is more likely to gain priority if actors involved coalesce, if an existing institution that is a strong champion of the cause provides leadership, and if relevant civil society organizations are mobilized.[18] Thus, forming a global coalition of NGOs, academics and policymakers to advocate for the rational use of medicines could be effective in increasing political prioritization. Such a strategy was successful in lobbying governments and pharmaceutical companies in the global campaign on access to medicines, which led to the adoption of the Revised Drug Strategy in 1999, and the Doha Declaration on the TRIPS Agreement and Public Health in 2001.[19] HAI, for example, could take a leadership role and bring together actors from different sectors. HAI has been a champion for the rational use of medicines, and this NGO possesses the expertise and networks to serve as an effective guiding institution for the coalition. Other members could include INRUD, MSF and OXFAM as well as representatives from other civil society organizations and the WHO. The global coalition would bring strength, credibility, expertise and reach to the rational use of medicines campaign.

To draw attention to the problem of irrational medicines use and increase financial support, the coalition may frame this challenge as an existential threat to national and global health security. This could be done by emphasizing the link between irrational use of medicines and the global increase in antimicrobial resistant pathogens.[6] Such a framing is particularly appealing for stimulating action among governments by providing a sense of urgency.

The irrational use of antibiotics (over-use, misuse and under-use) is one of the leading causes of antibiotic resistance. Rob Brewer, 2006.

This framing strategy, for example, was successful in encouraging action on SARS in Thailand.[20] However, it needs to be applied in a strategic manner as it could lead to the involvement of powerful actors who may make short-sighted decisions and implement only short-term solutions. When targeting governments, the coalition can also highlight the economic burden resulting from medicine wastage.

B. Annual Rational Use of Medicines Course

One of the solutions proposed by the WHO is to increase in-service education of healthcare professionals who prescribe and dispense medication.[2] This could be achieved by implementing an annual regional course on this issue. Currently, there is an annual Rational Management of Medicine Course offered by the Swiss Tropical and Public Health Institute that provides a good opportunity for healthcare professionals to share and learn best practices for the rational use of medicines.[21] However, this course is expensive and is only attended by a small number of professionals who are mainly from the private sector.[21] Advocating for the implementation of a similar course, but at a much larger scale at the regional level, could help ensure access to such training for more healthcare providers. This course would also include training for healthcare professionals to become rational use of medicines advocates so as to promote grassroots advocacy. Healthcare professionals are in a critical position to advocate for problems in the policy arena, and their involvement is especially helpful for issues affecting vulnerable populations.[22] The implementation of this regional course could involve a partnership between the Swiss Tropical and Public Health Institute, which brings its content expertise, and the WHPA, which brings its global reach. Private philanthropic foundations, national governments and corporate sponsors such as pharmaceutical companies could be approached to provide funding for the regional courses.

C. Global Forum on Rational Use of Medicines

Global forums have previously served as helpful venues for sharing best practices on topics such as bacterial infections and counterfeit medicines. A global forum on the rational use of medicines – which could be attended by policymakers, government representatives and academics – could be useful in facilitating the diffusion of ideas and policies that have previously been successful. Countries such as Peru, which has successfully implemented a national medicines policy and committee,[23] could share their success stories. An organization that could partner with a newly formed global coalition on the rational use of medicines to organize this forum is CDDEP. In 2011, CDDEP successfully held the first global forum on bacterial infections, where attendees discussed issues such as national policy strategies and the burden of antimicrobial resistance.[24] The priorities of the CDDEP are aligned with the rational use of medicines campaign, as one of the main causes of antimicrobial resistance is the irrational use of medicines. Having CDDEP and the global coalition co-organize the forum would stimulate worldwide recognition and interest in addressing this challenge. In co-organizing the event, the global coalition would bring its network of influential actors such as HAI, MSF, OXFAM and WHO, while CDDEP would bring its experience from organizing similar forums

The rational use of medicines forum could be held online or on-the-ground. An online forum would be more cost-effective, but might be less accessible in countries with limited access to the internet. Conversely, an on-the-ground forum will be more personable and effective for gaining media attention, but it would be more costly and it would be difficult to ensure that all invitees will be able to attend.

A pharmacist should ensure that patients understand how to take medicines properly. John Pavelka, 2008.

Actionable Key Messages

✏ Framing the irrational use of medicines as a threat to national and global health security can help draw attention to this challenge and lead to greater financial support for implementing WHO-recommended policies.

✏ Coalescing international efforts of NGOs, academics and policymakers on the rational use of medicines will contribute to the political prioritization of this issue at national and global levels.

✏ Offering an annual regional course on the rational use of medicines will help ensure higher-quality education on this issue for healthcare professionals, nd provide an opportunity to train them as advocates.

✏ A global forum on the rational use of medicines could act as a platform for policymakers, NGO representatives and academics to share innovations and learn about best practices for implementing recommended policies.

✏ Sustained advocacy efforts are required to ensure that the problem of irrational use of medicine remains high on the global health agenda.

Resources Needed: Pursuing Advocacy Strategies

A great deal of human and financial resources are required to pursue this advocacy plan. Among the three proposed strategies, implementation of the global forum idea would require the most resources. It would include a panel of experts who would synthesize research on previous rational use of medicines policies, a team to plan and execute the event, and a managing director to coordinate the planning. Funds would be required to pay staff salaries and to cover the costs of any supplies needed. Although the forum demands an extensive amount of resources, it is a worthwhile investment as it would act as a platform for governments to discuss policy implementation. This would stimulate actions to increase the rational use of medicines around the world. Offering regional courses would require fewer resources than the global forum. Resources would include a venue for the courses, teaching materials and staff to run the courses. Finally, the formation of the global coalition would require the least relative amount of resources. Funds and human resources would be required to mobilize the various organizations, as well as to cover costs associated with organizing meetings for coordinating efforts. Overall, the advocacy plan would require a substantial commitment of financial and human resources in order to be successful.

Indicators: Tracking Success

Potential indicators of success for these advocacy strategies include measurements of national engagement, new research, policy implementation, and education offerings on the rational use of medicines. Other positive indicators of success include an increase in the number of countries that attend the global forum on the rational use of medicines, additional countries implementing policy changes, increased support from significant stakeholders, and more research articles published on the challenge. Ongoing positive feedback from course attendees and growth in their numbers can provide evidence of the effectiveness of the regional education courses.

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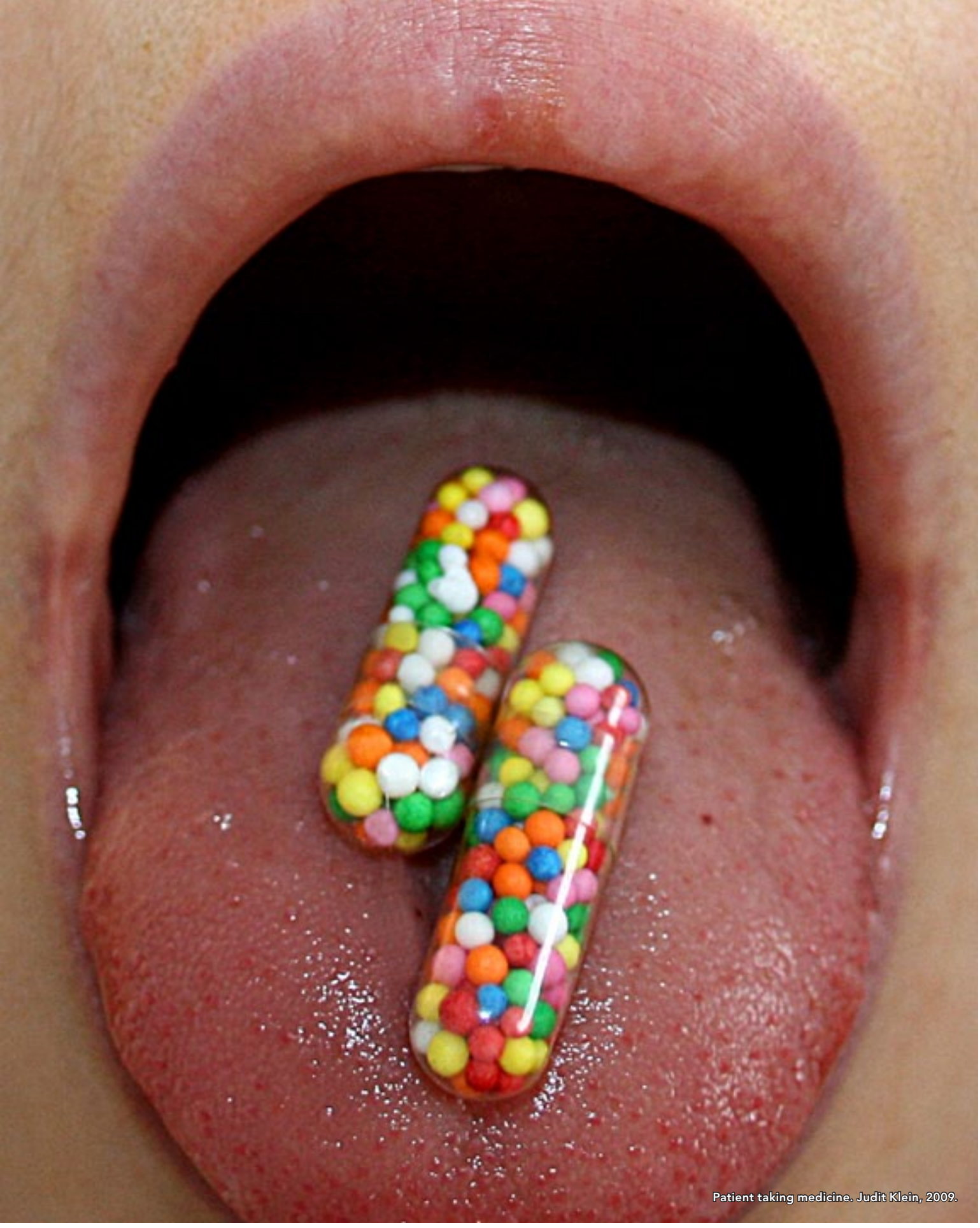

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