



## Economic and Social Council

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### Commission for Social Development

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Follow-up to the World Summit for Social Development and  
the twenty-fourth special session of the General Assembly:

Priority Theme: Addressing inequalities and challenges  
to social inclusion through fiscal, wage and social  
protection policies

### Statement submitted by Global NeuroCare, a non-governmental organization in consultative status with the Economic and Social Council\*

The Secretary-General has received the following statement, which is being  
circulated in accordance with paragraphs 36 and 37 of Economic and Social Council  
resolution 1996/31.

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\* The present statement is issued without formal editing.



## **Statement**

### **INTRODUCTION**

Global NeuroCare, a non-profit organization holding Special Consultative Status with the United Nations Economic and Social Council, fully supports the Fifty-Seventh Session of the Commission for Social Development [“Addressing inequalities and challenges to social inclusion through fiscal, wage and social protection policies”] by advancing sustainable access to healthcare [[A/RES/70/1](#) or ‘Agenda’ Sustainable Development Goals (SDG) 3 and 3.8], and by this means promoting the implementation of appropriate social protection systems and measures for all [SDG Target 1.3], with a cross-cutting impact reducing poverty in all its forms and dimensions [SDG 1], reducing gender inequality [SDG 5.4], advancing employment [SDG 8.5], and adopting social protection policies to achieve greater equality [SDG 10.4], thereby engendering positive economic, social and political stability.

### **BACKGROUND**

Global NeuroCare focuses on advancing sustainable access to healthcare in developing regions, a goal broadly reaffirmed by SDG 3, specifically targeted by SDG 3.8, and unconditionally endorsed in SDG 1.3 and the Agenda’s Vision 7 on equitable and universal healthcare.

### **PURPOSE**

This statement provides specific recommendations to improve healthcare access in resource limited areas as a strategy for promoting healthy lives, reducing poverty, and addressing inequalities and challenges to social inclusion, thereby improving all forms of social protection.

### **FINDINGS**

Social protection is an integral part of the Agenda representing one of the poverty reduction targets [SDG 1, Target 1.3 (“Implement nationally appropriate social protection systems and measures for all, including floors, and by 2030 achieve substantial coverage for the poor and the vulnerable”)], and is a critical factor for achieving good health and well-being [SDG 3], promoting economic growth [SDG 8.5], ending hunger [SDG 2], achieving gender equality [SDG 5.4] and reducing inequalities [SDG 10.4].

The directive of SDG 3 (“ensure healthy lives and promote well-being at all ages”) subsumes nine substantive and four secondary targets, underpinned by a goal of achieving “universal health coverage, including financial risk protection, access to quality essential healthcare services and access to safe, effective, quality and affordable essential medicines and vaccines for all.” [SDG 3.8].

Advancing SDG 3.8 is paramount because each and every social protection instrument must be predicated on improving healthcare disparities or will prove futile. The reason is simple: ill-health is a fundamental determinant of poverty, leading to diminished productivity, income loss, medical expenses and ongoing health related costs, exacerbating poverty and furthering ill-health in a mutually reinforcing cycle, with multiple interconnected, contributory and reciprocal factors including the negative impact of poverty on health through unsanitary conditions, lack of clean water, malnutrition, and limited access to basic and preventive care, leading to profound economic loss, and social, cultural and environmental decline, negating the effects of many non-health related protection policies. [[E/CN.5/2018/NGO/20](#)].

Healthcare disparities are attributable to multiple diverse factors, specific for particular regions or circumstances, affected by local values and ideologies, and most evident in developing countries, where the underlying commonality is a lack of access to health related services resulting in excessive maternal, neonatal and childhood morbidity and mortality, ongoing high rates of infectious diseases, and untreated non-communicable diseases, all disproportionately increasing in the least developed countries, forcing millions of people into poverty every year, leading to increased vulnerability, marginalization and exclusion. [WHO 2017, Health Inequities and Their Causes; E.CN.5/2017/NGO/19; E.CN.5/2018/NGO/20]. The Agenda set specific targets to address these concerns [SDGs 3.1-3.4] and related matters [SDG 3.5-3.7, 3.9], recognizing the importance of improving healthcare disparities as the foundation for advancing broad social protection policies.

There must be considerable improvement in access to sustainable, affordable and quality healthcare in order to approach or meet these specific targets [SDG 3 et seq], achieve meaningful poverty reduction and build a foundation for comprehensive social protection policies. The remaining questions are where to start, and how to advance healthcare access in an efficient cross-cutting manner.

The Agenda specifically states “reach the furthest behind first,” which means starting in the least developed nations, especially in sub-Saharan Africa where there is no social protection of any type for the vast majority of people. These regions present special challenges requiring particular attention [Agenda Paragraph 22, 23, and SDG Paragraph 56; SDG 3(d)], in order to ensure that each person receives “the highest attainable standard of health as a fundamental right.” [WHO Fact Sheet No. 323, 2015].

The key question is how to improve healthcare access in a manner that will lead to increased social health protection with the ultimate goal of universal coverage. Global NeuroCare proposes that the single most effective solution is to increase the recruitment, development, training and retention of physicians and healthcare workers, a position strongly ratified our previous statements [E/2016/NGO/53; E/2017/NGO/16; E/CN.5/2017/NGO/19; E/CN.5/2018/NGO/20], which comports with the Agenda [SDG 3(c)], and is supported by WHO [Article II(o)].

Global NeuroCare reaffirms previous statements providing specific guidelines for advancing ethically congruent collaborative partnerships that are essential for capacity building while protecting inherently vulnerable populations [E/2016/NGO/53; E/CN.5/2017/NGO/19; E/2017/NGO/16], ensuring that international support leads to self-sufficient training programs while avoiding donor based protection policies that provide no substantive benefit [E/CN.5/2018/NGO/20].

However, the quality of healthcare must be improved in tandem with quantity, since poor quality obviates the benefits of increased access, wastes valuable resources, and causes actual harm, through inverse, unsafe, fragmented and misdirected care. Global NeuroCare further reaffirms previous statements providing recommendations on quality improvement which will also promote geographic expansion of services that are so desperately needed in the least developed countries. [E/CN.5/2018/NGO/20].

In summary, equitable access to essential, affordable, quality healthcare is an absolute prerequisite for implementing more comprehensive social protection policies.

## RECOMMENDATIONS

On the basis of the afore-referenced background, facts, challenges and goals, Global NeuroCare calls upon the Commission for Social Development to urge Member States to:

Reiterate that the developing countries face a triple burden of ongoing communicable diseases, rapidly increasing non-communicable disorders and rising numbers of accidents and injuries;

Recognize that this burden represents a significant determinant of poverty, which impedes the effective development of comprehensive social protection policies;

Acknowledge that improving healthcare access is the foundation for poverty reduction, thereby ensuring successful implementation of other social protection strategies;

Ensure improved healthcare access by supporting the recruitment, development, training and retention of more physicians and healthcare workers in developing regions;

Follow our prior statements to establish sustainable, ethically congruent collaborative North-South partnerships to protect inherently vulnerable populations while developing local training programs for physicians and healthcare workers;

Note that these local healthcare training programs must be self-sufficient, since donor-based protection policies ultimately fail;

Focus on improving quality of care in tandem with quantity, and prioritize implementing an appropriate development agenda as highlighted in our prior statements;

Having considered the above, recognize that following Global NeuroCare's recommendations will ensure government, private sector, non-government organizations and international and local communities effectively engage in an integrated, multi-faceted, cross-sector approach to implementing sustainable social protection policies, promulgated through cooperative alliances, with a goal of attaining universal healthcare coverage including access to healthcare services and access to safe, effective, quality and affordable medicines and vaccines [SDG 3.8], particularly in developing regions [SDG 3(c)], which will play a critical role in poverty reduction [SDG 1], serve to advance overall health capacity and security [SDG 3(d)], reduce maternal and childhood morbidity and mortality [SDG 3.1, 3.2], decrease communicable and non-communicable diseases [SDG 3.3, 3.4], diminish deaths and injuries from accidents [SDG 3.6], promote social protection systems [SDG 1.3] to progressively achieve greater equality [SDG 10.4], eliminate harmful practices including gender inequality [SDG 5.4], and stimulate economic growth [SDG 8.5].