



Statement of the International Federation of Medical Students' Associations on Health 2020

Agenda Item (a) Health 2020

*63rd Session of the WHO Regional Committee for Europe
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On behalf of 117 National Medical Students' Associations, 44 of them based in WHO EURO Member States, we, the International Federation of Medical Students' Associations (IFMSA), laud the efforts being developed regarding the Health 2020 Policy Framework. We further commend the current work around the Health 2020 targets, indicators and monitoring framework, which, in our view, is essential to make sure this major endeavour will be duly developed.

We would like, nonetheless, to make some comments and suggestions of improvement to the current proposal:

(1) Despite partially understanding the difficulty of the task at hand, we would like to encourage all involved parties to try to **use quantitative measures as much as possible**, even if only as relative and percentage measures. And we further encourage the Regional Committee and Member States to be bold and take on goals that are challenging to all.

(2) We would also advise the Regional Committee to look to and lead Member States even more to the future. We are sure that if level 2 indicators or others to be used at national level were suggested by experts and Member States, then, in the better European Region we are trying to achieve, all Member States should monitor them. Therefore, we should prepare for that future now, by trying to create standards for those indicators' measurements as soon as possible, so that they can, at all times, be as much comparable internationally as possible. Paraphrasing a famous management quote, **failing to prepare now means preparing to have a problem to solve in the future**, when we will be striving to have indicators from level 2 as part of core indicators.

(3) We also applaud the concern to avoid repetition and bureaucratic requests to Member States through the good use of new technologies, as well as the intention to centralise the collection and storage of data in collaboration with other relevant institutions. As before, **we challenge the Regional Office to advocate and do all necessary efforts to make sure the single, integrated european health information system can be flexible, open and capable of being tailored to Member States available data**. This way, we believe Member States will feel more encouraged to share data that WHO might still not require, but that could benefit from standardised comparison between those who already have such data. In this area we would also like to congratulate the plan to present more information on a user-friendly way.

(4) Concerning the specific indicators, we seem to find a trend to make adolescent/youth related indicators as additional indicators. Therefore, we would like to remind the Regional Committee of the importance that a commitment at this level could have. We commonly complain about how little we act on prevention. **By relegating youth/adolescent health indicators to an additional level, we believe that the Regional Committee would appear**



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to be perpetuating an underestimation of prevention and that it would be decreasing our ability to foresee and prepare for future health problems in our population.

(5) Despite understanding the intention of not repeating indicators measured elsewhere, we still call upon the Regional Committee to **include the core indicator “Newly diagnosed HIV cases per 100 000”**, together with data regarding other communicable diseases like hepatitis or even antimicrobial resistance, for example, due to the importance that these health issues are gaining in our region. **Some of the WHO EURO Member States are the home to some of the worst global relative performances of HIV infections in the last decade** according to the UNAIDS World AIDS Day Report from 2012, so we believe a mention to HIV in the document would be a proper address to this relevant issue in our region.

(6) Lastly, in the “Overarching or headline target 5. Universal coverage and the “right to health””, perhaps **a relevant core indicator could be one that monitors the attention given to social minorities and to people living with rare diseases, as they might be good indicators to assess if we are indeed moving towards health for all.**

To sum up, we would like to suggest more ambition, more attention to adolescent/youth indicators, more long term vision regarding indicators and their collection, archive and comparison, and a deserved addressing to HIV and other communicable diseases, social minority groups and people living with rare diseases.

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IFMSA at a Glance

Founded in 1951, the International Federation of Medical Students' Associations (IFMSA) is the world's oldest and largest independent Medical Students' organization representing medical students from around the world. IFMSA currently maintains 117 National Member Organizations from more than 100 countries that are the home to about 1.4 million medical students. IFMSA is recognized as an international nongovernmental organization by the United Nations and the World Health Organization and is a proud partner of various international bodies such as the World Medical Association. At the European level IFMSA has also institutional relations with the Council of Europe, the European Union Health Policy Forum, the European Alcohol and Health Forum (EAHF), the Association for Medical Education in Europe, the European Youth Forum (YFJ), among others.

Created to make a positive impact on the world, IFMSA has inspired generations of medical students to develop knowledge, skills, and attitudes needed to take on current and emerging challenges in medicine and global health. Annually, the IFMSA network provides opportunities to medical students through its two general assemblies, five regional meetings, around 10,000 international exchange program slots, hundreds of national and international projects, and dozens of international campaigns on issues ranging from climate change to global health equity.

More information can be found at: www.ifmsa.org