

## Medical students' perspective on the Rio Declaration.

The 10-member delegation of the **International Federation of Medical Students' Associations (IFMSA)**, a unique network of 106 national organizations in 99 countries, was thrilled to be part of this inspirational conference that has no doubt changed us all.

The delegation welcomes the **Rio Declaration** as it symbolizes a major step in the quest for global health equity. However, we also wish to express some of our concerns regarding the Declaration and the most important points that it missed.

The main problem of the Rio Declaration is that it failed to explicitly tell us how the **unfair distribution of power, resources and wealth** will be addressed, especially by Member States. The WHO Commission on Social Determinants of Health has been adamant about the need to tackle this lingering issue, as health inequities within and between countries are rooted in power relations and resource maldistribution. We understand that changing the current dynamics of power will not happen overnight. However, we believe that this Declaration could have been the watershed moment for leaders to make a strong commitment in making this world a fairer place.

1. We believe that **democracy** is the key instrument in fixing the existing imbalances in power and in ultimately reducing health inequities. However, the Declaration is weak in emphasizing the value of democracy in all processes – from decision-making to evaluation – and at all levels – from community to global level. The Declaration should have encouraged the creation of democratic institutions within and between countries that will allow active engagement among all sectors.
2. We noted that the Declaration mentioned the line “private sector, safeguarding against conflict of interest” three times. It is established that large multinational corporations wield disproportionately large power in influencing both intermediate (i.e. tobacco, alcohol, unhealthy food, breastmilk substitutes, working conditions) and structural (i.e. intellectual property and trade agreements) determinants of health. The Declaration could have been a perfect opportunity to specifically define the **specific role of the private sector in reducing health inequities** and to clearly draw the lines governing engagement between government and the private sector.
3. Global **economic governance** institutions, such as the IMF, WTO and World Bank, wield disproportionately large power in influencing many of the upstream determinants of health, i.e. through loan conditionalities, free trade agreements, TRIPS+ provisions and agricultural subsidies. We welcome the mention of **health impact assessments** and call for this to become a mandatory step when creating FTAs and imposing IMF conditionalities. The Declaration should also ask of these powerful institutions the same standards of **transparency, accountability and democracy** as that urged of Member States.
4. It cannot be denied that action on social determinants of health will require substantial funding. However, the Declaration is silent about how tackling health inequities will be financed. Commitment to adoption of **innovative financing schemes** such as progressive taxation on capital gains or extremely-high earners, implementing a financial transactions tax, as well as preventing tax evasion, should have been enshrined in the Declaration.
5. Although the Declaration recognizes the importance of engaging with **civil society**, we feel that it should specifically advocate for the creation of spaces for dynamic dialogue, venues that will enable civil society to be heard and to also directly hear from governments. The writing of the Declaration has been disappointing, as civil society, which could have meaningfully contributed in strengthening the Declaration, was shunned away in the official process. Governments should value the voice of civil society as these groups, having been working on reducing health inequities for many decades, have the capacity to see these defects and propose innovative solutions.
6. Finally, we would have hoped that the Declaration explicitly include the **inclusion of young people and youth organizations** such as ours in the movement for action on social determinants of health. As early as now, young people should be made to understand the principles of equity and social



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determinants to ensure smooth transfer of knowledge and deeds and eventually the sustainability of this global movement. Moreover, youth today has the sheer capacity to effect positive change, a capacity which remains largely untapped. With their innate energy, fresh vision, and advanced grasp of technology, young people, who will be inheritors of global health sooner rather than later, can largely and meaningfully contribute in advancing the movement for “health and equity for all.”

Now, as we all go back to our respective homes, we medical students ask all conference participants to take time to look at the Declaration once more, to reflect on the discussions and lessons of the conference, to consider the voice of civil society and young people, and to think of the next bolder steps that will move us forward in reshaping the distribution of power and combating health inequalities around the world.

On our part, we medical students commit ourselves to continue engaging with all sectors involved in the work towards global health equity, spreading awareness of the social dimensions of health to our fellow young people, mobilizing them to take action in their respective communities and countries, doing our part, little by little, but with courage, constancy, and conviction.