

The role of the ICARA as a network platform among multilateral partners

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Table of Contents

- Background: SDGs and HRH
- Gaps of between needs and HR in addiction field
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Purposes of this presentation

- Identify the whole spectrum of problems, needs, and workforces in addiction fields
- Figure out and suggest the role of the ICARA to contribute to the SDGs
- Find out possibilities of the ICARA to be a network platform among multilateral parterres in addiction field



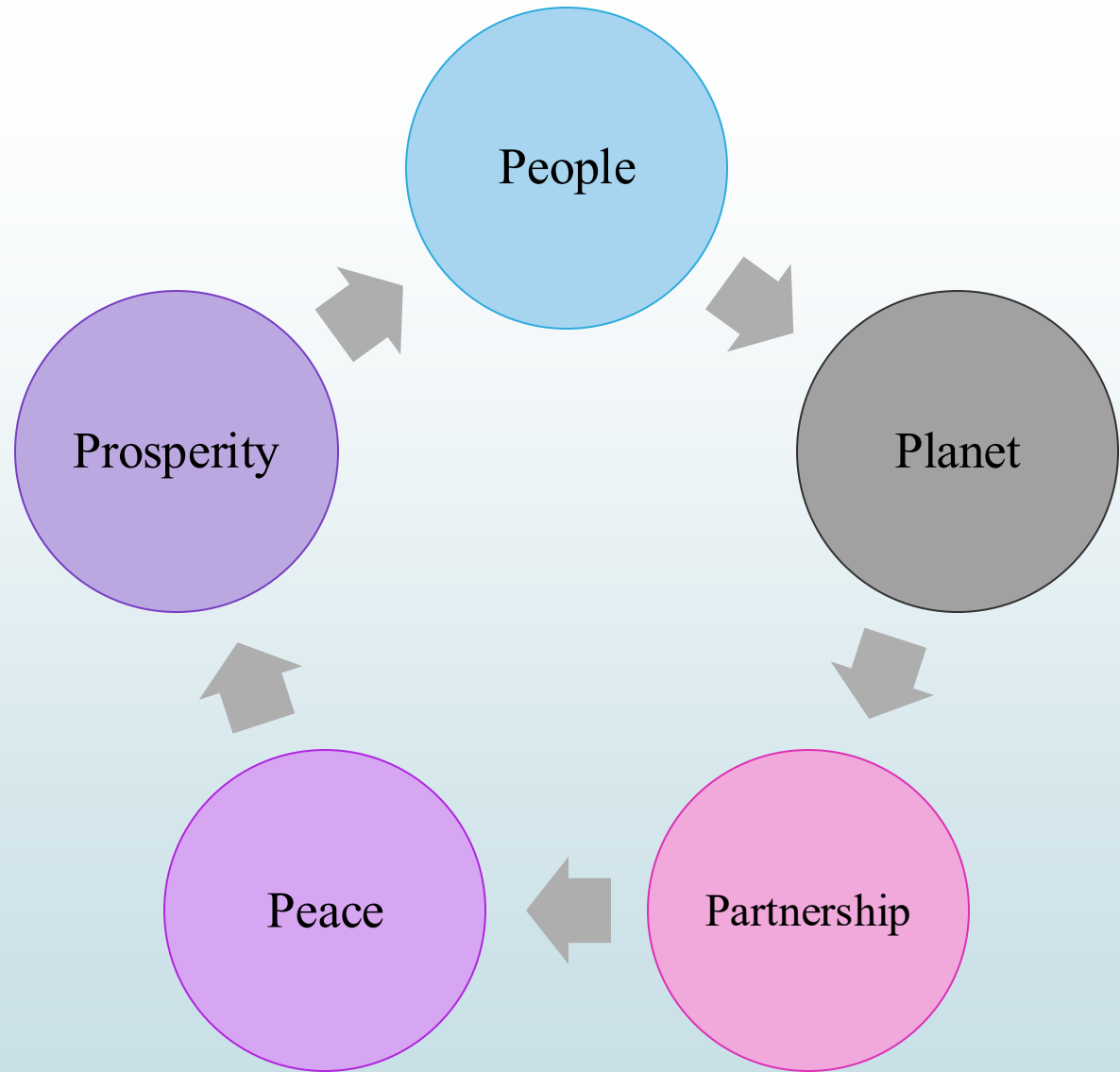
Goal 3. Ensure healthy lives and promote well being for all at all ages

➡ 3.5 Strengthen the prevention and treatment of substance abuse, including narcotic drug abuse and harmful use of alcohol

- 3.c Substantially increase health financing and **the recruitment, development, training and retention of the health workforce** in developing countries, especially in least developed countries and small island developing States
- 3.d **Strengthen the capacity of all countries**, in particular developing countries, for early warning, risk reduction and management of national and global health risks

UN. Sustainable development: knowledge and platform. 2016 (<https://sustainabledevelopment.un.org/intergovernmental>)

Points of SDGs



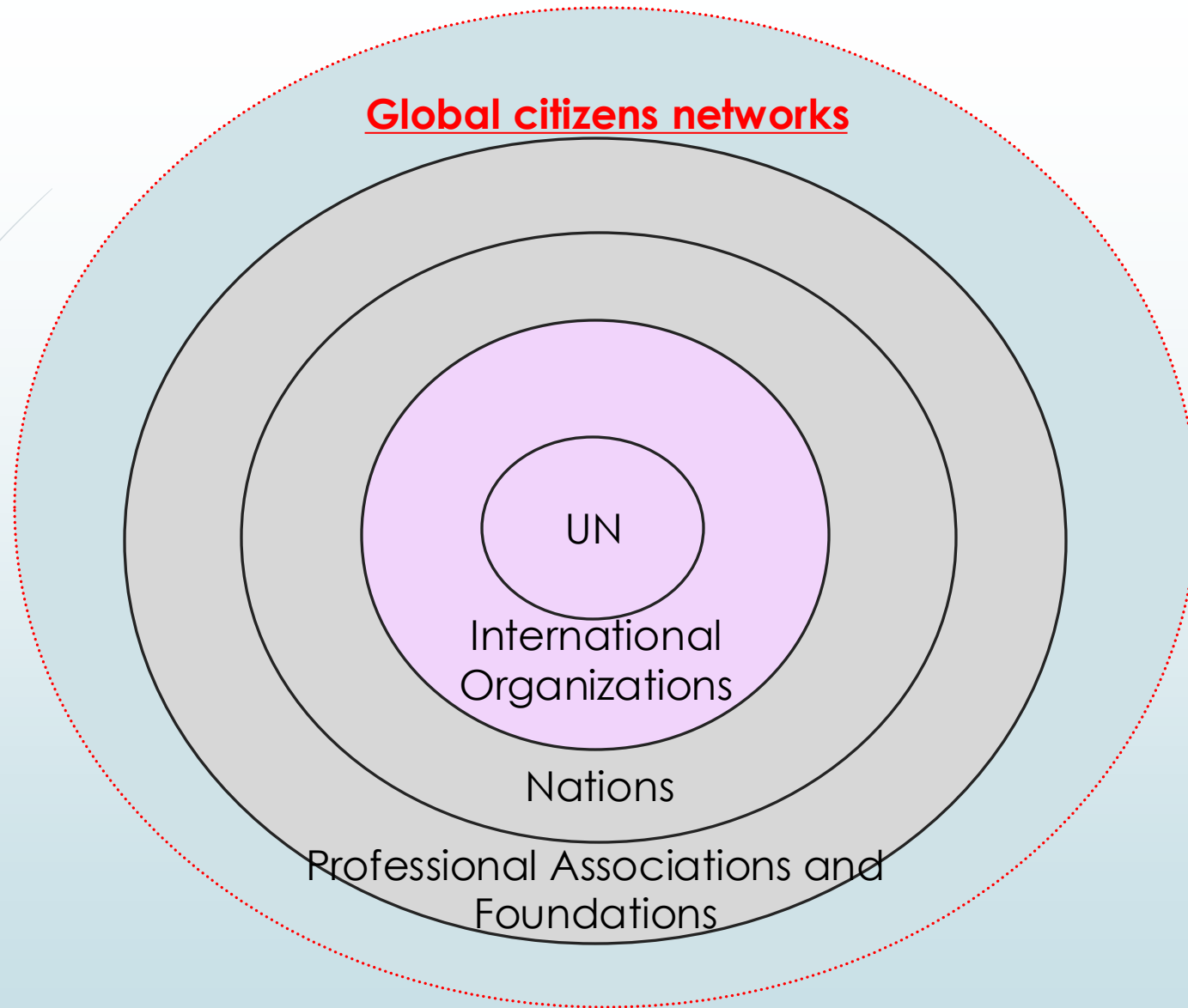
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Preamble of SDGs

➡ Partnership

Mobilize the means required to implement this Agenda through a revitalized Global Partnership for Sustainable Development, based on a spirit of strengthened global solidarity, focused in particular on the needs of the poorest and most vulnerable and with the participation of all countries, all stakeholders and all people

UN. Sustainable development: knowledge and platform. 2016 (<https://sustainabledevelopment.un.org/intergovernmental>)



Difference of the global governance structure between MDGs and
SDGs

Table of Contents

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Global burden of disease attributable to risk factors for the age group 15 to 49 years old



	Global	High-income Asia Pacific	Western Europe	Australasia	High-income North America	Central Europe	Southern Latin America	Eastern Europe	East Asia	Tropical Latin America	Central Latin America	Southeast Asia	Central Asia	Andean Latin America	North America and Middle East	Caribbean	South Asia	Oceania	Southern Sub-Saharan Africa	Eastern Sub-Saharan Africa	Central Sub-Saharan Africa	Western Sub-Saharan Africa
Alcohol use	1	1	1	2	1	1	1	1	3	1	1	3	2	1	10	2	3	5	1	1	1	1
Dietary risks	2	2	4	5	4	2	2	2	1	2	3	1	1	2	1	1	2	3	3	4	4	4
Occupational risks	3	4	6	4	8	6	4	10	2	3	4	4	6	4	3	10	1	6	7	2	3	3
Smoking	4	5	3	6	5	3	6	3	4	7	8	2	4	9	5	7	4	4	6	10	12	13
High blood pressure	5	8	7	9	9	5	7	4	5	6	7	5	3	7	4	4	7	7	4	5	5	5
High body-mass index	6	6	5	3	3	4	5	5	9	4	2	7	5	5	2	3	13	2	2	11	14	8
Drug use	7	3	2	1	2	7	3	6	10	5	6	9	9	3	8	8	11	11	8	7	10	9
High fasting plasma glucose	8	9	9	8	6	9	9	9	8	8	5	8	7	10	7	6	8	1	5	9	8	7
Household air pollution	9	20	20	20	20	12	16	15	7	13	13	6	11	12	15	11	6	9	12	6	6	6
Iron deficiency	10	14	15	13	15	14	13	13	15	12	12	11	13	6	11	5	5	10	10	3	2	2
Physical inactivity	11	7	8	7	7	8	8	8	11	9	9	10	8	11	6	9	12	8	11	14	13	12
Ambient PM pollution	12	10	12	15	13	11	15	11	6	16	14	12	10	16	9	13	10	15	16	16	15	11
Intimate partner violence	13	11	11	11	12	13	10	12	12	10	10	13	14	8	13	12	9	12	9	8	7	10
High total cholesterol	14	12	10	12	10	10	11	7	13	11	11	14	12	14	12	14	15	13	15	18	18	18
Childhood sexual abuse	15	13	13	10	11	15	12	14	14	14	15	16	16	13	16	15	14	17	13	13	16	15
Lead	16	15	14	14	14	16	14	16	16	15	16	15	15	15	14	16	17	14	14	17	17	17
Sanitation	17	17	18	17	19	20	18	19	18	18	17	17	18	17	18	17	16	16	17	12	9	14
Unimproved water	18	18	19	18	18	19	19	20	20	19	19	18	20	18	17	18	18	18	18	15	11	16
Radon	19	16	16	16	16	17	17	17	17	17	18	19	17	19	19	19	20	19	19	20	20	20
Ozone	20	19	17	19	17	18	20	18	19	20	20	20	19	20	20	20	19	20	20	19	19	19

Source: IHME

(Source: Institute of Health Metric and Evaluation, 2015)

Global gaps between needs and human resources



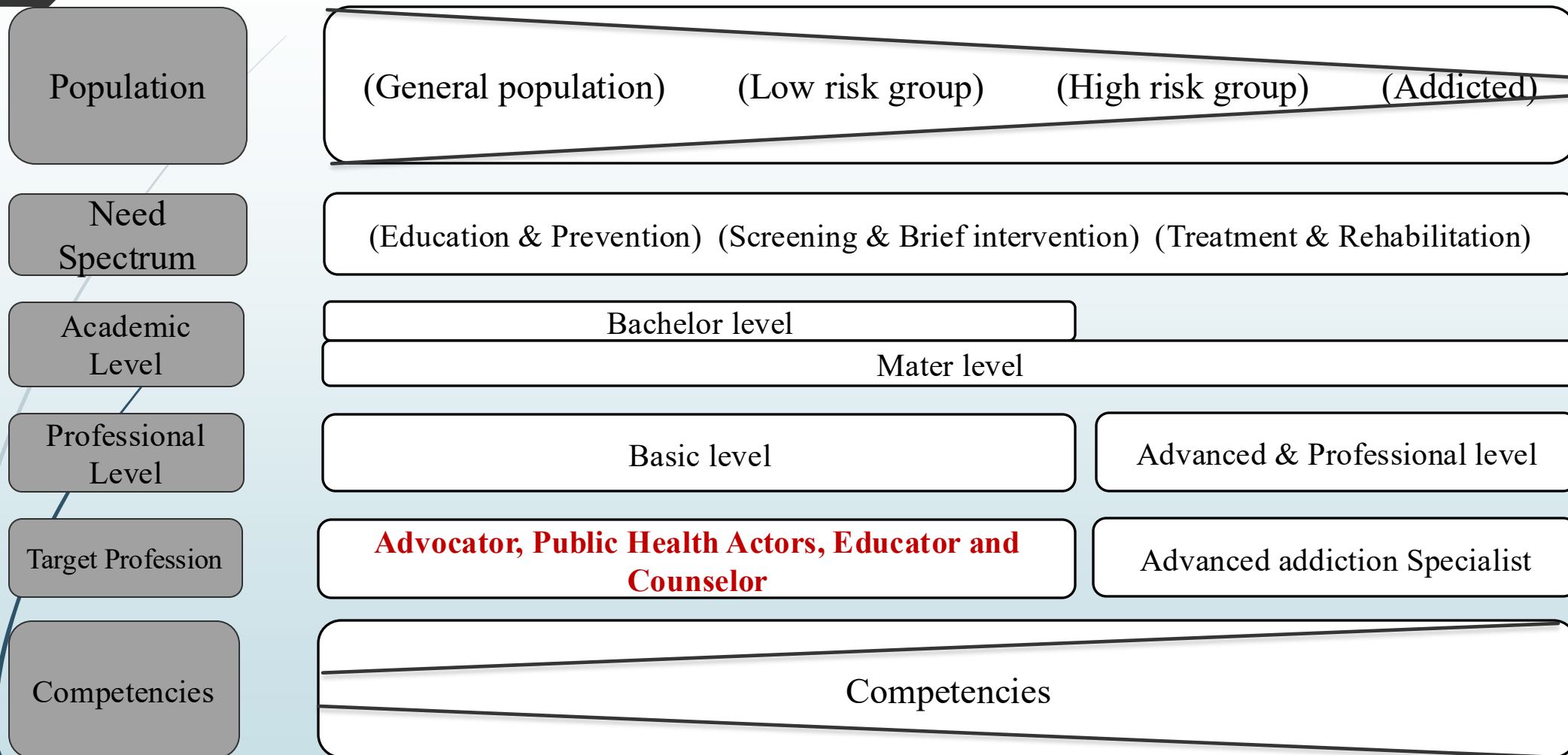
Nations	Needs and Human resources									
	Prevention & Education	Counseling	Treatment	Rehabilitation	Research	Administration	Policy	Networks (NGOs)	Advocacy Groups	(ODA) Programs
International Organization and Societies					+ OO	+ OO	+ OO	+ OOO	+ OOO	+ OO
Developed Countries	+ OO	++ OOO	++ OOO	++ OOO	++ OOO	++ OO	++ OO	+ OO	+ OO	
Developing Countries	+ OOO	+ OOO	+ OOO	+ OOO	+ OOO	+ OOO	+ OOO	+ OOO	+ OOO	+ OO
Least Developed Countries	0 OOOO	0 OOOO	0 OOOO	0 OOOO	0 OOOO	+ OOOO	0 OOOO	0 OOOO	0 OOOO	+++ OOOO

+ : Human resources, O : Needs

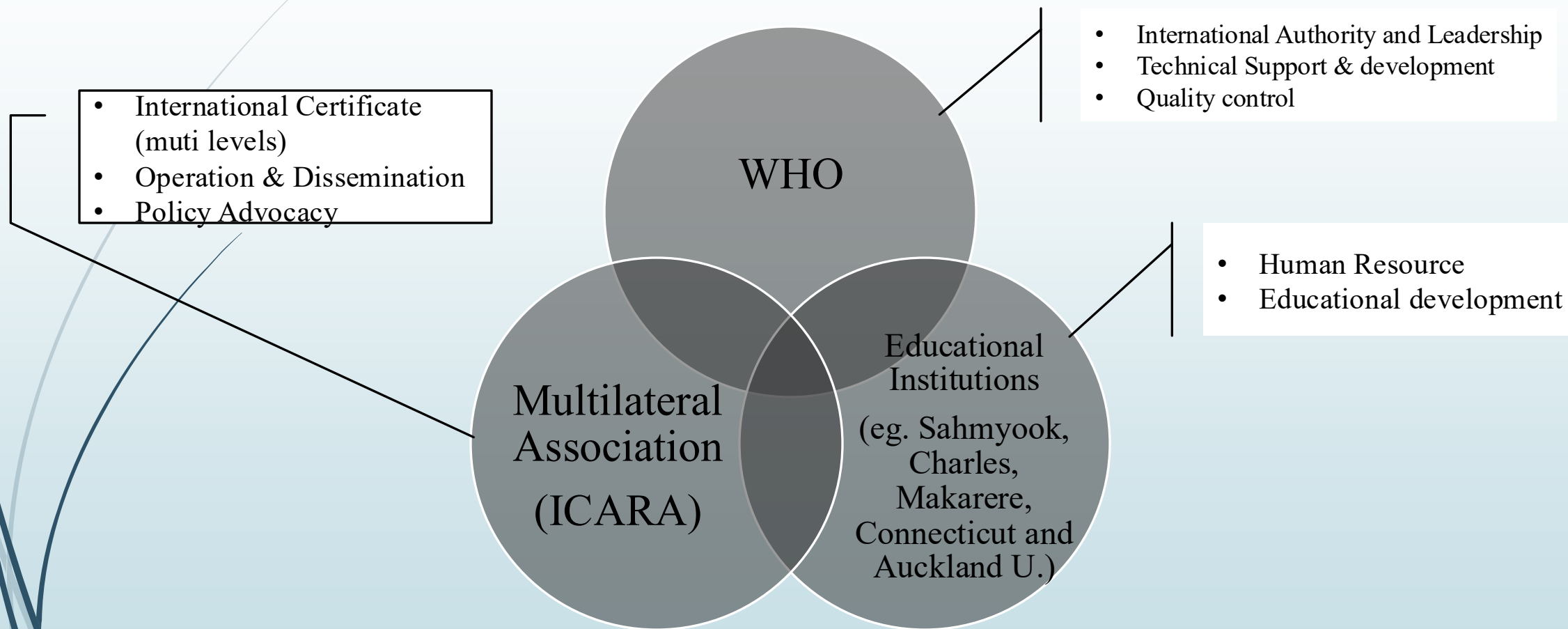
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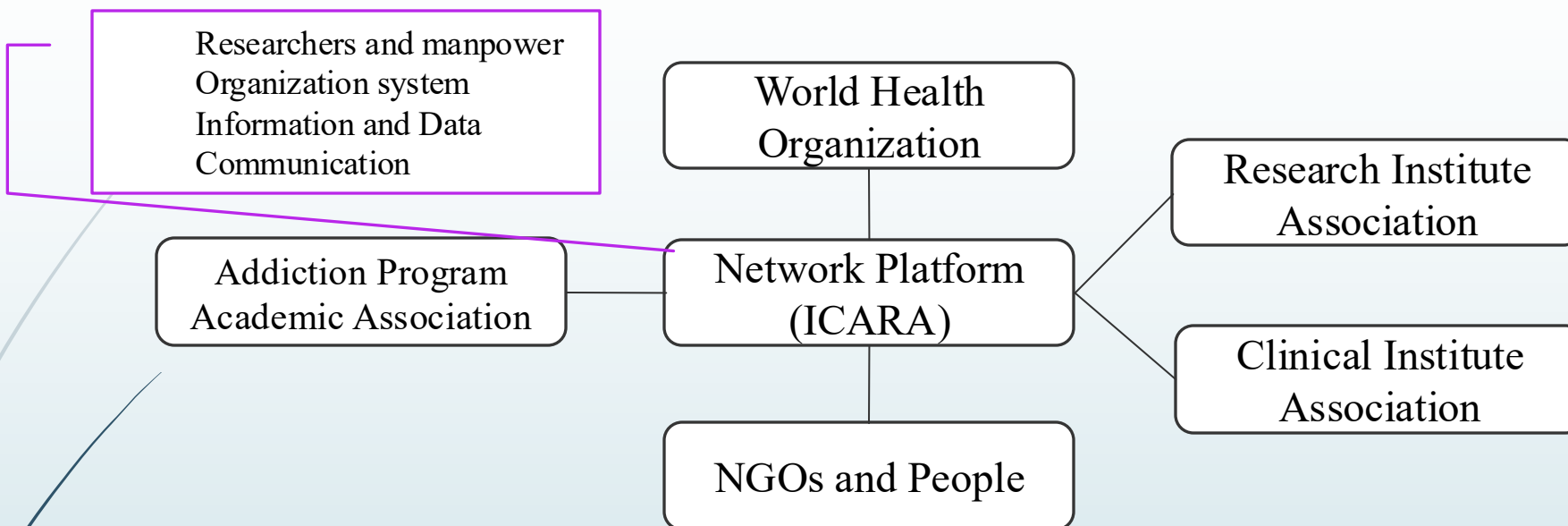
Spectrum of targets, needs and workforce in addiction fields



Model: Multilateral development partners



Model: Multilateral development partners



- Support of Human Resource for Addiction Specialist
- Financial Support
 - ✓ Application
 - ✓ Training and field practice cost
 - ✓ etc...

[Academic Partners]

- Networks for Manpower and Skill
- Providing Training and Field Practice
 - ✓ Training (on and offline)
 - ✓ Field Practice
 - ✓ Test & Certification
 - ✓ Job Opportunities etc...

[International Multilateral Partners]



[Phases]

	Phase 1	Phase 2	Phase 3
Period	2016-2018	2018-2020	2021~
Focuses	Infrastructure	Platform and Networking	Governance, Policy Advocacy, UHC service
Contents	<ol style="list-style-type: none">1. Training<ul style="list-style-type: none">• Training for certifications (using the WHO protocol)• Training for facilitators2. Branching<ul style="list-style-type: none">• Making the facilitators office (branches) in each countries (Korea, Check, USA, Uganda, Thailand etc...)3. Development of an addiction science competency (general, bachelor, master or higher level)4. Mapping of education needs and challenges	<ol style="list-style-type: none">1. Convention2. International consensus on core competencies and strategies3. Training and credentialing for multidimensional area of addiction with all networks4. Broadened branching and offices in each countries5. Development of evidence based prevention and intervention programs	<ol style="list-style-type: none">1. Health services based on UHC2. Policy advocacy locally as well as globally3. Governance in addiction for reaching the SDGs

ICARA screening and brief intervention facilitator's branch (example)

- ICARA allow each countries to have a local agency board of office for IACRA screening & brief intervention certification.
- They can have training in their own language approved by the ICARA.
- They will disseminate the WHO AUDIT and ASSIST protocols, if WHO develop the other protocols. They will adopt soon.
- ICARA can have manpower and workforce for WHO.
- These workforce can be core members of civil networks.

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