

*Fighting for our rights, fighting for our future*

# International Committee report

The BMA's international committee (IC) is composed of representatives from each branch of practice committee, the board of science and the medical ethics committee. It considers international and immigration affairs and, through key relationships with international organisations including the World Medical Association (WMA), is able to influence at the highest levels.

Our priorities for this session focused on the global response to the COVID-19 pandemic; maintaining our influence in Europe; the changing legislative environment surrounding immigration and the need for immigration concessions; and international human rights.

## **Responding to the Ukraine crisis**

Since the invasion of Ukraine earlier this year, the BMA has responded to the unfolding humanitarian crisis in several ways, highlighting our response first through [our statement](#) on 25 February and [all-member email](#) on 28 February.

The BMA-wide response has focused on:

- the humanitarian response, including promoting the [British Red Cross Ukraine Crisis Appeal](#), [writing](#) to Elizabeth Truss (Secretary of State for Foreign, Commonwealth and Development Affairs) requesting specific medical supplies for Ukraine (following an urgent request from the Ukrainian Medical Association via the World Medical Association (WMA)), and signposting how medics can help, for example, by offering assistance via the NHSE ([England.incident14@nhs.net](mailto:England.incident14@nhs.net));
- calling for [medical neutrality](#) to be respected;
- highlighting the BMA's wellbeing services and employment support for those affected by the crisis;
- monitoring and advising on [immigration concessions](#); and

- highlighting the support available to refugee doctors and [medical students](#) who were studying in Ukraine and who now find themselves in the UK.

We have been liaising with the government, General Medical Council (GMC), Medical Schools Council - and colleagues in our European and International networks - to monitor the unfolding humanitarian crisis and identify ways in which we can help.

The BMA's delegation to the WMA also supported an urgent WMA resolution on the conflict, that was passed unanimously in April, expressing solidarity with the Ukrainian Medical Association and all healthcare professionals. The detailed resolution also calls for an end to hostilities, respect for humanitarian law and medical neutrality, and for the international community to come to the aid of displaced people. The full resolution *WMA council resolution in support of medical personnel and citizens of Ukraine in the face of the Russian invasion* can be accessed [here](#) and associated press statement and tweet [here](#) and [here](#).

The impact of the invasion is '[global and systemic](#)' and the situation is [deteriorating further](#) in other crisis areas as a result, risking famine and further health inequalities. Whilst we respond to the Ukrainian crisis, we also continue our other work on global health – for example, [lobbying for](#) the UK's ODA (official development assistance) to be reinstated to the UN target of 0.7% of GNI (gross national income); managing the BMA's [Information Fund](#) and [Humanitarian Fund](#); and contributing to the UK's World Health Assembly (WHA) civil society engagement group.

## **Global response to the pandemic**

As noted last year, the pandemic has highlighted more than ever that health is interdependent and interconnected, and global health is relevant to all healthcare professionals. The global response to the pandemic continued to be a focus of the IC's work over the session.

At the time of writing, the reported global confirmed death total from COVID-19 [surpasses 6 million people](#), with millions more experiencing long lasting poor health as a result of the virus. Over [11.9 billion](#) vaccine doses have been administered globally. Global vaccine inequity persists however, with higher-income countries still having vaccinated a far higher percentage of their population than those in lower income countries.

Building on our lobbying work in the previous session, we have continued to push for global vaccine equity (GVE), including:

- writing to UK Prime Minister Boris Johnson in [September](#) 2021, calling on the UK government to make an immediate assessment of numbers of surplus vaccines and increase the number of vaccines pledged to the [COVAX programme](#). This action was covered in a [BMA News story](#);
- further media activity, including a [blog](#) by the chair of the BMA's international committee reflecting on the outcomes of the summit and urging the UK, and other world leaders, to raise their ambitions; and [an article](#) 'COVID vaccines: a question of justice' in an edition of the BMA's publication *The Doctor*;

- among other items on global cooperation, raising GVE at the WMA General Assembly (GA) in October. As BMA delegate and host nation, [Chaand Nagpaul's address](#) at the meeting covered GVE. The BMA also supported two relevant resolutions/statements coming out of the meeting – updated [WMA resolution in support of the countries worst affected by the covid-19 crisis](#) and [WMA statement in support of ensuring the availability, the quality and the safety of medicines worldwide](#);
- writing again to UK Prime Minister Boris Johnson in [December](#);
- publishing a [joint statement on global vaccine equity](#) with other Royal Colleges and unions. The statement was timed to respond to press coverage (see articles on [Sky](#) and [BBC](#)) of almost 100 countries low-income missing WHO's end of year target for vaccinating 40% of their populations. A [press release](#) was issued alongside the statement. We also shared a short [twitter thread](#) on the subject;
- [co-authoring a blog](#) with the chair of the Board Of Science during [World Immunisation Week \(WIW\)](#) on how global vaccination secures the theme of this year's WIW - 'long life for all'; and
- liaising with a number of stakeholders campaigning for GVE and publicising some of their work. For example, [#VaccinatetheWorld](#), [Global Justice Now](#) (GJN), Universities Allied for Essential Medicines UK (UAEM UK) and the Academy of Medical Royal Colleges (AoMRC) that recently [published a statement](#) on GVE.

The next WHO target of vaccinating 70% of the population of every country by the middle of the year looks set not to be met. We will continue our work pushing for global vaccine equity.

## Global pandemic treaty

Whilst we seek to address the current inequity, we have also looked to the future. At the last IC meeting, we heard from the Department of Health and Social Care's International Directorate on the World Health Organization's work on a [global pandemic treaty](#) - to strengthen pandemic prevention, preparedness and response.

The '[The World Together](#)' intergovernmental negotiating body (INB) tasked with developing the treaty has started work drafting its content, with the final text of the treaty expected in spring 2024.

We hope that this is the beginning of dialogue between the BMA and UK government on this important work.

## Global climate action

During COP26, the IC was fortunate to welcome guest speaker Dr Marina B Romanello, Research Director at Lancet Countdown, who updated the IC on the latest [Lancet Countdown report](#) - *tracking progress on health and climate change*.

The IC considered a number of concerning health implications of climate change and global inequities. For example, vulnerable populations exposure to heatwaves, climate suitability for infectious disease transmission and ambient air pollution. The Committee considered where the BMA could usefully add its voice exploring global elements of action on and preparedness for climate change – for example,

supporting climate migrants; advancing sustainable health systems strengthening; and building resilience within health systems to counter climate inequality.

The two COP26 'health day' sessions highlighted during the IC's discussions remain available to view at:

- [WHO: The Health Argument of Climate Action](#)
- [Presidency Event: Climate Action for Health](#)

## **Maintaining our influence in Europe**

The BMA has worked tirelessly, domestically and through the European partners, including European Medical Organisations (EMOs), to keep health and the medical profession high on both the UK and EU negotiating agendas.

Following the UK's exit from the EU in January 2021, our focus has been on the ratification and implementation of the EU-UK Trade and Cooperation Agreement (TCA), including issues related to recognition of professional qualifications. We continue with promoting the BMA campaign on Mutual Recognition of Professional Qualifications (MRPQ), launched in April 2020, to ensure continuity and legal certainty, for both medical professionals and students, in post-Brexit Europe. The campaign, supported by the EMOs, requested EU national medical associations to liaise with their respective governments/competent authorities to change their legislation internally to continue recognising UK qualifications for a period of time.

The BMA has also been involved in a successful pan-European campaign which led to the positive EU adequacy decision on the UK data protection regime which resulted in the continuation of free data flows between the UK and the EU benefiting the European medical profession and the patients it treats.

Efforts were also focused on the unique situation of Northern Ireland, including securing an uninterrupted medicines supply from Great Britain to Northern Ireland and continuing to lobby to ensure the UK's formal association to the European research and innovation programme Horizon Europe.

Domestically, the BMA submitted a successful application for a seat on the [UK Domestic Advisory Group \(DAG\)](#). This is a consultative body to monitor the implementation of the TCA and to give the UK Government input from sectors most affected by Brexit. In addition, the BMA fed into the recently adopted Professional Qualifications Bill and also to the ongoing debate on the UK data reform.

Monthly updates on the key EU legislative and policy developments which impact the medical profession, as well as the work being carried out by the BMA can be found at [www.bma.org.uk/what-we-do/working-with-europe/europe/european-brief](http://www.bma.org.uk/what-we-do/working-with-europe/europe/european-brief).

## Breaking down barriers – UK Immigration system

We monitor the development of immigration policy to ensure the system meets the needs of the health and care sector. In recognition of the huge contribution international doctors have made working in the health service during the pandemic, [we wrote to the government](#) in February 2022 to ask that they grant doctors on a path to settlement, and their dependents, automatic Indefinite Leave to Remain (ILR), free of charge.

### Adult dependent relative rules

We continue to ask the government to soften its stance on the Adult dependent relative immigration rules. It is very difficult currently for those who work within the NHS, including doctors, to bring their elderly parents to the UK to care for them. We have consistently raised concern about the potential impact on patient care and the wider NHS if doctors choose to relocate due to the restrictive rules.

Throughout 2021/22 we continued to work with partners, BAPIO (the British Association of Physicians of Indian Origin) and APPNE (the Association of Pakistani Physicians of Northern Europe) to lobby parliamentarians for change, this included briefing Sir Stephen Timms MP for a Westminster Hall debate on this issue.

We are soon to survey our members, to collect their views on this issue since the outset of the pandemic and additional pressures on the workforce and wider NHS.

### GP Sponsorship

The BMA has significant concerns over the long-standing barriers to staying and working in the UK currently faced by trainee GPs as they approach completion of their training. Despite the new Health and Care Visa and efforts by the Home Office, DHSC and HEE to streamline the sponsorship process, we are still hearing from doctors unable to find GP practices with a sponsorship licence.

We met with Home Office and both the GPC England and GPC Wales recently wrote to their relevant ministers. The BMA has partnered with legal firm Magrath Sheldrick, who oversee our immigration advice service, to develop a webinar on navigating the GP sponsorship process. The webinar offers practical tips on how to navigate the current sponsorship process to recruit non-UK nationals and addresses frequently asked questions on the process itself. The link to the webinar is enclosed: [www.magrath.co.uk/gp-practices-sponsor-licence-process/](http://www.magrath.co.uk/gp-practices-sponsor-licence-process/). We continue to publicise this webinar to our members.

From September 2021, the BMA successfully lobbied for doctors entering the Foundation programme to do so on a health and care visa instead of a student visa, meaning that the time spent on the Foundation programme can count towards a future application for ILR. However, this policy does not apply retrospectively meaning trainees enrolled on the training programme pre-2021, and international medical graduates entering the UK and not joining a foundation programme, will still need to find a general practice employer with a sponsorship licence. We are

committed to pushing the government to ensure that these doctors are relieved of the burden of finding a GP practice with a sponsorship license; and alleviate the burden on busy GP practices having to navigate the process.

## **Asylum policy**

The BMA voiced key concerns about the possible medical and ethical implications of the Nationality and Borders Act as it went through parliament. The BMA supports the development of a single, fair, humane and effective refugee system, in keeping with our obligations under international humanitarian and human rights law, including rights to necessary and appropriate health care, irrespective of an individual's route into the UK. We will continue to monitor the implementation of the Act and reaffirm our opposition to the creation of the two-tier system for asylum seekers and the inhumane process of offshoring.

## **Refugee doctors**

The international team helped promote the 2022 BMA Giving charitable grants to organisations and networks that support refugee doctors. The BMA welcomed applications from UK-registered charities that align with the BMA's mission. This year through BMA Giving, we received 47 applications and after careful consideration, the committee granted £125,000 across 10 healthcare charities, three of which focused on supporting asylum seekers and refugees.

## **Human rights**

The [BMA has been vocal](#) in calling on the UK government and governments worldwide to take action to protect the safety and human rights of healthcare staff.

The International and Medical Ethics Committees have worked together, for example:

- writing to Elizabeth Truss (Secretary of State for Foreign, Commonwealth and Development Affairs), on the Uyghur genocide through forced population control via medical methods in Xinjiang, China ([26 January](#)); and
- submitting a further resolution to the WMA on human rights violations against Uyghur people in China. This formed part of the [BMA's wider work](#) responding to last year's independent [Uyghur Tribunal](#) that found evidence of medical involvement in the Chinese state's genocide against Uyghur people.

The treatment of the Uyghur has also been raised as part of the BMA's work on fair medical trade.

## **Fair medical trade**

The BMA, through the work of the IC and international team, have long called for [fair and ethical](#) procurement across the healthcare industry, not only to ensure the safety of our own population, but also that of populations elsewhere.

We successfully lobbied for amendments to the [Health and Care Act 2022](#) to better ensure transparency in global supply chains. The BMA's [report](#) on labour rights

abuse in global supply chains for PPE through COVID-19 was highlighted to parliamentarians when considering the amendments.

The Act includes a section requiring a [review into NHS supply chains](#) (section 47) into the risk of slavery and human trafficking in relation to people involved in NHS supply chains; and a section on [eradicating slavery and human trafficking in supply chains](#) (section 81).

We will continue to monitor developments and lobby where appropriate on this important issue, specifically reviewing the [Procurement Bill](#) that is currently making its way through parliament and an [anticipated review of the modern slavery strategy](#).

### **Other issues considered by the committee in 2021-22**

- BMA President, Professor Neena Modi, president's project, which seeks to promote the recognition of human health and well-being as an essential requirement for a sustainable future;
- the [WMA's scientific session](#) on the global response to antimicrobial resistance (AMR);
- the problems of unsustainable global supply chains for healthcare goods - and the principles we should be adopting of reducing our use, reusing and recycling supplies within the health sector, promoting a circular economy;
- the BMA's new report [Health and human rights in the new world \(dis\)order](#) on the emerging threats to human rights around the world;
- [international development funds](#); and
- the BMA's [refugee doctors' initiative](#).

Dr Kitty Mohan, BMA international committee chair

[www.bma.org.uk/what-we-do/committees/international-committee/international-committee-overview](http://www.bma.org.uk/what-we-do/committees/international-committee/international-committee-overview)