

# GLOBAL HEALTH EXCHANGE CONFERENCE 2018

REVISITING  
'HEALTH FOR ALL'  
IN THE SDG ERA

NETWORKING/  
ENGAGING/  
CONNECTING



96%

MADE NEW  
CONTACTS

85%

PLANNED TO  
FOLLOW  
UP WITH NEW  
CONTACTS

88%

FOUND THE  
EVENT USEFUL/  
VERY USEFUL

42 SPEAKERS



OUT OF 61  
SUBMISSIONS RECEIVED

A GLOBAL HEALTH WRITES  
TRAINING WAS UNDERTAKEN  
SO THAT GLOBAL HEALTH  
STUDENTS COULD REPORT  
ON THE EVENT

SEVEN GLOBAL HEALTH WRITES  
CORRESPONDENTS COVERED  
THE EVENT, INFORMING THE  
CONFERENCE SUMMARY AND  
'GLOBAL HEALTH SNAPSHOT'

SIDE EVENTS



CAREERS SPOTLIGHT /  
BREAKFAST / GLOBAL HEALTH  
TEAM / CHALLENGE / HEALTH  
WRITES / TRAINING PANELS /  
SOAPBOX SNAPSHOTS

## CONFERENCE THEMES

LEAVING NO ONE BEHIND /  
REACHING THE FURTHEST BEHIND FIRST

**Need to empower people to create change:**  
systems too slow to respond

**Health needs of health workers:** who will care  
for the healthworkers?

**Data:** if you measure it, you can improve it

**Rapid responses** in fragile and conflict contexts  
is vital

**Gender Equality:** Menstrual hygiene management  
is vital and must involve males

**Disabilities inclusion** is a basic human right  
"Nothing for me, without me"

**Complexities of context.** Only collaborative  
working can bring about epidemic control

**Working together** and not in silos, health has  
implications for other sectors such as climate change



## 01. INTRODUCTION

This year's Global Health Exchange conference, co-organised by the Irish Forum for Global Health, GOAL and RCSI, took place in RSCI, St. Stephen's Green, on the 6th-7th November 2018. Over 100 people attended this exciting event that covered a range of topics around health, development, humanitarian work, and the challenges facing those working to achieve the sustainable development goals (SDGs) by 2030.

In 2018, the conference's themes clustered around the core principle, 'leave no one behind'. Themes were: non-communicable diseases (NCDs), nutrition, women in global health, overcoming barriers and stigma, empowerment and mental health, health systems strengthening in emergencies, solutions and innovations, climate change and the environment, interdisciplinary working, inclusion and community care, and integration and inter-sectoral working.

This summary considers four issues: threats to global health; people – leaving no-one behind; integration, coherence, and context; and possible solutions. It concludes with seven take home messages from the conference.

“

WE HAVE A CHANCE TO WORK FOR A SYSTEM IN WHICH **NO ONE IS LEFT BEHIND.**

SARA BURKE, TCD

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## 02. THREATS TO GLOBAL HEALTH

What are the current threats to global health? Five prominent threats addressed by the conference are considered here. Firstly, conflict. According to the UNHCR, in 2018 there were 68.5m people forcibly displaced from their homes, including 25.4m refugees. Refugees in particular face significant unmet health needs, such as lack of access to services, poor support for acute mental health problems and trauma needs, symptoms of disorders associated with torture, and infectious disease. Delivering humanitarian support to mobile populations is also difficult. Conflict also complicates public health in the context of infectious disease, such as factional fighting during the recent Ebola outbreak in the Democratic Republic of the Congo.

The second prominent issue, stigma, is endemic across many sectors. In the context of HIV, it creates a significant barrier to accessing services, and especially damaging for people affected by HIV and other diseases such as TB is self-stigma. This is especially detrimental to a person's life, causing people to withdraw in anticipation of external stigma.

Third, the growing challenge of NCDs – chronic diseases such as diabetes – continues. According to the WHO, each year, 15 million people die from a NCD between the ages of 30 and 69 years; over 85% of these 'premature' deaths occur in low- and middle-income countries. The four key risk factors for NCDs – alcohol, tobacco, diet, and lack of exercise – can potentially be modified by populations to reduce NCD mortality from NCDs, and we heard at the conference that University College Dublin is part of a project to open an NCD/diabetes centre in Kenya. This and similar ventures – such as Irish NGO GOAL's Nutrition Impact and Positive Practice approach to tackle underlying behavioural causes of malnutrition – are sorely needed to address rising cases of NCDs.

Fourth, the lack of skilled health care workers in many countries with already-struggling health systems is a significant threat to

health. As an example, an estimated 5 billion people don't have access to safe, affordable, and timely surgical and anaesthesia care. Retaining staff, through training, support, and mentorship for health care workers is one way, as is providing robust training programmes from countries with strong health systems. As an example, the surgical 'college without walls' to address the global surgical crisis, supported by COSECSA and RCSI, is one possible way forward.

Finally, the environment. This was a dominant theme at the conference, and a factor impacting across all the SDGs. With the two greatest threats to global health in the 21st century, climate change and air pollution, political and community interventions are vital to slow rapidly escalating morbidity and mortality.

IN EPIDEMICS: "MANY OF US NEED TO WAKE UP AND REALIZE THAT THE BEST GLOBAL EPIDEMIC PREVENTION AND MITIGATION IS A HEALTH SYSTEM THAT CAN DELIVER ESSENTIAL HEALTH SERVICES."

MICHAEL RYAN, WHO

"WHAT'S GOOD FOR CLIMATE CHANGE IS GOOD FOR THE SDGS."

NIALL ROCHE

SELF-STIGMA CAUSES YOU TO FEEL LESS THAN OTHER PEOPLE, AND "YOU START ACTING AS A LESS-THAN, AS A VICTIM. WHAT HAPPENS THEN IS THE WORLD MIRRORS YOUR ACTIONS."

NADINE FERRIS-FRANCE

“

03.

## PEOPLE – LEAVING NO ONE BEHIND

"THE COMMUNITY HERE ARE REALLY BEGINNING TO UNDERSTAND WHAT EBOLA IS, AND THEY HAVE THE SOLUTIONS WE'RE JUST HERE TO PROVIDE THEM WITH SUPPORT."

MICHAEL RYAN

One overarching theme was a focus on people and community, reflecting the conference topic, 'Health for All'. There is a need to empower people to create change. They are often ready to take that step but systems are too slow to respond. There is also the need to be strategic, targeting "the furthest behind first," according to Irish Aid's Aidan Fitzpatrick.

But some individuals face additional difficulties - more than 1bn people across the world have some form of disability, and at the conference we heard about such people falling off the radar of global health programming. Drawing on a lesson learnt in the HIV sector, 'nothing for me, without me', Inclusion Development Advisor Dr Israel Balogun highlighted the need for renewed focus: "Disabilities inclusion is a basic human right. Don't leave anyone behind."

The health needs of health workers are often missed in environments where populations face high development and disease burdens. Who will care for the health workers? Across the world they face a range of hazards – long working hours, difficult shift work, biological and chemical risk, and to their mental health. An unhealthy workforce suggests programmes focus on recipients at the expense of those delivering services, and Nuha Ibrahim (TCD) shared details of their susceptibility to burnout, and the lack of mental health research in low-income countries focusing on health workers – or indeed the general population.



04.

## INTEGRATION, COHERENCE, AND CONTEXT – WORKING TOGETHER, AND BEING AWARE

The conference heard how it's important to work together and move out of silos. Crosscutting themes such as climate change impact across all the health SDGs, as does another health SDG theme, access to contraception and widened child spacing will inevitably have less impact on the environment and at the same time improve maternal and child health.

Second, in health there is always context. The Ebola outbreak in the Democratic Republic of the Congo, and the many complicating factors affecting its control was described by the WHO's Michael Ryan. The situation demonstrates true complexity as an epidemic in an unstable security environment. Delivering effective risk communication, surveillance, vaccination, case management, and operations in this context is difficult. Only collaborative working – including with community actors, health systems, and development/humanitarian actors – can bring about epidemic control.

Lastly, rapid responses in fragile and conflict situations can be vital. Emergency medical teams (EMTs), according to David Wightwick of UK-Med, can be a driver of standards. But, technological-based development interventions need to be seen in the context of long-term humanitarian efforts.



PEOPLE, "TEND TO DO  
CONFLICT BETTER THAN  
COLLABORATIONS."

MAUREEN O'SULLIVAN, TD.



1. We heard a number of possible solutions during the conference. One was the importance of data – it's a given that, if you can't measure it, you can't improve it, and data are vital. The conference heard about capacity building for gender analyses, gathering information about stock outs and staff absenteeism in Uganda, and implementation research to measure performance of new community midwives in Sudan. The need for evidence is important: for the HSE's Matt Robinson, "We [researchers] need to make it easier for politicians to take the right decisions."
2. Second, clarity around advocacy clarity can enable progress. For example, in Malawi, to achieve universal health care (UHC), Oxfam's Lusungu Dzinkambani suggested that it's vital to work with "communities to facilitate demands for health services," and advocate for progressive health financing. A sub-theme during the conference – the Irish health system – reminded delegates that lessons learnt in the global health sector around advocacy for sustained access to quality health care delivery apply at home as well as abroad. If initiatives based on a recent Slaintécare report (2017) to reform health and social care are approved, this is likely to move Ireland closer to universal health care that is free for all at the point of use.
3. Third, considering resilience as an approach for flexible responses in interventions, it's important to remember that much humanitarian work is undermined by shocks and crises. It's no longer a continuum, and for Trócaire's Olive Moore, "humanitarian crises go on for much longer, sometimes up to 20 years." Any progress in global health is usually predicated on effective collaboration, and GHE 2018 the HSE's David Weakliam cited a forever-relevant African proverb: If you want to go fast go alone; if you want to go far go together.
4. Last, SDG 5 – Gender Equality – addresses the empowerment of women and girls to ensure they are free from discrimination and violence. The conference highlighted such issues as menstrual hygiene management, where sanitary products are not widely available and there is significant stigma and shame experienced by younger girls, who are often absent from school when menstruating. Solutions are available, including the involvement of men and boys in discussions around menstrual hygiene. The sexual and reproductive health rights of women were prominent in Ireland during 2018 with the repeal of anti-abortion legislation, and a reminder that issues affecting women can be resolved with sufficient political and public will, and advocacy.



**FOR FURTHER INFORMATION  
ON THE EVENT. PLEASE VISIT:  
[WWW.GLOBALHEALTH.IE/GHE](http://WWW.GLOBALHEALTH.IE/GHE)**

## 05. TAKE HOME MESSAGES

1. Issues are often universal and cyclical. We must learn from the past and transfer solutions between different contexts.
2. Engagement and inclusivity are recurring terms in current global health dialogue. We should never underestimate the importance of community (in its broadest sense) actors' involvement in policy and planning. There should be 'nothing for me without me', an approach used to underpin robust community responses to HIV. We must leave no one behind.
3. Involving community must include first findings out what they actually want. Only by knowing this can community empowerment be maximised.
4. Global health is often fragmented with multiple actors at play. Effective harmonisation and coherence are essential between INGOs, NGOs, governments, and communities to achieve success.
5. The drive for sustainability has to be prominent: 'Give a person a fish and feed him for a day; teach a man to fish and feed him for life'.
6. Getting more out of less – funds globally are reducing. How can we strengthen what is already in place?
7. We must never lose sight of emerging and potentially catastrophic environmental issues impacting on all the SDGs, in particular health. For the future and climate change, we may have limited time to act.