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1/ ACCESS TO MEDICINES CONFERENCE 2019

WHEN THE DEFINITION OF A HUMAN RIGHT CAN SO OFTEN BE DICTATED BY COMMERCIAL MARKET FORCES, WHAT ARE THE WAYS IN WHICH A SYSTEM OF HEALTH EQUITY CAN BE CREATED AND SUSTAINED IN THE MODERN WORLD? ON THE 16TH OF APRIL, THE 3RD ANNUAL ACCESS TO MEDICINES CONFERENCE PROVIDED A PLATFORM FOR PRESENTATIONS AND DISCUSSIONS AROUND THIS VITAL QUESTION.

1.1 LIFE VS. LUXURY – *EUNICE TOLU PHILIP*

The 3rd annual Access to Medicine Ireland conference, held at the Royal College of Surgeons on April 16th 2019, started off like most conferences; the large auditorium almost filled to its capacity, and the hum and buzzing of acquaintances and colleagues setting the scene for the day.

The silence that ensues during Professor Michael Barry's keynote address however, set the tone for the rest of the conference. There really is an issue! His mirroring of the conference theme 'Affordability and Innovation' to the health and wellbeing of the people and the economic impact of no access to medicine highlighted the iceberg that Ireland as a country is facing.

As he rolls out the figure, it seems inconceivable that in the next five years, "Ireland will spend at least 175 million euro on medication, with a budget impact per patient of over 37 million". This is no over projection, but a lending from his expertise as the clinical director of the 'National Centre for Pharmaeconomics', to break down these figures. His budget projection was not lost to the other conference speakers. Their recurring mention of the high price tag of medication, and its impact on access to needed medication by the public, highlighted both the economic and public health burden.

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> AT WHAT PRICE SHOULD THE PUBLIC'S HEALTH AND WELLBEING COME?

What price can be paid by the 760,000 of Ireland's 4.78 million population that lives below the poverty line that will not leave them in intergenerational poverty? What is price tag of ensuring that the 230,000 children living in poverty have access to medicine? What price will be profitable enough for pharmaceutical industry's luxury, without the country spending funds on feeding this luxury instead of social issues such as poverty and homelessness?

Bas Leerink, the committee chairperson for Netherlands report on 'development of new medicines: better, faster, cheaper' had this insight to some of these questions in his presentation. "We tackle the abuse of power" The power that pharmaceutical companies unashamedly paint as innovation. A value with marginal benefit to the public. For there is no value and no sustainability in paying top euros for innovation that is not accessible, affordable, and effective for all. It is tilting the tug towards luxury of few in exchange for life of many.

We can't keep spending more money attempting to play catch-up with high prices of medication. "It is definitely not the right solution" according to Diarmaid McDonald of 'Just Treatment UK'. One of his suggested solution of increasing the power of the buyer, echoes solution creation and ideas of other speakers as the conference. From Barry's idea, that we only pay for medication that works, and get our money back when it does not, to Michele Tate's advocating for open transparency to enable lower prices, and patient expert, Kay Curtin expressing the need to increase patient awareness to the depth of this issue, the tilt in favor of the public health was gaining momentum.

Despite this, it remains evident, that for Ireland, to fully tackle the issue of access to medicine that threatens to bankrupt her healthcare system, policy makers need to become more aware of the knock-off effect of the current high prices of medication on the health and economic stability of the country. There is no better time than now to stop funding the luxury of few and tilt the power to benefit millions of lives. Michele Tate puts it all in perspective in her closing statement:

> “
> COUNTRIES HAVE NOTHING TO LOSE...
> BUT THE BLINDFOLDS.

1.2 HIGH TIME FOR BIG PHARMA TO JOIN THE CONVERSATION - *VIVEKA GUZMAN*

The 3rd annual conference on Access to Medicines Ireland took place on April 16th in the Royal College of Surgeons in Dublin. Speakers delivered diverse perspectives on the barriers and opportunities available to improve access to medicines by borrowing examples and statistics from their own experiences as pharmaco-economists, policy-makers, NGOs, health-care providers and patients.

Several issues were discussed about the role each one of these stakeholders plays in setting the scene for access to medicines, and on strategies for improvement. The onus now rests on pharmaceutical companies to step up to the plate. However, it was both illuminating and disheartening that no company accepted the invitation to put industry speakers forward in representation of their interests.

I believe this casts a shadow over the opportunities to find sustainable solutions to improve the current constraints in access to medicines worldwide, which means nearly two billion people could continue to lack access to the basic medicines needed to prevent suffering and treat disease.

Of course, despite the lack of industry representation, the conversation must go on.

> “
> ACCORDING TO DIMITRI EYNIKEL, ADVOCACY ADVISOR FOR MEDICINS SANS FRONTIERS EUROPE, DEVELOPING DRUGS IS NOT AS EXPENSIVE AS PHARMA WOULD HAVE US BELIEVE.

This is true in part because much of the research and development for a new drug is funded from public research paid by taxpayers.

Extending the life of a patent, with little or no-benefit to the patient, constitutes yet another profit-maximising strategy used by pharmaceutical companies and it was was highlighted by Professor Michael Barry during his keynote address. Moreover, in the past, pharmaceutical companies have put heavy pressure on governments that go against their corporate interests.

In real life, the conversation cannot go on without input from industry. However, we must remember that other influences exist in the access to medicines debate, such as, the voices of patients advocating for their basic human rights, as well as the integration of sound scientific evidence as a result of innovation in drugs development.

One necessary step is to demand transparency from pharmaceutical companies. If the price of research and development is as high as they claim, then freedom of information policies can make it easier for multidisciplinary teams to deliver innovative solutions that benefit all stakeholders. Freedom of information can also level the playing field and make it possible for governments to negotiate on fair pricing.

The World Health Organization is set to meet in Italy in May to discuss a resolution calling for greater transparency in pharma research and development costs, in addition to price-profiling. What is clear is that cost-cutting should not come at the expense of human lives.

We are open for dialogue with pharmaceutical companies, but it is important to recognise that they don't hold all the cards in this debate. It's time for a concerted global effort, for governments to get involved and support this initiative by supporting international initiatives and advocating for better access to medicines worldwide.

1.3 PATENTING THE SUN – A SUMMARY OF THE ACCESS TO MEDICINES CONFERENCE

– MEGAN HAYES

The idea of a patent free world was explored and debated throughout the 2019 Access to Medicines Conference held at the Royal College of Surgeons (RCSI) in Dublin on April 16th. "There is no patent. Could you patent the sun?" was the response in 1955 of Jonas Salk who invented the Polio Vaccine when questioned about its proprietary rights. As a basic principle, it remains as valid today as it did then. Human health does not have to subject to the forces of a commercial market.

In his address during the conference, Dr. Kieran Harkin, the co-founder of Access to Medicines Ireland, spoke about how patenting medications is an entirely new phenomenon. To illustrate the point, he played a short clip of Salk demonstrating how people can create lifesaving medications without the incentive of a patent.

Deputy Harty TD, Chair of the Joint Oireachtas Health Committee, delivered the opening remarks. He spoke of the importance for safe and effective medicines at a fair price and emphasised the need research focused on the greatest health needs of the nation, especially Ireland's growing and ageing population. He closed his remarks calling for government, pharmaceutical companies, and patient advocates to work together on a solution for financial transparency and fair pricing of drugs.

The Keynote Speaker for the morning panel was Professor Michael Barry who is the Clinical Director of the National Center for Pharmacoeconomics. He began by quoting a study published in the New England Journal that says:

> "FOR THE FIRST TIME, IMPROVEMENTS IN INPATIENT MORTALITY MAY BE COMING AT UNSUSTAINABLE INCREASES IN COST."

He stressed the importance of the affordability of medicines but also of getting value for money. The professor closed with a caution, that if we don't start to assess the value of drugs, 175 million euro will be added to cost of drugs in Ireland over the next 5 years.

The speakers of the morning panel included: Bas Leerink who worked to advise the Dutch government on how to increase their bargaining power and negotiation strategies with pharmaceutical companies; Kay Curtin who brought a patient perspective to the table and spoke about her battle with stage IV melanoma and how difficult it can be to find medication in between trials, licensing, and reimbursement windows or the "black holes of access"; Diarmaid McDonald of Just treatment UK, who spoke about decreasing focus on what's not working, and moving towards what is working, such as increasing the power of the buyer and decreasing the power of monopolies, and decreasing power of pharmaceuticals on the political process.

The Keynote Speaker for the afternoon panel was James Love, Director of Knowledge Ecology International. He focused on the de-linkage strategy to transform the business model of the pharmaceutical industries in order to reduce costs, widen access, and increase overall health. This idea, explained further on delinkage.org, states that research and development (R&D) costs should not be tied to the price of the product. De-linkage suggests other funding mechanisms for R&D by using subsidies such as grants, contracts, or tax credits to expand funding for research, drug development, and clinical trials. This strategies goal is making drugs so affordable that everyone who needs drugs can access them.

The speakers of the afternoon panel included Aoife Kirwan who is the lead for Advocacy, Research, and Information for MS Ireland but spoke from a patient perspective on the challenges she faces on a personal level living with MS. She said:

> "I THOUGHT THE WORST PART OF HAVING MS WOULD BE HAVING MS, BUT REALLY IT WAS THE LACK OF ACCESS TO PROPER TREATMENTS AND MEDICATIONS THAT WAS THE WORST PART OF HAVING MS."

The second speaker was Michele Tait, former manager for the National Hepatitis C Treatment Programme. She spoke about a procurement strategy for Hepatitis C drugs and a vision to make Hepatitis C a rare disease in Ireland.

The third speaker, Dimitri Eynikel spoke about the importance of transparency between governments, enabling lower prices of medications and decreasing secrecy surrounding the cost of medications.

This year marks the third annual conference for Access to Medicines Ireland. Organizations supporting and participating in the conference included Access to Medicines Ireland, the Irish Forum for Global Health (IFGH), Médecins sans Frontières (MSF), Comhlámh, RCSI, and Just Treatment UK.

1.4 POWER TO THE PEOPLE – A CASE STUDY ON HEP C TREATMENT ACCESS – *LÍBHAN COLLINS*

Hepatitis C (HCV) is a viral infection, transmitted via blood-to-blood contact, that targets the liver. In chronic cases, it can cause life threatening complications over time such as cirrhosis and it typically increases the likelihood of developing liver cancer.

> IT IS ESTIMATED THAT IN IRELAND THERE ARE BETWEEN 20,000 AND 30,000 PEOPLE WHO SUFFER FROM A CHRONIC FORM OF THE DISEASE, WITH HUNDREDS OF NEW CASES ANNUALLY.

Speaking at the 3rd annual Access to Medicines Conference about the work of the HSE, under her direction, Michele Tait took delegates through the challenges related to the lack of access for effective treatments for this devastating illness.

ATTEMPTS TO ERADICATE HCV IN IRELAND – A CASE STUDY

In 2012, there remained no national programme and very limited policy regarding the management of HCV in Ireland. Treatments that were available had poor outcomes and people suffering from HCV were not given adequate support. Tait affirmed that the time had come to put the patient first by the time she had been appointed to lead the programme. With the help of advocacy groups and pressure from patients, the government took action and commissioned a report outlining a multi-annual treatment plan, paving the way for improvements in Ireland's approach to treating HCV patients.

In the coming years there was a transformation in treatments available for those suffering from HCV most notable, Interferon 3. A National Programme was established, which Michele led until recently, and feasibility studies were carried out. The overall goal of the programme was to eradicate HCV from the Irish population despite the high cost of the drugs.

The government established a cap of €30 million per annuum to be allocated to the National Hepatitis C Treatment Programme. This meant that less than 350 patients would get treated annually.

> DRUGS WERE BEING RATIONED, BEING OFFERED TO THOSE WHO WERE IN THE WORST STAGES OF THE CONDITION. THIS HAD THE ADVERSE IMPACT OF ALLOWING THOSE WHO HAD A LESS PROGRESSED STAGE OF THE DISEASE TO DETERIORATE WHILE WAITING FOR TREATMENT.

IT WAS A MAJOR CHALLENGE THAT MICHELE AND HER TEAM ON THE PROGRAMME WERE DETERMINED TO OVERCOME, SHE EXPLAINED.

In 2015, it was costing sufferers of the disease €90,000 for a 12-week course of treatment. This was frustrating as not all patients were responding well to the treatment, some requiring 24 weeks of treatment before reaping the benefits. In their estimates, it became apparent to the HSE that it was going to cost €3 billion to treat all Irish patients with no guarantee of efficacy at 12 weeks. This was not a possibility. Michele and her team were faced with an overwhelming financial barrier. The National Hepatitis C Treatment Programme met with six of the suppliers and put pressure on them to negotiate a better deal. The HSE then committed to treating a minimum of patients at a lower cost of the drug. Unfortunately, different drugs worked better with different genotype variants of the virus. This meant that the strain of virus affecting patients could vary greatly and impact on the cost of their treatment.

In 2017, the national programme could not keep up with the costs and decided to take another approach. Pitting the suppliers against each other, they proposed that they would only offer the best value priced drug to patients in Ireland. Prices were now comparative with those paid by governments in other EU countries. This move gave the National Hepatitis C Treatment Programme more control of the situation, leading to a better deal for patients, and an increasing number of patients being treated each year: in 2015, 350 were treated and in 2018, that figure rose to 1,700.

In addition, more rewards were reaped as HCV became eradicated among Irish patients who had haemophilia in 2016. By 2017, all who had contracted HCV through blood products had been given treatment. Moreover, all of this progress was achieved within the €30 million government budget.

> PROGRESSION OVER TIME AND CONSTANT REVIEW OF CONTRACTS CAN MAKE WAY FOR FURTHER REDUCTIONS IN COST.

Michele emphasised that there are instruments available to the government and national health services to improve access to medicine and reduce the costs of drugs.

The HSE engagement with suppliers lifted restrictions on patients and shifted the paradigm of power out of the hands of the drug companies. Ultimately it was the hard work of advocates and the passion of those involved in the national programme to secure fair pricing for patients and return the power to the people.

1.5 INFORMATION IS POWER - *MEGAN HAYES*

“Information is power” was the running theme of Dimitri Eynikel’s talk on improving access to medicines at the Access to Medicines conference in RCSI on April 16. Dimitri has worked with Médecins sans Frontières (MSF) on several healthcare projects in the DRC, South Africa, and Afghanistan. Since 2017 he has been representing MSF’s Access Campaign at the European Union to ensure medicines are available and affordable in countries where MSF works.

He spoke about the importance of transparency in governments’ negotiations with pharmaceutical companies, shedding light on the number of nations that sign confidentiality agreements as part of an incentive to get a “better deal” for whatever drug they are purchasing.

> THIS SECRECY SURROUNDING THE PROCESS OF PURCHASING HAS LED TO EXORBITANT INCREASES IN PRICES, FORCING COUNTRIES TO SPEND MONEY ON MEDICINES AT UNSUSTAINABLE RATES.

He argued that transparency going forward will help to solve the issue and MSF is working to untangle that web.

Another issue to which he drew attention was the cost of research and development - although it is often a collaborative effort, with input from public funding, academics, tax breaks, grants, patient trials and health professionals working on clinical trials—all crucial to research and development, the end product is generally controlled by a single commercial enterprise. He gave the example of how when 19 different industry sources were tasked with estimating the cost to develop a new medication, the estimation of costs ranged from €30.3 million to €2.9 billion. There is clearly a need here for careful documentation of the drug manufacturing process and a requirement to accurately price the medication to reflect expenditure. Increased knowledge sharing on who spends what in the R&D sector will help to inform debates and negotiations for lower prices, Dmitriy explained.

In May, the World Health Assembly will meet to discuss a resolution on drug pricing transparency. Italy’s Minister of Health has written an open letter on the ministry’s website, calling for other countries to support transparency of the market for drugs, vaccines, and other health related technologies. Transparency here is necessary for the sustainability of a nation’s public health service. This proposed resolution is important for the health of the global population. Information is power in these negotiation

1.6 GAME OF TRANSPARENCY: THE INEQUALITY OF LIVING WITH A DISEASE AND ACCESS TO MEDICINE - *EUNICE TOLU PHILIP*

> THE PAIN IS UNBEARABLE, THE WAIT, THE GLOOM OF UNKNOWING. I DID NOT CHOOSE TO BE A PATIENT WITH A TERMINAL ILLNESS. IT IS NOT WHAT ANYONE CHOOSES. WE DO NOT CHOOSE WHERE WE ARE BORN. I WAS BORN IN IRELAND- A RICH COUNTRY AND IT IS STILL SO DIFFICULT.

What reads like an excerpt from a fiction novel, was a heartfelt recount from Kay Curtin about her experience of living with stage IV melanoma. Kay shared her 15 years’ experience of living with the disease at the 3rd annual Access to Medicine conference held in Dublin in April 2019.

It would seem far-fetched if we were to tell the millions of people in low-resourced countries that many living in high-resourced countries also struggle with access to medication to stay alive. And that the inequality of entanglement for those who are “made to bear the burden of healthcare” is now a universal agony to those without access to medicine. But it is a reality.

It is a paradox that many speaking at the conference attempted to unravel, each with the view that access to medicine is not luxury, but a basic human right. The violation of that right has insidiously made its way to be a global crisis, with no demarcated geographical boundaries.

What is the justification of the lack of access to medicine in low-income countries ostensibly from limited socio-economic development, if patient such as Kay who lives in Ireland, a country with a GDP figure of $376,101 million, with (Europa) 2019 economic forecast growth of 4.1%, also lack access to medicine? A failed one.

> UPPER-MIDDLE AND HIGH-INCOME COUNTRIES, FOR EXAMPLE, ACCOUNTS FOR OVER 58% OF ALL GLOBAL HEPATITIS-RELATED DEATHS. THE LACK OF ACCESS TO MEDICINE IS A FLAWED ‘GAME OF TRANSPARENCY’ WHICH FAVOURS THE PROFIT-MAKING FEW AT THE EXPENSE OF MILLIONS GLOBALLY.

TRANSPARENCY IN RESEARCH AND DEVELOPMENT (RD) AND PRICING. I OWN MY KNOWLEDGE!

The development of 25% to 33% of new drugs begin at public university campuses. A fact, therefore, that means such knowledge belongs to those universities. It is also a fact that collaboration between research and industry is not a new concept. Such collaboration between the UK and US to mass-produce Alexander Flemings’ miracle find ‘Penicillin’, saved millions of soldiers in dire need during World War II.

What is new is the permission, disguised and granted under patent laws, to brand and seal the lives of many in need of treatment and medication for life-threatening diseases such as cancer, hepatitis and HIV. Michael Harty, the chair of the joint Oireachtas Health committee, in his address to the delegates expressed the need for a policy to have control over the way drugs’ knowledge is sold. A patient-centred policy with unrestricted access in the sale of intellectual property that is transparent and fair. Achieving this will decrease the exorbitant prices of these medications and increase the availability to millions of patients who, according to Dr Ciara Conlan (AMI), are faced with the knock-on effects of these high prices.

TRANSPARENCY IN CLINICAL TRIAL... PICK ME!

It was baffling how unethical the ethical law governing clinical trials are, as Kay unfolds the various tiers of criteria the patients must subject themselves to for admittance to clinical trials. “Are they just for perfectly selected people?” she asked. Her account of the crippling effect of waiting in-between clinical trials leaves no confusion about the devastation inherent in the prohibitively selective criteria of clinical trials.

This cannot be ethical. The gnawing pain and horror of patients experiencing the ‘pick me’ game of who lives and who dies. The hope of getting into the clinical trials, and subsequently whether you are lucky enough to be picked for the “you can live” group. The anguish of a rejection letter was best captured by Kays’ interpretation of the reasons for rejection:

> YOU ARE TOO OLD; TOO YOUNG; TOO SAFE; NOT TOO SICK ENOUGH; WAIT TILL YOU GET TO STAGE 4 AND THE TRIAL HAS JUST CLOSED, TRY LATER.

THE BURDENED ROULETTE WHEELS

The emotional burden of the lack of access to medicine was subtle, almost drowned in the laughter that erupted in the auditorium when Kay spoke about the offer for her hand in marriage to get her access to medication that will save her life. How different is this from child-brides, gender inequality and other forms of inequalities?

Is the global goal to end poverty by 2030 possible, when patients are burdened with the task of advocating for access with unpaid time, at the expense of their health, and spending life savings for a chance to live, for just another month? Unpaid time away from loved ones, to seek medication reimbursements, to avoid dipping further into poverty and “running into an iceberg where access to medicine is not possible for most people” is a scandal.

STAND TOGETHER, NOT ALONE

To tackle this global health crisis that has no demarcated physical, emotional and geographical boundaries, we cannot continue to skirt around tags of intellectual property, clinical trials and the exorbitant pricing of medications. National and international policies must stand up and change the way research and development, and pharmaceutical industries play with the lives of over three billion people globally with no access to medicine.

To implement policies, the inequalities must end and the trend of the estimated 10 million people that die every year due to lack of access to medicine must be prevented. Kay stresses in her final remarks, the need for more evidence-based patients to amplify and strengthen the voices of the advocates and for everyone to stand together in addressing this gross inequality.

So that, when I asked a terminally ill patient at the next conference of her greatest fear, the response will no longer be:

"Do I feel that my voice has made a difference? I can only hope, as I can make better use of my time. For no individual patient should have to face this and the media alone."- Kay Curtin

1.6 A WAY OUT FOR PATIENTS HELD HOSTAGE – *LÍBHAN COLLINS*

US-based Health Economist James Love delivered the keynote address at the Access to Medicines Ireland (AMI) 3rd annual conference on April 16, 2019. As Director of Knowledge Ecology International (KEI), a for-profit NGO, he advises UN agencies and governments about KEI-based research centred largely on public interest advocacy.

An area of great interest for Love, for several years, has been the staggering cost of drugs, and the large percentage of the global population who lack access to treatments they need, such as those with HIV, cystic fibrosis or melanoma.

Illustrating the extent of the crisis, Love presented to delegates a sample invoice for breast cancer treatment in the US. The cost amounted for a single year of treatment to $470,427. Even though this can be subsidised or partially reimbursed, it does not take away from the exorbitant costs facing those who are presented with a life or death ultimatum by nature of their condition. High prices, of course, mean that there is inequality of access to medicines facing many patients.

Taking a very realistic and pragmatic approach, Love examined how treatment plans could play out, if rather than using a patient's coverage as the hostage, the patent monopoly was held hostage in negotiations related to drug prices between governments and industry.

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> MONOPOLIES, BY THEIR NATURE, DEMONSTRATE DISPROPORTIONATELY HIGH CONTROL IN THE MARKETPLACE AND THIS IS OFFERED TO THEM, IN PART, BY VIRTUE OF THE INVESTMENTS BY INDUSTRY IN RESEARCH AND DEVELOPMENT.

Love emphasised that high prices and limited access were not the only option. Monopolies, he said, were not efficient, with outcomes from Research and Development often matching previous drugs, but not improving upon them. They are also unfair, unnecessary and at odds with overall policy coherence.

It is easy to accuse industry practices of being unfair and inefficient, but what sets Love's ideas apart is the realisation that these monopolies are not necessary in quality drug production. Issuing compulsory licencing on patents is one thing that has the potential to make a difference, but reform of the system over time is what will have the greatest long-term impact, said Love.

Similar to the telecommunications industry—which has moved from a model of widespread charges to now fixed rates for unlimited access to a network—drugs can be made subject to high prices for initial development, but once we know what works, the manufacture of those drugs does not have to be as costly as it is made out to be.

The invoice given to patients for treatment is also financing innovation, and Love does not see this as a sustainable process: "any compromise between innovation and fairness leads to a bad place."

IT IS NOT FEASIBLE OR IN ANY WAY SUSTAINABLE TO CONTINUE UNDER THE CURRENT MODEL.

Governments often fund and offer subsidies for research and yet, for example, can pay anything up to €100,000 for a drug that only costs €100 to manufacture. Often this price is not related to the science or innovation behind it, or even the therapeutic value of the product. Delinkage is the way forward, meaning that the cost of the product and the cost of Research and Development (R&D) are separated. Love maintains that incentives for research and innovation should be also be de-linked from the cost of the drug. Throwing money at innovation is not efficient.

The goal of progressive de-linking is to implement reforms over time that sequentially and progressively move prices closer to affordable generic prices. Incentives to innovation can be altered in a way that rapid developments in drug design are not compromised. One such incentive is a market entry reward which gives payouts based on evidence of efficacy of a treatment benchmarked against existing treatments. Through this system, drugs with significant improvements in quality and orphan drugs will get funded rather than drugs which are on par with existing treatments. Love calls on governments to become better negotiators. Greater transparency on the costs of production internationally will allow governments to work together, both to lower costs and to put the pressure back on companies.

In recognising that de-linking is a process easier said than done—particularly in the Irish context where big pharma and biotech companies are large employers—existing barriers were not cause for ending the quest for affordable drugs. Love challenged how governments can move past the current stranglehold that has them stuck on this point, concluding that through the use of a transition strategy – which he outlined in detail to delegates, governments can, over a period of years work their way to a healthier relationship with drugs access. The strategy begins with capping exclusive rights at 15 years, with some use of compulsory licensing and the introduction of a market entry rewards fund. On year two of this strategy, exclusive rights to a product are to be capped at 14 years with market entry rewards increased. Carrying on in this fashion of shrinking monopolies progressively over a 15-year period would eventually allow only market entry rewards.

Drug access, currently, is a bad business model where patients bear the brunt of the costs and are held hostage by big pharma. Love made a strong argument for a new way forward, where those who need drugs, get drugs. De-linking medicinal drugs from high costs and implementing a transition strategy to incentivise R&D has huge potential to indeed hold up that promise.

2/ PATHWAYS TO CLEAN COOKING INTERNATIONAL CONFERENCE 2019

BURNING FOSSIL FUELS FOR HOUSEHOLD COOKING PURPOSES CAN HAVE DEVASTATING AFFECTS ON BOTH THE ENVIRONMENT AND THE HEALTH OF THOSE LIVING IN THESE HOUSEHOLDS. THIS CONFERENCE, HELD IN WEXFORD FROM MAY 29TH – 31ST 2019, AIMED TO CREATE A PLATFORM FOR DISCUSSION OF IMPLEMENTATION PLANS FOR EFFICIENT, AFFORDABLE AND SUSTAINABLE COOKING PRACTICES FOR THOSE MOST AFFECTED BY THESE DANGERS: PEOPLE IN LOW-INCOME RURAL SETTINGS.

2.1 ENERGY TRANSITIONS TO BENEFIT EVERYBODY - *JANE O'FLYNN*

Dr Tami Bond, Professor Environmental Engineering at the University of Illinois delivered the keynote address at the recent Pathways to Clean Cooking Conference held in Wexford from May 29th-31th. Bond's focus area includes the effective study of black carbon, otherwise known as soot, in the atmosphere. Bond began her presentation with the humbling reminder that since humans have lived in caves, combustion—the burning of wood, has been central to households and human survival. She describes households as complex interconnected systems. The irony of human survival lies in the reliance on solid fuels from knowledge that has accrued for many years.

THE COST TO HEALTH

Uncontrolled combustion in the form of household cooking using solid fuels and kerosene on open fires and inefficient stoves, however, is also detrimental to health. Despite this, it is the reality for 2.8 billion of the world's population who rely on solid fuels such as wood, dung, crop wastes, charcoal and coal for cooking and heating. As a result of poverty, hundreds of millions of people are likely to rely on fuelwood and other sources of bio-energy to meet their basic needs for decades to come.

Dr Bond highlights the 'health cost' of that fact. Each year, there are approximately four million premature deaths caused by uncontrolled combustion. It is currently the top killer of children worldwide. The negative health effects resulting from uncontrolled combustion serve as a cascading inhibiting factor on education and livelihoods for the immediate user, cautions Bond.

THE COST TO THE ENVIRONMENT

However, it doesn't stop there. We are all affected by the emissions from biomass fuels, which contribute to 2-8% of anthropogenic climate impacts. It is estimated that 20-30% of black carbon emissions come from biomass fuels and remain in atmosphere systems. Vast areas of the world continue also to experience diminished air quality.

Therefore, it is indisputable that energy transitions, the transition from open fires and burning of solid fuels to less damaging cooking alternatives, will benefit everybody.

Dr Bond reiterates however, on numerous occasions, that for energy transitions to benefit everybody, they must reach everybody. Successfully transitioning 80% of those reliant on damaging cooking practice is insufficient. Positive, tangible effects lie in reaching that last 20 percent, 'the furthest behind'.

LIFTING PEOPLE OUT OF POVERTY

> "UNDERSTANDING HOW TRANSITIONS OCCUR, ESSENTIALLY THE NEEDS OF THE HOUSEHOLDS ONE IS SEEKING TO ENGAGE IN CLEAN COOKING IS CENTRAL TO ITS SUCCESS. COUNTRIES ARE NOT HOMOGENOUS, NOR ARE HOUSEHOLDS."

Dr Bond challenges the clean cooking experts in attendance to appreciate the complexity of the household and to consider factors such as human needs, wants and cultures of households as well as income. She also encourages her peers to dream bigger, think beyond cooking, towards 'big energy', energy that heats housing and can provide livelihoods. This is the energy that makes the aspirations of the three billion reliant on damaging cooking practice a possibility, she says, because it encourages education and prosperity and has the potential to lift people out of poverty.

In concluding remarks, Bond calls on participants directly: 'Let's get it done people!" and with that her call to action is complete, and the scene is set for a two-day conference that seeks to respond to the challenge of achieving Sustainable Development Goal (SDG) 7.

With only 10 years left to reach SDG 7, which calls for ensuring "access to affordable, reliable, sustainable and modern energy for all", including universal access to clean cooking, an estimated two billion people are in danger of being left behind.

Tami Bond is professor of Civil and Environmental Engineering at the University of Illinois, and an affiliate professor of Atmospheric Science. Bond has focused on the effective study of black carbon or soot in the atmosphere. She is a current MacArthur Fellow, which was awarded to her in 2014.

2.2 ON THE RIGHT PATH – *LÍBHAN COLLINS*

Brilliant and eager minds gathered in Wexford, Ireland on May 29th - 31st at the Pathways to Clean Cooking International Conference 2019 to examine recent advances in clean cooking technology and practices.

In low-income countries, cooking often takes place on low-quality stoves and, to a large extent, indoors. The resulting air pollution means that millions face a very dangerous health risk through exposure which can lead to asthma, pneumonia and Chronic Obstructive Pulmonary Disease (COPD) incidence. A variety of other pulmonary and cardiovascular diseases are also likely when living in these conditions.

Another issue of concern is the impact that burning fuels such as kerosene, coal, wood, and charcoal, have on the environment.

> "THE CLEAN COOKING ALLIANCE ENVISIONS A WORLD IN WHICH EQUAL AND AFFORDABLE ACCESS TO COOKING METHODS THAT ARE EFFICIENT, SUSTAINABLE AND THAT MINIMISE AIR POLLUTION ARE ADOPTED.

In addition, there is also a desire to reduce deforestation which has detrimental effects on local agriculture and the environment.

As is evident from the overall climate emergency, it is very challenging to create change in the behaviour of populations. For something like cooking, an essential practice in everyday life, a lot of factors must be addressed for any real progress to be made on a large scale: education on the benefits and risks, a subsequent desire to make the change by communities themselves and finally access to an alternative. More often than not, when authoritative figures or external organisations give instructions or mandates about behaviour change it is not adopted out of a need for free and independent thought and the desire to make one's own decisions.

Speaking at the conference in Wexford, Emily Hosford detailed the sort of community-led initiatives that were necessary for an increased adoption of improved cooking stoves. As part of research led by Vita and the CLTS Foundation in Ethiopia, community meetings were organised in six villages, which encouraged reflection on how the people in each community cook and the effects their methods have on their overall health and local resources. This approach, she said, allows people to own their solutions based on local circumstances, thus spurring action.

Vita dove into this research with the goal of influencing attitude and behaviour change, favoured over a top down order for change. The approach also ensures that any changes are suitable to local environments, a factor of vital importance in reducing the risk of western developed solutions failing in contexts that have different cultures and societal values.

Issues that were considered in these meetings included fuel usage and availability, the time resources can take to collect, forest cover in the surrounding areas, as well as pricing and usage per month.

A committee was created in each of the villages and an action plan with deadlines were set out by locals. Hosford's team made use of triggering to mobilise the communities via visual analysis of their sanitation and cooking situation.

With the success of this method, Vita have now trained 40 NGO and government facilitators to roll out this approach for change to 40-50 more villages throughout the remainder of 2019. In this extension of their research, they plan to gain a deeper understanding of how to address barriers and the types of factors that drive the adoption of improved stoves and fuels as well as the reasons for the lack of uptake. The role of researchers as facilitators in this case opened a a pathway for this community.

Of course, the SDGs aim high and the progress made to date with SDG 7 has been minimal. Elisha Moore-Delate illustrated the extent of the challenges regarding clean and affordable energy in her address to delegates.

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> SHE USED THE REDD AND THEN REDD+ MECHANISM (REDUCTION OF EMISSIONS, DEFORESTATION AND FOREST DEGRADATION) AS A FAVOURABLE SOLUTION FOR MANY PROGRAMMES BUT NOTED THAT THE PROGRAMME DEVELOPMENT PACE CAN INHIBIT PROGRESS, POINTING OUT THAT IT TOOK TEN YEARS FROM THE POINT OF INITIAL PITCH TO THE INITIATION OF THE EXISTING NEWLY LAUNCHED ENERGY PROGRAMME IN THE DEMOCRATIC REPUBLIC OF THE CONGO.

Creating changes in the types of fuel and its usage will not happen fast—in many countries such as DR-Congo, biomass consumption is predicted to increase. It seems however that many organisations are on the right path. REDD+ aims to mitigate climate change while also alleviating poverty. When looking at energy through this lens, biomass use and transformation is an important livelihood resource—contributing to income and energy needs and thus this REDD+ programme favours promoting sustainable biomass and the use of renewable or alternative energy sources.

While Vita focuses on household stoves, an issue highlighted by Moore-Delate of further importance was the lack of policy and legal frameworks surrounding energy use. In addition, there is a clear need for a commercial energy market for clean fuel and stoves. Programmes tend to focus on either the stove or the fuel rather than addressing the whole chain of cooking for energy value.

The solution to the obstacles faced by the proponents of Clean Cooking appears to lie in the adoption of a sector-wide holistic approach, taking into account the wide and varied complexity of the issues facing the users, the process of delivering the technology, and the practices that must be rolled out in tandem for adoption rates to be improved.

3) GLOBAL HEALTH EXCHANGE

2019

ON SEPTEMBER 12TH 2019, THE IRISH GLOBAL HEALTH NETWORK CO-HOSTED THE ANNUAL GLOBAL HEALTH EXCHANGE CONFERENCE WITH THE HSE, IRISH AID, OXFAM IRELAND AND DUBLIN CITY UNIVERSITY. THE CONFERENCE WAS HELD UNDER THE THEME ***“REACHING THE FURTHEST BEHIND FIRST: ADDRESSING GENDER AND OTHER INEQUALITIES TO MEET THE SDGS”.***

3.1 GENDER EQUALITY AND WOMEN'S EMPOWERMENT THROUGH THE SDGS – *JANE O'FLYNN*

At the Irish Global Health Network, we would like this year's Global Health Exchange to serve as a thought leadership event. We wish to raise awareness and understanding of all inequalities pervading the current global health sector.

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> OUR FOCUS IS TO INCREASE THE VISIBILITY OF THE UNDERREPRESENTED THROUGH STRATEGIC DIALOGUE, CURATED CONVERSATIONS, RESEARCH AND MEASURABLE DATA. WOMEN PLAY A VITAL ROLE IN THE ADVANCEMENT OF GLOBAL HEALTH, YET MEN REMAIN THE MAJORITY HOLDERS OF LEADERSHIP POSITIONS.

Despite making up 75% of the healthcare workforce, women occupy less than 25% of the most influential leadership positions. Their contribution to health systems is undeniable, yet much of their work is either underpaid or unpaid, leaving women with few opportunities for advancement or to engage in self-care. This creates an inequitable health system that impacts the health of all, subsequently inhibiting the achievement of the United Nations Sustainable Development Goals (SDGs) and Universal Health Coverage (UHC).

The progress towards gender equality and women's empowerment resulting from the Sustainable Development Goals (SDGs) is encouraging. However, women and girls continue to endure discrimination and violence, every day, in each of the worlds' nations.

According to the 2019 EM2030 SDG Gender Index, 1.4 billion women and girls are living in countries failing on gender equality. A further 1.4 billion live in countries that 'barely pass'. Even those countries which ranked highest in terms of gender equality have more to do if the SDGs are to be reached by 2030. And no country has reached the 'last mile'. The report cites 'equal representation in powerful positions' as a topic of particular complexity. Nowhere is this more evident than in healthcare.

A published article in The Lancet further illustrates the fact that women are not receiving adequate recognition and awards. Since the inception of seven public health and medicine awards from a variety of countries, the odds of women receiving a prize are nine out of one hundred.

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> WITH THE REPORT LISTING LACK OF FEMALE REPRESENTATION AT SENIOR LEVEL AS A CAUSATIVE FACTOR, WOMEN ARE PLACED IN THE PRECARIOUS SITUATION OF NOT RECEIVING PRIZES AND AWARDS DUE TO LACK OF SENIOR REPRESENTATION AND NOT OBTAINING SENIOR POSITIONS BECAUSE OF THE LACK OF AWARDS GRANTED.

This troubling reality manifests in leaving women and girls more susceptible to the perils of inequality.

SDG 1 seeks to eradicate poverty, more women than men live on less than $1.90 per day.

SDG 3 strives towards good health and well-being, each day there are 830 preventable deaths related to pregnancy and child-birth.

SDG 13 demands urgent action to combat climate change, which affects women disproportionately with many poor rural and indigenous women reliant upon natural resources for their livelihoods and the livelihoods of their families whom they support.

An unyielding focus on bridging the gender gap, ensuring women are adequately represented, is required if each of the 17 SDGs are to be realised, and only when gender equality is achieved, for everyone, even those 'furthest behind', will the SDGs complete their mission.

With this said, there is no time for despondency and tangible improvements are underway in the highest echelons of the global health world. World Health Organisation (WHO) Director- General, Tedros Adhanom Ghebreyesus, has displayed a clear commitment to achieving gender balance and for the first time WHO senior leadership includes representatives from all regions and is 60% female. It is a time of a momentous change for women globally and such victories should not go unnoticed.

This is a multi-faceted complex issue, and it is one we must not shy away from. We, at IFGH, appreciate this fact and are committed to promoting and achieving gender equality and tackling all existing inequalities. Join us in Dublin City University on September 12th, 2019 at our Global Health Exchange Conference. We will be discussing gender equality and women's empowerment, amongst other key matters, including, sexual reproductive health and rights, global health leadership, health and nutrition and inequalities that affect health.

At IFGH we are resolute in our mission to tackle all inequalities, including gender related issues, and on the path to a fair and equitable society we want everyone to be represented in that pursuit.

3.2 FROM TABOO TO TRANSFORMATIVE: A CALL TO ACTION TO RECOGNIZE PROPER SEXUAL AND REPRODUCTIVE HEALTH AS A HUMAN RIGHT - *CAMILLE RICH*

SEX. CONDOMS. GENITALS. ABORTION.

Words like these describing aspects of sexual health often make people feel uncomfortable or awkward. Across many cultures, reproductive health is considered an incredibly private matter, not to be discussed. This taboo allows reproductive issues and inequalities to be silently perpetuated in health systems arounds the world, disproportionately and negatively impacting women. However, our speakers during the Sexual Reproductive Health and Rights panel at the 2019 Global Health Exchange, advocated that despite this stigma, we can no longer ignore issues surrounding sexual health since it is a critical part to well-being.

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> WOMEN HAVE HISTORICALLY FACED DIFFICULTIES IN ACCESSING REPRODUCTIVE HEALTH SERVICES FOR A MULTITUDE OF REASONS: RESTRICTIVE POLICIES, CULTURAL DIFFERENCES, SEXIST OR MISOGYNISTIC VALUES, GENDER ROLES, STRUCTURAL BARRIERS AND POOR ACCESS TO MEDICAL FACILITIES.

Yet today, our five speakers demanded change to reform these negative norms. Our speakers brought sexual health to the forefront of global health through their unique experiences in order for sexual health to be recognized as a human right.

The panel began with Dr. Cliona Loughnane, the Women's Health Coordinator at the Women's Council of Ireland. Taking the audience through a brief history of the challenges for women's health in Ireland, she explained how we must be cognizant of our past in order to learn from it and change the the future for women's reproductive health. However, all too often, women are left out of the very conversations and decisions that directly impact them. Dr. Loughnane implored us to "radically listen" to women, to develop programs and practices that are specifically designed to give women the care they need.

“WE MUST RECOGNIZE THAT WOMEN ARE THE EXPERTS ABOUT THEIR OWN HEALTH EXPERIENCES” – *DR. CLIONA LOUGHNANE*

Dr. Tochukwu Igboanugo from University College Cork also urged for women to be included in the conversation about reproductive health. During his time as a doctor in Nigeria, he became frustrated by the lack of reproductive care given to women, discrimination towards female refugees, and the tight restrictions on important procedures, including abortion. To make matters worse he was reprimanded in his workplace for speaking out on behalf of his female patients by the hospital removing his shifts. Therefore, he called for a complete overhaul of the way we think about and treat sexual health, to allow doctors to do their job, preserve fundamental reproductive rights through policy changes, and increase the quality of care for women.

Female genital mutilation (FGM) is a devastating and complex issue in reproductive that Gill Carter from Maastricht University focused her global health research on. Due to its deep cultural and historical roots, health officials have found ending FGM a complicated and difficult task. Ms. Carter spoke about a new approach to ending FGM through "alternative rites of passage" (ARP) in Tanzania. The concept of ARP is to keep the traditions and ceremonies surrounding FGM intact, yet without the actual cutting of the girl's genitals. Since previous methods of eliminating or outlawing FGM have not been entirely successful, she and her team have found that ARP has worked better since it incorporates the community's long-held traditions into the solution.

“THIS WORKS WITH CULTURE INSTEAD OF AGAINST IT” – *GILL CARTER*

Ms. Carter experienced first-hand how local culture plays a critical role in the protection of women's reproductive health. Two of our other speakers, Adele Fox (National Health Coordinator, Concern Worldwide) and Marie Hallissey (Global Health Advisor, GOAL), both investigated just how much culture and community values affected pregnancy and contraception in Sierra Leone. Adolescent pregnancy is as high as 30% in Sierra Leone and over 20% of those young mothers die during childbirth. These alarming numbers caused these two researchers to investigate where the gaps are in reproductive health for these girls.

During her investigation, Ms. Hallissey found that community ideas around women were often very sexist and held double standards for women engaging in reproductive care. Contraception use was viewed as "promiscuous" for women, leading to high pregnancy rates and gendered expectations of maturity pressured young girls into sex early on. Ms. Hallissey explained that men often use their positions of power to force women into having sex with them through means of extortion.

“WATER RESOURCES WERE CONTROLLED BY MEN WHO DEMANDED SEX FROM GIRLS IN ORDER TO GET ACCESS TO WATER” – *MARIE HALLISSEY*

Ms. Fox also noted these damaging societal norms towards women's reproductive health in Sierra Leone, with a focus on how to combat these issues. She shared her team's approach to changing these cultural attitudes through a socio-ecological approach at the individual, community and structural levels. Ms. Fox developed a series of classes and programs including a life skills curriculum, community conversation session, parent and husband outreach workshops, campaigns to advocate for gender equality and additional training for adolescent friendly health care services. She found that these interventions at the ground level were successful in changing mindset towards reproductive health and shifting cultural expectations of care and support.

> WOMEN AND THE COMMUNITY NEED TO BE THE FUNDAMENTAL PLAYERS IN THE FIGHT TO CHANGE FEMALE REPRODUCTIVE HEALTH.

Listening to their experiences, taking note of their needs and allowing them to be part of the decision-making is the first step in bringing reproductive and sexual health equality to women. This transforms what was previous believed to be a taboo subject, into an important issue that can be tackled in solidarity with women across the world.

The session's speakers each had unique backgrounds and experiences, however all agreed on the principle that working hand in hand with the women of local communities is the key to making the world see women's reproductive health as a human right. In the words of our final speaker Dr. Igboanugo:

"Any inequality encountered by any individual in accessing sexual and reproductive healthcare services is a deprivation of their fundamental right to good health". – *Dr. Tochukwu Igboanugo*

3.3 SURVIVING SURVIVAL: A PLEA FOR THE BETTERING OF LIVES SAVED, AFTER THEY ARE SAVED –

ASHLEY SCOTT

On Thursday 12th September 2019, I had the privilege to attend Dr. Cliona O'Sullivan's aptly named talk: "Is Survival Enough? Strengthening Rehabilitation Towards the 2030 Agenda", a presentation on the need to strengthen rehabilitation systems, especially in low- and middle-income countries.

Coming from a low-income area of rehabilitation myself, my eyes lit up immediately! Dr O'Sullivan put out a thought that has been on most rehabilitation professional's minds for a while:

> HOW ARE OUR PATIENTS SURVIVING THEIR SURVIVAL?

Dr O'Sullivan painted the picture for us, describing that 80% of the world's disabled population lives in less highly-developed countries, with the disabled population in need of rehabilitation services. She quoted the World Health Organisation: "Global trends in health and aging require a major scaling up of rehabilitation services in countries around the world and in low- and middle- income countries in particular". With improving access to medication and healthcare, and with populations living longer, there is a much greater need for rehabilitation services.

Dr. O'Sullivan explained how rehabilitation aims to assist those likely to experience or experiencing a disability to be able to function within their environment. With Non-Communicable Diseases (NCDs) becoming more prevalent and populations surviving these, the need for rehabilitation after amputations due to uncontrolled diabetes, or stroke rehabilitation is increasing drastically. With the majority of those affected by NCDs being in their main productive years, being able to live well is vital – more so than simply surviving the disease.

Dr O'Sullivan also reported that lack of rehabilitation workers is one of the challenges in strengthening rehabilitation programs – for example, in one of the multiple African countries in which she researches, there were only approximately 30 physiotherapists.

Integration of rehabilitation services into health systems presents a further challenge, due to a lack of knowledge of the human resources available. Dr. O'Sullivan also named governance, financial resources, and education and training as further needs for strengthening rehabilitation systems. In the subsequent Q & A, she explained that rehabilitation is not as popular as other healthcare programs seeking funding, and thus it can be very difficult and competitive in finding funding for rehabilitation services and research.

To strengthen the presence of rehabilitation in the global health space, Dr. O'Sullivan recommended that collaboration and discussion needs to take place between Universities (globally), NGOs, and investors. She noted that more focus is needed on strengthening of competency-based programmes towards matching skillsets with populations, as well as shifting tasks as a part of a modular structure to advance competencies. Lastly, she recommended more focus on educational technology to strengthen rehabilitation services.

> SURVIVAL IS NOT ENOUGH.

All health care professionals and funders should take Dr O'Sullivan's plea for strengthening rehabilitation programs in low- and middle-income countries seriously, because there is no point in adding years to life, if we as health care professionals cannot add life to years.

3.4 MOBILE HEALTHCARE: ENHANCING ACCESSIBILITY IN CONFLICT-RIDDEN SOUTH SUDAN

- *ROSIE JERVASE*

From 2013 onwards, the people of South Sudan have been strongly affected by an ongoing civil war. Persistent disputes between the government and opposing forces, tribal conflicts and failed peace agreements continue to drive this protracted conflict. The war has led to the internal displacement of the population and their concentration in conflict-free zones. This displacement has resulted in a gap in healthcare accessibility in South Sudan – a key topic addressed at the 2019 Global Health Exchange Conference held at Dublin City University.

Michelle O'Dea from Concern Worldwide revealed:

> APPROXIMATELY 7.2 MILLION PEOPLE IN SOUTH SUDAN NEED HUMANITARIAN ASSISTANCE,OUT OF THE TOTAL POPULATION OF AROUND 12.5 MILLION.

This includes 597,000 women and 860,000 children that are malnourished. With many of these vulnerable individuals located in hard-to-reach areas of the country, there is a pressing need to improve their access to healthcare services, otherwise, the civil war will continue to exacerbate this health disparity.

To bridge this divide, Ms. O'Dea shared insights from Concern Worldwide's current Mobile Health Service project. This Irish Aid funded project focuses on mobile health service delivery in remote locations of the country. These locations are Aweil North and Aweil West – two counties located in the state of Northern Bahr el Ghazal. Both counties have low numbers of healthcare professionals. For instance, only one doctor serves a total population of 311,652 in Aweil North and another serves 475,735 in Aweil West. Consequently, children continue to suffer from the region's common illnesses, such as malaria, respiratory tract infections and diarrhoea. These diseases have contributed to a high morbidity rate of 41.2 per cent in the Northern Bahr el Ghazal state.

To tackle the poor health situation in Aweil North and West, Ms. O'Dea noted that Concern Worldwide's Mobile Health Service project is utilising, "a preventive and curative approach to healthcare accessibility". This involves a mobile health team of five clinical officers and two midwives who travel to communities within the two counties. Healthcare services, such as vaccination and antenatal care, are delivered. In addition, referral patients are physically transported to nearby health facilities. However, the surge in fighting and high insecurity in South Sudan remains a major challenge for the operations of the project. Additionally, the small team is unable to support every individual patient, and lack of basic infrastructure makes transportation of referral patients to nearby health facilities challenging.

Despite these difficulties, the Mobile Health Service project has made significant progress. Between January and July 2019, the team provided out-patient consults to approximately 19,733 individuals (approximately 55.5 per cent female and 44.5 per cent male). A further 1,768 mothers received antenatal care within the same timeframe. The team also contributed to the reduction of global acute malnutrition from 17.1 per cent in 2017 to 12.7 per cent in 2019.

Building on such achievements, Ms. O'Dea stated that Concern Worldwide is committed to continuing to, "advocate and promote quality health service provision," for those in remote areas of South Sudan.

> SCALING UP THE MOBILE HEALTH SERVICE PROJECT IN TERMS OF THE NUMBER OF VEHICLES AND HEALTHCARE PROFESSIONALS WILL BE VITAL FOR ITS FUTURE PROGRESS.

Creating healthcare access points for vulnerable individuals is crucial, particularly in areas where conflict has undermined normal health system functions. Through expansion of the Mobile Health Service in South Sudan, and projects like it around the world, displaced and under-served populations may finally receive the quality care and treatment they rightfully deserve.

4/ GLOBAL HEALTH SYMPOSIUM

THE ADOPTION OF THE UNITED NATIONS (UN) POLITICAL DECLARATION OF UNIVERSAL HEALTH COVERAGE (UHC) IN 2019 REQUIRES COUNTRIES TO DEVELOP PARTNERSHIPS TO BUILD A HEALTHIER WORLD. SUSTAINABLE NORTH-SOUTH PARTNERSHIPS, WITH EDUCATION AT THE FOREFRONT, WILL HELP CARRY THIS AGENDA FORWARD, WRITES ROSIE JERVASE. CONSEQUENTLY, INVESTING IN GLOBAL HEALTH EDUCATION THROUGH THE SUPPORT OF THESE PARTNERSHIPS WAS THE FUNDAMENTAL THEME OF THE 2019 GLOBAL HEALTH SYMPOSIUM, HELD ON THE 25TH OF OCTOBER AT THE COLLEGE OF ANAESTHESIOLOGISTS OF IRELAND.

4.1 SHAPING A VISION FOR GLOBAL HEALTH EDUCATION - *ROSIE JERVASE*

Developing the health workforce, both in Ireland and overseas, was one of the topics of the symposium's opening session, entitled, 'Shaping a vision for Global Health Education Ireland'. In a video message, Dr Jim Campbell, Director of the Health Workforce Department, World Health Organisation, expressed the need to finance the education, and skills enhancement of all health personnel. By doing so, health systems can be strengthened and consequently become more responsive to health and social needs. Dr Brian Kinirons, President of the College of Anesthesiologists, also highlighted "the power of partnerships" at national and local levels, which can help deliver these robust and adaptable health systems.

Mr Ruairi de Búrca, Director General of Irish Aid, stressed that Ireland must continue to engage in supporting health systems abroad, to scale-up the country's response to global health. Mr Paul Reid, Chief Executive Officer of Ireland's Health Service Executive (HSE), agreed as he believes there is significant value addition in Ireland engaging in overseas health education.

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BY TRAINING DOCTORS IN SUDAN, AND DELIVERING MEDICAL EQUIPMENT TO HOSPITALS IN ZAMBIA, THE HSE WORKS TOWARDS SUSTAINABLY BUILDING THE CAPACITY OF HEALTH SYSTEMS IN THE DEVELOPING WORLD

Mr Reid emphasised that Ireland must continue to think from a global perspective, engaging with new communities and cultures to help improve healthcare worldwide.

Addressing health training needs in developing countries was another topic of the symposium. More specifically, Professor Pankaj Jani, President of the College of Surgeons for East, Central and Southern Africa (COSECSA), explained the importance of sustainable training of healthcare professionals in meeting these needs. For instance, fostering a reciprocal learning environment through peer-to-peer learning can enhance the success of health training through increased comprehension. Also, Professor Jani expressed the importance of attitudes training in health, as the behaviour of healthcare professionals can impact their effectiveness as leaders as well as their professionalism. With the application of this sustainable approach, COSECSA has successfully contributed to 38 per cent of the surgical workforce in East, Central and Southern Africa. Thus, Professor Jani has shown that health systems will last if we integrate sustainability into global health training and in the partnerships made that aim to improve these systems.

To work towards a vision of 'quality health care for all', Dr David Weakliam, Chair of the Global Health Strategic Working Group, Forum of Irish Postgraduate Medical Training Bodies, addressed the need for Ireland's health workforce to develop 'global health' skills to tackle global health issues. Dr Weakliam stated that "Health of its nature is global and transnational". Therefore, given Ireland's culturally diverse population, health personnel must be equipped to respond to people from diverse cultures and with varying health needs. The integration of cultural sensitivity into the work ethic of health personnel in Ireland can also increase healthcare accessibility for marginalised populations.

Ireland, therefore, can play a significant role in helping achieve universal access to health care, when and where needed by 2030. Investing in sustainable global health education in Ireland and the developing world is hence crucial. But above all, we must recognise that when it comes to health, we are all interconnected. Striving towards quality health care for all is a collective goal, and when we work "together, we do more, we do better", as stated by Mr Weakliam.

> **"If you want to go fast, go alone. If you want to go far, go together." – African Proverb**

4.2 TRAUMA INFORMED MATERNITY CARE - *LÍBHAN COLLINS*

Hazel Larkin, PhD. candidate at DCU, is turning her personal experience of sexual abuse into empowered and informative research, leading to the development of trauma-informed maternity care following childhood sexual abuse.

Ms. Larkin recalled her anxiety during a recent routine surgical procedure, expressing the overwhelming feeling of a lack of control, despite trusting her doctor and surgeon. It is common that Post-Traumatic Stress Disorder (PTSD), as well as other mental health issues, arise from interpersonal abuse.

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BY TRAINING DOCTORS IN SUDAN, AND DELIVERING MEDICAL EQUIPMENT TO HOSPITALS IN ZAMBIA, THE HSE WORKS TOWARDS SUSTAINABLY BUILDING THE CAPACITY OF HEALTH SYSTEMS IN THE DEVELOPING WORLD

Pregnancy can awaken old traumas and stoicism is disabled in trauma. Ms. Larkin now seeks to build a culture of safety, empowerment and healing among maternity care staff. For one who has experienced sexual abuse, the transition to motherhood can be a challenge that requires empathy and understanding from healthcare professionals.

Larkin recommends that healthcare professionals, particularly those in maternal care, are informed about how to interact with patients who have been sexually abused. Forgotten personhood or a crisis of identity can be a prominent source of distress. Ms. Larkin reminded the audience of the importance of name and identity when speaking with a patient who has gone through a trauma. When unaware of a trauma, or of how to react to a trauma, outsiders can behave or speak in ways that may offend or belittle an abuse survivor. Kindness can help empower those lacking self-esteem, and behaviours such as avoiding childish language can have a huge impact on the comfort of the patient.

Pregnancy is a time when negative collisions of memories or emotions can occur in survivors of abuse.

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PREGNANCIES HAVE EVEN BEEN SEEN TO LAST LONGER IN WOMEN WHO HAVE BEEN ABUSED, AS IF THERE IS A MENTAL TENSION OR HOLDING ON.

Many survivors of abuse carry a fear of the future, or that their child may not be safe. In some cases, there is a self-judgement or stigma that one may be unable to be a parent without having had a strong role model in their own childhood. In this life changing process, feeling re-victimised is common.

To reduce re-victimisation or re-traumatisation, health care professionals need to be able to work through anxieties and other issues with their patients. With proper training on how to address trauma, healthcare professionals can work with those patients in their care in a way that is sensitive to the patient individually, thus making the pregnancy and birth a more comfortable and manageable time in their life.

Ms. Larkin also noted the need to establish a clear process for disclosure of abuse to maternity care teams. Survivors of abuse may find it near-impossible to disclose that abuse to others for a variety of reasons. For example, there may be a fear of disclosure with Tusla-mandated reporting. It may also simply be too difficult to bring up a past trauma. However, innovative strategies could be used to approach abuse disclosure in a sensitive manner. For example, in Australia, when giving urine samples a patient can choose the container based on lid colour to indicate to their healthcare team that they have a history of abuse. This may help alleviate the stress of a verbal disclosure.

1 in 3 women under eighteen have experienced sexual abuse. It is nothing less than an issue that society must face head on, through awareness and support, as well as individualised treatment. Against this backdrop, healthcare professionals – particularly midwives – can offer healing in caring for pregnant women who have suffered trauma in the past.

5/

IRISH FAMILY PLANNING ASSOCIATION –

CIVIL SOCIETY DIALOGUE

THE NAIROBI SUMMIT (12TH – 14TH NOVEMBER 2019) MARKED 25 YEARS SINCE THE INTERNATIONAL CONFERENCE ON POPULATION AND DEVELOPMENT. THERE, A PROGRAMME OF ACTION EMERGED THAT PLACED REPRODUCTIVE HEALTH AND SEXUAL RIGHTS AT THE CENTRE OF NATIONAL AND GLOBAL DEVELOPMENT AND WAS ADOPTED BY 179 GOVERNMENTS WORLDWIDE.

5.1 IRELAND'S UNFINISHED BUSINESS: ACHIEVING SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS FOR ALL – *ELLEN CORBY*

In anticipation of the Summit, the Irish Family Planning Association conducted a Civil Society Dialogue session in Dublin this Wednesday the 6th of November. This Dialogue session created a space in which a large-scale, honest, critical feedback from key speakers could take place, in order to spark later discussion sessions with those present from various organisations on the ongoing drive to improve the state of sexual and reproductive health rights in Ireland. It gathered the insights, opinions and analysis of those contributors present for inclusion in a summary document that will both outline points to be raised by the Irish contingent travelling to Kenya and inform engagement beyond the Nairobi Summit.

IFPA's Chief Executive Niall Behan and the Director of Advocacy and Communications Maeve Taylor introduced the opening speaker Minister Katherine Zappone, TD. While the Minister praised how far Ireland has come in the past decades, she outlined the problem areas that remain; financial barriers to the accessibility of contraception, including abortion services; the access to and standard of IVF; challenges for single parents; and the need to address the rising rates of HIV diagnoses. The Minister emphasised the need to address both gender and social inequality, as they are inextricably linked:

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> COST SHOULD NEVER BE A BARRIER TO REPRODUCTIVE RIGHTS.

Dr. Thomas Strong of ACT UP Dublin praised the many advances in HIV treatment and prevention in Ireland but emphasised the "punishing stigma" that still exists. He highlighted the invisibility of women living with HIV, and also made reference to the moral failure of deaths related to HIV happening globally "not because there were no treatments, but because [there is not] access to them".

Orla O'Connor, the Director of National Women's Council of Ireland, raised the issue of discrimination based on gender, and outlined a framework that recognises women as influenced by their overall experience of reproductive care, as experts in their own health, and the importance of intersectionality.

She highlighted the relationship between gender-based violence and reproductive rights: "violence is a barrier to women accessing these services".

Lucy Peprah of AIMS Ireland outlined the racism experienced by migrant women in the Irish maternity care system.

Echoing O'Connor, she emphasised the crucial importance of listening to migrant women as individuals who understand their own needs: "Childbirth is a beautiful experience, but in 2019, migrant women are still afraid to seek maternity services here".

Megan Reilly, the Vice President for Equality and Citizenship, Union of Students in Ireland, spoke of the burden falling to student unions to cover consent and sexuality education, a "hangover from the very inadequate sexuality education" experienced in Irish schools, emphasising the need for education to match the services that are provided to young people.

After the morning session, ten tables discussed the advancements made by Ireland, covering the changed rather than vanquished "taboo" subjects in Irish society, the increasing need for health services providers, and approaching the subject of access to services from a rights perspective. Relationships and Sexuality Education in schools featured heavily, along with reproductive justice and the apologies to those who had suffered in Irish society due to the Catholic Church. In a Global sense, the conversation focused on young people's rising voices and the increase in access to family planning.

In the afternoon, Alison Spillane, Policy and Research Officer for IFPA stated that "Policy Approaches need to be holistic", emphasising the need for wide-ranging reforms on contraception such as a Universal, state-funded Contraception Scheme, and the importance of the integration of human rights in the areas of accessibility, availability, and quality of all reproductive care.

Bella Fitzpatrick, the Executive Director of ShoutOut, outlined the knock-on effects for LGBTQIP+ students and their teachers created by continuing to allow Church-run, sex segregated schools. She also highlighted the invisibility of bisexual people in most funding programmes and the high rates of sexual assault that they experience.

Salome Mbugua, Head of Operations and Strategy with AkiDwA, stated that:

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> IRELAND CONTINUES TO LAG BEHIND, WHEN RACISM, BOTH OUTRIGHT AND SYSTEMIC, IS STILL PREVALENT IN SERVICE-PROVISION IN THE COUNTRY, OFTEN LEAVING BEHIND THE SPOUSES OF MIGRANT WORKERS, OR THOSE ON STUDENT VISAS.

She lamented the fact that "We are leaving men behind", allowing them to be absent from discussion around sexual and reproductive health rights.

The afternoon discussion pinpointed the policy gap and challenges in the areas of Sexual and Reproductive Health. Education and the voice of young people featured strongly once more, along with service accessibility through translation services and respect for the sexuality and integrity of those with disabilities. Globally, the protection of the LGBTQ+ community was stressed, and the point was raised that those most vulnerable, such as the homeless or those who are in a country illegally, are often invisible, and therefore are not reflected in the data taken in any one country.

It is clear that, while Ireland has made strides in the area of sexual and reproductive health and rights, this progress must not be taken as permanent, but must be both protected and strengthened in the coming years, to ensure the improvement of care for all.

6/ PROF. FATHER MICHAEL KELLY LECTURE 2019

PROFESSOR FATHER MICHAEL KELLY HAS FOUGHT FOR YEARS AGAINST HIV AND AIDS, CHIEFLY FROM HIS HOME IN HIS NATURALISED COUNTRY OF ZAMBIA. THE ANNUAL PROF. FATHER MICHAEL KELLY LECTURE PROVIDES A SPACE FOR THOSE CONTINUING THIS FIGHT IN IRELAND AND AROUND THE WORLD TO SPEAK ABOUT THE PROGRESS, HOPES, AND CONTINUED STRUGGLES FOR THOSE STUDYING, TREATING, AND LIVING WITH HIV. THE THEME OF THIS YEAR'S LECTURE, WHICH TOOK PLACE ON THE 28TH OF NOVEMBER, WAS "HIV AND WOMEN: SEXUAL REPRODUCTIVE HEALTH AND RIGHTS".

6.1 WOMEN'S REPRODUCTIVE HEALTH AND RIGHTS: LEAVING NO-ONE BEHIND – *ROSIE JERVASE*

In 2016, adolescent girls and young women represented 61% of young individuals living with HIV worldwide (UN Women, 2016). In sub-Saharan Africa, 67% of new infections in young individuals are represented by adolescent girls and women aged 15 to 19 years. Young women aged 15 to 24 years are twice as likely to be living with HIV than men (UNAIDS, 2019). This highly gendered disproportionality in HIV infection is an outcome of women's lack of sexual and reproductive health and rights.

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> HIV AND AIDS IS, THEREFORE, NOT ONLY A GLOBAL PUBLIC HEALTH ISSUE BUT A GENDER INEQUALITY ISSUE

On November 28th, 2019, 'The Irish Aid Annual Professor Father Michael Kelly Lecture on HIV and AIDS', with the theme of "HIV and Women: Sexual Reproductive Health and Rights", took place. This lecture provided the perfect platform to address this gendered and inequitable epidemic. Professor Father Michael Kelly is a distinguished International HIV and AIDS advocate, contributing over 50 years of his life towards fighting against this global epidemic. Although he could not be present in Ireland for the lecture, the evening included a compelling video message from Father Michael himself.

Father Michael explained that young girls and women are often unable to exercise their sexual and reproductive health rights because of gender-based discrimination. In agreement, during the panel discussion, Dr Joannie Marlene related male-dominated power dynamics to women's high risk of HIV infection. She explained that in some settings, women face a lack of decision-making power in comparison to men. For instance, women's lack of social autonomy can impede their capacity to negotiate condom use to protect themselves from HIV infection. Gender-based violence rooted in this power inequality also heightens women's risk of contracting HIV. UNAIDS reports that "more than one third (35%) of women around the world have experienced physical and/or sexual violence at some time in their lives" (2019). As a result, women who have experienced this violence in certain regions of the world are 1.5 times more likely to contract HIV (UNAIDS, 2019). Powerlessness, rooted in gender-based discrimination, can thus heighten women's vulnerability to acquiring HIV.

Father Michael stressed that educating young girls and women is a fundamental factor in lowering their risk of HIV infection.

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> HE STATED THAT "A GIRL'S RISK OF BECOMING HIV INFECTED DROPS SUBSTANTIALLY THE LONGER SHE STAYS IN SCHOOL."

He went on to say that young girls and women, as well as young boys and men, should be educated on both their sexual and reproductive health and human rights. By doing so, education can equip young individuals with the knowledge and resources they need to protect themselves. Father Michael also emphasised that young individuals should be encouraged to exercise their rights, such as having indiscriminate access to sexual health services in their communities.

Father Michael was adamant that HIV and AIDS and the sexual and reproductive health rights of girls and women must be kept high on every country's agenda. He acknowledged Irish Aid's significant commitment to working at national and global levels to do so. These efforts include promoting HIV prevention, improving access to treatment and care, and investing in research to help improve the health outcomes of those living with HIV and AIDS.

Despite Ireland's international efforts, investments must be made into community-led organisations in Ireland to tackle HIV, as proposed by panellist speaker Georgina Caswell, Head of Programmes of the Global Network of People Living with HIV, South Africa. Government bodies need to have a more consistent focus in responding to HIV and adolescent girls and women's sexual and reproductive health rights. With human rights at the core, continued action must be taken to eradicate gender inequalities that drive the HIV epidemic. Only then can we rightfully say that we are "Leaving No One Behind" in tackling HIV and AIDS.

6.2 WOMEN AT THE CORE OF HIV ADVOCACY AND WOMEN'S RIGHTS - ASHLEY SCOTT

What a privilege it was to hear Georgina Caswell speak at the Prof. Father Michael Kelly Lecture on HIV & AIDS, organised by Irish Aid and supported by the Irish Global Health Network on the 28th of November 2019. Georgina is Head of Programmes at the Global Network of People Living with HIV (GNP+) in Cape Town, South Africa and brought a colourful narrative, and positive outlook for those living with HIV and AIDS. She expressed her admiration of Prof. Father Michael Kelly and that she sees him as a legend and pioneer in HIV advocacy.

Georgina introduced us to the vision of GNP+: for all living with HIV to enjoy a good quality of life, including enjoying sexual and reproductive health and rights fully. She echoed prior speakers in emphasising that women are not yet at this point internationally.

Georgina described how 6,000 women and girls aged between 15 and 24 contract HIV every week, and that in Sub-Saharan Africa, four out of five new HIV infections among 10-19 year olds, are girls.

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> ALMOST 50% OF WOMEN BETWEEN THE AGES OF 15 AND 49 IN SUB-SAHARAN AFRICA HAVE AN UNMET NEED FOR MODERN CONTRACEPTION. THERE ARE 7.7 MILLION PEOPLE LIVING WITH HIV IN SOUTH AFRICA - MORE THAN DOUBLE THE POPULATION OF IRELAND!

As HIV is an illness you cannot see and is generally hidden due to shame and stigma, including here in Ireland, these statistics came as a shock. "Out of sight, out of mind" is a battle that HIV advocates fight every day and is especially challenging for those living with HIV who feel the need to be out of sight.

Georgina told us the stories of three women from South Africa, Burundi and Kenya who faced and overcame different challenges that they experienced with HIV. The audience was enthralled by the animated stories of these women who overcame stories of formal and informal prostitution, shame and disbelief at HIV testing, feeling cursed, receiving sub-standard treatment at healthcare providers, self-stigma and even attempted suicide.

What resonated with us all from these stories is the fact that nobody wants to talk about HIV. Georgina said that she was able to visit a school in Dublin and that one of the children said that they don't know much about HIV because they don't speak about sex or HIV. Silence and shame around HIV seem to be secondary symptoms of HIV, rather than mere emotion and inaction.

Georgina discussed the impact of power between men and women and how different cultures have different power dynamics which are not easily changed. She brought this closer to home by describing the difference in power dynamics in her own family, illustrating the difference in gender roles when being home in South Africa, and when she is visiting her husband's family in Zambia.She understood that it was a delicate dynamic that would not be easily changed, but that a shift in thinking around power roles would help.

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> "POWER DYNAMIC IS PERPETUATED BY EVERYONE AROUND, NOT ONLY MEN" AND WE NEED TO FIND A WAY TO SHIFT DYNAMICS WHICH PUT WOMEN IN SITUATIONS WHERE THEY ARE POWERLESS IN OBTAINING CONTRACEPTION AND IN ADDRESSING GENDER-BASED VIOLENCE.

During the panel discussion, Ailbhe Smyth, Irish Academic, Feminist and Activist, agreed with Georgina: "In Ireland, we have a responsibility and obligation; we cannot see the wreckage that HIV AIDS causes. In Ireland, we close our eyes to the reality of HIV". She added that she is immensely inspired by what she has heard. Ellie Marley, HIV Stigma and Shame Researcher, agreed with Georgina's views on shame, saying that "Silence breeds shame" and that in Ireland, women want a safe space to share their stories.

Georgina was able to create a lively and cheerful atmosphere, engaging people in real narratives of living with HIV, making the topic accessible and optimistic, while still highlighting the importance of action around HIV and women's rights. She thanked the Irish people for fighting for women's rights and urged everyone in the audience to keep HIV on the international agenda.

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4TH ANNUAL ESTHER IRELAND PARTNERSHIP FORUM

ON TUESDAY THE 3RD OF DECEMBER 2019, THE 4TH ANNUAL ESTHER IRELAND PARTNERSHIP FORUM TOOK PLACE IN SMOCK ALLEY THEATRE, DUBLIN. THIS FORUM PROVIDED HEALTHCARE PROVIDERS AND REPRESENTATIVES TO PRESENT ON THEIR WORK, LEARN ABOUT FUNDING OPPORTUNITIES, AND DISCOVER POTENTIAL FUTURE PARTNERSHIPS.

7.1 "WE ALL OWN HEALTH" – *ELLEN CORBY*

A variety of guests and speakers attended this exciting event; ESTHER Ireland Partners, ESTHER Europe representatives, health personnel engaged in health links with low- and middle-income countries, (LMICs) and others interested in learning more about health partnerships. Speakers were invited to give talks or practical workshops on a broad range of topics, from fundraising applications to quality of care both professional and voluntary across partnership organisations.

After a welcome from IGHN's Nadine Ferris France, Philip Crowley, National Director of the Quality Improvement Team for the HSE delivered the opening address. ESTHER Alliance's European Secretariat is as of late 2019 based in Ireland, and Mr. Crowley pointed out the value-base and mutual respect that ESTHER provides for those engaged in humanitarian work. He emphasised the importance of "creating time to understand your place globally" and of solidarity informing all work done within these partnerships.

Following his opening remarks, Philip Crowley and his colleagues Lorraine Murphy and David Weakliam conducted a workshop on Ways of Improving Healthcare in a Partnership setting. Groups of attendees were first asked to discuss the definition of quality improvement, concluding overall that quality improvement must empower and enable communities: "Quality assurance is not applying technical solutions to technical problems – it is much more than that". The speakers introduced their framework based upon the creation of person-centric quality care that continuously improves, emphasising standardisation and equity, and using available resources to attain the best possible outcomes.

David Weakliam introduced the later morning sessions, speaking about ESTHER affiliates' shared purpose in building up institutional partnerships, and introduced Hugh O'Reilly, Director of Business Development at The Wheel, a National Representative Body emphasising sustainable funding for health-focused organisations. Mr. O'Reilly gave an informative and useful presentation on Fundraising for Partnership Activities, referencing the reluctance with which applying for funding and funding applications is often met. He encouraged full engagement and thinking outside of the box when seeking funding opportunities: "There's more out there then you might realise". Mr. O'Reilly took his audience through an overview of potential funding sources: Gifts; Grants; Contracts; Open Market; and discussed Fundingpoint, a subscription service listing 330 funders. He also spoke about the fundraising guidelines for Charity Regulators and stressed the importance of transparency in order to maintain public trust in organisations. He concluded by encouraging attendees to "stop apologising for what you're doing" and to continue to request funding, as funds as rarely generated through remaining silent.

Sive Bresnihan of Comhlámh next conducted a short workshop about Working cross-culturally, in which she conveyed that "Culture is happening all the time", rather than being a static concept. Stereotypes and cultural codes dictate behaviour and communication in all settings, and Culture can be broken down into two delineations: Ethnocentric, in which one's own culture is central, and Ethno-relative, in which one's own culture is experienced in the context of others. Understanding of these subtle codes can lead to more productive working relationships between those of diverse cultural backgrounds., and through practical exercises, she conveyed how working through a foreign language or culture can alter the ways in which colleagues interact.

In his afternoon address, Luciano Ruggia of ESTHER Switzerland outlined the lessons that were learned to date from ESTHER Switzerland's experience. He stated that, while appropriate funding for partnerships can be the making of excellent projects, this funding must be sustainable and achievable. Mr. Ruggia noted that ESTHER's mission statement can often differ to those applying for its funding, and so this must be considered during the selection process. ESTHER Switzerland how worked with projects in LMICs often, and Mr. Ruggia emphasised that while "you can do a lot of things right...this does not mean that what you do is 100% right". He stated that often, neglecting those most at risk is where the most harm is done, especially those who are not registered or visible in country-wide statistics. He encouraged the formation of new effective partnerships groups, saying:

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> WE SHOULD STRIVE FOR EQUITY... THIS IS A NEVER-ENDING PROCESS.

Mark Cumming, Executive Director of Comhlámh and Matt Robinson of the HSE next had a discussion chaired by David Weakliam on Standards of Good Practice for Personal Engagement in Health Partnerships. Mr. Cumming framed global volunteer workers as guests and learners rather than helpers, encouraging the use of continuous conscious reflection on experiences to ensure high quality volunteer work. He presented the Volunteer Charter, showing the 3 main stages of volunteer work: Before departure, while the worker is away, and when they return home. He stressed the crucial aspects of this work: familiarisation with and respect for role and local customs, adaptability and a focus on personal safety, and the channelling of experiences and knowledge into Irish society upon return.

In response, Mr. Robinson spoke about helping volunteers to effectively work through partnerships, highlighting that "each of us is an individual... how do we engage as individuals in a partnership?"

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> MOTIVATION, SUITABILITY, AND NATURE OF VOLUNTEERS IS VITAL, AND ACTIVITIES OF VOLUNTEER WORK SHOULD BE MUTUALLY BENEFICIAL, BUT NOT BE USED TO REPLACE CURRENT SYSTEMS IN A COUNTRY.

Audience members were then invited to speak briefly on their own experiences and hopes for their own future partnerships, which included guests with vast experiences working in countries such as Malawi and Liberia, and with the Ghana-Limerick Co-Op.

Bringing the event to a close, the Winner of the IGHN Unsung Hero Award was announced. Dermot O'Flynn, Director of Professional Development and Corporate Training at the RCSI Institute of Leadership was presented his award for his inspiring work.

LÍBHAN COLLINS is a Clinical Research Assistant who is passionate about disease prevention and science communication. She holds a BSc. in Health and Society from DCU and an MSc. in Immunology and Global Health from Maynooth University. She carried out her MSc. thesis at Maastricht University where she explored the standardisation of immunisation programmes, comparing Ireland, The Netherlands, Germany and Kenya. Líbhan aspires to further progress in the field of global health research and to use evidence-based and locally-led interventions in reducing preventable diseases and in influencing health policy.

ELLEN CORBY is a current MSc candidate in Sexual and Reproductive Health with the Institute of Global Health and Development at Queen Margaret University, Scotland. After completing her undergraduate degree in Drama Studies/Modern Irish at Trinity College Dublin and working in a variety of areas, she decided to pursue her interest in public health and health education. She is passionate about all aspects of Global Health, and has recently completed a research thesis into sexuality education, exploring the use of participatory exercises in aiding young people's understanding of the complexities of sexual wellbeing and relationships.

VIVEKA GUZMAN is a medical doctor from Mexico and is currently pursuing a PhD in Population Health and Health Services Research at RCSI. Before moving to Dublin, she worked in diverse rural and urban health care settings and completed a master's degree in Global Health at the University of Gothenburg in Sweden. She is currently involved with human rights and climate change advocacy, and is passionate about urban health, sustainability and health communication.

JANE O'FLYNN is a Health Promotor on the island of Saba where she strives to work with the community, government and local stakeholders to promote a healthy way of living. Her goal is to make the healthy choice the easy choice. Trained initially as a paediatric nurse her interest in global health and health promotion evolved throughout her bachelor study and staff nurse position, ultimately resulting in her undertaking a Master in Global Health in the Netherlands, during this time she conducted reproductive health research on the island of Curaçao. Jane returned to Ireland and completed a nine-month internship with the Irish Global Health Network where she developed and honed the skills necessary for a career in the field of Global Health, a career she is now excitedly embarking upon.

EUNICE TOLU PHILIP is a health professional with over 10 years' experience in emergency nursing, TB & HIV management, mostly in developing countries and among vulnerable populations. She holds MPH from the University College of Cork and currently works in mental health and perinatal mortality research in the School of Public Health (UCC) and at the National Perinatal Epidemiology Centre (CUMH). Her current advocacy work through the Irish Global Health Network critically examines the health inequalities from climate change and air pollution, with a primary focus on the most vulnerable in the developing countries. Her research on the impact of air pollution from fuel used for cooking and anaemia in women and children in sub-Saharan African countries was awarded the Jacqueline Horgan Bronze Medal award in 2018.

CAMILLE RICH is currently a Masters of Global Health student at Trinity College Dublin. Raised in San Francisco, California, she attended Georgetown University for her undergraduate degree in Sociology and Biology of Global Health. This sparked her interest in population health across the world. For the past few years she has worked as an EMT at a local fire department and an HIV tester with an organization called One Tent Health, doing HIV outreach in low-income neighbourhoods in Washington, D.C. Ashley Scott is an Occupational Therapist from Johannesburg, South Africa. She received a BSc Occupational Therapy in 2013. After graduating, she worked in a rural area in the Mpumalanga province, providing OT services to the district hospital, surrounding clinics and visiting patients in their homes. In 2016, she returned to Johannesburg to work for a multidisciplinary practice focused on providing holistic therapy to teens and adults suffering with neurological impairments. In 2017 as well as continuing with her clinical case load, she became the operational manager of a multidisciplinary team which focused on coordination of health care professionals and community stakeholders. She is currently studying the MSc. Global Health at Trinity College Dublin.