

GLOBAL HEALTH EXCHANGE CONFERENCE 2019

Reaching the furthest behind
first: addressing gender and other inequalities to meet the SDGs

SCHOOL OF NURSING AND HUMAN SCIENCES BUILDING, DCU



2019 GLOBAL HEALTH EXCHANGE PARTICIPANTS

ADVOCATES, HEALTH WORKERS, SOCIAL JUSTICE CAMPAIGNERS, STUDENTS AND ACADEMICS.

185

PARTICIPANTS

KEYNOTE SPEAKERS

AILBHE SMYTH
IFRAH AHMED

KEY CORRESPONDENT WORKSHOP

17 STUDENTS OF GLOBAL HEALTH TRAINED PUBLISHING A TOTAL OF NINE ARTICLES

MORNING AND AFTERNOON PLENARIES

SEVEN PARALLEL SESSIONS
20 POSTERS

LIVESTREAMED ON FACEBOOK

TOTAL NUMBER OF VIEWS 931

#GHE2019 TRENDED ON TWITTER

NO. 1 TWITTER TOPIC IN IRELAND
EARNING 25,000 IMPRESSIONS

www.globalhealth.ie/ghe2019



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“PLANNING A WEBINAR FOR MEDICAL STUDENTS HOPEFULLY WITH ONE OF THE SPEAKERS HERE TODAY”

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“AN INSPIRING AND ACTIVATING ENVIRONMENT”

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“PLAN TO KEEP IN CONTACT WITH MADE CONNECTIONS, INSPIRED TO DO MORE RESEARCH”

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“FANTASTIC DAY, DIVERSE SPEAKERS AND TOPICS CONGRATULATIONS!”

The Irish Global Health Network (IGHN) 2019 Global Health Exchange (GHE2019) was co-hosted by Dublin City University (DCU), the Health Service Executive, and Oxfam Ireland. It gathered international speakers and participants from across the global health sphere including advocates, health workers, social justice campaigners, students and academics. The conference featured two plenary sessions with keynote expert speakers, as well as six streams each addressing a stand-out global health area of interest. A full roundup of the event is available at: www.globalhealth.ie/ghe2019 featuring videos of the GHE2019 sessions as well as links to presentations and bios. This report was written by members of the Irish Global Health Network Key Correspondents team, with support from the IGHN Secretariat.

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“I’m very conscious that Ireland’s healthcare depends on our global networks.”

– Ruairí De Búrca,
Director General
Development
Cooperation and
Africa Division, DFAT

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SETTING THE SCENE FOR THE 2019 GLOBAL HEALTH EXCHANGE

The sustainable development focus.

GHE2019 commenced with a brief introduction from DCU’s Prof. Anne Matthews, who is also the Chair of the IGHN. She was followed by DCU President Prof. Brian MacCraith, who highlighted some of the university’s current work that has a firm Sustainable Development Goal (SDG) focus.

Global health abroad and at home.

Irish Aid Director-General Ruairí De Búrca, and the HSE’s Dr. David Weakliam reiterated an ever-growing global health and SDG focus both looking inwards in Ireland, as well as outwards. Irish Aid’s new development policy has an emphasis on gender rights and protection, whilst the HSE continues its commitment to global health through its support for overseas partnerships through the ESTHER Ireland initiative and global health training for staff at home. Co-host Oxfam Ireland’s CEO Jim Clarken endorsed the Global Health Exchange as the most significant event of its kind in the year.

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“Even if it is one girl that does not bleed to death from FGM or from fistula as a result of early marriage, I have done something.”

– Ifrah Ahmed,
Founder Ifrah Foundation

KEY NOTES: INSIGHTS FROM THE GLOBAL HEALTH EXCHANGE

KEYNOTE SPEAKERS SEXUAL & REPRODUCTIVE HEALTH AND RIGHTS

Keynote speakers:

Dr. Ailbhe Smyth (Activist and Academic, Co-Director of Together for Yes)
“The People Say ‘Yes’: A Victory for Abortion Rights in Ireland”

Ifrah Ahmed (Founder, Ifrah Foundation)
“Addressing the Health Consequences of Female Genital Mutilation in Somalia”

“It would be hard to underestimate the power and the importance of feminism and the women’s movement to bring about those kinds of profound changes that we see in our society today.”

– Dr. Ailbhe Smyth, Activist and Academic, Co-Director of Together for Yes

KEY INSIGHTS: Inequality can manifest everywhere but education of communities can drive progress.

The morning’s keynote speakers Dr. Ailbhe Smyth and Ms. Ifrah Ahmed highlighted the fact that inequality surrounding women’s reproductive and sexual health is not limited to low- and middle- income countries (LMICs).

The recent victory of repealing the 8th amendment in Ireland in 2018 was not without struggle, and the contributing efforts that drove change have similarities with ongoing work in Somalia against Female Genital Mutilation. Ailbhe Smyth expressed the hope that the victory here in Ireland which was unexpected internationally would be a source of encouragement for all those who are still struggling and fighting to defend rights or to gain rights.

She also highlighted the challenges that remain in the development of policy in Ireland due to the restrictions of the legislation and the lack of clarity on some issues. For example, the “three day rule” which she termed “the cooling off period” was an insult to the decision-making capacity of the individual. This is the period after a woman goes to her GP to request an abortion and is asked to return in three days if she is certain of her request. Dr. Smyth noted the danger posed by attempts to roll back progress made in women’s sexual and reproductive rights, similar to the roll back in human rights that is being experienced worldwide.

Similarly, strong policies and the collaboration of global leaders and governments are required to advance and spread the work of ending FGM by 2030.

In Ifrah Ahmed’s address, she emphasised what she termed a universal challenge to educate individuals and communities, as well as to engage key stakeholders. For example, with increased education about the health risks of FGM, fathers can also be engaged to advocate for rights. To reach those furthest behind, education at grassroots level supported by religious leaders will be a valuable tool. Now, with the involvement of religious leaders in Somalia and seven other African countries, the lives of millions of women could be saved.

THE PROFESSOR JOHN KEVANY MEMORIAL LECTURE

Speaker:

Prof. Diarmuid O’Donovan (Queen’s University Belfast) “The Professor John Kevany Memorial Lecture: Health Equity and Rights - Local and Global”

KEY INSIGHTS:

We need to do more to reach those who have been left furthest behind.

Prof. O’Donovan spoke of the need for action to overcome extreme poverty as a major driver of ill health. He stressed the importance of globally oriented education for health professionals, with a distinct focus on the SDGs.

There is a difference between equity and equality, and justice.

Prof. O’Donovan noted that there is a need for justice – removing the structural barriers and causes of inequity and inequality. He emphasised that such reform will require community involvement in decision-making. He also urged those interested in working in the global health sphere not to be afraid to break away from traditional career paths, noting that his own career had often changed directions.

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“Ultimately we need to be talking about justice, we need to be talking about getting rid of the structural barriers and the causes of inequity.”

– Prof. Diarmuid O’Donovan,
Queens University Belfast

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“In many developing countries ... [the] health system is sometimes not very successful because they are only providing the services. Nobody is thinking about health promotion. Nobody is thinking about other preventive measures ...”

– Dr. Mohammad Nowroz Haqmal, Country Representative, University Research Co, LLC and Center For Human Services

“We want to engage youth in policy dialogues with their own priorities. We want them [to] be able to advocate on a national, regional, and also global level.”

– Sherly Meilianti, WHO Global Health Workforce Network Youth Hub

“The whole of government needs to be involved if they want to change the health of the population, and you cannot say strongly enough that healthy people make healthy economies. It’s very simple.”

– Annette Kennedy, President International Council of Nurses, Commissioner on WHO Independent High Level Commission on NCDs

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KEY INSIGHTS:

Intersectoral collaboration is critical for lasting health systems improvements.

Dr. Mohammad Nowroz Haqmal discussed lessons from implementation of the Basic Package of Health Services (BPHS) and the Essential Package of Hospital Services (PHC) in Afghanistan. He advocated for a collaborative approach between organisations to ensure that improvements can be put in place and sustained.

Youth engagement is needed to build the health workforce of the future. As stated by Sherly Meilianti: “We want to engage youth in policy dialogues with their priorities. We want them [to] be able to advocate within their national, regional, and also global level.

We must invest in nurses to help combat the non-communicable disease epidemic.

Ms. Annette Kennedy, President of the International Council of Nurses, reaffirmed that nurses and midwives are indispensable for rapid expansion of high-quality Universal Health Coverage. Nurses can play a particularly vital role in treatment and prevention of non-communicable diseases, which are most prevalent among people aged 30-69 years – the core workforce of any nation.

STREAM A: SEXUAL REPRODUCTIVE HEALTH AND RIGHTS

KEY INSIGHTS:

The community as a recipient and a deliverer of improved reproductive health.

The speakers noted that harnessing women’s expertise and engaging communities is key to shaping reproductive health futures and combating issues such as FGM. For example, Gill Carter from Maastricht University focused on alternative rites of passage among communities in Tanzania, keeping the rituals of FGM such as dances, food, and music, but eliminating the actual cutting of women. This approach succeeded by working within, rather than against, community culture.

Women must lead this change, shaping it to fit their communities’ needs. Cliona Loughnane, of the National Women’s Council of Ireland, also emphasised the importance of bringing women’s perspectives into healthcare policy.

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“Any inequality encountered by any individual in accessing sexual and reproductive healthcare services is a deprivation of their fundamental right to good health.”

–Tochukwu Igboanugo, University College Cork

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The status quo must be changed.



GOAL's Marie Hallissey explored pregnancy and contraception among adolescents in Sierra Leone, where 30% of girls become pregnant under the age of 18, and 20% of those young mothers die during childbirth. Influencing factors included cultural beliefs that contraception marks women as promiscuous, which harmed access to birth control. Coercive sexual relationships were also common. Entrenched gender roles are also a key issue, as highlighted by Brynne Gilmore, who shared her experiences working with Concern Kenya using community conversations to help perpetuate gender role transformation.

STREAM B: LEADERSHIP IN GLOBAL HEALTH

KEY INSIGHTS:

Good leadership is needed to strengthen health services.

The value of leadership in health systems strengthening was a major theme. Deirdre Mangaoang discussed how RCSI has enhanced surgical training in LMICs in East, Central and Southern Africa, and is hosting a surgical exchange program with Vietnam. In the rehabilitation sector, UCD's Cliona O'Sullivan described the need for stronger leadership in rehabilitation services in LMICs, but challenges such as governance, finance, and staff shortages must be addressed.

Development of youth leadership is vital.

Engaging young people and early-career professionals helps grow the next generation of leaders. For example, the National Youth Council of Ireland collaborates with national organisations to train youth leaders on topics such as sexual health and mental health. At a more advanced level, there is the European Public Health Association Next Generation Network, which aims to strengthen the presence of young professionals in the European health community.

Better health diplomacy can strengthen health security.

Leadership around global health diplomacy is a growing area of interest. Sebastian Kevany described how health diplomacy helps engage stakeholders and end users, and ultimately improves health security. For example, during the recent Ebola crisis health security might have been better supported if there was stronger health diplomacy. Baher Higazy also noted that countries with limited resources can encounter difficulties navigating health diplomacy, and there is a need for training. To help address this gap, he created an educational tool which is now being used to teach health diplomacy principles.

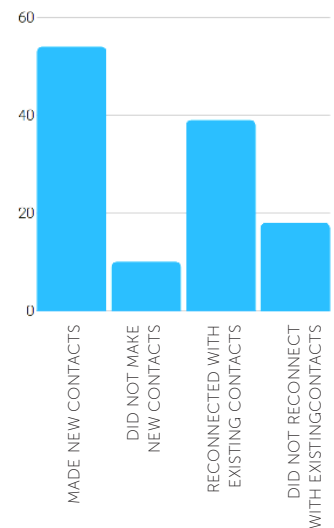
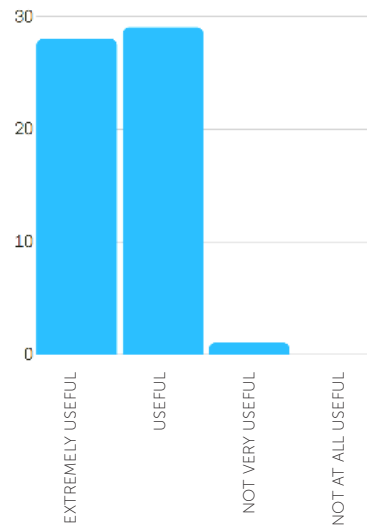


"[There are] risks of health security being manipulated as pathways for xenophobia, protectionism, isolationism... Please be careful!"

– Sebastian Kevany,
Centre for Global
Health Diplomacy



EVALUATION RESULTS: AUDIENCE FEEDBACK



STREAM C: NUTRITION AND HEALTH KEY INSIGHTS:

Family and community involvement helps sustain and protect infant nutrition.

World Vision Ireland's Sheila Garry noted that grandmothers are key supporters for mothers in infant and young child feeding. Feeding practices can be improved by strengthening grandmothers' capacity, for example by providing further education around nutrition. GOAL's Hatty Barthorp also presented a novel approach to tackling malnutrition: training family members to take measurements to monitor nutritional status can reduce late diagnoses of malnutrition, improving health outcomes.

A more equitable model of financing for health is needed.

Inequitable financing limits health service delivery, but innovative strategies can help. A Concern Worldwide program in Bangladesh is spearheading a smart card-based health voucher scheme to improve poor communities' access to primary health care, nutrition, and population services. This approach has seen successful ownership by municipalities, collaboration between service providers, and buy-in by political leaders.

Multi-sectoral approaches are needed to overcome gender disparity and malnutrition.

TCD's Whitney Mphangwe's research in Malawi revealed that gender disparity contributes to high levels of chronic malnutrition even in highly productive zones. Overselling of produce, disparities in decision making, and lack of male involvement in nutrition contribute to this. A multi-sector approach is needed to tackle these social, cultural, and economic challenges.

“We do not want to reduce people to mere recipients of aid.”

– Patricia Erasmus,
Supreme Court of Ireland

STREAM D: INEQUALITIES, INCLUSION, AND GLOBAL HEALTH

New strategies are being created to tackle inequalities in healthcare.

Innovation is needed to support the human right to health. For example, access to medicines is hampered by excessive prices and patent monopolies held by pharmaceutical companies. Sheila Fitzgerald of Access to Medicines Ireland emphasised an alternative model: governments can use their power to strengthen price negotiations and guarantee public health returns from public investment in pharmaceutical research.

On the clinical side, RCSI's SURG-Africa programme is expanding surgical coverage in Malawi through a remote clinical consultation network linking clinicians and specialists. Healthcare staff training is also advancing. *Learning for Lives – Ghana* has now trained 240 nurses to provide life-saving interventions in a rural, resource-scarce setting.

Protecting and realising the rights of individuals will help overcome inequality.

As noted by Patricia Erasmus of the Supreme Court of Ireland, improving access to birth registration can help stateless people in Africa overcome marginalisation and improve realisation of their human rights and other socioeconomic rights. Whilst disability is becoming more mainstream in international development programming, it is viewed as a specialist technical area rather than a normal part of human existence. In this same theme, CBM's Israel Adekunle Balogun presented lessons from the Humanitarian Disability Audit in the Northeast of Nigeria, revealing that there is currently no coordination between humanitarian organizations on disability issues.

Marginalisation and inequality do not only happen in low- and middle-income countries.

Jacopo Villani of HSE Mental Health Services, brought attendees' attention to inequality much closer to home. The Irish Travelling Community face extreme marginalisation and poor mental health, with a suicide rate six times that of the general population. Research suggests a need for a holistic approach to address the structural, societal, and individual factors causing this marginalisation.

STREAM E: ENVIRONMENT AND HEALTH INEQUITIES

KEY INSIGHTS:

Health inequity and climate change are intrinsically linked.

UCC's Eunice Philip highlighted links between health inequities and climate change issues, encouraging attendees to consider their own roles as potential change makers.

There is room for global health innovation even in areas of basic human need.

As noted by speakers Debbi Stanistreet and Oluwakorede Adekoje, and outlined in a video by Conor Fox, up to four million deaths are caused annually by household air pollution from biomass fuels. However, given the right tools communities can move towards safer cooking solutions. Emily Hosford outlined Vita's successes using a community-led approach to implement new cleaner cooking techniques, but she noted that scale-up is also urgently needed. More broadly, given women's frequent key roles in fuel gathering, food preparation, and childbearing, they face specific and predictable health risks. Irish Doctors for the Environment's Sadhbh Lee advocated a feminist approach when designing climate change mitigation and global health strategies.

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“There are many, many different domains that are involved when you start looking at trying to promote cleaner fuels. It's not just about telling people that fuels are problematic, that biomass is problematic.”

– Debbi Stanistreet,
RCSI

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STREAM F: CONFLICT, CRISIS, AND REHABILITATION

KEY INSIGHTS:

Funding and resource challenges limit humanitarian assistance, and the challenge is worsened by conflict.

Michelle O'Dea, for Concern South Sudan, highlighted the gap between needs and resources available to help the 7.2 million people in South Sudan needing humanitarian assistance. Mobile health services are increasing access, but insecurity and conflict remain a major challenge.

Rehabilitation services remain poorly-supported, but could help individuals regain their productivity.

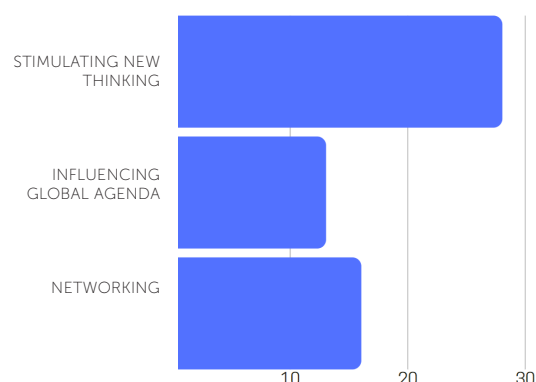
UCD's Cliona O'Sullivan emphasised the need to strengthen rehabilitation services in LMICs. In her research covering 31 physical rehabilitation centres across 14 countries, most service users were at their peak productive age, but rehabilitation was still not being prioritised. There was also a significant gender gap among those accessing services.

Communities are both programme participants and change-makers.

GOAL's Geraldine McCrossan discussed the Community Conversations approach which has been employed in many areas to improve knowledge, change behaviours, and empower individuals. As a result, target communities' strength and resilience against crises have been improved.

EVALUATION RESULTS:

AUDIENCE OPINION OF MOST IMPORTANT OUTCOMES OF GHE 2019



EVALUATION: COMMENTS SNAPSHOT

MANY AUDIENCE COMMENTS WERE POSITIVE AND COMMENDED HOSTS ON EVENT ORGANISATION

SEVERAL NOTED THAT THEY WERE DELIGHTED WITH THE NETWORKING OPPORTUNITIES, AND PLANNED TO FOLLOW UP WITH THEIR NEW CONTACTS

ATTENDEES WERE PLEASED WITH THE MINIMAL FOOD AND PLASTIC WASTE, AND USE OF RECYCLED ALUMINIUM CANS OF WATER

THOUGH THE CATERED FOOD PROVIDED WAS MAJORITY VEGETARIAN, A FEW ATTENDEES VOICED THE DESIRE FOR VEGAN OPTIONS

THE BIG SIX RECOMMENDATIONS FROM **GHE2019**

The speakers at GHE2019 presented a huge range of topics and projects, but were united by these common recommendations to grow and sustain our global health work no matter what form it takes:

01. Include, listen to, and empower communities.

Whether it is striving for reproductive health rights in Ireland, ending FGM in Somalia, improving infant nutrition, or building resilience against climate crises: the communities are the real experts in their own situation and must be supported to be the main drivers of change. Education, collaboration, and working within cultures to build trust will be the key to good community engagement.

02. Advocate for, and support, young people to achieve their potential.

This could take the form of supporting networks such as the GHWN Youth Hub for young health professionals, training peer supporters in sexual and mental health, or rehabilitating young people who have been injured or disabled by conflict. The young people of every country hold the potential to grow both communities and economies, save lives, and protect the environment.

03. Build upon our work towards equity and equality, to promote justice.

We must improve equity and equality to make sure those left furthest behind can be reached now. However, to make sustainable improvements for the future we must also commit to changing the cultures and structures that have created marginalisation and exclusion.

04. Take responsibility for the environment to protect against climate change.

We must go one step further in our work against climate change by recognising the specific challenges to health in this area. For example, biomass fuels pollute the environment but their health effects also cannot be ignored. Women and girls also face specific vulnerabilities that will be worsened as environments deteriorate due to climate change. Furthermore, we must also take responsibility for our own actions, promoting sustainable living and advocating for the environment within our communities.

05. Be unafraid to make radical change where it is needed.

To create change, we need to challenge stereotypes and traditional roles, tackle the controversial topics, and harness people power through advocacy. This will be especially important for areas with long-standing and culturally-entrenched challenges.

06. Open collaborations across sectors.

Global health encompasses many fields, and creating sustainable improvements will need participation from multiple sectors. Even though different organisations may have a very specific SDG focus, they can all potentially contribute activities that create a positive impact on health. For this reason, we must all look outward from our work to understand the potential for collaboration with diverse partners.