GLOBAL HEALTH EXCHANGE CONFERENCE | 2020

HEALTHY PEOPLE ON A HEALTHY PLANET

Five Years on from the **SDGs** in the era of **COVID-19**

350 PARTICIPANTS

900 RECORDED VIEWS

3 KEYNOTE SPEAKERS:
EMILIA ARAGON DE LEON
DANIELLE AGNELLO
ANTHONY COSTELLO

28 LEADING INTERNATIONAL SPEAKERS

KEY CORRESPONDENT WORKSHOP:
11 STUDENTS TRAINED IN CONFERENCE REPORTING

99%

0   50   100

LIVE POLL RESULTS: 99% OF RESPONDENTS RATED THE CONFERENCE EITHER EXCELLENT OR VERY GOOD

SPEAKERS CAME *FROM*

VIETNAM / **DENMARK**
USA / SOUTH AFRICA
UNITED KINGDOM /
IRELAND / **RWANDA**
SWEDEN / UGANDA

SWEDEN
IRELAND
DENMARK
UK
USA
RWANDA
UGANDA
VIETNAM
SOUTH AFRICA

INTRODUCTION

This year's global health conference, held 24-25 September 2020, was special in two ways. First, it was the first cross-border collaboration of its kind, between northern and southern Ireland, in which partners co-hosted the conference. Second, it was entirely virtual. This was necessary because of the COVID-19 pandemic affecting many parts of the world during 2020, and inevitably a feature of most of the presentations during the two days. To view the online event round-up, featuring individual speaker presentations, biographies, programme details and other event details, follow this link: www.globalhealth.ie/events/healthy-people-on-a-healthy-planet/

The two-day event included 28 international speakers and 350 live participants joining for all or part of the conference, engaging in important discussions that enabled the global health community to share, interact, and learn at a time when 'global health' is perhaps more prominent in people's minds than ever before. A further 900 people viewed recordings of the youtube playlist which was distributed widely with IGHN's 1800 members and via social channels in the weeks following the conference.

Partners included: The Irish Global Health Network (IGHN); Queen's University Belfast; the Department of Health Northern Ireland; the Coalition of Aid and Development Agencies in Northern Ireland; the Environmental Association of Ireland and the Chartered Institute of Environmental Health.

The two-day 2020 programme was consolidated under the following streams: Migration, Non-Communicable Diseases, Climate and Environment, Global Food Supply, Eye Health and Vision 2020, Nursing and Midwifery in the WHO Designated International Year of the Nurse and Midwife; and COVID-19.

KEYNOTE SPEAKERS

ANTHONY COSTELLO

Professor of International Child Health, University College London

DANIELLE AGNELLO

Non-Communicable Diseases Consultant at WHO and Director of Global Health Mentorships

EMILIA ARAGON DE LEON

Technical Officer, WHO Regional Office for Europe

KEY THEMES - THIS SUMMARY WILL FOCUS ON *FIVE THEMES* ARISING FROM THE CONFERENCE PRESENTATIONS.

1 THE STATE OF THE **SUSTAINABLE DEVELOPMENT GOALS** (SDGS)

2 EVERYTHING IS **CONNECTED**

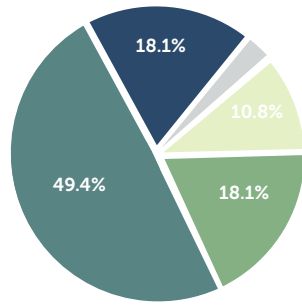**3** **PEOPLE** AND **COMMUNITIES**

4 **HEALTH CARE:** THE POWER OF NURSES

5 **FOCUS ON COVID-19:** IMPACT AND THE DANGER OF DISTRACTION

WHICH SECTOR DO YOU PRIMARILY WOROK IN?

83 RESPONSES

- Academia
- Student
- Irish Government
- Other Government
- Health Services
- Media
- NGO - Development
- NGO - Others

18.1%
10.8%
49.4%
18.1%

1. STATE OF THE SDGS

Progress reaching the sustainable development goals (SDGs) is evident at this five-year point. Emilia Aragón (Technical Officer, WHO Europe), opening the conference, provided some examples of how we have advanced towards SDG3 (health). Polio is already almost eliminated, new cases of TB and HIV are reducing, and life expectancy overall has increased. There are also national and subnational plans and policies in place, with governments harmonising processes to facilitate achievement of the goals. Since 2016, 142 countries have undertaken a voluntary national review. Ninety percent of these plans prioritise health and wellbeing, recognising that without health there is no sustainable development. Accountability systems are also being built into the monitoring process, and with so many actors these will be crucial over the coming decade to 2030.

But what can't be denied is the impact of COVID-19. Health programming across the globe has been affected, delaying progress and dominated by a narrative focused on a single disease to the detriment of other longstanding health challenges. For Aragón, there has been too much focus on "the health of the economy rather than the health of people." Interruption of childhood immunisation programmes, economic recession, increased risk of domestic violence against women, and school closures are all consequences of the pandemic. According to the 2020 SDG report, COVID-19 has caused the first increase of global poverty in decades.

Though there are many negative consequences of the pandemic it has, according to Aragón, created an "opportunity to develop recovery plans that build a more sustainable future." COVID-19 allows us to stop, replan, rethink our cities, and explore societal actions to avoid irreversible climate change whilst improving the health of the population. Transformative change is not always linear; it can be chaotic until a turning point is reached where common values are accepted. This could be such a time.

2. EVERYTHING IS CONNECTED

"EVERYTHING IS CONNECTED TO EVERYTHING, EVERYWHERE."

*NICK WATTS, EXECUTIVE DIRECTOR, LANCET COUNTDOWN*

A key theme at the conference was interconnectedness between health, all the SDGs, and the environment. Protecting the environment should be a priority, and a moving video presentation from Dara McAnulty, a Northern Irish naturalist, writer and environmental campaigner reminded delegates of the powerful connection between mental health and nature. Threats to the environment and achieving the SDGs was highlighted by Nick Watts, Executive Director of the Lancet Countdown. We need to understand that climate change is not just a threat to the environment, but a crisis of many intersecting dimensions. For example, climate crises such as floods lead not only to physical and environmental turmoil, but spikes in depression, anxiety, and schizophrenia. For Watts, we "do a rubbish job at mental health in the global health community."

Interconnectedness was taken further by Renzo Guinto, Chief Planetary Doctor, PH Lab, speaking from the Philippines. For Guinto, the mindset required to meet the many health goals must include appreciating and protecting the health of the planet. This should include decolonialising our approaches – the earth is not something we own, but something we are part of, and is a giver and provider. We should also take an interconnected approach to dealing with overpopulation – partly as a result of overall health improvements – and the consequences, such as increased energy need, air pollution, and overfishing. Breaking free of short budgetary and political cycles and looking to the long term is vital: "how can we become good ancestors for people 100 years from now?"

HOW LIKELY ARE YOU TO ATTEND FUTURE **IGHN** EVENTS?

Monitoring & Evaluation Respondent Analysis

14.5%

85.5%

● VERY
● SOMEWHAT
● NOT AT ALL
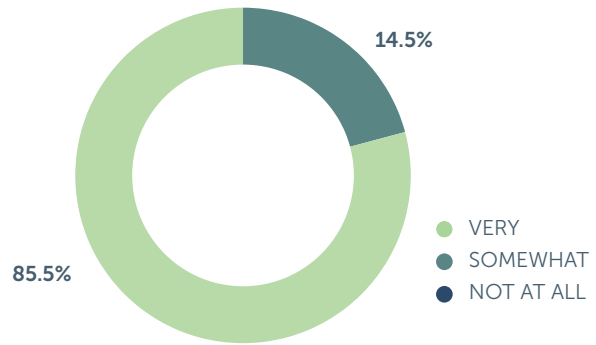
Meeting the needs of specific health needs can also illustrate Interconnectedness, such as eye care. Clare Gilbert, Clinical Ophthalmologist at the LSHTM, stressed the need to address chronic eye conditions as part of any plan to achieve the SDGs and a more equitable world over the next decade. Simply providing corrective lenses can improve the performance in mathematics for Chinese school children or increase the income of tea pickers in India. Cataract surgery has also been shown to improve lives and increase income in Kenya, the Philippines, and Bangladesh. There has been progress, but much needs to be done. For Gilbert, "business as usual is not enough."

Some mindsets need to change to acknowledge interconnectedness, such as in pregnancy and motherhood. For Fran McConville, Midwifery Adviser, WHO, it's the overemphasis on purely medical issues in the context of women's health and the newborn, and the limited research on "how normal birth happens" that needs to be addressed. We are mammals and have natural responses in the same way as other mammals. We have endocrine systems responding to nature's patterns, such as the lunar cycle. Reverting to a systematic medical approach – such as unnecessary caesarean sections in rooms full of people with forceps – means hormonal responses all but disappear. There is an imbalance. For McConville, "we can't improve quality of care and achieve the SDGs if we can't address it as a multisectoral issue that connects with planetary health."

> **"DO NOT BE SILENT. BE PART OF THE CHANGE. BE PART OF THE TRANSFORMATION."**
>
> *VANESSA NAKATE, CLIMATE JUSTICE ACTIVIST, UGANDA*

3. PEOPLE AND COMMUNITIES

To achieve the SDGs, it's vital to focus on people. This is not only for equity but acknowledging other people are no different to ourselves. Soorej Puthoopparambil, Senior Lecturer, Uppsala University, speaking about migrant health, emphasises that, when providing health care for migrants, refugees and asylum seekers, health systems must never assume they don't have the same needs as other people, for example in sexual and reproductive health or family planning. Women migrating to western countries still present a greater proportion of maternal mortality, highlighting that migrants shouldn't be treated differently at the policy level, but receive person-centred care as with everyone accessing the health system.

This "people centric approach" also requires understanding and response to the impact on people's lives of climate crises. Vanessa Nakate, Climate Justice Advocate, Uganda, shared that climate change is pushing people into poverty traps, especially when they depend on the land for survival. Droughts, rising temperatures, floods, and hurricanes all impact on people's day to day lives in multiple ways. A family destitute because of a climate disaster may need to give their girl child for marriage, leading to early and unwanted pregnancies. When water is scarce, it is women having to walk long distances to the nearest source who are at risk of gender-based violence along the way. For Nakate, "we can't drink oil or eat coal – these are not our life support systems". Protecting the world is paramount, positively impacting on everything else, such as health, gender equality, agriculture, and education. We should "demand justice" from decision makers if we are to achieve transformation and the SDGs.

The negative impact of COVID-19 on one group, people living with HIV, is reported in many studies and was highlighted here by Lesogo Tlhwale, GNP+, South Africa. Sharing details from a study exploring the pandemic's effect on marginalised groups, there is evidence of problems with medicine supply, increased discrimination especially towards sex workers and young people who need their medication delivered, and worsening inequalities and injustices. Women face loss of income and accessing food for their families. Closed businesses prevent income generation. Connecting through social media has helped reduce feelings of helplessness, but COVID-19 has amplified existing inequities, especially for women gender and marginalised groups. Prioritising the safety and human rights of people affected by HIV during – and after – the pandemic is crucial for meeting the SDGs.

WHERE ARE YOU TUNING IN FROM?

WHAT TOPICS ARE YOU MOST LOOKING FORWARD TO LEARNING ABOUT?
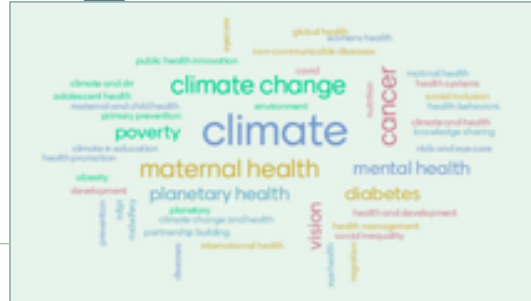
Community empowerment can be an important mechanism for addressing health needs. Antony Costello, Professor of International Child Health, UCL Costello stressed the importance of the power of the community for improving health, citing one example of women's groups in Nepal. Here, adopting a participatory learning approach, women meet to discuss issues and develop strategies for improving newborn and maternal health, which contributed to a mortality reduction of both. For Costello, community empowerment can be more effective than health education in improving health outcomes and changing behaviour. This can apply to all aspects of health, including COVID-19, and he calls on us to be optimistic – COVID-19 will subside, but there are things we must do to make this happen quicker.

4. HEALTH CARE: THE POWER OF NURSES

> "NURSE LEADERSHIP IS KEY, ESPECIALLY IN PRIMARY CARE, AND NURSE-LED MODELS ARE A PROVEN BENEFIT,"
>
> *JUDY KHANYOLA, AFRICA REPRESENTATIVE OF NURSING NOW*

Nurses and midwives have a key role in global and planetary health. As noted by Fran McConville, nurses and midwives are seen as the most trusted of professionals. They are in a position to be campaigners for the planet: "That's my hope. To mobilise the global nursing and midwifery community to fight" climate change. Nurse leadership is vital, and Judy Khanyola, Africa Representative of Nursing Now, confirmed how nursing is critical to achieving national targets, cutting across all the SDGs (not just SDG3 and engaging with key issues such as NCDs, universal health coverage, and emergency preparedness. In fragile or conflict situations the nurse or health care worker is the person the community sees most. This is true in the context of COVID-19, especially in hard to reach areas. Nurse leadership is key, especially in primary care, and nurse-led models of care a proven benefit. More collaboration between nurses in the global north and south, based on collaboration and avoiding condescension, is vital. Benefits of this form of collaboration was highlighted by Lisa Magee, Macmillan Practice Educator North West Cancer Centre, Northern Ireland. As part of a programme linking nurses from countries including Pakistan, the US, and Uganda, nurse leaders and those beginning their careers can connect to share their experiences and learning, especially important during this challenging time.

Clinical nursing leadership should be central in health policymaking, according to Charlotte McArdle, Chief Nursing Officer, Northern Ireland. The COVID-19 response in Northern Ireland required significant flexibility from nurses. Communities were also supportive, and after a call for assistance, responded offering food, clothing, and hotel accommodation to cater for staff needs during the busiest times. Part of the nursing response also required targeted education, including an education programme on respiratory care and infection control for care home staff, where patients were especially vulnerable. For McArdle, the pandemic reminds us that "investment in nursing is an investment in the economy," to enable rapid responses and sufficient capacity. It's also important for carers to be responsive to the community, listening to their voices. How is COVID-19 affecting people? How are people dealing with increasing anxieties? How are expectant mothers coping?

But what shouldn't be forgotten, especially in the midst of a crisis response, is the well-being of health care workers. For Eamonn Faller, Specialist Registrar in Infectious Diseases, Cork University Hospital, there is an "almighty battle" for the mental health of all people, and especially health care workers. We will all need to strengthen resilience to prepare for a world where we co-exist with COVID-19.

5. FOCUS ON COVID-19: IMPACT AND THE DANGER OF DISTRACTION

> ## "WE CANNOT IGNORE ONE PANDEMIC FOR THE EXPENSE OF ANOTHER."
>
> *LESEGO TLHWALE, GNP+, SOUTH AFRICA*

The current pandemic dominated the conference, presenting a significant threat to global health, and making progress in the SDGs. In his overview of the pandemic, Antony Costello, Professor of International Child Health, UCL, gave details of why the COVID-19 has taken such a hold in some areas. Rapid decision making, such as in South Korea, where a lockdown and effective testing system were quickly in place, led to viral control. Other countries, with poor public communication and public health system failure — often due to slow government responses, underfunding, and tenuous connections with experts — have seen rapid spread. The community impact has been severe, with increased anxiety and stress, threats to education, domestic abuse, and the risk of 'long COVID'. Here, slow recovery can be characterised by 'brain fog' and cardiac complications.

In medical research, the risk of 'covidisation' and the side lining of non-COVID-19 studies was highlighted by Kim Van Daalen, Cambridge Gates Scholar. Great insights have been gained into COVID-19 from numerous studies since the beginning of 2020. "Never before have so many researchers focused on a single topic." However, we "shouldn't undermine [research into] other things, such as climate change," said Van Daalen. The work of researchers focusing on non-COVID-19 topics is still vital, for critical global health problems still remain requiring investigation.

COVID-19 has put stress on the food system. However, for Tim Lang, Professor of Food Policy, City University of London, COVID-19 is just the latest pressure on a food system already under strain. To feed the world, it's not simply about producing more food but looking at what we produce and how we produce it. In theory, it's possible to feed the world healthily by 2050 without destroying ecosystems, but there are significant political challenges. The rise of ultra-processed food, and libertarian attempts to remove constraints on food have resulted in a rise in food inequalities and obesity. And there is impact to the environment as well, with the concentration on eating meat a key part of the planet's ecological burden. Large proportions of greenhouse gases being animal emissions from beef and lamb. "In crisis, tougher interventions are needed," according to Lang, moving up the 'Nuffield Ladder' to create ever-increasing choice restrictions to guide people towards more beneficial dietary habits; beneficial to health and the environment, and reflecting the One Health. Here, there is acknowledgement of the powerful interactions between human health and eco-systems health, integrated into society, the economy, politics, culture, and values. The final goal, sustainable diets from sustainable food systems, can only be achieved using such a multi-criteria approach to food policy.

COVID-19 has also increased risk and vulnerabilities in the context of non-communicable diseases (NCD), which continue to be the leading cause of mortality in all age groups and all regions. How shall we manage the threat COVID-19 has posed to health systems whilst at the same time not letting our eyes off the ball of NCDs and other diseases? Many NCDs increase the likelihood of COVID-19 complications, but there is also synergy between COVID-19 control strategies and NCDs, as highlighted by Karl Blanchett, Director, Geneva Centre of Humanitarian Studies. COVID-19 control strategies worsen NCD conditions. Reduced mobility, poor diet, increased use of alcohol and tobacco as a stress response, postponement of medical appointments and lack of continuity are all risk factors for NCD. Countries to prioritising funding and resources for COVID-19 puts particular burden on existing NCD prevention and treatment services. Existing guidelines for NCD priority services are often confined to high-income countries, so Blanchett and colleagues developed a list of 120 essential non-COVID-19 health interventions required for NCD and other diseases. These can be used as a "normative guideline" for governments and humanitarian agencies in low-income and middle-income countries and humanitarian settings.

HOW USEFUL DID YOU FIND THE CONFERENCE?

Monitoring & Evaluation Respondent Analysis **?**

24.1%

75.9%

● EXTREMELY USEFUL
● USEFUL
● NOT VERY USEFUL
● NOT AT ALL USEFUL
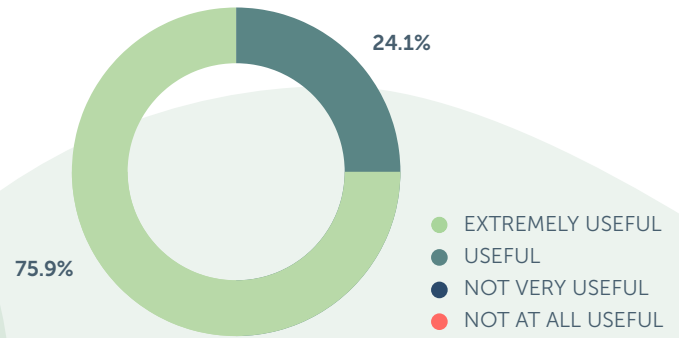
Marginalised groups are at particular risk of NCD and other diseases due to COVID. Speaking from Vietnam, Oanh Khuat, Executive Director, SCDI, shared examples of such threats to health. Sex workers unable to work due to lockdowns are starving, and needing money pay the rent and feed their children, are more likely to have unsafe sex. Cases of HPV rise as a result. Migrants, unable to work and living in crowded accommodation, are at higher risk of COPD from smoking in windowless rooms. Hypertension and diabetes are exacerbated by eating unhealthy and salty food to save money. "When people don't have money," she says, "the first thing they usually sacrifice is their health." For Khuat, it's easy to turn a blind eye to vulnerable people because they are often invisible. We need to pay attention and know who are the most vulnerable.

Migration health, for NCDs and other diseases, is also threatened by COVID-19. For Miriam Orcutt, Senior Research Fellow, UCL, the pandemic exacerbates existing gaps to NCD services by diverting of resources to emergency response at the expense of long-term sustainability. This is particularly impacting on migrants, refugees, and undocumented asylum seekers, where the COVID-19 response is "leaving them even further behind". An 18-country situation brief by the Lancet Migration Commission on Migration and Health shows NCD structural factors have been exacerbated by COVID-19 responses. Barriers accessing health care because of refugee status, lack of transport, language difficulties, detention crowding, and negative political responses such as xenophobia and racism are worrying themes.

Much of the public health response to COVID-19 has been around biosecurity rather than the principles of right to health, with insufficient resources or policies addressing the broader health needs of migrant populations. What's vital for policymakers to appreciate is that health care is required for all migrants, and special attention how lockdowns and restrictions disadvantage populations. Systems must be devised to address the inequalities exposed by COVID-19. For Orcutt, "we must avoid the false dichotomy between short- and long-term responses" to COVID-19, seeking sufficient funding in the long-term for prevention, health system and public health strengthening, and seeking sustainability for the care of mobile populations in the wider context of universal health coverage. We can only stay in the 'emergency response' phase for so long.

Health systems have seen a drain resources of resources away from NCD to COVID-19 in Asia and South East Asia, highlighted by Mohammed Haqmal, a Sri Lanka-based MD. South East Asia has low testing rates for COVID-19, and NCD services such as cardiac care have been severely disrupted through high hospital admissions. A combination of frailty, ageing, pre-existing NCDs, and COVID-19 has increased hospitalisation, transfers to intensive care units, hospital readmissions, and increasing death rates. For Haqmal, it's vital to integrate NCD prevention and management into national COVID-19 response plans, currently lacking. High risk groups must be prioritised, and take multi-sectoral approach taken to tackling the pandemic. This should include sufficient financing and resources for NCDs – much of which is currently being diverted to COVID-19 - to protect those who are affected. Planning is vital, for "if we fail to prepare, we prepare to fail." We must learn from our mistakes in the COVID-19 response, especially for people affected by NCDs. Only then can we make sure not to repeat them.

"THE PANDEMIC OFFERS AN OPPORTUNITY FOR US TO LOOK AT THE HEALTH SYSTEM AND ITS RESPONSE TO CHALLENGES. THE WAY TO GO FORWARD IS TO MAKE SURE EACH COUNTRY ACHIEVES UNIVERSAL HEALTH COVERAGE. COVID-19 HAS SHOWN OUR WEAKNESSES."

OANH KHUAT, EXECUTIVE DIRECTOR, SCDI, VIETNAM

KEY TAKE HOME MESSAGES **2020**

01. Much has been achieved over the last five years in reaching the Sustainable Development Goals (SDGs). However, there is much more to do in the next 10 years to get close to meeting the goals. COVID-19 has caused significant disruption.

02. We should 'never waste a crisis', and COVID-19 offers an opportunity to review and build back stronger health systems that are inclusive, based on universal health coverage, and inclusive of all health needs, including NCDs and other chronic conditions.

03. Everything is connected – between SDG3 and other SDGs, between health and all aspects of the environment. Acknowledging this synergy will give us the broad perspective required for effective and inclusive interventions. A transdisciplinary and approach is needed to meet the goals and enforce change.

04. Empowering communities and strengthening community systems to provide psychological and social support, health and medical information, or food can be an effective way to reach the most marginalised people and improve health outcomes.

05. Nurses and midwives have a central role to play in public health interventions, and to make progress towards achieving the SDGs, such as reducing damage to the climate and lowering maternal mortality.

06 If we fail to prepare, we prepare to fail. We must learn from our mistakes around gaps in the COVID-19 response, especially for people affected by NCDs. We must not repeat them.

07 In contrast to emergency, short-term responses, we must consider long-term public health challenges as a priority. This should include sufficient funding for prevention, health system and public health strengthening, and seeking sustainability.

08. **Do not be silent.** Be part of the change, and part of the transformation.