Irish Global Health Network Conference summary

Global Imbalance and Social Inclusion

Ian Hodgson and Key Correspondent Team

October 2022

Conference summary

- What we've done here

- Themes

  1. Learning from COVID-19

  2. Resilience

  3. Inclusion and participation

  4. Solutions, dealing with the present, preparing for the future

- Take home messages

What we've done

- Preparatory meetings for students
- Plenaries and parallel sessions (face to face and online)
- Discussions and networking (lots of it!)
- Book launch: Sally Hayden
- Women in Global Health Ireland
- Lancet Countdown Launch 2022 Report
- Workshop on Gender Equality for Global Health
- Enjoyed being together again!

Fabulous to be all here in person after many years. Love the multidisciplinary mix. It's a much better way of thinking about solutions. And the global health crowd are really nice! [Comment day 1]

1. Learning from COVID-19

- This was a wake up call. It has impacted on us as individuals, our health systems, and our interactions with systems and services. **Now we're dealing with the aftermath** and for Colm Henry (HSE), "As the pandemic subsided there was a debt to be paid."

- It **exposed existing inequalities**. For Mike Ryan (WHO), "Most of the mortality of COVID-19 was a result of 30 years of injustice. The death toll of COVID-19 was baked into our system."

- And it's **not over:** "The shocks are still coming fast and furious. There are a lot of challenges." (Marie Hallisey, GOAL)

- But **lessons** have been learnt:
  - We know the real importance of **interconnectedness**
  - We need to get **suitable information to people** – not the same material for everyone – and ensure support for those who communicate differently (e.g., people who are hard of hearing)
  - We know there is **better awareness** of infection control and WASH
  - But we also know that lockdown or quarantine advice can be **meaningless (or harmful)** for many people: "How do you tell someone to isolate if they don't have a home, or have seven in a room, or don't speak [the same language]." (Priscilla Lynch, Medical Independent)
  - We know that in a time of crisis, **trust in personnel, facility care, and messaging** is paramount (Niamh Caffrey, Misean Cara)

- We need to **be prepared** for the next pandemic. One way is health and community resilience…

2. Resilience

- This word appeared **many times** during the two days.
- For Siobhan Walsh (GOAL), "Inequalities are clear and visible to us all. The answers aren't easy. We **have to look at health resilience** across multiple levels."
- Communities, and health care workers, can be **incredibly resilient**, but not without cost. We must strengthen resilience for the future and not rely on short term solutions: "Even when there isn't an outbreak, prepare!" (Margaret Fitzgerald, formerly HSE).
- Health resilience also includes **mental health.** This is now being talked about more but remains massively underfunded. Also, "We mustn't start diagnosing people worrying about their future as having mental health problems." (Julian Eaton, CBM)
- We also need **trust** to build the resilience of communities – "if we're going to build resilience we can only do it together."
- Changing **the language**: can/should 'capacity building' be replaced by 'resilience building'?

3. Inclusion and participation

- A central **theme of many presentations**, illustrated by the breadth of people attending this conference.
- Examples:
  - Need to **tackle assumptions**: people too readily assume people with intellectual disabilities aren't able to do things
  - Need to involve young people **not as beneficiaries of but 'agents of change'**
  - Need to **bring in** research 'respondents' as co-presenters of data 'about' them
- **Communities can be powerful!** "They have the power and agency to stop the spread of infectious disease. Engaging the community is important for them to be resilient." (Siobhan Walsh, GOAL)
- But addressing **power differentials** is vital, for, "communities are not just recipients but participants in the response." (F Okello)
- The voice of civil society **must be amplified:** "We need a strong relationship between governments and civil society," with "**authentic representation."** (Mike Ryan, WHO)
- And what about the term 'vulnerability'? It's "not us who are vulnerable, but the situation that **makes us vulnerable."** (Pamela Toledo, World Federation of the Deaf)

4. Solutions, dealing with the present, and preparing for the future

- **Much is happening** already (very selective!):
  - Cash transfers – we have more data about the best ways to make this work.
  - Teaching mothers to monitor for malnutrition in their children. This "empowered mothers to detect malnutrition early and take action." (E.M. Maina)
  - Professional development to address Bulgarian kindergarten teachers' attitudes towards Roma students, "those teachers with previous training in inclusion had more positive attitudes."(Conor Maguire)
  - New data on the accountability of external consultants, and unpaid health workers in Sierra Leone.
- **Effective leaders are vital,** and "one thing I've learnt is the leader does not know the answers. Leadership is about providing scaffolding to enable others." (Mary Keogh, CBM). This includes 'community-owned' leadership and gender equality.
- But for interventions, **one size doesn't fit all.** It's **vital to hear from from communities** and engage with people (rather than organisations) to find things out, and "listen to people who are most vulnerable and with direct experience." (Sally Hayden, author)
- **The world faces a critical juncture** on climate change, especially how to break from the addiction to fossil fuels, which "are not only about heating and light but everything we buy." (Karyn Morissey, Lancet Commission)
- There are **many challenges in global health**. A paradigm shift may be required to address current and (especially) future challenges. So what are some key messages from these two days?

Take-home messages

1. We **need to be radical**! We may be called naïve, but it is those in denial who are truly naïve.

2. We also need to be **furious** about climate change and increase individual and community agency (and protest) to achieve change.

3. We can only make real progress through **working with communities as equals** and building on existing capacity and resources to ensure sustainability.

4. **Trust** is the most important factor when working with communities.

5. There is **urgency**, and we need to respond quickly. "Be fast, have no regrets…if you need to be right before you move, you will never win." (Mike Ryan, WHO)

6. We **only learn as we are moving.** We will make mistakes, but we need to pick up the pieces and do better next time.

7. Civil society needs a **much larger participatory space** in decision-making and policy development.

8. Data data **DATA**! We need more information from people, e.g., through more participatory research. How can people be involved in generating change?

We need to be more radical in global health, otherwise we will continue to fail.

(Robbie Lawlor, Access to Medicines Ireland)