Irish Global Health Network

Conference 2022
Summary Report

26th 27th OCTOBER

Irish Aid
An Roinn Gnóthaí Eachtracha
Department of Foreign Affairs

Global Imbalance and Social Inclusion

Co-hosted with the HSE Global Health Programme
Sponsored by Irish Aid

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What our attendees said

"The quality of interventions and perspectives shared have given me cause for greater reflection and, on some topics, greater hope for the possibility of change!"

"To learn, to meet people and exchange ideas, experience, share common passion, to be energised and inspired. And the event has done all of these and more"

"Being a student, it was a wonderful opportunity to get to attend this conference. I am looking forward to building more connections and searching new opportunities to get involved in the global health related research and activities"

"I am interested in advancing my career in global health and this was a great opportunity to learn more about the field, hear from the guest speakers and network"

Overview

This year's global health conference, held 26 and 27 October 2022, was a welcome return to the face-to-face meetings of pre-2020 and so appreciated by attendees. The entire event was streamed, with day 1 held in person at Trinity College, Dublin, and day two being fully online. The meeting included a series of events that included preparatory meetings for students, the launch of Sally Hayden's book 'My Fourth Time, We Drowned', the launch of Women in Global Health Ireland, details from the launch of the Lancet Countdown 2022 Report on climate change, and a workshop on Gender Equality for Global Health.

The conference provided an important opportunity for the global health community to share, interact, be inspired, and learn from one another at a time still resonating from COVID-19 and with the imminence of new threats.

Key themes

1. **Learning from COVID-19**
2. **Resilience**
3. **Inclusion and Participation**
4. **Solutions**

1 Learning from COVID-19

> COVID-19 confirmed the importance of science and evidence. There's no doubt that without evidence we wouldn't have had such high compliance in Ireland.
>
> *Dr Enida Friel, Head of Monitoring, Evaluation, Accountability, and Learning, GOAL.*

The COVID-19 pandemic has been a wakeup call for everyone, particularly those working in global health. It has impacted on each of us as individuals, on our health systems, and our interactions with systems and services. It also stalled progress on the sustainable development goals (SDGs) and, according to Dr Colm Henry (Chief Clinical Officer, HSE), we're now dealing with the aftermath, for "as the pandemic subsided there was a debt to be paid."

COVID-19 also exposed existing inequalities. For Dr Mike Ryan (Executive Director of Health Emergencies Programme, 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." We also know that COVID-19 is not over, and according to Marie Hallissey, Global Health Advisor, GOAL, "the shocks are still coming fast and furious. There are a lot of challenges."

The conference heard many examples of learning from COVID-19 that can be applied to future pandemics. For example, we now appreciate more than at any other time the real importance of interconnectedness. We also know that it is vital to get suitable information to people as quickly as possible. This information must be appropriate for the target audiences, with special care taken to ensure support for those who communicate in different ways, for example the hard of hearing. In addition, the information must be sensitive in the cases of people who are already vulnerable – for example, "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). There is also much better awareness of infection control and WASH because of COVID-19.

For the COVID-19 response in Ireland, Dr Colm Henry noted the significant physical and psychological tolls on health care workers during the early peak of the pandemic. "Fear was pervasive," hospitals did not have surge capacity, and in high income countries generally – including Ireland – the wave of deaths among the elderly revealed "structural flaws in the way elderly care is delivered." Dr Henry also shared lessons learned in Ireland, including the need to integrate care, reduce inequalities, ensure robust preparedness, provide strong clinical leadership, focus on holistic well-being, and the importance of innovation and data collection. One of the key lessons learned from COVID-19 is that, in a time of crisis, there must be "trust in personnel, facility care, and messaging" (Niamh Caffrey, Project Officer, Misean Cara).

2 Resilience

Being prepared for the next pandemic is vital, and one way of ensuring this and ensuring readiness for other health crises is through health and community resilience. This core theme weaved throughout the conference and must be high on our agenda as global health practitioners. For Siobhan Walsh (CEO, GOAL), "inequalities are clear and visible to us all. We must look at health resilience across multiple levels." During COVID-19 and other crises, communities and health care workers can be incredibly resilient, but this comes at a cost. There must be a priority to strengthen resilience in the future and not rely on short term solutions – "even when there isn't an outbreak, prepare!" said Dr Margaret Fitzgerald (formerly National Public Health Lead Social Inclusion and Vulnerable Groups, HSE).

> **"It's hard to build resilience. Governance comes at the top of building resilience, but we often ignore this or find it hard to deal with [and] it's hard to influence a country's governance. If this is poor, it's hard to make inroads in health delivery, let alone resilience."** Dr Pieternella Pieterse (DCU School of Nursing).

Health resilience must also include mental health, which is being talked about much more but as a specialty remains massively underfunded. The COVID-19 pandemic demonstrated the need to address mental health problems – including in health care workers under significant stress – and the benefits of embedding mental health into social support and other systems. In a lot of countries, mental health professionals adapted quickly to COVID-19, according to Dr Julian Eaton (Mental Health Director, CBM Global). The benefits of using technology to connect people was also shown – "if COVID-19 had occurred years ago things would have been very different," he said. However, one current phenomenon is 'climate anxiety' and, for Eaton, we must "not start diagnosing people worrying about their future as having mental health problems."

A concern for the future is appropriate, exacerbated by apparent denial among leaders who seem not to be taking seriously what their grandchildren will be facing. Evidence suggests that young people reaching an age where they consider starting a family are thinking much more seriously about whether it's appropriate, given the state of the world and its future.

One approach that would raise the profile of resilience is to replace the term 'capacity building' – a feature of most global health programmes and proposals – with 'resilience building'. Indeed, there is already a shift in the perspective of donors according to Marie Hallissey (GOAL): there is "lots of investment into health systems strengthening, but there are still shocks, so donors are recognising more that resilience building is needed."

3 Inclusion and Participation

> People need to make sure health care serves us globally. Training professionals and working with the community at a local level and with local hospitals will help reduce stigma and cultural bias that exists. Focusing on the individual language of the deaf community.
> *Pamela Molina Toledo, World Federation of the Deaf.*

The inclusion and participation of all groups and stakeholders is vital for the future of effective global health. This includes people with disabilities who, according to Sarah O'Toole, CEO of CBM Ireland, speaking on the first day of the conference, are "often forgotten in global health actions," and generally "less aware of how to access services [and] are often hit hardest" when there are disruptions and crises. She also noted the online captioning and signing for the hard of hearing at this conference, and proclaimed that, "the inclusion of people with disabilities has the power to transform global health systems."

COVID-19 demonstrated that communities can be powerful, something all global health practitioners have known for a while. Indeed, "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, CEO, GOAL).

But this can only be truly achieved by addressing power differentials, for communities should not just be recipients, but participants, in the response. The voice of civil society must be amplified, "we need a strong relationship between governments and civil society," with "authentic representation" (Dr Mike Ryan, WHO).

There is also a need to challenge pre-existing assumptions that may prevent real inclusion. For example, young people need to be much more involved in planning and implementing HIV prevention programmes in humanitarian settings. According to research conducted by Gareth Jones, a consultant working in HIV and Sexual Health, young people should not be seen as a homogenous group. Indeed, their involvement in peer-led services promotes their potentially significant role as agents of change, rather than only service beneficiaries.

But, for Jones, "meaningful youth led interventions" and more "support for sustainable youth-led interventions" are critical. They also need to be suitably remunerated.

Another assumption that should be challenged is that "people with intellectual disabilities aren't able to do things," as stated by Dr Aida Mohajeri. She presented findings from an important study about support for the families of athletes participating in the Special Olympics during the COVID-19 pandemic. She also asked much wider questions around the need to expand research to make it more inclusive, participatory, and with findings translated into practice. This was demonstrated by Dr Mohajeri sharing the podium with Margaret Turley (a graduate of the Trinity Centre for People with Intellectual Disabilities), an athlete who participated in the research (including data collection).

3 Inclusion and Participation (Contd.)

Another way to address power imbalance is by re-evaluating the term 'vulnerable'. Who are 'the vulnerable'? For Pamela Molina Toledo (Executive Director, World Federation of the Deaf), "it's not us who are vulnerable, but the situation that makes us vulnerable." She illustrates this point from an earlier presentation in the conference, saying that, from the perspective of the deaf, "a lot of people forgot that we needed this additional language and information for prevention and care [of COVID-19]. All of this was missing." This disempowerment can be said to have created vulnerability.

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

We heard during the conference that much is happening around global health. There is evidence of positive outcomes from many interventions, and from studies with data that provide deeper insights into new or resilient challenges. For example, data were presented by Marie Hallissey (GOAL), based on a mapping exercise giving a broader understanding of the best ways to maximise the impact of health-related cash transfers. Based on a **report released by GOAL**, perhaps one of the biggest challenges is around the availability of quality health services and supporting access to such services. At a community level, teaching Kenyan mothers to monitor for malnutrition in their children "empowered mothers to detect malnutrition early and take action," according to Dr Edwin Mbugua (Health and Nutrition Coordinator, Concern Worldwide Kenya). There is also evidence from Bulgaria that supporting kindergarten teachers in addressing their attitudes towards Roma children: "Those teachers with previous training in inclusion had more positive attitudes," according to Conor Maguire (Trinity College, Dublin).

New data on unsalaried health care workers (USHW) in Sierra Leone were presented by Dr Pieternella Pieterse (DCU School of Nursing), providing fresh insights into the impact ramifications of USHW. Details remain vague as to the actual numbers of USHW, but one recent challenge was their absence from the official payroll during the COVID-19 pandemic. This led to barriers in their accessing personal protective equipment (PPE). More broadly, a large cohort of USHW raises serious questions about lack of accountability for their work and patients being required to pay for care even if this is already government-funded. And there are still challenges accessing health care in Sierra Leone – in 2019, "72% of women reported at least one serious problem accessing health care for themselves," with 67% citing lack of funding, according to Dr Pieterse.

4 Solutions: dealing with the present, preparing for the future (Contd.)

Climate change as a distinct topic was highlighted on day 2 during the launch of the 2022 edition of the Lancet Countdown Report. According to Professor Karyn Morrissey (Lancet Commission), the world is at a "critical juncture," especially around how to break from our addiction to fossil fuels which "are not only about heating and light but everything we buy." If carbon emitting companies are allowed to continue as they are, we will miss by 37% the global target of limiting global temperature rise to 1.5C by 2030. For Professor Morrissey, "at the moment, global health is at the mercy of fossil fuels. Civil society needs to speak louder about these issues." Addressing the impact of climate change on health care must be a priority. Already, there are increasing numbers of people fleeing countries because of food insecurity, famine, and poverty, and part of our role as global health practitioners is to not only advocate but also enhance climate literacy as well as health literacy, according to Dr Margaret Fitzgerald (formerly HSE).

A key component in global health is effective leadership, a prominent topic on day two of the conference. For Dr Mary Keogh (Advocacy Director, CBM Global), speaking during a session on Women in Leadership, "one thing I've learnt is the leader does not know the answers. Leadership is about providing scaffolding to enable others." It can also be strengthened by 'community-owned' leadership, where community knowledge can be pooled, and there is a safe space to create leadership. Eunice Philip (Global Health PhD scholar and coordinator of the IGHN's Student Outreach Team), said that during her work in Malawi, "when you tell people the amount of power they have, they started challenging us as part of the project. People have the power!" Gender equality in leadership, and across the global health sector, is crucial. For Ailbhe Smyth (activist and Chair of Women's Aid), "young women and men are extraordinary, but they need to be encouraged and supported. [We would] love to think we are in a world where gender is not a signifier for inequality or marginalisation, but it is. We need to ensure young girls in school get an education that encourages them to see themselves as agents of their own lives."

Another message arising from the conference is that it's a mistake to assume a 'one size fits all' approach. For example, in all interventions it's vital to hear from communities and engage with people rather than organisations that claim to represent them. We need to find things out, and "listen to people who are most vulnerable and with direct experience," said Sally Hayden. Hayden is author of 'My Fourth Time, We Drowned' (published in 2022), a detailed, insightful, and challenging book exploring the experiences of migrant communities confronted by national and global political responses that are unempathetic and often blatantly cruel.

Finding a way forward in global health and ensuring that no one is left behind requires us to "change the nature of broken systems," according to Robbie Lawlor (Access to Medicines, Ireland) speaking alongside Dr Mike Ryan (WHO) during a powerful session on day 2. For Lawlor, there must be "collaborative and non-siloed medical research addressing real issues such as combatting TB, rather than baldness in men." We also need to "restore hope and provide a roadmap out of [what looks like] a dystopian future."

4 Solutions: dealing with the present, preparing for the future (Contd.)

Building on this notion, Dr Mike Ryan's comment during the same session is a salutary final comment in this report:

> *Children of the world should not grow up afraid. There shouldn't be a sense of dread in the next generation. Humans have survived for thousands of years by cooperating. Our innate quality to innovate and adapt has been forgotten, replaced by the opioid of greed, self-advancement, and beating the other guy or girl. We need to reconnect with the innate qualities, cooperating not just for survival but for a better world.*

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Key Take-Home Messages

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

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

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

Trust is the most important factor when working with communities.

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." (Dr Mike Ryan, WHO)

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

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

Data data DATA! We need more information from people, e.g., through more participatory research. How can people and communities be involved in generating change and have agency to decide their future?

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