



2024 Conference

Fostering Humanity: Promoting Health Equity for a Better Planet

Co-Hosted with RCSI Institute of Global Surgery



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What our attendees said

Opportunity to listen to **many topics** I previously would not have considered at a conference.

Good representation of people from different countries, **disability advocacy** and **advocates from marginalized groups**.

Rich content, **networking opportunities**, great inclusion of students and **early career professionals**.

The **quality and variety of the presentations** was extremely high.

Overview

The 2024 Irish Global Health Network (IGHN) conference was gathered under the theme '**Fostering Humanity: Promoting Health Equity for a Better Planet,**' and was co-hosted with the RCSI Institute of Global Surgery on 2nd and 3rd October 2024. Across the two days, over 200 in-person attendees and 100 speakers, abstract presenters and moderators were present at the RCSI College Hall in Dublin, Ireland.

The theme focus on Day 1 was **Advancing Health Equity** and on Day 2 **Resilience in Health**. Day 1 started with an introduction to fostering inclusive and equitable practices in global health and ended with a report launch: Enacting an Ethic of Responsibility and Care in Global Health Partnerships. Day 2 included an IGHNx taster session on Climate Change and related health challenges delivered in a TEDx style, panel discussion on equity, stigma and mental health, and the John Kevany Lecture.

Both days were organised around plenary sessions, parallel sessions, panel discussions and a myriad of colourful stands in the Board Room site for the Global Health Village. The setup provided a vibrant hub for introductions, meet-ups, exchanges, networking, and opportunities to learn about different INGOs, Irish NGOs, institutions, and other actors during the 2 days.

Key Themes

1 Health Partnerships

2 Health Systems

3 Gender and Health

4 Humanitarian Crises and Health

5 Environmental & One Health

6 Mental Health

1) Health Partnerships

“
The overarching goal is
to reach the furthest
behind first!
”



Anne Nolan, Irish Aid

During the opening remarks, Juan Carlos Puyana reflected on the remarkable 16-year collaboration between the Royal College of Surgeons in Ireland (RCSI) and COSESCA. This partnership has centred on **building capacity with a focus on equity**, aiming to reach those most often left behind. Similarly, Anne Nolan highlighted Irish Aid's **long-standing commitment to partnerships** in the Global South, as it celebrates 50 years since its founding in 1974. With the World Health Organization (WHO) as a key ally, Irish Aid remains dedicated to safeguarding and sustaining primary healthcare services.

Christian Acemah of the Uganda Academy of Sciences shared a profound perspective: **fostering humanity is akin to the rhythm of breathing, an inclusive act that involves everyone**. He urged the abandonment of pretences of greatness to achieve true equity. Umunyana Rugege from UNAIDS painted a vivid picture of the urgent challenges in addressing AIDS today. While 77% of people living with HIV have access to treatment, only 57% of children receive the same care. Yet, there is progress: 39 countries within the Global Partnership have pledged to eradicate HIV-related stigma and discrimination. Umunyana expressed hope that Ireland would soon join the Beyond Stigma partnership, emphasising the critical need to tackle internal stigma.

1) Health Partnerships (Contd.)

In the parallel sessions, Mohsin Abrar from the University of Limerick developed and piloted a framework to assess Irish universities' global health commitments. Their findings spotlighted the inequities in access to medicines as a pressing global issue. Ivana Hussu raised a crucial question: what should be the priorities in collaborative global health research? Effective partnerships, fostering safe spaces, and ensuring equity must be at the heart of such efforts. Meanwhile, Amelie Ardilouze drew attention to the grim reality that six in ten Nigerian children face some form of violence. Here, too, partnerships emerged as a powerful tool for safeguarding and addressing such challenges.

Awoke Mihretu shared the impactful collaboration between Ireland's HSE and Addis Ababa University in Ethiopia. Together, they support a clinical psychology program within the university's Department of Psychiatry, one of only two such programs in the country. This partnership emphasizes curriculum development, capacity building, resource sharing, and training of trainers, with the broader aim of addressing Ethiopia's growing need for culturally relevant mental health services.

Back in Ireland, challenges persist. Siobhan Quirke reported on social inclusion groups in the west of the country, highlighting how socially excluded communities face stark health inequities and poorer outcomes. Addressing these issues requires genuine, long-term investments in partnerships. These learnings resonate with the broader understanding that engaging deeply with local communities enhances the effectiveness and sustainability of collaborations.



2) Health Systems

Irish Aid's commitment to health focuses on strengthening health systems, enhancing service access, and supporting the HIV and AIDS response. Through partnerships with organisations like The Global Fund for HIV, Malaria, and TB (GFATM), Aidsplan, Frontline AIDS, and the TB Alliance, Ireland contributes to combating some of the world's most pressing health challenges. Notably, Ireland, a founding member of GFATM, increased its funding by 30% for the 2023-2026 period, bringing the total to €65 million. Fionnuala Murphy highlighted the vital work of Frontline AIDS, **emphasising the need for robust health systems** in least developed countries and advocating for progressive tax systems to enable free access to essential health and HIV services.

Under the theme of health education and system strengthening, Joliana Aboukasem underscored stark global health disparities. He **contrasted Somalia's life expectancy of just 54 years with Ireland's 81.6 years**, reflecting on Ireland's current contributions to global health and identifying areas for improvement. In the session on refugee and migrant health, Patricia Kennedy explored the development of a health strategy for Roma families within Ireland's HSE South-West. The discussion illuminated significant barriers to healthcare access, including the organisation of health systems, discrimination, cultural and language differences, health literacy, and economic challenges.

The parallel session on resilient health systems and policies began with Ciara Cunningham, who examined the challenges of implementing mass drug administration (MDA) for schistosomiasis in Uganda. In the hotspot region near Lake Albert, **community knowledge about schistosomiasis is high, yet uptake of MDA remains suboptimal**. Breda Gahan reflected on her experiences in Cambodia and Mozambique, where missions opened her eyes to the devastating effects of war on people and health systems.

Conflict often disrupts health systems, instilling fear in workers and communities, and sometimes causing total collapse, as seen in Sudan today.



Breda Gahan, RN and
Public Health Professional

3) Gender and Health

“Delivered by Women, Led by Men.”

In Tanzania, women constitute most nurses, midwives, and allied health professionals but occupy only 17.4% of middle and senior leadership roles, compared to 82.6% held by men.

Brynne Gilmore, GLASS initiative (Gendered Leadership Advancing Systems and Structures)

Irish Aid places gender equality, sexual and reproductive health rights, and support for people with disabilities at the forefront of its programming. Anne Nolan highlighted that **16% of the global population lives with a disability**. Stressing the interconnectedness of health and equality, she stated, “**Health is everyone’s business.**” Salome Mbugua from AkiDWA brought attention to the persistence of female genital mutilation (FGM) in Ireland, where survivors face significant gaps in essential care. Currently, only one clinic, operated by the Irish Family Planning Association (IFPA) in Dublin, provides FGM-related services in the country.

In the gender and health parallel session, the experiences of adolescent girls diagnosed with HIV in Zimbabwe took centre stage. Aram Alfuraydi shared findings on how these girls navigate shame by internalising it, facing external judgment, bypassing it, or contextualising it based on their circumstances. These accounts underscore the **critical need for targeted policies and sensitive interventions** to address shame among adolescents living with HIV.

Chanel Cote discussed **self-stigma among people living with HIV**, noting that gender significantly shapes how stigma is experienced. However, despite frequent references to gender differences in studies, data is often not disaggregated by gender, hindering a more nuanced understanding of these disparities. Kwek Pei Xing added to the discussion by presenting a systematic review of gender representation in clinical trials in Singapore. **Across 95 trials, women represented a median of just 36.1% of participants**, with the lowest inclusion seen in endocrinology, cardiovascular, and infectious diseases trials.

4) Humanitarian Crises and Health

Isabel Simpson shared insights about delivering medical care in conflict zones, focusing on Gaza and Médecins Sans Frontières (MSF)'s response. MSF teams have witnessed **rising rates of acute malnutrition**, untreated chronic diseases and the threat of disease outbreaks linked to dire living conditions. Children who survive this war will not only bear the visible wounds of trauma injuries, but the invisible ones too. The needs are tremendous in all Palestine and getting worse as the war continues.

In the session on humanitarian crises and conflict, Tooba Nadeem Akhtar discussed the devastating 2022 floods in Pakistan, emphasising the vulnerability of young children to extreme weather events.

Gráinne Larkin of MSF presented on paediatric mortality in a regional hospital in the Central African Republic. High neonatal mortality rates led to the **establishment of a Maternal-Infant Health Committee**, combining efforts of MSF-supported neonatal staff and Ministry of Health maternity staff to improve care coordination and neonatal resuscitation practices.

In Ukraine, telehealth emerged as a critical tool for **maintaining healthcare access in conflict zones**. Maeve Rafferty shared insights on Abi, an AI-driven telehealth platform, emphasising the need for governments and humanitarian organisations to invest in telehealth hotlines to sustain care in unstable settings.

The impact of **food system attacks on child nutrition** was explored by Caitriona Dowd, who presented evidence from conflicts in Nigeria. Food-related violence significantly affects child nutrition outcomes, highlighting the need for more precise measures of conflict-driven hunger.

Beyond physical impacts, the floods caused anxiety and fear in children, leading to educational setbacks.

Tooba Nadeem Akhtar, Ph.D. Researcher,
School of Psychology & Trinity Centre for Global Health

5) Environmental & One Health

Tony Holohan opened Day 2 with the statement: “**The true purpose of systems is to serve people for wellbeing**”. With the ongoing climate emergency, environmental pollution and migration, sustainable solutions are important. The planet is being exploited for the benefit of a few, often at the expense of collective wellbeing.

Highlighting the obstacles to change, Holohan pointed to industries such as fossil fuels and pharmaceuticals, which work against the “**One Health**” ambitions. The impacts of COVID-19 and the burden of disease and death are felt most on overcrowded, poorest, excluded populations. We need to build on lessons learned and tackle societal determinants and inequalities. Addressing these issues requires bold global leadership, a focus on social determinants of health, and a commitment to tackling systemic inequities. The new UCD One Health Centre aspires to lead this charge, providing innovative solutions to health challenges with integrated, sustainable responses.

Success is too often measured by GDP, not the wellbeing of all families. We need to prioritise people and the planet.

Tony Holohan,
Director, Centre for One
Health, University College
Dublin



5) Environmental & One Health (Contd.)

The Planetary, Environmental, and One Health parallel session brought these themes into sharp focus. Tooba Nadeem Akhtar shared insights into the mental health impacts of climate change on adolescents. In Madagascar, slow-onset drought and extreme heat leave youth feeling that “**life is a misery**”, while in Pakistan, sudden, devastating floods have completely disrupted lifestyles. Food insecurity, poverty, displacement, and inadequate access to healthcare and education compound the mental health burdens of young people in these settings. Akhtar stressed the importance of engaging adolescents in community adaptation strategies to build resilience.

In the Democratic Republic of Congo, Concern Worldwide’s Katherine Hardgrave introduced an innovative handwashing campaign using simple, **community-friendly handwashing stations known as “tippy taps”**. By installing over 7,500 in communities and schools, the campaign demonstrated that raising awareness alone isn’t enough, effective hygiene promotion requires supporting people to adopt and sustain recommended practices.

Kristin Hadfield expanded the discussion to climate change attitudes in Europe, revealing high levels of belief in climate change, with women and young people showing the greatest concern. However, **scepticism persists, often tied to right-wing ideologies**. These findings underscore the need for targeted communication strategies and education on the health risks of climate change to improve public health responses and outcomes.

The session collectively emphasized a crucial takeaway: **addressing climate and health challenges demands a holistic, inclusive approach**, one that prioritizes people, engages communities, and recognizes the interconnectedness of human, animal, and environmental health. Only by integrating these perspectives can we hope to protect both planetary and population health for future generations.

6) Mental Health



Panel Discussion - Stigma and Mental Health
With Claire Hayes, Deirdre Ní Cheallaigh, Olivia Teahan, Ben Adams and Frédérique Vallières

The panel discussion on mental health explored the complex and interwoven challenges of stigma, access, and the need for community-based approaches in addressing mental health. Moderated by clinical psychologist Claire Hayes, the session featured experts like Ben Adams from WHO, Deirdre Ní Cheallaigh of Beyond Stigma, Frédérique Vallières from Trinity College Dublin, and Olivia Teahan of Nasc Ireland. Deirdre Ní Cheallaigh emphasized the role of internal self-stigma, recounting a pivotal "**light-bulb moment**" during work with young people living with HIV in Zimbabwe. This stigma often starts internally but can be transformed through peer-led interventions, conversations, and confidence-building measures, helping individuals transition from merely surviving trauma to truly thriving.

The panel also highlighted broader challenges: Olivia Teahan detailed Nasc's work in Cork supporting migrants, refugees, and asylum seekers. Programmes like the Connect Project promote integration while addressing stigma, racism, and mental health through youth projects, women's empowerment initiatives, and campaigns on rights and policy. Teahan pointed to the scapegoating of individuals in direct provision and how **targeted interventions** can help mitigate mental health burdens.

6) Mental Health (Contd.)

Several innovative initiatives showcased effective responses to stigma and gaps in mental health care. Positive Konnections, a tech-enabled intervention in Zimbabwe, uses **technology to address stigma surrounding HIV and mental health**, as presented by Christianne Low. Similarly, Wakakosha, introduced by Ní Cheallaigh, is a peer-led, evidence-based program reducing internal stigma among 18–24-year-olds living with HIV in Zimbabwe.

Further amplifying the discussion, Salam Jabbour explored the social determinants of youth mental health in Lebanon, where community violence, housing insecurity, and racism significantly affect young refugees. Many face **bullying both in school and in social settings**, with NGOs, rather than government programs, stepping in to provide crucial support.

On the practical side, Problem Management Plus (PM+), a low-intensity psychological intervention developed by WHO, showed promise in treating psychological distress. Reporting on its application, Pengpeng Cai confirmed its effectiveness in reducing anxiety, depression, and PTSD. Ednar Musyoka (CBM) shared how grassroots Mental Health Champions in Kilifi County, Kenya, are helping break barriers to care through **localised, community-driven approaches** that incorporate gender mainstreaming and disability inclusion.

Despite such progress, the session illuminated **significant gaps**, particularly in Africa, where the need for mental health services far outweighs available resources. In Somalia, while most individuals self-identified a need for mental health support, **only 15% could access care**. Vulnerable groups, such as individuals with disabilities, women, and those with intersecting challenges, were identified as requiring urgent prioritisation.

When it comes to mental health, every country is a developing country.

Caoimhe Nic a' Bháird, UNICEF Headquarters

HIGHLIGHTS

Workshop: Get Set!

Ellen Corby and Kelly O'Doherty led an animated session in The Atrium using **drama-based exercises to deliver shame-free, fun, age-appropriate sexuality education.** Issues of consent, respect, communication, boundary sensitivity, and menstrual products and prices were covered. The 'period pants' absorbencies game created hilarity, and the menstrual cup was explained, alongside a discussion on 'period poverty' among some groups, even in Ireland. Delroy White manfully stood out as the only male participant among the female participants.



Beyond Awareness Effective Support for Gaza



The Gaza Paediatric Care Initiative, the Irish Health Care Workers for Palestine, and Children Not Numbers held an interactive session that focused on how global health professionals could proactively provide support to the people of Gaza. The session moved **beyond raising awareness about the ongoing crisis and highlighted actionable steps for meaningful support.** Experts shared insights into the most effective strategies for creating lasting impact, empowering attendees to transform their concern into concrete action.

Enacting an Ethic of Responsibility and Care in Global Health Partnerships

The launch of the report "Enacting an Ethic of Responsibility and Care in Global Health Partnerships" sparked a dialogue on equity, humility, and transformative collaboration. Moderators Christian Acemah and Sydney Sproul emphasised **humility in fostering partnerships to address inequity**. Soledad Quiroz Valenzuela from Universidad Central de Chile highlighted the dominance of English in global health and Chile's low investment in scientific health compared to South Korea. Katthyana A. Reyes from the WHO reflected on the challenges of building meaningful partnerships, while Bruce Compton from the Catholic Health Association shared insights on equity in global health partnerships.

Christian noted that launching the report in Ireland was an "easy sell," due to its commitment to fostering equitable global health partnerships. He stressed the need for Global South countries to engage in reducing power imbalances. The report advocates for reimagining global health partnerships, embracing diverse perspectives, and committing to humility for equitable outcomes. The report was officially launched by Eric O'Flynn, IGHN Board Member, who encouraged attendees to critically reflect on their approaches to global health, closing with a quote from Henry Ford: "**Coming together is the beginning. Keeping together is progress. Working together is success.**"



IGHN^x Taster Session: Climate Change

This taster session, moderated by Fionnuala Moran, featured TED-style talks on climate change and related health challenges, offering a preview of the IGHN^x event in February 2025.

Rachel Dempsey emphasised the urgent need for climate action, drawing attention to the dangers of consumerism and **advocating for a Zero Waste society**. She compared Earth to a patient on life support and stressed the need for public demonstrations to hold politicians accountable.

Matthew Chersich highlighted the **health impacts of rising temperatures**, particularly in vulnerable populations, and called for new indicators to measure the health effects of climate change. He warned of the increasing health crises caused by climate change and the need for urgent action.

Eunice Philip, speaking from Lagos, Nigeria, focused on the **environmental challenges in Africa**, including pollution, energy poverty, and the lack of clean cooking sources. She called for greater investment in environmental sanitation and emphasised the importance of individual and collective action.

Fionnuala concluded by reflecting on the positive changes in nature observed during the COVID-19 lockdowns, reminding the audience that **“no one is an island”** when it comes to environmental responsibility.



“Where are you in this fight to protect earth?”

Eunice Philip, RCSI

[Find out more about IGHN^x](#)



Thank you to all the volunteers, partners, and sponsors who made the Global Health Conference 2024 possible. Your support and hard work were key to its success, and we're so grateful for your commitment.



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