

Geneva Health Journal

N° 4

SPOTLIGHT



Credit: Brooke Raines

Recommendations from the workshops

The GHF concluded by presenting the findings of 11 workshop sessions (resulting from 6 months of work, see GHJ 1st edition) with recommendations presented by the following 2 round tables, covering important current global health priorities ranging from diseases to cut crossing topics.

In “Health Care for All, utopia or human rights” (Round Table 1), the sessions covered the 6 areas: “Public health value of vaccines beyond efficacy”, “Mental health in peripheral areas”, “Innovating to improve support of remote health care professionals,” “Improving access to quality diagnostic tools in LMICs through social innovation,” “Access to childhood cancer quality care: status, barriers

and opportunities.” For example, on childhood cancer, promoting family and community engagement in treatment and raising awareness for childhood cancer; or on health care professionals, supporting E-learning to reduce training costs and strengthen training impact by individualizing training and follow-up.

Then, “Health Challenges: Global perspectives and local implementation” (Round Table 2), the sessions covered the 5 following areas: “Reducing hospital cost through design”, “Metrics in Sustainable Development Goals #3 (i.e. Health Goal), “Leaving no one behind? Reaching the informal sector, poor people and marginalised groups with Social Health Protection”, “Is data

sharing good for health?”, “Academic Global Health: Definition, Gaps, and the Way Forward.” For example, on Metrics, the need to support new funding strategies, e.g. private donors... supplementary funding for development of methodologic innovations; or on Academic Global Health, preparing, educating interdisciplinary teams, future leaders in global health to make a change and address complex problems with systems thinking that is innovative. Each group work will result into a publication summarizing these outcomes. More details are available on the GHF website in the Highlights for each Day. C.P

CARTOON OF THE DAY

- Sustainable & affordable -



Pecub

PERSPECTIVE

Concluding remarks

This 6th edition of the GHF, hosting the World Health Summit defined how we want to act on global health at Geneva. It addressed transboundary issues, such as migration and health, neglected diseases, Zika, diabetes and cancer. As these are complex global health issues, our debates were highly transdisciplinary, mobilizing not only various academic disciplines e.g. epidemiology, health policy, sociology, history or data and computer science, but also the non academic sector e.g. NGOs, International organizations, the private sector, Swiss and governmental agencies. It involved investors, startups from universities and schools of engineering, particularly from the so-called « Health Valley », concerned with affordability and sustainability. Finally the Forum demonstrated its deep commitment in ethics and value, either when advocating to stop violence against women or debating on the IT revolution in health. The world we want must provide health innovations to all.

Antoine Flahault

Are medical progresses only reserved to some who have means?

Or do progress will benefit to everyone?

Professor LOUIS LOUTAN. University of Geneva



ZOOM OF THE DAY



Credit: Wikipedia.org

Global health in medical education

An interactive workshop was held yesterday by the WHF and the M8 medical schools Alliance as part of a collective effort to integrate public health in their curricula. The M8 Alliance is a collective of 23 universities around the globe, committed to improving global health and providing solutions

to health challenges worldwide. Their last meeting in Berlin permitted the elaboration of a model curriculum which would empower the doctors of tomorrow with skills to face future transnational challenges. Four domains were identified: –the global burden of diseases, social and environmental

determinants of health, prevention sciences and health systems governance – each one of which includes five competencies to be mastered by students. Participants of today's workshop could vote on which of these competencies should be included either as core or elective courses in the

curriculum.

The session later discussed the delivery of this teaching. Factors such as free sharing of materials, community-based learning as well as interinstitutional collaboration were emphasized. The workshop concluded with the experience of the University of Montreal

which introduced its first global health elective in 1989.

To achieve innovation and sustainability in healthcare, we need to train health professionals from the basic educational level, giving them the skills and attitudes necessary to solve future global problems. *A.R*

SPOTLIGHT 2/2

Access to innovation at scale : Universal Health Coverage

World Health Organization (WHO) defines the Universal Health Coverage (UHC) as the access to quality medical care for anyone who needs it without plunging them into financial troubles. The objective of establishing the UHC by 2030 calls for

«action alignment» across the system. “We still have a lot of resources are people... and we do not have any other strategies than developing people through the health system » to quote François Xavier Ngarabe (Ambassador of Rwanda

to Switzerland). The funding allocated to health (in Rwanda), one of the highest in the world in terms of percentage (over 20%) has resulted in a health system covering today more than 85% of the population. The challenge exists also for developed countries

but in a different way. In the digital era, the electronic medical and health records, through the systematic analysis of unstructured data, could bring a solution in keeping the UHC system sustainable with the help of international collaborations.

To conclude, as Agnès Soucat (Director, Department of Health Systems Governance and Financing, WHO, Switzerland) said, « every country must find their home grown strategies in the development of a UHC, but we have to learn from each other. *R.P*

DISCOVERING GHF

A new vision of the hospital

The ephemeral hospital was an exceptional place for discovery, exchange and interactivity at the GHF 2016, thus highlighting the low-cost and sustainable innovations for hospital infrastructure in low and middle income countries. In this ephemeral hospital, we found a new vision of the hospital, more high-tech, accessible, sustainable and affordable like the X-ray imaging device developed for developing countries, adapted to tropical and dry climates, by Global DiagnostiX ®. There was also a pharmacy

unit, with a laboratory for fake detection drugs. We also discovered a mini-Wata ® a product which allows you to wash your hands with soap while only consuming 10cc of water and how electrolysis can be used to convert a measure of salt and water into sodium hypochloride, and used for drinking water chlorination, disinfection of wounds or cleaning. “Our Maxi-Wata system is already used at Ouagadougou principal hospital in Burkina-Faso and validated by local and national authorities”, said Céline Perino, Communication

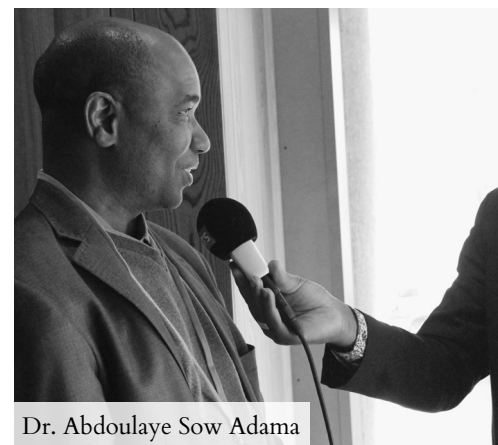
responsible of ANTENNA ®. There was also a new echography imaging system using telemedicine for diagnostics. “Most of my visitors were coming from low and middle income countries, but there are also young European researchers and professionals of the HUG. In developing countries, we have a very restricted access to echography, and the usual biomedical device is very fragile and not prepared to be exposed to a difficult environment”. “Our material is adapted to fine particles and sand, hermetic, very resistant,

transportable and 66% less expensive than what we could find in Geneva”, said Marc H. Van Anderlecht from Unicom Medical. For cardiac disease diagnostics, the portable EKG, Cardio-Pad ®, awarded in 2014 by the Rolex foundation, was also presented. “This portable EKG, using telemedicine and tele maintenance, is already used in Cameroon in Yaoundé, with an improved diagnostic of cardiac disease in the region”, reported to us Arthur Zang, from Cardio-Pad ®. The Ephemeral hospital is a promising public health

place for transdisciplinary and interoperability advanced biomedical materials, developed in order to optimize the cost-effectiveness. It appears as an optimal solution for patients, health care system and decision makers operating in a context of limited economic resources its place should be at the heart of an efficient health care system. Thus emerges a new direction which will break down the barriers for access to high-quality health care, targeting the most vulnerable populations and improving UHC and equity. *M.R.B*

LA VOIX DE LA FRANCOPHONIE

Le terrain au coeur du GHF 2016



Dr. Abdoulaye Sow Adama



Napo Guitcha Betébe Dare

Mettre le patient au centre du réseau de soins est une préoccupation essentielle pour le Dr Abdoulaye Sow et Napo Guitcha Betébe Dare, deux intervenants du Geneva Health Forum, qu'Adama Sougouri

(radio La Voix du Paysan / Burkina Faso) a interviewé. Dr Abdoulaye Sow est médecin généraliste et de santé publique en Guinée Conakry et membre fondateur de l'ONG « Fraternité Médicale

Guinée ». Étant donné la faible densité de psychiatres par habitants, les questions de santé mentale sont l'une des priorités. Depuis 15 ans, cette ONG collabore avec le Ministère guinéen de la santé publique pour

mettre en place des moyens permettant aux médecins généralistes de détecter, prendre en charge et réhabiliter efficacement les personnes atteintes de maladies psychiatriques.

Alfred Napo un des orateurs (session du 20 avril 2016) sur la révolution des professions infirmières a présenté l'Association Nationale des Infirmiers/ères du Togo, dont il est le président. Celle-ci vise à donner une voix commune à une profession parfois divisée par des réalités quotidiennes différentes. Quelques-uns de ses objectifs sont l'amélioration des conditions de travail ainsi que

l'harmonisation des rôles des soignants, en particulier la relation parfois complexe entre infirmiers et médecins.

Alfred Napo et Dr Abdoulaye Sow participent pour la deuxième fois au Geneva Health Forum. Tous deux saisissent cette opportunité pour communiquer et partager les résultats de leur travail sur le terrain et montrer comment leurs initiatives ont réussi à créer un réseau de soins centré autour du patient.

Avec la contribution d'Aude Richard, médecin aux Hôpitaux Universitaires de Genève.

YESTERDAY AT GHF

YESTERDAY TWEETS



aya.nathaly @AP_Nathaly · 5 h
We need to know what is needed in the ground level to develop real innovations
-> address unmet needs #socent #GHF16 -



Trish Groves @trished · 1 h
Is fear about protecting participants' privacy a good reason to avoid
#datasharing ? No; but needs good governance @ElizabethPisani #GHF16

THE FORUM IN 1 PICTURE



Credit: Brooke Raines

FIGURE OF THE DAY

3105

3105 tweets were published during the Forum under the hashtag #GHF16. An average of 36 tweets per hour was recorded and 710 persons were actively tweeting.

(Based on the data registered on April 21, 4-21 p.m)



#GHF16

Sessions in short

THE MOOC REVOLUTION

On April 20, 2016, during the conference “La santé et l’innovation pour tous”, Célya Gruson-Daniel (Centre Virchow-Villermé for Public Health Paris Berlin/CVV/USPC) introduced the concept of a MOOC, which is a Massive Open Online Course, as a relevant tool for public health education around the world. These courses were initially developed by universities a few years ago. Among the MOOC pioneers, the Université Sorbonne Paris Cité through the CVV developed a dynamic MOOC Factory. In three years, this Factory produced 17 free of access

online courses that focus on a wide range of public and global health topics: epidemiology, health history, biostatistics, health management, etc. But what is revolutionary with MOOCs, she underlined, is that they are more than a dynamic educational tool: through digital interface (forum, social media platforms) they are a way to connect participants from a variety of backgrounds who share the same interest and thus build an international, interdisciplinary learning community. Students and professionals, field actors and industries, can interact, discuss and share experiences. And to conclude: what better than open debates to bring the

emergence of innovation? More information on the CVV MOOC Factory: www.virchowvillermé.eu S.P

GHF AWARD “JETS D’OR DE GENÈVE”

A ceremony co-hosted by World Health Summit.

- AWARDS INNOVATION “The EVA (Enhanced Visual Assessment) System for Cervical Cancer screenings in low resource settings”, Mobile ODG, Kenya (HEGN09)
“Projet Serviette hygiénique lavable. Association Education Partage Santé pour l’Avenir au Burkina Faso” (HEGN10)

- AWARDS ORAL POSTERS Irawati Lyna, « Exploring knowledge and attitudes of community residents towards antibiotics. Penang State, Malaysia” (PYR2 02)
Tadjudje Willy, “Creation of sustainability of social and solidarity economy’s enterprises in the health domain” (PYR 1 20)

- AWARDS YOUNG RESEARCHER POSTERS Katharina Jungo, « Food Waste, Climate change and health. The implementation of the “stop food waste-Save the Climate” Toolkit in Swiss households Food Waste (PYR 6-08)
Sanghyun In, “eCo2, a way to promote green transportation habits” (PYR 6-09) C.P

IMPRINT

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Editorial deadline April 22, 2016

