Geneva Health Forum 2016, Day 3, 21st April 2016
Summary of Sessions and Debates

During the Forum **3105 tweets were published** under the hashtag #GHF16, or an average of 38 tweets per hour. 710 persons were actively tweeting.

In the last day, with already over a thousand participants (1332 on Wednesday 20th) attending the Forum, the early morning plenary on "Access to Innovation at Scale: Universal Health Coverage" brought the Forum participants to understand better and discuss how UHC can be reached within the new Sustainable Development Goals by 2030, and to discuss related issues. UHC is a universal aspiration as examples were highlighted from Burundi, Rwanda and Switzerland with various needs and paths toward reaching these goals. The importance of involving all residents, poor or rich, and collaborating with the international community (facilitating the dialogue, offering technical expertise if needed) is key to achieving UHC. There is no single model to UHC; solutions need to be country specific.

The parallel morning sessions of this last day paid particular attention to experiences related to resource limited settings, and more vulnerable populations. One session focused on patient safety in limited resources with a perspective from the humanitarian response where quality care and patient safety is very important, while the example was shared of neonatology in a hospital setting in Egypt, whereby patient safety has improved by the assessment of different standards and using sound innovations. The session on the management of fever brought the message that no one approach fits all; it highlighted the challenge of tailoring diagnostics of common and neglected diseases, with the potential of innovative diagnostic guidelines with electronic algorithms, and panorama guidelines. In "New Approaches for Health Care in Prison," the importance of linking the prisoner and the community was reemphasized, with good public health encompassing treatment and prevention; the examples given were from Bolivia and Côte d'Ivoire. Finally, in "How Cardiac Surgery Contributes to Specialized Care in Africa," opening hospitals in the South to deal with tertiary care demonstrated how this may improve the access to care as a type of innovation because this would represent a transfer in knowledge and experience, with an example from Sénégal. In the World Health Summit, "Innovation Funding and R&D," which drew a large audience, showed that beyond high-tech, other types of innovation – financing, economic, financing for social goods, is also necessary.

During the lunch sessions, in "Shaping a Sound Supply Chain," the IFPMA and the IFPW shared their views on how to make timely changes to implement new technologies that improve the availability, stability and quality of medicines in all settings, and suggested recommendations to overcome bottlenecks. In the "Health Promotion, Administration Taiwan – Strengthening Partnerships between Public Health and Healthcare" session, the speaker explained how the goals set for the NCDs in the SDGs are to be met with a partnership with the health care system, the government as a mediator in the policy approach, and health advocacy actors. Participants were invited to benefit from almost 100 posters that were selected, and to vote for the contribution of their choice. "Tomorrow's Affordable Hospital" exhibition presented over 60 innovations and was attended by an enthusiastic flow of participants.

The World Health Summit (WHS) session "Innovation Funding and R&D" innovations that are alternatives to high-tech solutions. Some key findings from this session included: sustainable funding, deciding on priorities for funding, and how much funding it takes to make an impact. "Global Health in Medical Education" addressed four domains for further discussion: the global burden of disease; social and environmental determinants of health; prevention sciences, and health systems governance.

In the parallel sessions in the afternoon, "How to do Great Research, Get It Published and Improve Health Outcomes," editors from the BMJ carried out an interactive workshop with researchers offering and discussing various tips from the editorial perspective with their audience. This included the importance of: PICO research questions (Population, Intervention, Comparison and Outcomes) and FINER research (Feasible, Interesting, Novel, Ethical, Relevant). It helped the participants to think through how they should publish and what they should publish in order to contribute to innovation. The new approaches against antimicrobial resistance (AMR) focused on specific innovations: Phages may be a revolutionary way to prevent the spread of AMR, and institutions must be active in the fight against AMR. In "Improving Access to Essential Health Products and Services in Humanitarian Emergencies," NCDs (CVD, cancer, diabetes, COPDs) are a major health priority. Emergency kits can help to ensure constant supply of drugs for these, accompanied by the continuity of care. Finally, the "New Dynamics for Healthcare Insurance" presented how some schemes (e.g. community level, grass root network with churches) are feasible but the main challenges remain financial sustainability.

After the coffee break, the GHF concluded in Plenary V by presenting the findings of **11 workshop sessions** (resulting from 6 months of work) from Day 2 with the following **recommendations presented by two round tables**, covering important current global health priorities ranging from diseases to cross-cutting topics.

In **"Health Care for All, Utopia or Human Rights" (Round Table 1)**, the sessions covered these 6 areas:

1. *"Public health value of vaccines beyond efficacy":*

In an era of a new paradigm in vaccine evaluation, all aspects of public health value of vaccines beyond efficacy should be incorporated into public health decision-making. There is equity in immunization but beyond advocacy and safety, we need to focus now more on measures of outcomes and indirect benefits of vaccines for policy-makers. The following avenues should be further explored:

- Methods: pre-licensure: introduction of cluster randomized controlled trials (measuring direct and indirect effects)
- Measures: Vaccine preventable disease incidence (VPDI) used by policy-makers,
- Outcomes: All-cause under-five years mortality or non-etiologically confirmed clinical syndromes.

2. *"Mental health in peripheral areas":*

Although mental health has a high burden and a high impact on societies all over the world, it is often neglected and stigmatized for several reasons, in particular religious and cultural. It is a challenge to break the barriers that prevent mental health from becoming central in the health agenda and NCDs.

Of particular importance are aspects related to equity and access to care for marginalised groups, ensuring this for people of minority groups based on gender, sexual orientation or disability. This can only start with justice against social discrimination and taking a human rights perspective to national-level legislation and policy making.

The importance given to local communities, and the training, support and supervision of health care workers (e.g. through Skype) are essential elements of successful mental health activities (e.g. Cameroon; Guinea).

The Forum 2016 offered a unique opportunity to facilitate the dialogue between the tenants of global, a-cultural approaches in mental health, and those who promote culturally informed, specific interventions within a contextually-informed framework of mental suffering. The dialogue should be pursued until the next forum.

3. *"Innovating to improve support of remote health care professionals":*

"What is…clear is that one of the ways forward is to actually connect the practice and the education - which are often disconnected." (Antoine Geissbühler, HUG, Switzerland). Technology is allowing knowledge to be shared to the most remote healthcare professionals, but true improvement requires this knowledge to be tailored to its context of practice and further work to ensure training is effectively translated into practice. E-learning and telemedicine can contribute a lot to improve the quality of care in rural areas but still many challenges remain, in particular in LMICs, for example adapting the educational program to the local language and way of doing things.

4. *"Improving access to quality diagnostic tools in LMICs through social innovation":*

Social innovations already exist in communities. There are people who have already found solutions to some of the problems that their communities face, for example molecular self-testing for HPV for women in Peru, with results of the test given through SMS on the woman's phone, or innovative technology that allows medicine taken by the patient (pill by pill) to be recorded almost in real time.

What is required for governments:

- Improving the regulatory environment in order to allow for social innovative ideas to be introduced, and
- Integrating social innovation within the health systems for sustainability.

5. *"Access to childhood cancer quality care: status, barriers and opportunities":*

Quoting Carmen Auste of Childhood Cancer International: *"Childhood cancer is largely marginalised in developing… especially in lower-middle income countries.... The priorities lie elsewhere."* The workshop identified several recommendations:

- making sure that childhood cancer is embraced in terms of governance and importance as an issue in countries
- decreasing costs of diagnosis and treatment through innovation
- improving surveillance and data collection capacity to lead to effective healthcare systems and treatments in context
- using telemedicine and eHealth tools, virtual conferences, events through mHealth
- helping national health systems to create paediatric oncology services, and efficient access to morphine
- maintaining competent staff in the healthcare system after they are trained
- promoting family and community engagement in treatment

6. *"High Quality Sustainable Cost Health Care":*

As both national and global economic resources wane, heavy investment in cost-intensive health care facilities become unsustainable. Up to 30% of the resources are being wasted in the clinical setting and healthcare costs are increasing at a rate that is not sustainable. To foster high quality sustainable cost health care, health care investment has to be approached from a different perspective from the prevailing one in most countries.

The workshop recommended shifting the focus:

- Waste can be reduced at many levels including diagnosis, investigations, patient's treatment, medicine prescription and hospital infrastructure, hence reducing costs and the ecological footprint of the health care system (without lowering the quality of care), and using new technologies (e.g. E-health)
- Shifting away from the hospital towards the community
- Upstreaming action towards prevention of the social and ecological determinants, and
- Downstreaming action towards management and treatment at home.

Then, **"Health Challenges: Global perspectives and local implementation" (Round Table 2)**, the sessions covered the 5 following areas:

1. *"Reducing hospital cost through design":*

This international expert group with project managers, client organisations, architects and researchers from Europe, North America, South America and Africa discussed for two days the topic of 'reducing healthcare costs by better architectural design' under the guidance of the International Hospital Federation (IHF) and the UIA healthcare design group. The goal of this workgroup was to develop a database matrix that gives structure to validated best practice experiences that relate the sequential steps in programming, feasibility study, design, construction and occupancy phase to different costs aspects for the hospital organization.

How to design a project that will respond to new ways to treat the patient and at the same time take into considerations aspects of cost containment and be sustainable? In the workshop the group reconsidered how to design the hospital differently, in particular at the planning stage before executing, with the additional health care professionals and public health experts' expertise. Emphasis is placed on understanding both the investment costs in the actual building (capital costs), as well as the downstream consequences for the hospital's operational processes (operational costs).

The next step for this workgroup is the development of a guideline for new hospital buildings that helps hospital organisations to ask the right questions in which the database matrix can help to find the answers to these questions related to the context of the project.

2. *"Metrics in Sustainable Development Goals #3 (i.e. Health Goal):*

As per the thematic, this workshop focused more at the global level on various Metrics aspects with the need to support new funding strategies, e.g. private donors, accompanied by supplementary funding for development of methodologic innovations.

Some of the innovation (e.g. for improved data sharing, accountability to citizens, advocacy and resource mobilization) relates to the engagement of "Metricians" in relation to:

a. Citizens and private sector (*engaging the business community, watchdog and advocacy groups, crowdsourcing)*
b. Technological advances *(Big Data, Social Media, mHealth, real-time relay)*
c. Capacity building for data collection and analytics *(e-learning, transnational and regional networking).*

Some of the main conclusions were:

- All SDG indicators need to be considered as an integrated package and must work in harmony with one another and Global Reporting Indicators should be limited in number to minimize the reporting burden on national statistical offices
- Thematic communities – often under the leadership of specialized international organizations – can develop special indicators for monitoring and accountability that are tracked in countries across the globe
- A sound indicator framework will turn the SDGs and their targets into a management tool to help countries develop implementation strategies and allocate resources accordingly, as well as a report card to measure progress towards sustainable development

3. *"Leaving no one behind? Reaching the informal sector, poor people and marginalised groups with Social Health Protection":*

"You should define who are the real poor. It is difficult to identify them."
(Flora Kessy, Mzumbe University, UR Tanzania)

Universal health coverage (UHC) is a powerful tool to reduce poverty and ensure that health systems are accessible to everyone, even the most vulnerable. Global health governance is in turn essential to sustain the UHC conversation in all political agendas.

Some avenues to pursue that were recommended by this working group are:

- There are a lot of innovations in global health governance moving forward the agenda of the universal health coverage, however quantity should not compromise the quality of health services
- There is a big difference between the ones who are supposed to be covered and the ones who are effectively covered. More research should be done to identify the reasons and address former
- Efforts should be done to make the poor more productive so they feel they can invest for their health
- International cross-subsidies can help in universal coverage. Each country can collaborate in its own potential in financing the public UHC

4. *"Is data sharing good for health?":*

In this workshop, researchers from Africa and Europe, discussed their recent experiences and issues around data sharing, including Senegal and Kenya, related to 4 areas of contention (including examples from Kenya and Bangladesh), based on 3 types of data sharing (open access, consortia data access, and researcher led collaboration) in particular:

1. Shared data leads to more useful knowledge, which gets used for better health
2. Sharing data may pose risks to individuals and communities
3. Once standardised tools are developed, data sharing will boom
4. Sharing data benefits LMIC researchers, increasing exposure, networks & skills

Key recommendations discussed with the participants in relation to the 4 areas were:

1) think about how we prioritize the data that is shared
2) be more systematic in how we collect evidence of data sharing
3) change the drivers – focus should be first on improving public health, publications will follow
4) incentivise re-use – funders and journals
5) be more nuanced about the purpose of data sharing – i.e.
    1. reproducibility of research & methods,
    2. new research hypotheses,
    3. sub-group analyses (looking at disease rather than intervention)
    4. reducing waste
    5. improving data quality
    6. transparency

5. *"Academic Global Health: Definition, Gaps, and the Way Forward":*

This interactive workshop held by the WHF and the M8 medical schools Alliance (a collective of 23 institutions around the globe) was part of an effort to integrate public health in their curricula. The Alliance is committed to improving global health and providing solutions to health challenges worldwide.

The workshop proposed 4 main themes and encouraged discussions around:
a. The concept of academic global health.
b. The kind of resources that should be available in global health.
c. Content of the global health academic program.
d. How should global health education is to be taught to students in LMICs.

Each of the four domains above includes five competencies to be mastered by students, and are linked to the delivery of this teaching (e.g. free sharing of materials, community-based learning as well as inter-institutional collaboration).

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.

In conclusion, each group work will result into a publication summarizing these outcomes. More details are available (GHF web site) in the Highlights for each day.

The GHF Award « Jet d'Or de Genève » Co-hosted by World Health Summit demonstrated how innovation comes from LMICs as well with the following:

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 & collaborators, « 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 & collaborators, "eCo2, a way to promote green transportation habits" (PYR 6-09)

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- More details available in the **Highlights of Day 3**, and the **Geneva Health Journal No. 4**