How innovation can improve the health of the population?
- Overview of plenaries II & III -

**THE I.T. REVOLUTION OF HEALTH**

Smart phones are now capable of gathering a variety of personal data, opening up vast possibilities for information collection and analysis, but also raising ethical questions about ownership and privacy. H. Touré urges the health field to take full advantage of these technological innovations and highlights the importance of making new technologies accessible to marginalized populations.

M. Salathé discusses the emerging concept of “digital epidemiology” and the public views of privacy needing to be redefined in the digital age. E. Vayena emphasized how these rapid technological innovations have outpaced the development of ethical and legal norms. She emphasized the urgency of developing such norms in a way that enables the health field to utilise these benefits of technical innovations within a framework of accountability.

**EMERGENCIES AND INNOVATION**

This session addressed public health challenges during humanitarian crises. Dr. D. Mukwege spoke about how the Hôpital Général de Référence de Panzi treats victims of the widespread sexual violence in Eastern Congo, which has a severe negative impact on women’s health. He discussed Panzi’s work to provide both medical and psychological care, as well as social and legal assistance as part of a holistic model of rehabilitation.

Dr. T. Chamaa expressed the difficulties of health care in Syria during the civil war, with extraordinary need among the population whilst most health care workers left the country. He highlighted the Syrian diaspora initiatives to assist the remaining HCWs.

Professor D. Bhugra discussed the unique mental health issues affecting migrant populations, such as cultural bereavement. He also cautioned against generalizing members of migrant populations, pointing out that cultures are heterogeneous.

**PERSPECTIVE**

Is data sharing good for health?

In this workshop, researchers from Africa and Europe, discussed their recent experiences and issues around data sharing, including Sénégal and Kenya, related to 4 contentions. The recommendations were contributed by over 30 participants (e.g. policy-makers, pharmacists, researchers, clinicians).

In conclusion, “in such a workshop, we have put around the table key stakeholders who all have a common understanding and agree on the importance of data sharing, and we are now moving jointly this agenda from a principle to best practice. This session and the Forum showed in relation to innovation, and sustainability that there is now more evidence that data sharing is creating value, whereas fear of sharing data is not supported by any evidence. It will have to be embedded into the research, and funding will be the way to move forward in terms of sustainability: data sharing has a cost too.” (P. Guérin, Chair, WWARN)

The debate is open: please contribute through the Infectious Diseases Data Observatory (IDDO) at www.iddo.org
Innovative solutions for migrations and health

In light of the recent dramatic issues faced in Europe linked to migration, this session addressed how simple innovations may benefit migrants although the bulk (86%) are welcomed into LDCs. Taking stock of previous experiences from the past uptake of refugees from the Balkans in Switzerland, those are now being adapted in a more innovative way by various organizations to the actual context and needs.

In addition to offering basic medical care, providing psychological care for refugees has become a necessity. In line with the respect of human dignity and the non-conditionality that comes with aid, numerous solutions are being proposed to broaden the spectrum of care and adapt it to the needs on the ground. The Red Cross endorses for example some innovating tools such as “Track the Face”, which assists family reunification and the search for missing family members. Coordinated actions amongst the various organisations are essential. In addition, new dynamics must be developed aiming at empowering refugees by rendering them actors in their own health.

Creating a collective of refugees to tackle and initiate dialogue with the local authorities and the NGOs on the ground is a promising avenue explored at present too (Michel Bera).

Yet, in conclusion, this might only be the tip of the iceberg. Indeed, economic crises as a result of climate warming and its acceleration point will lead to a considerable increase in the flow of migration towards northern countries in the coming years with even more upcoming need to quickly develop such adapted new solutions. R.P

LA VOIX DE LA FRANCOPHONIE

L’association Terre des Hommes

L’association Terre des Hommes explore depuis 2010 l’utilisation des nouvelles technologies sur le terrain pour lutter contre la mortalité infantile. Elle présente sur le forum le REC (registre électronique des consultations), un logiciel qui permet aux soignants, grâce à une tablette, d’effectuer une consultation selon les directives de l’OMS, de délivrer une prescription adaptée et de suivre les patients grâce aux données collectées. Cet outil a déjà été mis en place dans 200 centres au Burkina Faso.

A daily summary brief of all the sessions and highlights covering the three days will also be available online.

The 4th edition of the Geneva Health Journal will be available on Friday, 22 April, on the Forum’s website: http://ghf2016.g2hp.net/ghf-journal/.

A.R collab A.S
Research, publications and better health outcomes?

In countries with limited resources there is an urgent need to plan, conduct, and publish high quality evidence based health research that is reliable and relevant in building universal health coverage and improving people’s health. In addition, universities and medical schools need to build their capacity in performing research; and many clinicians and academics aim at publishing relevant evidence based research. How to develop and use the necessary skills to perform better research and get it published in the right journals?

BMJ co-hosted a workshop in Rwanda in July 2015 with the Global Health Network, the University of Kigali, and local editors – with support from the Gates Foundation. Join the editorial lead for BMJ’s Research to Publication eLearning programme (http://rtop.bmj.com/), enriching the Forum with such experiences. Come and interact.

TG & C.P.

Antimicrobial resistance (AMR) is a global and urgent issue: this calls for creative solutions that cross disciplines and geographical boarders. Innovative technologies, such as electronic disease management algorithms, are attractive prospects to tackle some of the complexity of infectious disease management in resource-poor settings and to reduce antibiotic prescription. This forum will represent important stakeholders in the development of innovative tools that can be applied at patient level: from diagnostic test development to testing in the clinical setting in the field. How can “Northern” strategies be transferred to the “South” and vice versa? Several examples will be provided. CP

New approaches for Health care in Prison

Garantir un accès aux soins de qualité en prison est bénéfique non seulement pour la population carcérale, mais aussi pour la population libre. Une collaboration harmonieuse entre professionnels des services de santé pénitentiaires et communautaires est primordiale.

Comment surmonter les multiples contraintes logistiques, financières ou encore culturelles, des solutions innovantes et originales en considérant des expériences diverses (e.g. Côte d'Ivoire, Bolivie) et des personnels et différentes expertises (e.g. anthropologue)?

Come and discuss new approaches and share your experiences.

C.P.

New dynamic for health care insurance

“Let this forum be a new platform for advocacy and actual path to the implementation of equitable access to health care, especially in poorer countries. Just as Global Warming is now an urgent world wide concern, let Universal Health Coverage (UHC) be another urgent concern as expressed in SDGs.” (Fr Nestor NGUBE, BEPHA, Cameroon)

With this context in mind, “how to unite, be it developed and developing countries to help each other to gain expertise and relieve the poor from spending out of pocket for health care and ensure equitable access?” (Shahidul Hoque, ICDDR, Bangladesh)

Join in to experience new ways of innovation in health care insurance and gather new ideas about resource allocation by the government and big industries as social responsibilities. CP

Come and discuss new approaches and share your experiences.

C.P.

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PUBLIC HEALTH CHALLENGES

PS1-6

IMPROVING CLINICAL CARE & ACCESS

PS2-6

ADRESSING SPECIFIC NEEDS

PS3-5

VIEWS FROM THE FIELD

PS4-6
Sessions in short

NO HEALTH WITHOUT MENTAL HEALTH

Multilayered discrimination, human workforce crisis, high burden and neglect of needs of patients with mental disorders worldwide were discussed within two sessions on “Sustainable innovation for neglected patients” and “Mental health in peripheral areas”. Experiences from Guatemala, Cameroon, Rwanda, Morocco, Guinea, France and Switzerland gave promising proves of successes in integrating mental and physical healthcare both in high and low-resource areas. Social justice, empowerment of patients and their families, task-sharing and cascade supervision, fighting stigmatizing views in communities are those directions to move forward. As concluded by Professor Dinesh Bhugra: “It is far too important issue to be left or ignored. It is everybody’s business!”, D.K

INNOVATION & EQUITY IN HEALTH

This session highlighted The Global Health Equity Foundation’s (GHEF) work to promote access to health for marginalized populations. E.Missoni presented the results of the Foundation’s recent symposia, underlining how times of crisis compound health disparities and the importance of a human rights approach to health. Tayeb al-Hafez discussed an anti-suicide initiative that GHEF launched in Montana, USA, which took the unorthodox form of arts projects undertaken by local adolescents, the most affected population. The project opened up for a local public debate of the previous taboo topic of mental illness. Christopher Heginbottom and his team presented their proposal to study health equity among refugees in Dresden, Germany. Y. Kwankam called attention to the distinction between inequality and inequity; both ideas address disparity, but inequality focuses on fairness as a critical value. He also stressed the importance of equity of access to new health technologies. PF

CHILD CANCER DRUGS IN LMICS

Over the last 50 years, significant progress has been made in survival of children with cancer. Unfortunately, this trend has not been echoed in middle and low-income countries, where the majority of the global burden of childhood cancer exists. The panel agreed that broad multi-sectorial engagement is required to close the gaps in training, education, awareness, technology and accessibility to health-care systems. Twinning was discussed as highly effective: the partnership of hospitals in high and low-income countries. Although a successful measure locally, to improve survival outcomes for childhood cancer and to strengthen the pediatric care capacity, twinning is not easily scalable. Local capacity building through partnerships of academic, health, religious and international organizations is necessary to improve health systems. The disparity in survival rates across the world is tragic, however, it represents a huge opportunity to adapt effective treatment strategies to other contexts and improve the health outcomes for children in the developing world. EC