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 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…

Recommandations from the workshops

Are medical progresses only reserved to some who have means?

Professor LOUIS LOUTAN. University of Geneva

Or do progress will benefit to everyone?

T

his 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
Global health in medical education

An interactive workshop was held yesterday by the WHB 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 translational 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 1999. 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.

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. Our resources are people... and we do not have any other strategies than developing people through the health system” to quote François Xavier Ngramba (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 45% 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.”

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 Diagnostic X ®. 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 little of water and how electrolysis can be used to convert a measure of salt and water into sodium hypochlorite, and used for drinking water chlorination, disinfection of wounds or cleaning. “Our Mini-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 A N T E N N A ®. There was also a new echography imaging system using ultrasonography 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 Uni- com Medical. For cardiac disease diagnostics, the portable EKG, Cardio-Pad ®, awarded in 2014 by the Roles 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 interoperable 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. 

Le terrain au coeur du GHF 2016

Mettre le patient au centre du réseau de soins est une préoccupation essentielle pour le Dr Abdoulaye Sow et Napo Guitcha Berthe 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-Conacry et membre fondateur de l’ONG Fraternité Médicale Guinée. Étant donné la faible densité de psychiatres, 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 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.
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.virchowvillerme.eu

GHF AWARD “JETS D’OR DE GENÈVE”

A ceremony co-hosted by World Health Summit.

AWARDS INNOVATION

“Irwarl Lyna, “Exploring knowledge and attitudes of community residents towards antibiotics. Penang State, Malaysia” (PYR 2/02)

Tadjudje Willy, “Creation of sustainability of social and solidarity economy’s enterprises in the health domain” (PYR 1/20)

AWARDS ORAL POSTERS

Irawati Lyna, “Exploring knowledge and attitudes of community residents towards antibiotics. Penang State, Malaysia” (PYR 2/02)

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 6-09)

Sanghyun In, “eCo2, a way to promote green transportation habits” (PYR 6-09)

YESTERDAY AT GHF

YESTERDAY TWEETS

ayanathaly @AP_Nathaly 6 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 data sharing? No, but needs good governance @ElizabethPisani #GHF16

FIGURE OF THE DAY

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)