Fragile environments and Global Health:
Examining drivers of change

Final Report

Canadian Conference on Global Health 2018

Canadian Society for International Health

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CSIH SCSI
CANADIAN SOCIETY FOR INTERNATIONAL HEALTH
LA SOCIÉTÉ CANADIENNE DE SANTÉ INTERNATIONALE

Overview:

548 participants from 41 countries gathered in Toronto from November 19-21, 2018 to explore the theme “Fragile environments and Global Health: Examining drivers of change”. The majority of the participants were female, with 331 of the delegates indicating they were female, 138 indicating they were male, and the remaining choosing to not specify.

This topic has received increased attention amongst the global health community as we struggle to understand drivers, experiences and practices. Recognized knowledge gaps include, but are not limited to, a lack of empirical evidence, a dearth of credible population data, weak linkages between health and other sectors, insufficient collaboration between humanitarian and development efforts, and an absence of equitable programs and policies, particularly for vulnerable populations such as women and children, adolescents, and older persons.

According to the OECD, “in 2016, 1.8 billion people or 24% of the world’s population were living in fragile contexts. This figure is projected to grow to 2.3 billion people in 2030 and 3.3 billion people in 2050, representing 28% and 34%, respectively, of the total world population.” Health systems in these fragile environments are failing, resulting in emergencies such as Ebola, as well as persistent public health concerns such as cholera, HIV/AIDS, tuberculosis, polio and non-communicable diseases. The same report recommends that “we must recognize fragility if we want a better world” and that we should increase our financial, technical and other investments to better understand, anticipate, prevent and respond to multiple states of fragility.

The 24th Canadian Conference on Global Health (CCGH) sought to highlight and examine the drivers of change that may address these gaps as we strive to identify positive and transformative change that disrupt the status quo solutions.

The CCGH attracted practitioners, researchers, educators, students, policy makers and community mobilizers interested in global health to share knowledge and experience and promote innovation and collaborative action.

The program included four plenary sessions hosting 12 keynote speakers, 95 oral presentations, 86 posters and 25 workshops/symposia.

Sub-themes addressed included:

1. Advancement of women and children’s health and rights
2. The politics of global health (governance, corruption, access and accountability, role of private sector and civil society)
3. SDGs and intersectoral collaboration for health (environment, food security, education, employment, etc.)
4. Facilitating the humanitarian-development-health nexus
5. Social and economic inclusion and populations at risk (aging, disability, vulnerable groups, etc.)
6. Indigenous populations

LMIC delegates

A conference highlight was the participation of more than 95 low and middle income country (LMIC) delegates.

28 oral speakers identified as being from an LMIC, 13 poster presenters and 27 workshop/symposia presenters.

Sponsorship of 32 speakers from low and middle income countries was possible through funding provided by IDRC and Global Affairs Canada.

Outcomes

The ultimate outcome for the CCGH was to create a strengthened Global Health community. This was accomplished successfully through the following outputs:

Increased engagement, collaboration and knowledge transfer in Global Health for conference participants:

- 4 plenaries, 95 oral presentations, 86 posters and 25 workshops/symposia on current Global Health research, best practices and policy issues provided a better understanding of the critical success factors that contribute to equitable and innovative

global action in Global Health research and practice.

- Unstructured networking at breaks, lunches and social evenings as well as participatory workshops provided the opportunity for delegates to work collaboratively with research, community, policy and practice actors across disciplines in health and other sectors to achieve equity for all and be inspired to take concerted action through ones organization.

Increased awareness for equity, including gender equity, in the field of Global Health

- A series of 10 symposia, workshop or oral sessions addressed gender equity specifically were accepted through the call for abstracts that created better awareness of the strategic measures and diverse research methods, theories that can be applied to systematically address gender equity. 12 posters addressed gender equity specifically. Although 200 abstracts (of the 206 total) used gender equity, maternal and child health or sexual and reproductive health as a descriptive keyword.
- Series of symposia and a plenary on power and politics and approaches to working collaboratively helped delegates better develop strategies that acknowledge and tackle the power relations between actors within and across countries to ensure equity.

Plenary sessions

Fragile environments and global health

This session set the stage for the theme "Fragile Environments and Global Health" and addressed the magnitude of the resulting social, economic and disease burden within fragile populations, zeroing in on representative populations, but also focusing on gender inequality and women's empowerment. This was followed by perspectives on root causes, what is required to deal with them and the anticipated challenges. Focus then turned to what role Canadians can play as global partners in reducing the inequities endured by fragile populations, in particular those exacerbated by inequities among women and girls.

After a welcome by Eva Slawecki, Executive Director of the Canadian Society for International Health, and a blessing by Clayton Shirt, Waakebiness-Bryce Institute for Indigenous Health, Dalla Lana School of Public Health, University of Toronto, the panel took the stage led by the moderator Valerie Percival, Norman Paterson School of International Affairs (NPSIA), Carleton University.

Bob Rae, Special Envoy to Myanmar, University of Toronto, Olthuis Kleer Townshend LLP reminded delegates that fragile environments and global health have no boarders and requires an adaptive changing environment. He spoke on the critical importance of embracing our common humanity and the dangers of current political instabilities building the narrative of "the other".

Patricia Garcia, School of Public Health at Cayetano Heredia University, Peru and Former Minister of Health of Peru, delivered inspirational calls to action and concrete examples of improving health outcomes through empowerment in women's and child health using concrete examples from her research in user initiated interventions concerning cervical cancer screening.

Global governance issues affecting health: a crucial challenge for these times

This plenary explored timely and critical issues of global governance for health from three truly global perspectives - as opposed to North vs South angles. Chaired by Dinsie Williams, Technical Adviser, Well Woman Clinic, Freetown, Sierra Leone.

Alma Balcázar, Partner-Director, GRC Compliance, Bogotá, Colombia, Anne-Emanuelle Birn, Professor, University of Toronto, and Jillian Kohler, Director, WHO Collaborating Centre for Governance, Transparency & Accountability in the Pharmaceutical Sector Leslie Dan

Faculty of Pharmacy, the Dalla Lana School of Public Health and the Munk School of Global Affair, University of Toronto led the session.

Fragile environments, global health, socio-economic inclusion: Building Canadian health research capacity as one way forward

This plenary delved into scholarship, methodologies, and discussion about incorporation of community and mentees/ mentors into applied health research training and scholarship. The objective was to broaden the perspective about research orientations and what it will take to meaningfully close the gap on Indigenous health inequity, and of course to highlight some of the successes along the way – with learning from various geographies and disciplines.

Chaired by Susan Elliott, University of Waterloo, the panel consisted of Chantelle Richmond (Bigitigong Anishinabe), Associate Professor, Canada Research Chair in Indigenous Health and the Environment, Western University; Debbie Martin, Tier II Canada Research Chair, Indigenous Peoples Health and Well-Being, Associate Professor, Dalhousie University and Treena Wasonti:io Delormier, Associate Professor, McGill University.

SDGs and Intersectoral Collaboration for Health: Realities and Possibilities

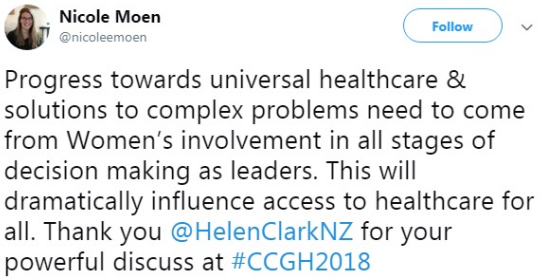
This closing session assessed the current status of fragile and post-conflict settings, how SDG implementation can be affected in these environments, what is at stake, and what should be done to develop and adapt strategies to address gaps specific to fragile environments? The session began with "setting the stage" on what is being done and what are the barriers and challenges the global health community faces in relation to SDGs implementation and its multi-sectoral linkages, especially in fragile and conflict contexts specifically at the Global Fund. The plenary then "zoomed in" to evaluate the issues around nutrition, and food (SDG 2) and water security (SDG 6) (as a cause as well as a consequence of fragility, and as a key determinants of health) and how multisectoral approaches have been developed to tackle these issues. The sessions will be closed by "bringing it together" various aspects of SDG and Intersectoral Collaboration for Health presented by earlier speakers and by further elaboration on the cross cutting themes.

Chaired by Jocalyn Clark, The Lancet the panel included Paul Spiegel, Director, Johns Hopkins Center for Humanitarian Health, USA, Francesca Joseline Marhone Pierre, Director, Food and Nutrition Department, Haitian Ministry of Public Health and Population, Haiti and Francesco Moschetta, Challenging Operating Environment, Senior Lead, Global Fund.

A conversation with Helen Clark

A highlight of the CCGH was a sit-down interview with CTV National News Chief Anchor and Senior Editor Lisa LaFlamme at CCGH with former New Zealand Prime Minister Helen Clark. Clark and LaFlamme discussed women in leadership positions, the humanitarian crisis in Yemen, Donald Trump's presidency and what Clark thinks is the best way is to support civil societies around the globe.

For more, watch the full interview in the full video.



Launch of Canadian Women in Global Health & Francophone Women in Global Health

The Canadian Society for International Health, in close collaboration with The Lancet and the Government of Canada, launced the Canadian Women in Global Health List 2018. CWIGH is inspired by a broader global movement to recognize the achievements and expertise of women in global health. Given Canada's international reputation for advancing health and gender equality, it is important that the diversity of its women leaders be recognized and amplified.

The CWIGH List highlights Canadian women leaders, working at home or abroad as practitioners, researchers, educators, policy-makers, and/or community advocates, in a range of disciplines and sectors -- such as academia/research, civil society/non-governmental organizations, and government -- to advance global health.

www.csih.org/canadian-women-global-health

CSIH Lifetime Achievement Award

Every year, CSIH presents a Lifetime Achievement Award to one of its exceptional members. The 2018 award was presented to Dr. Duncan Saunders. His contribution to public policies and knowledge transfer through numerous grants and significant publications also made him an exemplary model in the academic world. Duncan's strong contribution to Canada also extended beyond the University. He served on the Board of CSIH from 2010 to 2016 as Treasurer, Co-Chair, and Lead Coordinator of the Planning Committee for the 20th and 21st CCGH in 2013 and 2014.

CanWaCH Day

The Canadian Partnership for Women and Children's Health (CanWaCH) was the official partner for the 2018 CCGH. They participated in the program planning committee and also held a day of sessions, including their Annual General Meeting and three workshops aligned with strategic objectives of their membership:

- *Data Detectives: Mysteries in Measurement*
- *Gender Equality and Global Health: Tools to Drive Change and Build Resilience in Fragile Environments*
- *Uniting our Voices to Engage Canadians*

The CanWaCH day of activities during CCGH wrapped up with an evening #LeadOnCanada Film Festival, a collection of video shorts showcasing Canadian leadership in global women and children's health.

Social media buzz:

Twitter highlights can be seen at: https://wakelet.com/wake/5fd285e7-5ddf-4427-9a2b-9d2b477e9c4d

Blogs for the CCGH:

- CSIH blogs
- CanWaCH blog

Photos (on Facebook)

- Day 1
- Day 2
- Day 3

Successes, challenges, and lessons learned

The CCGH was considered successful because of the positive feedback from the 110 surveys received after the event was completed. 99% of the respondents were satisfied with the event and 96% would recommend to colleagues.

The challenges for an international event are generally the same each year such as visa applications for LMIC participants, lack of sponsorship for the LMIC and student delegates and the high costs for a suitable venue and meal options.

Lessons learned include increasing networking time for delegates with a more structured networking event and ensuring there is more participation from policy makers and integration between research and practice for future programs.

Participant Feedback:

The feedback from participants was positive and highlighted the level of participants' engagement. The survey was administered in English and French with an overall response rate of about 20%.

- 99% of respondents were very satisfied to satisfied with the overall content of the conference.
- 96 % would recommend future CCGHs to their colleagues.
- 95% felt the CCGH assisted them in developing a new perspective or a renewed interest in their work.
- 97% felt the CCGH was valuable in increasing their professional network.

Some feedback from participants included:

- The diversity of participants and the respect accorded to each person and their contribution was refreshing

- Some really innovative sessions and a nice mix of academic and NGO presence. I would be interested in seeing ways in which partnerships between these two entities might be explored

- I really appreciate the number of participants from outside of Canada, especially from LMICs. This made it feel like an authentic GH meeting, and no just a bunch of us Canadians talking to each other.

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CAM ACSF Canadian Association of Midwives Association canadienne des sages-femmes

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