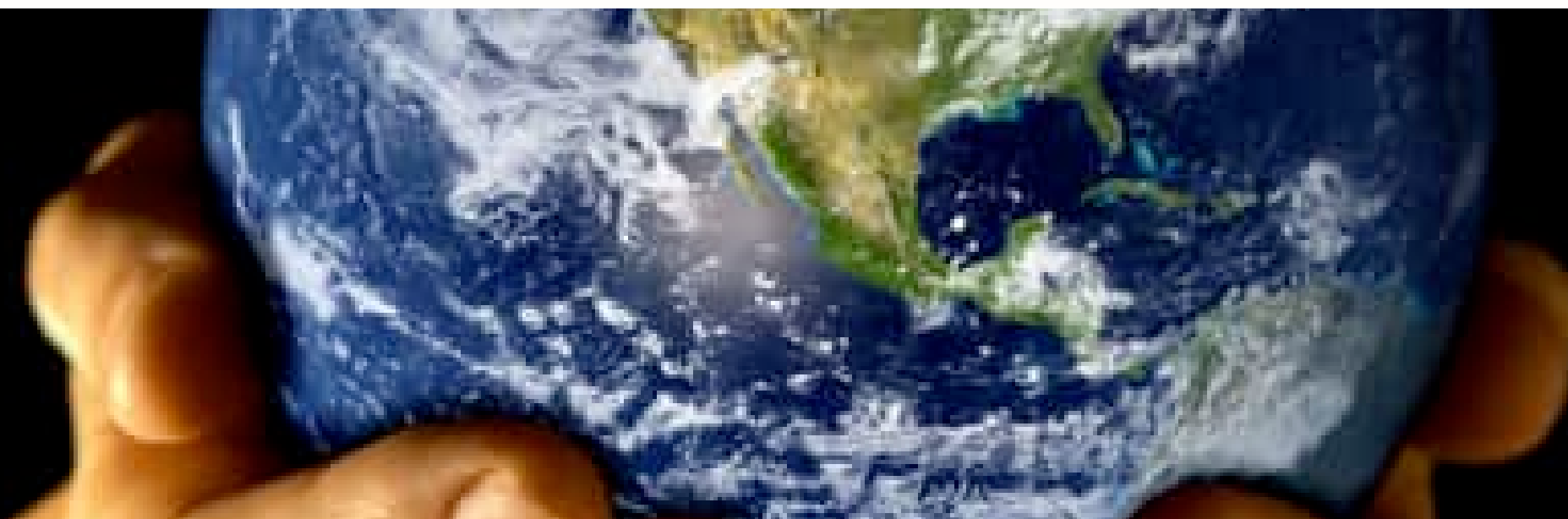




REIMAGINING AND REDEFINING GLOBAL LEADERSHIP FOR HEALTH IN THE TIME OF COVID-19 AND BEYOND

The International Working Group for Health Systems Strengthening (IWG)

Welcome! Join our twitter conversation at @iwgforhss during and after the session!





REIMAGINING AND REDEFINING GLOBAL LEADERSHIP FOR HEALTH IN THE TIME OF COVID-19 AND BEYOND

Session Speakers



Dr Laura Haywood



Malvikha Manoj



Dr. Els Torreele



Dr Magali Collonnaz



Dr Mabel Aoun



Bronte Davies



Nadine Nanji



Dr Luana Araujo



Ghiwa Nasser Eddine



Meena Taffazoli



Siddharth Srivastava



Faye Roderos



Joy Muhia





REIMAGINING AND REDEFINING GLOBAL LEADERSHIP FOR HEALTH IN THE TIME OF COVID-19 AND BEYOND

Moderators: Dr Laura Haywood and Malvikha Manoj

Agenda:



Presentation by Dr. Els Torreele: Global health leadership in response to COVID-19: 'The good, the bad, and the ugly'



Key results from the IWG survey to young public health professionals on reimagining global leadership for health



Case examples of COVID-19 responses from selected WHO regions based on IWG members' lived experiences, with a focus on what worked and what did not work

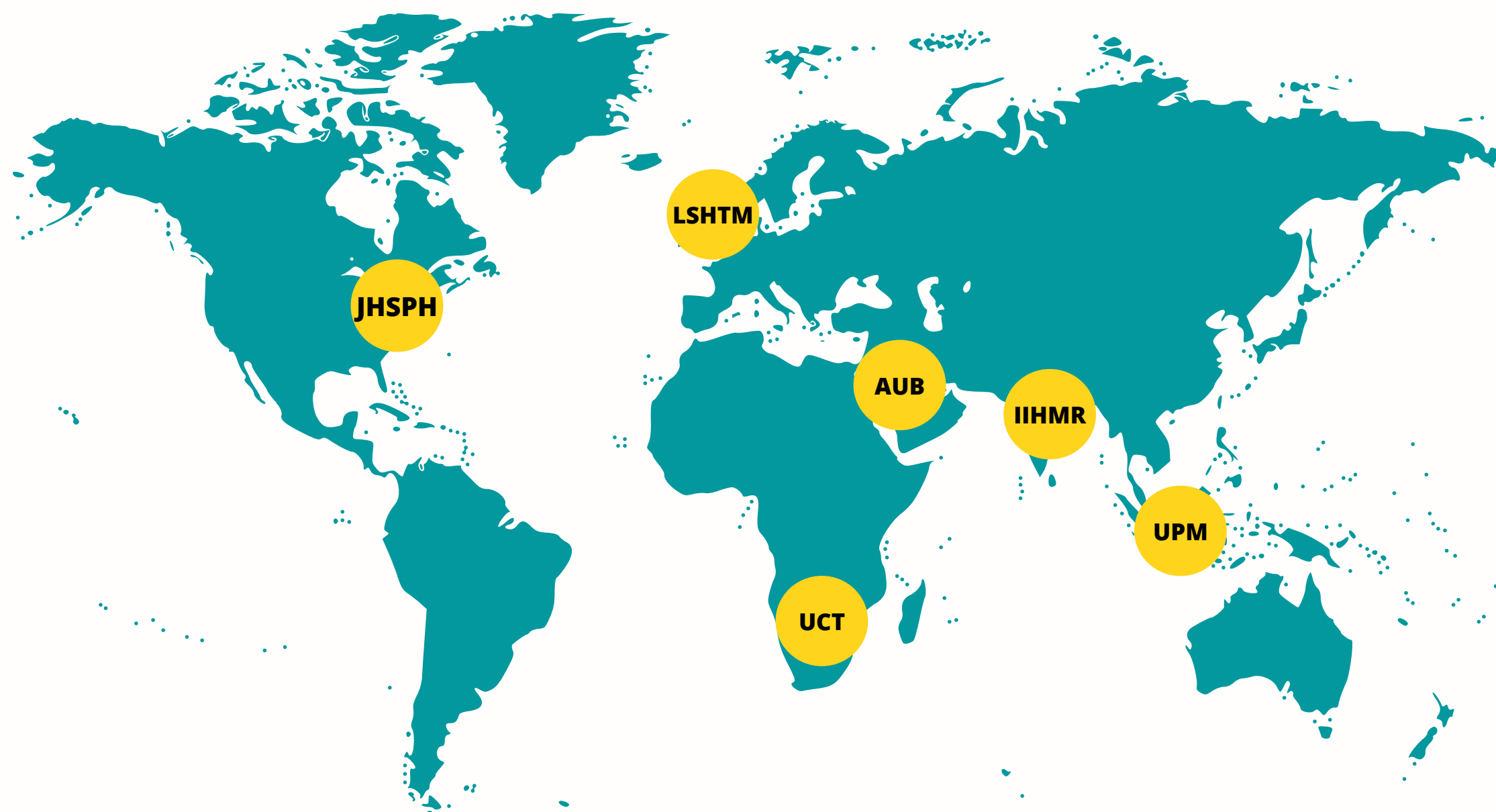


Call to Action Activity



REIMAGINING AND REDEFINING GLOBAL LEADERSHIP FOR HEALTH IN THE TIME OF COVID-19 AND BEYOND

Moderators: Dr Laura Haywood and Malvikha Manoj



Diversity across gender, geography, age and language

Gender

71% Female, 29% Male

Geography

Members from 13 different countries of origin, currently residing in 9 different countries

Language

20 Languages spoken, including Tamil, Malayalam, Marathi, Armenian, Punjabi, Nepali, South African Sign Language, Swahili, Malagasy & Portuguese



GLOBAL HEALTH LEADERSHIP IN RESPONSE TO COVID-19: 'THE GOOD, THE BAD, AND THE UGLY'



Keynote Speaker:

Dr. Els Torreele

Visiting Scholar - UCL Institute for Public
Policy & Innovation



IWG SURVEY OVERVIEW AND HIGHLIGHTS

Speaker: Dr Mabel Aoun and Dr Magali Collonnaz (Acknowledgement of contribution: Bronte Davies)



01

Purpose

To understand the opinions of young public health professionals in reimagining global health leadership, and to gauge their thoughts on what such a reimagination would look like.

03

Survey diffusion

- IWG members
- IWG social media
- IWG 6 core institutions
- Social media engagement through HSG, WHO Alliance for HPSR, etc.

02

Target population

Emerging public health and global health professionals

04

Responses

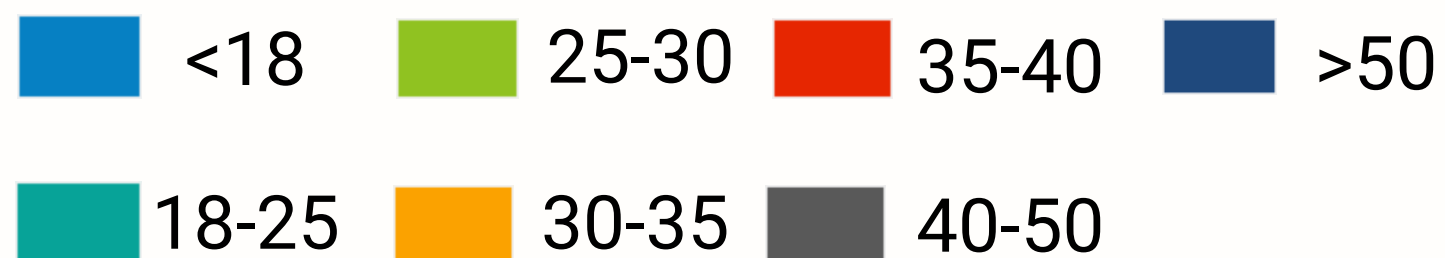
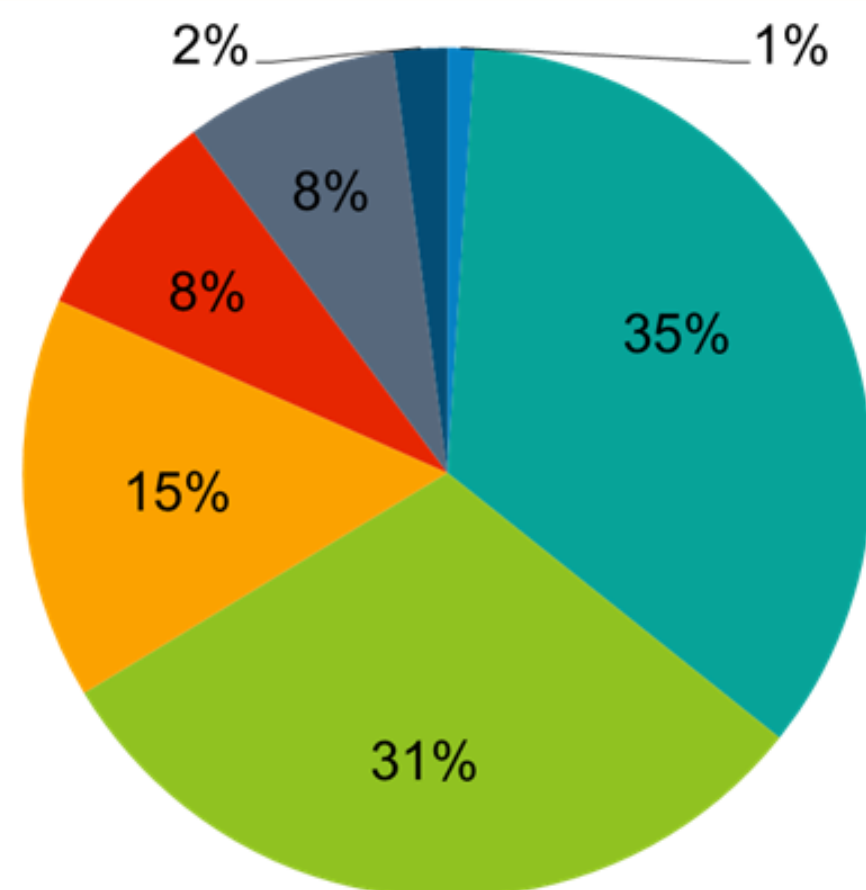
98 responses collected

IWG SURVEY OVERVIEW AND HIGHLIGHTS

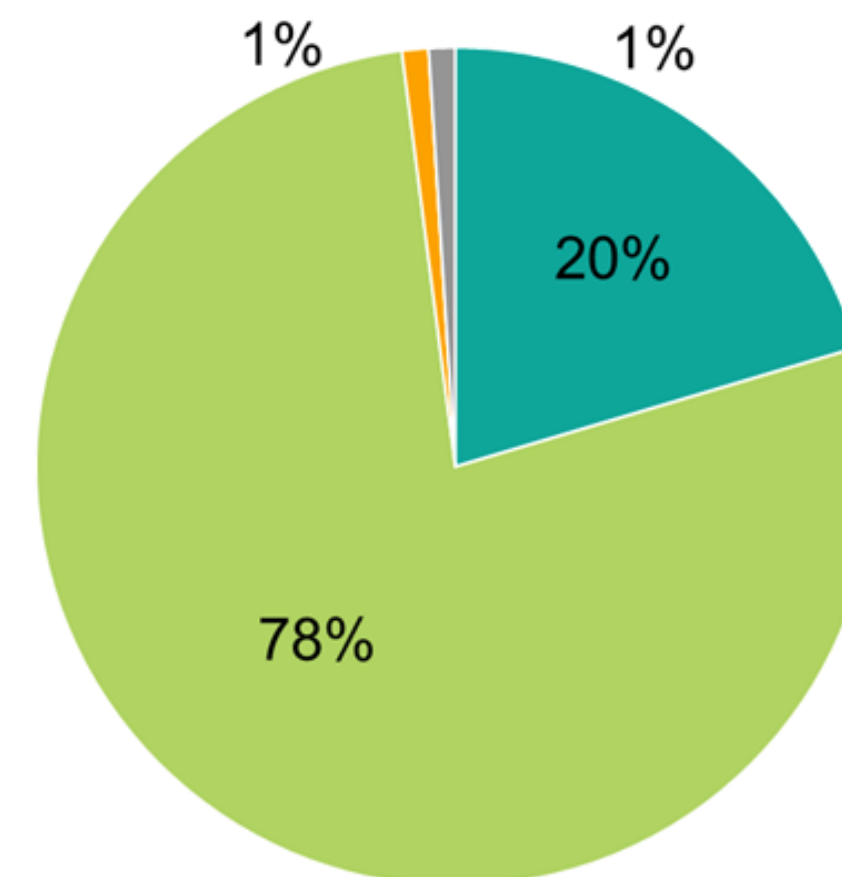
Speaker: Dr Mabel Aoun and Dr Magali Collonnaz

Demographic information

Age



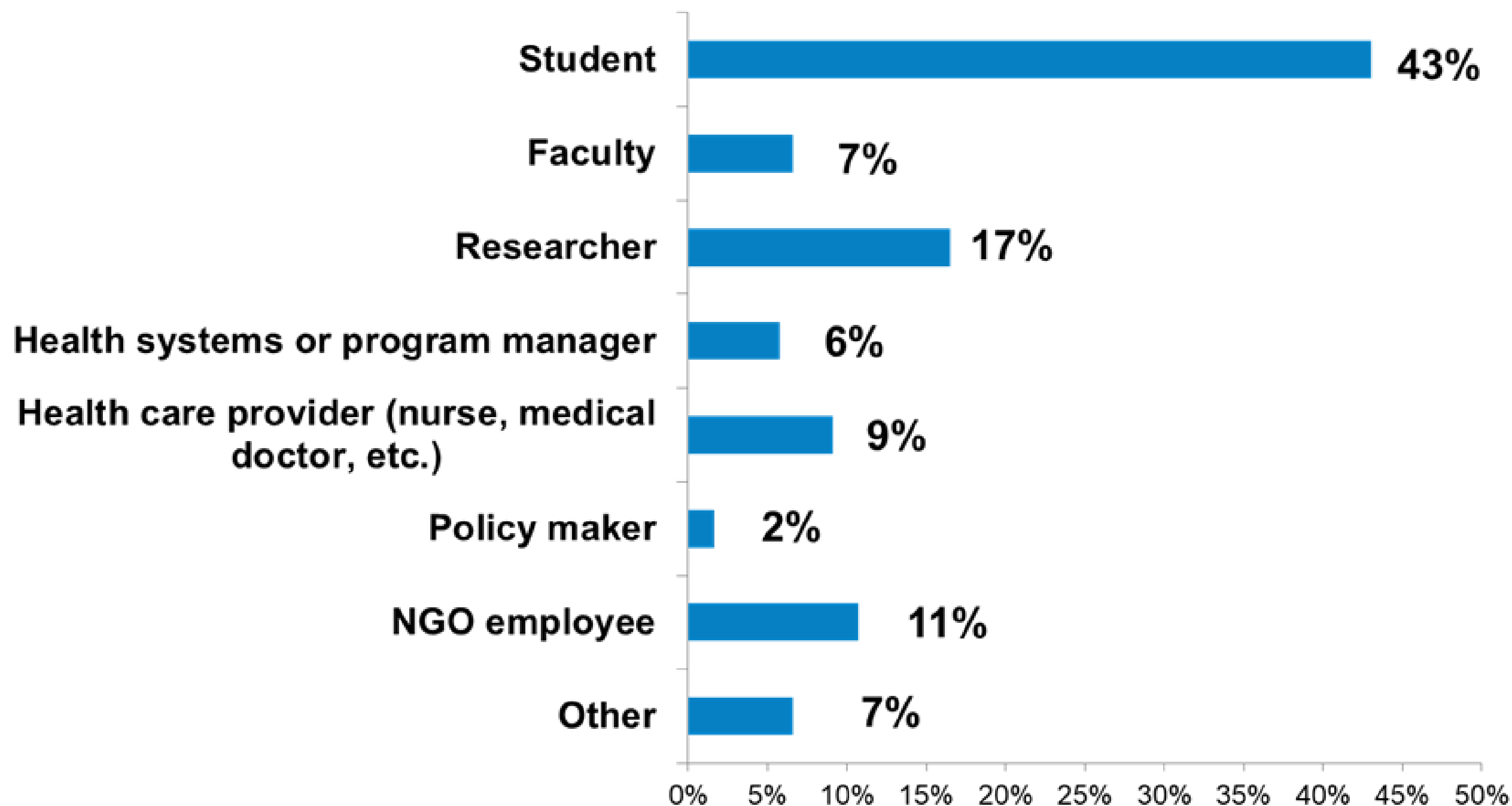
Gender



IWG SURVEY OVERVIEW AND HIGHLIGHTS

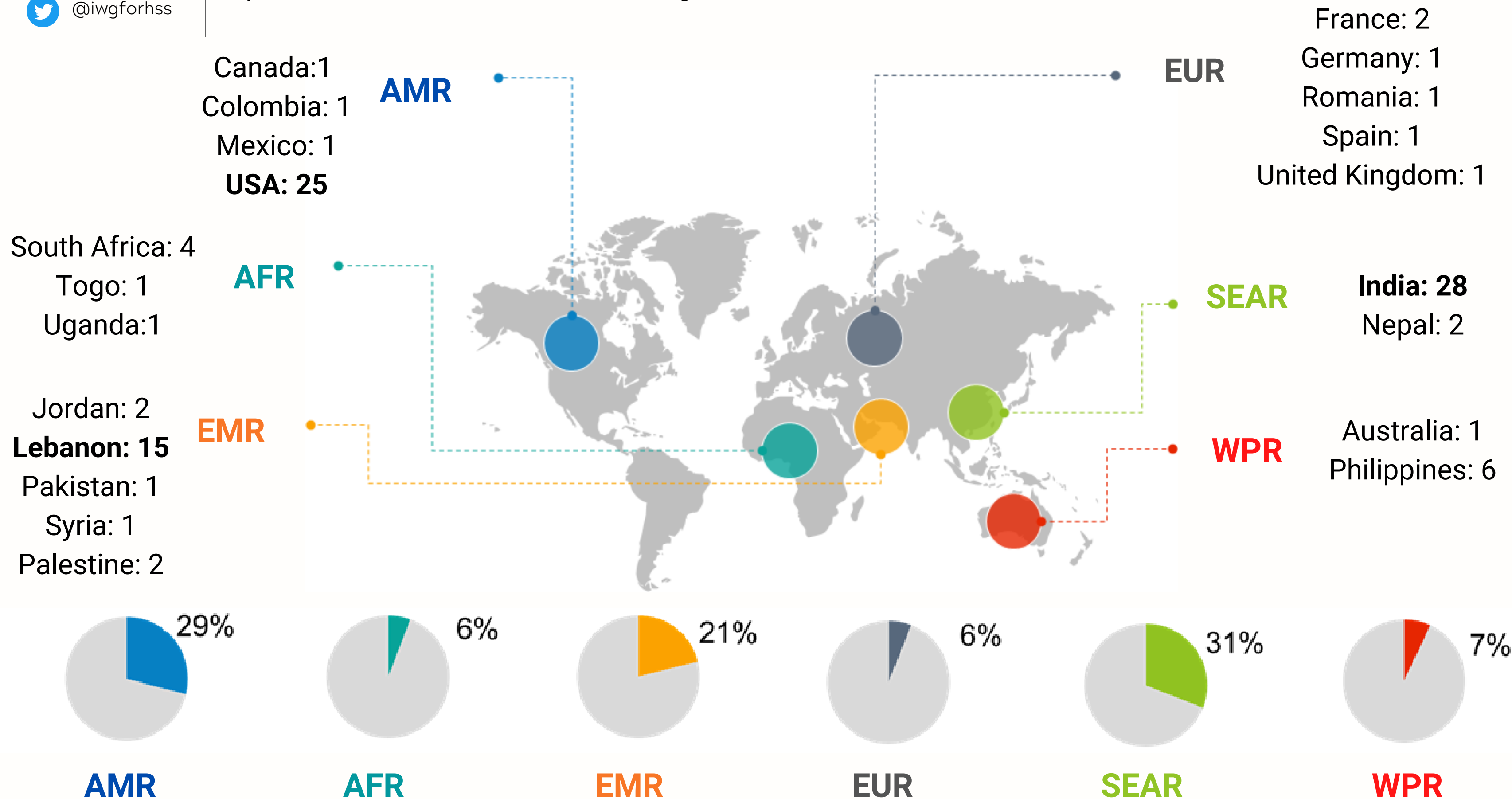
Speaker: Dr Mabel Aoun and Dr Magali Collonnaz

Occupation



IWG SURVEY OVERVIEW AND HIGHLIGHTS

Speaker: Dr Mabel Aoun and Dr Magali Collonnaz



IWG SURVEY OVERVIEW AND HIGHLIGHTS

Speaker: Dr Mabel Aoun and Dr Magali Collonnaz

Do you think that there is a need to reimagine global health leadership?



87%

1% No
12% Maybe

What is your current level of trust in global health organizations and leaders?



Mean: 2.9 / 5

Minimum: 1
Maximum: 5
Standard deviation: 1.0

IWG SURVEY OVERVIEW AND HIGHLIGHTS

Speaker: Dr Mabel Aoun and Dr Magali Collonnaz

Why should we reimagine global health leadership?

THE CURRENT FAILURE

HEGEMONY OF HIGH INCOME COUNTRIES

- Underrepresentation of LMICs in decision-making
- Inequity in funds' allocation

BIASED LEADERSHIP

- Political influence
- Pharma influence
- Donors' driven decisions

MISMANAGEMENT

- Data
- Human Resources and funds
- Bad choice of priorities
- Indecisiveness, late responses

THE CHANGE NEEDED

INCLUSIVE DECISION- MAKING

- LMICs, Women, diversities
- Equitable representation
- Collaboration between countries
- Multidisciplinary

SUSTAINABLE FUNDS

- Research
- Technology

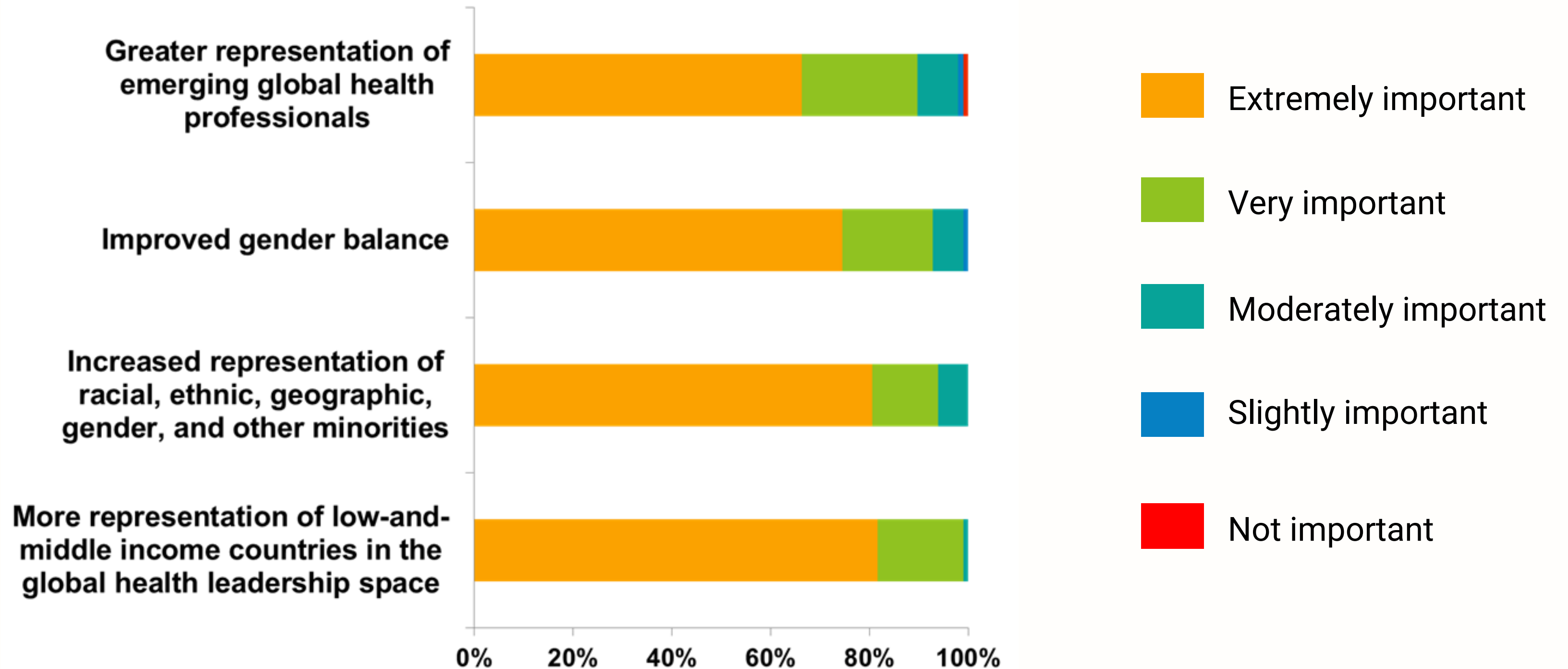
KNOWLEDGE SHARING

- Training of more public health professionals
- Good communication to the public
- Update of policies

IWG SURVEY OVERVIEW AND HIGHLIGHTS

Speaker: Dr Mabel Aoun and Dr Magali Collonnaz

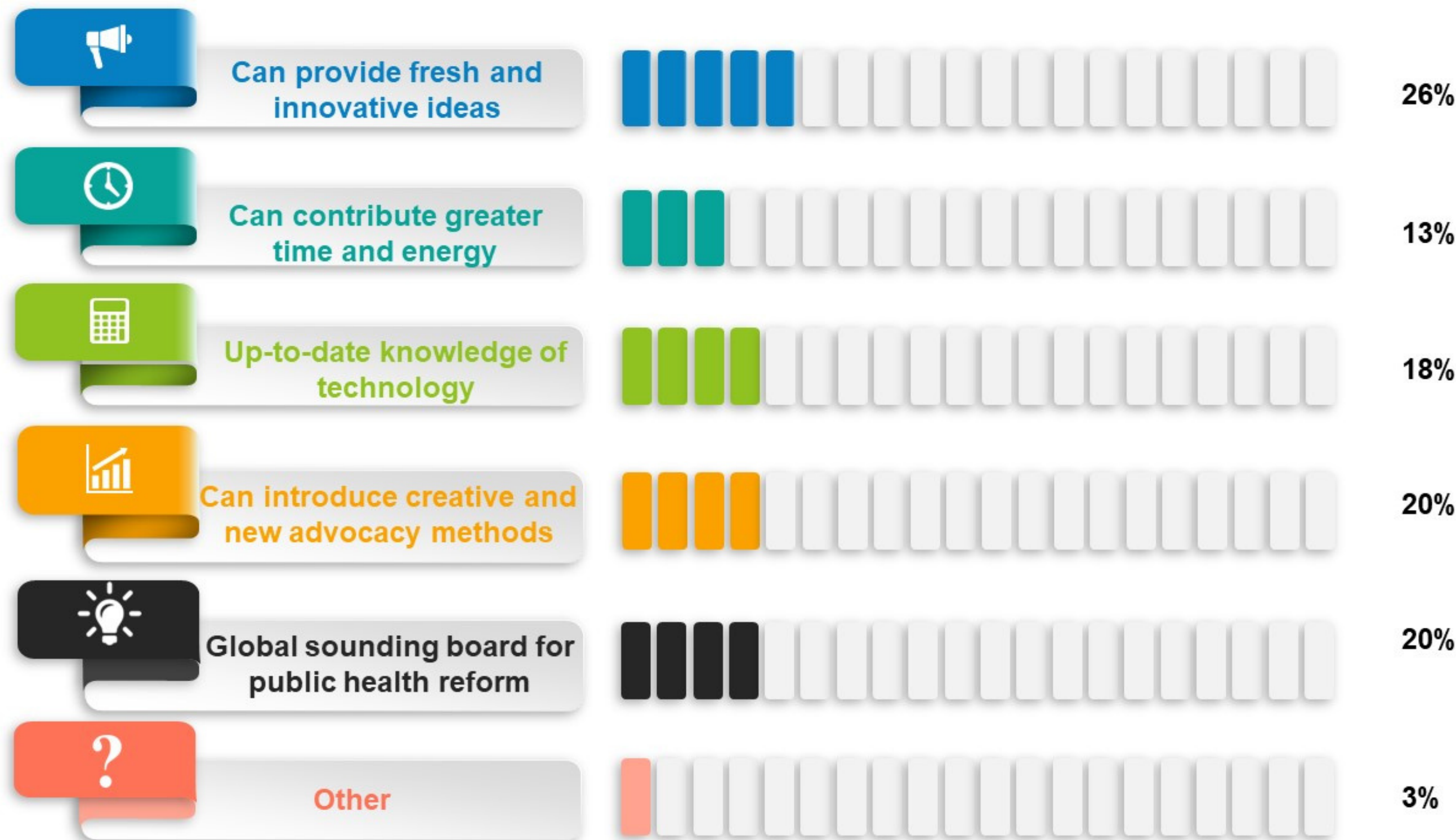
How should we rethink global health leadership?



IWG SURVEY OVERVIEW AND HIGHLIGHTS

Speaker: Dr Mabel Aoun and Dr Magali Collonnaz

Role of Emerging Global Health Professionals



IWG SURVEY OVERVIEW AND HIGHLIGHTS

Speaker: Dr Mabel Aoun and Dr Magali Collonnaz

What key competencies should we expect from a 'good' global health leader?

1

Knowledge

- Medicine / Public Health
- Politics / Economics
- Marketing
- Local culture / field
- Health diplomacy
- Management

2

Communication skills

- Health and risk communication
- Dynamic
- Patient
- Advocacy skills
- Negotiation skills

3

Collaboration skills

- Team player
- Open to other opinions
- Listener
- Mentor
- Team manager
- Multidisciplinary approaches

4

Innovative

- Visionary / Foresight
- Tech-savvy
- Strategic thinker
- Critical thinking
- Not afraid of change
- Problem solving skills
- Open-minded

IWG SURVEY OVERVIEW AND HIGHLIGHTS

Speaker: Dr Mabel Aoun and Dr Magali Collonnaz

What key competencies should we expect from a 'good' global health leader?

5

Promoting equity and social justice

- Ethically driven
- Inclusive mind-set
- Advocate for minorities
- No tolerance for discrimination

6

Strong moral values

- Empathetic
- Kindness
- Compassion
- Humility
- Stand up for their values

7

Focus on accountability & transparency

- Not influenced by powers
- Honest / Reliable / Trustworthy
- Unbiased
- Admit their mistakes

8

Other skills

- Efficient
- Passionate
- Brave
- Self-awareness
- Realistic

IWG SURVEY OVERVIEW AND HIGHLIGHTS

Speaker: Dr Mabel Aoun and Dr Magali Collonnaz

If you were able to draft a call to action to reinvent global health leadership, what would be your specific ask?

train & provide
opportunity to empower

**REDISTRIBUTE POWER THROUGH DIVERSE
REPRESENTATION IN LEADERSHIP.**

LMICs, youth, gender, new
researchers, people of colour,
everyday citizens

accessibility, transparency,
collaboration, collective action &
addressing issues together to avoid
siloed approaches

community-based, hands-on
engagement with lived
experiences to ensure all voices
are being heard

transdisciplinary, human-
centered, participatory,
feminist approaches

**HOLD LEADERS ACCOUNTABLE TO BUILDING TRUST AND
SOLIDARITY ACROSS GLOBAL NETWORKS THAT SHOULD
SERVE TO ENSURE EQUITABLE ACCESS TO HEALTHCARE**

prioritise people
over profit

**AND PROTECTION OF CITIZENS FROM
CATASTROPHIC HEALTH EXPENDITURE.**

including comprehensive health
promotion and resource
prioritisation for health technology
using media platforms

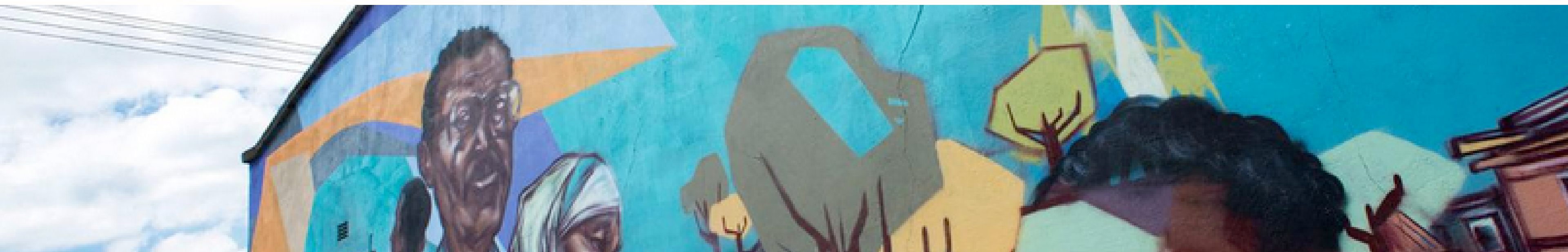
KENYA

Speaker: Nadine Nanji

African Region Team: Bronte Davies, Lynn Bust, Nadine Nanji, Philip Dambisya

Important statistics:

- **Population:** 53,771,296 million people
- **No UHC coverage**
- As of 2020, Kenya had the **third largest economy in Sub-Saharan Africa**, coming behind Nigeria and South Africa
- Kenya has made improvement in key health indicators
- **Intend to obtain UHC**
- Efforts are based around the **PHC policy**

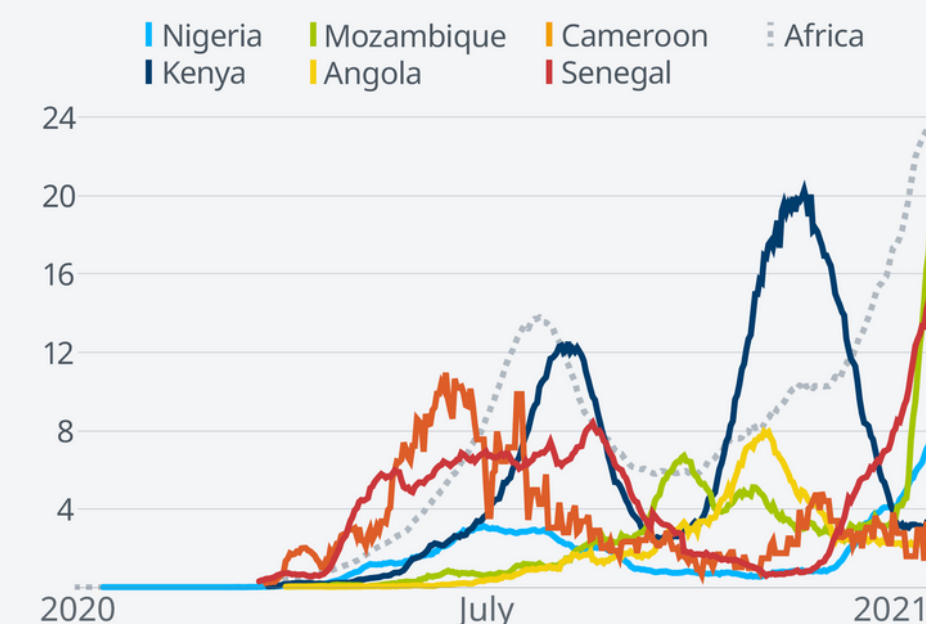


OVERVIEW OF COUNTRY RESPONSE TO COVID-19

- Kenya faces **coordination and planning issues** across most of their health systems
- **COVID-19 measures** not implemented at the county level
- Lack of **information**
- **Issues with data** regarding COVID-19 lockdown and curfew
- Not enough **intensive care units**
- **KEMSA** supplied PPE kits and masks
- **Full lockdown** just imposed

COVID-19: Newly reported cases

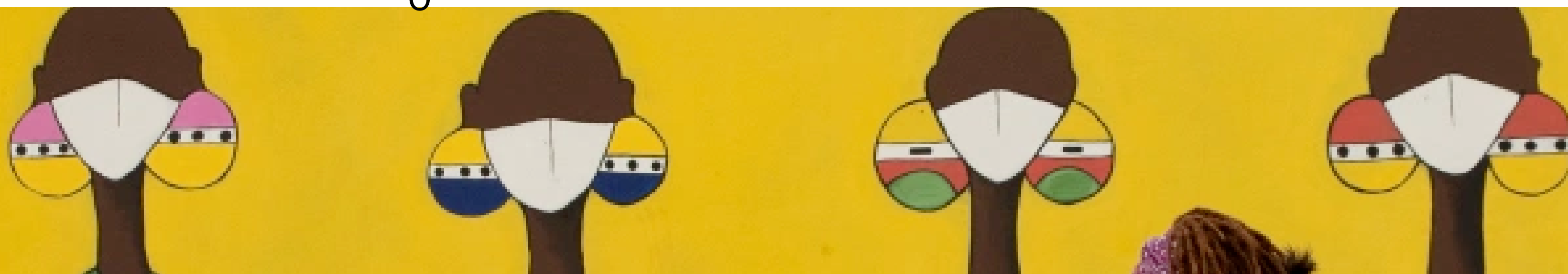
Daily new cases (14-day rolling average)
per 1 million people



Countries have different reporting strategies and testing capacities influencing the number of reported cases

 Source: ECDC, JHU | selected countries | last updated Jan 20, 2021

0



LESSONS LEARNED

- **Data collection and dissemination processes:** There is a need for efficient data tracking and visualisations tools which can help with collecting the needed data and detecting outbreaks earlier
- **Community health systems:** utilising the community more
- **Broadcasts and health communication:** This particularly pertains to health broadcasts on COVID-19 that have been held by the Ministry of Health
- **Vaccine rollout issues:** not enough administered



REIMAGINING LEADERSHIP

- Focus on **community health systems**
- **More support with public health measures**
- **Combatting COVID-19 stigma** on recovered cases
- Utilising **informal health systems**
- Using **faith leaders and healers** through communities and congregations
 - They are **trusted and valued gatekeepers** and often more accessible than the biomedical sector





Speaker: Dr Luana Araujo

Region of the Americas Team: Alexandra Jamison, Catherine Villaneuva, Joseph Milward, Lauren Tejkl, Malvikha Manoj, Nuria Gallego Marquez

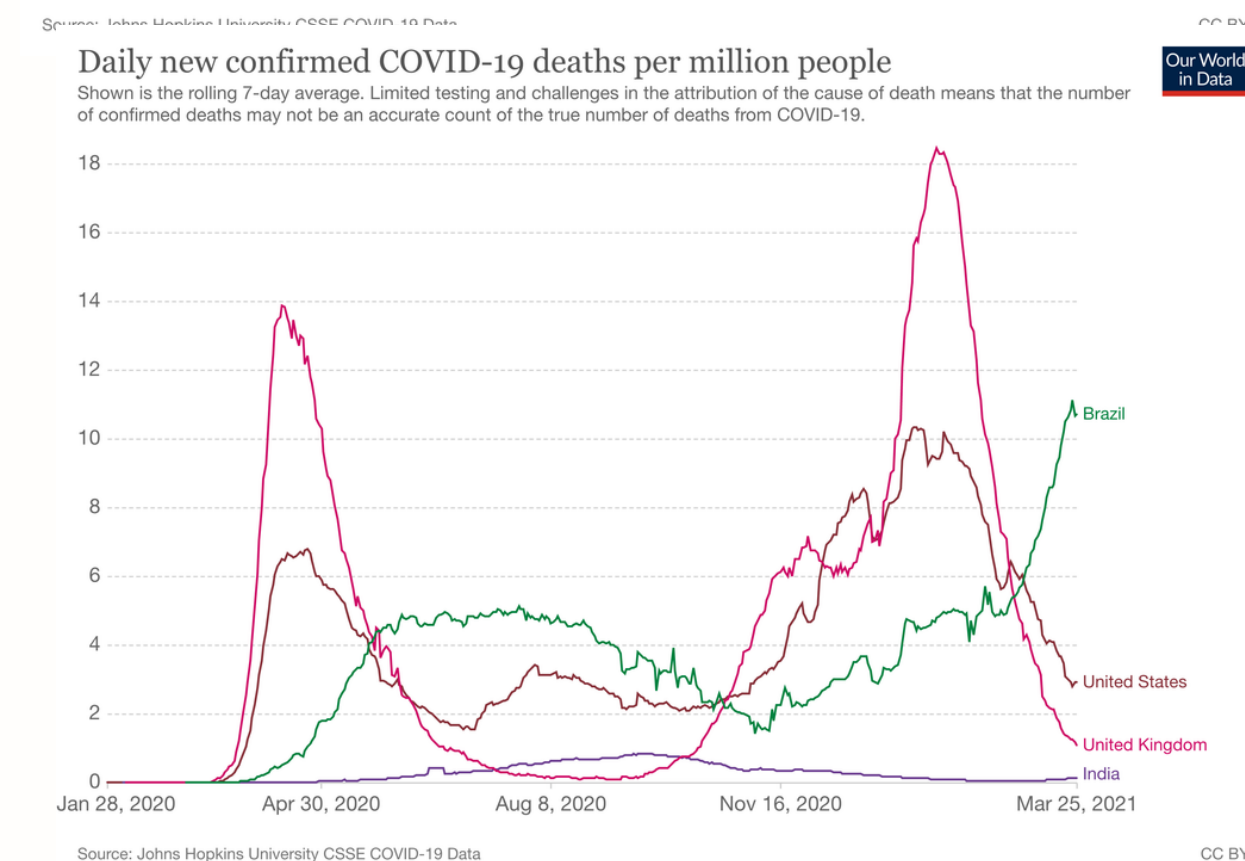
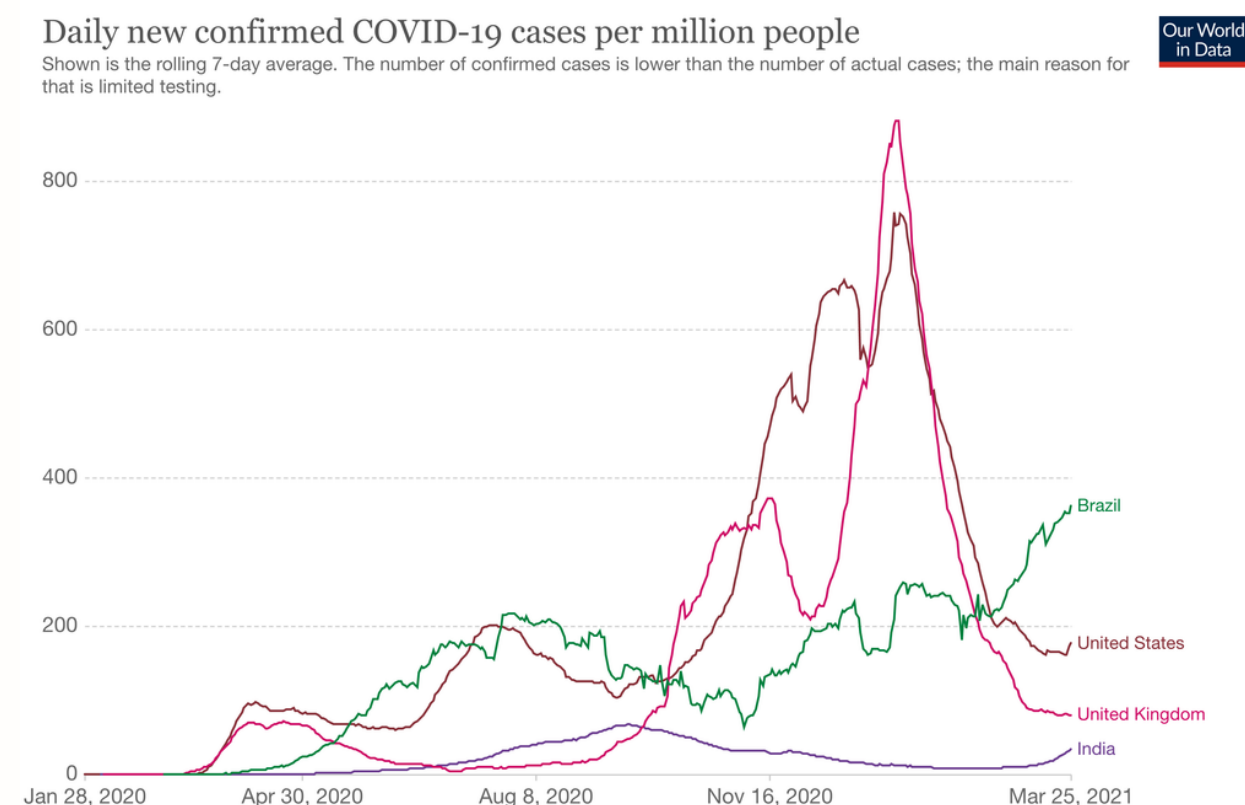
- **Population:** 220 million people
- **Upper LMIC:** 8th economy in the world
- **Largest free of charge public health system** in the world
- Over 160 million people **covered by free PHC**

“Article 196. Health is a **right of all and a duty of the State and shall be guaranteed by means of social and economic policies aimed at reducing the risk of illness and other hazards and at the **universal and equal access** to actions and services for its **promotion, protection and recovery**.”**



OVERVIEW OF COUNTRY RESPONSE TO COVID-19

- **Speed.** Slow and misguided.
- **Misorientation.** Science denial at all levels of governance.
- **2022.** Pandemic response as a political dispute weapon
- **Pandemic response cornerstone.** Hospital-centrism x PHC - rejecting our expertise





LESSONS LEARNED

- **UHC is not enough!** Access is key, but access to nothing is still nothing. The way the tools are used is as important as having them
- **Health systems have no boundaries.** Meeting health needs is different from allowing and reinforcing the production of health
- **Tailoring is key.** One-for-all is a myth. Public health demands creativity, courage, and a deep understanding of both problems and available resources

A large, blue, 3D-style logo for "SUS" (Sistema Único de Saúde) is positioned on the left side of the banner. The letters are bold and blocky. Below the "SUS" text, the words "SISTEMA ÚNICO DE SAÚDE" are written in a smaller, green, sans-serif font. The entire banner has a background of green and yellow geometric shapes, resembling a stylized map of Brazil.



REIMAGINING LEADERSHIP

- **Reducing the gap between governance and ground level.** Creating leadership at every level through education
- **Tailoring goals, methods, and actors.** Leadership as the power of listening, processing, and nurturing actors of change
- **Consonance of objectives.** Leadership is the tool for creating progress across communities through the identification of common goals and methods



LEBANON

Speaker: Ghiwa Nassereddine

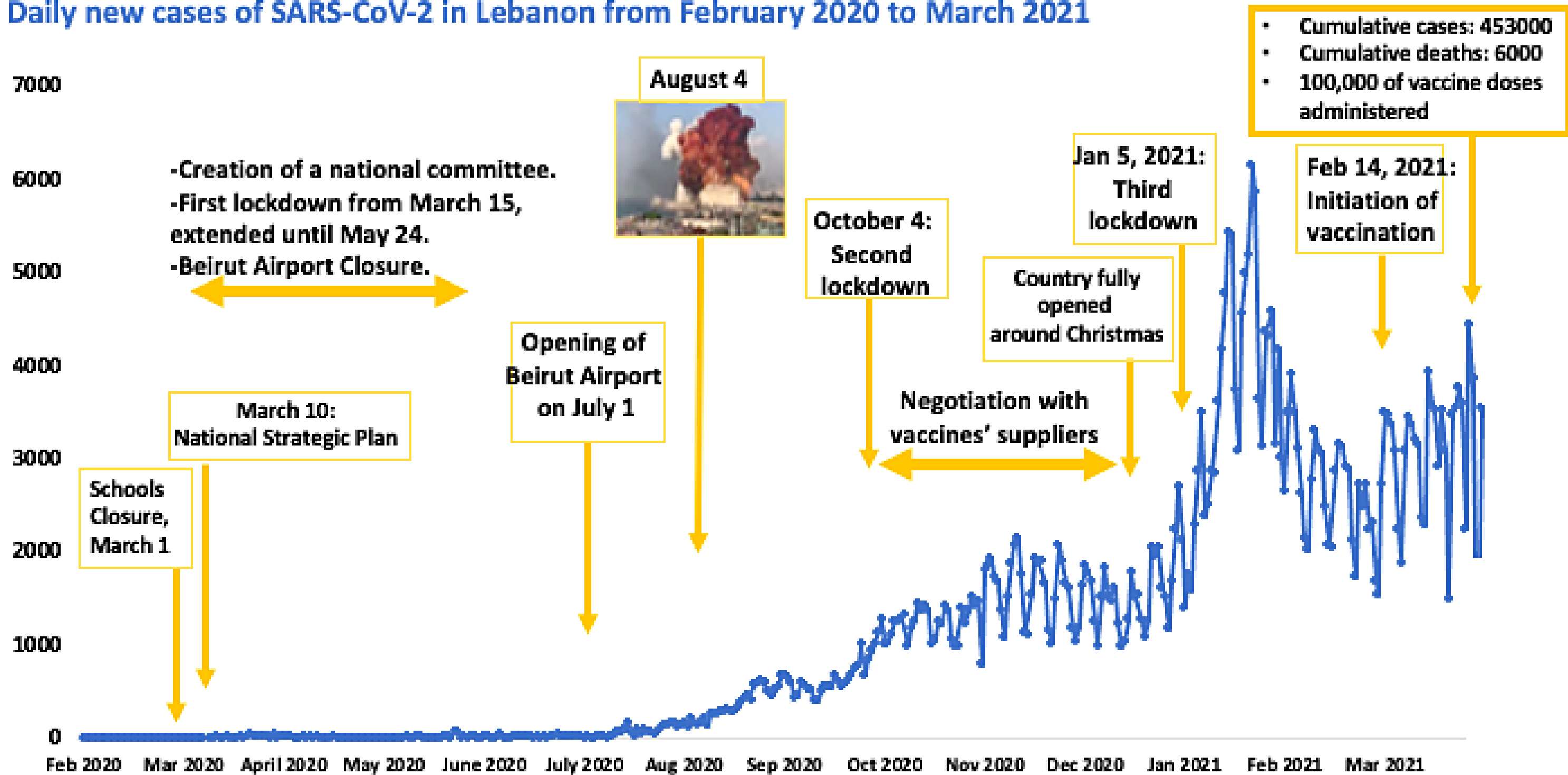
*Eastern Mediterranean Region Team: Jana Sakakini, Lara Abou Ammar,
Mabel Aoun, Nagham Faour*

- Lebanon is home for **6,800,000 inhabitants including refugees**
- The **health-care system is 80% private and 20% public**
- Lebanon is currently passing through the **worst economic collapse of its history** with a 138% inflation rate reported by end of 2020



OVERVIEW OF COUNTRY RESPONSE TO COVID-19

Daily new cases of SARS-CoV-2 in Lebanon from February 2020 to March 2021



LESSONS LEARNED

- **Support** decentralized systems
- **Engage** the community in actions, policies and advocacies
- **Invest** in technology more frequently
- **Prioritize** collecting, reporting and maintaining data
- **Integrate** the vulnerable population in deliverable action plans and emergency responses

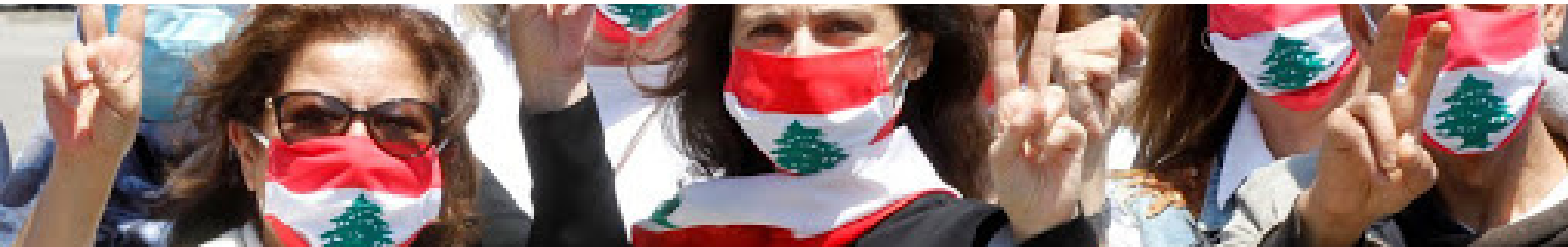




REIMAGINING LEADERSHIP

We aim for a leadership framework that revolves around being:

- Accountable and transparent
- Collaborative and equitable
- Evidence and needs-based



UNITED KINGDOM

Speaker: Meena Tafazzoli

European Region Team: Laura Haywood, Magali Collonnaz, Joy Muhia, James Coughlan, Meg McCarty, Roubitha David

THE UK BEFORE COVID-19: POLITICAL TRENDS PRECEDING THE PANDEMIC

Urgent call for £1bn a year to reverse cuts to public health funding

Joint press release from the Health Foundation and The King's Fund

12 June 2019



Paul Dinsdale

Wed 4 Jul 2018 02:30 EDT



260

Who profits when private providers take over health services?

As the NHS turns 70, many campaigners are worried about its increasing privatisation



Austerity to shrink U.K. government spending to 1930s levels

by Virginia Harrison @vharrisoncnn

December 8, 2014: 10:57 AM ET

NHS march: Recap after thousands gather in London for OurNHS rally to protest against cuts to services

Jeremy Corbyn and John McDonnell were among those to address one of the biggest NHS rallies in history in opposition to £20billion of planned cuts



By Joshua Taylor & Patrick Lion
UPDATED 17:12, 4 MAR 2017

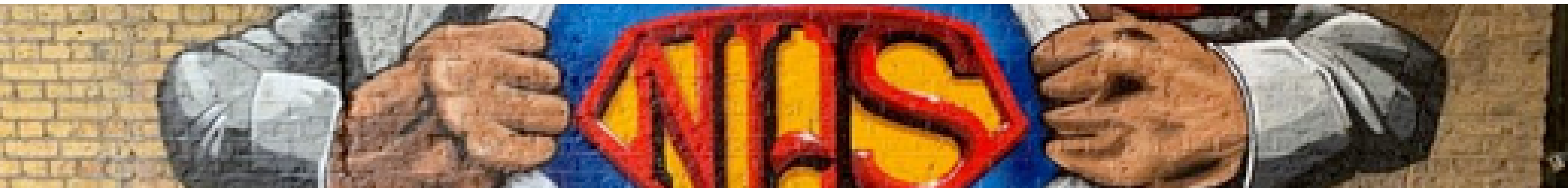
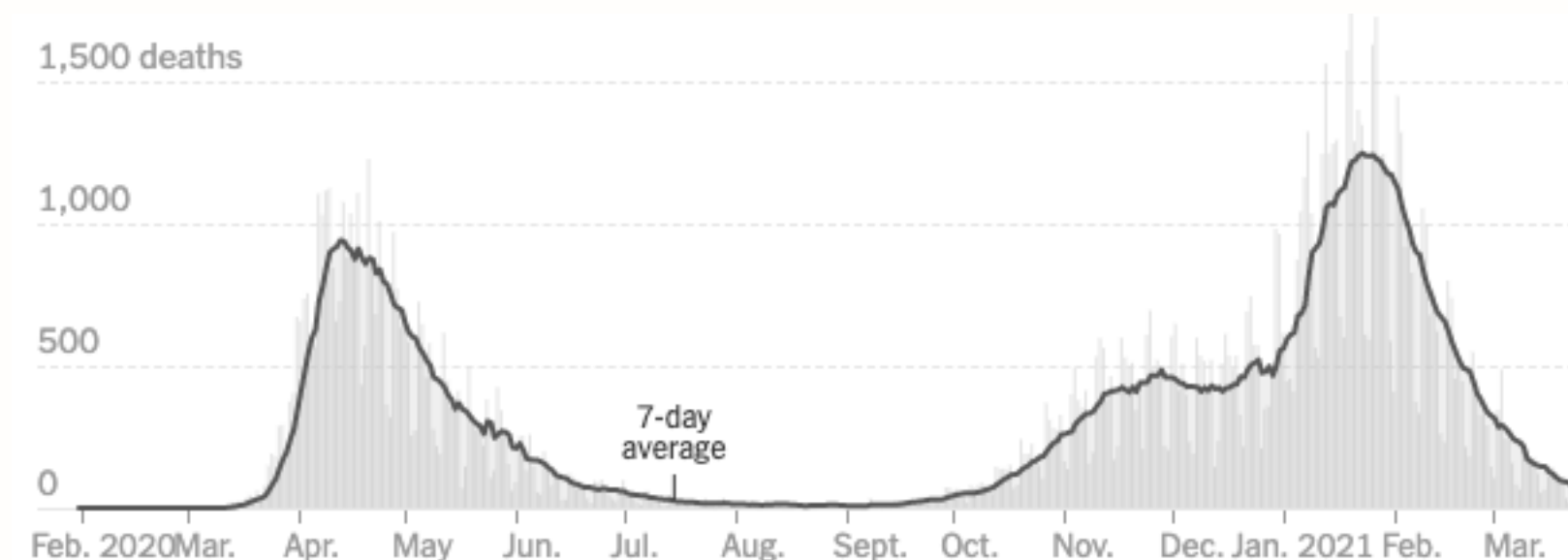
NEWS

OVERVIEW OF COUNTRY RESPONSE TO COVID-19

- Disease Containment
- Evidence-Based Policy
- Policy Communication
- Vaccine rollout



Daily deaths from COVID-19 in the UK



LESSONS LEARNED

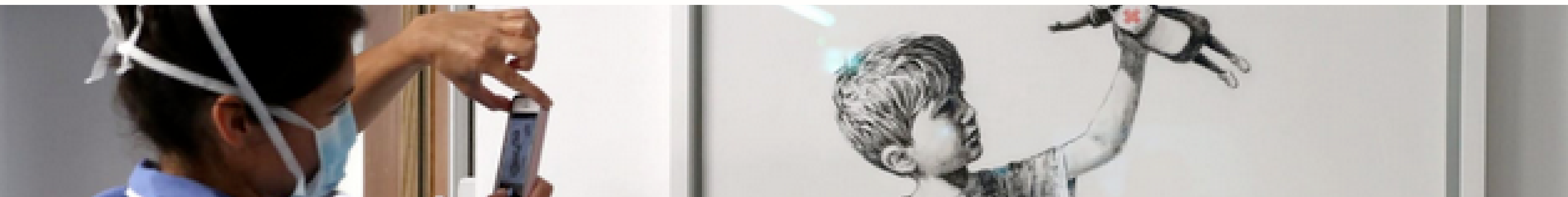
- **Act** fast to prevent the spread
- **Prioritize** a strong NHS
- **Policy** not based in evidence can be deadly
- **Social determinants** impact health



Ethnic minorities' higher risk of dying from Covid-19 is linked to where they live and the jobs they do, rather than their health, figures for England and Wales suggest.

The Office for National Statistics found all ethnic minority groups, other than Chinese, are more likely to die from it than white people.

Black African men and black Caribbean women had the highest risk.



REIMAGINING LEADERSHIP

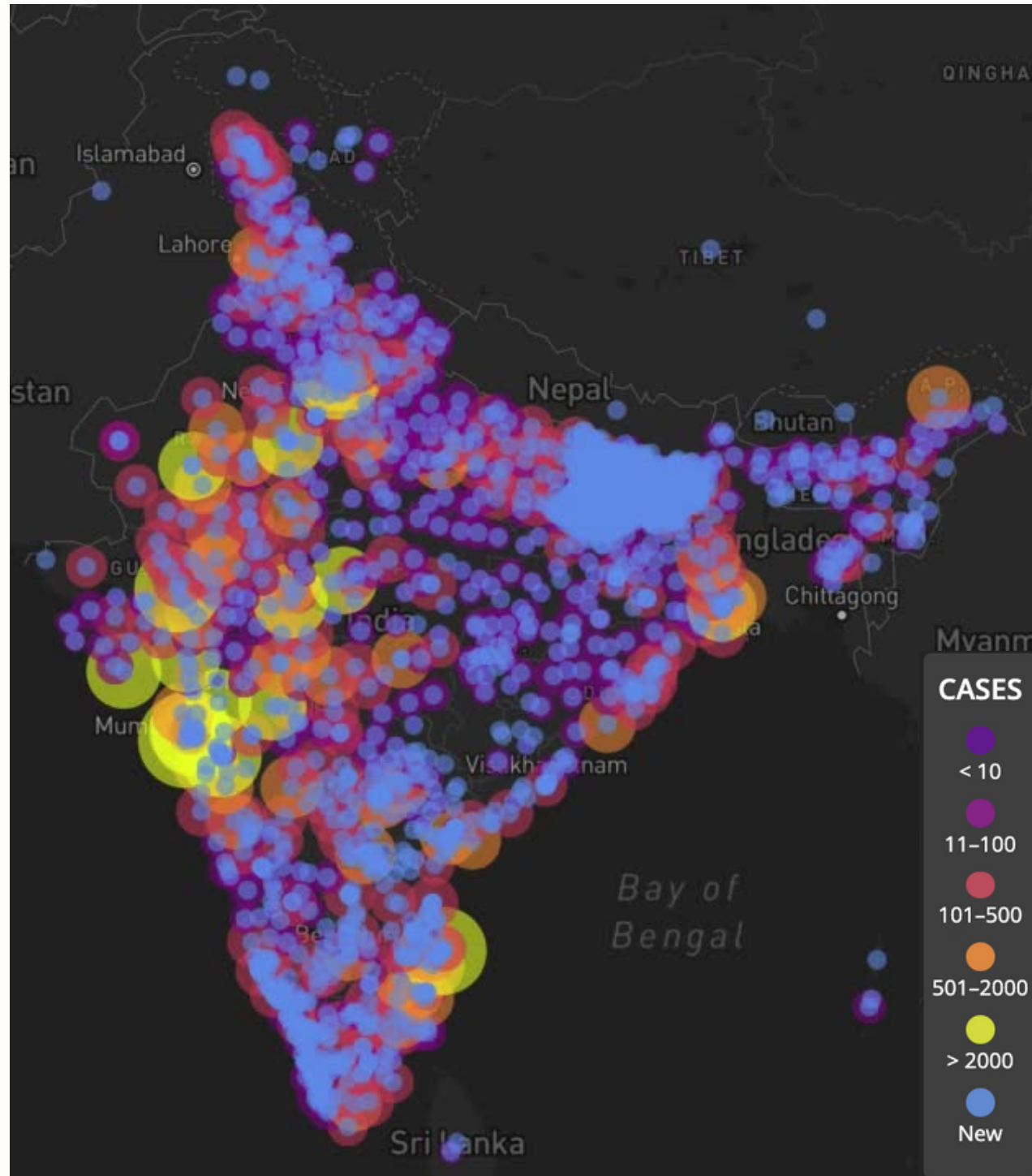
- **Global collaboration** for a pandemic
- **Build public trust** by communicating clearly, honestly, and frequently
- **Create policy** with evidence, not cronyism
- **Rethink** "tradeoff" between health and economy



INDIA

Speaker: Siddharth Srivastava

South East Asia Region Team: Swati Singh, Satbir Kaur, Utkarsha Telang, Sudipta Ghoshal, Pushpak Mahajan & Rishabh Singh

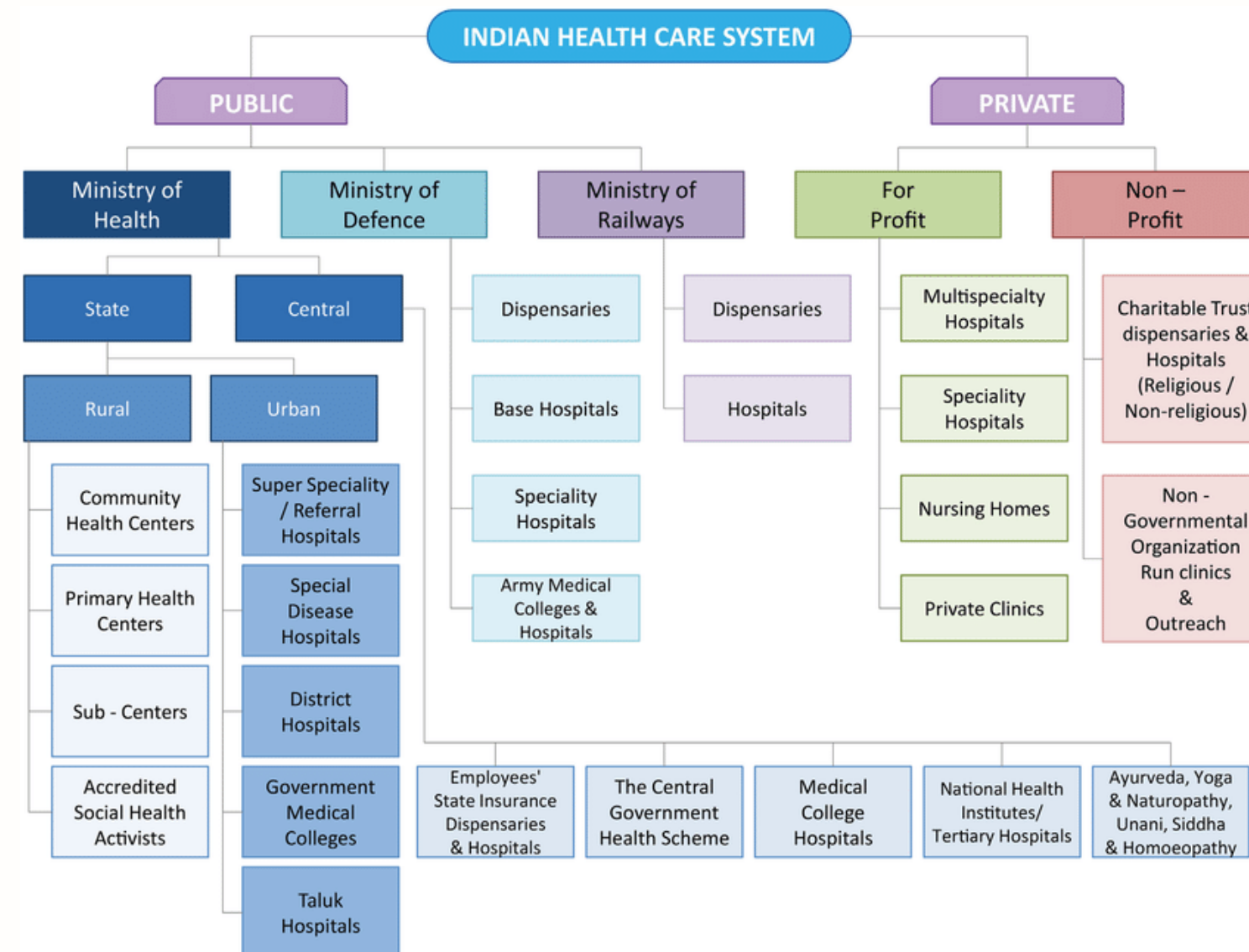


COVID-19 Cases: 11.9 million (Third highest in the world)

COVID – 19 related deaths: 161,000

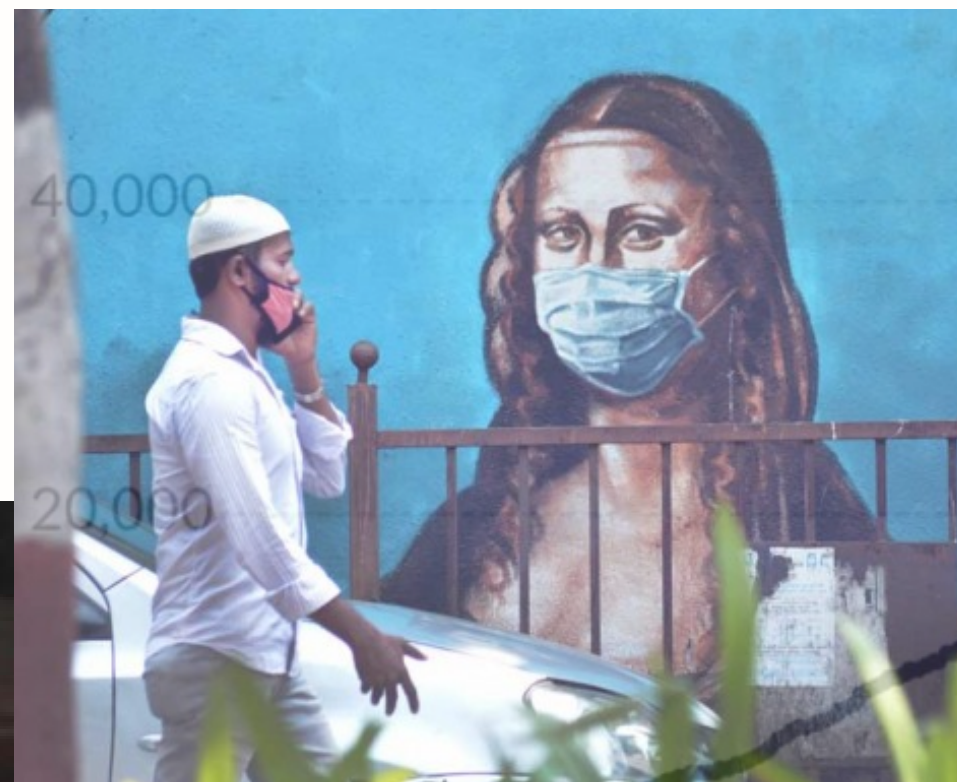
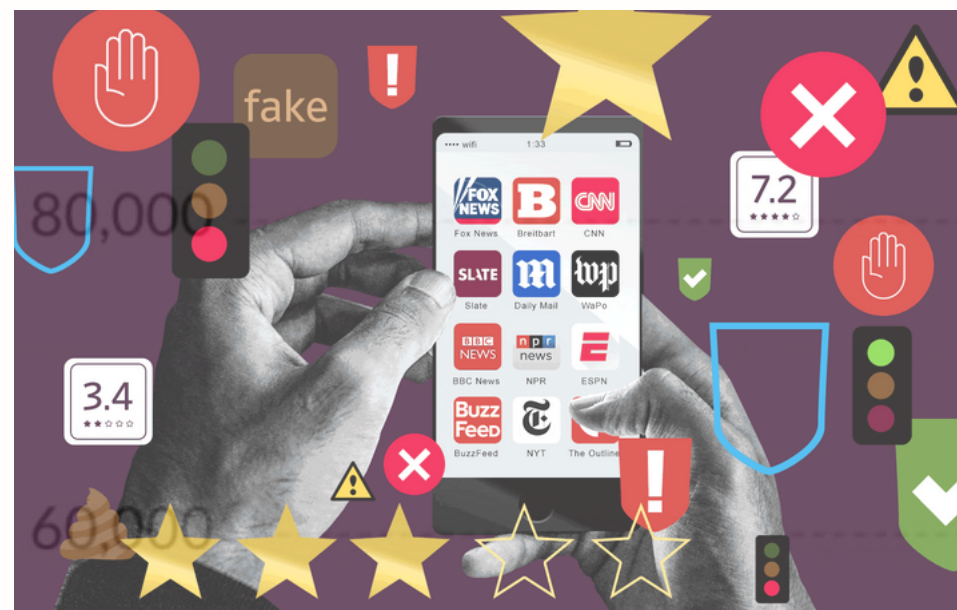
Population: 1366.4 Million

% of GDP spent on Health Sector: 1.5% (2018-19)



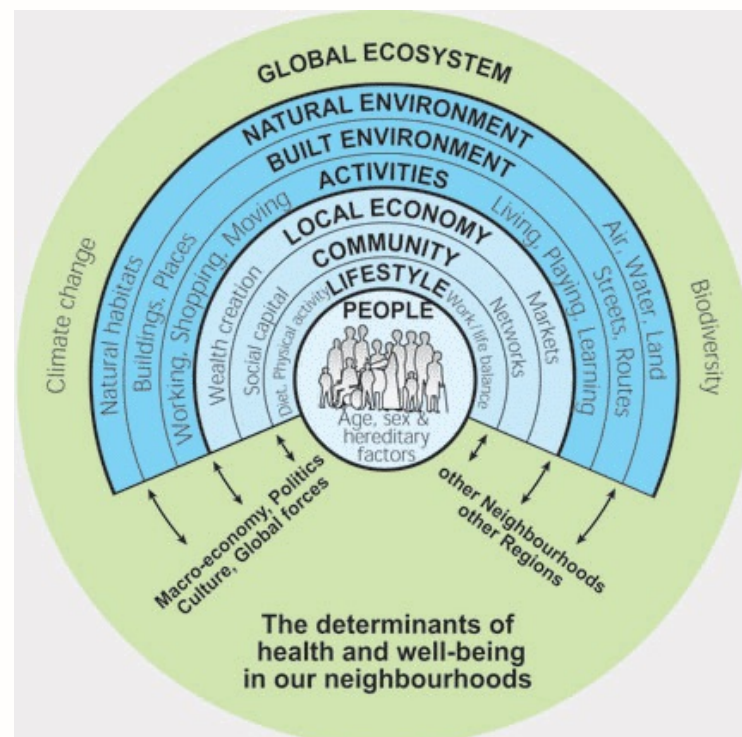
OVERVIEW OF COUNTRY RESPONSE TO COVID-19

A complex response surrounding variegated epidemiological, sociopolitical, and systemic vulnerabilities



LESSONS LEARNED

For cultivating stronger and more resilient health systems



1

Separating Public Health Functions from health service delivery is critical

Health Promotion approaches need to be prioritized over curative care

2

3

Disease Surveillance Systems need to be actively strengthened

4

Cultivating trust as a social capital is key



REIMAGINING LEADERSHIP

For the next pandemic

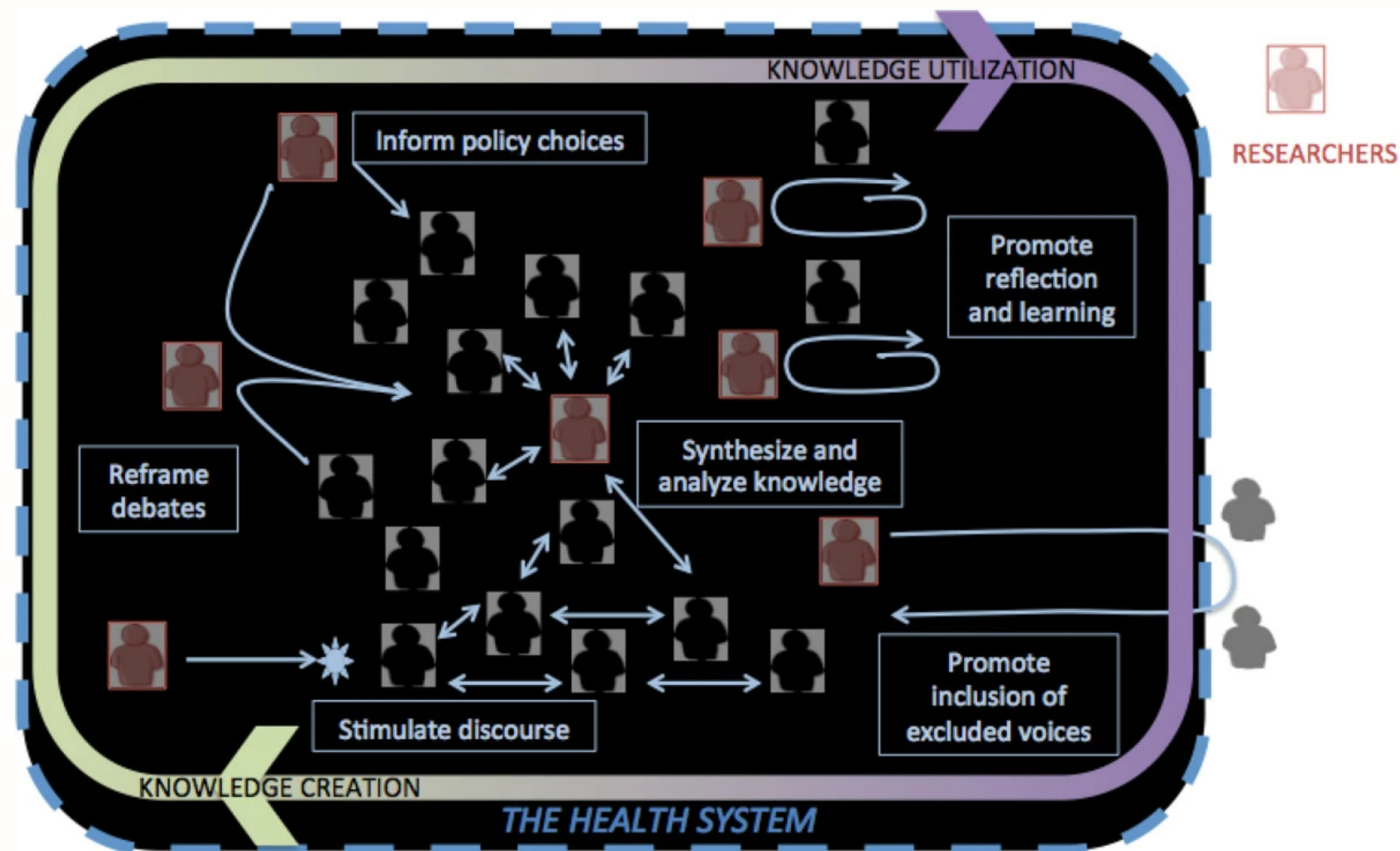


**People Sensitive and
Citizen Participatory
Approaches**

Applying **Health Policy
and Systems Research
(HPSR) framework(s)**
for policy planning and
implementation



**De-Centralized
decision making**



Health policy and systems research: A dialogic practice

Source: Sheikh, K., George, A. & Gilson, L. People-centred science: strengthening the practice of health policy and systems research. *Health Res Policy Sys* 12, 19 (2014)

PHILIPPINES

Speaker: Pauline Camille Baladjay

Western Pacific Region Team: Ghelvin Aguirre, Karen Azupardo, Tricia Kaye Palola, Kristel Faye Roderos, Reiner Lorenzo Tamayo



110 MILLION
POPULATION

COVID-19 DATA

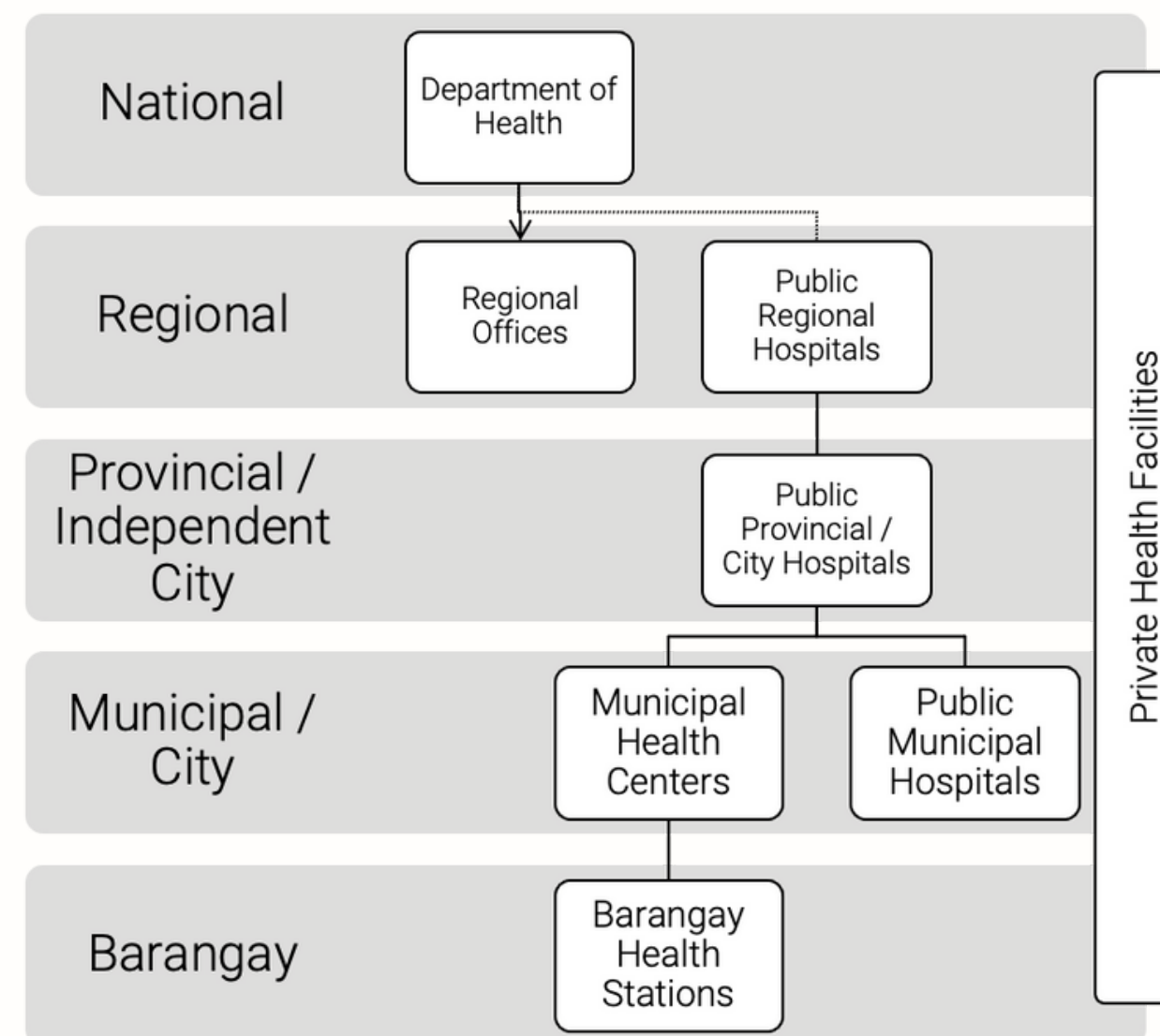
AS OF MARCH 19, 2021

648,066
TOTAL CASES

73,264
ACTIVE CASES

1.99%
DIED

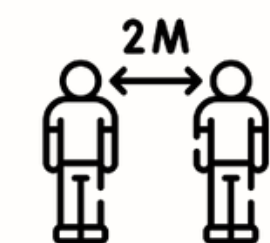
86.07%
RECOVERED



OVERVIEW OF COUNTRY RESPONSE TO COVID-19

Inter-Agency Task Force (IATF) on Emerging Infectious Diseases

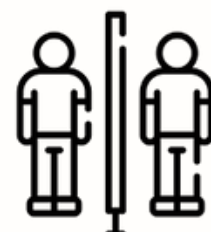
National Action Plan



PREVENT



DETECT



ISOLATE



TREAT



REINTEGRATE

March - June 2020

July - September 2020

October 2020 - present

Phase I

Phase II

Phase III

- Prevention & containment
- Socioeconomic recovery
- Health risk management & vaccinations



LESSONS LEARNED



Leadership &
Governance

Multi-
perspectivity
compromising
decision-making
and operations



Health Financing

Raises
challenge
for future
health-
spending



Human
Resource

Lowered
health
system
capacity



Service Delivery

Magnified
existing
inequities



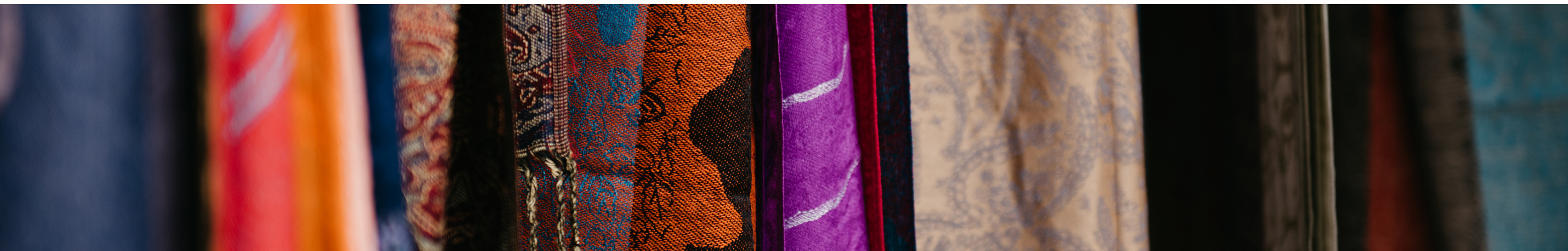
Medical Products &
Technology

Delay in
care = poor
health
outcomes



Health Info
Systems

Poorly
coordinated
care
systems



REIMAGINING LEADERSHIP

B

Build resilient health systems

U

Understand and reduce inequities

I

Invest in health information system and public health

L

Leverage community participation and ensure public trust

D

Develop evidence-informed policies





RECAP: HOW CAN WE REIMAGINE GLOBAL HEALTH LEADERSHIP?

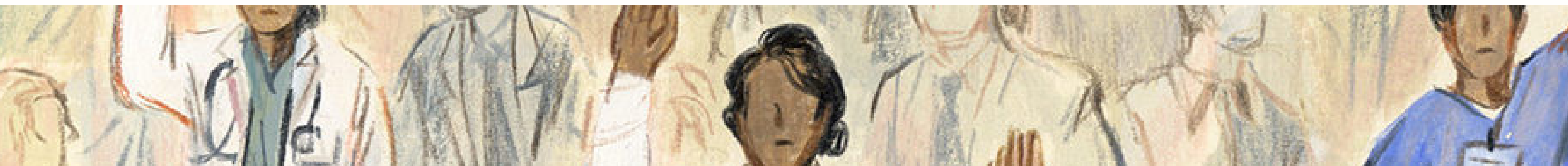
Moderators: Joy Muhia and Meena Tafazzoli (with acknowledgements to Bronte Davies and Nadine Nanji)

How **governance** of global health institutions needs to change

- LMIC equity and representation
- Gender equity and representation
- Build trust with the public
- Improve transparency
- Prevent "vaccine nationalism"

How **priorities** of global health institutions need to change

- Access to medicines and technology
- Invest in pandemic prevention
- Focus on social determinants
- Focus on mental health
- Focus on migrant health





ACTIVITY: CO-CREATING A VISION FOR GLOBAL HEALTH LEADERSHIP

Moderators: Joy Muhia and Meena Tafazzoli

**THE STATUS QUO TODAY IN REGARDS TO KEY ELEMENT OF
GLOBAL HEALTH**
IS UNACCEPTABLE. WE ENVISION A WORLD WHERE
DESIRED OUTCOME IS ACHIEVED BY PROPOSED SOLUTION.

you

are

the

change



EXAMPLE: CO-CREATING A VISION FOR GLOBAL HEALTH LEADERSHIP

Moderators: Joy Muhia and Meena Tafazzoli

THE STATUS QUO TODAY IN REGARDS TO TUBERCULOSIS MORTALITY
IS UNACCEPTABLE. WE ENVISION A WORLD WHERE
TB ERADICATION IS ACHIEVED BY IMPROVING TB DIAGNOSTIC TOOLS.





ACTIVITY: CO-CREATING A VISION FOR GLOBAL HEALTH LEADERSHIP

Moderators: Joy Muhia and Meena Tafazzoli

**Break out into
groups**

1 minute

**Fill in the blanks
to build a vision
statement**

10 minutes

Share back!

5 minutes





ACTIVITY: CO-CREATING A VISION FOR GLOBAL HEALTH LEADERSHIP

Moderators: Joy Muhia and Meena Tafazzoli

**Break out into
groups**

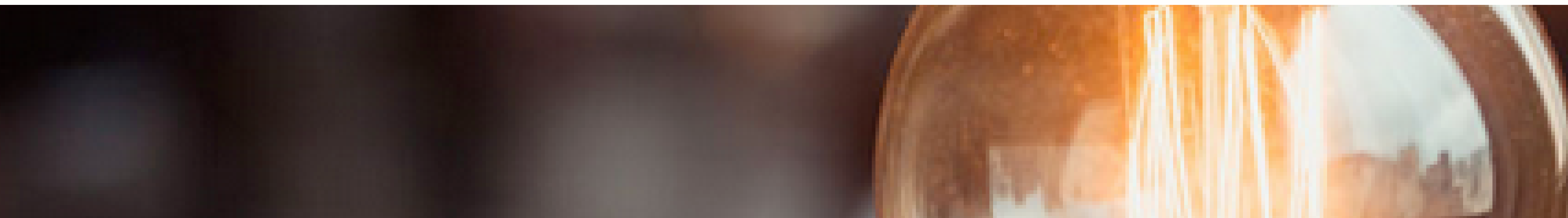
1 minute

**Fill in the blanks
to build a vision
statement**

10 minutes

Share back!

5 minutes





CONCLUDING REMARKS

Moderators: Dr Laura Haywood and Malvikha Manoj

**Thank
you!**

And a special shoutout to the HSG Planning Team: Bronte Davies, Camille Baladjay, Catherine Villaneuva, Ghiwa Nasser Eddine, Joy Muhia, Kristel Faye Roderos, Laura Haywood, Luana Araujo, Lynn Bust, Mabel Aoun, Malvikha Manoj, Magali Collonnaz, Meena Tafazzoli, Nadine Nanji, Nuria Gallego Marquez, Philip Dambisya, Siddharth Srivastava, Sudipta Ghoshal, and the rest of the IWG team.

Stay engaged with the IWG!



@iwgforhss



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International Working Group for
Health Systems Strengthening



International Working Group for
Health Systems Strengthening

TOPIC: ACCESS TO MEDICINES AND TECHNOLOGIES

- 1. WHAT IS **NOT WORKING WELL TODAY** IN REGARDS TO ACCESS TO MEDICINES?**
- 2. **WHAT WOULD IT LOOK LIKE** FOR ACCESS TO MEDICINES TO BE IMPROVED?**
- 3. WHAT ARE SOME **ACTIONS THAT CAN BE TAKEN** TO IMPROVE ACCESS TO MEDICINES?**

TOPIC: LMIC EQUITY AND REPRESENTATION

- 1. WHAT IS **NOT WORKING WELL TODAY** IN REGARDS TO LMIC REPRESENTATION?**
- 2. **WHAT WOULD IT LOOK LIKE** FOR LMIC REPRESENTATION TO BE IMPROVED?**
- 3. WHAT ARE SOME **ACTIONS THAT CAN BE TAKEN** TO IMPROVE LMIC REPRESENTATION?**

TOPIC: GLOBAL MENTAL HEALTH

1. WHAT IS **NOT WORKING WELL TODAY IN REGARDS TO GLOBAL MENTAL HEALTH?**

2. **WHAT WOULD IT LOOK LIKE FOR GLOBAL MENTAL HEALTH TO BE IMPROVED?**

3. WHAT ARE SOME **ACTIONS THAT CAN BE TAKEN TO IMPROVE GLOBAL MENTAL HEALTH?**