

ABSTRACTS

Eduardo Missoni, Bocconi University, Milan

The Unbearable Lightness of SDG 3

The SDG 3, “Ensuring a healthy life and promoting well-being for all at all ages” implicitly includes equity in health. The Agenda 2030 engages and commits all governments to adopt “indivisible” and universal goals toward ending poverty by 2030 “once and for all”. The new agenda is not without contradictions. Among other things, it proposes among its economic objectives “sustainable, inclusive and sustained growth” which is, in fact, an oxymoron due to the known “limits of growth” in a finite ecosystem. Thus, the challenge of sustainability is global and involves all national health systems. Chiefly looking at Universal Health Coverage (UHC), the main driver of the SDG 3, and equity as an indicator, the presentation will argue that the SDG 3’s feasibility and sustainability is highly dependent on structural societal determinants which, if left unchallenged by appropriate global governance processes, may jeopardise its attainment. To ensure the effective sustainability of SDG 3 in general, and of UHC in particular, the presentation advocates an urgent paradigmatic shift in the approach to development.

Erika Placella, Swiss Agency for Development and Cooperation (SDC)

Institutionalising Equity in Health Programming: the SDC’s Commitment to Advancing Equity in Accessing Health

Equity and inclusion are core principles of the SDC’s general mandate; almost every country strategy and its corresponding health programmes target the poorest and most marginalised people and aim to ensure their access to quality and affordable health services and resources. How does a bilateral state donor agency address equity and inclusion issues in its health programmes to make sure that “no one is left behind”? This is a key question and the presentation will address it by highlighting the following:

- Firstly, equity and inclusion should be a full part of the institutional strategic framework (e.g. a dispatch to the Swiss parliament which aims at reducing disparities; SDC health policy). This is the case for SDC where all programmes aim to strengthen integrated, inclusive and people-centred PHC (with a focus on NCDs) for UHC and equity.
- At a global level, the organisation should also commit to the 2030 agenda and the principle of leaving no one behind.
- There is a need to build a common ground of understanding of equity/inclusion at an institutional level (e.g. a confusion between equity and equality) which can be applied in the projects. To this end, SDC has embarked on an institutional learning trajectory with the support of IDS.
- There is also a need to define guiding principles for inclusive approaches to health that will be applied in PHC programmes to establish a set of minimum equity and inclusion-related standards and indicators.
- Identifying drivers and patterns of exclusion is crucial (ethnicity, age, migration, rural/urban, gender, disability, socioeconomic status, health literacy), as is defining cross-sectoral determinants of inequity and exclusion, and understanding and addressing intersecting forms of inequality in accessing PHC.
- Identifying and monitoring inequity and exclusion from PHC is the key, with a focus on data and methodology issues including quantitative, qualitative and participatory research and surveys and the integration of service users’ perspectives into performance monitoring.
- Addressing decentralisation and local accountability for equity and inclusion is essential, looking at central-local government relations, the role of CSOs and the design of participatory institutions for local PHC services oversight.
- Understanding political dynamics of equity and inclusion is also key: power plays multiple roles in shaping health status, health spending, health regulation and the performance of health systems.
- And finally, pursuing a strong “pro-inclusion policy dialogue” is fundamental. In WBA, social inclusion policies reveal shortcomings in implementation (e.g. Roma social inclusion strategies; social sector policies). Reality checks and monitoring the results of the implementation of these policies should be

followed up closely and tabled in a suitable form in policy dialogue. Promoting a pro-inclusion policy is more effective when it builds on alliances with CSOs.

Ursula Jasper, Fondation Botnar

Leveraging Digital and AI Technology to Achieve Universal Health Coverage – Opportunities, Challenges and Policy Implications

Today, two very different and quite disparate conditions exist alongside each other. On the one hand, massive advances are currently being made in AI and digital applications in healthcare – especially in high-income countries. And there are many success stories to shed light on the huge possibilities offered by these new technologies. It is now widely accepted that this technological progress allows for significant advances in diagnosing, therapy and, more broadly, in the management of healthcare. On the other hand, there is still a significant lack of access to even basic healthcare for large numbers of people living in low and middle-income countries (LMICs), and especially in resource-poor settings. According to recent WHO figures, “at least half of the world’s population still do not have full coverage of essential health services”. The goal to achieve universal healthcare by 2030 – as envisioned in the UN 2030 Sustainable Development Agenda – is still far from being reached. Can digital and AI technology be leveraged to achieve universal health coverage? And if so, what are the challenges and obstacles?

Daniel Lopez Acuña, Andalusian School of Public Health

Reducing Inequities in Access to Health and Related Social Services in Europe: “Leaving No One Behind”

The main objective of Work Package 8 (WP8) in the EU funded Joint Action on Health Equity in Europe (JAHEE) is to contribute to the goal of “leaving no one behind” in terms of access to health services and related social services in the EU and associated countries. This is being accomplished by the formulation and implementation of regional, national and local strategies, policies and programmes for reducing inequities in access to health and related social services, and through building the individual countries’ capacity to effectively advance action in this area. This presentation looks at the main recommendations of the WP8 Policy Framework for Action for factors limiting equity in the delivery of health and related social services, developed as part of JAHEE, and will take a critical perspective on the actual meaning of “leaving no one behind” in terms of access to health services. The presentation will also discuss the results of a recent Country Assessment on reducing inequities in access to health and related social services in Europe. This assessment was conducted in 12 European countries and mapped factors limiting equity in access to health and related social services. The case will be made for identifying population groups in vulnerable situations, as well as exploring the structural aspects of the health systems that are generating inequities. There will also be a debate about the pros and cons of segmenting interventions and how vulnerable population groups can be better targeted. The presentation will explore the barriers to access being faced by different vulnerable groups in European societies in order to identify the complexities of ensuring equitable access to health and related social services. The presentation will end with a summary of the types of actions being advanced by European countries participating in the WP8 of JAHEE.

Dr Mohammad Iskafi, Palestinian Medical Relief Society

Strengthening the Resilience of Youth in Palestinian Communities in East Jerusalem

The presentation will focus on East Jerusalem youth and the specific political, social and cultural obstacles they are facing to achieve health – as a holistic concept – and to take on their full role as community members. It will also address how partnerships such as the one currently being undertaken with Medico Switzerland are contributing to improvements in community health and youth wellbeing and mobilisation in East Jerusalem. The presentation will discuss the work PMRS is doing to protect youth, increase their health and social awareness and help them find their place within society by assisting them in tackling their identity crises, debunking myths and sharing accurate information about their physical and mental health and supporting their ideas and initiatives.

Noël Tshibangu, SEXUELLE GESUNDHEIT Schweiz

People with Disabilities in Institutional Housing: Challenges and Ways to Access Sexuality, Intimacy and Partnership

Disabled people often face many prejudices and disadvantages in society and are stigmatised in various ways. They may be regarded as 'semi-normal', and not fully-fledged adults. They are often not considered as sexual beings. People with disabilities are consciously or unconsciously denied being regarded as sexual beings. Sexuality is still largely taboo in many societies; the sexuality of people with disabilities even more so. Unfortunately, this prejudice can also be seen in health systems. In many health services, people with disabilities have not yet been explicitly defined as a vulnerable target group. Their special situation and specific needs cannot therefore be taken into account. The conditions for self-determined sexuality and for sexual relationships are lacking. People living with disabilities are therefore excluded from services in the field of sexual health, such as sexuality education, the prevention of sexually transmitted diseases, counselling services and contraception. The unfortunate invisibility or even partial invisibility of people with disabilities in healthcare systems contributes to the fact that these services do not do justice to their particular situation. In institutional forms of housing, where people with disabilities are dependent on professional support to help them cope with everyday life, there is a widespread lack of ideas and strategies for dealing with the issue of sexuality. SEXUELLE GESUNDHEIT Schweiz has published the brochure, "Sexuality, Intimacy and Partnership. Guidelines for the Accompaniment of Persons with Disabilities in Institutional Housing", as a measure to promote sexual rights in this area. The publication will be followed by awareness-raising and experience-sharing events for actors in the health sector, as well as advocacy activities at a political level.

Sybille Roter, Surprise

New Life Chances through Social City Walks in Basel

Inequity and a lack of social participation are the main themes focused on by the city guides who are themselves affected by poverty and who conduct 15 different tours in Bern, Basel and Zurich. The Social City Tours were launched in 2013 as a pilot project in Switzerland and have since sensitised over 60,000 visitors to the structural background of exclusion and poverty in wealthy Switzerland. Using their biographies as a basis, former homeless and poverty-stricken men and women talk about their lives, the lack of opportunities in their family backgrounds and their predetermined path into poverty. It is not only wealth that is inherited: poverty also shapes future generations, leaving people without a voice, invisible and ill – in spite of a wide range of support services. By having the chance to reflect on their life stories alongside receiving intensive support, after years of unemployment, the city guides have the opportunity to work again. They thus develop new life perspectives grounded in their first-hand experience of inequity and social exclusion. The concept of the Social City Tours is related to the 'peer approach', which has gained great prominence in social work and psychiatry in recent years. In this approach, those affected become peers who, as experts in their own life experiences, pass on their knowledge and carry out important educational work. One of the main goals of these tours is to break through the assignment and feelings of guilt in those affected by the many personal encounters on the tours.

Nathan Schocher, Swiss Aids Federation

Stigma: About Inequality in Access to HIV Health Services in Switzerland [Pecha Kucha]

Stigma is an undeniable factor in the HIV epidemic. For example, it prevents people from going to be tested for HIV because they wrongly believe that the virus only affects drug addicts, homosexuals or sex workers. Or, alternatively, because they fear that they might be considered to be a drug addict, homosexual or sex worker themselves. Stigma also causes drug addicts, gay people or sex workers to be treated differently in the healthcare system. This presentation will shed light on why stigma makes the treatment and prevention of HIV more difficult in Switzerland.

Jay Kumar, CBM India

Inclusion Counts – Community Mobilization towards Equity in Health [Pecha Kucha]

Health is important because it enables a person to have a good life and reach their full life expectancy. People with disabilities share the same health needs as every other member of the population, from promotion, prevention and treatment to rehabilitation and palliative care. However, people with disabilities generally experience greater barriers to accessing primary health care than the general population. These include physical barriers as well as those connected to information and attitude. For example, hospitals often only have only a ramp or just a slope at their entrance and are without any of the other necessary facilities such as accessible washrooms, examining tables, suitable weighing machines, and so on. These problems are further exacerbated for those with disabilities in rural areas. Disability, poverty and poor health are inter-related. Achieving the CRPD Articles 25 and 26 by making healthcare services inclusive, respectful and barrier-free will help people to realise their other rights: to education, employment and social inclusion, and so will improve their well-being and inclusion in society, while also reducing poverty. To ensure this, healthcare services should be made available, accessible, acceptable, affordable and of a high quality. It is important both to enhance the capacity of people with disabilities to access the healthcare system and to ensure that the system is able to respond in an appropriate and timely manner to their needs. One way of achieving this is through the community-based inclusive development approach where people with disabilities, their families and the community are mobilised to analyse and address the barriers people with disabilities are facing by active participation in the planning and monitoring of healthcare services.

Muriel Weyermann, Women's Hope International

The Community in the Driving Seat: A Local, Small-scale Process towards Improved Health Equity in Chad [Pecha Kucha]

Early this year, the eastern region of Chad faced an incursion by the Union of Resistance Forces (UFR) who crossed into the country from Libya before ultimately being halted by French airstrikes. This has been the most severe security threat in Chad for several years and demonstrates the political fragility of the country and President Idriss Déby's rule. Compounded with persistent economic insecurity and social inequity, the most marginalised Chadians face numerous intersecting inequalities. How accessible are prenatal care services for a rural, Muslim woman in the eastern part of Chad? Will she be informed about available modern methods of contraception? How will she be transported to a clinic or hospital if she needs a caesarean section when there is no one to pay for the fuel? Or when her husband, who is away working in a field without any mobile phone network, is the only one who can give permission to proceed with the surgery? Power dynamics and political factors are unlikely to stabilise and become more equal in the near future in Chad. Hence, Women's Hope International is working with their local partner organisation to pilot the Participatory Community Assessment (PCA) approach, which puts the members of the communities in the driving seat. This approach can lead to building the much-needed trust between communities and health providers. By including various members of the communities as stakeholders in the health system, locally-rooted and practical solutions to current SRH-related challenges can be promoted and a greater transparency in service provision is expected to be achieved.