Introduction

Global Health Equity Foundation is a philanthropic organisation dedicated to research, advocacy and capacity building. The Foundation's integrated approach raises awareness about inequities in health, and also provides practical guidelines for making tangible improvements in global health equity. GHEF is a primary resource for organisations building and sharing knowledge that reduces gradients and gaps in health equity. The Foundation explores new methodologies and technology that may be deployed to avert inequities. GHEF promotes the concept that equity in health is a core principle for the advancement of human society.

Mission

Make tangible improvements in global health equity.
Explore opportunities and challenges for enhancing health equity within communities.
Inform the public about the right to health.
Support sustainable and equitable healthcare.
Promote practical and tested knowledge to improve health for all.
Health Diplomacy for Health Equity of Syrian Refugees in Germany

GHEF in collaboration with its partners—Syrian Coalition for Health (SICH), Technische Universität Dresden (TUD) and Helmholtz-Zentrum Dresden-Rossendorf (HZDR)—has responded to the refugee crisis caused by the conflict in Syria by designing a research project addressing health equity issues of the displaced Syrian population. According to the United Nations, some 5 million Syrians have fled the country, including 1 million refugees and migrants that have crossed into the European Union. Germany officially registered more than 540,000 asylum seekers from Syria in 2015 and the first half of 2016.

The project aims at providing health equity of refugees by creating and testing culturally acceptable and effective interventions that sustainably increase refugees’ awareness of their critical health issues and possible health care options, viewed within the concept of health literacy. Ultimately, the project seeks to contribute towards ensuring equal access to health care—one of the most critical elements of the complete range of effective sustenance for refugee families.

To achieve the goal of increasing awareness, the project uses various community-based multimedia tools and technologies as mechanisms for fostering a high diffusion of awareness among the refugee population and ensuring a high sustainability of awareness over time.

The project is planned to be scaled up, and the developed and tested communication measures and tools adapted to other refugee reception centers across Germany, and to other countries hosting large refugee populations. The project concept and proposal have been shared with several international organizations, including the WHO/EURO Public Health Aspects of Migration in Europe (PHAME) Project, UNHCR, IOM, International Federation of Red Cross and Red Crescent Societies, International Centre for Migration Health and Development. They were also presented and discussed at the GHEF-sponsored session on Innovation and Equity in Health at the Sixth Edition of the Geneva Health Forum in April 2016.

In July 2016, the project Kickoff Meeting was held at TUD, attended by representatives of TUD, HZDR, German Red Cross, Charite University Hospital Berlin, Karolinska Institute Stockholm.

The Institute of Preventive Medicine Environmental & Occupational Health (PROLEPSIS) in Greece has expressed its interest in collaborating with GHEF on replicating the project approach in Greece, which also receives a stark number of refugees from Syria and other Middle East countries. In August 2016, GHEF representatives visited Greece for initiating the process.

Currently, GHEF action is focused on securing funding, expanding research partnerships in Germany and involving other countries affected by the refugee influx.
Proposal for Health Equity Community-Based Media Project: Depression Awareness and Suicide Prevention for Youth in Switzerland

Despite being counted among the countries with one of the highest happiness levels in the world, Switzerland also suffers from one of the highest suicide rates in Europe. Although overall suicide rates in the country have been dropping steadily since the 1980s, the suicide rates among young people aged 15 to 29 have not been following the downward trend among all other age levels.

GHEF has proposed a Community-Based Media Project for Depression Awareness and Suicide Prevention for Youth in Switzerland modeled on successful programs sponsored by GHEF in two cities in the State of Montana in the United States. The program includes a set of multimedia educational tools (MMET) consisting of two main components: a series of training videos and an online booklet explaining how to implement such a program.

The project and application of MMET in selected sites in Switzerland would contribute to the goals outlined in the recently launched national strategic paper La prévention du suicide en Suisse: contexte, mesures à prendre et plan d’action by the Swiss Federal Office of Public Health, Swiss Conference of Cantonal Directors of Health and Health Promotion Switzerland.

The Montana experience and proposal for its replication in Switzerland has been discussed with Dr. Remy Barbe, Head of Division of Child and Adolescent Psychiatry at the University Hospitals Geneva.

Community-Based Media Project for Suicide Prevention “Let’s Talk”

The past year has witnessed substantial progress for the Let’s Talk Community-Based Media Project in Montana, United States. Evaluation of the project’s impact on student attitudes towards help-seeking for suicide prevention has involved 3 phases: 1) A qualitative analysis of student focus groups indicated that both actors in the community-based theater project and audience members experienced an increase in self-efficacy for help-seeking and for helping others after the intervention; 2) A content analysis of the youth-scripted theater performances for suicide prevention demonstrated that both public stigma and self-stigma are significant barriers to both open dialogue about emotional vulnerability and mental health treatment among Eastern Montana young adults; 3) A pilot study showed that viewing a Let’s Talk documentary youth theater for suicide prevention significantly reduced students’ stigma against help-seeking and stigma of suicide. Current work involves grant proposals to further test the effect of the Let’s Talk documentaries on help-seeking attitudes and stigma.

The proposed larger-scale study hypothesizes that students exposed to the documentary will have lower rates of both types of stigma compared to controls. The study will be conducted as a random control trial administered online to voluntarily participating college students from throughout Montana. A sample size of at least 250 will be recruited for each arm of the trial (treatment, control and dummy). Impact will be measured using the Self-Stigma of Help-Seeking Scale (Vogel, Wade & Haake, 2006) and the Stigma of Suicide Scale (Batterham et al., 2013). Students will be invited to visit a link to view the informed consent form and study (if they choose to proceed) online, via a link in their online course shell. Participating students will be randomly sorted into 1 of 3 groups (treatment, control with a traditional, knowledge-based suicide education video, and “dummy,” who will receive nothing). The treatment and control group
will complete a baseline survey 1 week prior to viewing one of the two videos in Qualtrecs, and a follow-up questionnaire immediately afterwards. The treatment film is based on a youth-created theater performance about suicide. Throughout the treatment video, student actors describe their own experiences with loss and help-seeking, coupled with appeals to get help, speak openly about suicide and depression, and to help others. The video ends with a call to action, listing a link to a website with resources for helplines and crisis centers. The dummy group will simply fill out the survey without viewing any video.

The ethnographic study of stigma in Miles City is planned for the fall 2017. The purpose of this study is to examine the impact of a participatory interactive artistic workshop with high school youth in Miles City. Methods will involve “action research,” a fairly common mode of investigation designed to capture participatory, interactive or empowering experiences in educational research, especially among those researchers interested in classroom teaching practices. This framework will be applied during a 2-day art installation in Miles City with high school students. The workshop will employ consensual, democratic, and participatory strategies to encourage students to examine reflectively their problems or particular issues affecting them or their community. The process will encourage students to formulate accounts and explanations of their situation and to develop plans that may resolve some of their identified problems.

**Multimedia Educational Tools (MMET) for Suicide Prevention**

During 2016 GHEF focused on creating a training module or a multimedia educational tool (MMET) needed to expand Let’s Talk Community-Based Media Project to other Montana towns and cities. The program will consist of three main components: a series of training videos, an online and printed booklet explaining how to implement such a program, and a series of community forums to expand the program to other communities. The goal of this ongoing project is to create a multimedia package that will be used to expand Let’s Talk to Montana communities statewide, and to test the package in two community forums. Partner organizations include Montana State University Billings, Riverstone Health, Eastern Montana Community Mental Health Center, Billings Clinic, and Custer County District High School Miles City.

In early 2016, with funding support from the Montana Department of Public Health and Human Services, GHEF created two general introductory videos for the program. GHEF is now seeking grant funding to continue the project, which will include editing existing video material into organized, easy-to-digest short pieces specifically focused on the tasks required by teachers or educators, and creating the printed companion tool to enhance the training and facilitate daily implementation.

The application of MMET is envisaged within the proposed project on Depression Awareness and Suicide Prevention for Youth in Switzerland.
My Home My Mission Displacement/Eviction Community Based Media Project

My Home My Mission helps youth in grades 9 through 12 to deal with growing problems of displacement and psychological trauma related to gentrification and the surge of evictions in the San Francisco Bay Area. The program is intended to provide a safe space where weekly sessions are held that help students release displacement tensions through the creation of art. The concept is designed to assist participants in liberating themselves from stagnant realities that could potentially develop into long-term health and psychological problems.

After a kick-off event held in San Francisco in October 2015, GHEF began in early 2016 to develop proposals to hold the programs in two high schools: Immaculate Conception Academy, a private school, and Mission High School, which is part of the San Francisco Unified School District. GHEF is working in early 2017 to finalize agreements and curricula with the schools, and to start the programs in the spring semester.

GHEF’s process includes soliciting participation from students and gaining parental consent for student participation in the project. GHEF provides a facilitator/art director for one session each week for 10 weeks in the schools. Focused group surveys will be conducted before and after exposure to the My Home My Mission program. The programs will culminate with an end-of-semester exhibition of the project presented by GHEF. The schools will provide classroom space and a monitor for the after-school programs.

Throughout 2017 GHEF will be developing grassroots funding efforts for My Home My Mission as well as seeking funding from government grants and private foundations.

Syrian International Coalition for Health from 2012 to Present

GHEF hosted the foundational meeting of the Syrian International Coalition for Health (SICH), a coalition dedicated to strengthening Syrian health-related ministries and organisations through a process of coalition building. The focus is on planning for a post-conflict Syria. All approaches taken by GHEF through SICH are peaceful, secular and non-profit.

SICH monitors and evaluates the situation of displaced Syrians, and works with GHEF on the proposed project to benefit the migrants into Germany. The project’s main objective is to facilitate the transition from a disrupted public health system in Syria to a progressive, social welfare system in Germany. The proposed project will develop strong public health records for migrants.
Innovation is a key driver of development that potentially expands the availability of high-quality healthcare and people's access to it. However, the benefits of innovation have been distributed unevenly, and have largely failed to narrow the health equity gap. Innovation has traditionally been seen as invention and development of new technologies, but technological innovation brings little benefit unless it is intimately linked to social innovations.

In April 2016, in conjunction with the sixth edition of the biennial Geneva Health Forum dedicated this year to Sustainable and Affordable Innovations in Healthcare, GHEF presented a session on the topic of Innovation and Equity in Health. The purpose of this mini-symposium session was to draw attention of the Forum participants and the global health community at large to the urgent need for the equity-conscious research and innovation policies and practices. Presentations and moderated discussion at the session emphasized the critical importance of equity concerns in developing and introducing innovations in health and healthcare that contribute to enhancing health for all, achieving Sustainable Development Goals and universal health coverage.

Gender-based discrimination has increased, particularly in low- and middle-income countries, with poor women in particular experiencing hardship and poverty. This discrimination is reflected in less access to services, insecure employment and a greater risk of violence within and outside of homes. This symposium linked research, field experience and policy analysis to identify knowledge gaps and capacity building opportunities that would support pro-equity policies.
2013, Geneva
*Chronic Diseases and the Equity Challenge*

GHEF invited participants from around Europe to discuss non-communicable diseases, a growing threat to global health and health equity. A panel of international experts shared insights and cutting-edge research. Treatment of chronic disease in displaced populations was a featured topic.

Presenters addressed such non-communicable diseases as heart disease, stroke, cancer, chronic respiratory diseases, and diabetes.

2012, London
*New Methodology: Analyzing Health Equity Gaps*

The main purposes of the forum were to share methods of bridging health equity gaps, and to outline ongoing efforts.

One outcome from this forum was the publication of *No Magic Bullet? Health Equity Gap Analysis* written for GHEF by Professor Chris Heginbotham, University of Cumbria, United Kingdom.

2012, Geneva
*Global Health Equity in Times of Crisis*

Senior researchers and professionals from academia, international organisations and the third sector shared their perspectives on the effects of global economic and structural crises on health equity, including:

- the human rights perspective
- health systems facing crisis
- health inequity across southern and eastern Africa
- best practices from a community-based suicide prevention programme in the United States
- global mental health burden and equity
- case studies of healthcare reform from post-conflict environments
- food security and health equity global perspectives
Working toward GHEF’s goal of being a principal source for knowledge on health equity, every year we present our symposia papers and the insights of panels of experts. We do this gratis, for the benefit of any organization or individual who would like to take a proactive stance in improving health equity worldwide.

Annals 2014

In November 2014 GHEF shared the integrative thinking from its 2012 and 2013 Symposia with the world by publishing the first issue of *Annals of Global Health Equity Foundation* — a compilation of presenters’ papers from those first two Symposia, held in Geneva. The 2012 symposium, titled, “Global Health Equity in Times of Crisis,” brought together leading experts in global health, health equity, and public health to discuss the political, economic, social, and violence issues that influence health equity. The 2013 symposium, titled, “Chronic Diseases and the Equity Challenge,” was held in the historical John Knox Centre. This symposium offered an opportunity for presenters to define the growing threat of chronic and non-communicable diseases, and offer tools and approaches for the future.

Annals 2015

The 2015 issue of *Annals of Global Health Equity Foundation*, a compilation of papers from our 2014 symposium, was released on September 1, 2015. Our third annual symposium, titled, “Gender Discrimination and its Impact on Health Equity,” addressed a growing global health equity crisis, with our expert faculty presenting problems, research and solutions in gender inequality and violence against women. The 2015 *Annals* also presented an article from One Heart Worldwide that highlights examples of how men have been motivated to ensure health equity for women in childbirth in Nepal.

Annals 2016

The 2016 GHEF *Annals* titled, “Enhancing Equity Though Social Innovation: Focus on Displaced Populations” brings together papers presented at the mini-symposium on Innovation and Equity in Health held in April 2016 within the framework of the Geneva Health Forum and at the kickoff meeting of the project on Health Diplomacy for Health Equity of Syrian Refugees in Germany held in Dresden in July 2017. The 2016 *Annals* will be released in June 2017.

These publications are available to download in PDF format from [www.ghef.org](http://www.ghef.org).
Tayeb Al-Hafez, MD, FACP, Founder and President, Global Healthcare Equity Foundation

Tayeb Al-Hafez, MD, is a practicing physician and healthcare strategist. He also serves as a medical officer of Global Healthcare Advisory. In 2011, Dr. Al-Hafez was elected to Fellowship in the American College of Physicians. In 2012 he was been certified in Hospice and Palliative Medicine, a specialty that he practices in addition to Internal Medicine.

Andrei Issakov, MD, MPH, PhD

Andrei Issakov has worked in clinical practice, medical education and public health for over 40 years. Before joining the World Health Organization in 1985, he has occupied a number of clinical, academic and administrative positions at the Russian Medical University and Children's Teaching Hospital in Moscow. Working as Program Manager and Unit Head with WHO Headquarters in Geneva in 1985-2009, he has focused on development and strengthening of health systems, health sector reform, health policy and systems research, organization and management of health service delivery, quality of care, patient safety, and health technology assessment and management.

After leaving WHO, he continued his active engagement in international health as Director of Health Systems and Technology International Consulting; Health Systems, Services and Technology Adviser to Global Healthcare Advisory SA; Coordinator and Member of Executive Board of Swiss-Russian Health Forum; Member of Honorary Members Circle of International Hospital Federation; Member of Board of Directors of Commission for Advancement of Health Technology Management in Asia; and other assignments.

Sarah N. Keller, MS, PhD, Professor, Dept. of Communication & Theatre, Montana State University Billings, Billings, MT, USA

Sarah Keller, PhD, is Professor in the Department of Communication and Theatre at Montana State University Billings. She and her colleagues have developed a social science research project for identifying strategies for suicide prevention in Montana. Dr. Keller was instrumental in creating an innovative suicide prevention program in Montana in partnership with GHEF and is experienced in community-based interventions, health education curricula and capacity-building projects.

Dr. Keller’s research interests include mass media effects on adolescent sexual behaviour and relationship beliefs; impact of public health media campaigns designed to promote reproductive health; adolescent media use and risk behaviour; health communication; media effects on society; communication theory development communication; and new technology studies.

Research on her campaigns has resulted in papers appearing in the Journal of Marketing Education, Nursing & Health Sciences, Journal of Advertising, and Health Knowledge, Attitudes and Practices by Nova Press. Her ongoing research agenda centers on examining the use of mass media to promote health behaviour and attitude change on a variety of public health topics.
Chris Heginbotham, OBE, MSc, MA, MPhil, FRSPH, FRSA

Chris Heginbotham is Emeritus Professor of Mental Health Policy and Management at the University of Central Lancashire, where he was Acting Head of the International School for Communities, Rights and Inclusion. From 2003 to 2008 he was also Chief Executive of the Mental Health Act Commission in England and Wales. He worked at senior level within the public and third sectors for over 40 years, including a period as Chief Executive of Mind (the National Association for Mental Health), and Chief Executive of two UK Health Authorities and two NHS trusts. He has held various non-executive appointments and recently retired from a Non-Executive Director position at Lancashire Care NHS Foundation Trust UK.

Paul R. Cook, MD, MHA, CPE, SCLA

Dr. Cook was formerly the President and CEO of the Rocky Mountain Health Network based in Billings, Montana. Currently, Dr. Cook is the Director of Inter-Professional Education and Practice in the College of Allied Health Professions, Montana State University Billings. He is a faculty member there and teaches in the Master’s in Health Administration Program. Dr. Cook is also a Founding Member of the Board of Trustees for the Montana Healthcare Foundation based in Bozeman. The mission of the Foundation is to improve the health and wellness of all Montanans, including members of the sovereign tribal nations who live in Montana.

Todorka Ignatova Kostadinova, PhD

Ms. Kostadinova is a professor at the University of Medicine in Bulgaria. She holds a PhD in Economy and Management of Social and Cultural Activities from the University of National and World Economy in Sofia, Bulgaria. Professor Kostadinova is Dean of Faculty for Public Health at the Medical University of Varna, Bulgaria. She is an expert at the National Civil Council to the EU Commissioner for Consumer Protection. Ms. Kostadinova has worked with many national and international agencies around the world, including WHO, UNICEF, HOPE, UN, and the Association of Bulgarian Hospitals. She has served as a professor of global health at The George Washington University.

Michel Hirsig

Michel Hirsig is an economist, and recently retired as Deputy Manager of the Economic Development Office of the Republic and State of Geneva. He teaches Marketing and TQM in several specialized schools and universities in Switzerland. He is the founder and General Manager of Robertson Business Advisory, a Hong Kong-based company with branches in Switzerland, the United States and Australia.

Peter Gollnow

Peter Gollnow is the treasurer for Global Health Equity Foundation. He is Founder and CEO of Geneva Services Group, and the founder of Global Healthcare Advisory SA in Geneva. Mr. Gollnow started an economic development programme for Germany and Eastern Europe. He specializes in customer satisfaction measurement, service audits, Total Quality Measurement, business process reengineering and economic development.
**Eduardo Missoni, MD, MSc**

Professor Eduardo Missoni, MD, MSc, is currently a professor at the Bocconi University and SDA-Bocconi School of Management; he also holds teaching duties at the Faculty of Sociology of the Bicocca University in Milan (Italy), at the Medical School of the University of Pavia (Italy) and is a member of the Faculty of the Geneva School of Diplomacy. His teachings and research activities include Management of International Institutions and Non-profit Organizations, Global Health and Development-related Policy-making and Management. He was previously the Secretary General of the World Organization of the Scout Movement (the world’s largest youth organization), an Advisor to the Directorate General for Development Cooperation in the Italian Ministry of Foreign Affairs, in charge of health and social development programmes, a UNICEF officer in Mexico, and a medical volunteer in Nicaragua.

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**EuroHealthNet**

GHEF is a member of EuroHealthNet, an advisory and information body that coordinates health equity research and action. EuroHealthNet is a member of the Environmental Health Economics Network, which is the core WHO Europe body for generating, reviewing and disseminating evidence and information on environmental health economics.

**International Society for Telemedicine and eHealth (ISfTeH)**

On 5 April 2017 at the International eHealth, Telemedicine and Health ICT Forum Med-e-Tel in Luxembourg, GHEF is signing a Memorandum of Understanding with ISfTeH, an international professional organization with members in 89 countries seeking to facilitate the dissemination of knowledge and experience in telemedicine and eHealth thus improving access to quality healthcare.

**International Hospital Federation (IHF)**

GHEF and IHF are preparing a Memorandum of Understanding to be signed in 2017. IHF is a professional membership organization bringing together hospitals and healthcare organisations from around the world with a vision of a world of healthy communities served by well-managed hospitals and health services where all individuals reach their highest potential for health.

**Geneva Health Forum (GHF)**

GHEF and GHF are preparing a Memorandum of Understanding to be signed in 2017. GHF, founded in 2006 by the University of Geneva and the University Hospitals of Geneva, is the forum of innovative practices in global health, every two years bringing together key Swiss and international stakeholders.
Equity in health implies that ideally everyone could attain their full health potential and that no one should be disadvantaged from achieving this potential because of their social position or other social determined circumstance...

Efforts to promote equity in health are therefore aimed at creating opportunities and removing barriers to achieving the health potential of all people. — Whitehead and Dahlgren, WHO 2007

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Global Healthcare Advisory SA
Global Healthcare Advisory SA, based in Geneva, Switzerland, is an international organisation that provides innovative and efficient solutions derived from advances in telehealth and other technologies. The group sponsors GHEF activities in Europe.

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Donations may be directed to our offices in Switzerland or the USA, or donate online at: www.ghef.org. Thank you.