Executive Summary

Making Tangible Improvements Toward Global Health Equity

Mission

- Explore opportunities and challenges within communities
- Inform public and private opinion about the right to health
- Support sustainable healthcare capacity based on practical knowledge
- Make tangible improvements toward global health equity

Global Health Equity

- Impartiality in treatment
- Equality of opportunity to access healthcare, health education, and prevention services

"Health equity is a critical issue. Equity gaps are a global concern. Recent research focusing on social determinants of health confirms that equity is seriously compromised by discrimination against minority groups, and by a lack of equity in healthcare funding. GHEF provides an opportunity to discuss how health inequities arise, to present new methods for analysing equity gaps, and to devise strategies for addressing equity gaps. The goal is to share knowledge that leads to practical solutions."

Chris Heginbotham OBE, Emeritus Professor, University of Central Lancashire
About Global Health Equity Foundation

Global Health Equity Foundation is a non-profit organization that advocates on behalf of people who lack access to health education, prevention services, and healthcare. The Foundation is a primary source for knowledge on health equity and integrates its research into advocacy and capacity building projects for improved health equity worldwide.

Since 2007, the Foundation has sponsored projects in the United States as a 501(c)(3) organization. In October 2012, GHEF opened its headquarters in Geneva, Switzerland as a registered non-profit.

An Integrative Approach to Research, Advocacy, and Capacity Building

Global Health Equity Foundation was founded to make tangible improvements toward global health equity, specifically in the conditions for displaced and disadvantaged populations. GHEF is committed to advancing health equity within these communities via three strategies:

Research
GHEF’s research program is based on Equity Gap Analysis (EGA). This ingenious methodology brings individual and community values to the forefront of any investigation and intervention. EGA builds a better foundation of understanding and respect for culture and for moral codes. For any approach to succeed, it must be specifically oriented toward a given context. EGA is effective because it fosters customized advocacy and capacity building.

Advocacy
To accomplish our advocacy goals, research findings are channelled into educational and promotional campaigns. GHEF raises public awareness of health inequities and educates people about current and potential solutions for inequities. The Foundation uses a proprietary, multilateral framework called Displacement aXis. This framework combines research findings with anecdotal evidence to produce advocacy campaigns. Focused advocacy produces effective media that utilizes contemporary outlets for distribution, such as social media technologies.

Capacity Building
Community engagement and empowerment pave the way for effective capacity building. Increasing community-based knowledge and skill leads to success. Technology plays a crucial role in capacity building, and GHEF has been successful in adding innovative technology components to projects serving disadvantaged populations in the USA.

GHEF is partially funded by Global Healthcare Advisory. http://globalhealthcareadvisory.com

Donate online: http://ghef.org/fr.php

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Highlights from Current Activities

GHEF sponsors a community-based media project focused on suicide prevention in eastern Montana, USA. This project, which began in 2011, is on going. GHEF sponsorship is expected to continue for several years, or until the community is able to assume all of the leadership roles.

Sarah Mosdal: "I feel like we can make an impact, it’s not like we started a fire, but we definitely made a spark in the community!"

Samantha Mosdal poses by a photo her sister Sarah took as part of a summer photography workshop. Workshops in the arts give teens a chance to interact with each other, to develop their skills, and to strengthen their self-esteem. Part of the community-based suicide prevention program focuses on populations at risk, such as high school students. Graduate students from Montana State University Billings serve as mentors and teachers in the workshops.

In 2011, GHEF sponsored a film dramatizing issues surrounding suicide, and each year GHEF helps to organize workshops and an Out of the Darkness Walk. In January 2012, the project earned national recognition from the American Foundation for Suicide Prevention, and it has attracted grants and offers of assistance from other organizations. Funding has been obtained to maintain a website, and to train local leaders.

"I really liked the experience of helping others talk about such a touchy subject." – Amanda Letke

Teenage actors pose for a group portrait before performing in vignettes related to the subject of suicide prevention and awareness. The theater workshop was sponsored by GHEF, and taught by graduate students from nearby universities. From top, left to right: Carrie Bloxom, Neeka Gackle, Samantha Mosdal, Savannah Taillleur, Kyle McGuire, Sarah Mosdal, Amanda Letke, Victòria Mosdal.
In Montana credible public health information is not being effectively communicated to adolescents in the areas of: reproductive health, family planning, sexually transmitted diseases, and communicable diseases.

- Social Media technology reaches and educates children
- Technology platforms communicate using accurate, credible information sources
- Knowledge improves in a group currently receiving information from peers
- Trained workshop leaders use creative arts to build cohesive support groups
- Public health risks that are costly both monetarily and socially decrease

In 2012 community members chose Let’s Talk as the brand name for their suicide awareness campaign and for their GHEF-sponsored website: http://letstalkmilescity.org

This website is the centerpiece of the campaign. The site’s social media component creates an on-line community that raises awareness; provides a haven for those seeking help; and facilitates connections among people and organizations. It was determined through interviews with a number of residents that getting people in the Miles City community to communicate with each other openly and honestly about mental health issues was a significant obstacle to prevention efforts. The slogan “Let’s Talk” is designed to get community members more comfortable talking with each other about depression and suicide.

Dr. Sarah Keller of Montana State University Billings is leading a social science research project involving a three-pronged approach to identifying strategies for suicide prevention in Montana:

- A quantitative survey to evaluate the community-based media intervention to promote awareness and use of suicide prevention resources
- A qualitative study of the barriers to public health models for suicide prevention and modifications needed to improve community interventions
- A quantitative survey to identify social support factors related to suicide ideation among youth

**Partners in the Community Based Media Project**

- Montana Health Network
- Local Advisory Council for Mental Health
- Holy Rosary Healthcare Foundation
- McCone County Health Center
- Custer County Public Health Department
- Montana Department of Public Health and Human Services

- Global Health Equity Foundation - USA
- Global Health Equity Foundation - Switzerland
- Montana State University Billings
- Synaptic Healthcare, LLC
- Global Healthcare Advisory, SA
Consensus Building Forums

The Consensus Building Forum strategy was developed by Global Health Equity Foundation for the purpose of sharing knowledge, increasing connectivity amongst peers and disciplines, and developing practical solutions for achievable objectives. Participants focus on critical issues, identify challenges and opportunities, generate possible solutions, and provide guidelines for implementation of those solutions.

**June 2012:** GHEF sponsored a consensus-building forum in London, *New Methodology: Analysing Health Equity Gaps*. The main purpose of the forum was to share what has been done to bridge health equity gaps and to outline ongoing or future plans, while building consensus on a research path and methodology for GHEF. *No Magic Bullet? Health Equity Gap Analysis proposals for GHEF* by Chris Heginbotham is just one of the promising outcomes of this forum. This paper is currently being amended and prepared for publication. By offering practical steps based on realistic analysis, this paper, when completed, will serve as guidelines for 2013 projects. Chris Heginbotham, MSc MA MPhil, is Professor of Mental Health Policy and Management at the University of Central Lancashire, where he is Acting Head of the International School for Communities, Rights and Inclusions.

**July 2012:** GHEF sponsored a consensus-building forum in Istanbul, Syrian International Coalition for Health.

“The Syrian International Coalition for Health (SICH) is a consortium of organizations and individuals who are committed to improving health and healthcare delivery in Syria. SICH was formed in 2012 in response to increasingly urgent calls for comprehensive reform. The coalition adopted five principles: quality, equity, education, broad participation, and shared responsibility. Global Health Equity Foundation, as a major contributor to human and community development worldwide, combines its core strategies of research, advocacy, and capacity building to host this coalition. From administrative headquarters in Geneva, GHEF supports the SICH agenda in an equitable and neutral fashion.”

Mazen Kherallah, MD, FCP, President, Middle East Critical Care Assembly

**October 2012:** GHEF sponsored a symposium in Geneva, *Global Health Equity in Times of Crisis*.

“The purpose of the symposium is to provide a platform for dissemination of information and for debate concerning the impact of crises on equity in health and in healthcare. Crisis and conflict affect both the distribution of health and access to healthcare. The resulting inequities, as well as policies and actions to address those inequities, are the focus of the October symposium.

“Attendees and presenters represent a multidisciplinary group of senior researchers and professionals from academic and international organizations. Their contributions will allow us to view health equity from different perspectives. The Symposium will look at a wide range of crisis situations, including economic, global food-systems, societal models, socio-political conflicts, and military conflicts.

“Symposium participants will work together throughout November to write a consensus paper that will provide a framework for advocacy and capacity building. GHEF will publish and disseminate the paper.”

Eduardo Missoni, Coordinator, Global Health and Development, Department of Policy Analysis and Public Management and CERGAS, Università Bocconi, Milano, Italia - GHEF Scientific Coordinator

### Consensus Building Forums and Symposia

- Identify and map local and national assets
- Utilize and coordinate existing resources
- Educate – raising awareness and engaging all segments of the population
- Identify opportunities for improving access
- Identify challenges facing healthcare providers
- Analyse health equity issues and offer solutions

### Past Forums

- **May 2010:** Geneva - *Making Tangible Improvements Toward Global Health Equity*. Global Health Equity Foundation held its first international symposium to coincide with the annual World Health Assembly. The World Health Organization welcomed Global Health Equity Foundation as its guest speaker representing the Department of Ethics, Trade, Human Rights, and Health Law.
- **March 2011:** Montana - *Priorities in Healthcare Delivery in Eastern Montana.*
- **June 2011:** Montana – *Priorities in Healthcare Delivery in Eastern Montana.*
- **September 2011:** Montana - *Knowledge Management Projects.*
The internal conflict in the Syrian Arab Republic that began in 2011 has put increasing strain on the health system. Over the past three decades, Syria’s health indicators demonstrated continued improvement in health care and access to health care, especially among rural populations. Challenges to health care systems, however, persisted, including lack of transparency, health inequity across regions, uneven distribution of resources, and inadequate coordination between health service providers. Today, the growing number of Syrians internally and externally displaced by the conflict has exposed and exacerbated these existing weaknesses. In response to increasingly urgent calls for comprehensive reform and in an attempt to preserve progress made thus far, the Syrian International Coalition for Health (SICH) was formed in 2012.

The Syrian International Coalition for Health is a consortium of organizations and health professionals who are committed to improving health care and health care delivery in Syria. The coalition adopted four principles to guide their objectives: quality, equity, sustainability, and broad participation. Global Health Equity Foundation (GHEF)—a major contributor to human and community development worldwide—combines its core strategies of research, advocacy, and capacity building to host this coalition. From administrative headquarters in Geneva, Switzerland, GHEF supports the SICH agenda from an equitable and neutral position.

**Mission**
SICH’s mission is to strengthen health-related ministries and organizations through a process of immediate coalition building. The Coalition believes that this goal can be achieved by improving coordination and communication among different Syrian medical organizations, and by providing healthcare leadership and strategic planning.

**Statement of Commitment**
The Coalition works for the good of all, irrespective of race, religion, creed or political convictions. Coalition members observe neutrality and impartiality in the name of universal medical ethics and the right to humanitarian assistance. The Coalition maintains complete independence from political, economic, or religious powers.

**Objectives**
The coalition’s main objectives are to provide health care leadership and strategic health care planning at the country level, and to strengthen and improve communication and coordination between Syrian medical organizations.

**Communication and Coordination**
The coalition maintains an open and centralized communication platform headquartered in Geneva, Switzerland in order to:

- Define a strategic framework for cooperation among Syrian medical associations in organizational work, education, and care delivery across the health care continuum.
- Develop and strengthen the health information system in order to collate, prepare, and disseminate health information, trends, activities, and outcomes.
- Partner with local, regional, and international organizations and other stakeholders to coordinate a health care response to achieve predictability, timing, effectiveness, and accountability. The response will also address closing gaps in key areas of medical response and improving strategic field level coordination and prioritization.
- Connect organizations, mobilize resources, and serve as an advocate to better internal and external health resources.
- Coordinate responses for casualty management, communicable and non-communicable diseases, outbreak monitoring, mental health, long-term care for the disabled, access to secondary and tertiary care, and prevention programs. Prevention programs will include maternal, child, and newborn health and vaccines.
- Partner with experienced organizations to provide security for health care workers and volunteers.

Publication: “Health care in Syria before and during the crisis” (available online)
Online information: http://ghef.org/sich.php
The greatest gains in overall health have been achieved by developed nations, with no concomitant gains in developing or under-developed countries. Despite the ambition of the United Nations and its establishment of the Millennium Development Goals, it is unlikely that we will see equitable gains in health outcomes across all nations by 2015.

“Global community” means every person on earth, and we ask that you consider your role as a member of the global community. In order to fulfill our potential for establishing equity, we must first accept that the state of global health affects all people and all countries.

Gaps in health equity are commonly found in underserved and disadvantaged populations around the globe, whether those populations are defined by ethnicity, geopolitics, culture, environment, or displacement. This uneven distribution includes medicine, public health policy, humanitarian aid, education, shelter, and infrastructure.

With so many of us working towards improving global health outcomes, why will we fail to meet the Millennium Development Goals by 2015? To grapple with this question, we must identify our global strengths, such as advancements in technology, and we must not ignore our weaknesses, such as the failure to adapt technologies to serve the needs of diverse populations. Conventional channels of distribution are not working well for disadvantaged populations.

The concentration of knowledge in the minds of a relative few rather than in the whole of the global population is an historical trend that must be changed. As specialists, scholars, leaders, and practitioners, we are responsible for applying and disseminating our knowledge. This is key to transforming underserved and disadvantage communities into contemporary civil societies, the precursor to developed countries.

Traditional leadership, in the form of a hierarchical, top-down model, is increasingly inadequate to deal with the complexities of inequities across nations and cultures. Global Health Equity Foundation facilitates the distribution of leadership in the same way an organization may distribute healthcare and supplies. Promoting a collaborative and distributive form of leadership is essential to capturing the expertise and skills of the global health community.

Successful interaction with organizations and individuals rests on our ability to think beyond conventional expectations, and beyond the comfort of our specialty. By engaging in open leadership we create an opportunity for transcending the boundaries of interest, of specialty, and of geography.

Social responsibility is no longer the province of philanthropists and non-governmental organizations alone. It is integrated into the core structure of any organization. The matrix of for-profit organizations can and often does accommodate advocacy; and for-profit companies provide support for philanthropic organizations that can extend the reach and effectiveness of their humanitarian activities.

Balancing visionary goals with practical strategies will always be just that—a balancing act. The act improves with coaching and with time. Let’s join together to refine and redefine our balancing act.

Tayeb Al-Hafez, MD, FACP
Founder and President
Board of Trustees

Tayeb Al-Hafez, MD, FACP, Founder and President
Tayeb Al-Hafez, MD, is a practicing physician and healthcare strategist. He has served as a Regional Medical Director while working with a healthcare delivery organization. He fostered communication and knowledge sharing among medical directors in several hospitals, and provided mentoring and coaching that helped them excel in their leadership positions. His work helped them improve their relationships with their hospitals and affiliated physicians. Dr. Al-Hafez has experience leading successful inpatient hospital programs in non-profit, for-profit and academic healthcare settings. He takes on a wide range of responsibilities for improving care and controlling costs. He has practiced in North Carolina, Alaska, Hawaii, South Carolina, Oregon, Idaho, Montana and California. He is continuously working to share his knowledge and expertise in the areas of strategic planning and policy development. In September 2011, Dr. Al-Hafez was elected to Fellowship in the American College of Physicians.

Peter Saladin
Peter Saladin lives in Koniz, Switzerland. He is Consultant in Public Health. From 1990 - 2003 he was CEO of the University Hospital Inselspital in Bern, from 1998 – 2006 President of the Swiss Hospital Association. He held the function as a project leader of the Swiss National Project on Migrant Friendly Hospitals 2004–2006 and is editor of the book “Diversity and chances for equality, fundamentals for effective action in the microcosm of the health care institution” (2006). Prior to these functions he made a career in the Federal Ministry for Economic Affairs (international trade, finance and development cooperation) where he held the post of Secretary General. He graduated from the University of St. Galen, Switzerland. He is Doctor Honoris causa at the Medical University of Varna – Bulgaria.

Chris Heginbotham, OBE, BSc, MSc, MA, MPhil
Prof Chris Heginbotham MSc MA MPhil is Professor of Mental Health Policy and Management at the University of Central Lancashire, where he is Acting Head of the International School for Communities, Rights and Inclusion. Until March 2008 he was also Chief Executive of the Mental Health Act Commission in England and Wales (from 2003). He has worked at senior level within the public and third sectors for over 40 years including a period as National Director of Mind (the National Association for Mental Health), and Chief Executive of two health authorities and two NHS Trusts. He has held various non-executive appointments and is presently a Non-Executive Director of Lancashire Care NHS Foundation Trust.

Paul R. Cook, MD, MHA, CPE, SCLA, Board Member
Paul R. Cook is President and CEO of Rocky Mountain Health Network, Inc. He is responsible for the executive leadership, strategic direction, and oversight for a 550-plus member provider-hospital organization in Montana and Wyoming. The PHO provided advanced medical and business management services for its members, which included over 260 physicians, over 250 of all other allied health professionals, seven hospitals, including St. Vincent Healthcare which is one of two tertiary care health systems in the state of Montana, surgery centers, home health, and other organizations. Provided principal interactions with health plans, state and federal legislators, and various health interests across the state and region.

Khaldoun Dia-Eddine
Khaldoun Dia-Eddine, originally an electrical engineer, is a lecturer at Zurich University of Applied Sciences in Switzerland. He teaches strategic management, international business and international negotiations as well as Islamic finance. He is also a consultant on behalf of the university to companies active in the renewable energy sector and in the Middle-East region. A long international career as manager and consultant has seen him work in different fields from engineering development to leading humanitarian organizations through finance, insurance, IT, and industry. He is actively involved in various projects with think tanks, associations, and ministries both in Switzerland and abroad.

Todorka Ignatova Kostadinova, PhD
Ms. Kostadinova is a professor at the University of Medicine in Bulgaria. She holds a Ph.D. 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, MOPE, 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, presently the Deputy Manager of the Economic Development Office of the Republic and State of Geneva. Until December 1990, he was Marketing, Sales & Operations Manager in Russia, in the Middle East, Africa and North America for Swiss Airlines Ltd. Then General Manager of Kuoni Medical Congresses Dept up to March 1992. He then joined the public administration of the State of Geneva where he was in charge of the Public Transport System before he moved to his present activity 10 years ago. 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 and USA.

Eduardo Missoni
Eduardo Missoni, MD, MSc (London School of Hygiene and Tropical Medicine) with a Specialization in Tropical Medicine (Rome La Sapienza University), is a professor at the Bocconi University in Milan (Italy) and at its Post-graduate Management School (SDA-Bocconi). His teachings and research activities include Management of International Institutions and Non-profit Organizations, and Global Health and Development. Since 2001, he also holds a Global Health course at the Faculty of Sociology of the Bicocca University in Milan (Italy), and in the years 2009-2010 was visiting professor at the University of Geneva (Switzerland) where he held a course in Ethics and International Organizations. From 1987 to 2002, he was an Adviser to the Directorate General for Development Cooperation in the Italian Ministry of Foreign Affairs. During the same period he acted as the liaison officer with the World Health Organization (WHO) and the Panamerican Health Organization (PAHO), and represented Italy at international meetings (including WHO Executive Board and World Health Assembly) and expert groups (including the G8 health group, which he chaired in 2001).

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