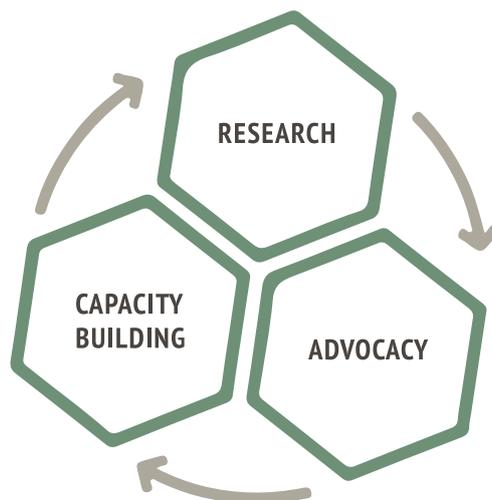




Annual Report 2018

INTRODUCTION

Global Health Equity Foundation (GHEF) 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.



*Interlinking Research,
Advocacy and
Capacity Building*

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.



Projects

HEALTH DIPLOMACY FOR HEALTH EQUITY OF MIGRANTS AND REFUGEES

1. Health Diplomacy for Arabic-speaking Refugees and Migrants in Germany

Health Diplomacy is defined in many different ways and, in essence, is a multilevel process that involves international stakeholders and local organizations that are aimed at improving health of those most in need. GHEF has responded to the refugee crisis caused by conflicts in Syria and Iraq by developing a scalable pilot project designed to address priority health needs of refugees, enhance health equity for migrant and refugee population and strengthen the response capacity of receiving country health system. GHEF is working with specialists in the Bonn Institute of Migration Research and Cross-Cultural Communication (BIM), University of Public Administration and Finance (HVF) Ludwigsburg in Baden-Württemberg, Aschaffenburg University of Applied Sciences (UAS) in Bavaria, and the Montana State University Billings (MSUB) in the US, on the multi-strategy project focused on health literacy, mental health and trauma-associated conditions among recent refugees to Europe with a specific focus on Arabic-speaking refugees in Germany.

Raising awareness of refugees regarding critical health issues is the central aim of the project, as this represents one of the key pre-conditions for health equity. However, the creation and transfer of knowledge in a way that is culturally acceptable, convenient and sustainable is a challenging undertaking. This project seeks to identify mechanisms in which the vast majority of refugees can be reached and educated using simple, effective and cost-efficient interventions.

The aim of this project is stepwise to:

1. test and report the methodology of data collection and how to disseminate health information through tablets, smart phones and a special web site tailored for this purpose
2. discover the health inequities or differences of the present phase of Syrian refugee status, and evaluate the past, transit and entry health issues; as a route to
3. preparing effective pathways to health care and treatment for pre-existing health problems of the refugees; and to
4. ameliorating the worst mental, physical and psychological health effects of present refugee status; with a view to
5. advising on values-based health care approach, now and in future, provided equitably within each country, for all ages and genders.

In particular, the main research objectives are to discover how GHEF, other NGOs and relevant country authorities can

- (i) gain an understanding of the health and healthcare needs of refugees and migrants, and the health equity gaps and ways to tackle those health equity issues by
- (ii) designing (educational) interventions that increase the inclusiveness of refugees in Germany (and by extension in other countries of the EU also);
- (iii) suggest to the appropriate authorities necessary health care and services to refugees and migrants.



To achieve these objectives, it is proposed to undertake a rapid, small scale but expandable project that targets newly arriving Syrian refugees in Germany as Syrians make up the majority of the present cohort of Arabic-speaking refugees traveling to the countries of the European Union. However, refugees from Iraq, Afghanistan or Pakistan will be also included in the research if they are present in the project sites. Once the efficacy of the approach and tools is proven, these can be scale up to other languages, cultural backgrounds and countries?

Tangible outcomes of the project would be to:

- create health literacy modules/content in both Arabic and German,
- provide recommendations and pathways/models for inclusion, assimilation and integration with particular emphasis on addressing identified health equity gaps and trauma-associated conditions,
- identify risks for marginalization and integration and to articulate potential solutions,
- identify high risk for post-traumatic stress disorder and provide potential solutions,
- facilitate linkage and focus groups and storytelling,

The results of the project will be published in a peer-reviewed scientific journal from the medical and management field as well as in *GHEF's Annals 2018-2019*. Media communication (e.g., press releases) will also be produced and distributed by GHEF.

2. Building Partnerships

Within its continuous efforts on securing funding and expanding research partnership in countries affected by the refugee influx, GHEF has reached out to several institutions in Germany including the Bonn Institute of Migration Research and Cross-Cultural Communication (BIM), University of Public Administration and Finance (HVF) Ludwigsburg in Baden-Württemberg, and Aschaffenburg University of Applied Sciences (UAS) in Bavaria that expressed their interest in working together with GHEF on the Health Diplomacy for Arabic-speaking Refugees and Migrants in Germany Project.

In May 2018, GHEF participated in the World Congress on Migration and Health in Edinburgh where it has continued the dialogue with potential partners with a view to building up joint research and development activities.

Currently, GHEF action is focused on following up on these contacts as well as on the ones established earlier. These include Universidade Nova de Lisboa and the Goulbenkian Foundation in Portugal, Norwegian Centre for Minority Health Research, Vulnerable Population Centre at the Vaud Hospital Centre in Lausanne Switzerland, WHO/EURO Program on Public Health Aspects of Migration in Europe (PHAME), Migration Health Division of the International Organization for Migration, Section for Migrant and Ethnic Minority Health of the European Public Health Association, Geneva International Centre for Migration Health and Development, UNHCR, International Federation of Red Cross and Red Crescent Societies and other organizations.



COMMUNITY-BASED MEDIA PROJECT FOR SUICIDE PREVENTION “LETS’ TALK”

During the 2018, research on suicide prevention, focused on evaluating GHEF’S infamous Let’s Talk intervention for increasing disclosure about suicidal risk and access to help-seeking continued at the US Montana State University Billings. Four pilot studies have been conducted using online randomized controlled trials to measure the impact of Let’s Talk documentaries on college students’ self-reported stigma of help-seeking. Results indicated moderate reductions in stigma as a result of viewing the 7-minute videos. This data was used to submit a federal grant proposal to the National Institutes of Mental Health in Fall 2018, to test the impact of two suicide prevention videos on young adults’ stigma against help-seeking (a standard suicide prevention video from the Signs of Suicide and Let’s Talk). This study hypothesized that students exposed to both videos will have lower rates of help-seeking stigma and attempts compared to controls. A second aim of this study is to identify the underlying mechanism for the videos’ impact. The study will be conducted as a randomized controlled trial administered online to voluntarily participating college students from a national panel. Impact will be measured using the Self-Stigma of Help-Seeking Scale (Vogel, Wade & Haake, 2006), help-seeking behavior and self-reports of suicide attempts. The long-term goals of this line of investigation are to gain understanding into how these and similar suicide prevention materials achieve their impact, and, ultimately, to develop an easily disseminated anti-stigma educational tool. This study is innovative in its use of stigma as an outcome variable, shown in prior studies to have a proximal (and potentially causal) relationship with suicide, and because it contributes to a nascent body of research on the mechanisms for suicide prevention education.

In Spring 2019, plans are underway to showcase Let’s Talk’s prior work in a community-based art exhibit at WaterWorks Art Museum in Miles City, Montana, showcasing both creative works from current Let’s Talk after-school program high school students and photography from the first year of the Let’s Talk community-based media project in 2012. College students from MSU Billings will conduct an ethnographic study during the exhibit and art opening to identify signs of hope and trauma expressed by the art work, and to explore reactions among community members.

TECHNOLOGICAL INNOVATION HELPING ELDERLY AGE IN PLACE, SAFELY AND INDEPENDENTLY

1. Integrated Home Monitoring to Improve Support to Frail and Vulnerable People

To bridge the identified gap of serious disconnect in medical care offered to older individuals and their needs, GHEF and Global Healthcare Advisory (GHA) developed a Home Health Telemonitoring Program CareGo combining a preprogrammed computer, a medication reminder and dispenser and a motion and temperature alert system.

A feasibility study at Montana’s Billings Clinic Center for Clinical Translational Research carried out in 2016 has demonstrated that the CareGo reduces social isolation; improves communication among patients, family members and healthcare providers; provides effective case management of high risk patients; and reduces emergency department visits and hospital admissions and readmissions.



After the success of this feasibility study, a multi-setting efficacy study is planned adding three features to the system: fall detection, two-way speech communication and GPS to demonstrate cost savings and improved compliance and quality of care.

In October 2017, GareGo was presented to Kaiser Permanente health technology team at its Headquarters in Oakland. The outcome of the discussion was very positive, and Kaiser expressed their interest to follow up with GHEF and GHA on piloting CareGo within the Kaiser health system.

In 2018, CareGo has been evaluated by the UK-based Blueriver Consulting as part of NHS searching for a digital health system for integrated home monitoring to support as much as possible the independent living of older individuals that are most frail and vulnerable people, and to enable them to maximise the opportunities from their abilities rather than be limited by their disabilities.

This evaluation concluded that the CareGo home monitoring system meets three core criteria for such a system. It is:

- Patient-focused - able to support a range of concomitant needs around a person rather than being exclusive to diabetes, COPD or any single condition;
- Organic – a common platform capable of flexible development as a person's needs change over the course of their life, including a mandatory component able to support improved administration of prescribed medicines, and;
- Affordable – in terms of a return on investment based upon core NHS activity.

It has been proposed to proceed with CareGo as the pilot system that was based upon the following summarised three main points:

- It was the most suitable system in supporting multiple conditions from a common single platform that could be used across the spectrum of support from frail but independent self care through to domiciliary care and then through to dementia and palliative care;
- It was the most suitable system in enabling the platform to remain the same whilst specific modules evolved as patient needs modified – eg new clinical conditions were acquired or existing conditions worsened;
- It was the only system that had the ability to incorporate an integrated approach to medicines administration.

Based on this evaluation a pilot study in UK is being planned for 2019.

2. Geneva Health Forum 2018, Round Table "Aging: Living Longer and Healthier or Just Longer?"

In April 2018, GHEF in collaboration with the University Hospitals of Geneva and Geneva Health Forum has organized a round table entitled Ageing: Living Longer and Healthier or Just Longer? The session addressed challenges related to the impact of aging on health systems and the economy, and what role technologies can play to influence the current trends and keep elderly persons independent. Living longer is definitely the goal, but the quality of life is even more important, and digital health solutions clearly have a critical impact on facilitating aging in place, breaking isolation, promoting interpersonal communication and improving living conditions of the elderly people. In this context, CHEF has presented its breakthrough Home Health Telemonitoring Program CareGo. In addition

to GHEF, the panel comprised representatives of the World Economic Forum, World Health Organization and Geneva University Hospitals who brought in the economic, public health and medical perspectives. The round table was moderated by the Geneva Dialogues Association.



Symposia

NOVEMBER 2019, BONN (PLANNED) HEALTH DIPLOMACY FOR ARABIC SPEAKING REFUGEES IN GERMANY

For this Symposium planned for November 2019, GHEF will bring together the international expert faculty to discuss challenges and collaborative opportunities leading to greater health equity for migrants and refugees in Europe based on the initial results of the study focused on Arabic Speaking Refugees in Germany. The Symposium will provide a platform for exchanging best practices, knowledge and experience in assessing and monitoring health of migrants and refugees with a focus on mental health and post-traumatic stress disorder (PTSD), enhancing their health literacy and health-seeking behavior, overcoming barriers in accessing health care, and reducing the gap between research into migrant health and equity-focused policies and actions.

2016, GENEVA INNOVATION AND EQUITY IN HEALTH

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 symposium session on the topic of Innovation and Equity in Health. The purpose of this symposium 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.

The symposium covered a broad range of topics that have been further elaborated at the two-day Workshop on Health Equity of Syrian Refugees in July 2016 in Dresden.

2014, GENEVA GENDER DISCRIMINATION AND ITS IMPACT ON HEALTH EQUITY

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:

- 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 U.S.
- global mental health burden and equity
- case studies of healthcare reform from post-conflict environments
- food security and health equity global perspectives



Annals of Global Health Equity

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 presents 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* entitled "Enhancing Equity through Social Innovation" 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 2016. These include:

- Innovation and equity in health
- Innovative solutions for greater equity in health that have come from previous GHEF symposia
- Let's Talk, a theatre intervention to promote communication among youth about depression and suicide
- Opportunities and challenges in digital health for reducing health disparities
- Health diplomacy efforts for Syrian refugees and migrants in Germany
- Epidemiological aspects of mental illness among migrants and refugees
- Individual and collective aspects of psychological well-being and trauma in refugee migration
- Health equity of Syrian refugees in Germany – translating research into policies and benefits

These publications are available to download in PDF format from www.ghef.org.



Board of Trustees

TAYEB AL-HAFEZ, MD, FACP, GHEF FOUNDER AND PRESIDENT

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 certified in Hospice and Palliative Medicine, a specialty that he practices part time in addition to Internal Medicine.

PAUL R. COOK, MD, MHA, CPE, SCLA

Dr. Cook was formerly the President and CEO of the Rocky Mountain Health Network based in Billings, MT. 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, MT. 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.

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.

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, USA and Australia.

ANDREI ISSAKOV, MD, MPH, PHD, GHEF STEERING COMMITTEE COORDINATOR

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.



Global Health Equity Foundation

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Geneva, Switzerland

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.

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.



Partners

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, GHEF has signed 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.

GENEVA HEALTH FORUM (GHF)

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. GHEF and GHF have established good collaboration that resulted in organizing a symposium session on Innovation and Equity in Health within the framework of the sixth edition of GHF in April 2016. This collaboration is further developing, and a joint Round Table on Ageing: Living Longer and Healthier or Just Longer? is held at the seventh edition of GHF in April 2018 with discussions ongoing on the format and theme for GHEF's input for the eighth edition of GHF in March 2020.

UNIVERSITIES, GREAT BRITAIN

Faculty of Health and Science at the University of Cumbria
University of Birmingham
University of Central Lancashire

UNIVERSITIES, UNITED STATES

Montana State University Billings
Center on Social Disparities in Health at the University of California in San Francisco

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.



Global Health Equity Foundation

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Geneva, Switzerland

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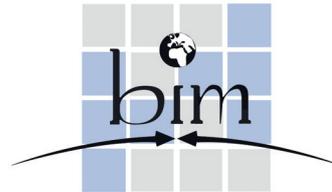
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Donations may be directed to our offices in Switzerland or the USA or to our partners in Germany,
or donate online at: www.ghef.org.

Thank you.

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