



Global Health Equity Foundation

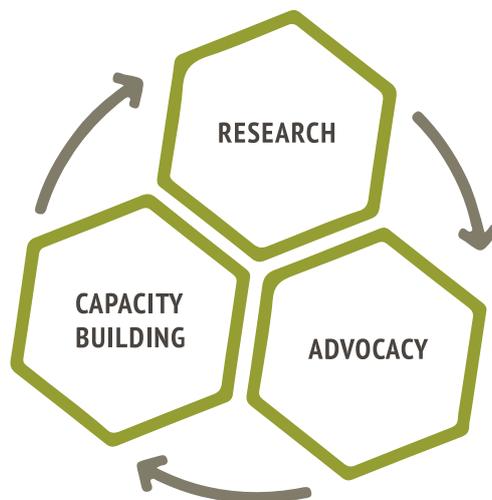
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Annual Report 2017

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.



*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.

Global Health Equity Foundation

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Projects

Health Diplomacy for Health Equity of Migrants and Refugees: Developing Tools and Building Partnerships

GHEF has responded to the refugee crisis caused by the conflict in Syria by developing a scalable pilot project designed to address priority health needs of refugees, enhance health equity for migrant and refugee populations and strengthen the response capacity of receiving country health systems. The project aims to create and test culturally acceptable and effective interventions that increase refugees' awareness of critical health issues and of possible health care options, which are presented 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 whole range of effective support for refugee families.

This project is also designed to support NGOs as they provide more targeted, cost-effective preventive and mental healthcare services by:

- Determining the health status of refugees
- Evaluating past, transit, and entry health issues of refugees
- Recommending effective health care and treatment for pre-existing health problems of refugees
- Recommending courses of action to ameliorate mental, physical and psychological health problems
- Ensuring adequate health care, equitably distributed, for refugee populations

With its community-driven focus on health equity, and on facilitating social and cultural integration, the project is a model support mechanism for any receiving country health care system. It also supports public diplomacy objectives through refugee engagement designed to build understanding of the values of democratic societies, respect for human rights, and the importance of individual responsibility for new residents.

To achieve the goal of increasing awareness, the project uses various community-based multimedia tools and technologies as mechanisms to foster diffusion of awareness among the refugee population and to ensure sustainability of awareness over time.

The design for this research project consists of a two-step approach—qualitative interviews followed by field study. Open-ended qualitative interviews in refugee reception centers reveal relevant health issues, cultural particularities (e.g., stigmatization, different language concepts), and experiences with health care services in a receiving country.

The subsequent experimental field study includes two educational interventions as well as a control group, each taking place in a different refugee reception centers. First, a quantitative survey is used to measure the level of awareness in each reception center. Immediately after the baseline measure, a short video is presented on health literacy. The video details the health rights and responsibilities of incoming refugees. A community-based media project is also conducted. The educational interventions are only applied to a part of the refugee population at the reception center to analyze the diffusion of awareness. Awareness is measured again immediately after the intervention, and once after a period of six weeks. Awareness is measured among the entire refugee population in the reception center, and it is analyzed to determine if diffusion of knowledge within a refugee reception center has occurred, and whether the knowledge persists over time for each individual refugee.

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To further its efforts to secure funding and to expand research partnerships in countries affected by the refugee influx, GHEF has participated in the *International Seminar on Migration and Health organized by the Goulbenkian Foundation and Universidade Nova de Lisboa* 8 June 2017 in Lisbon, Portugal, and the *WHO/EURO Summer School on Refugee and Migrant Health 10-14 July 2017* in Siracuse, Italy, where GHEF has shared and discussed the project concept and proposal with several potential partners including the 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, EU SH-CAPAC Project, Goulbenkian Foundation, Norwegian Centre for Minority Health Research, Universities of California in Berkeley and San Francisco, Copenhagen, Helsinki, Lausanne, Lisbon, Trnava, Uppsala, Warwick.

Currently, GHEF actions are focused on following up on these contacts as well as on the ones established earlier with UNHCR, International Federation of Red Cross and Red Crescent Societies, Geneva International Centre for Migration Health and Development, Universities of Berlin, Dresden, Stockholm in order to build up joint research and development activities.

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

Over the past two years, the Let’s Talk project focused on employing mini-documentaries for their potential impact on reducing youth suicidal ideation and stigma about help-seeking for suicide prevention.

In 2017, researchers launched four pilot studies to evaluate the impact of a video tool based on original scripts from the previous *Let’s Talk* work, a community-based theatre program for suicide prevention. The program sought to reduce barriers to help-seeking, to explore experiences with mental illness, to delineate factors associated with suicide, and to reduce stigma. The short videos (7.5 minutes long) can be developed into an easily disseminated educational tool. These pilot studies are measuring the impact of exposure to one of the Let’s Talk documentaries on young adults’ responses to the Self-Stigma of Help-Seeking Scale (SSOHS) and the Stigma of Suicide Scale (SOSS). Results from this project will be used to supplement existing pilot data (obtained in Spring 2017 through Montana INBRE funding) to develop a proposal to the National Institute of Mental Health (NIMH) in June 2018.

Under previously funded research, the PI conducted a study on which the documentary analysis is based. This prior work evaluated suicide prevention intervention using theatre workshops to address the risk of suicide. Youth scripted performances were conducted to teach other students and community members how to talk to their peers and mental health professionals about suicidal ideation, loss, and prevention. The professional documentary in this study was created based on these theatre performances and the audience reactions. A pilot study in 2017 evaluated the video intervention in an online randomized control trial with PSYCH 100 at Montana State University Billings. The evaluation showed significant reductions in Stigma of Help-Seeking among students shown the video, compared to controls. The mean SSOHS score decreased by 4.16 (SE = 1.67), significantly more than the mean score decrease for individuals in the control group (P = 0.017). However, additional data is needed to confirm these results to obtain federal funding.

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Technological Innovation Helping Elderly Age in Place, Safely and Independently

There is a serious disconnect in medical care offered to older individuals and their needs. Many are subjected to expensive and futile care, often in long-term care facilities or they are admitted and readmitted to hospitals due to poor adherence to medical regimens and improper monitoring by healthcare providers. Yet nearly 90% of those age 50 and older polled recently said they prefer to remain at home rather than receive care in facilities.

To bridge this gap, 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.

In a feasibility study at Billings Clinic Center for Clinical Translational Research in Montana, nurses installed the *CareGo* in homes, trained study participants and caregivers to use it and tracked essential healthcare information captured wirelessly through peripheral devices. Captured information included: blood pressure, heart rate, blood glucose levels, weight, and oxygen saturation.

The system was remotely monitored to ensure it was installed correctly and functioned appropriately. Family members were encouraged to use the system to communicate with study participants. Both qualitative and quantitative methods were used to measure start up challenges, ease and frequency of use, medication adherence and the perceived value of the product. Data was collected through focus groups, questionnaires, interviews, client daily logs and measures extracted from the system's reports.

Of the participants that used *CareGo*'s components:

- 71% stated they would continue to use the system
- 86% felt it effectively connected patients with multiple care needs to family and caregivers
- 100% used the appliance's home page and peripheral devices daily or more often, and
- 100% felt older people with multiple health problems could learn to use the point of care appliance.

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, hospital admissions and hospital readmissions.

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

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

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New GHEF's Partner – International Society for Telemedicine and e-Health (ISfTeH)

The two organizations' Presidents signed a Memorandum of Understanding between GHEF and ISfTeH on 5 April 2017 at the ISfTeH's Board Meeting held in Luxembourg during the International eHealth, Telemedicine and Health ICT Forum Med-e-Tel.

ISfTeH is a professional membership organisation facilitating the international dissemination of knowledge and experience in telemedicine and e-Health, and providing access to recognized experts in the field worldwide. ISfTeH fosters the sharing of knowledge and experiences across organizations and across borders, and aims to promote the widespread use of ICT tools and solutions in health and social care. It is primarily an umbrella for national Telemedicine and e-Health organizations with a particular interest in supporting developing countries in the field of Telemedicine and e-Health. ISfTeH hosts an annual conference each year and supports a number of other international events, publishes a monthly newsletter, publishes the Journal of the International Society for Telemedicine and e-Health, and collates various e-Health and telemedicine resources.

The purpose of the Memorandum of Understanding is to facilitate collaboration between GHEF and ISfTeH in achieving the organizations' shared objectives, namely advancing global health equity and enhancing equitable access to quality health care for all, particularly through harnessing the potential of e-Health approaches and interventions.

The envisaged collaboration includes organizing joint events, developing and implementing joint projects, producing joint publications—as well as sharing information with each other on activities and opportunities, and supporting each other in promoting relevant priorities and strategies.

This partnership will strengthen two partner organizations by exposing them to each other's content, membership and programs. Working together will enable both GHEF and ISfTeH to complement their individual strengths and resources, and extend their reach in realizing the equity potential of e-Health.

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Symposia

March 2019, Geneva (planned) Health Equity in the Context of Migration and Displacement

For the Migrant and Refugee Health Symposium planned for March 2019, GHEF will bring to Geneva international expert faculty to discuss challenges and collaborative opportunities leading to greater health equity for migrants and refugees. The Symposium will provide a platform for exchanging best practices, knowledge and experience in assessing and monitoring health of migrants and refugees, 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 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 were 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.

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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

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Annals of Global Health Equity Foundation

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 2016-2017

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.

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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 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 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.

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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.

Chris Heginbotham OBE PhD FRSPH

Emeritus Professor of Mental Health Policy and Management, University of Central Lancashire. Advisor to the Board.

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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 provides a forum for innovative practices in global health, every two years bringing together key Swiss and international stakeholders. GHEF and GHF established a collaborative relationship 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 continues to develop. A joint *Round Table on Ageing: Living Longer and Healthier or Just Longer* was 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.

World Headquarters

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Please join us by adding your support.

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

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