



Svenska
Läkaresällskapet

Swedish Global Health Research
Conference 2018

Conference Report

How can Sweden contribute to the
Sustainable Development Goals?

From Research to Action!

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SWEDISH GLOBAL HEALTH RESEARCH CONFERENCE 2018

The Swedish Global Health Research Conference 2018 was a joint collaboration between the Swedish Society of Medicine through their committee for global health and all Swedish medical universities.

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COLLABORATING ORGANIZATIONS

Effective Altruism Sweden, IFMSA-Sweden, Mother and Child Health Association Students in Research, Swedish Society of Medicine's Student and Junior Doctor Section, Swedish Network for International Health, Swedish Organization for Global Health



Svenska
Läkaresällskapet

The Swedish Global Health Research Conference 2018

How Can Sweden Contribute to
the Sustainable Development Goals?

From Research
to Action!

Twitter
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The conference is organized by the Swedish Society of Medicine in cooperation with



Government of Sweden





Dear colleagues

I would like to start by thanking all of you who participated in the Swedish Global Health Research Conference 2018. Without you, we would not have had a conference at all. Together we created a platform where for two days we could meet and discuss global health research from many different angles under the umbrella of “How can Sweden contribute to the Sustainable Development Goals? – From research to action”.

I was humbled to see that we were a gathering of 500 participants. This exceeded our expectations and clearly reveals the interest in global health and global health research in Sweden. The outcomes of the conference, presented in this report, are based on the experiences and opinions of you - the participants.

Throughout the conference, the 2030 Agenda for Sustainable Development was looked to as an opportunity for strengthening global health research and its impact. The Agenda provides a common language, allowing us to engage in interdisciplinary and cross-sectional collaborations. It enables researchers to present their findings to politicians and policy makers who have been mandated to implement policy adaptations for improved health. Global health research in turn has the potential to contribute to the fulfilment of all 17 Sustainable Development Goals (SDGs) of the 2030 Agenda, including those that do not pertain to health.

As the world continues to evolve, we need to acknowledge people who risk being left behind and continue advocating for their improved health, while also preparing to take on new challenges.

Many health issues are truly global and have similar driving factors regardless of whether we inhabit low- or high-income settings, and we need, for instance, to find cost-effective solutions for the prevention and treatment of non-communicable diseases. While these solutions can vary depending on context and prerequisites, they provide an excellent opportunity to engage in reciprocal, global collaborations.



MIND THE GAP

As the world continues to evolve, we need to acknowledge the people that risk being left behind.





The focus on and the need for concrete action were evident throughout the conference. We are already engaged in activities aiming to improve global health, yet together with our colleagues and partners we need to raise the bar even higher. In this report, you will find summaries of the plenaries and the workshops, and you can also read more about concrete ideas raised at the conference. The workshop summaries also provide an overview of what the next steps should be, as identified by the participants. Please take the examples and ideas and continue working on them; if there is anything you would like to discuss with us at the Swedish Society of Medicine, do not hesitate to contact us.

The Swedish Society of Medicine plans to organize the next global health conference in 2020, this time in Lund. Conferences are just a small part of the larger work contributing to improved global health, but I believe it is important to once again meet and continue to develop this field together.

*Best wishes to all of you for continued good work
in the field of global health*



Tobias Alfvén

Chair of the organizing committee



Executive Summary

At the heart of the Swedish Global Health Research Conference 2018 was the 2030 Agenda for Sustainable Development. The 2030 Agenda is underpinned by the idea that we all need to develop in a sustainable way regardless of where we live and where we work, ascertaining that no one is left behind. In our work in research and at universities, we need to consider what this demands of us. How do all of us engaged in global health contribute to improve health for all people, everywhere?

To utilize the 2030 Agenda, protocols for effective collaboration need to be improved, including those interactions between students, researchers and other actors, as well as those between research disciplines and professions. Some of these protocols already exist, and others still need to be developed. Best practices for strengthening interdisciplinary approaches were continuously discussed at the conference.

Several core principles of global health research were frequently reiterated, such as the need for a do-no-harm approach, and the importance of avoiding unbalanced power relations in collaborations between low- and high-income countries. To be able to take advantage of everyone's expertise, it is essential to engage in equal and integrated collaborations. Furthermore, we should learn not only from our successes, but also from the obstacles and challenges we encounter, and we should continuously educate ourselves and others about the new global agenda.

LEARNING BY DOING

We should learn not only from our successes, but also from obstacles and concerns we encounter.

Concrete suggestions that were proposed during the conference include the creation of mandatory courses on the 2030 Agenda for PhD students, as well as an educational platform for the 2030 Agenda, to be organized through collaboration by Swedish universities. New ways of working are required for us to truly bridge the gap between research and policy, such as developing an indicator of 'Impact of change created' for researchers or creating a journal focusing mainly on research connected to the Sustainable Development Goals.

MAIN TAKEAWAYS...



START WITH THE BASICS

- ➔ Read the actual 2030 Agenda for Sustainable Development
- ➔ Adopt a fact-based worldview
- ➔ Make sure you know the health problems you are working on
- ➔ Adopt a bottom-up approach, involve the people you are studying



LEARN FROM EACH OTHER

- ➔ Borrow tools from other disciplines like behavioural economics
- ➔ Avoid unbalanced power relations in collaborations between low- and high-income countries
- ➔ Learn from successful interventions on other income levels



BREAK DOWN THE SILOS

- ➔ The 2030 Agenda is an opportunity to promote and strengthen interdisciplinary collaborations, to evaluate existing partnerships and to begin new ones
- ➔ For funders: make grants applicable for broader research, so that interdisciplinarity is encouraged and more SDGs can be targeted at once
- ➔ Adopt a holistic approach



NARRATIVES

- ➔ Focus on what the world can gain from working towards the SDGs
- ➔ Improve your communication skills
- ➔ Always keep your audience in mind and adapt your message accordingly



EXAMPLES OF CONCRETE ACTION

- ➔ Create PhD courses on the SDGs
- ➔ Educational platform for researchers/students/funders
- ➔ Strengthen national centres for global health, with local centres at all universities in Sweden
- ➔ Start a multidisciplinary journal focussing on the SDGs

Introduction

Starting the conference and introducing the first speakers, *Tobias Alfvén* and *Anna-Theresia Ekman*, chair and student representative of the Swedish Society of Medicine's committee for global health welcomed everyone to the conference. Participants included students, researchers, government representatives, policy makers, civil society representatives, and the private sector. They voiced the organizing committee's hope that the conference would be a starting point for a much-needed discussion on how to reach the Sustainable Development Goals, emphasizing the need for more and better research.

The conference was the third meeting on global health organized by the Swedish Society of Medicine. The first meeting, Global Health Beyond 2015, was held in 2013 and led to the creation of the Swedish Society of Medicine's Committee for global health. The second meeting focused on education and was held in Umeå in 2016: The Swedish Global Health Education

Conference. The Swedish Global Health Research Conference was an opportunity for anyone interested in global health to meet, discuss and share ideas about how research can contribute to the fulfilment of the 2030 Agenda: How can we align our work better with the Agenda.

The conference was a joint effort from all of the medical universities in Sweden, and representatives from the universities were involved in the planning committee. All in all, over one hundred persons participated in the planning and delivery of the conference - including the organizing committee, volunteers, panellists, moderators, student organisations, junior facilitators and the secretariat of the Swedish Society of Medicine.

The focus of the conference was to explore global health research in the light of the 2030 Agenda for Sustainable Development, but the role of serendipity was also mentioned, to highlight the importance to engage with new colleagues and friends, and get new ideas.



Youtube link:

https://www.youtube.com/watch?v=8_8iHdkKl8E&feature=youtu.be

Goals?

!

itet, Stockholm

” GLOBAL HEALTH
Actions for a better and
more equal world. “

Government Offices of Sweden

SIGHT

FÄRLIGEN ENDRINGS
STIFTELSE



“

RESPONSIBILITY

With all our resources, with all the competence, there should be much more evidence when it comes to global health.

”



Introduction

Ole Petter Ottersen
President of Karolinska Institutet

Ole Petter Ottersen, President of KI, introduced the conference by emphasizing the role universities play in fulfilling the 2030 Agenda. 'If you read the 2030 Agenda carefully, you will see that the term 'we' is used more than 100 times. But this 'we' is never really defined. To me, among the most important actors in this 'we' are the universities.'

Ottersen himself had a long career combining basic science and global health. He understands the challenges we face in meeting the Sustainable Development Goals (SDGs). Given the high complexity of the SDGs, Ottersen argued that educational programs must reflect this much more.

At KI, a new strategy is currently being developed. Ottersen: 'The new strategy for KI will be Strategy 2030, simply to underline how important it is to be a university that takes this responsibility in terms of research and education for the implementation of the 2030 Agenda.'

On a global stage, Sweden has an important duty in the global health arena, according to Ottersen. 'KI and Sweden should take a much more prominent position in the global health arena. With all our resources, with all the competence, there should be much more evidence when it comes to global health. This meeting is one step towards that goal.'



Youtube link:

https://www.youtube.com/watch?v=8_8iHdkKI8E&feature=youtu.be

Factfulness

Ten reasons we're wrong about the world
– and why things are better than you think
Ola Rosling, Gapminder Foundation

Are you smarter than a monkey? Sadly, looking at the results of Gapminder's Misconception Study, most people in the world aren't. The Gapminder Foundation, founded by the late Hans Rosling, his son Ola Rosling and his daughter-in-law Anna Rosling Rönnlund, is on a mission to fight this 'devastating ignorance'. Having just published the bestseller 'Factfulness', Ola Rosling energetically told the crowd about the three Mega Misconceptions they encounter:

Three Mega Misconceptions



HAVE A LOOK at the overview on of the Dramatic Instincts and the Rules of Thumb to address them, to ensure you have a fact-based worldview (see page 16-17). Hopefully, we will all be smarter than monkeys in the future



Youtube link:

https://www.youtube.com/watch?v=_Syh7Fr_PEW&feature=youtu.be

“ **FACT-BASED
WORLDVIEW**

In the media the
“news-worthy” events
exaggerate the unusual
and put the focus on swift.”

FACTFULNESS

Dramatic Instincts

Learn to recognize the ten common story types that often make us misinterpret facts and see them as more dramatic than they are.

1 The gap instinct



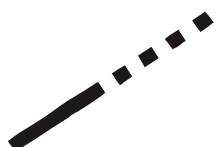
Look at the gap!

2 The Negativity Instinct



It's getting worse!

3 The Straight Line Instinct



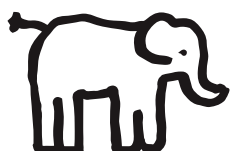
It just continues!

4 The Fear Instinct



It's scary!

5 The Size Instinct



It's big!

6 The Generalization Instinct



They are all the same!

7 The Destiny Instinct



It never changes!

8 The Single Perspective Instinct



This is the solution!

9 The Blame Instinct



That's the bad guy!

10 The Urgency Instinct



It's now or never!

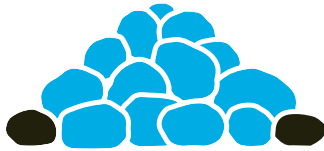
www.gapminder.org/factfulness

FACTFULNESS

Rules of Thumb

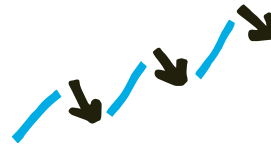
Control your dramatic instincts by making it a habit to always question dramatic stories that trigger your dramatic instincts.

- 1 TO CONTROL THE GAP INSTINCT
Locate the majority



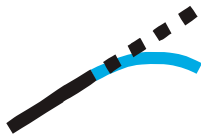
Is there really a gap?

- 2 TO CONTROL THE NEGATIVITY INSTINCT
Expect negative news



Would improvement get attention?

- 3 TO CONTROL THE STRAIGHT LINE INSTINCT
Imagine bending lines



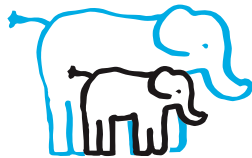
Why would this line not bend?

- 4 TO CONTROL THE FEAR INSTINCT
Calculate the risk



Is it really dangerous?

- 5 TO CONTROL THE SIZE INSTINCT
Check the proportions



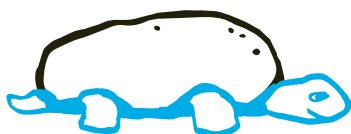
Is it big in comparison?

- 6 TO CONTROL THE GENERALIZATION INSTINCT
Question your categories



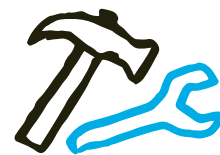
How are they different?

- 7 TO CONTROL THE DESTINY INSTINCT
Notice slow changes



Isn't it always changing slowly?

- 8 TO CONTROL THE SINGLE PERSPECTIVE INSTINCT
Use multiple tools



What other solutions exist?

- 9 TO CONTROL THE BLAME INSTINCT
Resist pointing finger



What system made this possible?

- 10 TO CONTROL THE URGENCY INSTINCT
Take small steps



Can we make decisions as we go?

www.gapminder.org/factfulness



Panel

Setting the stage – perspectives on global health research



AGNES BINAGWAHO

Former Minister of Health in Rwanda, now Vice-Chancellor of the University of Global Health Equity



ULRIKA MODÉER

State Secretary to the Minister of International Development Cooperation



DAVID NABARRO

Former advisor to the UN Secretary General for the 2030 Agenda, now Strategic Director of Skills, Systems & Synergies for Sustainable Development 4SD)



ERNEST ARYEETAY

Secretary-General of the African Research Universities Alliance

MODERATORS



ANNELI IVARSSON

Professor at Umeå University



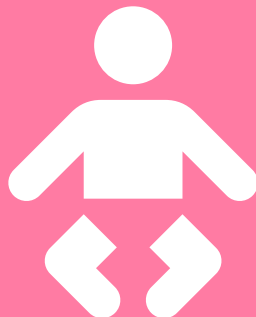
BENEDICT OPPONG ASAMOA

Associate Professor at Lund University



Youtube link:

<https://www.youtube.com/watch?v=lkkK0A-XQA4&feature=youtu.be>



Setting the stage – perspectives on global health research

A first panel in a conference has the job to warm up, inspire and enthuse the participants. At the Swedish Global Health Research Conference, the first panel of global health leaders from all over the world did just that. They revealed their views on global health, with the Sustainable Development Goals (SDG's) in mind and shed light on what they consider to be 'the ultimate emergency'.

Agnes Binagwaho, the vice-chancellor of the University of Global Health Equity in Rwanda, addressed the audience through a video message. As the former Minister of Health, Agnes has extensive experience tackling health issues. 'Over the past 15 years, the African region has reduced child mortality faster than any other region in the world. We decreased under-five child mortality by 46% in Rwanda. We have demonstrated how powerful data-driven investment and evidence-based policy can be for improving health and the well-being of our population. As a result, Rwanda achieved nearly all of the Millennium Development Goals for health in 2015.' But, she warns, this progress is not enough. 'Africa still has too many unnecessary premature deaths.'

An important step forward would be to draw lessons from health interventions that have proven successful in other settings. 'Even in the Western world, using reversed innovation, high-income nations could build on efficient community centered approaches in health, that

have led to successes in Africa.' At the same time, global health issues should be tackled in a holistic way.

Binagwaho: 'If we as global fighters take on the view of global health as totally linked to our environment, our education and our social conditions, we have a great opportunity to advocate and make a real difference in the lives of the world's most vulnerable communities.'

«Over the past 15 years, the African region has reduced child mortality faster than any other region in the world»

With a holistic approach comes the importance of interdisciplinarity, a topic well-suited for panelist Ernest Aryeetey, currently the Secretary-General of the African Research Universities Alliance. Being an economist by training, Aryeetey experienced first-hand that introducing interdisciplinarity is not as easy as it sounds. 'I used to run a university, when we first built a School of Public Health, the norm was that the Dean had to be a medic. There was an uproar within the university when we appointed the first Dean who was not a medic.'

Despite the struggle, interdisciplinarity is something to strive for. Different disciplines can offer different perspectives on the same problem and can work on parts of the puzzle that other researchers don't have expertise in.

Aryeetey: 'If we spend a third of our national budget on health, we must be able to show that interventions are cost-effective. That is where economists come in for example.' Working across disciplines can actually boost a field of research. 'I find that the areas with the fastest development, the fastest change, have been those areas that are willing to borrow tools from other disciplines, like behavioral economics.'

THE ONLY PLAN

Taking a closer look at the SDGs, it becomes clear that interdisciplinarity will play a major role in the years to come. Panelist David Nabarro, Strategic Director of Skills, Systems & Synergies for Sustainable Development (4SD), worked as a special advisor for the UN Secretary-General for the 2030 Agenda for Sustainable Development. Urging the audience to read the actual details of the

SDGs, Nabarro reiterated the importance of this document. 'It is the only plan that exists for the future of the world and its people, that has been agreed on by all world leaders. It's an amazing thing, there is no other plan, just like there is no other planet if we mess up this one.'

Working with the five principles of the SDGs (see box) in mind, it will mean that we all have to start working in new ways. Nabarro indicated three responsibilities that come out of the 2030 Agenda:

three responsibilities ...

1. Nurture the people who are going to work on the Agenda.
2. Narrate the problems in the ways they really are.
3. And nudge the system that influences how we live so that they function differently.

Nabarro: 'In Sweden you have nudged the system that determine where women sit and stand and function in society in a very effective way.'

Ulrika Modéer, State Secretary to the Minister of International Development Cooperation, underscored the complexity of the SDGs. ‘The 2030 Agenda is daunting and interesting, because we need to understand the complexity behind social, economic and environmental development and the interlinkages between different goals of the Agenda.’

Modéer explained what this means practically: ‘The research and knowledge that we need to address this new agenda for health is different from the past. We, of course, still need effective drugs and vaccines and expertise, but we also need to understand the economic aspects, the political aspects, the behavioral aspect. How do we design taxes or other instruments to reduce smoking, drinking or sugar consumption? How is it related to the challenge of climate change and environmental degradation?’

THE ULTIMATE EMERGENCY

Climate change is a priority for this government, says Modéer. ‘We want to show that finding solutions for a fossil-free development of our industry, will actually make us a good competitor in the international market. This is also a way to combine economic development with respect to what’s happening in a society where there is a lot of change, growing unemployment in the future for instance. We want to make people believe that there is a future, where we will also be able to work and to compete.’

Even though not all world leaders accept the challenges that climate change pose, Aryeetey is convinced that it is seen differently in Africa. ‘

It doesn’t take too long in any African city or town or village to become convinced that the effects of climate change are observable. The challenge is for African governments what to do about it, as it can be quite costly.’ By working together, through the African Union for example, responsibility and costs can be shared. And there is a silver lining. Aryeetey: Climate change is the one thing that has brought politicians and academics together in Africa. It takes time to come together, but this has made it a lot easier.’



“Climate change is the one thing that has brought politicians and academics together in Africa. It takes time to come together, but this has made it a lot easier.”

In a final statement, Nabarro made sure the audience would not forget the urgency of climate change. ‘Climate change is happening now. It’s hurting hundreds of millions of people. It is upsetting agriculture and it influences all other aspects of life. It is the ultimate emergency, that we all have to be ready to work on.’



Five core principles of the SDGs, according to David Nabarro



① UNIVERSAL

Take a universal approach, stop seeing the world as divided into developed and developing.

② PEOPLE-CENTERED

Have a people-centered approach, leave no one behind.

③ INTERCONNECTED

Realize that every aspect of human existence is interconnected, stop dividing life up into slices that suit government or disciplines in universities.

④ INTEGRATED

Adopt an integrated approach that brings together peace and security, human rights, humanitarian action and development.

⑤ PARTNERSHIP

Do everything through partnership, because none of us can do it alone.

A photograph of Ernest Aryeetey, a Black man with glasses, wearing a dark suit, white shirt, and red tie. He is standing at a podium, gesturing with his hands while speaking into a microphone. The background is a large screen displaying a stylized map of Africa in orange and white. An orange speech bubble graphic is overlaid on the top left of the image, containing a quote from him. In the foreground, there are two white nameplates on the podium; the one on the left reads "Ernest Aryeetey" and the one on the right reads "David Adhiambo".

ERNEST ARYEETAY

Global health is no longer the business of one country like Sweden, or the Netherlands, or Ghana or Nigeria. It's a global issue, and that's why we must deal with it in that manner.

Ernest Aryeetey

David Adhiambo

”

AGNES BINAGWAHO

By combining the resources and expertise of Rwanda, Sweden and other countries, we could greatly improve programs and policies that support progress towards the SDGs.



”

”

DAVID NABARRO

Let's all be ready to incorporate climate action into our work because if we don't, we have got a real problem down the pipe.



”

”

ULRIKA MODÉER

The 2030 Agenda is daunting and interesting, because we need to understand the complexity behind social, economic and environmental development and the interlinkages between different goals of the Agenda.

”





**SUSTAINABLE
DEVELOPMENT**

17 GOALS TO T



SUSTAINABLE DEVELOPMENT GOALS

TRANSFORM OUR WORLD

4 QUALITY
EDUCATION



5 GENDER
EQUALITY



6 CLEAN WATER
AND SANITATION



10 REDUCED
INEQUALITIES



11 SUSTAINABLE CITIES
AND COMMUNITIES



12 RESPONSIBLE
CONSUMPTION
AND PRODUCTION



16 PEACE, JUSTICE
AND STRONG
INSTITUTIONS



17 PARTNERSHIPS
FOR THE GOALS



www.un.org/sustainabledevelopment/



Panel

Gaps and opportunities in Global Health Research



**HELENE HELLMARK
KNUTSSON**

Swedish minister for higher
education and research



ANDERS NORDSTRÖM

Swedish ambassador for
global health



**YOLANDA M SÁNCHEZ
CASTRO**

Chair Swedish Network for
International Health (SNIH)
and master student in global
health, Gothenburg
University



**MODERATOR
DORCUS KIWANUKA
HENRIKSSON**

Research Officer,
Karolinska Institutet



**KRISTINA GEMZELL
DANIELSSON**

Professor of Obstetrics and
Gynaecology, Karolinska
Institutet, and senior consul-
tant Karolinska University
Hospital.



**MODERATOR
GÖRAN TOMSON**

Co-founder and senior
advisor Swedish Institute
for Global Health
Transformation



HAMPUS HOLMER

PhD candidate in
Surgery and Global Health,
Lund University



KERSTIN SAHLIN

Secretary General of
Humanities and Social
Sciences at the Swedish
Research Council



Youtube link:

<https://www.youtube.com/watch?v=Zj32Bwj12A&feature=youtu.be>

GAPS AND OPPORTUNITIES IN GLOBAL HEALTH RESEARCH

What kind of knowledge and research do we need in the world today? Is there a recipe to make sure your research is not just confined to academic literature? A panel comprised of policy makers, researchers and students vividly discussed the gaps and opportunities in global health research.

The 2030 Agenda plays a special role in the Swedish government. Who better to elaborate on this than the current Minister for Higher Education and Research, *Helene Hellmark Knutsson*. 'In order for Sweden to become the first fossil-free welfare society, scientific knowledge must be increased at all levels. While many countries decrease their investment in research and development, Sweden has chosen a different path. We have identified life sciences as a key priority in our ambition to meet the goals of the 2030 Agenda.'

Encouraging words, especially as Minister Hellmark Knutsson mentioned that 300 million euros will be invested in research and innovation in the next years in Sweden. The Minister also stressed the importance of collaborations, between universities, countries and different sectors. This was like music to the ears of master student and chair of the Swedish Network for International Health, *Yolanda M Sánchez Castro*: 'I have to totally agree with the Minister, what we need is bridges.'

Bridges for collaborations among students, universities, NGO's and governments.'

” *We need bridges for collaborations among students, universities, NGO's and governments.*

Kristina Gemzell Danielsson, Professor of Obstetrics and Gynaecology at Karolinska Institutet, finds that Sweden has a strong voice in sexual and reproductive health, and that this voice should be used to achieve the SDGs. 'I work in an area that is frequently hidden away: to provide women with access to safe, high-quality abortion care. We have so much evidence in this area, that should be used by policymakers.' It is therefore important to integrate research, clinical work and education, so that the evidence can be translated into meaningful and empowering policies.

Given that the conference focused on research, it was no surprise that many speakers highlighted its importance. PhD Candidate in Surgery and Global Health at Lund University, *Hampus Holmer* said ‘I see research as an important foundation for global health, but research to me is only a means to achieve an end. It is not an end goal in itself. Global health researchers must engage much more in implementing findings, to really go from research to action.’ He mentioned the power of reciprocal learning. For instance, in so-called ‘sandwich’ master and PhD programs, students from different universities work and learn side by side, strengthening capacities in multiple ways.

” *Global health researchers must engage much more in implementing findings, to really go from research to action.*

DIFFERENT KNOWLEDGE

Apart from ‘collaboration’, ‘interdisciplinarity’ is a buzzword at many conferences. However, *Kerstin Sahlin*, Secretary General of Humanities and Social Sciences and responsible for Development Research at the Swedish Research Council (SRC), also underlined the value of disciplinary research. ‘I think we can’t include all interdisciplinary tasks in each and every project we do. To close the gap, we need to find platforms and meeting places among researchers from various fields, and from around the world. So, we need transdisciplinary platforms and meetings.’

Anders Nordström, Swedish Ambassador for global health, disagreed. ‘We all need new knowledge when it comes to preventing diabetes and that is the same for Sweden, India and Ghana. It is the same issues, the same dynamics in Sierra Leone as in Sweden. It is about global research.’ He argued that different research is needed, with more focus on behavioral economics to understand why people behave the way they do – something that was mentioned in the first panel discussion as well.

Nordström used climate change to illustrate the need for different knowledge. ‘In climate change, mitigation is what is interesting. How can we ensure that we are getting into a situation where we save our planet and at the same time make it co-benefit for people’s health? So, how can we get more sustainable food production, how can we ensure that we eat what is good for our health, how can we ensure that we get physical activity? We could take the bike rather than the car, reducing air pollution and staying reasonably fit.’

” *How can we ensure that we are getting into a situation where we save our planet and at the same time make it co-benefit for people’s health?*

Biking instead of taking the car seems reasonable in a country like Sweden. Sánchez Castro however warned that not everybody in the world has the luxury of such options. ‘We have to keep in mind that here we can choose if we want to go to the gym or eat ecological food. In other parts of the world, people can’t choose because they don’t have those options.’

GLOBAL RELEVANCE

A question that every researcher with an interest in global health deals with, is how to make sure that your research is relevant globally and stays relevant. Holmer: ‘The quick answer to that would be to collaborate more across the world so that when we formulate research questions, we will actually do that in a globally collaborative way.’ Nordström mentioned that researchers first need to know the facts. ‘To be relevant, we need to know what the health problems really are.’

True collaboration also means that high-income countries should be open to implement successful interventions from low- or middle-income countries. Gemzell Danielsson explained: ‘In Uganda there is a shortage of physicians. So, we looked at task shifting from physicians to midwives in post-abortion care. We learned from that and actually brought that back to Sweden, which had a huge health economic impact here. What has started in a low-income country, has spread and now it’s coming to Sweden.’

Collaborate, use your voice, be interdisciplinary and be open to new needs in knowledge – the basic ingredients you will need to identify gaps and opportunities and to prepare relevant and implementable research.

“

MINISTER

Helene Hellmark Knutsson
As a Minister for Higher Education and
Research in Sweden, one of my top
priorities is to help push science
to solve our global challenges.

”

”



1 NO
POVERTY



End poverty in all its
forms everywhere



Tear down the obstacles in research and open the possibilities for new ends of constellations and collaborations.

KERSTIN SAHLIN



There are many opportunities for students, just knock on doors because they are there to be opened.

YOLANDA M. SÁNCHEZ CASTRO



Forget the old way of separating development research from the rest of research. We all need new knowledge.

ANDERS NORDSTRÖM



We need strong academic units, integrated in the clinic.

KRISTINA GEMZELL DANIELSSON



Let's work and learn together.

HAMPUS HOLMER





Panel

From research to implementation – success stories



SHARON FONN

University of Witwatersrand,
Johannesburg



KIDANTO HUSSEIN

Aga Khan University,
Dar es Salaam



NOBHOJIT ROY

National Health Systems Resource Centre,
Ministry of Health and Family Welfare,
India and Karolinska Institutet, Stockholm



MARIA-TERESA BEJARANO

Swedish International Development
Cooperation Agency

MODERATORS



HELENA FRIELINGSDORF LUNDQVIST

Linköping University



ASLI KULANE

Karolinska Institutet



Youtube link:

<https://www.youtube.com/watch?v=FSKNzp9Vink&feature=youtu.be>



FROM RESEARCH TO IMPLEMENTATION – SUCCESS STORIES

After a day of panel discussions and workshops on global goals and perspectives, participants were eager to hear success stories from collaborative research and implementation. Panelists came from universities in South Africa and Tanzania, the government in India and a funder in Sweden, and passionately shared their take on successful implementation.

International collaboration was at the heart of the success story of *Kidanto Hussein* from Aga Khan University in Tanzania. The Tanzanian PhD students he supervised, spent part of their doctoral education at Swedish and Norwegian universities. Together with them, he investigated the high rate of cesarean sections (51%) in a hospital in Dar es Salaam. Armed with new knowledge and research skills from international collaborations, Hussein and his PhD students were able to get to the core of the problem. ‘We realized that women were not given enough information on why they are operated on and junior doctors did operations because of fear to be blamed by senior doctors in the next morning clinical meetings. We found that this behavior actually accelerated the use of cesarean sections.’ With the interventions that followed from the results, they managed to bring the cesarean section rate in the hospital down to 29%.

The importance of international collaborations in building capacity was further exemplified by *Nobhojit Roy*, from the Ministry of Health and Family Welfare in India. Before taking on a role at the

Ministry, Roy worked in academics for 25 years. His research focused on injury and trauma care. ‘Injury is the big killer, 90% of the deaths in injury happens in low- and middle-income countries. The first thing we set out to do in terms of research and moving towards implementation, was to start a trauma registry. We decided that we will learn from the land of registries: Sweden.

” *We realized that women were not given enough information on why they are operated on and junior doctors did operations because of fear to be blamed by senior doctors in the next morning clinical meeting.*

In India I often say that there are no children born in Sweden, only research subjects.’ Roy went on to explain how his team set up the registry in four large cities in India.

‘The registry is now in its fourth year and its third phase of development. For the first time we got to know the reasons for trauma patients dying.’ At the Ministry of Health, Roy is now working towards implementing the registry on a national level.

Sharon Fonn from the University of Witwatersrand in Johannesburg stressed the value of working with a bottom-up approach. ‘I am amazed at how much we can learn if we start by asking the people we are finding the solutions for.’ While compiling policy documents on women’s health in South Africa, Sharon and her team talked to ‘thousands and thousands of women across South Africa. What do you need, what do you want, and then ultimately coming up with projects. For me it is important to have a bottom-up approach and then reflect on how to implement it.’

To Maria-Teresa Bejarano from the Swedish International Development Cooperation Agency (Sida), real success comes from sustained funding and support. Showing the audience a vial, she explained: ‘In this vial is the cholera vaccine. Behind this is a story of 45 years of support.’ The development of the vaccine started many years ago in Gothenburg, before being approved in 2011. It required multidisciplinary research and international collaborations, which was supported in many different modalities and forms by Swedish funders. ‘Research and success require a very long and sustained support.’

STRUGGLES

Just when the audience felt inspired to run off to design their own bottom-up, interdisciplinary, capacity-building, collaborative, long-haul research projects, the panelists were asked to talk about difficulties they encountered. Fonn voiced her concern about how certain interventions are implemented. While working in Rwanda, she noticed that interventions often resulted in multiple vertical programs. Taking HIV treatment as an example, Fonn explained that there were state-of-the-art stores and computer systems to keep track of HIV drug distribution in Rwanda. A huge success you might think. However, these perfect systems were not integrated with the routine health systems in the country and were actually drawing patients away from the normal health services. Fonn: ‘so you had one perfectly working system along another system that was cobbled. That’s why for me it’s very important how we implement.’

Power relations can be another source of frustration. When applying for funding for an African-led initiative, Fonn reached out to non-African collaborators to see if they were willing to join the project. The answer she got shocked and insulted her. ‘They said, we are also competing for this award, I’m sure you wouldn’t win.’ Fonn’s initiative did get the funding in the end. ‘I think as African partners we need to learn to stick to our guns.’ Also when it comes to issues like salary differences between European and African collaborators.

Fonn: 'We're both doctors, we both have PhD's, we both have expertise, but you might be getting 10 times less than the European partner.'

IMPLEMENTABLE RESEARCH

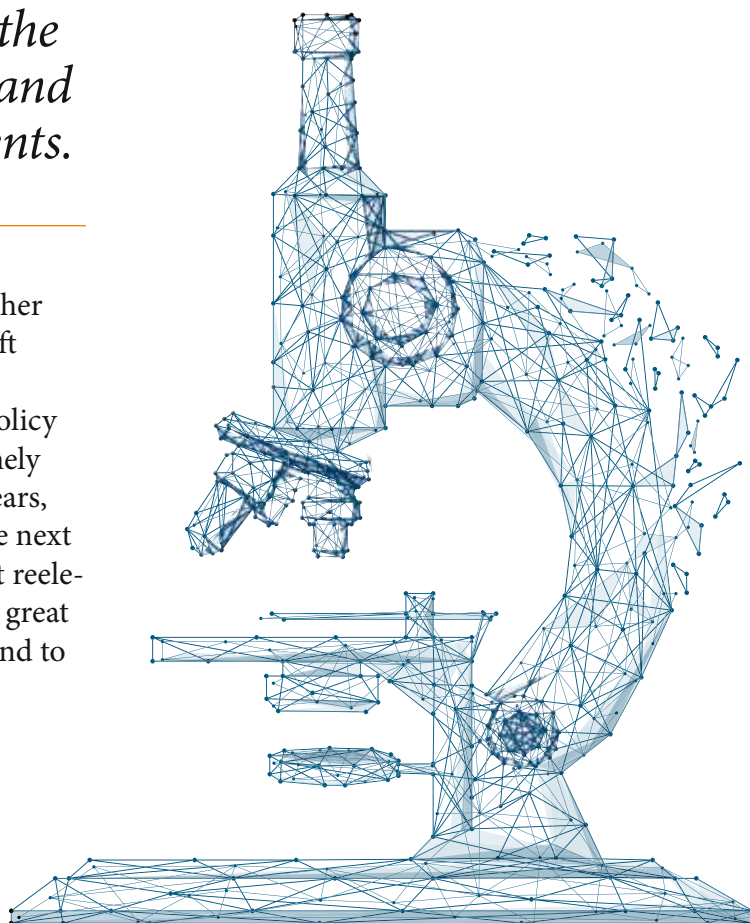
How do you make sure your research can be implemented? Communication is key, as Bejarano highlighted: 'There is a need for more support of the communication and negotiation skills of students. Sometimes you go to a poster session and you wonder who they prepared the poster for – it is all just about molecules. You have to learn to present research in a good way that is understood by many.' Hussein agreed, saying: 'It all depends on how you disseminate your research results.'

We need to match our academic skills to the environment where the ministries are implementing.' Not an easy task when you realize that it took 45 years to develop the cholera vaccine.

So, what do you need to create your own success story? Aside from a bottom-up, interdisciplinary, collaborative research project, you will need good communication skills to understandably convey your research results to policymakers and stakeholders. Be aware of cultural differences and power relations, and have an understanding for the short-term mindset of politicians. And don't forget to hold your breath. It might take a while.

” *There is a need for more support of the communication and negotiation skills of students.*

Roy, being a policymaker now, further believes that researchers need a shift in thinking. 'In academia you have time, whereas we are beating out policy briefs in 40 minutes. It is all extremely fast-paced.' While research takes years, politicians want to see results in the next months. 'If a politician does not get reelected, it doesn't matter to them how great your results are, they won't be around to see it.'





You need to be willing to spend time to understand the local problems.

You can't teach me to fish in my waters without really getting to know what my waters are.

NOBHJOIT ROY



Complex problems require complex and multidisciplinary questions and answers. These complex questions require long, sustainable support – you don't get results in three years.

MARIA-TERESA BEJARANO



If both the research subjects and the users of the research are involved in thinking how research is being done, they're way more likely to adopt the outcomes of it.

SHARON FONN

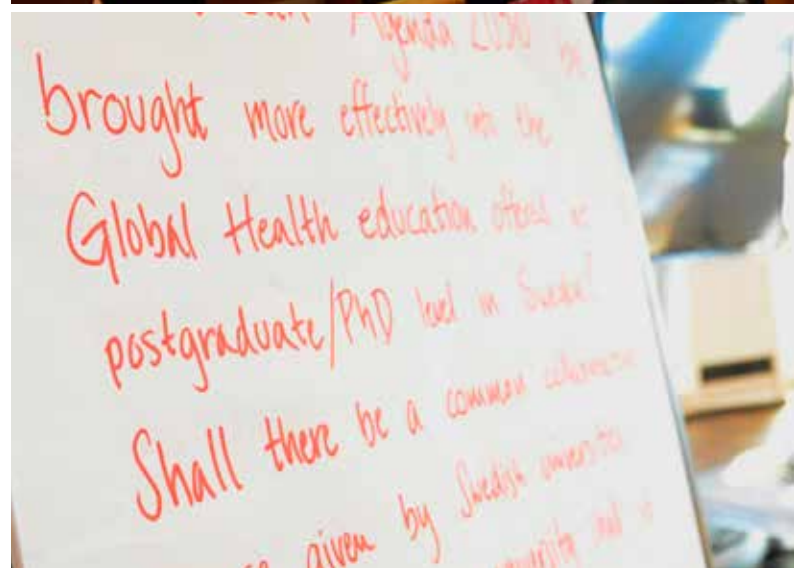


To achieve the SDGs, we need to work together. No single entity will be able to achieve the SDGs alone. Let us work together and continue collaborations for this purpose.

KIDANTO HUSSEIN









Anders Nordström Retweetade



Johan Dahlstrand @DahlstrandJohan · 19 apr. 2018

Impressed and grateful for the excellent work of @sls_sv with #SGHRC18 !

Översatt tweet



2



6



Karolinska Institutet @karolinskainst · 18 apr. 2018

Två dagar med tema global hälsa – en avgörande samtids- och framtidsfråga, menar rektor Ole Petter Ottersen goo.gl/Sj3ZJU #SGHRC18



1



3



9



SIGHT @SIGHT_SWEDEN · 19 apr. 2018

"The tool to achieve the #sdgs is the #2030Agenda. We need to look beyond silos, have a global approach, and work in partnerships." @IsabellaLovin giving a speech at the #ghn18 #SGHRC18 co-organised by @SIGHT_SWEDEN

Översatt tweet



10



13



Naomi Limaro Nathan - ناومي (نعومي) @LeeMaaRoo · 19 apr. 2018

Group discussions on addressing cross cultural issues in GHR. #SGHRC18 @SchARRSheffield @SchARRpubhealth @EuroPH @SheffWHO2018 #Actions #SDGs

Översatt tweet



2



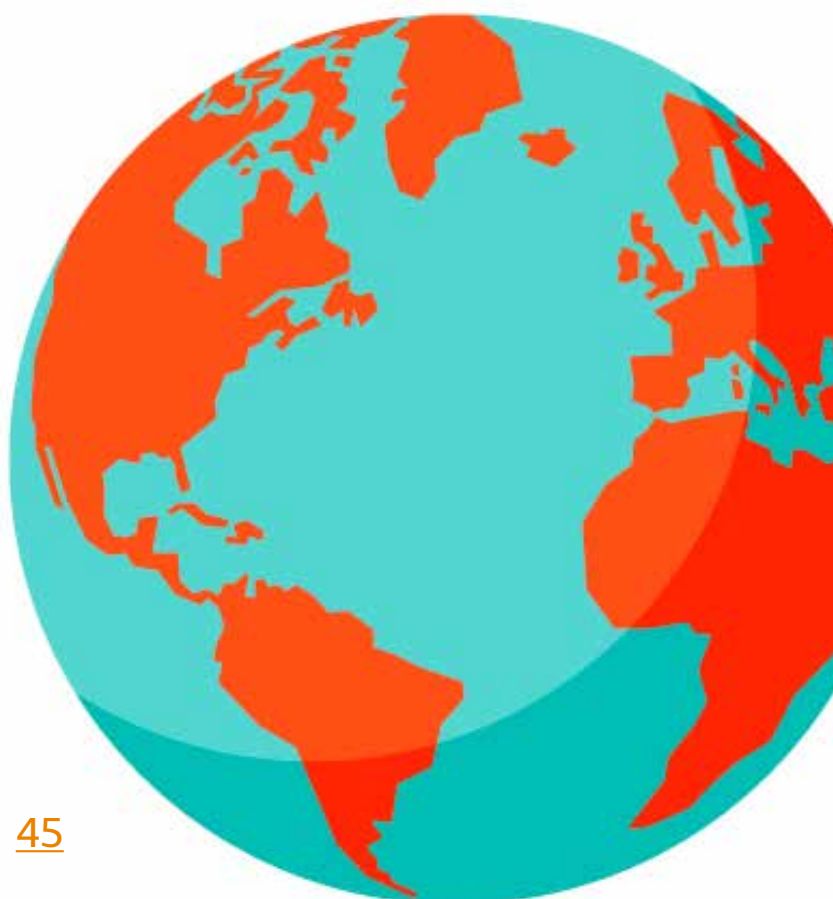
3



Global Health – Global Agenda – Global Goals – Global Actions

JUNIOR FACILITATORS

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Alma Pflucker Karlsson
Moa Herrgård
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Lina Nerlander
Omar Hawajri



WORKSHOP SUMMARY

Global Health – Global Agenda – Global Goals – Global Actions

After the two panels, it was time for the conference participants to actively engage in discussions around the SDGs themselves. From the large auditorium in Aula Medica, participants spread out in small groups to occupy all corners of the building. The sessions were moderated by junior facilitators, who guided the discussion on seven questions, concerning how our ongoing efforts in research, practice or other engagements, contribute to the 2030 Agenda. And, more importantly, how all efforts can be made more inclusive and collaborative.

The workshop concluded with an exciting wrap-up plenary session when all the junior facilitators gathered to present some important issues from their groups. This plenary was moderated by Helena Nordenstedt from Karolinska Institutet and Raman Preet from Umeå University, who were also the convenors of this workshop. A summary of the discussions per question is presented below.

How can the 2030 Agenda for Sustainable Development be brought more effectively into global health education offered at postgraduate and/or PhD level in Sweden? Shall there be a common collaborative course given by Swedish universities? If yes, at which university shall it be hosted?

An overwhelming majority of workshop groups concluded that it is very important to bring the 2030 Agenda more effectively not just into global health education but into all education. All Swedish universities should be involved in this – a rotating structure was mentioned most frequently. Making it more accessible to students countrywide, the course could be taught online. There were many groups who found that a course like this should actually be given before PhD level, potentially already in high school.

Going back to the role of the university, it was also considered important to not only focus on the global health side of the SDGs, but to get other departments and disciplines involved as well. One group had the idea to implement a one-week compulsory course about the SDGs for university students from all different disciplines.

 *This would not only teach students about the 2030 Agenda, but would also give the opportunity for students to work in a crossdisciplinary manner.*

Beyond learning about the SDGs, the goal would also be to learn to adopt a different mindset; learning to solve problems within a larger framework.

As one group wrote: ‘to be purposeful, a course should be international, intersectional, inter-generational and accredited at several universities.’

How can global health research contribute in an interdisciplinary and interprofessional manner to the 2030 Agenda?

As a first step, it was suggested that the rigid structures in academia and in research funding should be removed – research should stop operating in silos. Before starting one’s research, it is important to ask why, how and for whom the research will be done. All relevant stakeholders need to be included and results from other disciplines that work on similar topics should be evaluated.

Being truly interdisciplinary, means being inclusive as various related fields can be combined – researchers will, however, need to change their perspectives to be able to do this. It was proposed that this could be done by looking at the SDGs together and try to find connections between targets and goals. Once you have research results, they should be easily accessible and understandable for policymakers and for society as a whole. Working with or learning from the private sector could come in handy here, as they have extensive experience trying to convert research to policies.

The 2030 Agenda has 17 goals to achieve three extraordinary things: end extreme poverty; fight inequality and injustice; and fix climate change. If we concern ourselves with health-related outcomes, are we as global health community ready to build new partnerships and coherence in our actions? If yes, how?

Overall, the groups realized the importance of partnerships and collaborations to achieve the goals of the 2030 Agenda. After all, the 17th goal of the 2030 Agenda clearly states that partnerships are vital for sustainable development. The Agenda should be seen as an opportunity to increase interdisciplinary collaborations. New partnerships should be established, and existing ones should be evaluated and restructured if necessary. The global health community should further involve international and multi-sectoral stakeholders, so that various actors can contribute and can take part in the conversation around the SDGs.

 *Research should stop operating in silos.*

An issue that was raised in one group concerned distrust between stakeholders. This should be recognized and addressed. Good and transparent communication is key here.

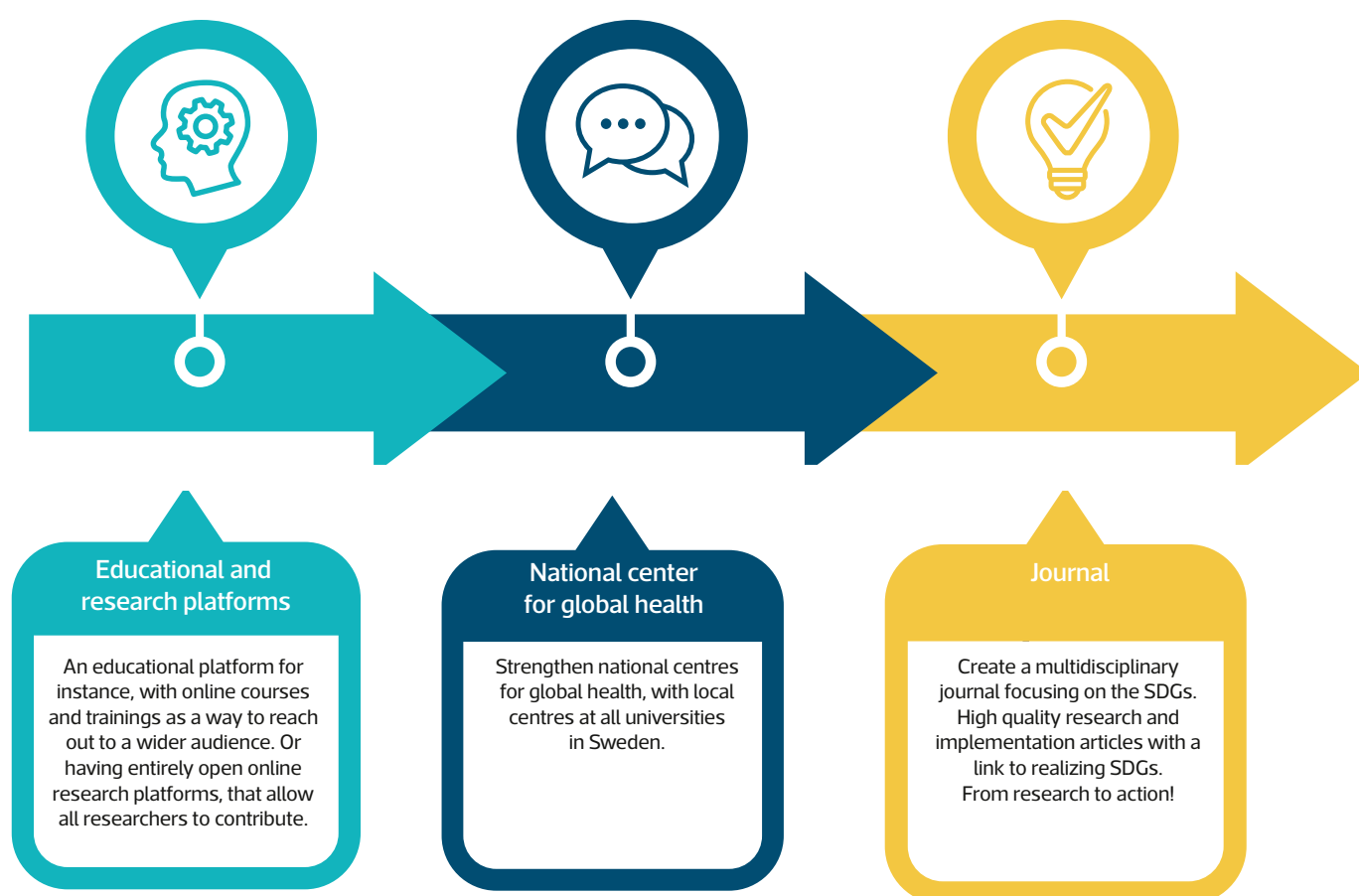
Are researchers and students in global health equipped to constructively engage with all of the 17 SDGs?

There was a consensus among the groups that researchers and students are not equipped well enough to deal with all of the 17 SDGs. There is more focus on studying the SDGs than actually implementing them, so more action is needed. Further, it was felt that more attention tends to be given to SDGs that are well-funded. Researchers have a particular skill set and can therefore only effectively engage in one or a few SDGs. Collaborations and collective research is needed to fill these gaps. From a broader perspective, it was discussed that funding is a barrier, as grants tend to be very specific.

One group brought the issue that there is currently a lack of incentives to work on the broader SDGs. Key performance indicators for researchers are usually about impact factors and the number of citations. This should be broadened to include a measurable 'impact of change created' indicator.

What types of knowledge platforms would benefit Swedish global researchers and students?

Many groups spoke about making connections; between senior researchers and students, across disciplines, and between clinical settings and research settings. A wide range of ideas came up (see illustration below).



What are the opportunities or possibilities for engaging with the 2030 Agenda for global health research and implementation in Sweden? What are the boundaries for our contributions beyond Goal 3?

The groups agreed that there are many opportunities for engaging with the 2030 Agenda. Start before it's too late, stated one group, as many themes are taught at a late stage in academic curricula. Global health topics should be addressed earlier, preferably early during bachelor-level education. Another way to engage with the 2030 Agenda is to push the narrative on the success stories of the Millennium Development Goals and with that explain what the world can gain from working towards the SDGs.

A practical suggestion was to create research-platforms that offer scientists access to funding and databases, with the overall purpose to promote global health research. This would encourage interdisciplinary work and international exchanges. Keep in mind that health can be impacted through other goals of the SDGs as well, for example gender equality. In turn, addressing health can also impact the other SDGs. A barrier that was identified was that funding is often 'siloed', which contradicts the SDGs, as they are all about integration of different disciplines. On the positive side, as one group described it: global health is currently fashionable, so the time for research and implementation is now.

Will global health research and practice gain from experience-based knowledge? Would actively engaging with other cultures make our global health actions more inclusive and authentic?

All groups felt that global health research and practice can definitely gain from experience-based knowledge. It is important not to lose the sense of reality. However, researchers need to know what they want and when it is needed regarding experience-based knowledge.

 *Global health is currently fashionable, so the time for research and implementation is now.*

One group noted that no matter how important research is, 'we must dare to sidestep the Cochrane method. We can't wait until we have a great Cochrane report before we act. We need to go ahead with the best reliable evidence, we must dare to act on small scale experience-based knowledge.'

When it comes to actively engaging with other cultures, it was noted that it matters how this happens. Try to observe and learn from 'the other' before intervening and engaging. Also, 'be humble and dismiss the perspective that there is one savior side and one to-be-saved side'.

PARELLEL WORKSHOPS

JOINT CHALLENGES

Workshop summaries

Many exciting ideas unfortunately also give rise to as many challenges. Karin Båge and Anna-Mia Ekström from Karolinska Institutet introduced the second round of workshops, where participants discussed obstacles and dilemmas that are often encountered in the global health field. Researchers and practitioners moderated the sessions, providing input from their own experiences. The reports reflect the main outcomes from each workshop, written by the junior facilitators.

DO NO HARM – RESEARCH ABROAD AND ETHICAL CONSIDERATIONS

Moderator: *Giulia Gaudenzi, Karolinska Institutet*

Junior facilitator: *Fatima Bashir Adbalrahim Bashir, Umeå University*

This workshop was of great interest to many participants at the conference. The main subject of our discussions was about ethical issues regarding global health research. We began our session with a presentation from our guest speaker Professor *Lennart Levi*, followed by a presentation by the session's moderator *Giulia Gaudenzi*. Next, a short case study was introduced, with a specific ethical issue concerning global health research. Participants were asked to discuss and reflect their own points of views.

CHALLENGES

The main issues that were discussed were those of variation and difference in culture and context. We also discussed the issue of ethics within itself. What is ethics? How is something deemed ethical or not? What is regarded ethical in one country may be completely unethical in another.

It was agreed among our participants that global health research was indeed subject to contextual circumstances. For example, sexual health research may not be quite straight forward or easy to conduct in conservative contexts.

“What is regarded ethical in one country may be completely unethical in another.”

The group identified this as the main challenge regarding ethics in global health research. We discussed research sensitivity, which means the ability of a researcher to understand the context and understand the interaction of the intervention in that context. When we do research and/or do an intervention it will always become part of the context and interact with it. We need to act upon that understanding while committing to the ultimate goal of research - which is to generate science for the benefit of all.

Opportunities & next steps

- ➔ *Creation of local leaderships and collaborations between local communities and research teams to further understand the contexts of communities and overcome ethical barriers.*
- ➔ *Emphasizing the importance of context within global health research and moving away from the 'one size fits all' narrative of research.*
- ➔ *Creating partnerships with international organizations and national governments which within these organizations operate to create sustainable global health research/solutions that are sensitive to the context/culture in which they are conducted/implemented.*

Ethics is a large component in this field and should always be front and center in any research design and should always be context and culture specific.

GLOBAL HEALTH EDUCATION – HOW DO WE SECURE THAT ALL STUDENTS ARE REACHED?

Moderator: Anneli Ivarsson, Umeå University

Junior facilitator: Nora Nindi Arista, Umeå University

Following the Global Health Education conference in Umeå 2016, this workshop aimed to discuss current issues, opportunities, challenges, and next steps in global health education in Sweden. Representatives from Umeå University, Karolinska Institutet, and Malmö University discussed issues about global health education in each institution.

The first discussion topic revolved around internationalization at the faculty level. One of the ways to achieve internationalization is through an exchange program; this would mean to not only send Swedish student abroad, but also to attract international students to study at Swedish universities. Umeå University for instance, is highly diverse, with students from many different countries in the same classroom. As a result, knowledge exchange from different perspectives enriches global health education at Umeå University. Furthermore, Malmö University indicated that they have an exchange program with South Korea, however it does not give course credit and does not focus on global health education.

The second discussion topic was about the possibility to integrate a global health course into a curriculum on bachelor, master and PhD level. Different approaches were mentioned, and different types of courses were currently being held at universities. Some programs do not offer a global health course at the moment.

The group concluded that global health education was supported by national strategies for internationalization in Swedish universities, as well as through student demand and general enthusiasm around global health. It also showed Sweden's ambition to reach the SDGs. However, the challenge is how to convince stakeholders at universities or faculties to integrate global health education in the curriculum. We have to provide a clear explanation of what and why global health should be included in the curriculum of other health-related disciplines, not just public health.

 *The challenge is how to convince stakeholders at universities or faculties to integrate global health education in the curriculum.*

NEXT STEPS

The first step is to map global health courses in all university study programs from undergraduate to postgraduate, to understand the current state of global health education. The next step would be to develop a curriculum, alongside a strategy for implementation. Lastly, communication between universities and faculties should be improved, to enable knowledge exchange and to identify opportunities for students.

To summarize, global health education in Sweden has improved, but more progress is needed in order to reach the SDGs.



2 ZERO HUNGER



End hunger, achieve food
security and improved
nutrition and promote
sustainable agriculture



www.gapminder.org

HOW TO USE GAPMINDER

Moderators: Olof Gränström,
Gapminder, Helena Nordenstedt,
Gapminder and Karolinska
Institutet

Junior facilitator: Jagiasi Khushboo,
University of Gothenburg

This workshop aimed to teach participants how to use Gapminder tools, which could be useful for research projects and presentations.

Gapminder was created by *Hans Rosling*, with the objective in mind to fight devastating ignorance with a fact-based worldview. Gapminder has an offline app and a website, which both act as excellent platforms to analyze data. With the offline app it gives one an opportunity to visualize data, which is graphically appealing for presentations. The website provides user-friendly tutorials on how to use the app. Because the app is offline, the data uploaded there is not shared with the Gapminder. The graphs can be created with a timeline so connections can be made with events occurring around the same period. It not only shows you the data, but it is also possible to select and analyze variables of interest.

The website on the other hand, has tons of data from all over the world. The data are mainly in connection with the sustainable development goals.

Overall in the workshop, it became quite clear that Gapminder opens a world of 'factfulness'. It shows people how they can see trends, how statistics and data are not only for professionals but can also be examined by laymen to become more aware of what is happening in the world. The only challenge right now is to make more people aware of it, so the next step is to spread the word.

“Gapminder opens a world of ‘factfulness’.”

INTERDISCIPLINARY RESEARCH

Moderator: Rachel Irwin, Lund University, Sibylle Herzig van Wees, University of London

Junior facilitator: Tamire Mulugeta, University of Gothenburg

In this workshop, participants explored how to work more interdisciplinary, with a special focus on global health.

CHALLENGES

The definition of interdisciplinary research is a challenge. The participants raised issues related to the confusion between multi-disciplinary and interdisciplinary research among professionals and funders. Some people even use the terms interchangeably, while differences exist between the two terms. Another challenge is the academic structure/environment. Most of the academic environments are traditionally classified, based on departments or faculties, whereas some, like Karolinska Institutet, focus on health sciences. This lacks the interdisciplinary perspective. There are currently no existing research linkages between or among some departments which makes the work environment for interdisciplinary research challenging.

OPPORTUNITIES

The mere existence of global health education was taken as an opportunity. There are students from different disciplines and academic background attending courses and the course content also tries to cover topics which could invite interdisciplinary research. Some funders now have calls for interdisciplinary research grant proposals. This could be supported by guidelines for the funders, as they may not know what it really is and how demanding it is.

NEXT STEPS

Participants agreed that a platform should be created to bring different stakeholders together. It is important that all parties get to know each other. A further next step would be to reorganize faculties to have interdisciplinary structures in place. Guidelines for people working in interdisciplinary research should be prepared. All involved parties should work together to prepare this, so that it could be used by all parties. This includes the preparation of an academic curriculum for teaching institutions and guidelines for the research community.

” *The definition of interdisciplinary research is a challenge.*



Read more:

<https://journals.sagepub.com/doi/10.1177/1403494818812637>

3 GOOD HEALTH
AND WELL-BEING



Ensure healthy lives and
promote well-being for all
at all ages

HOW AN OPTIMIZED AND EFFICIENT ADMINISTRATION CAN SUPPORT RESEARCHERS, RESEARCH GROUPS AND DEPARTMENTS

Moderator: Per Hanvik, Karolinska Institutet

Junior facilitator: John Musonda, Mälardalen University & University of Zambia

In this workshop, participants explored the role of administrative staff within global health research, trying to overcome the gap between research/education and administration.

CHALLENGES

A challenge that was identified was that oftentimes researchers do what they are good at instead of what is needed. Furthermore, researchers have to spend a lot of time doing paper work, instead of the actual research. An added difficulty is that the time frame for projects is often not followed by researchers. Projects need completion within the specified time frame. Currently, there seems to be a lack of awareness among researchers regarding who is responsible for what among administrative personnel. This is further complicated by the observation that there might be too many service points in administration.

OPPORTUNITIES

There is nowadays more money for research than previously. Most administrations are being centralized these days and researches can take this as an opportunity to get all their needs from one place.

This also means that the number of service points are being reduced or combined. This has led to reduction of middle men and women, which is good for researchers.

NEXT STEPS

It would be good if the money available for research could be increased further. In places where administration is still not centralized, there should be a common administration. It was suggested that administration should come up with various awareness programs for researchers. There needs to be more engagement with secretarial personnel to help researchers with paper work. Administrators should be able to convey to researchers what they need, and researchers should be willing to guide administration in their needs. The time frame for projects should be followed more strictly.

”Oftentimes researchers do what they are good at instead of what is needed.”

FINANCING RESEARCH

Moderator: Vinod Diwan, Karolinska Institutet

Junior facilitator: Carolina García, Swedish Network for International Health

The workshop started with *Daniela Strodhoft*, who presented possible sources/opportunities for funding for global health research from Sweden, Europe and United States government together with organizations and private foundations. This was followed by *Stefan Einhorn*, from the Einhorn Family Foundation, who explained their experiences with NGOs and their role in financing global health projects. Finally, *Vinod Diwan* from Karolinska Institutet gave an overview of several factors that can help us seek and obtain funding successfully.

CHALLENGES

The first challenge is to obtain resources for research in the global health area, because the allocated budget for this is small in comparison with funding for other sciences. Another challenge is developing the ability to present the research project in an original way where the reader can recognize the need to participate and invest in the project. Lastly, even if the funding is obtained, the resources are always limited. For this reason, it is important to learn to administer the project correctly.

OPPORTUNITIES

It was mentioned that having a senior mentor is very important; the knowledge and experience from experienced researchers must not be taken for granted. Seek for interdisciplinary collaboration not only with other health areas but many other sciences that may enrich the project from a different perspective.

Being young is a huge opportunity, because they are more open to take risks when making decisions. Taking risks could lead us to be creative and innovative and in that way to obtain original results.

NEXT STEPS

Networking is important: take risks and try to meet people physically. Practice the skill of presenting your ideas in a creative way to make a difference when seeking for funding. The obstacles are there for all, do not take a bad experience personally. Be brave, active and do not give up.

“The knowledge and experience from experienced researchers must not be taken for granted.”

4 QUALITY
EDUCATION



Ensure inclusive and
equitable quality
education and promote
lifelong learning opportunities

5

GENDER
EQUALITY



Achieve gender equality
and empower all women
and girls

POLICY IMPLEMENTATION

Moderator: Sara Fewer, University of California

Junior facilitator: Annabell Kantner, Swedish Network for International Health

The workshop started with a discussion about why evidence-based policy implementation is important and what kind of problems that may occur if there is no collaboration between policymakers and researchers. The participants discussed that the aim of policy implementation should be to implement interventions that are effective, economically appropriate, measurable and that it should be used to increase transparency.

One aspect discussed during the workshop was, amongst others, “what is evidence?”. Evidence may not be available to the policymakers, there could be a problem with choosing evidence and evidence can change again. How can researchers and policymakers react on that?

Other parts of the discussion focused on the policymakers. The participants raised questions like “Who are the policymakers?”, “How to reach them?” or “Who is the one who is prioritizing and who is prioritized?” Additionally, the imbalance of power between different actors has been highlighted as a problem. There is a dependence on reliable research but even if reliable research exists, it may not always have an impact on policy making. Policies may also be influenced by other political factors which makes it very complex.

IDENTIFIED CHALLENGES AND OPPORTUNITIES

By presenting the linear evidence-based policymaking model, it was shown that this process is not linear and this model might therefore not be suitable. Other models, like for example Peter John’s (Kings College London) model of the Four “I”s (institutions, interests, incidents, ideas) seems to be more suitable to show the complexity of policy making. One challenge mentioned by the participants is that policy implementation does not end with the implementation and rather should be continuous process. The flow of evidence was also highlighted as a challenge. This flow often occurs from researchers to the policymakers, but the challenge and opportunity is to create communication systems, to facilitate this flow in both directions.

NEXT STEPS

Involving policymakers from the beginning has been mentioned as one possible part of a solution. However, good research should still be a foundation for informed decision making. So, how will policymakers be able to access the evidence you’re producing? Where is it published?

The gap between research and policy implementation needs to be identified and described further.

The next step for the research community should be to define what they think about the existing structures and why they are encouraged. Hopefully this will explore different kinds of appropriate solutions.

GLOBAL HEALTH RESEARCH IN THE ERA OF FAKE NEWS

Moderator: Staffan Hildebrand, film director & journalist

Junior facilitator: Thet Lynn, Uppsala University

Fake news is not new. The actors behind fake news usually have a political agenda. Fake news and their spread are well-planned and are contextually well-adjusted to feed consumers with a tremendous flow of information. It is very hard for people to be aware of fake news all the time. Fake news poses a threat to the society, institutions and democracy. That is why it is important that researchers communicate research results to a wider audience. In this workshop, obstacles and opportunities of research communication were identified.

CHALLENGES

News and research have very contrasting natures. News can be disseminated every morning and ad-hoc. Research needs time and it can even take years to generate results. Furthermore, the research community is credit-driven. There is no strong incentive structure for researchers to conduct a mandatory dissemination of the research facts to the general public. The capacity of public relations and communication in research institutions is in need of improvement. For instance, scientific facts are directly quoted very often in public relations platforms. Furthermore, there is poor accessibility to reach out to communities that are exposed to fake news.

OPPORTUNITIES AND NEXT STEPS

Capacity building initiatives (e.g., training of students and researchers) to make the scientific community more vocal. Professional facilitators could be employed to convey scientific facts to the public. Additionally, the research community should be more inclusive by engaging with media and other stakeholders at several steps of doing research. Another idea that was proposed included creating social contexts that can make people more accountable. There should be a way to nudge people at societal and individual level to increase awareness, understanding and uptake of scientific facts.

“Fake news poses a threat to the society, institutions and democracy.”



6 CLEAN WATER
AND SANITATION



**Ensure availability and
sustainable management of
water and sanitation
for all**

7 AFFORDABLE AND
CLEAN ENERGY



Ensure access to
affordable, reliable,
sustainable and modern
energy for all



RESEARCH IN FRAGILE STATES

Moderator: Anneli Eriksson,
Karolinska Institutet

Junior facilitator: Alice Claeson,
Swedish Society of Medicine's Student
and Junior Doctor section

In this workshop, we discussed the main definition of fragile states, and then we shared our experiences surrounding the challenges of these situations, such as weak state institutions, ongoing violence, significant corruption and political instability as well as poverty.

In addition, we discussed the significant need of research in fragile states such as Palestine, Yemen, Syria and Venezuela. However, the unstable contexts profoundly challenge current and future research methods and their applications. Then, we examined several situations involving research in fragile states and discussed the feasibility and importance of access to reliable data in these situations.

CHALLENGES AND OPPORTUNITIES

Security issues, weak institutions, low capacities, ongoing conflict, political instability, and lack of significant cooperation were the main challenges in the fragile states. However, several opportunities were identified in these states such as the availability of interested researchers, research institutions, and the already on-going research projects in these states.

NEXT STEPS

Building research capacities, developing collaborations and coordination are the main efforts which should be done in fragile states.

“Security issues, weak institutions, low capacities, ongoing conflict, political instability, and lack of significant cooperation were the main challenges in the fragile states.”

RESEARCH IN GLOBAL HEALTH – WHERE TO START?

Moderator: Hampus Holmer, Lund University

Junior facilitator: Caroline Schagerholm, Students in Research

Research in global health is important in order to gather a greater understanding of the obstacles we are facing globally, to educate and spread the knowledge further. In a time of alternative facts and fake news, it is important to gather facts that helps us understand the world around us and improve health for people worldwide. There has been an exponential growth of publications in global health research during the last decade, which reflects a greater interest in the subject. This in turn also demands more from researchers – not only in academic institutions, but also in agencies and consultancies. The opportunities and possibilities for conducting global health research should therefore be great. Many aspiring researchers in the field though struggle to start their career.

In the workshop, we identified the main challenges in starting with global health research as: finding a research group, finding funds and finding time. Based on this, we discussed strategies to find a group and a supervisor. The first step is to find a research group working on a topic that interests you. Then you need to figure out who to contact and how – for instance by meeting researchers at conferences, lectures or seminars, and by sending emails. One tip was to contact post docs rather than the primary investigator, who might be too busy.

When meeting with research group members for the first time, it helps to have background knowledge about the research group and research area. The most important preparation that was brought up was to read the publications of the research group and of other groups in the field, in order to have a basic understanding of what the group actually does. Another way to find supervisors and research groups may also be to search outside of academic institutions and universities, to look at different organizations, global health groups and their respective websites.

“*Research in global health is important in order to gather a greater understanding of the obstacles we are facing globally.*”



Promote sustained,
inclusive and sustainable
economic growth, full
and productive employment
and decent work for all

We continued the discussion with how to present yourself to the group, the importance of why one would like to do research in the field and why the applicant could be a good contribution to the group. You may need to be persistent and to keep on contacting the researchers that you are interested in working with. The next part of the workshop brought up what to discuss at the first meeting with the researcher/group. We discussed the importance of expectations and demands and to be honest about one's own capacity and possibilities.

The importance of work load and amount of supervision was discussed and ways to bring up and discuss everyone's individual plan depending on where they are in their career. Some hands-on tips were given from participants experiences, such as ways of standing out from the crowd by learning different skills in research methods as well as gaining knowledge of the current research in the field and joining networking activities.

CONCLUSIONS

- ➡ *There are many opportunities to start doing research in global health, one just needs to have a plan on how to start and continue.*
- ➡ *We also discussed a potential next step as ways for research groups to reach out to aspiring researchers, for example announcing ongoing projects that are suitable for beginners in the field.*



STUDENT WORKSHOP - WHAT TO PRIORITIZE IN GLOBAL HEALTH

Moderator: *Gustav Alexandrie, Effective Altruism Stockholm University, Erik Engelhardt, Effective Altruism Royal Institute of Technology, Aylin Shawkat, Effective Altruism Stockholm School of Economics Vera Lindén, Effective Altruism Stockholm School of Economics*
Junior facilitator: *Greta Bütepage, Karolinska Institutet*

In the course of the workshop, different topics were mentioned and discussed. Firstly, the concept of “effective altruism” was discussed in the context of global health. Many people do have the intention to improve the world but often there is a lack of action to realize ideas. Secondly, many ideas get to be realized but thorough considerations and planning are lacking.

By comparing the effectiveness of public health interventions and programs, it can be seen that some interventions are more effective than others, maximizing the number of people who could be helped. Unfortunately, effective interventions are still less employed than the less effective alternatives.

In this context it becomes clear that priority setting in global health should not only be based on intuition but also on evidence and (economic) evaluations. Two different methods were discussed – the cost-effectiveness analysis and the cost-benefit analysis.

IDENTIFIED CHALLENGES AND OPPORTUNITIES

In this regard, many challenges were presented. Discussed aspects were for instance the difficulties with international studies and how one human life is valued differently in various countries. Moreover, challenges were identified regarding the methods themselves. The question was raised whether it is possible to base questions solely on numbers and facts, ignoring other context factors.

However, creating evidence by applying the methods was also viewed as an opportunity. The comparison of mutual exclusive interventions and programs allows challenges to be tackled. Through these means, guidance could be established for resource allocation in global health, to enable priority setting with most effective outcomes.

NEXT STEPS

Careful thinking and mindfulness before taking a next step is the aim – including all levels in global health such as the individual level. An example is the choice of a career in global health. Students should prioritize and consider how they can maximize their impact with a smart career choice and by that, reach and help as many humans as possible. Increased research and thus new evidence is needed in order to realize the earlier mentioned guidance for priority setting. This includes, a deeper analysis of global health problems/ challenges and (economic) evaluation of public health interventions is desirable.

9 INDUSTRY, INNOVATION
AND INFRASTRUCTURE



Build resilient infrastructure,
promote inclusive and
sustainable industrialization
and foster innovation

THE ROLE FOR RESEARCH AND RESEARCHERS IN THE COLLECTIVE SWEDISH PLAN FOR GLOBAL HEALTH

Moderator: Anders Nordström,
Ambassador for Global Health

Junior facilitator: Ines Moued,
Uppsala University

The collective Swedish Plan for Global Health has been developed by the Swedish Ministry for Foreign Affairs in collaboration with SIGHT. It aims to visualize Swedish coordination and action within global health. The government is taking a broad decision on the Swedish plan of action on the 2030 Agenda in May 2018 and the Swedish Plan for Global Health will be integrated in that decision. In this workshop, four main questions were discussed.

THE ROLE OF RESEARCH AND RESEARCHERS?

One of the suggestions was not to think of researchers as individuals, but to advocate on a principal level. It's an important task to be engaged and more effort should be done to inform the universities about it. Collaboration was another key element that was discussed. It's important to work in parallel, to think more in terms of process evaluation and have continuous feedback. As researchers, the SDGs must always be kept in mind.

One aspect that was lifted was the idea of research helping us in terms of monitoring progress. For this, researchers need to identify the relevant data to know if you are achieving the 2030 Agenda.

Researchers also need to know Sweden's national health priorities. It was suggested that Sweden should create some guidelines on the importance of certain types of research by increasing earmarked public funding of research.

THE LINKS BETWEEN RESEARCH, POLICY MAKING AND IMPLEMENTATION?

One can claim that research and policy is closer to each other than implementation. We need the link to implementation. A forum in which researchers can communicate their work should be established. Perhaps GHRC could be a forum where one can do it in a more structured way.

“As researchers, the SDGs must always be kept in mind.”

HOW TO INVOLVE RESEARCHERS?

Can the government do anything to stimulate the connection between the different stakeholders?

- ➔ *One example is establishing an inventory of researchers where you can network and find collaborations that could be hosted/facilitated by the government.*
- ➔ *Scholarships for master programs could encourage involvement and work as a recruitment platform for PhDs.*
- ➔ *Sweden could host foreign researchers to broaden the competence.*

One main opportunity that we could see, is one untapped resource in terms of providing evidence and good data for monitoring indicators. The ongoing conference seems to be much appreciated, so next steps would be continuing this forum and evolving the format of the conference.

” *Research in global health is important in order to gather a greater understanding of the obstacles we are facing globally.*

CONCLUSIONS AND NEXT STEPS

One main challenge that we identified is that we're not bringing researchers in enough and connecting them to the different actors. How do we connect researchers not only to policy makers but also to civil society and other stakeholders? As it is today, research and policy structures are not adapted to the Swedish plan or the 2030 Agenda. Restructuring is one of the main challenges that we are facing.



10 REDUCED
INEQUALITIES



Reduce inequality
within and among
countries

WORKSHOP SUMMARY

Deeper Understanding and Closer Collaboration within Global Health Research

In the last round of workshops of the conference, participants had a wide range of global health topics to choose from. Aiming to get a deeper understanding of the topics, workshops were longer than the previous workshop sessions. Sitting in small groups between research posters, exhibitions and tables filled with fika necessities, participants discussed topics such as health system resilience in disasters and digital health in low-income settings.

ANTIBIOTIC RESISTANCE AND THE SDGS – RELEVANCE AND IMPLICATIONS

Moderator: Cecilia Stålsby Lundborg,
Karolinska Institutet

Junior facilitator: Elisabeth
Silfwerbrand, Karolinska Institutet

The workshop focused on four perspectives on antibiotic resistance (ABR). The human perspective on ABR: health care expenditure and future projection of the cost of ABR, infection prevention and control at hospitals and at home, treatment guidelines. The environmental perspective: pollutants for ABR, poor guidelines for wastewater management, water treatment systems and hospital waste water environments as high-risk areas of ABR. The issue of poor sanitation systems especially in LMICs, global warming, acidification of oceans and the changing in microbiota that might affect geographical ABR patterns. The animal perspective: companion animals. And lastly, the agricultural perspective: antibiotics in food and water, re-use water activities.

Important interdisciplinary actions that should be undertaken include monitoring and the inclusion of management and budget planning, as through this antibiotic consumption can be decreased. Diagnostic tools are needed of both disease and ABR.

CHALLENGES

ABR is not specific to one SDG, and there is low awareness of the ABR pandemic. To complicate it further, there is a lack of data on ABR and a lack of implementation of action plans, as well as lack of clear leadership.



OPPORTUNITIES

Interdisciplinary research and actions should be encouraged. There is a need for more educational activities, at all levels. With open data sources, there are many research possibilities. Researchers should engage more with policy actors, and there are possibilities now for interdisciplinary leadership in this field.

CONCLUSION

ABR is an ongoing global issue with many actors, influencers and enablers as ABR is an inevitable consequence of all antibiotic use. Consequently, ABR is not specified in one SDG but embedded in several goals and targets. Therefore, ABR offers an excellent opportunity to break the old-fashioned silos and work in an interdisciplinary way in new constellations to contain ABR and ultimately conserve life-saving medicines for both humans and animals.

” *There is a need for more educational activities, at all levels. With open data sources, there are many research possibilities.*

NEXT STEPS

- ➔ *Install leadership, e.g. proposal for governance at the UN level*
- ➔ *Be specific on global financing structures*
- ➔ *Implement national action plans on ABR*
- ➔ *Promote more innovative educational activities involving all parts of society*
- ➔ *Build and sustain surveillance capacities*
- ➔ *Work on targets and proposals for transparent monitoring*
- ➔ *Find an ideal surveillance strategy to monitor ABR in the environment*
- ➔ *Ensure easier access to data on consequences of ABR from existing health care and health insurance information system*
- ➔ *Include management and budget planning in implementation actions*
- ➔ *Strive to do more interdisciplinary research and install actions groups*

11 SUSTAINABLE CITIES
AND COMMUNITIES



Make cities and human
settlements inclusive,
safe, resilient and
sustainable

CHILD HEALTH IN THE ERA OF THE SUSTAINABLE DEVELOPMENT GOALS

Moderator: Mats Målqvist, Uppsala University, Tobias Alfvén, Karolinska Institutet & Swedish Society of Medicine, Johan Dahlstrand, Swedish Institute for Global Health Transformation, Maria Mossberg, Lund University

Junior facilitator: Anna Runebjer Tison, Södersjukhuset

The main topics that were discussed in this workshop revolved around the questions of how to place the child at the center of the SDGs and whether it was relevant to try doing this? How can we work together to have an impact on children's health and to improve it globally and in Sweden?

CHALLENGES

Challenges that were identified included working together with everyone involved in the SDGs, increasing the value of children globally and to go from words to action.

OPPORTUNITIES

No child is left behind if the child is placed at the center of the SDGs. A potential contribution of Sweden would be to increase the value of children since we have a long history working with that.

CONCLUSIONS

It gives added value to place the child at the center of the SDGs: It will make the 2030 Agenda easier to work on; It will also be easier to keep the focus on the child during their whole childhood and to shine a light on other vulnerable groups.

A first step would be to by yourself try to answer why it is important with the focus on the child; to make this clear will simplify further work. It would also be beneficial to create forums where different actors/research fields can easily meet. More focus on improving the quality of care is needed. Collaboration with the family and the community should be strengthened. It is further important to spend the resources where the needs are and to understand the context you are working in, to be able to have an overview and to make strategic decisions.

 *No child is left behind if the child is placed at the center of the SDGs.*

NEXT STEPS

- ➔ *Start teaching SDGs at your university.*
- ➔ *“Knock on doors”: start talking to an (unknown) colleague about global health/SDGs.*
- ➔ *Implement the convention on the rights of the child as a law and add consequences if not followed.*
- ➔ *“Ask the children”: include child representatives in all decisions and when creating research projects.*
- ➔ *Create an online discussion and data-sharing forum, hosted by a university. Important that it is only one to make it relevant for all.*
- ➔ *Strive to include a quality improvement part in every research project to make sure to leave something concrete behind, basic training for example.*
- ➔ *Create peer-to-peer friendship hospitals. Support your colleagues from a poorer country to continue to work as a clinician as well as a researcher in their own country to prevent brain drain. Get out of your own context and work in place of your colleague in his or her hospital from time to time, so that he/she is not forced to choose either the research or the clinic but can do both.*
- ➔ *Sweden should take a leading role in raising the value of the child globally, for example by sharing the experience and knowledge on how to work against corporal punishment.*
- ➔ *Help PhD students and professors that are conducting research in other countries to understand the context they are working in by focusing on training/preparation.*



ADDRESSING CROSS-CULTURAL ISSUES IN GLOBAL HEALTH RESEARCH

Moderator: Naomi Limaro Nathan, University of Sheffield, Nikita Charles Hamilton, University of Sheffield
Junior facilitator: Emma Svensson, Lund University

In this workshop, 17 participants from different professions, institutions, and countries came together to discuss cross-cultural challenges and opportunities in global health research. The topic is neither easily defined, nor addressed, which became clear during the almost 1.5 hours long session. Building on a case-study from the Ebola outbreak in West Africa, focusing on some of the challenges including the different responses by the affected population and the scientific community to the Ebola vaccine, the session was split up into smaller groups to discuss the issues and potential solutions. Following the discussion, one of the participants was given the opportunity to present her own research on how information was disseminated, and perceived, during the Ebola crises. She also shared some of her own experiences of cultural challenges that she had encountered while conducting her research.

Additional challenges based on the group's own experiences were discussed in smaller groups and later in the full session. This included several insightful examples of cross-cultural challenges encountered while working in Sweden, highlighting the universality of this problem and the importance for all researchers and policy makers to consider these issues while working in multi-cultural settings.

CHALLENGES AND OPPORTUNITIES

One of the main challenges brought up repeatedly during the session was the need for stepping away from guidelines created by so called 'expert groups' and into more context-adapted guidelines.

Another challenge highlighted was the need to improve communication of research, to increase the acceptability among the population in which the research should be implemented. Some suggestions on how the research community could address these issues included the promotion of joint cross-disciplinary master's and PhD theses. This would create an opportunity for researchers from different contexts and professions to learn from each other, and for the research to be adapted to the context more effectively.

“Another challenge highlighted was the need to improve communication of research, to increase the acceptability among the population in which the research should be implemented.”

Throughout the session, many emphasized the need to address these issues early during the training. As a researcher working in global fields, one must be equipped with a cultural lens and training in how to identify and manage difficult cultural and ethical issues, as well as how to conduct relevant needs assessment and adapt research methodology to be appropriate to the setting. However, to overcome some of the most significant cross-cultural issues including allocation of funding, education is needed also for faculty and funders.

Lastly, inter-culturalism – i.e. moving beyond passive acceptance of cultural differences and instead promote dialogue and interaction between cultures – is being adopted and implemented at several universities in Sweden today and might help moving away from the traditional way of looking at research in multi-cultural settings.

CONCLUSIONS

Generally, potential issues need to be highlighted more when planning for, and implementing, research and policy in multicultural settings. Not only researchers, but implementers, funders, and policy developers must be better equipped to identify and address such issues.

NEXT STEPS

There are several tangible next steps towards a more culturally sensitive research community; individual researchers need to consider the context in which they conduct their research – what are the ethical considerations? How can I change or adapt my methodology to more appropriately answer my research question? On a systemic level, all professions working within global development research and policy development must be better equipped to earlier identify, and address, potential cross-cultural challenges in their research.

“As a researcher working in global fields, one must be equipped with a cultural lens and training in how to identify and manage difficult cultural and ethical issues.”

12 RESPONSIBLE
CONSUMPTION
AND PRODUCTION



Ensure sustainable
consumption and
production patterns

13 CLIMATE
ACTION



Take urgent action to
combat climate change
and its impacts

GLOBAL MENTAL HEALTH WORKSHOP – FEEDING RESEARCH EVIDENCE TO POLICY

Moderators: Anna-Clara Hollander,
Karolinska Institutet, Helena
Frielingsdorf Lundqvist, Linköping
University

Junior facilitator: Inas Elghazali,
Umeå University

The session commenced with a brief talk on mental health related SDGs and indicators from different parts of the world, followed by four presentations and an open discussion, and concluding with thoughts on creating a global mental health network.

PRESENTATION 1: Global mental health – what are the pitfalls?

The main topics discussed included the fact that there is very little research on global mental health and even less action, with no prior mentioning of mental health on the MDG's agenda. Also, there are misconception regarding the prevalence and incidence and risk factors of mental illness being homogeneous around the world; schizophrenia as an example. Another pitfall discussed was how global mental health is “kidnapped” by other discussions and is merely incorporated in bits within other fields, possibly to advocate for different agendas.

PRESENTATION 2: UNICEF – measuring mental health among adolescents at the population level

The UN secretary general's global strategy brought the issue of mental health in adolescence into focus – adolescence being a crucial period to invest in mental health; a time of vulnerability and opportunity.

Challenges and opportunities highlighted included: two thirds of low and middle-income countries do not have prevalence data on mental health disorders; these are mostly extrapolated for from prevalence data coming from high income countries. Prevalence studies from the last 10 years were conducted in schools and not population based. Further research on stigma, beliefs, knowledge and access to mental health care is needed.

PRESENTATION 3: Task shifting in mental health

The session highlighted the presence of huge treatment gaps (possibly due to gaps in knowledge and funding, but mostly human resources) and there being a growing body of evidence showing good results from doing psychological treatments using laypersons; “mental health for all, by all”. Examples included a study from North Kivu in the Democratic Republic of the Congo using the ‘mental health gap intervention guide’, and a study from rural Pakistan where lady community health workers were delivering cognitive behavioral therapy to women with postpartum depression.

“Two thirds of low and middleincome countries do not have prevalence data on mental health disorders.”



PRESENTATION 4: Prevalence and clinically relevant predictors of suicide risk in young adults – a population-based study from Rwanda

The study again highlighted the need for task shifting and task sharing and also the importance of incorporating mental health care at the primary care setting in providing opportunities for detection of cases.

The discussion was very interactive with participants sharing some of their own research experiences and further points brought up included the issue of stigma not resolving with increased knowledge alone and the challenges faced with research evidence on psychosocial determinants on promotion of mental health not being implemented.

NEXT STEP

For now is to create a network of researchers working on or with an interest in working with global mental health, with the aim of exchanging experiences and feeding research findings into policy.

HEALTH FINANCING AND THE MOVE TOWARDS UNIVERSAL HEALTH COVERAGE IN LOW- AND LOWER-MIDDLE-INCOME COUNTRIES

Moderators: Jesper Sundewall, Karolinska Institutet, Raphael Hurley, Clinton Health Access Initiative, Samantha Diamond, Clinton Health Access Initiative, Karin Stenberg, World Health Organization

Junior facilitator: Yusuf Mashuri, Umeå University

CHALLENGES

Challenges that were identified in this workshop included the huge health disparities between high-income and low-income countries. The poorest countries are left behind in health and human development. This is exacerbated by limited health financing and a reliance on donor funding and patients paying out of pocket. There is low donor investment in health system strengthening in particular. To complicate it further, there is a research gap, for instance data to inform the allocation of resources. Calculating a price tag of universal health coverage (UHC) is complicated.

OPPORTUNITIES

As a country gets richer, health spending will increase. Countries increasingly rely on domestic sources of funding and have an opportunity to change how funds are raised and pooled. There are lessons learned from previous success stories of UHC implementation programs in several countries, including supply side and demand side reforms.

CONCLUSION

Each country needs to make choices as to what health services should be provided with limited resources available; and to expand on this package of services over time. Countries are taking different paths towards a shared vision of UHC, but there are common lessons that can be learned. It is important to sustainably increase access to and utilization of quality health services for those in need, breaking the cycle of poor health and poverty.

NEXT STEPS

- ➔ *More health research is needed to guide priority setting, assess health system capacity, identify best buys, increase efficiency, strengthen capacity to bring right evidence and argument to decision makers and funders. This includes increased economic evaluation and assessments of budget impact*
- ➔ *There is a need for capacity building around setting priorities, particularly in lower income countries that are otherwise left behind in health and human development*

 *The poorest countries are left behind in health and human development.*

HEALTH SYSTEMS RESILIENCE TO DISASTERS

Moderators: Dell Saulnier,
Karolinska Institutet

Junior facilitator: Hanna Jerndal,
Swedish Society of Medicine's Student
and Junior Doctor section

The main topics that were discussed included the definition of resilience. This went on to the resilience of health systems in disaster settings, with the Ebola outbreak in 2014 as an example. Resilience in societies or communities struck by disasters repeatedly was discussed before moving to disaster preparedness. Further topics included gender equality in disasters, communicable and non-communicable needs in disasters, capacity building and empowerment in disaster settings. Finally, international cooperation in disasters was reviewed, and disasters with the perspective of the SDGs and the 2030 Agenda.

CHALLENGES

A key challenge is for a community to absorb shocks and answer to increased demands and new health needs in disasters. Disasters affect determinants of health – for example food and water insecurity. There is a risk of inefficient measures when handling disasters if local communities, as local leaders (official and unofficial), culture and traditions are not taken into account and being involved in the process. Armed conflicts affect the security of health care and therefore the access to health care and the right to health. Increased urbanization and insufficient infrastructure create vulnerable settings.

THE LINK BETWEEN CLIMATE CHANGE AND DISASTERS



CLIMATE CHANGE → DISASTERS →

MIGRATION + URBANIZATION →

UNSUSTAINABLE TEMPORARY
SOLUTIONS →

UNSECURE STRUCTURES →

VULNERABILITY + HAZARDS =
DISASTERS

“A key challenge is for a community to absorb shocks and answer to increased demands and new health needs in disasters.”

OPPORTUNITIES

There is an opportunity in raising awareness about the concept of and importance of resilience in health systems in disasters. Research on resilience of health systems in different types of disasters should be highlighted and facilitated. The focus should be on disaster prevention for socio-economic effectiveness in disaster management. Make sure to work together with a variety of local partners in disaster management – positive examples from the Ebola management. To work with health in disaster settings using a broader multi-sectorial and multilateral perspective through the SDGs.

CONCLUSION

Disaster medicine is a multidisciplinary field and a good example of how actors working with the different SDGs must cooperate to reach sustainable development. There is not only one definition of resilience agreed on among researchers in the field of disaster medicine. It would be of interest to further explore and develop a common definition of resilience in health care systems to facilitate communication and comparison in research.

Resilience should be acknowledged as a crucial aspect within disaster management and research – both nationally and internationally. More funding is needed for research in disaster medicine in general and about resilience in health care systems more specifically.

Research in disaster medicine should be done multilaterally together with local actors and it should respect local traditions, cultures and beliefs.

Countries that have met a certain challenge in disasters previously might be better prepared for a new one due to experience, knowledge, structures and institutional memory. However, a country struck by several disasters with no time in between for prevention, mitigation or rebuilding might become more vulnerable for future disasters.

NEXT STEPS

Create more platforms for workshops like this, where people sharing the same interest in disaster medicine from different countries and sectors can come together to exchange knowledge, ideas and inspiration.



HOW COULD DIGITAL HEALTH PLATFORMS IMPROVE HEALTH IN LOW RESOURCE SETTINGS?

Moderators: *Jesper Gantelius, Royal Institute of Technology and Karolinska Institutet, Anna-Karin Edstedt Bonamy, Karolinska Institutet*

Junior facilitator: *Kristiina Niit, Royal Institute of Technology*

CHALLENGES

The challenges we face when designing digital health platforms are to design for scale, yet being able to adjust to specific cultures and countries. It is also demanding to find relevant and trustworthy partners who can finance pilots, implementation and the health care delivered through the digital platform. Access to smartphone and internet are still limiting factors for digitalization of healthcare, but coverage now improves rapidly. A regions' stability needs to be evaluated. It is also important to know and respect policies of how sensitive data will be used, saved and stored.

OPPORTUNITIES

The opportunities in digitalizing health care is to implement a sustainable solution for a country early on in their infrastructures development, thus being able to leapfrog from no healthcare to a highly digitalized healthcare system (Sustainable Goal 9). In low-resources countries, a digital system will save resources i.e. both doctors, time and money. This system and sparing of resources will help that country to give more people access to good health and wellbeing (Sustainable Goal 3). By gaining approval from high ranking local government and finance, the work of establishing digitalization of healthcare in a safe way will be a lot easier (Sustainable Goal 11).

If we can establish digitalization of health care, then we have used partnership with the countries governments, healthcare providers, and internet and telecommunications technology sector (Sustainable Goal 17).

NEXT STEPS

The next steps will be to evaluate the stability of the regions and build trust with companies and key individuals within government, healthcare, telecommunication and insurance industries. One of the major goals in digitalization, as well as in healthcare, is that the procedures must be safe without corruption. Recruiting colleagues from the local population who master the culture and language will also be one of the most important next steps to learn more about the culture and country. When we have established the above can we start examine the literacy barriers and verify the knowledge of healthcare in the country besides considering how patients seek care.

“*In low-resources countries, a digital system will save resources i.e. both doctors, time and money*”

An underwater photograph showing a large school of fish swimming in clear, greenish water. Sunlight rays penetrate the surface, creating a dappled light effect on the fish and the water. The fish are mostly silver and elongated, swimming in various directions.

14 LIFE
BELOW WATER



Conserve and sustainably
use the oceans, seas and
marine resources for
sustainable development

15 LIFE
ON LAND



Protect, restore and promote
sustainable use of terrestrial
ecosystems, sustainably
manage forests, combat
desertification, and halt and
reverse land degradation
and halt biodiversity loss

IMPROVING QUALITY OF EMERGENCY OBSTETRIC CARE FOR WOMEN AND NEWBORNS IN LOW-RESOURCE SETTINGS

Moderators: *Helena Litorp, Uppsala University, Henrik Sandell, Uppsala University*

Junior facilitator: *Malin Fredén Axelsson, Lund University*

This workshop consisted of a short introduction by **Dr. Helena Litorp** (MD, PhD, specialist obstetrics/gynecology), followed by five presentations of research projects related to quality improvement in emergency obstetric care in low-resource contexts:

Dr Sofie Graner (MD, PhD, senior consultant obstetrics/gynecology, BB Stockholm): Sexual and reproductive health in the Doctors Without Borders (MSF) setting: A couple of examples from the field.

Fadhlun Alwy (PhD candidate, Karolinska Institute): Evaluating the effect of the 'Helping Mothers Survive Bleeding After Birth' training in Tanzania and Uganda.

Dr Henrik Sandell (MD, PhD candidate, Uppsala University): "Institutional gaps": A qualitative study on attitudes and perceptions on vacuum extraction in Dar es Salaam, Tanzania.

Dr Hussein L Kidanto (MD, PhD, senior consultant obstetrics/gynecology, Muhimbili National Hospital, Ministry of Health Tanzania): Premature care bundle: strategies to reduce neonatal mortality in Tanzania.

Dr Anna Bergström (PhD, Researcher, Uppsala University/Knowledge Implementation and Patient Safety, Dalarna University/Honorary Research Associate, UCL Institute for Global Health): Perinatal quality improvement through participatory facilitated PDSA (Plan-Do-Study-Act) cycles: experiences from Nepal and Vietnam.

Globally, the proportion of institutional deliveries is rising, and 75% of births are now attended by skilled birth attendants. However, coverage does not equal quality, and quality of care remains unequal and, in some settings (especially in Sub-Saharan Africa), insufficient. Many kinds of challenges were identified and discussed during this workshop. We discussed problems related to access to emergency obstetric care: both physical (for example long distance and no available or safe transport), cultural (acceptability issues) and financial. There are also challenges in implementing evidence-based practices and guidelines. In his study, Henrik Sandell identified a lack of communication between academia and the clinical setting as a possible reason for the low number of vacuum extractions at the studied hospital. The studies by Fadhlun Alwy and Anna Bergström showed the positive impact of on-site, regular trainings to improve quality of care in post-partum hemorrhage and perinatal care, respectively. In emergency obstetric care in low-resource settings, there are issues of "too little, too late" (e.g. lack of essential medicines and skilled staff), and of "too much, too soon" (e.g. high rates of unnecessary caesarean sections), and these two extremes may be coexisting in the same local context. Finding good ways to disseminate knowledge and evidence-based practice into the clinical settings constitutes a great opportunity to increase quality of care for mothers and newborns everywhere.

MEDICAL ABORTION – A NEGLECTED GLOBAL HEALTH ISSUE

Moderators: Kristina Gemzell Danielsson, Karolinska Institutet, Laura Köcher, Swedish Organization for Global Health, Caroline Bjurnemark, Swedish Organization for Global Health
Junior facilitator: Maria Persson, University of Gothenburg

Around the world women and girls die from unsafe abortions and post-abortion complications. Access to contraceptives, contraceptive counselling and safe alternatives to abortion and post-abortion care are crucial to reduce the morbidity and mortality related to termination of unwanted pregnancies. Medical abortion is a highly effective, safe and accepted abortion method.

However, there are political, cultural, institutional and religious (to name a few) challenges to making abortions safe. Restrictive abortion laws have shown to lead to an increase the number of unsafe abortion rather than a decrease in the overall abortion rates and are followed by higher maternal mortality rather than an increase in birth rates. In some countries there is a tradition in using the method of surgical abortion over medical abortion. Surgical abortion is a more invasive method compared to medical abortion and can lead to severe complications. The method is less effective, requires more resources and costs more. The research on medical abortion is ongoing, thus, enabling the method to develop to be even more effective. Liberal abortion laws are a prerequisite for this research to take place.

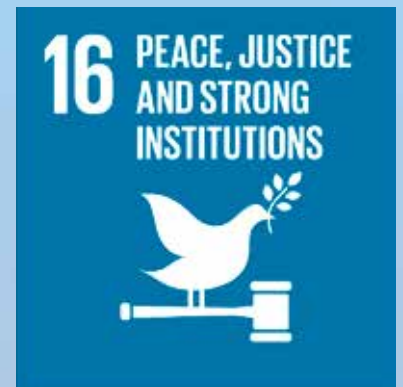
CONCLUSIONS AND NEXT STEPS

We need effective contraceptives but also safe abortion care as pregnancy is not always a choice. Abortion related death can be prevented, but we need:

- ➔ To empower women
- ➔ To talk about abortion on all levels
- ➔ To collaborate with different stakeholders
- ➔ To increase access to safe abortion methods
- ➔ To stop using outdated methods
- ➔ To remove stigma
- ➔ Not to hide it
- ➔ Contraceptive counselling
- ➔ Information on SRHR

To increase access to safe abortion we need simplified abortion methods, where the abortion can take place at home by the women themselves, or by midwives or nurses (task shift), and/or with the support of telemedicine. There is a need for funding for research and implementation. Furthermore, where appropriate, men and boys should not be forgotten when conducting research and when implementing. This helps to reduce stigma, to visualize gendered roles and power relations.

“Men and boys should not be forgotten when conducting research and when implementing.”

A photograph of four children walking away from the camera on a dusty path. The child in the center is wearing a black long-sleeved shirt and has their arm around the shoulders of the child next to them. To the left, a child in a striped shirt is walking. To the right, another child in a grey and red shirt is walking. The background is a hazy, dusty landscape with some blue and white structures in the distance.

Promote peaceful and
inclusive societies for
sustainable development,
provide access to justice for all
and build effective,
accountable and inclusive
institutions at all levels

OPEN DATA WORKSHOP

Moderators: Max Petzold, University of Gothenburg, Sharon Fonn, University of Witwatersrand, Cheikh Mbacké Faye, African Population and Health Research Center, Gustav Nilsson, Karolinska Institutet, Stockholm University

Junior facilitator: Alice Claeson, Swedish Society of Medicine's Student and Junior Doctor section

This workshop focused on open data within the global health field. There has been a push towards more data sharing within the global health field, sparked by the research community voluntarily sharing their data and partially by external drivers. Some publications and funders are now requiring that data should be shared in order for grants and publications. Increased public interest in data sharing also follows from instances where research groups were not willing to share their data and were subsequently accused of delaying progress during infectious disease outbreaks.

It was noted that for open data to be as useful as possible, it should adhere to the FAIR principles established by FORCE11. These principles states that data should be Findable, Accessible, Interoperable and Reusable.

THREE DIFFERENT DATA REPOSITORIES FOR DATA SHARING

There were presentations of three different data repositories for data sharing – the APHRC Microdata Portal, the INDEPTH Data Repository and the Swedish National Data Service. There is a lack of equal geographical representation when it comes to findable datasets, and both the two first data repositories have been set up partially to address this issue.

” There has been a push towards more data sharing within the global health field.



1. THE APHRC MICRODATA PORTAL

The APHRC Microdata Portal provides free use of high-quality research datasets from Africa, which is available upon request. The majority of users of the portal has been African researchers, and it has functioned as a knowledge sharing platform for African researchers. Some challenges the portal has faced have been resources for data documentation and management. It was raised that this is an important ethical concern, as there needs to be resources in place to provide full anonymization of data sets of review requests to access data sets in order to align with ethical standards in data sharing.

2. THE INDEPTH DATA REPOSITORY

The INDEPTH Data Repository is set up through the iSHARE2 project, collecting demographical data from 50 sites in low- and middle-income countries. The project also includes training of data managers and provision of a small computerized data management system for all participating sites. A best practice raised by INDEPTH was a shared and clear Data Access Policy, creating transparency for participating sites.

3. THE SWEDISH NATIONAL DATA SERVICE

The Swedish National Data Service is a data repository for Swedish datasets from multiple fields. The usage of data uploaded to the SND is determined by the researcher. SND also support researchers with guidance on data management.

Concerns were discussed that data sharing may lead to a gap between the researchers collecting data and the researchers using that data for publications. It was also noted that if data sharing is a requirement from funders, it is also necessary that financial resources are provided for data management.



17 PARTNERSHIPS
FOR THE GOALS



Strengthen the means
of implementation and
revitalize the global
partnership for
sustainable development

THE ROLE OF SOCIAL MEDICINE IN A GLOBAL CONTEXT

ORGANIZERS: *Swedish Association of Social Medicine*

Junior facilitator: *Anton Landgren, Swedish Association of Social Medicine*

Among the main topics discussed in this workshop, were social medicine as a medical specialty and the lack of educational spots for specialization training. In a lecture and later on in smaller groups, there were discussions around the question ‘what a social medicine specialist does’. The unique combination of public health expertise and clinical expertise was emphasized. Social medicine specialists and social medicine specialists in training described their daily work, containing a mixture of clinical work, research, quality improvement and teaching. The absence of social medicine specialists at national and international public health agencies was discussed. The social medicine curriculum on the medical doctor training program was another topic that was discussed.

The poster session included a wide variety of topics, for example screening for breast cancer, suicidal risk behavior and social support, and policy implementation

CHALLENGES AND OPPORTUNITIES

Define the social medicine specialist competence area in a stricter sense and show decision makers that there is a need for additional social medicine specialists.

In the light of the migration crisis the need for social medicine interventions was highlighted.

“*In the light of the migration crisis the need for social medicine interventions was highlighted.*”

CONCLUSIONS

As a social medicine specialist, you get to work as a public health/medicine specialist, addressing societal and clinical problems.

NEXT STEPS

Further discussions with decision makers regarding more spots for specialists in training.

URBANIZATION AND ENVIRONMENTAL HEALTH CHALLENGES IN A GLOBAL CONTEXT

MODERATORS: Erik Melén, Karolinska Institutet, Petter Ljungman, Karolinska Institutet, Tom Bellander, Karolinska Institutet

Junior facilitator: Clara Hildt, University of Gothenburg

The importance of dealing with the topic was illustrated by the fact that by 2050, 6.5 billion people will live in urban areas.

Tom Bellander gave an overview about the development of Planetary Health. This is a relatively new discipline, since, only a century ago, the earth was seen as indestructible. The age of the Holocene is characterized through a stable climate, however there is a recent rise in average temperature. This goes in hand with the “great acceleration” in various earth systems and societal spheres. Thus, the negative human influence on the earth is undeniable and we can speak of the age of the Anthropocene instead. An attempt to cope with these negative consequences is the development of Earth System Sciences and the concept of Planetary Health.

Petter Ljungman continued with the topic air pollution. 85% of the world population live in areas where air pollution is above the recommended WHO level. Using maps from satellite data, it was illustrated that especially Asian countries suffer from high exposure levels. Most deaths of household and ambient air pollution occur through heart and lung diseases. Graphs showing how earth pollution and ozone depletion changed in the last years and in different countries should not only give reasons for concern but also displayed decreasing level of air pollution in the US, a success going back to the Clean Air Act.

The third presentation was held by Erik Melén about the impacts on vulnerable subgroups, taking children as an example. As they have a higher air intake per body mass compared to adults, early exposure to smoke, biomass burning and traffic is especially detrimental to their lung-development, eventually causing a permanent decrease in lung-function. Recent research also discusses the impact of environmental hazards on epigenetics and if these induced DNA changes can be inherited across generations.

In smaller groups the following questions were discussed:

- ➔ *What are the most important knowledge gaps in relation to urbanization and health challenges?*
- ➔ *How can health researchers help urban planners and policy makers to create urban environments?*
- ➔ *How do we attend to these challenges in low-resource compared to high-resource settings?*

“By 2050, 6.5 billion people will live in urban areas.”

Several knowledge gaps were identified: although the environment is widely accepted as a determinant of health, the specific health impact of factors linked to urbanization and environmental destruction are not sufficiently identified. Knowing the mechanisms how specific factors can trigger which diseases and how they contribute to DALYs could mean a priority gain in policy making. Further, consumers are not sufficiently informed about e.g. the effects of micro plastic on their health. Neither are stakeholders, because knowledge gets lost on the way from research to policy or to the public.

Consequently, regulations are lacking and if they exist, the compliance to follow them is low. Thus, it would be key to understand how to improve environmental compliance. Besides, ethical considerations have to be included to decide to what extent the present generation can maximize their own utility and how far the long-term perspective has to be taken into account. This leads to the question if it would be necessary to allocate a certain value to nature allowing a better inclusion in economic calculations. This leads to a second question: how to facilitate implementation?

The group agreed it would be essential to identify key actors and offer them their help by delivering specific data. Mediators would be helpful to support the information transfer from specialized researchers to policy makers. They could also operate as linkage between research and the media. In low-income countries, e.g. teachers could take that role.



SCREENING AS PUBLIC HEALTH STRATEGY FOR EARLY DETECTION OF NON-COMMUNICABLE AND COMMUNICABLE DISEASES: CHALLENGES AND IMPLICATIONS

Moderators: Meena Daivadanam, Uppsala University and Karolinska Institutet, Helle Mölsted Alvesson, Karolinska Institutet
Junior facilitator: Olivia Biermann, Karolinska Institutet

This workshop was kicked off by three short presentations on screening for mental health, tuberculosis, and type 2 diabetes. This was followed by an interactive session in three groups – each discussing one question linked to the challenges and implications of screening as a public health strategy. The following briefly summarizes the discussions.

1. SHOULD A HEALTH EXAMINATION BE DONE ON A MANDATORY OR VOLUNTARY BASIS?

On the one hand, making a health examination/screening mandatory could ensure that newly arrived refugees are introduced to the Swedish health system, which may make it easier for them to seek care in the future, too. A population level benefit of mandatory screening would lie in the potential to prevent outbreaks by identifying and treating people with infectious diseases. On the other hand, having voluntary health examination/screening would respect the free choice and autonomy of an individual. If services are generally easily accessible for people or if the uptake of screening is already high, there may not be a need to make screening mandatory.

Countries may have different policies making health examination/screening mandatory or not. At the country level, the health system context is crucial to consider, i.e. whether the system can link those people screened to treatment and care, and whether follow-up can be ensured. This is also an important ethical requirement.

” Making a health examination/screening mandatory could ensure that newly arrived refugees are introduced to the Swedish health system.

2. SHOULD MENTAL HEALTH BE PART OF THE “CARE THAT CANNOT BE POSTPONED”?

The participants were mainly in favor of including mental health screening for newly arrived immigrants.

Nevertheless, a few questions require consideration:

- 1) Which diagnoses should be prioritized?
- 2) What are the costs of screening for different diagnoses?
- 3) Will treatment be available after a person has been diagnosed through screening?
- 4) In what time perspective should the screening be evaluated?

3. SHOULD COMMUNITY SCREENING OF TYPE 2 DIABETES BE INCLUDED IN THE CARE OFFERED IN SWEDEN?

Community screening for type 2 diabetes should be offered to reach persons who are not reached by the health care centres. To reach that goal, cooperation with local organisations, working places, schools etc. is suggested. All steps in the screening process need to be strengthened, including further testing, treatment and care.

It should be considered whether screening could be integrated with screening for other diseases to increase cost-effectiveness. Finally, it is crucial to take into account that individuals might not want to know about the risk of developing diabetes, as it may cause anxiety, which may have a negative health impact in itself. Thus, the needs for comprehensive health promotion and disease prevention, and support for treatment become apparent.

CONCLUSIONS

The need for prioritization and context specificity for screening as a public health strategy was a common thread throughout the discussions. Participants emphasized the need for linking those who are screened positive to care and to ensure follow-up. Overall, it became apparent that there are no clear yes and no answers on how to do screening, but that these questions require careful consideration of the best available global and local evidence that fit the context, as well as engagement of and dialogues with key stakeholders.





GLOBAL HEALTH HUMANITIES WORKSHOP

Moderators: Rachel Irwin, Lund University

Junior facilitator: Adelina Mazhiqi, Swedish Society of Medicine's Student and Junior Doctor Section

In this session, participants discussed the role of humanities and social sciences in global health research and practice. While humanities researchers and social scientists are often invited to participate when a project faces challenges or even failure (if at all), it is better to integrate these disciplines into the discussion from the beginning. Additionally, integrating humanities and social sciences into disciplinary projects opens up new funding opportunities within global/public health, as well as new ways of approaching global challenges.

CHALLENGES & OPPORTUNITIES

The humanities and social sciences are situated within a broad continuum of research approaches: qualitative, quantitative, theoretical and empirical. To some extent these disciplines are united by a focus on reflection and critique which highlight structural causes of ill health or challenges of medical ethics. They also study the research process itself – highlighting the motives, politics and incentives that inform medical research.

For instance, workshop participants discussed the herb *Artemisia annua* which has long been used in Traditional Chinese Medicine (TCM) in the form of a tea but has only recently been made into a medicine in the “Western” sense. This was used as an example of when the interests of industry can conflict with those of populations

who are vulnerable to malaria. Another example was that seeing results from preventative interventions takes time and that it may be difficult to argue for prevention instead of treatment when the latter may demonstrate results more quickly (even if treatment is less cost-effective in the long run). A final example was the challenge of breaking new ground and taking on risky research, instead of reproducing studies, along with the difficulties of publishing and learning from ‘negative’ results. Certainly, humanities and social sciences suffer from some of the same problems as biomedical research. Furthermore, the timescales and research outputs of humanities and social science research can be quite different than biomedical research, thus hindering efforts at collaboration.

However, medical humanities and social sciences also serve to understand medicine in a wider context. For example, looking at the history of hospital architecture helps us understand challenges in retrofitting or renovating hospitals today, or examining the aesthetics of data visualizations can lead to better communication of results.

NEXT STEPS

There is a perception amongst all researchers that there is not enough funding and humanities and social science researchers often feel that lab researchers have easier access to funding. However, humanities researchers have access to funding schemes not normally targeted at medical sciences/public health. On a broader scale, incorporating the humanities and social sciences into interdisciplinary research can also provide a diversity of thought aimed at tackling the SDGs.

YOUTH AS GLOBAL HEALTH ADVOCATES

MODERATORS: Maria Öhman, Swedish Society of Medicine's Student and Junior Doctor section, Adelina Mazhiqi, Swedish Society of Medicine's Student and Junior Doctor section, Hana Awil, IFMSA-Sweden
Junior facilitator: Sarah Osman, Umeå University

In this interactive session discussions revolved around questions on how to collaborate with people from different backgrounds, how to implement and achieve the SDGs and how we can use and share our knowledge with others in the best possible way and advocate for the right of people and make sure we play a part in achieving the SDGs. This was discussed and presented in debate form.

MAIN TOPICS ADDRESSED

The workshop focused on human rights and the SDGs with focus on the third goal (good health and well-being) and universal health coverage in the 2030 Agenda, and also included a short summary on medical ethics. The participants were briefed on different debate techniques and tips, followed by a very interesting debate on global health-topics. The aim of the debate was to give the participants opportunity to practice debate skills and reflect of the importance to understand both sides of a debate in order to make valuable contributions in it.

THE STATEMENTS DISCUSSED

The conduct of clinical trials for the development and licensing of drugs on populations in developing countries where certain diseases are prevalent.

Without sufficient funds to support the healthcare system in a country, patients ought to pay for the healthcare they receive (goals of universal health coverage)

CHALLENGES AND OPPORTUNITIES

- ➞ *How to stand out, make sure you're being heard.*
- ➞ *Have a high-quality education, high-quality evidences to support your argument.*
- ➞ *Learn about what people's priorities are and what do they need.*
- ➞ *Advocacy, empowerment and ability to negotiate the ensure the fulfilment of the goals.*

CONCLUSIONS

We should learn how to debate, meaning to be able to communicate, to understand and listen to the other side and their point of views. The overall purpose is to work on improving personal-skills, listen to the other sides, learn how to take the lead as well as working in teams.

NEXT STEPS

To ensure that youth take their part in engaging in global health-related topics and help achieve the 2030 Agenda.



” *We have to ensure that youth take their part in engaging in global health-related topics and help achieve the 2030 Agenda.*

YOUTH CONSULTATION ON GLOBAL HEALTH IN THE INTERGOVERNMENTAL GLOBAL COMPACT ON MIGRATION

Moderators: Hanna Jerndal,
UN Major Group for Children and Youth
Moa M Herrgård, UN Major Group for
Children and Youth

A health-focused consultation on the Global Compact on Migration; an inter-governmental framework negotiated in the United Nations Headquarter, New York.

This workshop provided an opportunity for the participants to discuss a number of questions related to health and migration. The workshop was part of an ongoing series of consultations with youth around the world, giving an opportunity to provide input on the Global Compact on Migration; an intergovernmental framework currently being negotiated in the United Nations Headquarter, New York. The consultation was organized by the UN Major Group for Children and Youth, (UN MGCY), together with the International Federation of Medical Students' Associations (IFMSA).

Topics discussed included what the current health needs and challenges associated with migration are, how to highlight positive and evidence-based aspects of migration among people, stake holders and states, and how to ensure accessible and available health care for migrants.

CHALLENGES

Identified challenges included how to make governments and the public aware of the positive aspects of migration, by tackling xenophobia, prejudices, and “alternative facts”. The group also highlighted the fact that different groups of migrants are facing different difficulties and that socio-economic structures in society are affecting migrants during many generations. Further, funding of education and health care for migrants are lacking globally and there is a worrisome lack of willingness to welcome migrants and refugees in many communities. a good and sustainable solution for a country early on in their infrastructure development (Sustainable Goal 9). By helping low-resources countries, we can establish a system which will spare resources i.e. both doctors, time and money. This system and sparing of resources will lead to that the country can help more people to obtain good health and wellbeing (Sustainable Goal 3). By gaining approval from high ranking local government and finance, the work of establishing digitalization of healthcare and a safe such will be a lot easier (Sustainable Goal 11). If we can establish digitalization of health care, then we have used partnership with the countries government and telecommunication (Sustainable Goal 17).

“Funding of education and health care for migrants are lacking globally and there is a worrisome lack of willingness to welcome migrants and refugees in many communities.”

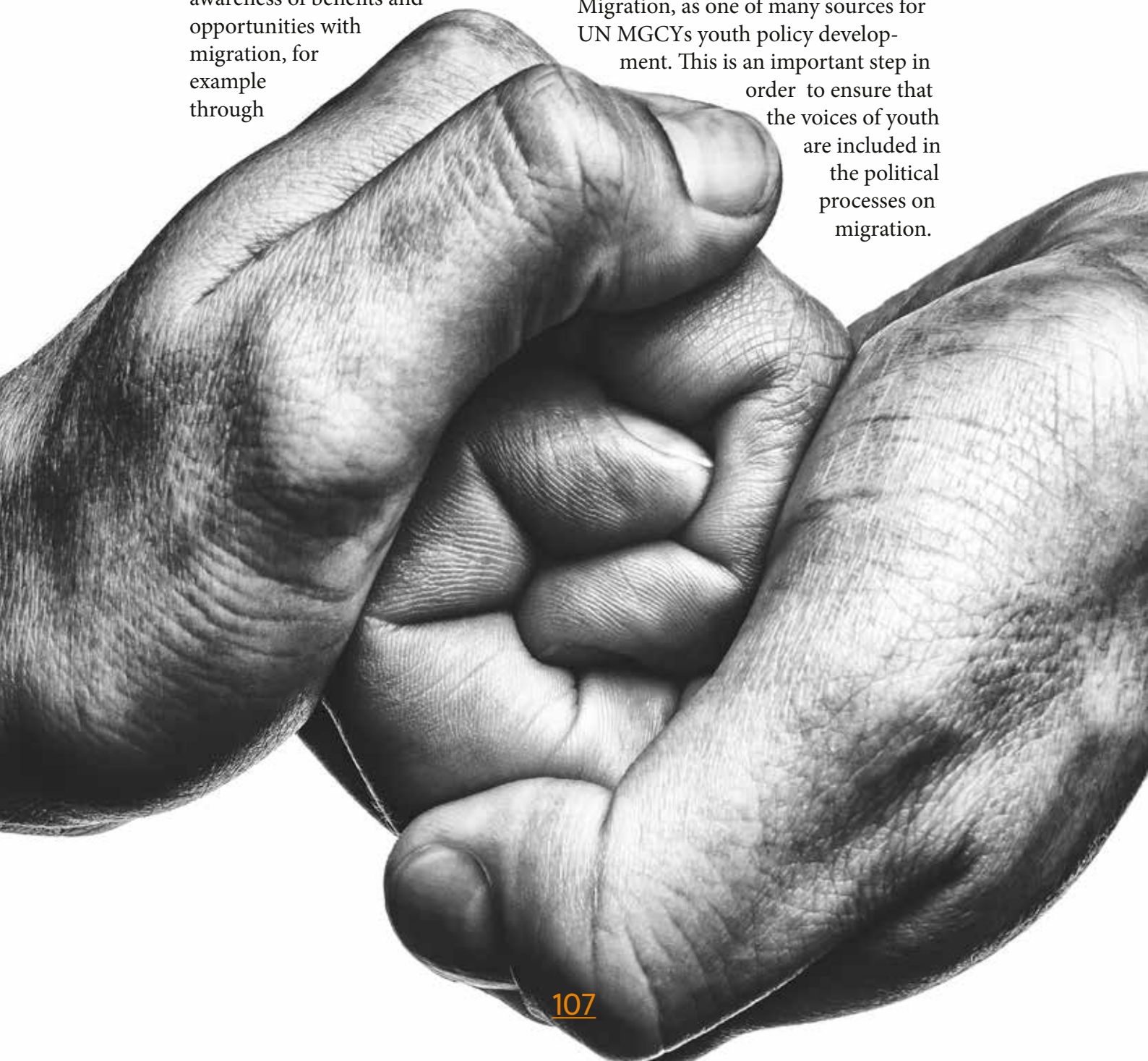
OPPORTUNITIES

Several opportunities were discussed. These included possibilities to create international solutions and agreements regarding migration, creating policies in hospitals to make health care more available and accessible for migrants, and to work with educational programs in schools and communities to change the understanding, views and knowledge of migration. The need to use evidence-based facts to raise the awareness of benefits and opportunities with migration, for example through

national campaigns and education was also emphasized. Lastly, there is also a need to define the socio-economic structures in society limiting the rights and possibilities of migrants in order to change these structures, in order to work on these.

NEXT STEP

The next step will be to bring the opinions raised in the workshop into the discussion of the Global Compact on Migration, as one of many sources for UN MGCYs youth policy development. This is an important step in order to ensure that the voices of youth are included in the political processes on migration.





Closing

Two days of energetic panel discussions and inspiring workshops had to come to an end. Gathered again in the main auditorium of Aula Medica, Anders Gustafsson, Dean of Research at KI, Marie Hasselberg, Head of Department of Public Health Sciences at KI and Tobias Alfvén, chair of the organizing committee thanked all participants for their involvement and energy that made this conference a success.



Anders
Gustafsson



Marie
Hasselberg



Tobias
Alfvén



Global Health Night 2018

– Words to Action

Global Health Night is a dynamic and interactive event, dedicated to global health. The event brings together students, researchers and a wide range of global health professionals who all share a passion for improving health and achieving health equity for people worldwide.

This year's Global Health Night focused on exploring how we can turn the promise of the 2030 Agenda and the Sustainable Development Goals into tangible action. Approximately 500 participants listened to the keynote talks from Ole-Petter Ottersen, Isabella Lövin, Dorcus Kiwanuka Henriksson and Ola Rosling and engaged with them through a panel discussion. All of this was streamed for free to people around the world. After the panel discussions participants had the opportunity to network through mingle with over twenty non-governmental organizations working in global health and a speed-dating activity with a variety of experienced and esteemed global health professionals. The event was very appreciated by all participants and became the energizing grand finale of the Swedish Global Health Research Conference.

TOGETHER WE CAN MAKE A CHANGE!

Global health affects us all - regardless of where on the globe we live. Infectious diseases, migration, climate change, violence and conflict know no boundaries and have a direct or indirect impact on health development. Achieving the SDGs requires the partnership of governments, private sector, civil society and citizens alike to make sure we leave a better planet for future generations. The Swedish Society of Medicine has a goal to increase knowledge and awareness in both Swedish public health and global health issues. To continue the improvement of global health and creating as many healthy life years as possible, the work ahead requires cross disciplinary collaboration between health professionals, environmental scientists, economists and capacity building.

Together we can make a change!



Britt Skogseid

President of the Swedish Society of Medicine

THE SWEDISH SOCIETY OF MEDICINE

The Swedish Society of Medicine (SSM) is the independent scientific and professional organisation for Swedish doctors, medical students, and allied healthcare professionals. SSM is a non-profit organisation and a forum for discussing and developing health and health care by promoting Medical Research, Ethics, Education and Quality.

We contribute with more than SEK 30 million to medical research every year and represent the medical profession in various inquiries and consultations.

We organise scientific meetings, seminars and debates to highlight medical research in important medical fields.

We were founded in 1808 and are one of the oldest medical organisations in Europe.

The Swedish Society of Medicine aims to

- provide a broad range of educational activities and opportunities for doctors, medical students, and allied healthcare professionals
- promote an exchange of information and ideas on science, practice and organisation of medicine within the health professions, for the benefit of patients.

For more information visit
www.sls.se



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