LEAVING NO ONE BEHIND?
Reflection for action in a changing world

PERSONNE N’EST OUBLIÉ?
Réflexions pour l’action dans un monde en mutation

23rd CANADIAN CONFERENCE ON GLOBAL HEALTH · 23e CONFÉRENCE CANADIENNE SUR LA SANTÉ MONDIALE

OCTOBER 29-31 OCTOBRE, 2017

CSIH
SCSI

2017 Final Report:
Canadian Society for International Health

1 Nicholas, Suite 726, Ottawa, ON K1N 7B7
Overview:

575 participants from 25 countries gathered in Ottawa from October 29-31, 2017 to explore the theme “Leaving no one behind? Reflection for action in a changing world”.

On January 1, 2016, the United Nations’ 17 Sustainable Development Goals (SDGs) came into effect to end extreme poverty while combatting health, social and economic injustices - with an overarching goal to leave no one behind. With this global context in mind, the 23rd Canadian Conference on Global Health (CCGH) provided a forum for reflecting on the first 1000 days of global action and implementation of the SDGs as they impact on the health and well-being of nations around the world.

The CCGH attracted practitioners, researchers, educators, students, policy makers and community mobilizers interested in global health to share knowledge and experience and promote innovation and collaborative action.

The program included three plenary sessions hosting 12 keynote speakers, 85 oral presentations, 80 posters and 26 workshops/symposia.

Sub-themes addressed included:

1. Tackling poverty and social exclusion (including Universal Health Coverage (UHC); Universal Education Coverage (UEC); Universal Basic Income Coverage (UBIC)
2. Health of marginalized populations during and following periods of crisis
3. Sustainable and equitable environmental action
4. Research, Innovation and Measurement for equitable action
The objectives of the conference were to:

- Become more aware of the diverse research methods, theories, measures and strategies that can be applied to systematically address the subthemes
- Better understand the critical success factors that contribute to equitable, sustainable and innovative global action to deliver on the SDGs
- Better develop strategies that acknowledge and tackle the power relations between actors within and across countries to ensure no one is left behind
- Be inspired to take concerted action through their respective organizations and networks

**LMIC partners**

A conference highlight was the participation of more than 110 low and middle income country (LMIC) delegates.

30 oral speakers identified as being from an LMIC, 17 poster presenters and 25 workshop/symposia presenters.
Dr. Paul Farmer (Partners-in Health and Harvard University) called for a more meaningful emphasis on “global health equity,” rather than the term “global health.” Noting that both the Ebola epidemic and the Haitian earthquake in 2010 had “trashed the health systems,” he also reflected that health system strengthening – i.e. retraining human resources, and rebuilding damaged infrastructure - “rarely occurs immediately after an emergency.”

Dr. James Orbinski (York University, Dahdaleh Institute for Global Health Research) urged us to be realistic about our starting point on how to approach the world, and we need a new story that highlights equity and reflects a collective insight of our relationships to one another. We need to be unabashedly motivated and progressive in pursuing the common good. We must stop thinking in silos and acting as though there is a perfect system to replicate. Global health and humanitarianism cannot be viewed as separate and independent – multiple cascading forces are creating a perfect storm leading to unprecedented internal displacement of millions of people, food insecurity, and funding crises for OCHA, WFP, UNHCR, Red Cross and others. We must stop using cherry-based approaches that are no longer effective. Instead a bold, visionary and practical global public policy is required to construct new systems that respond to broader population groups.

Julia Sanchez (CEO & President of CCIC) underscored that the new universal discourse must focus on the SDG Framework, and find ways to break down the silos by using the wealth of knowledge and expertise from across the sectors and disciplines. Using a human rights lens, we must address the structural issues (power dynamics, discrimination etc.) rather than the symptoms causing the lack of equity in access to food and health services. The MDGs made progress, but failed to get to the hardest to reach - such as those living in conflict situation or refugees. New innovative ways of working together in the form of “business unusual” is now required. This entails using data to reach the hardest to reach, ensuring accountability of the sectors, and growing the budgets and necessary resources. We must make an “unabashed, bold request for publicly funded health care services for everyone, and find the resources, and mechanisms as a human right.”

Shakira Choonara (South African AIDS Trust) represented a youth voice and showed how we must “look at the realities to find the solutions” – we must “understand the needs” of the most vulnerable, including the blind. Using a hands-on and innovative approach, each panelist was asked to wear a blindfold and asked to interact with her in a hypothetical scenario. She demonstrated the
Barriers and extrapolated on how inaccessible medicines can be for visually impaired patients.

**Basimenye Nhlema** (Coordinator, Partners-in Health, Malawi) noted that in order to reach the last mile of those hardest to reach, “socialization for scarcity” must be about integration of the health care services through a network of functioning structures of major and minor clinics, community health workers, liaison with governments and strengthened Ministries of Health, focused policies based on health as a human right, and changes to how funding is delivered through the ministries, district leadership teams and collaborative work that brings to the table other players from industry, energy, transportation etc.

**UNIVERSAL PROGRAMS FOR THE SDGS: BUFFERING CRISIS**

**Guy Standing** (University of London; Basic Income Earth Network) opened with a reflection on the merging forces of globalization, technological revolution, and neoliberal policies. A perfect storm is being generated - caused by the growing economic insecurities of millions around the world, homelessness, anger, and mental health stresses that in turn are leading toward neo-fascist populism worldwide. Conventional social security systems are proving unable to deal with this insecurity. A new income distribution system is required such as a Basic Income Program. An idea that used to be considered radical, but which now is being ethically legitimized around the principle of social justice.

The social and economic returns of a basic income distribution has been demonstrated in countries such as India. Improvements are recorded in the nutritional status of children, especially girls, through increased child weights; improvements in general health and health care (illustrated through greater compliance with treatments); improvements in equity are noted, especially with the disabled who are no longer at the end of a queue for food. School performance and economic activity increased, and fewer behavioural and emotional disorders were confirmed in children. Analyzed in-depth by the Government of India, and endorsed by the International Monetary Fund (IMF) for its success, the Basic Income distribution program is being adopted nationally across the country.

**Esperanza Martinez** (International Committee of the Red Cross) spoke favourably of a basic income program, noting that similar initiatives have been successfully piloted in Finland, Spain, and Kenya. In crisis settings, where people have lost their incomes and sources of employment, and where systems function without formal government authority, the ICRC has supported productive activities and basic income programs that have allowed the recipients to pay for their own food and shelter, and restored their dignity. Unconditional payments can support communities to realize “basic system support” (as opposed to “health system strengthening”). Greater investments to support on-the-ground development issues in fragile situations is fundamental for achieving more effective universal coverage for medicines and vaccines, and for strengthened governance and accountability of health systems. Even

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*The emancipatory effect of these unconditional payments empowers the individuals – especially women – to engage in beneficial health and education activities for themselves and their families.*

*Esperanza Martinez*
displaced communities have the knowledge, the resources, and know-how to make decisions that can sustain progress.

Anna Coates (Pan American Health Organization) affirmed that to attain universal programs, and to measure how far they can tackle broad gender and ethnic inequalities, normative frameworks such as the SDG Framework must be put into practice. Sustainable Development Goals 3, 5, and 17 can serve together to reduce poverty, provide social protection and realize better governance using relevant disaggregated information on diverse social groups. The SDG Framework has the potential to link health and well being, and to go beyond the health sector by tackling the social determinants of health and working inter-sectorially as a whole. It also includes tackling discrimination in the health sector (both ethnic and gender discrimination) and the power dynamics in the provision of care.

When social institutions break down, there is a challenge and an opportunity to provide a voice to those who might not have previously had that voice. “Ensuring people-responsive and people-centred services” based upon dialogue with the communities on an equal plane is a proven approach to achieving these goals. It still, however, remains a challenge for those who have been taught to rely upon science and knowledge rather than the knowledge and beliefs of those within their own displaced communities.

**SUSTAINABLE AND EQUITABLE ENVIRONMENTAL ACTION**

Blake Poland (Dalla Lana School of Public Health) addressed the ecological determinants of health, the need for transformative social change, and the opportunities for change that crises can generate. Ecological systems decline is evident all around us. Recent estimates suggest that current trends will lead to cascading ecosystem (and thus civilization) collapse somewhere between 2025 and 2045. The good news is that these emerging challenges are human-made and therefore changeable. Furthermore, just as ecological systems have tipping points, so do social systems. We may therefore be much closer to transformative change than we think. Poland pointed to evidence that suggests it takes 3.5-11% to create social and political change.

Albert Tseng (Moonspire Social Ventures) addressed the question, what is the role of social entrepreneurs and business? He noted that any significant social change requires many different actors; from government, civil society, and the business community. Social businesses are organizations that have a social mission in mind, but use business as the means. In development, a social business might have a social purpose to successfully tackle one or more of the SDGs and to reach the poor and create more equitable income.

In addressing such large social change, we collectively need to use all the tools in the toolbox, and business is just one of those tools.

Fadya Orozco (Universidad San Francisco de Quito) addressed the topic of sustainability and health:

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*Ultimately, we are faced with the realization that the ecological crisis is not a technical problem but rather a problem of insufficient social and political will to act.*

Blake Poland
Challenges for an equitable model. She noted that SDGs 2.3 and 2.4 related to hunger and agriculture. She referred to the social values at different socio-political levels that frame the SDGs and concluded that the positive use of social capital can serve to disseminate information on the link between health and the environment.

Max FineDay (Canadian Roots Exchange) spoke about the important link between Indigenous youth, sustainability, and equity. He underscored the interconnectedness of health, environment, and the links between events, activities and policies. He asked why so many indigenous peoples were in such poor health compared to the rest of Canada and pointed to the determinants of health such as unclean running water, over-crowding housing conditions, and the increase in tuberculosis. But the Indigenous people remain strong and resilient. He called on the audience to reflect and help decide as a country which path will be taken – it could be a path of protest, poverty, pain and rage - or a path of reconciliation by responding to the call for action. With regard to reconciliation and climate change – it is up to us to act now. The time for reflection is now and the process of helping one another is here.

Lancet Launch


CSIH Lifetime Achievement Award

Every year, CSIH presents a Lifetime Achievement Award to one of its exceptional members. The 2017 award was presented to Dr. Salim Sohani, Director of the Canadian Red Cross Global Health Unit. Dr. Sohani dedicated his award to all the humanitarian workers who have lost their lives serving others.

CSIH 40th anniversary event

CSIH hosted a social night focused on celebrating 40 years of CSIH! The event was attended by close to 100 delegates and special guests and included speeches, birthday cake and a photo booth that was enjoyed by all!
Pre and Post events

Several organizations took advantage of the CCGH and held pre and post events. These included:

- Global Health Students and Young Professionals Summit took place on October 28, 2017
- Canadian Partnership for Women and Children's Health (CanWaCH) Annual General Meeting took place November 1, 2017
- Partners in Health, HealthBridge, Plan Canada and many other organizations held auxiliary meetings, taking advantage of LMIC partners attending.

Poster winners

- Maguil Gouja, Clotilde Traoré, Centre de coopération internationale en santé et développement (CCISD) - *La santé sexuelle d'un groupe vulnérable au Burkina Faso - le cas des orpailleurs face à l'infection au Vih-sida et aux infections sexuellement transmissibles* - [VIEW POSTER](#)

Participant Feedback:

The feedback from participants was positive and highlighted the level of participants’ engagement. The survey was administered in English and French with an overall response rate of about 25%.

- 94% of respondents were very satisfied to satisfied with the overall content of the conference.
- 96 % would recommend future CCGHs to their colleagues.
- 91% felt the CCGH raised their awareness/knowledge of implementation and practice in global health.
- 86 % felt the CCGH raised their awareness/ knowledge of policy in global health.
- 88% felt the CCGH raised their awareness/knowledge of new global health research.
- 92% felt the CCGH assisted them in developing a new perspective or a renewed interest in their work.
- 87% felt the CCGH was valuable in increasing their professional network.

Some feedback from participants included:

- I am grateful for the CCGH experience as a student and I always come away enlightened by the tremendous insights from all the knowledgeable experts in the room.
- A great opportunity for senior as well as junior researchers from different countries to meet and share current knowledge and experiences. This is a real platform for networking and sharing information!
- A very interesting, diverse, stimulating programme – ambitious, yet a great combination of subjects.
For more information please visit:

Storify (Twitter highlights - moments forts sur Twitter)

- Sunday - dimanche, October 29
- Monday - lundi, October 30
- Tuesday - mardi, October 31

Blogs by participants (Select CCGH Conference as category)
Blogs des participants (en anglais seulement)

- Leaving Haiti Behind: The UN response to the cholera epidemic
- CCGH 2017 and changing the birth story
- Basic Income: A cure to a pandemic of economic insecurity
- Changing the world means changing the way we do things
- Equity at the core of global health
- Allyship: Privilege, global health and UNlearning

CCGH blogs in Huffington Post
Blogues sur la CCSM dans Huffington Post (en anglais)

- Leaving no one behind? Reflections for action in a changing world
- Time for Dialogue in the Dark in Health Care
- There Are Barriers To The World We All Want
- Cholera In Haiti Is The UN's Dreadful Legacy

Photos on (sur) Facebook

- Day - jour 1
- Day - jour 2
- Day - jour 3
- Social night / Soirée sociale

The Conference was one of the best scientific gatherings I have attended. The approach to the topics were scientific but realistic, addressing challenges that development workers face on the field in clear and simple terms.

What was most exciting was the opportunity to interact with like-minded people from both Canada and other LMICs, who are passionate about helping others.

Tari, 2017
2017 Program Committees

The conference wishes to thank the following individuals for their commitment and their collaboration in this event.

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