



hsr2020
SIXTH GLOBAL
SYMPOSIUM ON
HEALTH SYSTEMS
RESEARCH

I Latin American and Caribbean
HSG Pre-Conferences
on Health Systems Research

CANADA

Sixth Global Symposium (2020)

RE-IMAGINING HEALTH SYSTEMS FOR
BETTER HEALTH AND SOCIAL JUSTICE

Canadian Society for
International Health,
Ottawa, Canada
October 16th, 2019

Institutions

Co-Sponsors



Health Systems Global
<http://healthsystemsglobal.org/>



Canadian Society for International Health
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The International Development Research Centre
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Background

Sixth Global Symposium on Health Systems Research 2020 in Dubai

Health Systems Global (HSG), the international society in health systems, programs and services, organizes a symposium every two years to bring together academics, policymakers and members of the civil society involved in health systems and policy research.

After Montreux 2010, Beijing 2012, Cape Town 2014, Vancouver 2016 and Liverpool 2018, Dubai 2020 was chosen as the venue for the next Global Symposium.

The main theme of the Symposium is *"Re-imagining health systems for better health and social justice"*. We organized a cycle of activities to promote regional exchange of experiences and studies on health systems and services issues, in preparation for the global meeting in Dubai.

HSG Pre-Conferences in the Canada

The main motivation of this first **Pre-Conference in the United States** was to enhance the debate on the design and implementation of policies for more equitable and effective health systems and services, providing a perspective from the Caribbean.

The purpose of these events was twofold: on the one hand, to generate a space for local exchange on the most relevant experiences and transformative visions, which will fuel a necessary debate on health systems. Secondly, we will try to support the selected papers for this pre-conference in the presentation of their summaries at the **Global Symposium to be held in Dubai**.

With the purpose of bringing together health researchers and policymakers working on issues related to health systems in **Latin American and the Caribbean** region, the proposal for this pre-conference includes::

- To promote the exchange of experiences in a meeting of researchers and policymakers around interdisciplinary discussion tables.
- To stimulate the presentation of works by Latin American and Caribbean authors in the Open Call of the Global Symposium in March 2020.
- To strengthen the Caribbean presence of studies on health systems and policies in the symposium.

Daniel Maceira, Ph.D.
Miembro del Comité Ejecutivo de Health Systems Global,
Representante para Las Américas



Organization committee

Health Systems Global Referent



Daniel Maceira is an Argentine citizen, Ph.D. in Economics from Boston University, with research fields in health economics and industrial organization. He is Senior Researcher at the Center for the Study of State and Society (CEDES), Independent Researcher of the National Council of Scientific and Technological Research (CONICET), and Professor at the Economic Department, National University of Buenos Aires (UBA), Argentina. In addition, he develops teaching activities in several Postgraduate Programs in Health Economics and Public Health Policy in Argentina and the Latin American Region, such as the Master Program in Public Policies at the University Torcuato Di Tella and the Master Program in Design and Implementation of Public Policies at FLACSO, the Latin American University in Social Sciences. Maceira has collaborated with a wide array of institutions, such as the Canadian International Development Research Centre (IDRC), UNICEF, The World Health Organization, the Pan-American Health Organization, the Economic Commission for Latin America and the Caribbean (ECLAC), the United Nations Development Program (UNDP), USAid, the Inter-American Foundation (IAF), the Gates Foundation, The World Bank, the Global Development Network, the Global Fund for HIV, Malaria and Tuberculosis; the Inter-American Development Bank; the Global Alliance for Vaccines and Immunization (GAVI Alliance), among others. He has numerous national and international peer review publications and coordinated many research projects and technical assistance initiatives in developing countries, particularly in the Latin America and the Caribbean Region. In 2016 Maceira was elected Board Member of Health Systems Global, the international society in health programs and systems research, where he is part of the Executive Board and holds the chair of The Americas until October 2020.

Co-sponsor Referent



Eva Slawecki is the Executive Director of the Canadian Society for International Health and has over 15 years of experience in global health and international development focused on health systems strengthening and institutional capacity-building



Sarah Brown is the Conference Manager at the Canadian Society for International Health and has over 15 years experience coordinating and managing successful global health events, including the annual Canadian Conference on Global Health

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Shawna O’Hearn

Global Health Office, Dalhousie University

Srikanth Kondreddy

Bruyere Research Institute, University of Ottawa

Preconference Program

Wednesday, October 16

9:00 am - 10:00 am	HSR Pre-Congress in Canada: A Latin American and Caribbean perspective Pre-congress Panorama <ul style="list-style-type: none">• Sir George Alleyne (Speaker) Director Emeritus, Pan American Health Organization• Daniel Maceira (Speaker) Health Systems Global• Eva Slawecki (Speaker) CSIH
10:00 am - 10:15 am	Break Break
10:15 am - 10:30 am	Orals: Engaging political forces Pre-congress Panorama
10:30 am - 11:30 am	Orals: Engaging social, economic and environmental forces- SRHR Pre-congress Panorama
11:30 am - 1:00 pm	Lunch break
1:00 pm - 2:00 pm	Orals: Engaging social, economic and environmental forces: Environment Pre-congress Panorama
2:00 pm - 2:15 pm	Break
2:15 pm - 3:30 pm	Orals: Priority themes Pre-congress Panorama
3:30 pm - 4:00 pm	Orals: Engaging technological, data and social innovations Pre-congress Panorama
4:00 pm - 4:30 pm	Wrap up

Abstracts presented

REENGINEERING HEALTH SYSTEMS IN SMALL ISLAND DEVELOPING STATES (SIDS) TO ADAPT TO THE IMPACT OF CLIMATE CHANGE

Rosmond Adams
Caribbean Public Health Agency

Small Island Developing States (SIDS) face a huge challenge from the impact of climate change. Not only are they disproportionately affected but they also lack the resources and skills needed to put in place adaptation and mitigation measures.

One aspect that is getting lots of attention is the impact of climate change on health. However, an area that is not fully explored is the impact of climate change on health systems and how health systems can be reengineered to adapt to or to mitigate against climate change impacts. This qualitative study set out to explore the major current impact that climate change is having on health systems in the Caribbean Region -- a region comprising of many SIDS. Perspectives of key stakeholders from selected Caribbean Countries were collected through one on one interviews and were analysed for recurring themes.

The major impact on health systems identified included a loss of human resource capacity from the health sector caused by people migrating from countries affected by natural disasters linked to climate change.

The impact on the physical infrastructure of health facilities was another area identified. Health facilities including clinics and hospitals have been engineered in a manner that was suitable to the Caribbean weather. However, with an increase in frequency and magnitude of climate events

over the last five years, many have not stood the test of resilience.

Coupled with the impact on infrastructure is the disruption of services making health systems not able to deliver care in an efficient manner especially to the poor and vulnerable to depend on the public health system.

Finally, the impact of climate change on health presents an added burden to the already burdened health systems. Health systems must now be able to find and allocate additional resources to respond to climate related health conditions.

Due to the increase vulnerability faced by SIDS, focus must be placed not only on the impact of climate change on health but how climate change is impacting health systems. Policy makers, researchers, academia and health services must start exploring measures to make health systems resilient.

Abstracts presented

CONTRIBUTIONS OF AN IDRC-FUNDED PROJECT FOR SCALING-UP AND EVALUATING SALT REDUCTION POLICIES AND PROGRAMS IN LATIN AMERICA

Adriana Blanco-Metzler¹; JoAnne Arcand²; Mary L'Abbe³

¹ Instituto Costarricense de Investigación y Enseñanza en Nutrición y Salud (INCIENSA)

² University of Ontario, Institute of Technology

³ University of Toronto

Motivation

Populations in most Latin American Countries (LAC) consume excess sodium, increasing risk for hypertension and cardiovascular diseases. Few LAC have population-wide sodium reduction policies to address this issue, as they lack national data, scientific capacity, resources to conduct research and knowledge translation (KT), and the ability to engage policy makers in implementing sodium reduction initiatives.

Objective

To provide an overview of the contributions of an IDRC funded project "Scaling-up and evaluating salt reduction policies and programs in LAC" led by Costa Rica that aim to strengthen the health system stewardship in five LAC.

Methods

Research methods spans five topic areas, including: capacity building; social marketing; monitoring/surveillance; KT and evaluation.

Results

Capacity building among researchers/trainees occurred throughout the project. Country-specific databases of processed foods were developed to assess/monitor mean sodium levels and compliance with regional/national sodium reduction targets. Key artisanal, street and fast foods underwent laboratory analysis,

showing large variabilities in sodium content. A social marketing strategy to reduce salt use in the home among mothers of school aged children was designed based on formative research results. Assessment of the health and economic impact of sodium reduction policies was established. A KT workbook was created and utilized for planning and implementing KT activities. Strategic multi-sectoral partnerships were established by a multi-national consortium including institutions from five LAC, and advisors from Canadian and American universities, an international civil society association and PAHO/WHO. A guiding philosophy was to scale-up research activities and capacity in LAC with limited sodium reduction policies (Paraguay, Peru); while receiving the support from more experienced (Argentina, Brazil, Costa Rica). Partnerships with PAHO/WHO and civil society organizations facilitated activities and communicated outputs.

Policy implications

This project evaluated salt reduction policies in some countries and informed the creation of programs in others. This project constitutes a model for other complex, multi-component public health interventions and shows that health system stewardship must be strengthened through timely collation of information, building strategic multi-sectoral partnerships, and deploying evidence to inform decisions and actions.

Acknowledgments: IDRC Project 108167, Ph.D. Marie-Ève Labonté, Université Laval and Ph D. Candidate Beatriz Franco, University of Toronto, Canada.

Abstracts presented

INEQUIDADES EN LA ATENCIÓN Y PREVENCIÓN DE LA VIOLENCIA SEXUAL EN MUJERES Y NIÑAS MIGRANTES VENEZOLANAS EN COLOMBIA: ANÁLISIS EN UN CONTEXTO DE CRISIS HUMANITARIA

Mariana Calderón Jaramillo; Luz Janeth Forero-Martínez & Juan Carlos Rivillas-García

Asociación Profamilia

Motivación

Las mujeres y niñas migrantes venezolanas enfrentan múltiples necesidades insatisfechas en salud sexual y reproductiva. La migración como determinante intermedio de la salud, las expone a diferentes formas de violencia sexual, que afectan su salud física (embarazos no deseados, abortos inseguros, ITS y VIH), este sufrimiento como resultado trae un aumento de la carga de enfermedades mentales como la depresión, ansiedad y el consumo de sustancias. Es necesario trabajar para contrarrestar los efectos de estas necesidades sobre el alcance de los objetivos de desarrollo sostenible.

Objetivo

Evaluar el grado de implementación del Paquete Inicial Mínimo de Servicios de salud reproductiva en contextos de crisis humanitaria en la frontera Colombo-Venezolana, con el fin de analizar como fortalecer la respuesta humanitaria en la atención y prevención de la violencia de género.

Metodología

Estudio que aplicó la caja de herramientas diseñada por el IAWG en Salud reproductiva en contextos de crisis humanitaria en cuatro ciudades de la frontera colombo-venezolana con alta proporción de migrantes. En total se realizaron 21 evaluaciones a instituciones de salud que prestan servicios a población migrante venezolana, 23 entrevistas a

personas clave (10 a organizaciones en Salud sexual y reproductiva, 6 en violencia basada en género, y 7 en VIH). Adicionalmente, se realizaron grupos focales (24 en total) con hombres y mujeres migrantes entre los 14 y los 17 años, los 18 y los 24 años, y entre los 25 y los 39 años.

Resultados

se encontró falta de información sobre disponibilidad de servicios para víctimas; insuficiente prevención y protección frente a la explotación sexual; barreras en acceso a anticonceptivos de emergencia; iv) insuficiente acceso a servicios de aborto seguro y post-aborto; y ausencia de enfoques feministas en el abordaje de las violencias.

Implicaciones de política

El profundo desconocimiento del PISM en los contextos analizados permite identificar el grado de necesidades en materia de salud sexual y reproductiva, pero también los efectos a largo plazo de la insatisfacción de estas necesidades por el incremento del embarazo adolescente y no deseado, de las enfermedades de transmisión sexual y en especial de VIH, de la Violencia Basada en Género.

Abstracts presented

CLIMATE CHANGE, MIGRATION AND HEALTH IN THE CARIBBEAN: THE NEED FOR AN INTERSECTORAL AND INTEGRATIVE APPROACH

Patrick Cloos¹; Shalauddin Ahmed² & Kate Zinszer¹

¹ University of Montreal

² Ministry of Health and Social Security

Motivation

As we suggested in the Lancet Planetary Health, research on climate change, migration and health should prioritize Caribbean small islands developing states (SIDS) that have, among other low- and middle-income countries, the weakest research and capacities to adapt to climate change.

Objective

To discuss preliminary data regarding a 2 year-funding research project that aims at contributing to the field of climate change, migration and health in the Caribbean in examining climate-related migration and resulting health impacts, and supporting adaptation measures and resilience strategies to climate change. Specifically, it focuses on the case of The Commonwealth of Dominica.

Methods

Based on mixed methods research, empirical studies will be conducted in 2020 to understand the links between environmental changes, human migration and health. For pilot data, the Principal Investigator conducted informal interviews in Dominica in July 2018 with public services stakeholders. Initial data suggested that more than 400 households were displaced by tropical storm Erika (2015) and temporarily resettled elsewhere, and continue to wait for permanent relocation (as of July 2018).

Results

Feelings of isolation, experiences of losses

of community ties and of livelihoods and income, were some of the issues expressed by displaced individuals. At least 3,000 people were displaced within Dominica to collective shelters by Hurricane Maria (2017), although the total number of internal displaced people (IDPs) is unknown. These shelters often have inadequate sanitation facilities and occasionally limited access to basic resources (water, food, mosquito nets), and therefore provide precarious living conditions. It is likely that these living conditions, together with a lack of health care access, induce infectious diseases transmission, aggravate chronic illnesses, and contribute to adverse mental health outcomes.

Policy Implications

Decision makers need to better understand migrate-related health risks and experience of climate change, health consequences of policies, and effective solutions for climate change adaptation, building capacity and resilience for potential risks of climate change. The development of policies should be co-constructed and locally grounded, and incorporate experiential knowledge, the meaning that individuals give to environmental change. Though challenging, measures that create sustainable partnering are crucial to reduce vulnerabilities to climate change.

Abstracts presented

DO LOCAL REALITIES MEASURE UP TO EVIDENCE-BASED ASSUMPTIONS ON THE FOOD PRACTICES OF SMALLHOLDER FARMERS? ANSWERS AND LESSONS FROM A STUDY SITE IN ECUADOR

Ana Laura Deaconu; Geneviève Mercille & Malek Batal

Nutrition Department, Faculty of Medicine, Université de Montréal

Motivation

An expansive evidence base has highlighted trends that guide assumptions on where health inequalities exist and how to address them. Evidence from low and middle income countries suggests that rural people who are older, more isolated and who have lower incomes are more likely to rely on subsistence strategies for food, have more nutrient deficiencies and rely more strongly on traditional food systems. Nevertheless, these trends have documented exceptions, and more exceptions may lie unpublished due to the persisting bias against negative results. While scholars and practitioners increasingly recognize such heterogeneity, the undue application of generalized assumptions to local contexts continues to impact program effectiveness.

Objective

To explore the extent to which local realities in a rural population are consistent with evidence-based assumptions around rural people's food practices.

Methods

We use data from a cross-sectional survey of mostly Indigenous smallholder farmers (n=91) from Ecuador's Imbabura province to assess correlations between socioeconomic variables (age, income, distance to markets) and dietary practice

variables (food consumed from subsistence practice or from markets, dietary diversity and consumption of traditional food products). We compare our findings to how these correlations are summarized in literature that assess relevant populations (smallholder farmers, Indigenous people, rural poor) at a broader scale, including in literature reviews, systematic reviews, or meta-analyses that assess multiple study populations.

Results

Evidence from our study population coincides, however meagerly, with the trend that people with less income rely more on their own harvest for food ($R = -0.24$, $P = 0.02$). However, we did not detect significant associations between other study variables that would be hypothesized to exist according to the evidence base.

Policy implications

People in our study context fail to comply with the evidence-based expectations that older, more isolated and poorer people are more likely to partake in subsistence activities, to maintain traditional food practices or to have less nutritious diets. We observe that local realities can challenge the larger-scale evidence base that would otherwise define the assumptions that guide interventions. This underlines the importance of attending to heterogeneity in order to develop appropriate local solutions.

Abstracts presented

SCALING UP SUSTAINABLE LAND USE AND AGRICULTURAL DEVELOPMENT INTERVENTIONS TO ENHANCE FOOD SECURITY, WELL-BEING, AND LIVELIHOODS AMONG SMALL SCALE FARMING HOUSEHOLDS IN RURAL HONDURAS

Warren Dodd¹; Sally Humphries² & Marvin Gómez Cerna³

¹ University of Waterloo

² University of Guelph

³ Fundación para la Investigación Participativa con Agricultores de Honduras

Motivation

In the context of climate change and out-migration, seasonal food insecurity and poverty remain challenges for small scale farming households across Central America. To address these challenges, scalable interventions are needed that directly engage with the underlying socio-economic and environmental forces that exacerbate seasonal food insecurity and poverty among this population.

Objective

To describe a program of participatory research and community development with Honduran farmers that has unfolded over the past 25 years, and to discuss how some elements of the program were scaled beyond program participants.

Methods

Anchored by a partnership with La Fundación para la Investigación Participativa con Agricultores de Honduras (FIPAH), we draw on two household surveys (2013, 2018) in addition to ongoing ethnographic work with farmer research teams (CIALs). Household surveys collected quantitative data from CIAL members and non-CIAL members. CIAL members were divided into old-CIAL members (>5 years of participation) and new-CIAL members (<5 years of participation) to facilitate

further comparisons.

Results

Among CIAL members, improvements in the production of subsistence crops has contributed to enhanced food security. Recently, attention has turned to increasing income and savings through investments in agroforestry. Old-CIAL members had greater access to savings and improved social networks compared to non-CIAL members. Additionally, CIAL members were able to intensify land use and better absorb available household labour compared to non-CIAL members. Sustainable land use practices and new seed varieties have been widely adopted among non-CIAL members, contributing to improved agricultural production of subsistence crops among these households.

Policy implications

The institutionalization of promising farmer-led research and development initiatives contributed to the broad diffusion of program outputs across rural areas of Honduras. Meaningful farmer participation and leadership is critical in the creation and adaption of interventions aimed at addressing seasonal food insecurity and poverty among small-scale farming households. To address the complex challenges facing rural areas in Central America, scalable interventions must understand and directly engage with socio-economic and environmental forces that underlie population well-being.

Abstracts presented

ENTENDIENDO Y ACTUANDO SOBRE LA SITUACIÓN EN SALUD MENTAL DE JÓVENES UNIVERSITARIOS/AS LÍDERES/AS DE LA COORDINADORA UNIVERSITARIA POR LA DEMOCRACIA Y LA JUSTICIA EN COSTA RICA

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² Coordinadora Universitaria por la Democracia y la Justicia

³ Universidad Centroamericana

Motivación

Desde abril de 2018, con el protagonismo de estudiantes universitarios en Nicaragua se generó una serie de protestas nacionales como descontento generalizado al autoritarismo del régimen político. La reacción del gobierno se basó en una estrategia para mantener el control social a través de represión severa, dejando cientos de muertos y heridos, y miles de exiliados. La crisis nacional continua. Los eventos vividos han causado duelos y traumas en los universitarios/as en el exilio. Sin embargo, surgieron redes espontáneas de solidaridad y articulación, reconocimiento de la importancia del trabajo psicosocial y la memoria colectiva y, sobre todo, la necesidad de transformación de la sociedad nicaragüense. Sanar traumas implica interrumpir la cultura de silencio del país en la postguerra y priorizar servicios de salud mental. Las/los jóvenes universitarios son desde esta perspectiva, actores claves y potenciales. Atender a la salud mental de los estudiantes en exilio es parte del proceso de sanación de la nación.

Objetivos

1) Mejorar el entendimiento de la situación actual en salud mental de universitarios/as nicaragüenses exiliados políticos en Costa Rica 2) Pilotar y evaluar una metodología de talleres grupales con terapias

alternativas 3) Entrenar a líderes/facilitadores en materia de salud mental 4) Seguimiento y evaluación llevando al fortalecimiento al movimiento estudiantil - y eventualmente a abogacía para cambios en las políticas de salud mental de Nicaragua.

Métodos

Acción-investigación cualitativa en fases: 1) Pilotaje de intervención grupal en una serie de talleres facilitados con 20 líderes universitarios (basado en la metodología de 'multi-duelos' desarrollado por la psicóloga nicaragüense Marta Cabrerías y utilizando instrumentos diagnósticos validados). 2) Entrenamiento intensivo y seguimiento con red de facilitadores/líderes jóvenes en materia de salud mental, liderazgo y abogacía en salud.

Resultados

En 2 talleres de 1-3 días, participaron 15-20 líderes. El análisis preliminar con instrumentos validados identifica existencia de: Trastorno Estrés Posttraumático, ansiedad y depresión. Los talleres son ampliamente apreciados y valorados positivamente.

Implicaciones políticas

Actualmente, en Nicaragua no existe ni política, ni legislación sobre salud mental. Este proyecto dará pautas para fortalecer y abogar por cambios en las políticas de salud mental así promoviendo cambios en la cultura de silencio.

Abstracts presented

CREATING AN ETHICAL NORTH-SOUTH COLLABORATION TO BUILD TRANSNATIONAL SOLIDARITY IN THE RESISTANCE AGAINST CANADIAN MEGAMINING IN ECUADOR

Nikisha Khare & Anne-Emanuelle Birn
University of Toronto

Motivation

Canadian transnational megamining creates social, economic, and environmental inequalities in Ecuador, where activists have courageously resisted mining-related injustices that harm health through physical and psychosocial pathways. Because Canadians are implicated in these human and environmental rights abuses through financial and foreign policies, they have a responsibility to mobilize against Canadian mining in solidarity with Ecuadorians.

Objectives

- To build a partnership with anti-mining researchers and activists as a foundation for transnational solidarity supporting resistance to Canadian mining in Ecuador
- To develop contextual knowledge by learning from communities and lands being defended from mining, and to use Latin American theories and perspectives in anti-mining activism
- To raise awareness, action, and responsibility amongst the Canadian public and health community about the health-damaging injustices of Canadian mining

Methods

This collaboration was initiated through trust-based connections and face-to-face conversations with civil society organizations, researchers, and youth groups. Underlying these methods for building solidarity-oriented relationships was a constant and critical introspection

and active deconstruction of privilege along lines of North-South power dynamics. This approach, combined with our lack of an agenda or individual goals such as academic publication, enabled the research to be non-extractive and driven by needs articulated by colleagues in Ecuador.

Results

Several ideas for solidarity efforts against mining emerged from this process, including: •Using the wealth of research and documentation by activists, communities, and researchers in Ecuador to inform the Canadian public. •Using evidence from other mining countries to dispel the myth being propagated in Ecuador of megamining as socially responsible and environmentally friendly. Observations of processes of working were as important as the anti-mining goals themselves, such as the use of the social determination of health framework that illuminates processes of power determining collective health; these processes are often lost in the “social determinants of health” framework.

Policy Implications

- The struggle against mining in Ecuador is rooted in long-term grassroots action. Despite unyielding corporate power, communities have achieved significant victories.
- Canadians must be informed and mobilized to create pressure and scrutiny on Canadian mining companies.
- Ethical collaboration between North and South requires disruption of traditional North-South dynamics to build solidarity-based relationships

Abstracts presented

EXAMINING INTERNATIONAL HEALTH REGULATIONS COMPLIANCE AS A POLITICAL PRIORITY IN BARBADOS

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¹ Bruyere Research Institute

² University of Ottawa

³ WHO Collaborating Centre for Knowledge Translation & Health echnology Assessment in Health Equity, Ottawa

Motivation and Objective

In recent years, the Caribbean region has experienced an unprecedented crisis of vector-borne diseases such as Zika, dengue, and chikungunya. For example, in 2015, Zika spread rapidly throughout the Americas and the Caribbean. The occurrence and recurrence of disease outbreaks not only risks health security of the population within the Caribbean region but also beyond endangering global health security. The revised International Health Regulations (IHR, 2005) is the governing framework for global health security and an international legal instrument that is binding on 196 State Parties across the world. The revised IHR came into force in 2007, however, to date, 2/3 of the 196 State Parties are yet to build core capacities and ensure full compliance of IHR. The results present the factors associated with the agenda-setting of IHR compliance in Barbados.

Methods

We conducted a review of policy documents, including the global, regional, and national, as well as the literature. We included the reports and papers that made a reference of IHR and published in English

in 2007 and later.

Results

The analysis builds on the Shiffman and Smith framework of agenda-setting. The framework includes eleven factors in four broad categories that assesses the political prioritization of global health issues. The four categories include 1. Actor Power - influence of organizations and individuals involved. The Pan American Health Organisation, regional institutions such as the Caribbean Public Health Agency as well as multilateral G7, are implementing the IHR. 2. Ideas -how an issue is understood and expressed? Outbreak preparedness and response have been prioritized to ensure health security. 3. Political context, the policy windows are open to being fully compliant with the IHR core capacities. However, infectious disease governance is evolving. 4. Issue characteristics that include establishing IHR core capacities such as surveillance and laboratory capacities are being built with external assistance.

Policy implications

The analysis presented will reflect upon how IHR compliance is being addressed, and the opportunities and challenges for IHR full compliance in Barbados. We would suggest that this analysis may also have implications for other small island states in the Caribbean.

Abstracts presented

IMPROVING HEALTH SYSTEM DELIVERY OF PUBLIC HEALTH INTERVENTIONS FOR WOMEN OF REPRODUCTIVE AGE WHEN PREGNANCY IS A CONTRAINDICATION: RESULTS FROM A STUDY IN PERU

Kariane St-Denis & Theresa Gyorkos
McGill University

Motivation

Community-based large-scale public health interventions sometimes need to exclude women if they are pregnant. Those excluded can receive the intervention at a later time point if they are not newly pregnant. As community-based deworming programs become more common, deworming will be offered to women of reproductive age (WRA) who live in the 25 countries of the Latin American Region that are endemic for worm infections. The World Health Organization recommends that deworming treatment be administered to pregnant women only after the first trimester. It is therefore important for deworming programs to be able to identify women in early pregnancy.

Objective

To validate a short questionnaire, which could eventually be used by public health program managers, when warranted, to identify and screen out women in early pregnancy.

Methods

Interviewers administered a questionnaire, followed by a pregnancy test, to a random sample of adult WRA living in the Peruvian Amazon between May 29 and June 15, 2018. Logistic regression analyses identified questions with the highest

predictive properties (using the pregnancy test as the gold standard) and investigated different sets, and order, of questions.

Results

From a random sample of neighborhoods, 1203 women completed both the questionnaire and the pregnancy test. With 106 women confirmed to be pregnant, the positive predictive value of asking the single question 'Are you pregnant?' was 100%, at a 'cost' of a false negative rate of 1.9% (i.e. 21 women were incorrectly identified as not pregnant when they were, in fact, pregnant). False positive and negative rates were dependent on the combination of questions selected and the order in which they were asked.

Policy Implications

Coverage rates for some global public health interventions can be optimized, and inequities reduced, by delaying implementation to certain high-risk individuals, rather than excluding them completely. The results from this study provide an evidence-based approach to assist health systems in implementing public health intervention programs where pregnancy is an important consideration. Adapting this approach to take into account local cultural customs and development challenges would be essential to broadening the applicability of these findings to other Latin American and Caribbean countries.

Abstracts presented

INNOVACIÓN EN LA MHEALTH: APLICACIÓN MÓVIL PARA LA VIGILANCIA DEL CUMPLIMIENTO DE LA LEY DE TABACO EN CHILE

Xaviera Molina¹; Valentina Figueroa² & Javiera Cañas²

¹ Centro de Epidemiología y Políticas de Salud

² Universidad del Desarrollo

Motivación

La tendencia del "mHealth" se ha desarrollado aceleradamente en los teléfonos móviles, donde hoy existen más de 97.000 aplicaciones de salud que se pueden descargar, facilitando el acceso a salud, vigilancia y diagnóstico de la población. Aún falta mejorar las estrategias para que esta herramienta tecnológica sea más efectiva y tenga mejor cobertura mundial.

Objetivo

Describir las implicancias y desafíos de la vigilancia en salud a través de la estrategia crowdsourcing utilizada en la aplicación móvil Ubik Tabaco en Chile en el primer semestre del 2019.

Metodología

Se invita a la población a completar una encuesta anónima sobre el cumplimiento de la Ley de Tabaco en Chile utilizando la aplicación móvil Ubik Tabaco. La encuesta georreferenciada fue respondida en los siguientes establecimientos: hospitales, restaurantes, bares, centros de educación, oficinas privadas y públicas, oficinas de gobierno y transporte público.

incentivos y redes sociales. Se recolectaron en total 4.828 encuestas enviadas por los crowdsourcers, la mayor parte de estas correspondían a colegios, universidades y restaurantes. Sobre el cumplimiento general de la ley fue de un 26% ($p < 0.001$), donde los lugares que más se fuma en espacios que la ley prohíbe son las universidades y bares, con un 54% y 45% de incumplimiento respectivamente.

Conclusiones

La estrategia crowdsourcing en aplicaciones móviles en salud, brinda un aporte a la recolección de información con una con un empoderamiento de la población que se involucra en la evaluación de las políticas públicas de salud. Sin embargo, se debe trabajar en la validez de los datos a causa de la falta de control de éstos y se recomienda la difusión a través de las redes sociales, siendo clave para la efectividad de la estrategia de crowdsourcing usando aplicaciones móviles.

Palabras claves: mHealth, crowdsourcing, tabaco.

Abstracts presented

MEASURING HEALTH FINANCING-RELATED INEQUALITIES IN MATERNAL MORTALITY IN COLOMBIA: A MIXED METHODS APPROACH

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Motivation

Health financing is a critical component towards improving maternal health. However, the problem is more than money. Problems related to health purchasing mechanisms are contributing to i) inadequate quality of care, and ii) inequitable use of healthcare by pregnant women, resulting in poor maternal health outcomes. Measuring inequalities contribute to identifying where the epicenter of inequality is.

Objective

We assessed the patterns of inequalities in maternal mortality driven by health spending per capita as a determinant, and identified some key factors that are hindering the equitable improvement in maternal health across Colombia.

Methods

We used data from SISPRO, SICODIS and DANE to measure inequalities. We calculated maternal mortality ratios by health insurance scheme at subnational level, health spending per capita and quintiles to allow for closer examination of inequalities. Two summary measures of inequalities were estimated: The Slope Index of Inequality and Concentration Index to express absolute and relative inequality. We conducted interviews with key informants involved in the implementation of health financing and maternal health policies at all levels.

Results

Inequalities in maternal mortality were found across regions, in particular in the subsidized health insurance. We observed that the gap is closing in the contributory scheme over time but inequalities in the subsidized scheme are significantly widening, which impact inequalities overall. 20% of territories with the lowest health spending per capita cumulates the 35% of maternal mortality, and it getting worst. This means a marginal exclusion, most of maternal deaths still occurring in the regions with less resources.

Policy implications

Attention should be given to addressing quality of healthcare with improved/better skills of health workers through training and measures to retain qualified health workers in rural and remote areas. Inequality prompts call for a targeted approach, whereby attention is directed at the most disadvantaged regions. Beyond health financing, issues of quality of care must be addressed. More research, especially implementation research is required to fully understand the implementation barriers for a successful health reform and combating the inequalities in the regions where many pregnant women are still lagging behind, mainly afro-Colombians, indigenous and poorest women living in rural areas.

Abstracts presented

MY LITTLE PRETERM BABY – A HEALTH EDUCATION APP

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Motivation

In the South-Central region of Brazil there is a high rate of preterm babies' birth (11% of all live births) and infant mortality (13.5 deaths per 1000 live births). A great part of the population lives in the rural area, far from primary health care. During the hospitalization of a preterm baby in a Neonatal Intensive Care Unit (NICU), relatives's participation is limited in the care of the baby and the family may feel they will not be able to take care of their child at home. Thus, it becomes important to offer strategies to support the family in the care of the preterm infant after discharge.

Objective

The objective of this research was to develop a mobile application to support the relatives of preterm infants to take care of their babies after hospital discharge.

Methods

Semi structured interviews were used to investigate the family's concerns about the specific care needs for a preterm child. This research was carried out in a high-risk ambulatory clinic located in a city of 56,000 inhabitants with predominant agriculture activity.

Results

After highlighting the main subjects raised

by the family members through thematic analysis, a bibliographic survey was carried out on the most appropriate contents to respond these demands. The content was inserted in the platform of the mobile application, that was developed in partnership with the technical team of the Federal Institute of Paraná. The application My Little Preterm Baby has been divided into five parts: information on prematurity, breastfeeding, preterm baby care, preterm baby health and the importance of health professionals.

Policy implications

This mobile application will be validated by families in the next two years and it can help to improve infant morbidity and mortality indicators and reduce the rate of re-hospitalization of preterm infants. This research is an opportunity to empower existing public policies and community development by instrumentalizing the population with knowledge to encourage them to participate in the resolution of actions in public health.

Abstracts presented

SOCIAL TRANSFORMATION, COLLECTIVE HEALTH AND COMMUNITY-BASED ARTS: 'BUEN VIVIR' AND ECUADOR'S SOCIAL CIRCUS PROGRAM

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Motivation

Worldwide, interest is increasing in community-based arts to promote social transformation. The election of a national government in Ecuador in 2006 that dubbed itself the 'Citizens' Revolution' responded to the demand for social change that was sweeping Latin America. The new Ecuadorian Constitution enacted in 2008 proposed Buen Vivir as the guiding principle for government policies, with national development plans, emphasizing wellbeing beyond conventional economic indicators. Buen Vivir translates roughly to 'good living' derived from the Kichwa Sumak Kawsay. The Buen Vivir Plan set the stage for one of the world's largest government-sponsored programs using circus arts as a sociocultural intervention with communities in precarious situations.

Objective

To examine the complex ways by which such interventions intercede in 'ways of being' at the individual and collective level.

Methods

We integrated qualitative, quantitative and arts-based methods to document relationships between program policies over a 5-year period and transformations in personal growth, social inclusion, social engagement and health-related lifestyles of social circus participants. We also

conducted comparisons across programs and with youth in other community arts.

Results

While programs emphasizing social, collective and inclusive pedagogy generated significantly better wellbeing outcomes, economic pressures led to prioritizing productive skill-building and performing over transformative goals. We found that the collective processes had profound but variable effects on individuals' personal development and lifestyles. There was a clear relationship between ways of creating collectivity and lifestyles that youth are able to adopt based on their economic and social conditions. Our interviews indicated that this was due in large part to a sense of opening horizons offered through the learning of collective embodied expression, and taught with a sense of openness to others. Photovoice and performative inquiry techniques helped identify and explore themes that mattered to the participants themselves. Critiques of the government's operationalization of Buen Vivir, including its ambitious technical goals and pragmatic economic compromising, were mirrored in social circus programs. However, the program seeded a grassroots social circus movement.

Policy Implications

Our study suggests that creative programs introduced to promote social transformation can indeed contribute significantly to nurturing a culture of collective wellbeing.

Abstracts presented

TRIPLE THREAT: RESURGING EPIDEMICS, A BROKEN HEALTH SYSTEM, AND LACK OF RELIABLE DATA IN VENEZUELA

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Background

There is an unprecedented humanitarian emergency in Venezuela. Economic collapse and wide spread corruption have made accessing food and life-saving medicines impossible. Currently Venezuela has the highest numbers of undernourished people in the region (3.7 million or 11.7% of its population) which has caused more than 4 million people to flee Venezuela, in search of food, health care, work and protection. Venezuela was responsible for 53% of all malaria cases and 80% of all malaria deaths in Latin America and the Caribbean in 2017. And between 2010 and 2018, malaria cases increased 900%. There has been a 24% increase in the number of new HIV infections between 2010 and 2016. A total of 10,185 new and relapse TB cases were recorded in 2017, up 41% from 2014.

Methods To document the humanitarian emergency in Venezuela, ICASO and ACCSI perform quarterly rapid assessments. These include desk reviews, daily observations at point of care and targeted key informant interviews.

Results

These reviews clearly demonstrate that Venezuela is experiencing several epidemics simultaneously (HIV, malaria, diphtheria, measles, TB and hepatitis), painting a picture of widespread suffering and death that the international community is now recognizing and slowly

trying to respond to. The rapid deterioration of the living conditions of the Venezuelan population requires realistic, concrete and immediate responses. The information collected has been used by to influence decision making processes of regional and international organizations.

Conclusions

Venezuela is a case study of the many ways in which international donor policies, based on widely applied generic metrics and standard data collection methods have failed to address a burgeoning crisis in the country and the region. This, combined with the lack of 'official' data and the denial of the crisis by the Venezuelan government have created the perfect storm; a humanitarian crisis punctuated with resurgent epidemics that Latin America has never seen. But NGOs have demonstrated that they can respond, not only by providing direct relief, but by gathering the voice from the ground and rigorously collecting, analyzing and sharing data that informs decision making.

Meeting pictures



Meeting pictures



Meeting pictures

