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Foreword

Dear Colleagues, Dear Friends,

This report aims to highlight the key elements from the Geneva Health Forum 2012. It is a challenge to summarise what was an amazing few days of presentations, discussions and meetings of frontliners in health. We had the chance to hear about child obesity in Tunisia, innovative approaches of managing diabetes in Mali, how urbanisation is impacting people in Bangladesh, how atmospheric contamination is leading to increased hospitalisations in Barcelona, the challenges of over and under nutrition coexisting in the same societies and how noncommunicable diseases also exist in refugee and migrant populations, the challenge of access to medicines and the financial burden this means for many of the world’s poorest people and how the issues of justice and equity need to be included in the debate in how we address chronic conditions just to highlight a few.

What is clear is that we face a common challenge whether we come from a Low, Middle or High Income Country. Chronic conditions are not discriminating based on geography or level of income they are a shared concern for all of us and in a time of financial crisis this challenge is exacerbated for all of us.

Policy makers, health professionals, academics and NGO frontliners have all shared their view points and experiences and the sessions highlighted how complex the issue we are trying to address is and that there is no magic bullet. Is it Youth empowerment or the use of new technologies? Is it redesigning health systems or putting more of an emphasis on primary health care? Is it addressing the way we all are living in a more sedentary and unhealthy environment or tackling the challenge in those who are most at risk? So many questions still remain after the Forum, but to try to highlight some of the lessons learnt I would like to mention the following:

- Research and its role to sometimes highlight the obvious, but to be used as an effective tool for project implementation, monitoring and evaluation and policy change
- Innovative approaches that are adapted to the context we work in, that are sustainable and scalable, but that technology should not drive the answer, but be one of many tools used
- We need a multi-discipline and multi-disciplinary approach and this will require changing the way we think about chronic diseases, how we teach medical and nursing students about chronic diseases and how we move the issue of chronic diseases from being something purely dealt with by the health sector to truly a whole of government and society approach
- The health systems we as clinicians work in, whether here in Switzerland or Uganda need to be reorganised to address chronic diseases. This will require in some cases
decentralisation of care to the primary health care level, development of new roles for health professionals, avoiding verticalisation and a disease based approach and integration of different aspects of the health system.

The role partnerships will play in addressing this challenge is necessary, however we need to address issues of conflict of interest and trust, but these can be overcome.

Whether we heard from people with chronic diseases, innovators, philosophers, health system specialists, researchers, health professionals or policy makers the common theme was putting the individual with the chronic condition, the beneficiary of our actions and activities at the centre for what we do. We are all working as was stated by Sridhar Venkatapuram for the noble cause of improving health, in addressing chronic conditions we must not forget that we are working to ensure that children in Nepal do not develop cardiovascular risk factors, that people with sickle cell disease receive the treatments they need, when they need them, and that the health system should work for and with the person for improved health and not be a barrier to this. As was stated we need to make chronic diseases everyone’s business and as was discussed in the first plenary by Hedia Belhadj we need a movement. In developing a movement often you need a moment, something to happen to bring like minded people together, we hope that the Geneva Health Forum 2012 was this moment. This leads to momentum and after 3 intense days of presentations that momentum and shared energy was felt in Geneva. These two factors having a given moment that builds momentum then lead to a movement. The Geneva Health Forum sees its role as keeping this momentum going through our website, through the reporting framework we have put in place to continue sharing and discussing the issues we have touched open here. Our hope is that by creating the moment and fostering the momentum the Geneva Health Forum will help create this movement and that together we can work together to address the increasing burden of chronic diseases. The challenge may seem insurmountable, but together we are stronger and we each bring our dedication and skills to finding innovative ways of tackling this common problem.

In the session on innovation Mahad Ibrahim argued that space for innovation is necessary I hope that the Forum provided such a space. With the issues addressed above I would argue that you all have been innovative in the work you do, but also in your approach to learning at the Forum and not letting your expertise get in the way of new ideas.

After the session on health systems Andy Williamson said he felt encouraged after having heard from a policy maker, an academic, someone working for an NGO and a clinician in a hospital. I too would like to share this feeling of encouragement at the depth and breadth of the presentations and ensuing discussions that took place during the Geneva Health Forum 2012.
I feel encouraged because the topics addressed took into account the wide issues of chronic diseases and were presented in such a way that allowed for questioning and discussion and not “this is the way we do things and here is a readymade solution”.

I feel encouraged by the variety and diversity of the participants, from multiple organisations, countries and areas of speciality.

I feel encouraged by the discussions that the sessions led to, but also how through social media and the GHF’s website this discussion allowed the discussions here in Geneva to reach an even wider audience throughout the world.

The challenge is great, but the inspiring and innovative approaches presented at the Forum show us what can be done and I hope that the lessons presented in this report from the Geneva Health Forum will help you in addressing chronic diseases in your settings and make a change to the lives of people living with chronic diseases in your communities and countries.

Professor Louis Loutan
President of the Geneva Health Forum
Key facts and figures

Submissions
Submissions to the Geneva Health Forum could fall into two categories, research and projects. 305 abstracts submitted were research and 139 project abstracts from a total of 65 countries. These abstracts were reviewed by an international panel of 46 experts from 14 countries. Of this total of 444 abstracts 201 were accepted. 89 were accepted for oral presentation and 112 as posters.

The process of submission was designed in a way that would allow frontliners to share their experiences irrespective of their scientific training:

1. First time submission of audio-visual materials was possible
2. Instead of adopting a scientific format there was the possibility to submit through a “question and answer” form geared towards experiences from project proposal development
3. Submissions were made available on-line to visitors leading to ademocratisation of dialogue space and creating a connection before the conference
4. Ability to comment online on each submission enhanced the quality of discussion

Figure 1 – Map showing countries of submitting authors to the Geneva Health Forum 2012

Participants
A total of 895 participants from 70 countries attended the Forum. Of these there were 44 travel grantees from 21 countries.
**Sessions**
There were a total of 246 oral presentations at the Geneva Health Fourm in 2012 divided into 6 Plenary and 31 Parallel Sessions. Speakers came from 50 countries with 48% of speakers coming from an academic institution and 30% from NGOs.

It should be noted that these numbers just reflect a snapshot and not necessarily all the participants in attendance.

**Marketplace**
The Marketplace allows participating organizations to showcase their activities in an informal atmosphere and was a central feature of the Geneva Health Forum 2012. Participating organisations at the Marketplace were:

1. Universities
   - Boston University
   - Centre d’enseignement et de recherche en action humanitaire
   - Graduate Institute
   - University of Geneva
2. UN Agencies
   - International Telecommunication Union
   - United Nations Relief and Works Agency for Palestine Refugees in the Near East
   - World Health Organization
3. International NGOs, Coalitions and Alliances
   - Alliance for Health Policy and Systems Research
   - Council on Health Research for Development
   - Drugs for Neglected Diseases initiative
   - Global Alliance for Improved Nutrition
   - Global Fund
   - Handicap International
   - International Committee of the Red Cross
   - International Communications Volunteers
   - International Hospital Federation
   - Medicus Mundi
   - NGO Forum for Health
   - Réseau en Afrique Francophone pour la Télémédecine
   - Santé Diabète
   - Union for International Cancer Control and Livestrong
   - Sphere Project
   - World Vision International
   - Waterlex
   - World Federation of Public Health Association
4. Bilateral Development Agencies
   • Swiss Agency for Development and Cooperation

5. Foundations

6. Private sector
   • International Federation of Pharmaceutical Manufacturers and Associations
   • Merck Serono
   • NCD Café: Medtronic, Novo-Nordisk, Pfizer, Sanofi
   • Medical Link Services
   • Scope consult

7. Public sector organisations
   • Geneva University Hospitals
   • Ville de Genève

Website
The main tool for communication around the Forum was the website www.ghf12.org. From October 2011 (date when the new version of the website was launched) until July 2012 there were, as detailed in the graph below:
   - 29,175 total visits, by 16,721 unique visitors
   - 102,812 page views
   - Average visit duration of 4 minutes and 11 seconds

Figure 2 – Graph of visits to www.ghf12.org
The website also had a far reach with visitors from a total of 169 countries visiting from the period of 1 October 2011 until 1 June 2012. The map below details these visits with the darker shades of green representing more visits.

**Figure 3 – World map showing countries where visitors to www.ghf12.org came from**

![World Map]

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**Social media and Twitter**

The GHF Twitter account has 183 followers. These 183 people and organisations are followed by a total of 89,130 people showing the possible range of people reached throughout the world through the use of Twitter. During the period of the 15th of April to the 15th of May 2012 there were a total of 978 “Tweets” and 272 “reTweets” using #ghf.

**Participant evaluation**

The participant evaluation was based on feedback provided through evaluation sheets handed out during each session. The overall response rate was 28%. From the overall evaluation presented in Figure 4 most participants found the different aspects of the sessions “Very Good”. The only one rated “Good” by most people was the “Format of the session”. Issues raised around this related to:

- Time
  - In some cases speakers not keeping to their allotted time
  - In other cases not enough time for questions and discussion
    - This was linked to the quality of the Chair
- Use of slides
  - Some participants complained about the presentation of some slides
- Cluttered
- Difficult to read
  - Others commented on how effective these were
- Level of English of some speakers and difficulty in understanding them
- Balance of experiences between developing and developed world
  - Some participants felt more presentations by developing country NGOs and academia was necessary
- Less of a focus on disease(s) more on cross-cutting issues
  - Social
  - Political
- Longer breaks

Figure 4 – Overall evaluation of Geneva Health Forum Participants

In looking specifically at reviews with “Fair” or “Poor” feedback participants stated this was because of:
- Actual speaker(s) viewed as being poor
- Participant felt the content was not good

Overall positive comments were made with regards to:
- Overall organisation of Forum
- Speakers
  - Diversity
  - Quality
  - Experience
  - Inspiring
- Opportunity for discussion
- Variety of topics addressed
The Geneva Health Forum also introduced different formats for sessions:

- **Fishbowl**: The name “Fishbowl” comes from the way in which the chairs are arranged for a given session, especially those of the speakers. This technique encourages a dialogue rather than monologue. It lessens the distinction between speakers and participants. The “Fishbowl” is a model that encourages critical thinking. Four to five chairs are arranged in an inner circle, this is the “Fishbowl”. The remaining chairs are arranged in concentric circles outside the fishbowl. A few participants are selected to fill the fishbowl, while the rest of the group sits on the chairs outside the fishbowl.

- **World Café**: A World Café takes place in an informal environment which aims to recreate the feeling of being in a café with tables covered with a tablecloth, butcher block paper, coloured pens, a vase of flowers. There will be or five four chairs at each table. The Café host will welcome participants and introduce the World Café process, setting the context and putting participants at ease. The process begins with the first of three or more twenty-minute rounds of conversation for the small group seated around a table. Each table will have a “table host”. At the end of the twenty minutes, each member of the group moves to a different new table. Staying behind on each table will be the “table host” for the next round, who welcomes the next group and briefly fills them in on what happened in the previous round. Each round is prefaced with a question designed for the specific context and desired purpose of the session. The same questions can be used for more than one round, or they can be built upon each other to focus the conversation or guide its direction. After the small groups (and/or in between rounds, as desired) individuals are invited to share insights or other results from their conversations with the rest of the large group. Monitors and reporters present in the room capture these results.

- **NCD Café**: Medtronic, Novo Nordisk, Pfizer and Sanofi have came together to set up the NCD Café without any commercial branding of their respective companies. Semi-structured and informal dialogue took place at this Café. A couple of topics will were announced in advance to get the Café kick-started. Conference participants are welcome to propose topics of interest to them that they wish to discuss at this Café.

In looking at how participants viewed these different formats this shows that again participants found all aspects of these sessions “Very Good” except for the format of the session for the World and NCD Cafés which they found “Excellent”.

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For the Fishbowl session participants enjoyed the opportunity to discuss with their colleagues in a different format than a panel giving presentations and then having a question and answer session. The only suggestion for change was to have less or shorter presentations to enable even more time for interaction.

Comments about the World Café were that it allowed for open discussion with more junior participants “not having any fear” to interact with their more senior counterparts. The sessions with good facilitation seemed to have been more positive and many participants stated that there needed to be a better selection of table hosts. Other areas of suggested improvement were:
- More time to explain the concept
- Testing of the questions before they are presented
- Better time keeping
The NCD Café also fostered an open discussion between all participants. People appreciated the setting and felt that the way the NCD Café was run was very welcoming and well organised. The discussions were described as:

- Casual
- Interactive
- Informal

Participants also felt that this as a good opportunity to network. Suggestions for improvement were:

- More engagement with audience
- Problems hearing some the speakers/comments
- Sometimes they did not know who the speakers were
- Not enough time
To summarise the key aspects of why the Café format was so popular was the opportunity to interact in a more casual context and also the interactive nature of this type of session.

One negative aspect highlighted by many was the Poster exhibition. Participants complained that this was in a poor location, that there was no mention of the Posters during the conference and there was a lack of signage indicating where the posters were.

**Anne Maurer-Cecchini Award**

This award was created in memory of Anne Maurer-Cecchini, who had decided to work on neglected tropical diseases. The Anne Maurer-Cecchini Foundation has created this biannual award to encourage and sustain research in the field of neglected tropical disease.

The recipients of the award in 2012, presented at the Geneva Health Forum, are Oriol Mitjà, Russel Hays, Anthony Ipai, Moses Penias, Raymond Paru, David Fagaho, Elisa de Lazzari, Quique Bassat from the Center for International Health Research and Lihir Medical Center, Papua New Guinea for their remarkable study entitled “Single-dose azithromycin versus benzathine benzylpenicillin for treatment of yaws in children in Papua New Guinea: an open-label, non-inferiority, randomised trial.”

**Partners and Sponsors**

**Anchor funding provided by:**

- Geneva University Hospitals
- University of Geneva, Faculty of Medicine
- Swiss Agency for Development and Cooperation

**Strategic partnerships:**
• Institute of Tropical Medicine Antwerp
• International Telecommunication Union
• Swiss Tropical and Public Health Institute

Collaborating and partner organisations (in alphabetical order):
• African network for telemedicine and distance education
• Graduate Institute of International and Development Studies
• International Committee of the Red Cross
• International Hospital Federation
• International Conference Volunteers
• Médecins Sans frontières
• NGO Forum for Health
• World Health Organization

Official sponsors:
• Chancellerie d’Etat, Republique et Canton de Genève
• Département des institutions, Service de la Solidarité Internationale
• Fondation des immeubles pour les organisations internationales
• International Air Transport Association
• International Federation of Pharmaceutical Manufacturers and Associations
• International Conference Centre Geneva
• La Loterie Romande
• Medtronic Inc.
• Merck Serono
• Nestlé S.A.
• Novo Nordisk
• Pfizer
• Sanofi
• Swiss National Science Foundation
• Swiss International Airlines
• Ville de Genève
**The Geneva Health Forum Experience**

*Introduction*

The Geneva Health Forum prides itself on not only providing high quality content, but also a chance to exchange experiences and learn from each other. In describing the Forum and its platform, Professor Louis Loutan, President of the Geneva Health Forum, says that these “encourage exchange of knowledge and practical experiences and facilitate access to debates thus widening the participation ... Putting in touch people with various resources and skills, it helps in generating new initiatives and actions…”

**Bernard Gruson**, General Director of the Geneva University Hospitals, Geneva, Switzerland, reiterated the underlying concept of the Forum for being a place to exchange ideas and a place for reflecting on the health challenges that we all face whether from Geneva or Kinshasa. **Bernard Gruson, Henri Bounameaux**, Dean of the Faculty of Medicine, University of Geneva, Geneva, Switzerland and **Pierre Maudet**, Mayor of Geneva, Geneva, Switzerland added that Geneva provides a unique location for this event with its International and Humanitarian tradition and focus.

Unlike other conferences participants from past editions play a key role in determining the theme. Multiple formats are used to foster dialogue and exchange. Rather than attract one audience, the Geneva Health Forum, provides innovative material for all those involved in, as stated by **Sridhar Venkatapuram**, from the **London School of Hygiene & Tropical Medicine, London, United Kingdom**, “protecting, maintaining, and improving the health of fellow human beings.”

**The Geneva Health Forum Experience**

Using **Sridhar Venkatapuram**’s speech during the Opening Ceremony of the 4th Edition of the Geneva Health Forum as well as the experience of the Forum from four perspectives, the student, NGO, academic and partner, this report aims to highlight the niche that the Geneva Health Forum seeks to fill. In itself the Opening Ceremony highlights the different perspectives the Geneva Health Forum proposes in addressing the issue of chronic conditions. By giving the floor to a health professional from the Philippines, an individual with a chronic condition and a Philosopher the Forum aimed to move away from an empty discourse to one focused on shifting the focus of the discussion to what actually can be done on the frontlines of health.
The 4 experiences

“... individuals working at the frontlines of healthcare ... attend this conference so I am assuming that many of you are directly involved in the provision of healthcare whether at the individual level or through planning and implementing policies at the population level.”

“Most if not all of you are here and do health related work because at least implicitly you believe that being impaired or dying prematurely is a bad thing. Through health work, we seek to remove or lessen this bad, to make the lives of our fellow human beings better.”

Student: My name is Maggie and I study International Security, Global Health and African Studies at the University of Wisconsin-Madison in the United States. When I first decided to come to Geneva I was lured in by public health classes, which seemed like an outstanding way to prepare myself for a post-graduate Master’s Degree in the field. Beyond studying, I have also had the opportunity to intern in Switzerland for the HIV department of the World Health Organization (WHO). Geneva is one of the most important global centers for work in health and human rights and being here has provided me with the opportunity to get a closer look at the interactions of various types of global health actors. One such opportunity was at the Geneva Health Forum, which I was lucky enough to attend in April.

NGO: Established in 1996, AYUDA (American Youth Understanding Diabetes Abroad, Inc.) is a non-profit volunteer-based organization that empowers youth to serve as agents of social change in diabetes communities throughout the world.

AYUDA is dedicated to supporting local diabetes communities develop and implement sustainable programs throughout the world. AYUDA’s innovative peer learning model uses international volunteers as catalysts for motivating local youth living with diabetes to live happy and healthy lives. AYUDA’s initial focus emerged from Latin America but has expanded in scope to currently include volunteer programs in Ecuador, the Dominican Republic and Bermuda.

AYUDA recruits youth volunteers, with and without diabetes, to work in partnership with local organizations in countries such as Ecuador and the Dominican Republic to implement community outreach and diabetes education programs and camps for young people living with diabetes. Through peer learning, these programs offer an opportunity for young people to meet other youth with diabetes and learn how to better manage their condition, through medication, diet and exercise and to help dispel some of the myths and stigma around diabetes. Parents and family members are also involved in the education programs.

Academic: My name is David and I am a Researcher and Lecturer at the University of Geneva. My research and teaching is focused on health systems, diabetes and looking at
what the individual requires for their diabetes management. Before joining the University of Geneva I worked for a small NGO looking at the challenges of access to insulin and diabetes care in some of the world’s poorest countries. So although I am an academic I also have experience on the ground developing and implementing projects with regards to chronic conditions.

Partner: Four leading healthcare companies: Medtronic, Novo Nordisk, Pfizer and Sanofi joined forces at the Geneva Health Forum to set up a booth free from commercial branding, for discussion and learning about the value of implementing partnerships to address noncommunicable diseases in the field.

“This Forum is meant not only as a place to share scientific and technical facts, but also to encourage deliberations and discussions on the how we can transform the status quo.”

Student: This year the Geneva Health Forum was focused on chronic conditions, which, at first, made me a little bit skeptical about how the sessions would relate to what I had been studying. Because my coursework is focused on the security of nations and the African continent, my educational background has been primarily centered on the study of communicable diseases, which are not often considered chronic. I do not know if I am responsible for having such a narrow course focus, because of my own preconceived health stereotypes and subsequent course selections, or if in fact my university has steered my in that direction. Regardless of who is to blame, however, my experience at the Geneva Health Forum has shown me that health is not nearly as dichotomous as I once thought and that studying one group of diseases is not the best foundation for this field.

Before the Geneva Health Forum, I had the naive notion that communicable diseases, noncommunicable diseases, and chronic conditions were exclusive entities, as battles over health care spending often suggest, but the Geneva Health Forum has shown me otherwise. Not only are all human conditions intrinsically intertwined, but governments, health services, and human beings need to recognize that connection in order to ensure that no disease is forgotten. Noncommunicable and chronic conditions are on the rise around the world, even in some of the poorest nations, and these conditions directly impact the health and security of populations in many of the same ways as their communicable counterparts. The ability to treat and prevent communicable and noncommunicable conditions is extremely interdependent, as the affliction of one disease can greatly complicate the prevention and treatment of another. It is therefore important to consider public health fully and conclusively both in studies and in practice.

The schedule for the Geneva Health Forum was packed with outstanding options. Each speaker seemed more fascinating and experienced than the next and it was difficult to decide which sessions to attend. Ultimately, I chose to stray away from sessions on HIV and
other things that I have been focusing on in my internship and studies and to attend sessions on emergencies and chronic conditions. My experience was outstanding and inspiring in many ways. Speaker after speaker illustrated how essential the study and prevention of noncommunicable diseases is for the future of international health and how relevant it is in the field of international security.

**NGO:** For a small organization such as AYUDA, global forums such as this allow us to gain the experience of communicating the mission of our organization and our activities to others on a global platform, in turn helping to better shape our message and, from the feedback think about what we do from a new perspective. It also allows the opportunity to learn from others within the field of chronic conditions - often critical information from both grassroots and international/policy sources that we would not otherwise easily have access too. Likewise, this forum gave our organization exposure and incites from some of the key “movers and shakers” in global health.

At the forum we were able to meet with many interesting organizations that shared a similar global vision in responding to chronic conditions – that people with chronic conditions must be at the center of the response – and this in turn strengthen our resolve to continue to advocate for this vision.

**Academic:** My first Geneva Health Forum was in 2008. For me it was a unique experience in terms of meeting different colleagues and hearing speakers from different perspectives. Most academic conferences focus on a specific condition (e.g. diabetes, the World Diabetes Congress organised by the International Diabetes Federation) or subject (e.g. access to medicines, the International Conference for Improving Use of Medicines organised by the International Network for Rational Use of Drugs). The people attending these conferences are often specialists in one given area of these topics and also usually academics. The Forum by taking a more horizontal approach to health problems and an overall view of health means that a variety of participants and presenters attend.

For the 2012 edition of the Forum I was actively involved in planning and the reporting of the Forum as well as presenting during a parallel session and having a poster. This experience truly gave me an overall view of what the Geneva Health Forum is and what it is trying to do. In helping organise the sessions it was interesting to try to think of people I knew, had heard speak before or read some of their work to help develop interesting and informative sessions. Being intimately involved in the area of chronic conditions meant that I was constantly working with my colleagues to find speakers who could deliver high quality presentations. This aspect of high quality was also something that was taken into account when reviewing abstracts.
Having reviewed abstracts for other more “scientific” conferences the main challenge with those submitted to the Geneva Health Forum was to possibly look beyond what might traditionally be considered “good science” to abstracts that actually had something interesting and innovative to say without being backed by data. As the focus of the Geneva Health Forum is truly on “Frontliners” often their experiences are what is the most interesting.

As a speaker and poster presenter this focus on experience was highlighted in the session I presented in as well as seeing the other posters presented. It is true that I am an “academic”, but having had experience with a small NGO in low and middle income countries I know the realities on the ground and that academic theory does not always match reality. Sharing perspectives and experiences grounded in reality is what I found in both the session I presented in and the poster session.

**Partner:** Created on the model of a “Café philosophique”, the NCD Café everyday hosted an open and interactive dialogue between the public and frontliners from all around the world. The association of the 4 companies aimed at showing how the private sector can work together to create a positive and sincere dialogue with other stakeholders. The participating companies believe that without the participation of an active and committed private sector, there will not be any efficient and sustainable solution on noncommunicable diseases. By leveraging the efficiencies of partnerships, we can address challenges in a more cost-effective and intelligent manner.

Through the NCD Café, Medtronic, Novo Nordisk, Pfizer and Sanofi would like to lay the foundation of a discussion platform: Shared experiences and open dialogue will reveal the benefits and concrete difficulties met in existing partnerships and projects. Constantly opening the discussion with the stakeholders is necessary to demonstrate that conflict of interest must be put into perspective so that noncommunicable diseases can be addressed in the field through the efficient collaboration with the private sector. The core issue will be to find collaborative solutions and take lessons from the current experience to improve further partnerships.

The NCD Café reflects a new philosophy of partnerships, based not only on philanthropy and “no profit no loss” programs, but also on new business models and approaches. Diverse stakeholders must work together to build a common vision in order to address the growing challenge of NCDs.

“... more scientific facts or technology, or even more financial resources for healthcare will not inherently contain solutions to difficult decisions that we are facing today or indeed, difficult decisions that we are wilfully ignoring. Nor will more science or money
quickly remove the mind-boggling and largely unjust burden of preventable illnesses, impairments, and mortality experienced by human beings across the world today."

“As many of you know from firsthand experience, health programs and policies are not shaped just by scientific or technical expertise and facts. No matter how rich or how poor a country, and even inside organizations like the World Health Organization, health policies and programs are shaped by politics.”

“I[Wo]e need more public deliberation within and across societies about health and social justice. Your participation in such deliberations is essential. There are many difficult decisions to be made, and your knowledge and experience is essential to making those decisions better and more just and fair.”

**Student:** The Geneva Health Forum exposed me to a multitude of new ideas to explore educationally and professionally. As a student who has always considered noncommunicable diseases less interesting, I was shocked by how riveted I was by each session. Hearing from the experiences of skilled professionals was positively inspirational. I learned that not only are chronic conditions often more neglected than tropical diseases, but that they are complex and challenging to treat and prevent. Chronic conditions will continue to grow in importance in the field of public health and they have been widely ignored in emergency settings, like warfare, national disasters, and other types of local instabilities. Though noncommunicable diseases are not transmitted, many of them are certainly communicable through human choices and behaviors. One of the most essential lessons that I learned at the forum is that those behaviors need to change in order to decrease the disease burden.

I have found that in American health and politics people are quick to offer technical support for behavioral problems. For example, as the environment grows more and more threatened, Americans, and surely other world citizens, are offered new gadgets to reduce their environmental footprint, instead of told they need to change their habits. Likewise, FDA approved diet pills now promote the ability to eat what you want with a fraction of the fat absorption. I fear that without knowing it, we, at least in America, have become a permissive society that rejects behavioral change at any cost. The Geneva Health Forum was my first exposure to challenging this concept. Speaker after speaker directly called for changes in behavior claiming that technology and governments would not act or keep up with the growing disease burden unless led by the people themselves.

**NGO:** Of the sessions that we attended – there were several areas of content that were useful to AYUDA. One that was interesting was the fishbowl session around innovations in patient care using behavioural assessment therapy. Taking part in this workshop was not only unique in that it was refreshing approach to the patient/doctor relationship, but taking
part in the workshop helped us to reassess the way that we work with young people with diabetes and helping them to get the best care they can. The session on innovations and the use of technology within the field of health care not only gave AYUDA some ideas for text message campaigns and ways to help AYUDA to rethink "innovation" in a way that is on scale, practical and most importantly effective.

Having the opportunity to hear from others, both within diabetes and outside of diabetes who work in communities similar to where we work and face similar obstacles and challenges, provided great learning for us – and helped us rethink some of the ways we work now.

**Academic:** The aspect of “grounded in reality” was also present throughout the Geneva Health Forum. Most sessions I attended even if concepts were presented these were always linked back to what is happening in reality. How many times have I sat in a conference amazed by a speaker, but then walking out saying “How will this ever be implemented in reality?” This I believe also facilitated discussion at the different sessions and also session formats. At the NCD Café I had two fascinating discussions with two people I had never met. Looking in on the Fishbowl sessions and hearing discussions after these truly highlighted that participants enjoyed this format as well as the World Cafés. These Cafés resulted in some very innovative and interesting discussions.

What was interesting from a content perspective was how the discussions after the sessions, with speakers, in small groups or at the World and NCD Cafés continued to build on the presentations from the Plenary and Parallel sessions. As the day and Forum went on it was interesting to hear these discussions get richer and more varied as people brought in material from different sessions.

**Partner:** From the different sessions, participants learned from each other’s experiences and saw how others addressed the challenges they were facing themselves. The NCD Café was not only about the discussion but also about getting out real outcomes, collaborative solutions and lessons from existing experiences. Some of the challenges highlighted were:

- The issue of conflict of interest
- Resource availability
- Lack of government awareness/involvement with regards to the issue of noncommunicable diseases
- Extension of projects
  - Geographically
  - To other conditions
- Measuring effectiveness and efficacy of projects
- Cultural differences and challenges on the ground
- Credibility of team and project in the field
- Funding and financial support

From the discussions around these shared challenges the NCD Café allowed for lessons to be shared and opportunities to be identified, these were:

- The need for transparency, accountability and evaluation
- Have strong collaborations with partners
  - Get as much input as possible from partners
- Need for basic incentives for healthcare workers
- Need for data to convince Ministry of Health
- Development of progressive collaborations
- Leveraging existing resources
  - Within the health system
  - Existing partnerships
- Take an integrated approach, in:
  - Interactions with local partners
  - Involving other sectors
  - Using partners skills

“Let me give you one example that is relevant to this Forum. In September last year in New York, the United Nations held a High-Level Meeting on noncommunicable diseases. Such a high-level meeting regarding health issues has happened only once before, about ten years ago, to do with the coordinating a global response to HIV/AIDS. In this meeting, the aim was to create a global agreement or consensus on a global coordinated response to the rising levels of noncommunicable diseases. Of the many disagreements that had to be negotiated prior to the meeting, one of the most important decisions was regarding which noncommunicable diseases should be given priority in this global response.”

“The representatives of governments decided to give priority to cardiovascular disease, cancers, chronic lung diseases, and diabetes. And the four risk factors that will be focused on include tobacco use, poor diet, harmful use of alcohol, and physical inactivity. What they decided will not be included is mental illnesses despite them being a noncommunicable disease and a major contributor to the global burden of disease and mortality. Even the most well resourced government has to decide what action to take first, second, and third. In trying to make such a decision, different principles could guide the choices. Actions could be taken that would address those individuals who have the most need, those who would benefit the most, or pursue those actions which would benefit more people. In each case, the decision involves weighing the ethical claims or lives of different human beings. The case that has been made for focusing on these four noncommunicable diseases is that they have common causes, and there are knock on benefits of interventions into these specifics for the prevention of other noncommunicable diseases. However, such a justification does
may not seem to be fully satisfactory if you are or work on behalf of individuals suffering from mental illnesses. Individuals with mental illnesses suffer grotesque treatment and suffer enormously throughout the world, and they require distinct interventions that do not fall under the secondary benefits of addressing the four identified noncommunicable diseases.”

“Such decisions are being made daily by individuals who may or may not know the reality of the daily lives of individuals experiencing impairments and mortality. And, they may not be providing very good reasons for their decisions. This is why it is enormously important that, whatever you believe will more immediately or directly improve the health of individuals, you begin engaging in more in the deliberations about the who, why, what, where, when, and how of different health policies and programmes as well as any social choices that will impact health.”

Student: My experience at the Forum was riveting and inspiring for many reasons but I was also given a unique networking opportunity that connected me to professionals in my field. Because of the forum, I was able to see what a diverse field the study of health can be and that health professionals come from all types of backgrounds. Furthermore, the forum gave me an opportunity to develop personal relationships that may enable me to enter the field more easily in the future.

Ultimately, the Geneva Health Forum has inspired me to continue studying public health but also has made me consider broadening my educational background. There are countless interesting career paths in global health and the Geneva Health Forum has not only exposed me to the field’s diversity but also connected me and further enabled my entrance into a public health career. I feel incredibly lucky to have been given the opportunity to attend such sessions at such an early stage in my academic career and for that I am truly grateful. Thank you to the organizers and speakers of the 2012 Geneva Health Forum. It was truly a meaningful event.

NGO: We believe participating in global activities such as this forum connects the work of AYUDA to the larger global cause of chronic conditions. Making these connections can not only strengthen AYUDA’s reach but also help us to ally with those organizations that share similar values. And most importantly, opportunities like this afford AYUDA the chance to speak on a global level as an organization that directly represents those living with a chronic condition, especially young people, and will help to empower young people to continue to see the value in becoming leaders in the response to noncommunicable diseases.

Academic: In terms of content and lessons from the actual Forum I would say that I did not learn that much. That said I am paid to be on top of a variety of issues linked to chronic conditions. What I did learn though was how all the sessions at the Forum could be distilled
into a few key lessons and that in addressing chronic conditions we must not forget that we are working to ensure that children in Nepal do not develop cardiovascular risk factors, that people with Sickle Cell Disease receive the treatments they need, when they need them, and that the health system should work for and with the person for improved health and not be a barrier to this. The need to focus on the individual with regards to a global challenge for me was an interesting perspective to think about. This is not only that my research focuses on the individual, albeit for a specific condition and in the interaction this individual has with the health system, but for larger issues such as sustainable development, changes in diet, urbanisation, etc. These challenges are often thought of and discussed in conferences and decisions are made in capital cities by politicians, but what about the person?

The Forum enabled me to share my experience and learn from others’ experience. This experience may have been theoretical or practical, but it was always grounded in reality. Also discussions about what worked in one setting were compared and contrasted with other settings with a rich discussion about how this knowledge could be transferred and used for different situations. All of this helped to make links with people, either myself with old and new colleagues or linking people I knew to each other. The other link was between issues. One aspect that really highlighted the linkages being created between issues was a group of students who prepared presentations and their term papers for me on issues from the Forum. The quality of this work was on the whole very good and it reflected the interest that the different sessions of the Forum generated in these students on a variety of topics. This in my opinion is an underutilised and promoted outcome of the Forum as an opportunity for students to be exposed and learn the complex nature of global health.

That everyone at the Forum as Sridhar Venkatapuram stated were working for the “noble cause of improving health”, but that each of us was contributing a small piece to a large and complicated puzzle. One of the slogans of AYUDA, an organisation involved in youth empowerment and diabetes, present at the Forum, has as their slogan “Together we are stronger” this slogan also rings very true for all those participants at the Forum. Each of us will not be able to solve the challenge of chronic conditions, but together we can make things happen.

Partner: The NCD Café’s objective was to lay the foundations for a platform for discussion, sharing of experiences and an open dialogue in order to examine the benefits and concrete difficulties met in existing projects. From these discussions it was found that many frontliners were facing common challenges. By attending the different sessions, participants learned from each others’ experiences and saw how others address the challenges they are also facing. It was not only about the discussion but also about getting out real outcomes, collaborative solutions and lessons from existing experiences. Some partners, in meeting with others exchanged tips that could be applied to other projects.
Partnerships are integrated on the issues to tackle (accessibility, education of patients and awareness) but also regarding the stakeholders involved: local partners to gain credibility and implement projects on the ground, academics to have technical support and updated information for training and finally, governments who understand that noncommunicable diseases are a national issue that needs urgent attention could lead to a reinforcement of awareness and even a change in policy. It is important not to overlap the different partners’ skills but to complement and leverage each other.

Recently, project managers have tended to have a prospective view on partnership and there is a tendency towards the setting up of win-win projects that are going to be more sustainable. The NCD Café reflects a new philosophy of partnership, based not only on philanthropy and “no profit no loss” programs, but also on new business models and approaches in which all the parties get benefits.

The NCD Café went far beyond the discussion and had real and concrete outcomes; collaborative solutions and lessons from current experience were studied and will enable the improvement of existing projects and projects to be. With credible moderators, an interactive discussion with the public and a pleasant atmosphere, the NCD Café has been a true success in the 2012 edition of the Geneva Health Forum.
“What is good for sustainability is good for health”

“The right to food is the right to an adequate diet”

“Health and design come together not only in buildings, but in the spaces between buildings”

“It’s not new even the Greeks knew about it, if you do not move you get sick, but now we know a bit more about it [physical activity]”

“Using a bike in Geneva is different to India. In Geneva this is a health related decision. In India it is linked to not being able to afford your first car”

“It has been presented at the Forum that there is colossal funding for HIV and Tuberculosis, but very little for diabetes. Very few development agencies are interested in this. One need is funding, but as has been seen with HIV funding does not solve everything”

“Diabetes is often thought of as a disease of the rich, this is no longer the case”

“Whether you are in Geneva or Bamako the challenges of diabetes are very large”

“Prevention can only work so much and people will need care. With ageing populations people will develop NCDs and therefore care will be necessary”

“There is an inherent and profound link between insecurity caused by conflict and access to healthcare.”

“Technological advancement will not be enough to achieve sustainable development, changes will also be required to people’s lifestyles.”

“Health care must not be attacked, obstructed, or abused.”

“Tackling the double burden of nutrition will take a commitment to poverty reduction for food security, more sustainable local food systems, and a lifecycle approach with an emphasis on mothers and children.”

Preventing Cardiovascular Disease: “alone we travel faster, together we travel farther”

“There is a common belief that prevention is cheap, but it is not. How can we advocate on this if we don’t recognize that prevention is costly, albeit less expensive than treatment?”
“We want to show that prevention is an investment… it will contribute to the long term productivity of a country.”

“Sometimes we need to do health programs even when the cost efficiency or return on investment is zero.”

“Health provides a special opportunity and a challenge for accountability. The opportunity is that people care deeply about their health. But on the other hand, the value people put on health can prevent them from challenging authority because they risk not getting the care they need.”

“Many diseases cannot be prevented, they can only be delayed”

“More money for health and more health for money”

“Physicians are only trained to see the negatives - the diseases - in our patients. We need to change to think about the positives”

“A tool by itself does not generate empowerment. A tool without understanding context will not do much.”

Parallel: Tobacco Control: Tobacco is “the only legally available consumer product that kills people when it is entirely used as intended”

“If we talk about public health without talking about tobacco control, we don’t really talk about public health.”

“Today, six months after the High Level Meeting on NCDs mere words are not enough. Action is what we demand.”

“Tough challenges in global health can be best addressed through public-private partnerships – no one organization can do it alone”

“Problems are only opportunities in work clothes”

“80% of South African have mobile phones… …With little gender disparity… …which represents an imperative to utilize them for health.”

“Often we sit in our office, we decide something and say “let’s go to country A,B, and C. If that’s what we do with NCDs, we’ll fail.”

“Innovation is not only using new technologies, but also approaches, activities and interventions.”
“People are at the centre if the system when we are talking about sustainable development and health”

“Health systems should take care of the environment, we should be leaders in the environment as this is a health issue, it is the biggest health issue of this century”

**Partners**

“The Geneva Health Forum is an important opportunity to understand the complexities of chronic diseases and new ways of addressing these and the IFPMA is proud to be a part of this”

“The biggest challenge to improve the health of people is to think much more about a systems based approach”

**Participants**

"Opportunity to hear so many experts from all over the world"

“The GHF was an incredible experience, thank you so much for helping to facilitate this opportunity!”

“I REALLY enjoyed the conference yesterday! It was inspiring to talk to some of younger speakers who are looking to find innovative ways to finance health. I think this is something I would be interested in the future, so thank you for setting this up!”

“The Fishbowl sessions are so exciting that when the session ends the discussion continues in the toilets”

“I greatly appreciate the hospitality and excellent reception you accorded us while in Geneva. Overall, the conference was well organized and it was an unprecedented opportunity to learn a lot of lessons from frontliners of health, especially from the context of chronic conditions and access to healthcare. We shall all intensify efforts to see the realization of the outcomes and consensus achieved during the forum. It was really an enriching forum full of hopes for the underprivileged including sufferers of neglected diseases."

“We need smart people like the mayor of Geneva”

“Love the Café set-up”

“GHF will hopefully shed more light on NCDs to increase the momentum in the public health field.”
About the fishbowl sessions: “Although initially people were hesitant to join in the shifting of seats to promote the fishbowl discussion, once it got going the format really allowed for productive debate.”

“I found it very interesting to learn that lifestyle changes will be essential for changing public health in the future. Because I think that professionals often avoid telling people that they will need to change themselves.”

“It is a flawed argument that voluntary action works faster than legislation in the context of reducing NCDs.”
Lessons learnt and next steps

Background

The 4th Edition Geneva Health Forum was held in Geneva, Switzerland, from the 18-20 of April 2012. With over 400 submissions, 895 participants from more than 70 countries, and 55 sessions the Geneva Health Forum met its target of creating a lively and productive discussion around the issue of chronic conditions.

At the Forum the focus was on the experience of those from the frontlines, whether they work at the local level in a rural clinic, at the national level in a ministry or developing policy at the international level or from academia. Recent debates on the issue of chronic conditions include the next steps following the United Nations High Level Meeting on Noncommunicable Diseases, the need to redesign health systems and the challenges of addressing Global Health in an uncertain economic climate, to state a few. The Geneva Health Forum had as its aim to reframe these debates within the experience of the participants, taking an interdisciplinary approach, with the aim of improving the health of individuals throughout the world.

Chronic conditions were chosen as a theme as this grouping of diseases poses a major challenge to health systems in high and low-income countries and in stable and emergency situations. The solutions to these problems will also require innovative approaches and collaborations across health and non-health sectors. Chronic conditions encompass both chronic communicable and noncommunicable diseases, which require a comprehensive and sustainable health system response that brings together a trained workforce with appropriate skills, affordable and reliable supplies of medicines and technologies, and empowerment of patients and communities. However, as chronic conditions are influenced by various factors such as changing lifestyles, economic development and urbanisation, they can not only be tackled through a health system response and require a multi-sectoral action.

The theme of chronic conditions was the result of a consultative process involving hundreds of previous participants and partners. While there have been several calls to action, aiming at raising the profile of noncommunicable diseases, very little has been heard from those at the frontlines. In parallel many have stated that the lessons from HIV/AIDS and other diseases could be applied to noncommunicable diseases, but again those in this field rarely have the opportunity to interact with their colleagues in the area of noncommunicable diseases.

Throughout the different sessions organised during the 3 days of the Forum these barriers were broken in sessions addressing: organisation of the health system, access to medicines, the role of health professionals, empowerment of individuals with chronic conditions and balancing the issues of prevention and care; etc.

This document briefly reviews some of the main ideas that came out of the Geneva Health Forum. It aims to be a basis for continuing the discussions initiated during the Forum to help build on these for further debate; reflection; collaboration and action. It complements the ongoing discussions on the conference website www.ghf12.org and on the GHAP platform.
Introduction

Sridhar Venkatapuram, from the London School of Hygiene & Tropical Medicine, London, United Kingdom, discussed the issue of Social Ethics. The focus of this concept and the argument he developed was how society as a whole should act and challenged the audience as to what type of society they wanted to live in. This theme laid a common thread for many of the sessions to follow as whether the focus was on prevention or care; HIV/AIDS, diabetes or Sickle Cell Disease; redesigning health systems; etc. societal factors are important in all of these.

This whole of society view is reflected in a term that was frequently used during the three days of the Forum “double burden”. This term was used both to describe the double burden of disease that affects the poorest societies on the planet, but also the double burden of under and over nutrition. How as a society can we have some people living in the same household, community, city and country receiving too much food and on the other hand too little food? As stated by Olivier de Schutter, United Nations Special Rapporteur on the Right to Food, Geneva, Switzerland, the Right to food is not only the Right not to starve, but also the Right to the right food.

The word crisis has been used to describe this situation as well as the overall challenge of noncommunicable diseases, but this was challenged by Jan De Maeseneer, Department of Family Medicine and Primary Health Care, Gent University, Gent, Belgium. Others helped define why noncommunicable diseases are not a crisis, such as there is no silver bullet, prevention can never be 100% and that this challenge is with us to stay.

So how can an issue so interlinked with society and the environment we live in, which goes beyond purely the health system and with no clear easy solution be addressed?

Lessons learnt

Lessons from other conditions

Having frontliners present from both chronic communicable and noncommunicable conditions meant that lessons from HIV/AIDS could be applied to other chronic conditions. (Hedia Belhad, Partnerships Department, UNAIDS, Geneva, Switzerland and Jennifer Francesca Acio, STAR-E Project, Management Sciences for Health, Kampala, Uganda) One main difference is the lack of commitment at the global and national levels to addressing chronic conditions, which many argue is linked to Noncommunicable diseases being left out of the Millennium Development Goals. Three key lessons presented were:

- Scaling up: developing pilots or models and then scaling these up at national level
- Task shifting: defining new roles for healthcare workers, e.g. the role of nurses in HIV/AIDS and getting people on Anti Retroviral Treatment
- Balance between prevention and care: How the HIV/AIDS community has been able to balance these two components and not view them as conflicting
- A comprehensive approach, address the individual in a comprehensive way (Abiy Tamrat, Médecins Sans Frontières, Geneva, Switzerland)
**Environment(s)**

Geof Rayner, Centre for Food Policy, City University London, United Kingdom, introduced the audience to the concept of “Ecological Public Health” where we need to look at the health of the environment and how the health of the ecosystem is linked to the health of human beings. This has clear links to the challenge of food insecurity and availability in not only the poorest countries in the world, where this may be linked to droughts, but also the poorest people in the richest countries where the unhealthy environment does not allow for access to healthy foods. These two issues that cross the boundaries of geography come together when looking at the overall sustainability of the global food systems. With growing populations, westernisation of diets, does the planet have the resources to cope with this?

It is not only the overall environment that we need to worry about, but also the environments that people live and function in on a daily basis. How do schools and the workplace fit into the battle against chronic conditions, but also integrate those with chronic conditions?

As the current overall environment with rapid urbanisation favours the development of chronic conditions how do policies from the global to the local level need to be developed to address the multiplicity of factors that need to be addressed? Nino Künzli, Swiss Tropical and Public Health Institute, Basel, Switzerland, gave a clear example of the multiple factors and complexity of addressing a given issue, in his presentation road traffic, in highlighting the issues of passive versus active transportation, deaths linked to road traffic accidents, urbanisation, air pollution, economic factors, legislation around speed limits and air quality.

Although impacting health (e.g. pollution and accidents from Nino Künzli’s example) the environment and all its components fall outside the traditional realm of health so there is the need to involve other sectors in finding innovative solutions. Frederic Bell, American Institute of Architects, New York, United States gave the example of the architects’ role in Public Health and Roderick Lawrence, Faculty of Social and Economic Sciences, University of Geneva, Geneva, Switzerland, highlighted the need to move from multi and inter disciplinary approaches to address these challenges to trans disciplinary building on professional know-how and local knowledge.

The environment also includes the different types of situations where frontliners need to provide their response. Abiy Tamrat stated that Médecins Sans Frontières in some environments was not ready for the challenge of chronic conditions and there they needed to develop a new vision on how to manage noncommunicable diseases.
Health Systems

One of the main discussion points was how do we take health systems that were designed to address acute care and make them effective in the care of people with chronic conditions. The Plenary Session “Redesigning Healthcare Services for chronic conditions: Beyond Silos” and other sessions proposed the following steps required to redesign health systems:

- Organisation of care
  - Reorganise delivery, decentralisation of care
  - Use innovative approaches, think outside the box
  - Importance of data to allow for case based follow-up
  - Strengthen primary health care *(Abiy Tamrat)*, but need to have a proper referral system in place *(Stéphane Besançon, ONG Santé Diabète, Bamako, Mali)*
  - *Avoid vertical systems and all activities should help strengthen the overall health system*
  - *The Health System needs to address all aspects of prevention and care, including rehabilitation*

- Payment of care
  - Universal coverage and health insurance schemes *(Franck Nyonator, Ghana Health Services, Ministry of Health, Accra, Ghana and Chutima Suraratdecha, Center for Health Services, Management Sciences for Health, Arlington, United States)*

- The provision of health care goes beyond the health system, cultural and societal issues need to be addressed
  - Focus on communities
  - Focus on the individual not the disease, people centered care
  - Empower patients
  - Look at the underlying causes of diseases in individuals

- The role of research and pilots
  - Surveillance is the start to understanding the burden
  - Role of health systems research

- Use of existing resources

The issue of chronic conditions and equity requires a shift beyond focusing on diseases and elements of the health system to focusing on the individual. We are not addressing the issue of chronic conditions as a means of preventing diabetes, giving hypertension medicines, performing surgery, but to improve the health and well-being of individuals. *Alain Golay, Division of Therapeutic Education for Chronic Diseases, Geneva University Hospitals, Geneva, Switzerland*, described this view of care as humanistic medicine.

*Andy Williamson*, Musician, United Kingdom, representing the perspective of a person with a chronic condition, in discussing health systems, mentioned that fragmentation and sustainability need to be addressed. People are not just chronic or acute patients, they go between these silos. Sustainability needs to be addressed as with chronic conditions the relationship between the individual and the health system is long-term and is an investment for both sides.
**Innovation as a tool**

**Mahad Ibrahim**, Gobee Group, Bellevue, United States, argued that space for innovation was needed. What was interesting throughout the Forum was to see that innovation was not only using mHealth, but also approaches that were different. The common message was that the beneficiaries had to come first and that the technology needed to assist with the solution and that research in the innovative process was necessary. **Stéphane Besançon** discussed how research into the health system and local diet helped develop an innovative approach to diabetes as a whole in Mali, but also adapting this to each cultural context within Mali. This also highlighted how innovation needs to take a global and integrated approach when addressing an issue.

**Besides the Plenary “Innovation & Inclusion for Chronic Diseases: Beyond the Hype”** innovation was a term used in other Parallel Sessions and that innovation in the area of chronic conditions can also focus on:

- **New approaches and partnerships**
- **Changes to medical education**
  - Need to include training in advocacy in parallel to public and global health issues
  - Inclusion of issues around social determinants of health in medical training and education
- **Addressing the issue of gender and making it a key issue included in the intervention or project**
- **Innovative ways of sharing knowledge**

Issues of acceptability, scalability, applicability and cost-effectiveness need to be addressed when innovation takes place. In addition with innovation and technology new issues need to be addressed, such as security and privacy. This multi-faceted aspect of technology and integrating new approaches will again require interdisciplinary approaches.
Key Lessons

- Sustainability and the issue of chronic conditions are intimately linked
- People function in different environments and these need to promote healthy living
- Policies need to be developed at all levels to enable action to be taken
- There is the need for interdisciplinary and intersectoral collaboration
- Focus on the individual
- Wider view of care than just the health system (cultural issues, involving the community, etc.)
- Reorganisation of delivery (acute versus chronic conditions, role of primary health care, task shifting, etc.)
- Payment of chronic condition care
- The provision of health care goes beyond the health system, cultural and societal issues need to be addressed
- The role of research and pilots (example from HIV/AIDS of scaling up)
- Use of existing resources
- Whole of government/whole of society approach needed
- Innovation is important not only technological, but also the approach

Next steps

Policy makers, health professionals, academics, people with chronic diseases, students and NGO frontliners all shared their view points and experiences and all the sessions highlighted how complex the issue of chronic conditions was and that no one country has yet to find the solution or will be able to find it alone. Is it Youth empowerment or the use of mHealth? Is it redesigning health systems or putting more of an emphasis on primary health care? Is it addressing the way we all are living in a more sedentary and unhealthy environment or tackling the challenge in those who are most at risk?

Three key next steps seem to be the most important in moving the discussion forward and also building on the 2012 edition of the Geneva Health Forum for future collaborations and the next Geneva Health Forum in 2014.

Partnerships

Alone no government, city, NGO, healthcare professional or individual will be able to address the issue of chronic conditions. Partnerships are therefore essential whether we are looking at these between the public and private sectors or the individual healthcare professional and his/her patient. However, the issue of power and conflict of interest needs to be addressed in all partnerships and a clear understanding of other sectors is necessary. Each sector public, private, NGO, academia, etc. have their role to play in building a partnership to address chronic conditions. New or non-traditional partners on the chronic condition scene were also present at the Geneva Health Forum:

- Management Sciences for Health
- Médecins Sans Frontières
- United Nations High Commission for Refugees
- Emergency related NGOs
Therefore in creating new partnerships and integrating a variety of partners from different sectors the “rules of engagement” need to be clear in order to develop trust and a dialogue at all levels. Communication is key to this and as presented in the session on “National & Global Non-Communicable Diseases Platforms: The Best Way Forward” one way of doing this is developing a multi-stakeholder platform for this purpose.

These partnerships already exist and many were presented during the Forum, but global advocacy needs to have a link to the realities in countries. Most importantly the voice of the beneficiaries needs to be heard within any partnership or alliance.

Focus on the individual

The individual should be at the centre of what we do as a Global Health community. As stated by Cheryl Hicks, SPREAD Sustainable Lifestyles 2050 Project, UNEP/Wuppertal Institute Collaborating Centre on Sustainable Consumption and Production (CSCP), Wuppertal, Germany, individuals are often excluded from global discussions and a link needs to be made between the global and individual. Their voice should be heard and their needs met. These needs may be access to healthy food, and/or medicines for their diabetes, but without taking the individual with all their characteristics into account even the most innovative interventions may fail.

People need to receive health information that enables and empowers them to make the right choices. They need to be motivated to make the right choices and also no barriers should prevent them from making these choices. How does the information they are provided help them understand the diseases that we as specialists refer to as chronic or noncommunicable diseases and also understand the overall risk factors and the individual’s associated risk? For those at risk small incremental changes are needed and how can the community and family be involved in helping the individual with this?

For those already with chronic condition(s) we need to ensure that their condition or conditions be they chronic or acute are dealt with in a holistic way focusing on the individual and not the individual diseases. In addressing this, issues such as mental health; ageing; gender; humanitarian crises; refugees and migrants need to be integrated into models of care. For this to be done an interdisciplinary approach needs to be taken looking at:

- Barriers to all elements of health (diagnosis, screening, treatment, medicines, etc.)
- Stigma and discrimination
- Models for education, empowerment and health literacy
- Integrating socio-cultural and psycho-social factors into health and healthcare

In taking this approach of health for the individual versus caring for their disease(s) empathy and capacity to listen become just as important as clinical skills. These “soft skills” that healthcare workers will need will promote active involvement of the individual in their own health as well as involving the community, family and peers in care and support.

And the role of the policy maker?

Usually the “asks” from policy makers are long. Following the Geneva Health Forum we summarise what we are asking from policy makers into four main areas:
1. Support the individual by a “whole of government approach” to promoting a healthy society for all

2. Follow the evidence (example: Rafael Bengoa, Regional Minister for Health, Basque Government, Spain)
   a. The evidence on what is causing chronic conditions is available and in continuous development
   b. Models for prevention and care exist

3. Act as an enabler not a barrier for:
   a. Individuals to lead healthy lives
   b. Partnerships to be developed to effectively address the growing burden of chronic conditions
   c. Innovation

4. Sustainability should be at the heart of any government intervention (example: Sonia Roschnik, NHS Sustainable Development Unit, United Kingdom)
   a. Sustainable responses: this is a long-term problem that transcends Ministries and political terms in office
      i. Sustainable farming; urbanisation; healthcare financing; etc. (examples: Geof Rayner, Centre for Food Policy, City University London, United Kingdom; Martin Beniston, Institute for Environmental Sciences, University of Geneva, Switzerland; Parallel Session “Universal Coverage & Chronic Diseases: A Mandatory Convergence”)

Key Next steps

- Develop “rules of engagement” for partnerships to address chronic conditions
- Develop new and innovative partnerships cutting across sectors and areas of speciality
- Find ways of involving new partners
- Involve beneficiaries in these partnerships not just in a tokenistic way
- Engage individuals in all aspects of chronic conditions: from prevention to treatment
- Create an environment of inter-disciplinarity in research, innovation, design, and implementation
- Include “soft skills” in medical education
- Expand healthcare into the community, family and peer groups
- Support the individual by a “whole of government approach”
- Use of evidence
- Policy makers to act as enablers
- Sustainability at the heart of any government intervention

Conclusion

Summarising 3 days of presentations will undoubtedly miss some of the wealth of information from the Geneva Health Forum. The aim of this report is not to serve as a comprehensive summary, but enable further discussion. It is the first of several outputs that the Forum Team will be producing with the aim of continuing the discussion initiated in Geneva.
Low, middle and high income countries are all faced with the challenges of sustainability, climate change and chronic conditions. No country has yet to find the solution for these problems so we can all learn from each other's experiences. Overall to conclude there is a need to change mindsets of all stakeholders with regards to:

- **Health**: needs to be approached in a wider context of societal, sociological and cultural perspectives. The individual needs to be at the centre of health and the response should be tailored to the individual, their family, culture and society.

- **Health systems**: whether in Switzerland or Uganda need to be reorganised to address chronic conditions. This will require in some cases decentralisation of care to the primary health care level, development of new roles for health professionals, avoiding verticalisation and a disease based approach and integration of different aspects of the health system.

- **Food**: has helped increase life expectancy over the past few years, but now because of food and the types of food people are consuming this trend is being reversed due to increases in obesity. We need to look at food supply systems from farm to plate.

- **Sustainability**: needs to be accounted for from an economic perspective and develop a triple bottom line.

- **Innovation**: addressing a given problem to find a solution in a way that is adapted to the context we work in and that is sustainable and scalable. But that technology should not drive the answer, but be one of many tools used. Failure may be the result, but it is part of the learning process. Questions remain as to whether there is the opportunity to fail in global health; and is there the space to innovate in global health?

- **Multidisciplinary and interdisciplinary approach**: will require changing the way we think about chronic conditions, how we teach medical and nursing students about chronic conditions and how we move the issue of chronic conditions from being something purely dealt with by the health sector to truly a whole of government and society approach.

- **Research**: its role to sometimes highlight the obvious, but it should be used as an effective tool for project implementation, monitoring and evaluation and policy change.

- **Collaborations**: at all levels to create a new form of interaction between the individual and their healthcare provider and the public and private sectors is needed. However, we need to address issues of conflict of interest and trust.

Whether we heard from people with chronic conditions, innovators, philosophers, health system specialists, researchers, health professionals or policy makers the common theme was putting the individual with the chronic condition, the beneficiary of our actions and activities at the centre for what we do. We are all working as was stated by Sridhar Venkatapuram for the “noble cause of improving health”, in addressing chronic conditions we must not forget that we are working to ensure that children in Nepal do not develop cardiovascular risk factors, that people with Sickle Cell Disease receive the treatments they need, when they need them, and that the health system should work for and with the person for improved health and not be a barrier to this. We need to make chronic conditions everyone's business. As discussed in the first plenary by Hedija Belhadj we need a movement. In developing a movement often you need a moment, something to happen to bring like minded people together. It is hoped that the Geneva Health Forum was this
moment. This leads to momentum. These two factors having a given moment that builds momentum then lead to a movement. The Geneva Health Forum sees its role as keeping this momentum going through our website, through the reporting framework we have put in place to continue sharing and discussing the issues we have touched upon. The hope is that by creating the moment and fostering the momentum the Geneva Health Forum will help create this movement.