Global health: implicaties in een verbonden wereld: een medisch humanitair perspectief

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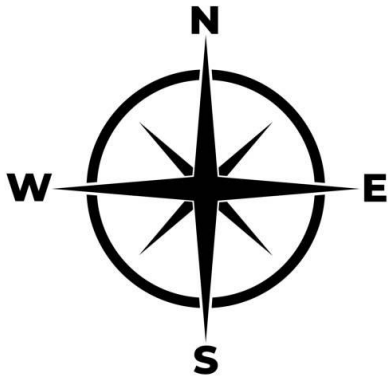
MEDECINS SANS FRONTIERES
DOCTORS WITHOUT BORDERS

LuxOR
Luxembourg Operational Research

LONDON SCHOOL OF HYGIENE & TROPICAL MEDICINE



Preadvies

Uitgebracht t.b.v. het jaarsymposium van de Nederlandse Vereniging voor Bio-ethiek 7 december 2022

Medical aid where it's needed most—independent, neutral, impartial

MEDECINS SANS FRONTIERES
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50 YEARS OF HUMANITY

2021 was the 50th anniversary of Médecins Sans Frontières.

1971

- MSF was **founded in 1971** in the wake of war and famine **in Biafra, Nigeria**.
- **300 volunteers** made up the organisation when it was founded: doctors, nurses and other staff, including the **13 founding doctors and journalists.**

2021

- Today, MSF has become a **global movement**.
- In 2021 over **36 000 staff members** worked for MSF representing **169 nationalities**.
- MSF had **operations in 93 countries** in 2021.
- In 2021, **82%** of our financial resources are allocated to **humanitarian programs.**

MSF projects

Individual map edition

Legend

- OCA — OCA
- OCB — OCB
- OCBA — OCBA
- OCG — OCG
- OCP — OCP
- ODW — ODW
- INT — INT
- Reference hospital
- Hospital
- Clinic
- Reference health centre
- Health centre
- Other health structure
- Health administrative boundaries 1

Sources

Basemap provided by ESRI
Catalogue data gathered by MSF

Dec 2022

Medical humanitarian emergency intervention

► Emergency response
Wars, conflicts, natural disasters, epidemics, climate change...

► Pediatrics
Vaccination, treatment of malnutrition...

► Women's health
Maternity, gynaecology and obstetrics, sexual violence, oncology

► Infectious diseases, chronic diseases
HIV/AIDS, tuberculosis, diabetes...

► Mental health
Displaced persons, victims of violence...

► Professional training and hospital programmes
Support and creation of medium/long term hospital structures

- **We count on the generous support of more than 7 million individual donors worldwide.**
- **Over 97% of our funds comes from private donations, allowing us to act fast to save lives.**
- **Since 2016, MSF refuses to take funds from the European Union, its Member States and Norway.**

Changing trends in humanitarian Response

Fragile and conflict-affected areas are growing faster (increasingly due to climate change and amplified by the ongoing pandemic) → predictive elements?

More people are being displaced by conflicts

Duration of responses is longer

Financial support and attention not growing accordingly

More complex responses

Our capacity to respond to emergencies, to assist those affected is radically tested

The global humanitarian overview 2020

UN Office for the Coordination of Humanitarian Affairs (UN-OCHA)

Tough dilemmas in our day-to-day work

Lot of grey: Balance between

safety

access

political push

impact

humanity

Ethical

Morality

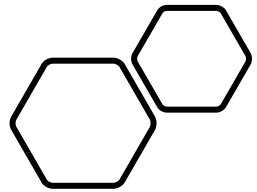
Coronavirus: Dithering and delay cost 21,000 lives in spring, analysis confirms

An Imperial report studying the first two waves to hit the UK found only lockdown brought R below 1 – and 'acting early' is critical

By Sarah Newey, GLOBAL HEALTH SECURITY REPORTER

23 December 2020 • 12:56pm

Ticking clock



https://www.science.org/doi/full/10.1126/scitranslmed.abg4262

Decision-making in humanitarian crises: politics, and not only evidence, is the problem

Colombo, Checchi 2018

Abstract

Accurate, relevant and timely public health information is paramount in a humanitarian crisis: it can help to identify needs and priorities, guide decisions on interventions and resource allocation, monitor trends, evaluate the effectiveness of the response, support advocacy for human rights, and extract lessons that could be relevant in similar contexts. The present review shows, however, that the public health information available in humanitarian crises is, in general, inadequate and that its application is secondary to reasoning and incentives of a political nature, thus contributing to the recurrent failings of humanitarian action. This article reviews the causes of this state of affairs - cultural, political/institutional/methodological and ethical - that hinder the production, dissemination, and use of information for determining which interventions should be implemented or modified. Traditional epidemiological skills and methods are poorly suited to humanitarian contexts. The approaches and tools that have been introduced in crisis contexts require validation and improvement. There is a need for more field "barefoot epidemiologists" who are able to collaborate with anthropologists, demographers, and sociologists to better understand the priorities to be addressed in a crisis. Evidence, however, is not enough per se: it is political will that is the key factor ir the use, or not, of information in decision-making concerning humanitarian resources and interventions.

COVID-19 Equity, access; Our asks

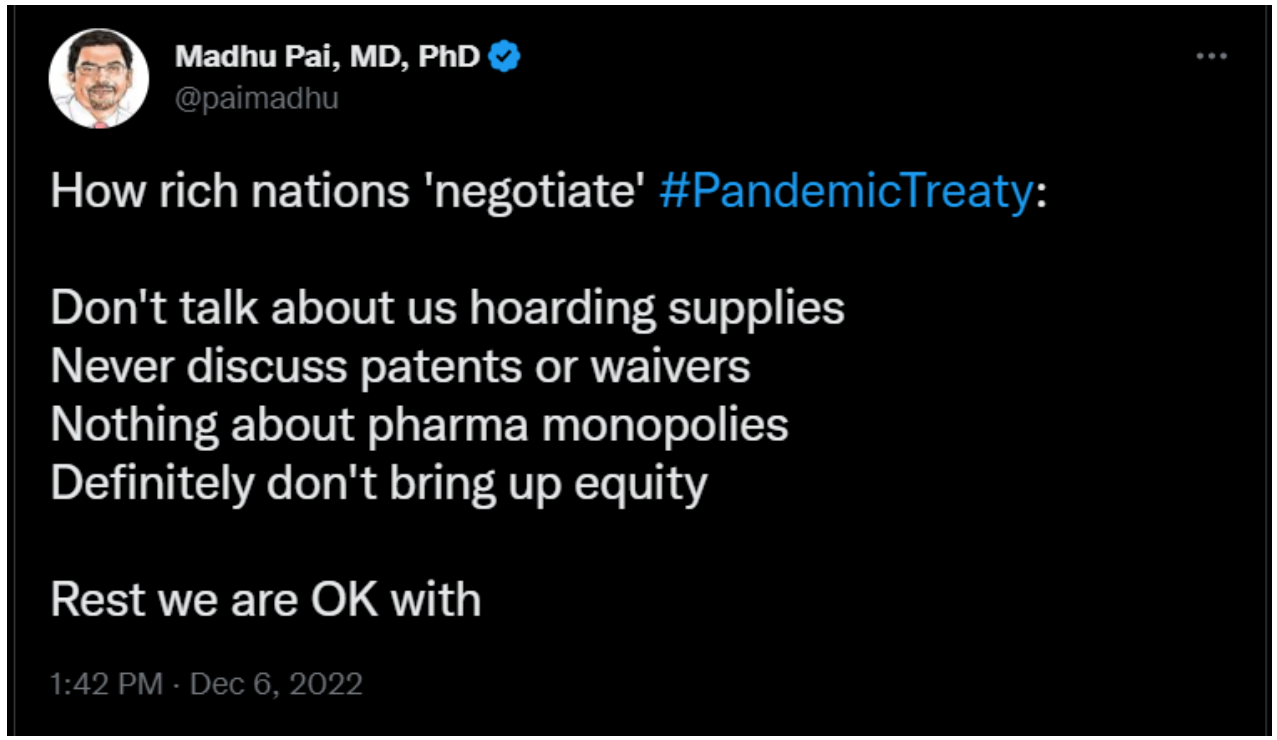
- **Transparency –** Pharma to open their books
- **Affordable prices –** Sell COVID-19 medical tools at-cost
- **Equitable distribution –** Transfer of doses, sharing with COVAX
- **Technology transfer –** Multiple manufacturers/local production specially in low and middle income countries
- **No IP on COVID-19 medical tools**

ACCESS CAMPAIGN
MEDECINS SANS FRONTIERES

Massive support and momentum

COVID-19 en dure “lessen”

Wanneer stippen we aan en met welke toon, en wanneer ondernemen we verdere actie?



Focusing more on the known ‘old enemies’

- Neglected tropical diseases (snakebites, noma, malaria, visceral leishmaniasis)
- Uptake in Vaccine Preventable Disease: Measles
- Increase in TB
- Cholera (Haiti, Kenya, Lebanon, 29 countries, vaccine shortages)
- Non-communicable diseases (diabetes, insulin, cardio vascular disease)

The radical plan for vaccine equity

Charity failed to provide adequate vaccines for the global south. Now, 15 countries are seeing whether an open-science model can end a dangerous legacy of dependency.

Equity and Ethics in Operationeel onderzoek

Equity in Research

Stimulate from start to finish the Co-production* of Research with partners (no 'excuse' partners)

- Inside the house: the different departments/field operations including national staff
  - Field driven research → HQ supported
  - Focus should be to leave things better behind than when we came in, build and strengthen local capacity (amplification of SORT-IT)
- Outside the house: (National) Academia, health institutes, MoH
  - Long term approach → ideal world redundancy

- Aim for 'Community' and patient participation in all phases of operational research where applicable (see BMJ statements)
- According to the high ethical standards that MSF designed, ensure we are living and upholding these standards
  - This includes stringent evaluation of protocols both on content, delivery and the 'what will do with results?'

*The co-production of research between academics, NGOs and communities in humanitarian response: A practice guide – Lokot et al. (LSHTM)

‘Sharing knowledge is documenting the story of the crisis and the people’

Operational Research is a Fundamental ethical Responsibility using and generating data to tell human stories and to push to action

Photos by MSF

Ethical Awareness

Voorbij onderzoek en met de voeten in de dagelijkse praktijk

Ook wij leren…van schokkende voorbeelden…

Maar directe actie en transparante communicatie….zeer velle gesprekken met accountability (hoewel dat sneller en beter kan en moet)

Global development

This article is more than **6 months old**

Médecins Sans Frontières condemned for 'profiting from exploitative images'

Medical charity criticised for using images that 'endanger and exploit children' amid row over photos from DRC identifying child rape survivor

Global development is supported by

BILL & MELINDA GATES foundation

About this content

David Batty

Wed 25 May 2022 09.30 BST

An MSF image of an aid worker and patient. A photo in the same series was criticised for identifying a girl who had been gang-raped. Photograph: Newsha Tavakolian/Magnum Photos/MSF

Doctors, photographers, human rights activists and academics have written to Médecins Sans Frontières to raise concerns that the medical charity is exploiting the trauma of vulnerable patients to promote its work.

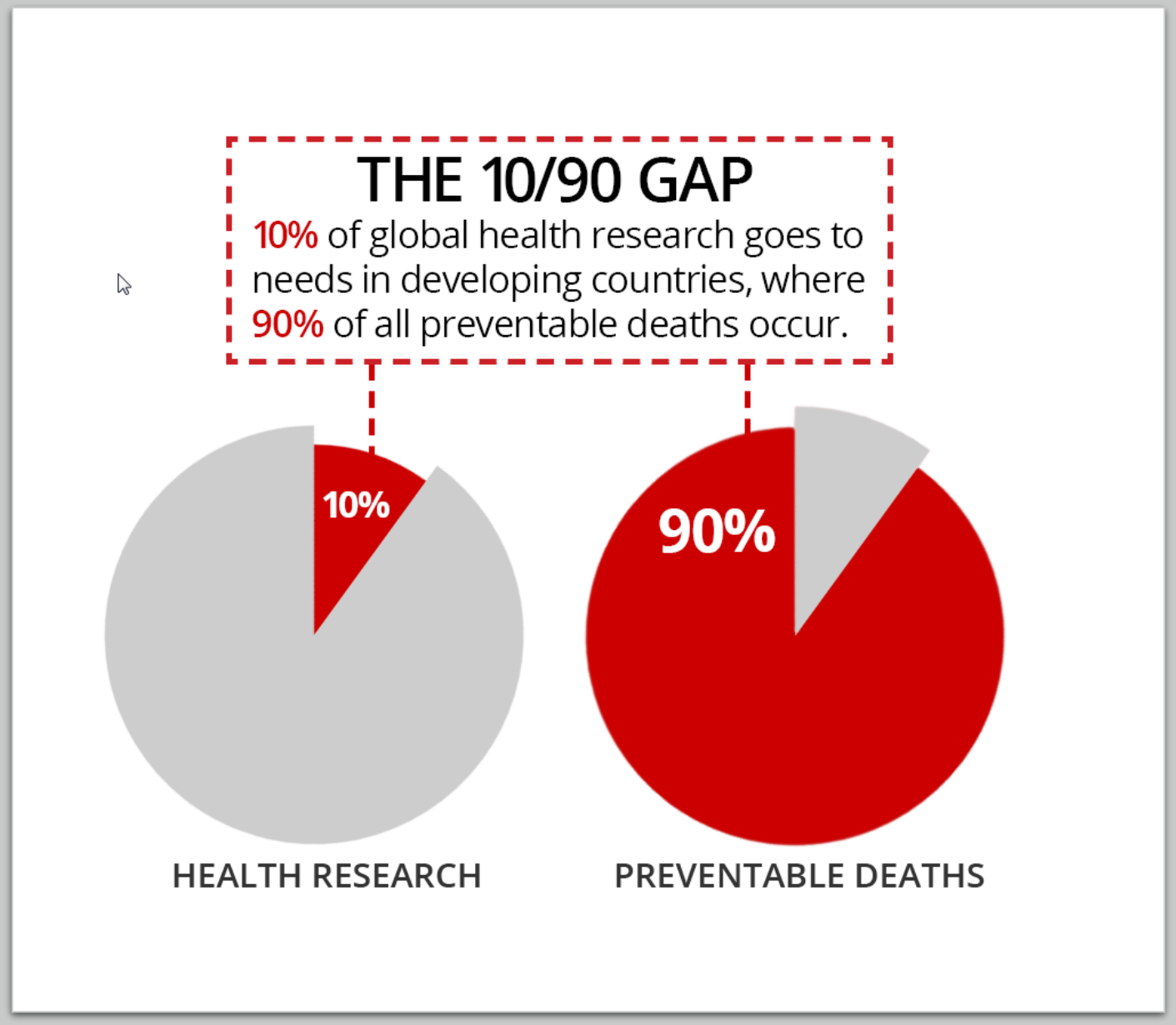
Hoe makkelijk voeren we gesprekken in Nederland?

Niet altijd even makkelijk:

- Gesprekken over actionability and outcomes mbt diversiteit en equity blijven lastig
- Culturele context en belevingswereld van patienten en gemeenschappen
- Kansen en ervaringen voor bi-culturele Nederlanders (diversiteit en kansen in de academie)
- Recentelijk; veilige werkplekken en omgevingen (in high performance omgevingen vergeten we dit vaker)

Ons aandeel in Global Health

- Hoezeer besteden groepen die werk doen in Global Health aandacht aan diversiteit en equity in partnerships
  - Grootste deel funding in dit deel van de wereld
  - Grootste deel van de problemen (en oplossingen) niet
- Weinig echte samenwerking op dit moment op gebied van Global Health in Nederland (wel veel potentie)
- Competatief academisch klimaat maakt het niet makkelijk
- Politiek: return on business rendement (korte termijn denken, centen gedreven)



Maar ook dichter bij huis….

Solidarities en equity tijdens de pandemie?

Auteur: Lenny Stoeldraijer, Anton Kunst (Amsterdam UMC, Public and Occupational Health), Felix Chilunga, Carel Harmsen
Publicatiedatum: 29-3-2022 00:00

Sociaal-demografische verschillen in COVID-19-sterfte in het eerste jaar van de coronapandemie

Mensen met een lager inkomen overlijden om allerlei redenen gemiddeld eerder dan personen met een hoger inkomen. Dat geldt ook voor overlijden aan COVID-19. In de eerste golf van de coronapandemie waren deze verschillen naar inkomen vergelijkbaar met die van de sterfte aan andere doodsoorzaken. Tijdens de tweede golf van de coronapandemie zijn de bekende verschillen in sterftekansen voor COVID-19 tussen de inkomensgroepen echter verder toegenomen.

Daarnaast zijn er verschillen in het risico op COVID-19-sterfte naar migratieachtergrond die niet veroorzaakt worden door verschillen in welvaartsniveau, type zorg, woonregio of huishoudensgrootte. Met name onder mensen met een Marokkaanse, Turkse en Surinaamse migratieachtergrond was het risico op COVID-19-sterfte 1,6-1,8 keer hoger dan voor mensen met een Nederlandse achtergrond. Andere factoren spelen hier dus een rol.

Source CBS: 2022

Ter Apel: MSF closed project 12th of September

We must not forget it is the responsibility of the Dutch government to provide asylum seekers with adequate care and humane reception conditions.

KAREL HENDRIKS, EMERGENCY COORDINATOR

"Politieke besluiten met grote consequenties"

10 oktober 2022 16:53
Laatste update: 10 oktober 2022 17:00

546 NUjij-reacties

Voor alleenstaande minderjarige vreemdelingen (amv's) wordt het in Ter Apel steeds onveiliger en stressvoller. Dat stelt Kinderombudsman Margrite Kalverboer in een brief aan staatssecretaris Eric van der Burg van Justitie en Veiligheid. De situatie in het aanmeldcentrum is nu slechter dan een half jaar geleden, toen er ook al sprake was van ernstige schendingen van kinderrechten.

Het oplossen van onze problemen zorgt voor problemen voor anderen?

nieuwsuur

Maandag, 13:51

Eerste Filipijnse handen aan het bed als oplossing voor het zorginfarct

De afwegingen…

- Lost onze problemen op, want we hebben geld en betalen beter
- Leidt het tot brain drain?
- Wat is de staat van gezondheidszorg in de filipijnen (ook daar significante gaten)
- Wat doen we terug? (meer opleidingsplekken financeren?)

Denken we hier over na? Houden we elkaar reflecties voor, en verwachten we degelijke antwoorden?

Wat is de waarde van ethiek, gelijkheid en solidariteit in ons dagelijks bestaan?

Als het niet zorgt voor actie

Voor verandering die leidt tot aantoonbare verbetering

Er weinig elementen voor accountability zijn

Het niet leidt tot kritische reflecties

HEALTH

How Public Health Took Part in Its Own Downfall

The field's future lies in reclaiming parts of its past that it willingly abandoned.

By Ed Yong

“WHAT WE DEMAND IS CHANGE, NOT CHARITY”

Dr. James Orbinski,
Former MSF International President

Acceptance speech for Nobel Peace Prize, 1999

Verrijken van de medische Ethiek met een Global Viewpoint

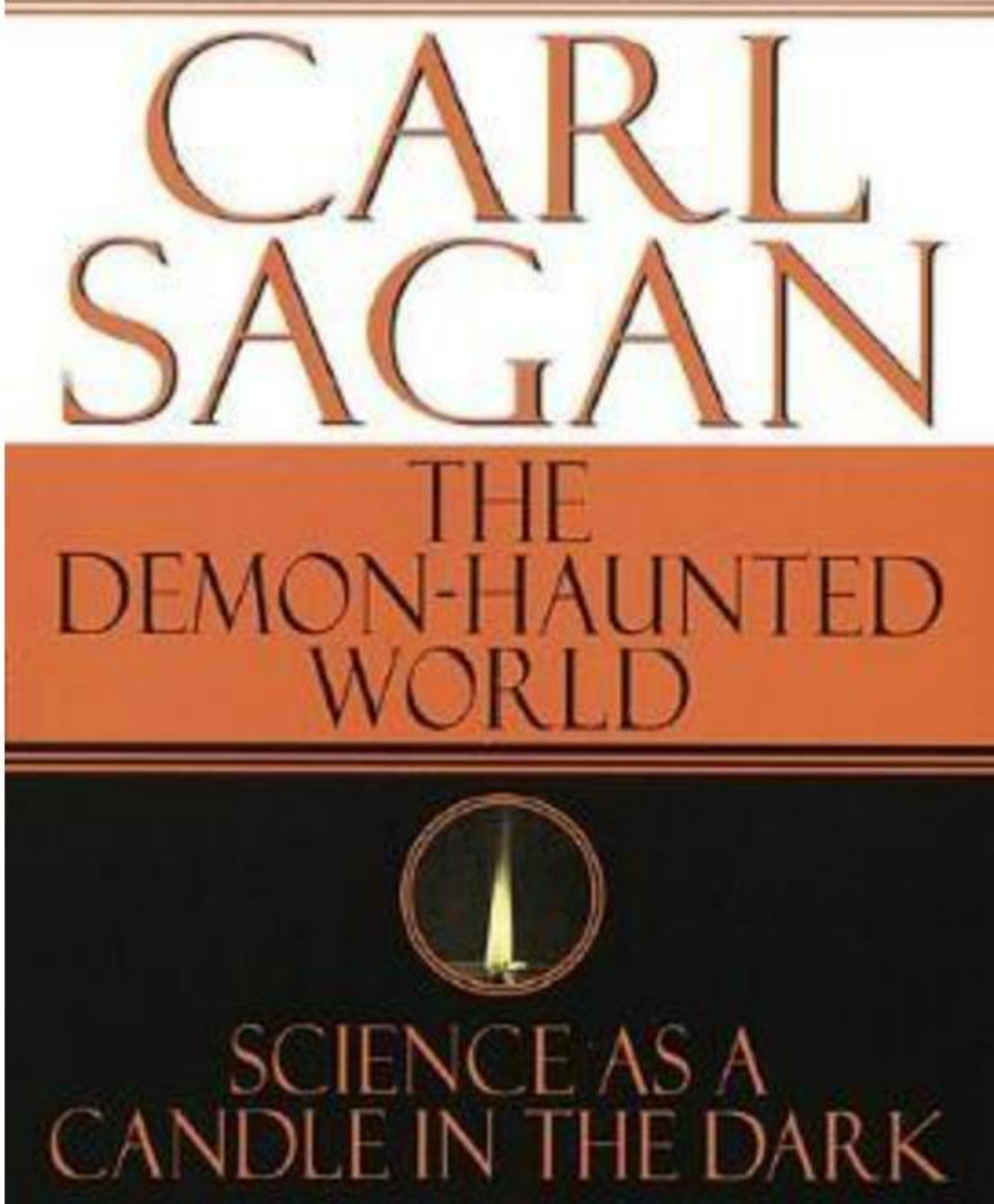
Meerwaarde op veel fronten met name het reflecterende vermogen, voor, ‘de act’:

- Beter zicht op acties, indirecte en directe consequenties
- Verrijking inlevingsvermogen in de leefwereld van de ander;
  - Collegas, ver en dichtbij
  - Patienten en gemeenschappen
  - Voor de culturele en socioeconomische contexten
  - Multisciplinair perspectief
  - Door de generaties heen
  - Over de grenzen
  - Ook wij kunnen leren in het rijke westen (en hadden we dat maar meer gedaan tijdens de pandemie!)

Leidt tot betere gesprekken en daarmee betere uitkomsten (en mogelijk betere implementatie van bevindingen)

Zeer belangijke rol voor onderwijs! ‘Ethiek is geen bijvak; het moet integral verweven zijn’ – dragen ook wij graag ons steentje aan bij:

"Science is more than a body of knowledge, it's a way of thinking. A way of skeptically interrogating the universe with a fine understanding of human fallibility. If we are not able to ask skeptical questions, to interrogate those who tell us that something is true, to be skeptical of those in authority, then we're up for grabs for the next charlatan, political or religious, who comes ambling along."



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