Reflective Learning Journal "Trip to Geneva" Lola A Osawe (DHA candidate)

Day 1: July 2, 2018- Arrival to Geneva & WHO Day

First day of the travel course was my arrival date due to flight cancelation of my original departure date a day earlier because of plane's mechanical issues, luckily my flight arrived Monday morning and I had the fortune of going straight to World Health Organization offices in time to meet the rest of the class who met me at WHO.

Cultural Observation: First impression from the airport to cab drive to Geneva was a city that had a sense of pride and unique culture of international flair, city that knows its identity, and independent of the "taint" of colonial history found in cities in the UK, Belgium, Germany or France- a city that built its wealth without occupying other nations. It was truly a world city- city open, however there seems to be native pride in Swiss culture while welcome, the air of aristocracy is still evidence in the wealthy city.

Professional Learning: Our very first introduction to WHO was through Dr. Tomas Allen who I consider "eyes" and "ears" of WHO in his role as a librarian and "custodian of knowledge" for WHO member states. It was wonderful to get a great overview of the WHO libraries and how researchers can use the various resources available to us. I found it very helpful to learn that WHO had regional expertise such as the WHO AFRO library that shared research on the continent of Africa by African scholars demonstrating the respect WHO has for all its members regardless of race and economic status. Information gathered by native scholars are treated with the same respect as those generated by English or Swiss scholars on a variety of topics unique to their region.

The second presentation on immunizations by Dr. Madhav Balakrishna and the impact of AEFI (adverse event following immunization) a medical occurrence that follows immunization was an eye opener to the major impact immunizations has on our societies when things don't go well (example of the children who died after receiving immunizations against measles on Indian media). On the positive side, the millions of lives saved from the eradication of polio in most of the world except for the "PAIN- Pakistan, Afghanistan, India and Nigeria" states but even these countries have a much incident rate of polio due to the global campaign against polio championed by WHO. The eradication of small pox is also a testimony of the power of a global approach to inoculating children all over the world.

Finally, the presentation from Dr. Elina Dale on global healthcare finance was of extreme importance to me professionally since it occurred to me that healthcare planning isn't done well in our fragmented healthcare delivery system in the U.S. ultimately the delivery of healthcare services based on revenue generated by countries (regardless of how healthcare dollars are raised), for money being spent in America our citizens should be healthier and equity in receiving healthcare services can improve. WHO believes that all human beings have a right to health and wellness through what is known as Universal Health Coverage (UHC) regardless of employment status, race, gender and sexual orientation, something the U.S struggles with considering how we deliver care through multiple financial sources (employer sponsored, state and federally sponsored and for the wealthy financial power to afford any kind of care). What members of WHO differ on are the layers of UHC and how deep the coverage goes. Elina presented some successful strategies aligned with sustainable developmental goals (SDGs) and she emphasized that UHC as part of the SDGs (Target 3.8) include: 3.8.1- coverage of essential services and 3.8.2- Financial protection. She

ended the presentation with a statement ***"It is not Universal Health Coverage excepts it protects against financial hardship"*** and I completely agree with this statement.

Personal Insight: The first day set the tone for the entire week with the first visit to WHO and the presentations that made me realize that while as an American healthcare executive I live in a wealthy society but healthcare disparities and healthcare segmentation are areas of weakness we can overcome by learning from other member states in WHO that may not have the financial might of the US but they have figured out where to spend their healthcare dollars (primary care, prevention, education, are example strategies) and the SDGs embraced by all members (including the US) because it provides a "blueprint" on healthy society development and many areas the US can adopt and focus on to help curb our increasing healthcare debt without the corresponding benefit to our population compared to other wealth societies as shared with us in presentations.

Geneva also is a healthy society, basically the food (the milk tastes so divine), the overall bearing of its citizens and the pride in the culture and financial power is inspiring. I also noticed the crime rate or fear of crime was not as high as international cities like New York or Paris- people were generally relaxed and seemed self-sufficient. Also, the racial and cultural comfortability was also very refreshing as I noticed at WHO and around town all races mingled without any fear, low self-image and a sense of comfortability was experienced also in my relating with staff at the hotel, restaurants even with my "American accent".

Day 2: July 3, 2018 Visit at the UNAIDs & Discussions on International Health with WHO official

The second day was devoted to visiting UNAIDs and discussions with Dr Johnson on how HIV/AIDs dominated the focus of the global health landscape in the 1980s through early 1990s due to the heavy investment from both private and governments around the world (US being a major donor) signifies the impact global rally against a communicable disease can do to societies around the world and citizens living with HIV with access to medicine and campaign for dignity and respect. We also spent time with WHO official Dr Alex Ross who shared insight on future of global health initiatives along with Q&A from the group.

Cultural Observations: The artwork in the main lobby of the UNAIDs showcases paintings made by blood of HIV patients and significant messaging on dignity and respect for persons living with AIDs part of Art for Aids that has led international awareness to eliminate stigma and discrimination for persons living with HIV. Another powerful piece of art called "transformation" is devoted to zero discrimination for persons living with HIV and celebrates life in its full existence. This freedom of expression of artists from around the world as displayed at UNAIDs shows the tolerance and acceptance in the local host culture and boldness addressing this topic from the 1980s till today.

Professional Learning: Discussions on how AIDs affected the world and general fear of members of the UN that HIV would overshadow the rest of global health initiatives led to setting up UNAIDs to give HIV (now including TB and other related health issues) its own focus due to the impact AIDs has on communities around the world. Dr Johnson shared a personal experience of interacting with protestors at an international conference of scientists and researchers where he engaged the locals who vehemently fought against what they perceived as resources going to science instead of victims and families of HIV. I learned that early activism was not in alignment with science and research. Victims and families faced significant stigma in every society including the US where even at funerals (where people with AIDs were buried), it was not even acknowledged. The emotional, physician and cultural damage stigmatizing HIV was eventually (almost) eliminated with the intense focus from celebrities such as Michael Jackson, politicians such as the former President of the United States George Bush and business icon such

as Bill and Belinda Gates through their foundation. Financial support and political focus has been instrumental in the continued success of UNAIDs.

UNAIDs is not an agency under UN or WHO but they have made impact on communities globally due their intense focus on the disease and generating advocacy movement with the burden of lobbying for policy development and financial support for areas still dealing with inequities in access to drugs for HIV and now TB. UNAIDs remain the data experts for the world and continue to engage with WHO and UN to ensure continued focus on the disease and related diseases as more people migrate from one society to another and the world becomes more urbanized

In subsequent discussions at the WHO about the UNAIDs visit and international engagement on communicable and non-communicable diseases, Dr Alex Ross, a high ranking official at the WHO gave the group great insight about the current with WHO governance and areas of focus. He spoke about the shift in the international landscape of WHO members such as the UK and US looking more inwards to take care of its own citizens, advocacy for financial engagement with these countries has greatly reduced. He mentioned that the agencies collectively are very careful with how they partner with other entities (private and governmental) due to public perception. The most effective partnerships continue to be with non-governmental organizations (NGOs), working with local governmental entities in the field and health ministries.

The most major point made by Dr Ross is the unique nature of the upcoming global health challenges that is driven by increased urbanization (due to migration- inter and intra, technology, improved transportation and pursuit of economic power by citizens of all kinds of cultural background, migration due to fleeing oppression, refugees, displacement of citizens globally). The "borders" are more porous due to these factors it is predicted by 2050 that two-thirds of the world population will be urban. Another driver of healthcare delivery will the continued increasing life expectancy evident in most societies around the world, this will put pressure on UN members to come up with creative solutions to healthcare problems now and in the future. Health system thinking is vital at all levels of society for member states to approach these challenges. In the SDGs members all agreed to deal with inequities in healthcare at local, national and international levels. A great example is the fight against cancer through campaign against tobacco with increased control on tobacco manufacturers continues to impact fight on cancer (lung and other types), other examples include the elimination of guinea-worm and polio

Personal Insight: The discussions with Dr Ross and the knowledge that urbanization is the greatest challenge (along with the migration of people that drives it) to healthcare delivery in the next 30 years makes me realize that healthcare professionals will need to learn new skills (leadership, cultural, technology, new knowledge, etc.) to handle the demands of communities we serve in the future. The disruptive nature of technology, genetics, artificial intelligence and machine learning will have on all societies (not just the so called modern) will have a major impact on the cost of care and access to care (smartphones, digital platforms, etc.). It is also important for the US government to stay engaged with UN and WHO to hopefully lead new innovations and address long standing disparities in the US health system and develop sustainable developmental goals of our own that can help US plan.

Day 3: July 4, 2018- Day tour of on the Lake Geneva, Old Town, Jean Jacque Rousseau influence on human rights/Discussions at WHO on IOM with Dr Krittmaa



Incredibly busy and fulfilling day with presentations in the morning about migration of people around the world and the impact of modern migration followed on by exceptional tours on the beautiful Lake Geneva and of Old town wrapped around a great discussion on humanity and right to health and freedom as influenced by world renown philosopher Jean-Jacques Rousseau and his influence on Jefferson (appropriate for 4th of July celebrations), topped

up with a spiritually awakening tour of the Protestant cathedral that celebrates the deep religious heritage of old Geneva as a contrarian to the Catholic establishment of its time.

Cultural Observations: The respect for Rousseau is evident in the beautiful sculpture of him contemplating on the issues of life coupled with the impeccable preservation of his luxury home in the 1700s depicting a life of a philosopher with financial wealth (coupled with intellectual wealth) and a heart of his people- a true citizen of Geneva that influenced American thought leaders such as Jefferson and ultimately represents the spirit of Geneva and the agencies they host that fight for human right, healthcare and right to health and wellbeing. Celebrating human dignity and pursuit of happiness and self-determination that gave birth to the United States, it was very appropriate to celebrate this icon through discussions and tour of the city.

The tour of old cathedral, Lake Geneva and old town was an incredible indulgence in the exploration of the “soul” of Geneva, the ability to have beauty, culture, history and modern life integrate harmoniously was both therapeutic and inspiring of what living well looks like. Having the best macadamia ice-cream after the long walks with locals happily enjoying their day (on a weekday!) with little drama or tension made the long day even more enjoyable (the BEST ice-cream I have had in my life!)

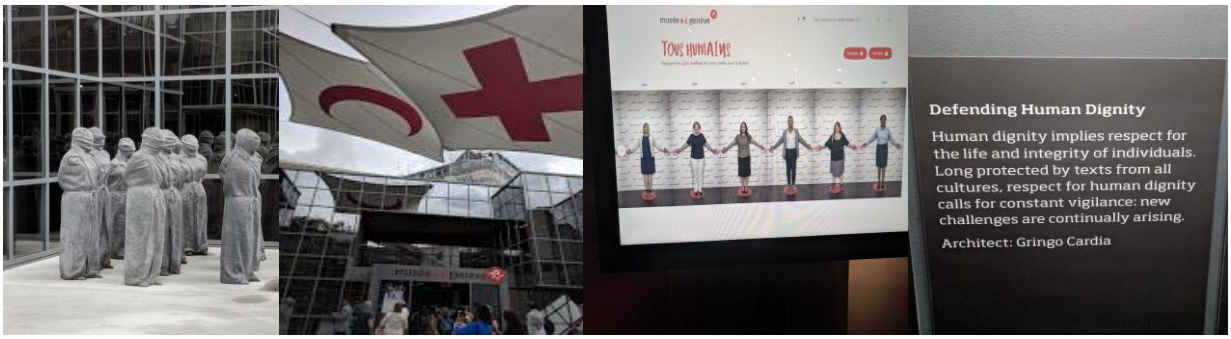
Professional Learning: Dr. Kritmaa was quite a delight to listen to! She was extremely competent in her field of managing populations in the most austere humanitarian crisis, and extremely passionate about her work and travels serving people in Africa and other regions in the world. Her presentation on migration health and its tremendous impact on societies along with the myths and misconceptions of who migrants are (many of us are!) was eye-opening and very informative. She shared some shocking statistics on migration trends that was contrary to what mass media presents to include the fact that over 50% are due to migration to major cities (both intra and inter-continental migration), and 50% are women who are looking for better life for themselves and their families, and 40 million people are internally displaced persons due to conflict or oppression looking for a better life elsewhere (IOM, 2018). Other new knowledge such as regarding illegal immigrants as “irregulars” a very important point since WHO does not get involved in socio-political debates on who an “illegal” immigrant is as classified by member states such as the US, ultimately, we all come from somewhere and migrated to other places for a better life (regular or irregular).

The importance of migrant health to health systems is enormous, it cannot be ignored due to the responsibility societies have to take care of their populations (including migrants) due to taking care of communicable and non-communicable diseases, intermarriages and the impact of declining health of new migrants (rural to urban) that becomes a liability if not appropriately addressed. Health equity in a blended society of migrants and indigenous citizens needs health system planning for adequate access to health service and interventions to prevent outbreaks and spread of diseases when there is little or no access to care due to immigration status. Learning about the technology used to monitor health security of these blended populations or even isolated populations in the case of refugee camps and shelters including the use of Health Border Mobility Mapping (HBMM) is instrumental in ensuring migrants receive the appropriate level of service for Ebola, SARs, H1NI and other health challenges (inside and outside encampment).

Migration is not a disease risk factor! How migration is done is what creates opportunities for disease (boat rides with unhygienic living, traumatic experiences during migration, long duration of dangerous transportation from one point to another) all contribute the decline health of migrants upon arrival to their new locations, many leave their homes healthy and strong but can arrive infirmed and challenged with health issues due to their journeys. The presentation wrapped up with celebrating examples of “borderless” health systems citing Sri Lanka (not a rich society) and their open access to anyone that seeks care (migrant included) in their society.

Personal Insight: I was very inspired by the life of Rosseau and the discussion on how he impacted Jefferson, it is also refreshing to know that he was not only a compassionate citizen of Geneva, he truly cared for his society and yet was a wealthy philosopher who contributed greatly to the culture of Geneva and those around the world such as the United States. It is possible to be a compassionate (and wealthy) custodian of health services while growing as an intellectual learning through study, reading and travel. This was one of the best days for me during this travel course.

Day 4: July 5, 2018 Visit to United Nations (UN) and International Committee of the Red Cross (ICRC)



The tour of the ICRC and visit to the UN (although a rushed tour) to include observing a live session on humanitarian crisis was very powerful with the ICRC tour of impact of past wars and humanitarian crisis (from WWI to recent conflicts in Rohingya) shows the inhumanity created in times of war and how societies are scarred forever. Part of the ICRC tour included the artwork of prisoners of war given to Red Cross workers to show the humanity in captivity, however the most important artwork is the sculptures of “The Petrified Ones” that show the utter horror of war under the banner of the Red Crescent and Red Cross making the ICRC entrance sacred ground dedicated to the souls of men, women and children who have been victims of terror

Cultural Observation: The ICRC exhibition included artwork, recorded interviews of witnesses and victims of conflict, documentation of records of prisoners of war and index cards during WWI along with the work of art in captivity shows that the ICRC touch human lives in the most fundamental manner in every culture encapsulated in the “respect for the life and integrity” writing on the wall of the exhibition. The “all human” chain created by pictures of guests who are “connected” with others from around the world is a real application of the work of Red Cross and brings the reality of all of us together despite our differences we are all human after all.

Professional Learning: As a military medical corps officer the reality that military conflict (regardless of the political cause or agenda) creates human pain both for the people we defend and those we are bound by oath to keep from destroying our national security, war is the last option to preserve human ideals of freedom and to fight tyranny. Many U.S military members who have seen combat and witnessed the impact of war as displayed in the exhibition have a keen sense of the responsibility post war recovery presents to agencies like ICRC or UN peace keepers societies going through conflict (through violence and terror) continue to present humanitarian crisis for us to address as a world leader.

Personal Insight: US military medics are exclusively trained to provide health services to our own fighting forces, POWs and displaced individuals in areas of operations we are assigned. To see the physical evidence of some of the contingencies we have supported (Balkans, Gulf I, Iraqi Freedom, Enduring Freedom and global war on terror) it is humbling to realize the impact of war is devastating to societies and use of armed conflict must be used wisely and I’m happy we follow rules of armed combat in the US despite the abject violation of human rights of our adversities around the world, the Geneva convention card I carry with my red cross on my military ID card has more meaning now to me because of this trip to Geneva tours such as this to the UN and to the ICRC.

Day 5: Trip to the Castle Chillon

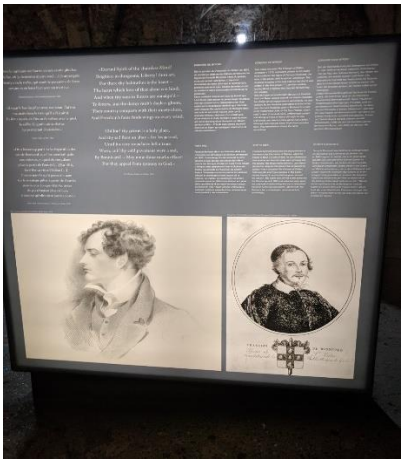
Cultural Insight: The tour of Castle Chillon and stories of Lord Byron and Prince Prospero (castle stories) was very engaging especially with the analogy of health systems as “castles” that sometimes do more harm than good or that

don’t do enough for humanity. Castle Chillon represents wealth, bondage as a prison and “freedom” of sorts for many who were held prisoner and later executed while viewing the ocean.

Professional Learning: The story of Lord Byron and his guests who lavished in his home through drinking and merry making and how he asked his guests to write “ghost” stories led to Mary Shelley’s creative writing of “Frankenstein” that is famous throughout the world as the early version of “mad science” creations which has sparkled innovation in modern times such as robotics and artificial intelligence. The ethics behind using science for health or health for science has ethical implications like the creation of “Frankenstein”. The burden of using science for good versus evil continues to be a challenge in modern science as new disruptive technologies (can be called “Frankenstein” of our time) such as gene “editing” of human cells to target cancer and use of robotics to conduct surgeries on people.

The story of Prince Prospero and his castle that sought to protect the wealthy citizens of his town from plague ended up killing all his friends because someone infected managed to get through the “walls” of the castle that was meant to keep out the ills of society. This story is relatable to hospitals or health systems who think they represent health when the outside world is what truly impacts health and wellness of communities not hospitals.

Personal Insight: This is one of the most beautiful architectures I have ever seen- it was more profound to know that Castle Chillon a prison for many people as beautiful as it is, many souls were lost in this beautiful structure.



The poem written by Lord Byron that calls the castle “thy prison is a holy place” is a metaphor for freedom from the bondage of a world full of pain and tyranny. At the end of the day the freedom the soul seeks far outreaches the wealth and trappings of wealth that the world promises. Health and personal freedom is the truest form of wealth, a theme that cuts across all the days spent in Geneva learning about health systems, the strained relationships between governments and their people, impact of globalization on healthcare and the ideal of pursuing healthcare for all.

Wrapping up the trip Geneva with this Castle tour (didn’t attend the Jazz concert due to early morning flight) was very rewarding and inspiring and I intend to bring my family back for a vacation in the near future to appreciate the beauty of Geneva and the good work agencies such as WHO, UN, ICRC and UNAIDs are doing for humanity, hopefully I have a future in international health (either through military or civilian career path) and it will be wonderful to also make an impact as my colleagues are doing in these agencies and beautiful city of Geneva