

Reflecting on the 2022 World Health Summit



With the increased interconnectedness of the world, the importance of intersectionality in global health is dominating the field.

We, the correspondents, are at the intersection of different backgrounds and perspectives in terms of global health, and were excited to see intersectionality at the heart of the most recent [World Health Summit](#).

We have witnessed many movements that have galvanized by the younger generation and catapulted by social media. Going into this summit, the organizers' efforts to include this generation in discussions on global health topics (such as community engagement, mental health, and using digital health and social media) were clear to see.

The concept of 'going local' – or community engagement for better long-term and sustainable outcomes¹ – is permeating global health, and it was exciting to see how this was being translated for the different groups who were participating in the summit. Programmes such as the World Health Organization (WHO) Youth Council are getting young people involved in the early stages of leadership and communication. This summit even made space for TikTok [content creators](#) who are spreading truth amongst a sea of disinformation. There is a concerted effort to get different global actors at the table and to make sure that each voice is heard, especially ones that have previously been marginalized.

A previous lack of community engagement in policies has caused efforts such as HIV and AIDS research in rural communities of South Africa¹, the COVID-19 response in several African countries² and youth mental health³ to be slow, redundant and gridlocked, which is frustrating for all sides.

We look forward to the development of these efforts now that people who are most affected will be providing input from the beginning. Hopefully, this will become the new status quo, as it has been shown to increase the uptake and success of projects⁴. This is crucial if we want to be prepared against future pandemics.

The COVID-19 pandemic revealed the strengths and weaknesses of various health systems, both at the global and national levels.



Although there was a great joint effort made to discover solutions by many nations and stakeholders, the existing challenges and gaps in capacity, resources and preparedness presented hurdles that many nations struggled to navigate.

At a crucial time during the ongoing pandemic, the summit reminded us of the importance of effective and adequate public-health preparedness and health data systems. A recurring theme in many talks was the need for innovative ways of solving national and global health problems, and one major step in this direction is the digitization of health systems. The magnitude of interest and funding available for this task further asserts its importance, as the digitization of healthcare systems promises to improve health outcomes at a lower cost; we see public-private partnerships and data protection ethics as key to achieving this. One can see these partnerships in action in Rwanda, where the government is working with Babylon Health (a UK-based health technology firm) to create [Babyl](#), which provides medical consultations over the phone, connects health facilities across the country, and improves accessibility to medications, referrals and blood tests.

Cooperation among healthcare ecosystems and intelligent data utilization is an essential component to keep us prepared in the event of a crisis. Robust data systems are critical to the ease of data sharing between local, national and international health institutions. One can see this on an international scale with the use of combined platforms by

different communities to share COVID-19 data for governments to effectively respond to global changes.

The onus lies with us in various sectors of the global health arena to strive for progress that aligns with the local and national interests of countries. As Benjamin Franklin once said, "if we fail to prepare, we prepare to fail". If we want to successfully face future pandemics, investments in health advancement and innovation need to happen now.

Global health still has a long way to go. There were more than a few people at the conference echoing how well-known global health issues are, but not much has happened to address them. However, we think that there has been a spark in people to change the status quo.


The summit exceeded our expectations, as we saw walls between sectors such as health, climate, economics and communications coming down. One message shared by a participant that resonated with us was how innovation is found at the intersection of different disciplines, which urges us to think beyond our respective fields and make attempts to introduce unlikely partners into global health work. An example of this is research that is attempting to combine climate data with infectious disease data to predict the pattern of infectious disease epidemics, especially in low-resource areas⁵.

For those, like us, who are just starting in their global health careers, the summit provided a space for connecting with like-minded individuals who are eager to make an impact and those with well-established careers who were willing

to share their experiences. These exchanges encouraged us to be bolder and to take up space as African students and professionals, both in our native countries and in the diaspora.

As much as we would like to focus only on the positivity and hope that the summit spread, it was disheartening to hear that a member of the WHO had allegedly made untoward advances at someone attending the summit. In attempting to deal with this matter, the World Health Summit account posted [comments on Twitter](#) that did not sit well with people who expected accountability. As women in global public health, we need to shine a light on the issues that women

face in many environments, including the work environment. It is crucial to construct spaces that encourage respect and care so that we can continue doing our work without compromising our safety.

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Competing interests

The authors declare no competing interests.