

Fostering Intergenerational Solidarity Towards the Realization of Universal Health Coverage



INTERNATIONAL YOUTH DAY 2022

Fostering Intergenerational Solidarity towards the Realization of
Universal Health Coverage.



**PROF. MIRIAM K.
WERE**
KEYNOTE SPEAKER



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3:00PM EAT**

REPORT

ACKNOWLEDGEMENT

Ryculture Health and Social Innovation acknowledges the insights provided by Prof Miriam K. Were in her Keynote Address; Ms. Michelle Mayuba, Dr. Marie-Claire Wangari, Dr. Libeya Bethwel, Mr. Brian Otieno and Ms. Eva Mbeyu for their contributions during the panel discussion and for the participants for their contribution and attendance.

EXECUTIVE SUMMARY

Ryculture Health and Social Innovation through Young Voices Network – a platform designed to **enlighten, empower and evoke** action among the Kenyan youth to act for their health & health of their communities – hosted a webinar to commemorate International Youth Day celebrated on 12th of August every year. Guided by the UN theme, *‘Intergenerational Solidarity; Creating a world for all ages’*, the webinar focused on the sub theme **“Fostering Intergenerational Solidarity towards the realisation of UHC”**, in line with our work in the health sector and commitment to nurture the next generation of social changemakers in the healthcare sector. The objective of the convening was to deliberate on best practices, share insights and diverse perspectives on how to foster intergenerational collaborations and partnerships towards realisation of UHC. The webinar engaged health practitioners, academia and students who shared their insights and experience with intergenerational relations.

The webinar was held on 12th August, 2022 from 3PM EAT and this report gives an outline of the proceedings in summary. A comprehensive review can be accessed through the recording on our YouTube Channel [here](#).

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INTRODUCTION

International Youth Day, celebrated on the 12th August every year, is a day set aside by the UN to create awareness on youth empowerment and meaningful youth engagement and their role in promoting change in their communities. This year's theme was ***Intergenerational Solidarity; creating a world for all ages*** and which serves as an acknowledgment of the potential and ingenuity that different generations carry as a key driver for equity and sustainable development.

However, the UN acknowledges certain barriers to achieving intergenerational solidarity, notably ageism. Ageism as defined by the World Health Organization refers to *"the stereotypes (how we think), prejudice (how we feel) and discrimination (how we act) directed towards others or oneself, based on age"*¹. Ageism is often displayed in various aspects of the society particularly in spaces of employment and access to healthcare among others. This negatively impacts on both young and older generations, in terms of utilization of the skills, innovativeness, resources and experience respectively that both carry.

To this effect, Rycculture Health and Social Innovation through its Youth Voices Network, held a webinar under the sub-theme, ***Fostering Intergenerational Solidarity towards the Realization of UHC***. In recognition of health as a basic human right, Kenya, in its *Big 4 Agenda*, adopted Universal Health Coverage as a priority area, with an aspiration that by 2022 all persons will be able to access health services without facing financial hardship.² Unfortunately, this isn't reflective of the lived reality of Kenyans as ageism acts as a major barrier to the realization of UHC, particularly during the COVID-19 outbreak.

The webinar was timely, as it coincided with the Kenyan general elections period where there's need to choose leaders who respond to the plight of sustainable development particularly in realizing UHC. This convening saw the engagement of health practitioners, academia and students (while taking into account the age of the participants, both young and old) in knowledge sharing, co-creation and deliberating on the best practices in fostering intergenerational partnerships. Deliberations in this webinar could serve as a contributor to existing health policies and equally inform creation of inclusive and youth-responsive health policies.

¹ International Youth Day. <https://www.un.org/development/desa/youth/wp-content/uploads/sites/21/2022/06/2022-IYD-Concept-Note.pdf>

² Ministry of Health, UHC Policy Brief. <https://www.health.go.ke/wp-content/uploads/2019/01/UHC-QI-Policy-Brief.pdf>

Keynote Speech

Prof Miriam Were in her keynote address emphasized on the importance of community-based approach in addressing healthcare challenges and working towards the attainment of Universal Health Coverage (UHC). Health is a fundamental human right as enshrined in the United Nations' Sustainable Development Goals (SDGs) and therefore, the community approach ensures that health care needs of every one that is part of a particular community are met. She noted that intergenerational solidarity is paramount to achieving an all-inclusive Universal Health Coverage. The society is made up of diverse generations and in a family set-up, poor health of any of its members affects the entire family whether old or young.

International Youth Day is not popular in Kenya, hence, there's need to step up the advocacy and visibility of the program as the youth are a key part of the society, accounting for about 40% of the population. Universal Health Coverage should go beyond providing healthcare services in hospitals but also include community engagement in health education and provision of health-related information. Educating the community on health issues such as importance of vaccination, lifestyle diseases among others comes with advantages that include but are not limited to: decrease in lifestyle diseases such as diabetes, decreased maternal and child mortality rates among others.

She equally encouraged training of community health workers, particularly in common diseases such as malaria, and their integration into primary healthcare system. This is an affordable and readily accessible approach as it speaks to the key component of Universal Healthcare Coverage – access to health care without facing financial hardship.

Discussion Panel

The group of panelists consisting of Dr. Marie-Claire Wangari, Dr. Libeya Bethwel, Brian Otieno and Eva Mbeyu shared very impactful sentiments regarding the interventions, challenges and best practices required to attain intergenerational collaborations towards the realization of Universal Health Coverage.

The panelists unanimously agreed that Intergenerational solidarity meant; creation of a safe space for engagement and interaction between the young and old without fear of discrimination, breaking the silos that youth often operate in, symbiotic /reverse mentorship, co-sharing of experiences across generations and that there is a continuity and incorporation of young peoples' voices even in their absence.

Interventions and Opportunities for Intergenerational Partnerships towards Realisation of UHC

Community Approach, particularly through training community health workers (CHWs) to engage with the community in provision of healthcare services and relaying of health information. Community health workers bridge the gap between formal healthcare systems and their communities. This approach serves as an easily accessible and affordable route of receiving healthcare without necessarily relying on hospitals.

Beyond access and affordability, there is need to incentivize community health provision by CHWs through structured remuneration models. Additionally, community health workers should be integrated into formal healthcare systems as their role is critical in achieving UHC.

Human resources for health, as noted by Dr. Libeya is critical in achieving UHC. The private sector can step in to strengthen efforts put in place by government when it comes to financing and provision of healthcare services in order to attain UHC. Currently, there is a high rate of unemployment and underemployment of youth in the healthcare sector. One of the mitigation measures is channeling human resource towards entrepreneurship to meet the demands of UHC. This can be realized, by intergenerational support, whereby the older generations can tap the skill and tech-savviness that the youth bear by providing resources and learnt experience to kick start entrepreneurial ventures in healthcare. Provision of resources should be coupled with intentional mentorships from the older generation to ensure that these ventures run smoothly.

Challenges Arising in the Attainment of Intergenerational Collaborations. How can we overcome these challenges?

The UNs main focus on IYD was ageism as a major setback in sustainable development. Youth are usually viewed as inexperienced while ideas from the older generation are considered backward. In addition to this, other challenges to intergenerational solidarity as discussed were as follows.

- Lack of sustainable partnerships – Support for the youth by older generations should take into account sustainable plans that offer long term support instead of formal short-term engagements.
- Lack of a two-way feedback – Mentor-mentee partnerships are usually one directional and take a more instructional rather than a directional approach where guidance is provided. Feedback from mentees should be encouraged to create a safe space during interactions.

- Unwillingness of youth to learn from older generations. Their willingness is largely driven by financial gain rather than gaining skills and knowledge. The older generation tend to be reserved/conservative hence rigid when it comes to accommodating or accepting new ideas from youth.

Some of the solutions shared were:

- Behavior/Attitude change – Use technology to amplify people driven solutions and social change not just for entertainment.
- Beginning with the end in mind while designing solutions for attainment of UHC. Design solutions that are well thought through and focus on the long-term goals.
- Intentional mentorship, where reverse mentorship is encouraged.
- Break the silos that youth operate in. Incorporate solutions from all generations.

Best Practices of Intergenerational Collaboration in Healthcare

1. Work as a team within the healthcare sector
2. Creation of a platform for dialogue, where all voices are incorporated for purposes of knowledge sharing.
3. Inclusivity – Engagement of all generations from planning, design and implementation of programmes that are meant to benefit the youth.
4. Sustaining the attitude of a student. Experience can be age based but not knowledge based. Creating an avenue for multi-directional feedback is encouraged for purposes of co-sharing, learning and co-creation cognizant of the ingenuity that different generations carry.

Arising Questions

Q.1 How can transition be embraced without youth in spaces as optics

There's need for a change in attitude, where organizations ought to move away from using youth as decoy to secure certain funding for their projects. Youth are perceived as 'inexperienced' and as a result are not trusted to hold certain positions in organizations and their voices go unheard. Also, a track record of underperformance on the youth's side could lead to disengagement from organizational projects.

Youth should be challenged to prove their value in their spaces of work. This provides a basis for sharing invaluable knowledge and acquiring new skills.

Q.2 How can we narrow the gap in accessibility to resources.

First and foremost, it is important to be honest with ourselves and move away from the know-it-all attitude that both the youth and older generation have. We should be open to seek counsel at every stage to achieve intergenerational solidarity.

Mentorship and collaboration play a critical role in bridging the gap in access to resources. Whereby, the older generation who lack time and energy but have resources can provide these resources and mentorship to young energetic individuals. Youth should also leverage on technology, particularly social media as a resource to driving social change.

While planning, work with resources available at hand, to avoid over planning and being overambitious. Plan with what you have and not what you want. There is also need to educate youth in resource mobilization mechanisms.

Q.3 How can each generation be held accountable when reinforcing intergenerational solidarity in healthcare sector

Younger generation should take initiative rather than waiting to be given space. Intergenerational solidarity can be taken up as a research issue by the youth and seek guidance from older professionals.

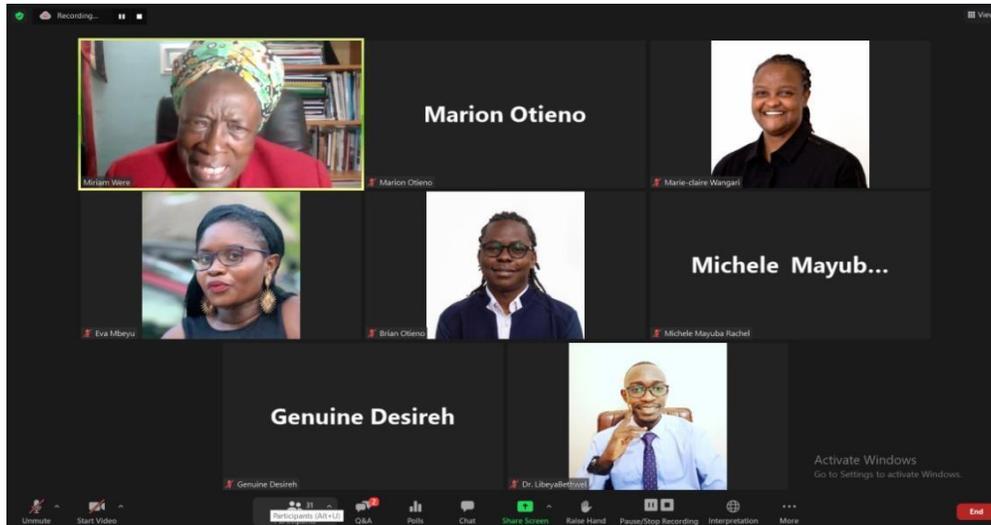
Use resources/opportunities at hand or new frontiers of mentorship to enhance intergenerational collaboration and bridge the gap in knowledge and skills acquisition across the generation spectrum. An example is the speed mentorship that was piloted during the Kenya Medical Association Young Doctors Pre-conference. Senior doctors mentored young doctors during the pre-conference for 15 minutes on various subject matters – finance, networking etc.

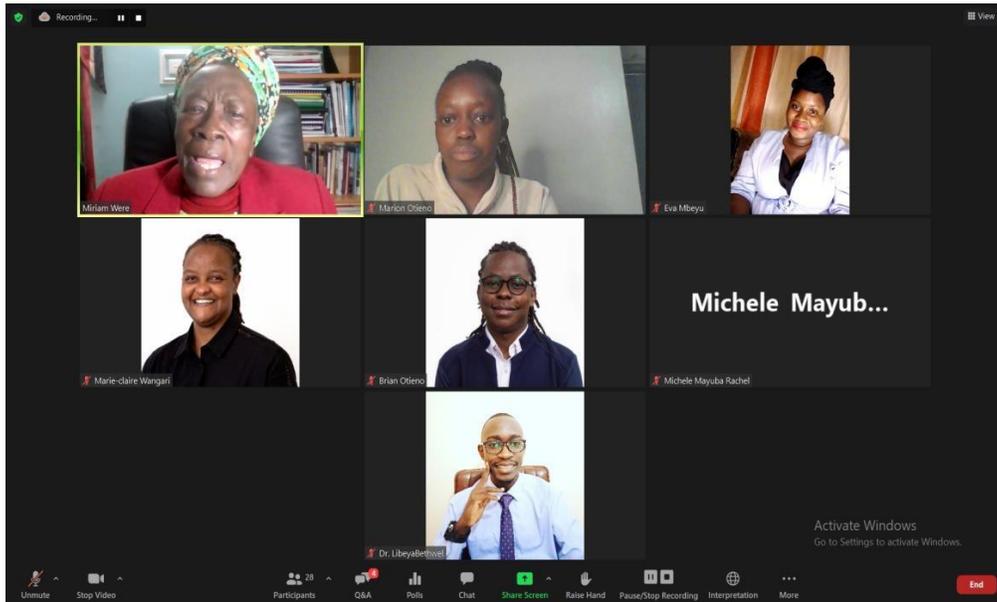
Professional bodies in the healthcare sector such as PSK should be intentional in investing in the youth and providing mentorship to young professionals. Accountability by young professionals can be accounted for by placing the youth in leadership and committees that run the operations of professional bodies to ensure smooth intergenerational transitions.

Proposed Action Points

1. Introspection on initiatives that one can take to narrow or eventually close the gap in intergenerational solidarity to realize UHC and sharing the insights acquired with peers.
2. Continued dialogue, engagement and practice.

Pictorials





KEYNOTE SPEAKERS

Professor Miriam K. Were is a Kenyan citizen. She qualified as a Medical Doctor from the University of Nairobi in Kenya and obtained both the Masters and Doctor of Public Health Degrees from the Johns Hopkins University in USA. Her work



experience includes that of a Medical Doctor in Kenya, teaching Public/Community Health in the Faculty of Medicine of the University of Nairobi and working for UN agencies in Ethiopia as Chief of Health and Nutrition and WHO Representative and Chief of Mission. She was then recruited by the United Nations Population Fund as Director of the team of Regional Population Advisers for East, Central and Anglophone West Africa from which she retired in 2000.

Post retirement, Prof Were's active professional life includes Chair of Kenya's National AIDS Control Council and also of the African Medical and Research Foundation, AMREF. Her Board/Committee Membership includes that of The

International Centre for Diarrhoeal Diseases Research in Bangladesh, the WHO Steering Committee on Research on Human Reproduction, Board of the Health Workforce Alliance, and Membership UN Secretary General's independent Expert Review Group (iERG) for Women's and Children's Health.

Currently, Prof Were is a member of The Champions of an AIDS-Free Generation in Africa which is mainly made up of Former African Heads of State and outstanding Africans. Among others, she is also a Member of the Board of Trustees of Uraia, Kenya's National Civic Education Program.

Prof Were has been honored by numerous awards including Queen Elizabeth II Gold Medal in Public Health; HIDEYO NOGUCHI AFRICA PRIZE and Order of the Rising Sun with Gold Rays and Neck Ribbon by Japan. She has received honorary degrees of Doctor of Science from Moi University in Kenya, Doctorate from Ochanomizu University in Japan and Doctor of Humane Letters from DePaul University, USA.

PANELISTS

Dr Marie-Claire Wangari is the 2022 Africa Healthcare Awards Rising Star and the 2022 Zuri Awards Young Achievers Winner. She is enthusiastic about health leadership and governance thanks to her experience of not only working as a young medical doctor (general practitioner), but also working in several youth-led, youth-run health affiliated organizations (in a voluntary capacity). This experience has seen her acquire skills in global health advocacy, project management and research.



She is an alumnus of the university of Nairobi (2019) and currently works at Africa Health Business as a Project Manager.

Eva Mbeyu is a first born in a family of four girls, a mother, a youth leader, a sexual reproductive health advocate, a nurse by profession and founder of I Am A Keeper Initiative, an Initiative that advocates for SRHR among adolescent girls and teenage mothers.



Eva Mbeyu is a believer of gender equality, women empowerment and youth power. She believes in nurturing potential and attaining impossibilities.

She has been a HERZ period poverty ambassador 2021 and a SRHR chairperson of TIMUN (Tanzania model united nations 2022).

Brian Otieno is an enthusiastic mental health advocate, a young psychologist, an art therapist, the Team Lead at Alfajiri Network Africa and a QualityRights by WHO Champion. Brian is known for his work on the integration of mental health in other health systems and the use of art for advocacy. He has over 5 years of experience working with young people on behavioral health analysis and communication. He currently works for inSupply Health Ltd as an Associate Analyst on Public Health system strengthening. His work on mental health integration has been broadly acknowledged in the SRHR and HIV fields. With his passion for art, he co-facilitated the Art for UHC global movement in 2020 in New York that focused on using art in for UHC Advocacy globally.



Dr. Libeya Bethwel is a registered Pharmacist currently practicing in Kenya. He is passionate about health entrepreneurship, access to quality healthcare services by leveraging technology, mentoring young medical professionals on health entrepreneurship, and public education on healthy living to promote preventive medicine. He currently runs a Health and Leadership newsletter on LinkedIn through which he shares insights on health entrepreneurship, health systems strengthening, public health advocacy, and personal development for medical professionals. He has founded the following publications: The Medical Hub, Any Drug Review and PharmHub Consultancies.

