

REPORT
ON



University Impact Forum: Health & Well-being Asia
Unlocking Equitable Healthcare

VIRTUAL EVENT

20th January 2022

THE University Impact Forum Asia in partnership with Amrita University

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Today, universities are ranked mainly based on funding, the number of papers they publish and their intellectual caliber, but we should also consider how much their research can serve the lowest and most vulnerable strata of society. Only by strengthening the base of the society does the entire edifice grow healthy and strong.

- Chancellor Amma at United Nations Academic Impact

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**1. Introduction**

Sustainable Development Goal 3, regarding "Good Health and Well-being", is one of the 17 Sustainable Development Goals established by the United Nations in 2015. The Goal addresses all major health priorities, including reproductive, maternal, and child health; communicable, non-communicable, and environmental diseases; universal health coverage; and access to safe, adequate, quality, and affordable medicines and vaccines.

Ensuring healthy lives and promoting well-being at all ages is essential to sustainable development, but the present pandemic has overshadowed developmental activities worldwide. The global political, financial, and technical resources have been mobilised to contain the COVID-19 pandemic. While the international community is still recovering from the immense physical and psychological toll of COVID-19, scientists are already warning global leaders to prepare for the 'next big pandemic'. The world is facing a global health crisis, and COVID-19 is spreading human suffering, destabilising the global economy, and disrupting the lives of billions of people. As governments and the higher education sector recalibrate to prioritise long-term health objectives and progress against the SDGs, the experts are thinking about the significant risk factors to ensure that public health optimises borders and remains an international priority?

2. About the Event

Good health and well-being are among the most significant challenges in the twenty-first century, and higher education institutions can influence global efforts to create a sustainable future. UNESCO explains **Well-being** as a feeling of satisfaction with life, a state characterised by health, happiness, and prosperity. Good health concerns the care of the human body, and everything that can be done to protect it from sickness and intoxication enables access to care.

Amrita's efforts to harmonise scientific knowledge and spiritual learning to create a sustainable future were recognised. The university secured the 81st position in THE Impact Rankings 2021 and is the only Indian university to achieve this feat. In addition, the university's approach focusing on compassion-driven

research is closely aligned with the UN SDG’s universal call to action to end poverty, protect the planet, and ensure that by 2030 all people enjoy peace and prosperity.

In partnership with Amrita Vishwa Vidyapeetham, India, Times Higher Education, through THE University Impact Forum Asia, explored whether a shared vision of impact can be realised in universal healthcare and vaccine equity to reach the UN SDG 3 targets for good health and well-being. Studies show that immunisation directly impacts health (SDG3) and contributes to 14 out of the 17 Sustainable Development Goals (SDGs), ending poverty, reducing hunger, and reducing inequalities. The event was attended by more than 1000 registered participants worldwide.

3. Event website and link

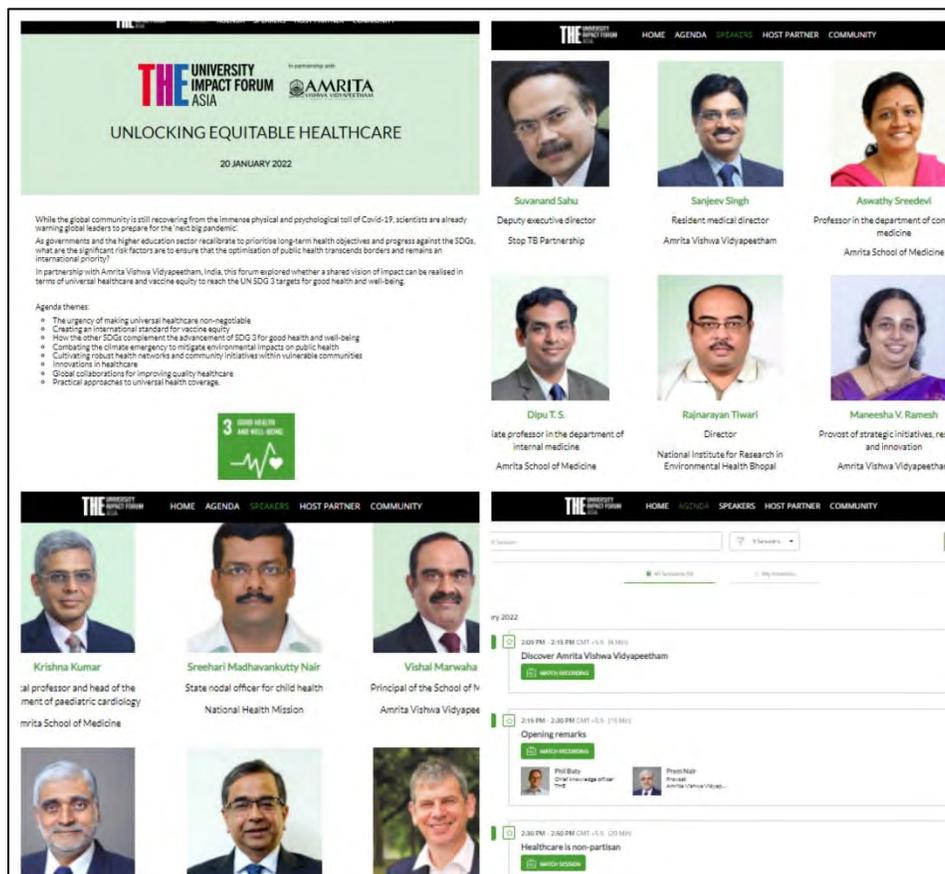


Figure 1: THE event website

<https://www.timeshighered-events.com/impact-health-forum-2022/agenda>

4. Distinguished speakers of the event

The event had the presence of 21 distinguished speakers from different countries. The expert speakers included:

- Mr Phil Baty, Chief Knowledge Officer, THE
- Dr Prem Nair, Provost, Health Sciences, Amrita Vishwa Vidyapeetham
- Prof. K. Srinath Reddy, President, Public Health Foundation of India
- Dr Dipu TS, Associate Professor, Department of Internal Medicine, Amrita School of Medical Science
- Dr Nina Castillo-Carandang, Health Sociologist and Professor, College of Medicine, University of the Philippines
- Dr Narendra Arora, Executive director, International Clinical Epidemiology Network
- Mr David Wilson, Programme Director for Health, nutrition and population practice, World Bank Group
- Dr Kathy Jenkins, Professor of Pediatrics, Harvard Medical School
- Dr Krishna Kumar, Clinical Professor and Head of the Department of Pediatric Cardiology, Amrita School of Medicine
- Mr Sreehari Madhavankutty Nair, State Nodal Officer for Child Health, National Health Mission
- Dr Sanjeev Singh, Resident Medical Director- Faridabad, Amrita Vishwa Vidyapeetham
- Dr Alison Holmes, Professor of Infectious Diseases, Imperial College London
- Dr Maneesha V Ramesh, Provost of Strategic Initiatives, Research and Innovation, Amrita Vishwa Vidyapeetham
- Dr Rajnarayan Tiwari, Director, National Institute for Research in Environmental Health Bhopal
- Dr Aswathy Sreedevi, Professor in the Department of Community Medicine, Amrita School of Medicine
- Mr Mai-Szu Wu, Vice-president and Professor of Internal Medicine Taipei Medical University
- Dr Prabhakaran Dorairaj, Vice-president of Research and Policy and Director of the Centre for Control of Chronic Conditions, Public Health Foundation of India
- Dr Suvanand Sahu, Deputy Executive Director
- Mr Duncan Ross, Chief data officer, THE and
- Dr Vishal Marwaha, Principal, School of Medicine, Amrita Vishwa Vidyapeetham



Figure 2: Speakers of the event

Opening Remarks

Phil Baty, Chief Knowledge Officer, set the tone for the virtual forum and made the opening remarks. He welcomed the speakers and participants and spoke on the urgency of making universal healthcare non-negotiable and creating an international standard for vaccine equity.



Figure 3: Phil Baty, Chief Knowledge Officer, THE

Dr Prem Nair, Provost, Health Sciences, Amrita Vishwa Vidyapeetham, said, “The virus showed scant respect for the GDP (Gross Domestic Product) with advanced health systems overwhelmed by the relentless onslaught of the virus. The pandemic also brought out gross inequities, both between and within countries in every possible aspect of the health system, nowhere more so than in the availability of drugs and the roll-out of vaccines. With all countries starting from the same start line with regards to COVID-19, it was noted

that countries with a more robust public health system fared better in preventing death and morbidity related to the pandemic.” Speaking about Amrita Hospital, he said, “quality health services make our system very resilient. We are prepared for anything, can maintain core functions amongst changing situations, and are informed by lessons learned, constantly adapting.”



Figure 4: Dr Prem Nair, Provost, Health Sciences, Amrita Vishwa Vidyapeetham

Key Note Address: Prof. K. Srinath Reddy, President, Public Health Foundation of India

In his keynote address Prof. K. Srinath Reddy, President, Public Health Foundation of India, said, “We have to ensure that an efficient and equitable health care system is needed in the state to provide a swift and strong surge response even in the case of public health emergencies like COVID- 19, which we have seen. This is required to capably counter the public health emergency as well as provide regular and expected services in the city-state for a broad range of health needs.” He further added, “We also recognise that there is a great need at this point to look at how inequalities are influencing the availability of health care. Apart from the economic argument that we make, there is a profound ethical argument that also needs to be made for ensuring that there is adequate and inappropriate health care to all individuals in society throughout their lives.”



Figure 5: Key Note Address by Prof. K. Srinath Reddy, President, Public Health Foundation of India

Session 1 (No one is safe until everyone is: The path towards vaccine equity)

The discussion in Session 1 focused on the threat posed by vaccine inequity. The speakers deliberated on aspects like where the underdeveloped nations stand in comparison to the developed countries, is the vaccine success celebration too premature, what are the reasons for this disparity, what can be done and what is being done to address these issues, what is the economic impact of having a significant section of the unvaccinated population and what's the role of vaccine equity in seeing the end of the pandemic.

Dr Dipu TS, Associate Professor, Department of Internal Medicine, Amrita School of Medical Science, opened the page for discussion, stating that “the pandemic has brought the glaring inequities and disparities between the countries. We saw that despite the world having millions of doses of vaccine in stores, many nations and individuals are left behind in this war of humanity versus the virus. Vaccine equity acknowledges that no individual, nation, state, or community is more credible or important than others. And, yet we have nations that have not crossed the 10% mark as far as the vaccination is concerned.”



Figure 6: Dr Dipu TS, Associate Professor, Department of Internal Medicine, Amrita School of Medical Science

Ms Nina Castillo-Carandang, Health Sociologist and Professor, College of Medicine, University of the Philippines, stated that “vaccines do not save lives; it is vaccination.” She shed light on the socio-economic impact of COVID-19 and highlighted the reality of “vaccine apartheid”. She said that access to the vaccine alone is insufficient. Systemic changes, policy reforms, and economic and social relationships are imperative to help to empower marginalised sections of society. She said that the poor and marginalised groups were the worst affected. The burden on people with disabilities and women and children increased further. She pointed out that there was an adequate lack of social protection. “Education of future generations of countries have taken a tremendous set back. People are struggling to cope, and mental health problems are on the rise.” She further said that the world was also suffering from “infodemic”, as there is inequitable access to evidence-based health information, which created mistrust.



Figure 7: Ms Nina Castillo-Carandang, Health Sociologist and Professor, College of Medicine, University of the Philippines

Dr Narendra Arora, the Executive director of the International Clinical Epidemiology Network, elaborated on the requirement of large-scale adult immunisation and the challenges in executing vaccination programs. He said the need to address issues related to vaccine hesitancy as safety has been a significant concern. Overcoming the politics of vaccines and reaching out to both adults and children living in remote and inaccessible areas was a significant challenge. He added, “Vaccine nationalism and vaccine hoarding were another inequity across the globe.”



Figure 8: Dr Narendra Arora, Executive director, International Clinical Epidemiology Network

Mr David Wilson, Programme Director for Health, Nutrition and Population Practice, World Bank Group, said as of today, 3.2 billion people are unvaccinated, and 89 % of these people are in developing countries, 1.1 billion people are in Sub-Saharan Africa, and 0.8 billion people are in South East Asia. He said that low-income countries have very little access to vaccines. “By 2022, we expect 23 billion vaccines to be produced,” he said, further adding that high come countries will only use the mRNA vaccines. The other vaccines are good, and the efficacy is excellent and safe. However, it is promoting a perception of first and second-class vaccines. Countries that have not been affected by Delta or Omicron variants as feared no longer see it essential to prioritise COVID vaccination. He further added, “So we are seeing relatively low demand in many countries. I think in 2022, we will move from vaccine shortage to vaccine

surplus. The challenge will be one of implementation, particularly last-mile implementation. We will face demand preferences, portfolio challenges, and also hesitancy.”



Figure 9: Mr David Wilson, Programme Director for Health, nutrition and population practice, World Bank Group

The panel further deliberated on the aspects that stand as obstacles to implementing ‘vaccination for all’. They discussed the critical factors like vaccine apartheid, vaccine hesitancy, and the problems with ensuring an excellent supply chain and cold chain. These elements have been identified as the main factors in taking the vaccines from the manufacturer to the masses. The speakers pointed out that natural disasters like floods and typhoons, hoarding, politics, smuggling, issues associated with poor implementation, and lack of infrastructure played an adverse role.

The experts reflected on the prospectus of developing individualised plans to enhance the ability to receive countries for optimum utilisation of vaccines.



Figure 10: Panel deliberating on the aspects that stand as an obstacle in implementing ‘vaccination for all’

Session 2 (Stronger together: The relevance of the other SDGs in meeting health and well-being targets)

The session discussed the case of children or babies with heart diseases, infant mortality, and pediatric cardiac care. **Ms Bistra Zheleva, Vice-president, Global Strategy and Advocacy Children's Heart**, opened the discussion by pointing out how congenital heart disease and other diseases in children have become a burden.



Figure 11: Ms Bistra Zheleva, Vice-president, Global Strategy and Advocacy Children's Heart

Dr Kathy Jenkins, Professor of Pediatrics, Harvard Medical School, in her remarks said, “right now almost 90 per cent of children in the world who need treatment for congenital heart disease do not have access to treatment.” She further added, “If we need to address the issue of infant mortality, we will have to address the congenital heart diseases”. Jenkins also stressed the need to bring in the resources, including financial resources, to lessen the burden.



Figure 12: Dr Kathy Jenkins, Professor of Pediatrics, Harvard Medical School

Dr Krishna Kumar, Clinical Professor and Head of the Department of Pediatric Cardiology, Amrita School of Medicine, spoke in detail about the challenges in starting a pediatric heart program and how to build a pediatric heart program to overcome these challenges. He stressed the significance of collaborations with various establishments worldwide to improve quality and better outcomes. Citing the case of Amrita Hospital, he said, “A multi-disciplinary team which respects each other forms the core, an empowered nurse who needs to be dictating various aspects of care, quality has to be embraced by everybody in the team, and we have to be open for collaborations. Today it’s about networking, collaboration, and working with each other on a large scale.”



Figure 13: Dr Krishna Kumar, Clinical professor and head of the Department of Pediatric Cardiology, Amrita School of Medicine

He spoke on policies related to addressing congenital heart disease or neglected diseases, which are complex and require much coordination; Mr **Sreehari Madhavankutty Nair, State Nodal Officer for Child Health, National Health Mission,** that there is something beyond survival of affected children. “The quality of survival is important. That’s one of the challenges we have taken up. It is a continuous process. It will bring in results,” he said.



Figure 14: Mr Sreehari Madhavankutty Nair, State Nodal Officer for Child Health, National Health Mission

Session 3 (The people vs the climate: Mitigating the effects of environmental damage on public health)

Extreme weather changes often drive the rapid spread of zoonotic and neglected tropical diseases. There's a need to understand to what extent the environment and our well-being are intrinsically linked. **Dr Sanjeev Singh, Resident Medical Director, Amrita Vishwa Vidyapeetham**, who chaired the session, brought forward the aspects of sustainability, sanitation, water preservation, and conservation.



Figure 15: Dr Sanjeev Singh, Resident Medical Director, Amrita Vishwa Vidyapeetham

Dr Alison Holmes, Professor of Infectious Diseases, Imperial College London, pointed out that “there’s a need to provide good health care, and we can’t do that without functioning antimicrobials. The message is about preserving and sustaining antimicrobials by all the mechanisms we possibly can.”



Figure 26: Alison Holmes, Professor of Infectious Diseases, Imperial College London

Dr Maneesha V Ramesh, Provost of Strategic Initiatives, Research and Innovation, Amrita Vishwa Vidyapeetham, said, “We have to throw away inhibitions and to work in silos. We need interdisciplinary

teams to look into disaster management. We need to work with communities and build them as resilient communities.”



Figure 173: Maneesha V Ramesh, Provost of Strategic Initiatives, Research and Innovation, Amrita Vishwa Vidyapeetham

Dr Rajnarayan Tiwari, Director, National Institute for Research in Environmental Health Bhopal, said that though “climate change is largely linked to the degradation of the environment, establishing a direct correlation with health is a tricky issue”. He noted that heat-related diseases could be related to climate change. However, it must be said that the slum dwellers and migrant workers from the most affected people. Similarly, kidney diseases could also be linked to climate change. But the, facts like poor access to clean and safe drinking water cannot be ignored.



Figure 18: Rajnarayanan Tiwari, Director, National Institute for Research in Environmental Health, Bhopal

Session 4 (The power of prevention: Aiding vulnerable communities in the fight against NCDs)

Dr Aswathy Sreedevi, Professor in the Department of Community Medicine, Amrita School of Medicine, highlighted the efforts to screen people with diabetes and address complications associated with diabetics.



Figure 19: Dr Aswathy Sreedevi, Professor in the Department of Community Medicine, Amrita School of Medicine

Dr Mai-Szu Wu, Vice-president and Professor of Internal Medicine at Taipei Medical University, focused on diabetes and increasing dialysis patients.



Figure 204: Dr Mai-Szu Wu, Vice-president and Professor of Internal Medicine Taipei Medical University

Dr Prabhakaran Dorairaj, Vice-president of Research and Policy and Director of the Centre for Control of Chronic Conditions, Public Health Foundation of India, said that amongst non-communicable diseases, cardiovascular diseases lead the pack. He said that a multidisciplinary approach is required for the management of NCDs. This includes policymakers, non-policy makers, bureaucrats, industrialists, affected people and the like.



Figure 21: Dr Prabhakaran Dorairaj, Vice-president of Research and Policy and Director of the Centre for Control of Chronic Conditions, Public Health Foundation of India

Sivananda Sahu, Deputy Executive Director, Stop TB Partnership, said that close to 2 billion people have TB bacteria in them. Every year 10 million get sick with TB, and out of this, 1.5 million dies. “TB can be diagnosed, treated, and cured. TB is also a cause of mortality amongst AMR.” Before COVID, it was number one in causing mortality. Plans are put in place to end by 2030.



Figure 225: Dr Suvanand Sahu, Deputy Executive Director, Stop TB Partnership

Session 5 (THE Data Masterclass- THE Impact Rankings 2021)

The last session of the virtual forum was THE data master class: Asian universities' SDG 3 performance in THE Impact Rankings 2021, and the master class was handled by Mr Duncan Ross, Chief Data Officer, THE.



Figure 23: Mr Duncan Ross, Chief Data Officer, THE

Closing remarks

The closing remarks of the forum were made by Mr Phil Baty, Chief Knowledge Officer, THE and Dr. (Col) Vishal Marwaha, Principal of the School of Medicine, Amrita Vishwa Vidyapeetham. Mr Phil concluded the meeting by thanking all the eminent speakers who took part in the forum and Amrita Vishwa Vidyapeetham to host the first international forum in 2022. Dr Vishal gave the final remarks and said achieving the SDG goals while facing challenges during this pandemic by the institutions worldwide is commendable. He thanked all the speakers for their outstanding contribution of ideas and motivation in the forum and thanked the participants who attended the forum from across the world.



Figure 24:6 Vishal Marwaha, Principal of the School of Medicine, Amrita Vishwa Vidyapeetham