

From Friendship Benches to Mental Health Apps – Making local ideas go global

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SPEAKERS

Maggie Fox, Lola Adedokun, and Blair Palmer

Maggie Fox 00:01

Hello and Welcome to One World, One Health with the latest ideas to improve the health of our planet and its people. I'm Maggie Fox. All of us here on planet Earth are facing problems including pollution, climate change, and infectious diseases (old and new). Animal health, human health, plant health and the climate are all linked. This podcast is brought to you by the One Health Trust with bite-sized insights into ways to help. You can't improve things without good ideas, and sometimes, good ideas come from unexpected places. In this episode, we're speaking with two people at the Aspen Ideas Festival in Aspen, Colorado. It's an unusual episode because this is an outdoor festival with lots of things going on. So, you might hear a little extra noise.

Lola Adedokun is the executive director of the Aspen Global Innovators group at the Aspen Institute and co-chair of the Aspen Institute forum on women and girls. Blair Palmer is the Senior Director for Foundation Partnerships at UNICEF, USA. They're working together to try to bring great ideas from people living in different countries to benefit everyone around the world. And what I was hoping to talk to you both about is bringing innovation from the ground up. You've both got some tremendous examples of people in communities who have some great ideas, and how we can bring them to the rest of the world to help improve global health. Lola, you've told me some great stories. Can we talk a little bit about some of the people you've been working with?

Lola Adedokun 01:29

Absolutely. One colleague that comes to mind (and a fellow and leader) is Ashlee Wisdom. She runs an organization called Health In Her Hue. It's a digital platform that enables increased access to women of color to connect them to other physicians of color in their communities to get better care. We all know that we're in the midst of a maternal mortality crisis in the US, and she has a technology platform already to respond to that crisis. I love her work.

We also have a colleague, Imo Etuk. He's based in Nigeria, and has developed a digital platform as well. It's addressing the chronic disease crisis, a crisis that folks are really not paying enough attention to. He suffers from hypertension, and his family has a history of hypertension. So, he realized that what was necessary was the

creation of a platform, an online platform for communities and leaders within their communities, and just patients (writ large) to access high quality care within their community. This enables community members to go online, name what their chronic disease issue is, and connect with the best physicians in their community (to respond to that need).

Maggie Fox 02:34

That sounds like a great idea. One weakness would be, if you're in a community where there aren't a lot of caregivers to choose from, (for somebody with hypertension and high blood pressure) to get diagnosed in the first place. So, the app could add to the resources that people have available.

Lola Adedokun 02:52

Absolutely, and it helps us to get an understanding of the demand. Sort of what you're pointing to is it's hard sometimes to understand who is really suffering and from what. So, at least if one knows that they are not feeling well, there is a place for them to go to start to talk about what is it that's making them feel unwell. And maybe this is the platform for you. If not, they can be redirected to the right kind of treatment that's meant for them and the right time.

Maggie Fox 03:16

I'm assuming these are technologies that can be shared around the world, and not just apply to the country where the people live.

Lola Adedokun 03:22

1,000%. So, through our work in the Global Innovators group, what we aim to do is amplify these leaders; give them the platforms; and access to networks, investors, and other healthcare leaders to see that they have innovations in place that needs scale, and they are positioned for scale.

Maggie Fox 03:40

Blaire, tell us a little bit about some of the people you've been working with.

Blair Palmer 03:43

Some of the things that Lola said resonated with me, especially around equity and access. That is key value of anything innovative that UNICEF creates, or just even, you know, creating things that would make essential services more impactful. So, one example I can think about which is also relative, or relevant because of the COVID-19 pandemic, is something that we call the oxygen therapy project. And what it does is demonstrate the importance of a systemic approach in providing healthcare services. In this case, it's creating access to oxygen therapy so that these healthcare services can support people who need oxygen-based therapy.

This was obviously very important during COVID-19. For example, this helped us distribute oxygen concentrators around the globe. We work in 190 countries. And this was like, you couldn't do it fast enough at this point. So, it's (basically) a computer-based planning tool that countries can map out their needs for oxygen equipment, and that's from a local district level (all the way up) to what would be called a tertiary level care hospital like you know, in a major urban city like Nairobi.

Maggie Fox 04:45

I'm just thinking it (finding the oxygen and getting it to the places where it was needed) was a real problem during COVID. Who do you have to work with on the ground to help make sure this kind of program works?

Blair Palmer 04:56

So, it is done with the boots on the ground approach. It requires a full ecosystem of people and not only the people (you know) at the Ministry of Health level. You really have to go down to like a facility-based level to figure out what's needed. And another great example of that coordination was also (the distribution of) vaccines.

So, the COVAX facility was created under the idea that it was a cooperation between many agencies in order to ensure that the vaccines reach the arms (from the manufacturers). It was a Herculean effort. UNICEF was only one of the major players involved in it. It (the operation) was led by Gavi, the Global Vaccine Alliance, and we were able to vaccinate the majority of the world at a pace that had never been seen before (unprecedented).

Maggie Fox 05:50

The other area where innovation is greatly needed is bringing women and girls more into the equation (we can all agree women and girls have been ignored and left behind). Lola, can you talk about why it's important to bring women and girls more into the equation?

Lola Adedokun 06:05

I'd say one, we know (writ large) that women and girls are the most affected by many of the crises and inequities that we see today. Because of that, there's a multigenerational crisis that is before us that we have to start responding to. So, engaging them (women) in the decision-making process and giving them agency to decide what programs they need, when they need them, and how they need them to be delivered, is critical. And I also want to mention that we're talking about the entire life course for women. So we talk a lot about women and girls, but we need to highlight the value of adolescent girls and their agency (as they are at a pivotal point in their lives). They are the future bearers of children, and so, if we don't start to engage them in their own health and education then we are missing out on major opportunities.

I want to talk about a fellow of ours, Jane Njeri Otai. She is running the empowerment girls initiative in Kenya and Uganda. And what she points out to us is that when we talk about women and girls, often in health, we should talk about reproductive health. What she's working on is actually what happens when there is an unintended pregnancy. In such cases, we lose these girls from the school system. So, they're dropping out, and then they're lost to care. She has created an intervention where she's able to follow up with young girls who have an unintended pregnancy, and reinstate them in the education system.

I name that because in the health sector, we tend to be the loudest voice in the room when it comes to systems change while forgetting that there are so many other systems that we need to work across and amongst, in order for us to ensure the well-being of women and girls. That means working with school systems, human resource systems, financial systems, and health systems together at the local level to ensure that we're seeing women and girls as whole people, and not as one part of the sort of biological cycle. I'd also note that older women and grandmothers who are out there may not be in the workforce, but are still ready to engage in their communities and there's still space to include them.

We work with a colleague, Dixon Chibanda. He has worked on an intervention called the friendship bench, where he works with grandmothers and trains them in basic psychiatric care, so that they sit on benches, and are there for community members to come and sit with them, talk to them and help them sort of process some of the crises that they're going through. We know that we're in the midst of a mental health crisis, and so, this kind of intervention which engages women in ensuring the well-being of their communities and is scalable is necessary. Dixon's program has scaled from Zimbabwe to London, New York and beyond because the model is so accessible and practical, and it also engages the voices of women.

Maggie Fox 08:50

Can we talk a little bit more about this? I love the idea of the friendship bench. This is low tech, inclusive, and it's got to be cheap. So how do you engage the women who are involved in this in the first place? How do you kind of recruit your friendship bench counselors?

Lola Adedokun 09:06

It's actually not that challenging. These are women who are out in the community, and thus, they kind of recruit each other. It's one of those self-fulfilling opportunities that women want to be engaged with. So, they really speak to each other and say, "this has made me feel more alive and here's an opportunity for training for you." It's self-fulfilling.

Blair Palmer 09:25

At UNICEF too, we've found that to we have to put youth at the center of the problem that they are facing (to manage mental health, and the crisis that Lola mentioned). Mental health is a global epidemic. We've seen an increase (something like 30 to 40%) in mental health crisis in children worldwide after COVID. That was because, you know, children were out of school, and (due to) rise in gender-based violence as well as social protection issues.

It's very hard to watch and create solutions when you don't have youth at the center, and that also means that it's very important for youth and girls, especially, to be at the center of that conversation. So, the friendship bench is a wonderful idea in the sense that it's also bringing in that peer support and making people feel more comfortable because they don't have access to those essential services, or they don't even know how to ask for them.

Maggie Fox 10:21

What's the UNICEF version of the friendship bench? Can you use technology in some way to kind of get past having to have a bench on the ground?

Blair Palmer 10:29

Well, I love the friendship bench because it is an analog solution. Adolescents, especially teenagers, don't always have access to the right types of services or they don't know how to ask. There's also large amount of stigma attached to the youth having some sort of mental health issues. UNICEF recognizes this and so, we created a program called USupportMe. It's an online platform that will allow teenagers to have access to counseling, peer

support, and all types of services. We piloted it in Eastern Europe and Central Asia. And the plan now is to scale it across the continent of Africa and the rest of Southeast Asia.

Maggie Fox 11:07

That's something that's almost universal because every kid has a smartphone, and they can just load this onto their smartphones.

Blair Palmer 11:13

Adolescence are already online. So, the idea is that they're using something that they already have, and the hope is that we will be able to create an offline way of accessing it. But at the moment, it's something that they can go on on their own, and access the services that they need or want.

Maggie Fox 11:29

This has been an incredible conversation. Thank you both for joining me.

Lola Adedokun and Blair Palmer 11:32

A pleasure. Thanks for having us.

Maggie Fox 11:36

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