Responding to the challenges of health access for people with reduced mobility in sub-Saharan Africa

Report of a dissemination workshop convened by HelpAge International
Dar es Salaam, Tanzania, 24 and 25 March 2014

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Some of the participants of the workshop
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Abbreviations

ADD Action for Disability and Development
AFCAP Africa Community Access Programme
BRT Bus Rapid Transit
CDC Centre for Diseases Control
DART Dar es Salaam Rapid Transport
HelpAge HelpAge International
HIV and AIDS Human immunodeficiency virus and acquired immunodeficiency syndrome
LGA Local Government Authorities
IMTs Intermediate Means of Transport
MDGs Millennium Development Goals
MOH Ministry of Health
MOT Ministry of Transport
NIT National Institute of Transport
OP Older People
PWDs People with Disabilities
REPOA Research on Poverty Alleviation
SMS Short Message Services
VTTP Village Travel & Transport Programme
Background
This two days regional workshop brought together 40 stakeholders with interest in identifying approaches that respond to the mobility & transportation challenges faced by older people and other vulnerable groups especially in rural areas in accessing health care.

The workshop drew by and large on the findings of the 2012 study on rural transport services for older people in Kibaha district, Tanzania, with specific reference to:

a) Current access to health services
b) Livelihood implications of poor access to health and other services
c) Broader implications for national rural transport services.

The research study carried out in 2012: Learning with older people about their transport and mobility problems in rural Tanzania: focus on improving access to health services and livelihoods”, highlighted poor transport due to road infrastructure, lack of public transport and inability of older people to meet the cost of transport as major hurdles for many older people in the 10 study settlements of rural Kibaha district, who struggle to meet particularly their daily domestic water and fuel needs, but also for their access to health services and improved livelihoods. The study had a number of key findings:

- The lives of many older people and their mobility patterns in the study settlements were found to be intimately bound up with those of other adults and children. In some cases older people have to care for and in large part support young grandchildren. There was a symbiotic relationship in a difficult context, in part due to the need for young adults, the parents, to migrate to the city for work, plus high incidence of HIV and AIDS; this inter-generational relationship in large part probably benefited all concerned.
- The rapid spread of motorcycle taxi services was found to have brought about a transport revolution over the last few years, particularly in off-road settlements (and especially where they operate in conjunction with mobile phones, also a recent innovation, but used widely even by older people).
- In the absence of alternative forms of transport, motorcycle-taxis (known locally as “boda-boda”) have brought improved mobility and connection – at least in emergency contexts – even for very old people, despite the high fares. However, many older people find travel by boda-boda a dangerous and frightening experience. Over 70% of all injuries suffered on rural roads involve a motorcycle.1

At the backdrop of this study, HelpAge International and AFCAP entered into an agreement to hold a dissemination workshop with the following objectives:

Higher level: To address the mobility and transportation challenges of older people and other vulnerable groups (such as those with disabilities) in accessing health care in East Africa.

Lower level: to disseminate and promote mobility-focused interventions which will aid older people and those in their care, as well as other vulnerable groups (such as those with disabilities) living in rural remote areas to achieve better health and well-being, leading to policy review and change especially in the fields of health and transportation.

1 Road Traffic Injury in Tanzania: Two Population--Based Studies (V.1.1, 29 May 2013), AMEND
The project which had links to a key AFCAP objective of strengthening and promoting the (gendered) evidence base regarding affordable transport services was designed to positively influence policy and practices in Africa to improve the social and economic well-being of these vulnerable groups.

The project was structured to disseminate the learning from the 2012 research study, sharing potential “best practices” and new post research ideas that have since emerged through HelpAge’s participation in the Community of Practice on mHealth with an objective of building sustainable community solutions that links community involvement with public provision.

1. Report on the scope of the services

2.1 Identifying relevant and appropriate institutions and individuals from the Eastern and Southern Africa Countries

Initially HelpAge International worked with the Transport Consultant to discuss content, participation, date and venue of the dissemination workshop. The Transport Consultant provided valuable input to the outline and content of the dissemination workshop and insight and contacts with the relevant local institutions that were vital for the dissemination workshop.

In an effort to ensure the workshop benefits from local ownership and participation of relevant institutions, an inception/planning meeting (see outline of inception meeting – Annex 1) was held on 4th of February 2014. The planning meeting targeted relevant participants who were selected for their individual and institutional role in health access from AMEND, Transaid, Pathfinder, National Transport Institute, CDC Foundation mHealth Public Private Partnership, D-Tree International, Research on Poverty Alleviation (REPOA), the Transport Consultant and our local partner in Kibaha Good Samaritan Social Support Services. The purpose of the planning meeting was to review the outline of the dissemination workshop, identify relevant presentations and participation from institutions within Tanzania and the international participants. The outcome of the inception meeting was the identification of relevant participants in Tanzania and externally working on issues of access to health for various population groups to have the opportunity to learn from and share their experiences with others.

Additionally, at the recommendations of AFCAP, efforts made to create synergy between the workshops organized by Transaid and that of HelpAge enabled sharing of participants and opportunities for technical and logistical collaboration between the two organizations.

The workshop participants represented a wide range of background including those involved in rural transport and public health research, those involved in promoting the use of mobile technology for health promotion, prevention and treatment including groups involved in promoting equity to health access for various vulnerable groups. (See workshop participants list – Annex 2)

2.2 Preparation of Background Paper

Ahead of the workshop a brief background paper (Annex 3) covering broader socio-economic context of Tanzania, the specific situation reflecting the needs of older people, their access to social services including health, livelihood and other rights were presented. Furthermore the background paper made references to relevant transport and health policies of Tanzania in an effort to place the transport and mobility issues of older people within the wider policy context. The key findings of the research, the objectives of the workshop also formed part of the
background information contained in this five pages document. This document was sent to all invited participants alongside a cover letter specifying other logistical details of the workshop. The background paper was submitted to AFCAP as the 1st Milestone.

2.3 Conducting the two days workshop 24 and 25 March 2014

The two days workshop (See Agenda – Annex 4) was opened by the Commissioner of Social Welfare of the Ministry of Health and Social Welfare who on behalf of the Ministry of Health outlined the various initiatives taken by the Ministry of Health to improve older people’s access to appropriate, affordable and age friendly health services including the free health care entitlement for the above 60 age group, the introduction of age friendly health services by some service providers and the appointment of a geriatrics focal person at the Ministry of Health among others. He acknowledged the diverse participation and expressed his desire that a workable recommendation will emerge out of the workshop to support policy formulation in Tanzania. He further commended DFID, AFCAP and HelpAge International for this partnership which examines the implication of poor road transport on health and wellbeing of older people and wished the meeting successful deliberations.

A total of 12 presentations grouped in three sets of panel presentations were made in categories of broad thematic areas as follows:

- Panel Presentation I: Mobility constraints faced by different vulnerable groups
- Panel Presentation II: Current Innovations bridging the gap between health services and vulnerable communities in Africa: [transport services and mobile phones]
- Panel Presentation III: Mobile Technology and opportunities for reaching the underserved

Additionally, introductory presentations were made by the Transport Advisor of AFCAP, Dr Gina Porter who provided an overview of AFCAP focusing on its history as an institution established to promote safe and sustainable access to markets, healthcare, and education, and employment, social and political networks for rural communities in Africa. She further highlighted the institution’s supportive role to research and knowledge sharing to enhance the uptake of low cost, proven solutions for rural access that maximise the use of local resources. She added the increased recognition that focusing on roads alone is not enough as other compounding factors such as:

- Poor transport service availability, unreliability, high fares etc.
- Very poor safety record
- Limited ownership of motorised vehicles; limited access to IMTs
- Particular difficulties for disadvantaged groups – old, young, infirm, women
- Particular difficulties of meeting health emergency transport needs
- Issues of remoteness and out of sight from the reach of central government authorities

Require special attention in addressing transport barriers. She further emphasised AFCAP’s focus to improve the transport needs of vulnerable people by supporting research on older people, women (maternal health), people with disability/infirmity and children. She gave an outline of the various research initiatives supported by AFCAP in respect of transport needs of vulnerable people. In her presentation she introduced the additional transport related research work and the support AFCAP provides to innovative participatory approaches in transport research and the capacity building component of AFCAP’s work.
In conclusion she highlighted the growing importance of transport services, and the emphasis in supporting gender equity and social inclusion of disadvantaged groups in the transport sector with emphasis on:

- Pioneering research in new areas such as
  - Innovative methodologies
  - transport and mobile phone connectivity
  - transport and conflict/ fragile states
  - road safety, especially motorcycle taxi services
  - potential impacts of climate change
- Raising consciousness of transport services amongst engineering and non engineering professionals in Africa and beyond
- Building a network of transport services specialists
- Contributing to global and regional debates promoting rural transport from the margins to the centre of the development equation i.e. post MDGs

Amleset Tewodros, Country Director of HelpAge International also presented the findings of the AFCAP supported research on “Learning with older people about their transport and mobility problems in rural Tanzania: focus on improving access to health services and livelihoods” highlighting the uniqueness of the study as the first of its kind in involving older people as peer researchers hence to promote participation and enhance their voice.

Her presentations included characteristics of the older people in the research areas focusing on their livelihood, income and health. According to the research the barriers to health care for older people are multi-faceted and are results of lack of income, inaccessible transport, fees at health facilities, cost of transport and drugs. Despite the free health care policy, implementation remains poor denying older people the right to enjoy free health care services. However the main transport related challenges are travel to the clinic, to buy drugs, and during referrals. Additionally domestic load carrying such as water, firewood and farm products have implication for health for many older people. Overall family situation including the presence of grandchildren makes a difference in older people’s access to better livelihood and health care.

All the fourteen power point presentations are attached as Annex 5. The discussions on the remaining twelve presentations are summarized below:

**Panel Presentation I: Mobility constraints faced by different vulnerable groups**

Discussions under this theme followed presentations made by Action for Disability and Development (ADD) on Mobility constraints of people with disability to access services, Infrastructural/Engineering challenges that constrain people with low mobility to access public services including health presented by the Transport Consultant, Eng. Abdul Awadh, a study into motorcycle crashes on rural roads by AMEND, Health for All – Is Tanzania meeting the MDGs for health – The role of transport (perspectives of the Ministry of Health and Social Welfare).

While the presentation by ADD focused on recognizing human diversity and inclusive approach to address the needs of people with disability emphasizing the growing trend of disability with advancing age, it also acknowledged attitudinal and physical barriers as the single most causes of poor mobility for people with disability. It further recommended that universal (inclusive design) is very vital in enhancing accessibility for all (older people, people without disabilities and PWDs) to promote a barrier-free environment, services, goods, systems offering all
equitable access, thus building inclusiveness in all human undertakings, leading to an inclusive society for all.

Presentations by Eng Abdul outlined the links between rural poverty and poor access as rural roads can be impassable during rainy seasons, especially when harvest needs to be moved and while seeking medical care resulting in isolation of communities from services and markets, high transport costs, loss of crops, retarded development, deprivation and poverty.

The presentation also included a human rights perspective to access to services and with innovation transport costs can be lowered to promote inclusive approach that often excludes vulnerable people such as older people. Reference was made to ox-carts, motorcycle and bicycles which are increasingly gaining popularity. However, these remain inaccessible and unfriendly to the vast majority of older people and those with disability.

AMEND’s presentation provided evidence on road accidents from global and local perspectives highlighting the increase in motorized transport in low and middle income countries and the increased usage of motorcycles and bicycles. On the basis of recent research evidence:

- In Tanzania
  - 2008 to 2012: 500,000 new motorcycles registered
  - Motorcycles make up 90% of motorised vehicles on rural roads
  - Injury rates (per year): General population – 5.5%, Boda-boda drivers – 63.3%

- In order to promote safety, AMEND recommends road design and condition meets the following standards:
  - By road design planners and engineers considering motorcycles in road design, construction and maintenance
  - ‘Design event’ should be a 4-wheel vehicle passing a motorcycle, giving a width of 4.5m
  - Condition of shoulders is very important to motorcyclists – these should be strong, flat, and free of loose stones and vegetation
  - Effective drainage is very important
  - Effective maintenance required to ensure the safety of surfaces, especially Parallel Concrete Strips and Hand-Packed Blocks
  - Mean texture depth of less than 1.5mm should be avoided
  - Driver Behaviour
    - Improve system of training, testing and licensing
    - Simply dictating lessons does not improve behaviour
    - Understand behavioural motivations

The presentation by the focal person for Geriatrics care in the Ministry of Health and Social Welfare, Dr Edwin Mhon’o’go gave an overview of the transport situation in the health sector and its implication for meeting national health targets. He acknowledged transport as an important pillar in addition to human resources and facilities to deliver effective health.

The combined effect of poor infrastructure and transport has bearings on the provision of health services as they:

- Influence utilisation of facilities by users contributing to meeting the national health targets
Motivating/de-motivating service providers
Enablers to the Government to meet set health targets including immunizations, reduction of maternal and infant morbidity and mortalities etc.
Timely referral of patients
Timely delivery of medicines and other supplies to health facilities
Transport to health workers
Supervision of health facilities
Delivery of outreach health services

There is a general acknowledgement that the vast majority of Tanzanians have difficulty in accessing health care. In addition to the transport and infrastructure problems, most of the transport providers are private and lack clear policies on how they operate and deal with vulnerable groups such as older people.

After the presentations, participants raised questions seeking clarity but also commending the expert knowledge shared by the different presenters.

Panel Presentation II: Current Innovations bridging the gap between health services and vulnerable communities in Africa:

Five presentations were made under this group as follows:

Low cost ambulance transport options based on innovations piloted in Zambia by Developing Technologies which gave an insight into how bicycle and motorcycle carriages have been used to transport for emergency health needs in rural settings. The presentation provided the different features, cost comparison against conventional vehicles, the numbers of people serviced and distances covered through these innovative means.

The next presentation was made by the National Institute of Transport (NIT) providing an overview of the roles and functions of the institute and how it has worked to ensure safety, speed and comfort in the transport sector.

The presentation recognized that travellers with reduced mobility in the rural areas of Tanzania are forgotten as no formal passenger transport services exist in most rural areas. However, considering the limited research conducted in this area, the presentation could not delve into this topic rather it focused on giving a highlight of the activities of the NIT as the only institute in sub-Saharan Africa in capacity building through a range of transport related training including drivers and transport officers courses, engineering and mechanical courses and vehicle control and road safety courses.

The third presentation was from the Dar es Salaam Rapid Transport project which gave an overview of how the project aims to address congestion in public transport, poor road traffic management and air pollution within Dar es Salaam city by implementing a Bus Rapid Transit (BRT) system, for mass transit which will operate on exclusive lanes, using high capacity buses (>140 pax). DART has the following unique features:

- 21 Kms. of exclusive bus lanes
- 2 Bus depots
- 5 Terminals
- 27 Centrally located bus stations
- 3 Pedestrian Bridges
• Pedestrian crossing facilities – at each station
• 4 Feeder Stations

Overall DART is expected to improve accessibility and mobility, convenient and safe public transport, eco-friendly transportation: emission reduction and efficient use of urban space.

Transaid shared their experience on community based approaches towards improved access to health services. The presentation focused on the three delays that relate to maternal health including delay in seeking care, delay in reaching health care, and delay in receiving health care at the facility.

Evidence from Ghana and Nigeria shows that delays in access through poor transport increase the clinical severity of cases that need to be handled by referral facilities while recent research by Transaid and the Ghana National Ambulance service and the State Ministry of Health in Katsina State, Nigeria found that women with access to motorised means of transport for referral arrived at referral facility with a significantly better health condition than those without such means.

The next presentation was from Riders from Health focusing on how without reliable transport investment in medicines, bed-nets, and trained health professionals will be wasted because they will fail to get to where they are needed on time. The impact of the work that Riders in Africa is doing has been highlighted as follows:

- Better access for 12 million people in Africa through improved outreach capacity and health worker productivity
- Health care can be delivered to 5 times more people by motorcycle than on foot; up to 4 times more people than when health workers share vehicles for outreach
- Greater efficiency and effectiveness of fleet management
- If Riders-managed, vehicle lifespan increased by 300% when used in hostile rural conditions

During the plenary discussion there was a high degree of interest in the innovation presented by Development Technologies from a number of participants who wanted to know the application and feedback from users as well as how to get in touch to learn and share the practical experiences. Points made by Development Technologies on negative perceptions of travelling on bicycle ambulance by some communities elicited particular interest among participants. Additionally questions on how DART will ensure people with low mobility can equally access the newly constructed terminals and transport facilities arose but no evidence was given if these issues were taken into consideration at the design stage.

Panel Presentation III – Mobile Technology and opportunities for reaching the underserved

The following set of presentations made by D-Tree International, Pathfinder and CDC Foundation mHealth public-private partnership focused on emerging technology based responses using the mobile phone that have been bridging the gap in health services mainly for maternal health. These institutions were invited primarily to this workshop to assess the potential for adopting similar approaches in addressing the transport and mobility barriers.
affecting vulnerable people such as older people and people with disabilities. The key highlights from these presentations included:

- Leverage booming mobile phone infrastructure
- Using mobile phones to improve service at the point of care
- More than 506 million mobile phone subscribers in Africa
- Tanzania has more than 25.6 million mobile phones
- Current generation of mobile phone can handle more complex functions than just a call and SMS
- mHealth has the potential to support address the following issues:
  - Disparities in accessing standard health care services.
  - inadequacies of the health infrastructure within countries (flow of information and supply chain, voucher for mosquito nets)
  - Referral tracking system
  - Health communication e.g. SMS messages

These set of presentations also brought a range of solutions tested and untested that have been introduced particularly to address maternal health considering the booming mobile phone infrastructure. These innovations have also huge potential in reaching out to people with low mobility and the wealth of experience presented a clear indication that we can also tap from such resources.

### 2.4 Conclusions and Recommendations

To conclude the discussion participants were divided in to four groups to discuss and present their recommendations on the basis of the following questions:

- How can we increase equity in access to health services bearing in mind older people’s increased risk to ill health and their weakened mobility
- How can we strengthen the role of research for evidence to address transport and access constraints of older people
- How can we scale up or replicate some of the innovative approaches that are contributing to better health outcomes and wellbeing for example in maternal health to address access constraints of older people
- What policy recommendation can we put forward to address the mobility and access gaps that affect older people

After deliberating in groups the participants came up with the following recommendations that were relevant for increasing equity, strengthening research, scale-up of the innovative approaches shared in maternal health and policy recommendations as follows:

### To increase equity

- Increasing awareness among older people and people with disability on their health rights and services using special campaign days such as the international day of older people, World Health Day and other important occasions that can expand the outreach
- Conduct communication campaigns – M-phone messaging targeting health workers, family members, etc;
- Improve service points – costs, non-availability of comfortable and safe means of transports
• Community savings model (h/h contributions) to establish a fund exclusively to meet transport costs
• Use of tri-cycle with seats for safety and comfort
• Training of motorbike drivers on safety and sensitivity for people with low mobility
• Involve the community to improve rural road conditions
• Encourage families to accompany older people to health facilities

**Strengthening Research for Evidence**

The group that tackled this particular area first of all defined the role of research as an important tool to generate empirical data required for policy decision and an opportunity to investigate problems and identify workable solutions for short and longer term problems.

In order to strengthen the role of research in addressing transport constraints of older people, the group made the following recommendations:

1. Engaging the media to promote the goals of the planned research and disseminate information and raise awareness on issues of older people focusing on the research findings
2. Inclusion of all relevant stakeholders
3. Resource mobilization for further research
4. Mobilise resources from various stakeholders for the implementation of research recommendations.
5. Share experiences with other organizations with similar roles and mandates to avoid duplication and overlap
6. Package research information for different audiences to ensure the outcome is appropriate and applicable. Example, separate recommendations for policy action from those needed for private institutions.
7. Use human stories to inform policy makers as they resonate and can influence changes and trigger action
8. Promote use of operation research

**Scale Up of Innovations**

The group that discussed the scale up of innovative approaches analysed two types of transport needs for health for older people and people with disability they identified as follows

(i) Home to Health Centers/Dispensary
(ii) Health Centers/Dispensary to higher level (HC/Hospital) for referral

The recommended innovations for the first set of transport are adaptable bicycle ambulances and Motor cycle ambulances while for the 2nd level of transport the group recommended use of public transport – buses, taxis, more efficient fleet management and private hiring – at reduced price.

However the group emphasised its focus on the need to strengthen the initial visits to health facilities by availing adaptable and flexible transport learning from the various technological
advancement mobile and motorised transport that were shared in this meeting and others as critical to improve access to health.

Additional recommendations put forward before embarking on scaling up some of the approaches included the following:

1. Gathering evidence on where the innovation has been tested and proven to work in different contexts and its impact on vulnerable groups such as older people and PWD, the cost and logistics required.

Determine type of transport required by analysing the type of environment, who will produce it – locally resourced, cost of production, cost of maintenance - local maintenance vs. , universal design but …… delays, comfort – disabled, elderly – need to be considered

2. Basic requirements to facilitate scale up such as

   (i) Community involvement
       - Acceptability …. Culture – women riding or lying
       - Meeting their needs
       - Ownership flexibility
       - Involvement – Funding
         Maintenance
         Security
         Management

   (ii) Communication system
       - Availability of transport services
       - How to receive the service
       - Link transport systems with other key services for elderly, disabled (SMS, D-tree International)
       - SMS can also help in generating additional income.

   (iii) Infrastructure
       - Min. of Transport – Usable roads
         o Try innovative roads
         o Local people – local roads

   (iv) Operational manual
       o Phases of implementation
       o Management
       o Funding
       o Training different groups
       o Partnerships.
(v) Collaboration
- Government – MOH, MOT, LGA, Min of Works, Finance, Gender
- Development partners
- Community – elderly, PWD
- Entrepreneurs
- Public private partnerships (transporters)

(vi) Funding
- Households – pool resources
- Fundraising initiatives
- Donors
- Mobile payment/ SMS funds

(vii) Policy
- Transport policy that allows planned implementation, e.g. vehicles passenger policies
- Contribution
- Improving and changing existing policies

What policy recommendations can we put forward to address the mobility and access gaps that affect older people?

Gaps identified that should inform policy are outlined as follows:
- Limited mobility due to ageing
- Limited mobility due to disability
- Poor roads in rural areas
- Limited appropriate transport services
- Scarcity of services (water, market, mills, health care roads)

Policy Recommendations

The group that worked on policy recommendations offered the following policy action areas relevant for improving transport for health for older people and people with disability.

(i) Enforcement of existing initiatives/programmes (the national aging policy, universal pension, free Health services for people 60 years and above)
(ii) Introduction of affordable/appropriate transport in rural areas including:
  - Non-Motorised Transport (NMT) such as bicycle, animal draw carts ETC.
  - VTTP: Village Travel & Transport Programme
  - Typical Example: Introduction of animal drawn carts such as donkeys
(iii) Delivery of medicine to older people through mobile clinics, contracting boda-bodas. E.g.: In DRC this approach is working with displaced people living in Camps.
(iv) Involving the community in road maintenance Ex. filling potholes, cutting grasses/Bushes etc.
(v) Training transport service provides on safety.
(vi) Income generating activities to older people e.g. weaving when the production is high the demand will increase, leading to need of better roads therefore transport becomes available.

All group discussions were shared in plenary and participants discussed, provided additional inputs and sought clarifications where needed and by and large agreed at the offered recommendations as common position of the workshop participants.

2.5 Evaluation feedback from participants

At the end of the workshop a pre-prepared evaluation questionnaire (Annex 5) was shared with participants to assess various aspects of the workshop and provide feedback. The feedback from participants is shared as follows with answers focusing on

- Overall assessment of the event
- Topics that most participants found more interesting and useful
- Whether the workshop met the expectations of the participants
- Knowledge, ideas and information gained from the workshop
- Areas of improvement for future similar events
- Comments on the overall organization of the workshop
- Comments for future similar activities
- Further comments and suggestions

Almost all participants agreed that the workshop achieved its objectives and met their expectations and in different orders identified the topics that they were most interested in. Suggestions for future included the need to have older people in the meeting, the intensity of the workshop means time for detailed discussion was limited, formation of a working group to monitor the performance of health sector in addressing health of vulnerable people, engagement with the private sector to improve investment and access to health for vulnerable people among several other recommendations.

Most participants also commended the logistical arrangement of the workshop and rated it as successful.