

IHTM podcast series. Episode 3 - Breaking Down Barriers in Global Health.

Transcript

Hello, my name is Proochista Ariana and I'm here today with my colleague Dr Caesar Atuire and this is the third podcast in our IHTM series: Unpacking the fundamentals of global health - towards a new generation of leadership.

In our previous podcasts, we talked on the issues of decolonization and partnerships in global health. So today we'll be speaking about breaking down barriers in global health. But before we do that, we really have to engage with what is global health?

Now global health is about creating equitable health for the global population. But who is it? Who's doing that? Who are the players? The players consist of institutions and organisations whose mandate it is to ensure that health is distributed equitably, to everyone across the world. So, bearing that in mind, Caesar, may I ask you the question? Well, what are the barriers within these institutions?

Well, thank you Proochista.

If we think about the principal actors, the ones who are usually, let's put it simply, calling the shots in global health, there are a few characteristics that we can notice. Quite a number of them are headquartered in the global north; the institutions that train people such as students to be decision makers and future leaders in global health, are mostly situated in the global north.

A lot of discourse in global health is carried out in the English language. People with economic power have strong voices. We can talk about the large philanthropic organisations, and yet the real issues and challenges of health are lived by people in the global South. Who perhaps constitute about 60% of the world's population, and their voices are not as loud in the global health space as other voices.

So, the barriers, I mean using the word barrier, we're talking metaphorically is what have we erected in this space that we call global health that is preventing some people from being heard or some people from actually becoming active in the way things are done. So, these barriers could be, one - an epistemic barrier which we consider certain knowledges to be the only valid knowledge. And therefore, if you do not have all the pedigree, the qualifications, the titles and all that from certain institutions, and if you can't speak in a certain way, you will not be heard.

Two - we can talk about cultural and linguistic barriers, the way we do business requires actually expressing oneself predominantly in the English language. And, doing so, with certain forms and if you are not conversant with those forms, you can be excluded and there are of course the socio economic exclusions as well. So even when we hold meetings, just imagine what happens with international conferences that are held in Geneva, London, Paris. Many people from the global south will not even get visas to be able to attend and not to talk about economic implications, so there are barriers and these barriers haven't been erected by the people who are excluded, but by the people who are calling the shots.

Why is it then and what is our responsibility with respect to breaking down these barriers?

Well, I think the first thing we need to do is actually diagnose the nature of the problem. One may say, well, what's wrong with that? After all, the people who are in the places that are taking the

decisions, let's say, and let's assume and, even give them credit, and say that they're doing their best. So why should we be so worried? This is what we have, but I think there are two problems here. One is just a moral problem, which is a problem of justice. If global health aspires to creating health equity and equitable access to health for everyone in the world, then why should only a limited group of people be the decision makers? And therefore, if we are excluding a large part of the world, then we have a problem of justice whereby we are not being fair.

But could we argue that these people who are sat in these positions, who have that voice, have responsibility for listening to the others who may not have a seat at the table?

Yes, they have the responsibility to listen. That is absolutely true. Even if we talk about the international organisations where we have nation states. And therefore, the elected representatives of the nation states are supposed to be there. But let's think about this carefully and unpack it. The people who normally represent these so-called unheard voices are selected. Most of them, yes. And I may say so. I'm a black person, but I'm trained in the West, and I can speak the language of the West, and I'm more likely to be elected to sit at that table. But to what extent am I really a bearer of the voices of the people on the ground? And this is what tends to happen. So, we talk about forms of inclusion, but we tend to include people who already are playing and are playing the game and speaking the language that we want to hear. And this is part of the problem and anyway, so these are the various dimensions.

And then I said there was a moral problem, which is a problem of fairness, because important groups of people on Earth are not being heard. And it is also a problem of poverty of knowledge. It's a practical problem. In the past podcast we spoke about complex problems and difficult problems that are facing the world today. If we think about, I mean, antimicrobial resistance or climate change. These are very complex problems. And if we keep relying only on one body of knowledge, we are likely even to exhaust that paradigm and we are poorer because of that. So, by including voices that are different and even ways of knowing and ways of acting that are different to the ones we are used to, we are more likely to have a larger set of tools in order to face these wicked problems.

How do we do that? So, if we are convinced that there are these institutional barriers and that they need to be tackled and broken down, how do we do it?

I think. Once we've diagnosed the problem, then we need to start looking at how we can solve the problem, but it is important, and forgive me if I'm over insisting on this point, to realise that the problem is not the people who are excluded, but the problem is the people who are actually calling the shots now.

So, it's like if you're looking for a cure. The cure is not so much to say, well, we don't have enough women around the table. We don't have enough black and brown faces around the table, so let's just go and look for them. The thing is to ask why is it that they are not here? What is preventing them from being here? And until we have addressed that question, just going to pick any people that we consider to be diverse and putting them around the table doesn't solve the problem because there is the root, the deeper question, which hasn't been answered.

So first of all, the first step is a deep, self-critical introspection to understand the culture of our institutions that have historically created barriers that continue to exist that exclude other people. And then once we have been able to identify those barriers, and I did mention them, epistemic barriers, cultural barriers, linguistic barriers, economic barriers, we then ask ourselves, why did we erect these barriers and are they necessary? And which of these barriers can we actually get rid of? That will also mean that by just getting rid of these barriers, we're increasing access. So, it's not about throwing money to go and bring people, but it's by opening the doors.

So you can have diversity around the table, but you wouldn't have inclusion of voices heard around that table.

Yes, until that deeper reflection has been carried out and there is a will to embark upon an institutional change, until we do these exercises and we begin to work a lot on what we call external inclusion. So, we include the externals, those who have not been included, but once they have been included then another process takes place, which is the internal exclusion. So, they are around the table but they are excluded, or you actually throw people in a very difficult position whereby you bring in people from let's say marginalised groups and you expect them to enact change in an institution which actually alienates them. And when they fail, then you can actually even blame them that they fail to introduce change, which is a form of double victimisation, really.

And who is responsible? Who will make these changes and who will break down these barriers?

Now, leadership of the institutions that today are occupying the space in global health, and it is interesting that many institutions fund this, universities, international organisations. If you go to look at their web pages, they all have, EDI - equality, diversity and inclusion, and they hire officers. But those resources that are being thrown at EDI sometimes are a way of outsourcing the problem to a group of experts without actually interrogating themselves seriously. So, if we want to see change, then, that leadership needs to actually assume responsibility for having erected barriers or having inherited barriers and engaged in an exercise of dismantling the barriers and also be honest enough to say, well, for an institution to exist, just like every one of us, we do have to have certain barriers. I cannot be what I am not. Therefore, an institution cannot be what it is not, but at the same time, we have to be honest about the barriers that we still want to maintain.

So, let's take, for example, an educational institution that points at excellence. Now, what does excellence mean? Does it mean that you want to bring in all the brightest minds from the world? But by choosing to bring the brightest minds from the world, you are already excluding quite a large number of people. What you could do is to interrogate yourself. By what criteria do you use to select a bright mind? Is it good A levels? Or is it good whatever? Or there are other criteria that can allow you to be able to identify bright minds?

Indeed. And you can think about expertise in many different ways in a similar tone, you can think about expert in what? Expert in a very narrow definition of what expertise is and what we value or expertise in a range of different areas.

Yes, and the thing is health is complex, so expertise, are we talking about clinical expertise, are we talking about biological expertise? You know expert, at the end of the day, has the same root of experience. Right, people do have different ways of knowing and different forms of knowledge. So when we're talking about bringing experts, yes, somebody who has done a PhD and 20 years research on pathogens is an expert. There is no doubt about that, but somebody who has spent 20 years caring for a loved one living with a condition is also an expert. And that expertise matters.

Very nicely put. I think we'll wrap the discussion on breaking down barriers and call on those of you, our listeners out there, who aspire to be future global health leaders to question what the barriers are and the power balances that lead to the existence and persistence of those barriers. And think and reflect on what are the deep-seated behaviours that 'I' need to change to help contribute to bringing down those barriers. Thank you for listening.

Thanks.