

IHTM Podcast series. Unpacking the Fundamentals of Global Health - towards a new generation of leadership

Dr Carine Asnong – A Journey in Global Health

Welcome everyone to a new episode in our IHTM podcast series: Unpacking the Fundamentals of Global Health - towards a new generation of leadership. Today I would like to introduce Carine Asnong, a colleague and a friend who is a Senior Teaching and Research Associate and also the Life Course Lead of the MSc IHTM course. Carine is also an alumna of the first IHTM cohort, taking the course in 2015 to 2016. And today we're going to chat about her personal journey in global health. Welcome, Carine.

Hi Naima. Lovely to be here with you today.

OK. So let me start by asking you what does global health mean to you?

Well, I think that my vision on global health has been shaped by my personal experience. For many years I worked in an inner-city context in my home country, Belgium, in the city of Antwerp. It's a high-income country with a well organised health system, an extensive social safety net, and yet I've encountered so many vulnerable families there.

Think about a single jobless migrant mother with three young children. One of them has special needs. The challenge is to get food on the table for her family, to get access to the necessary support systems, healthcare and at the same time trying to figure out a new language. Finding a place to live and also creating a safe and nurturing environment for her children. And similarly here in Oxford since we moved here, I've really learned that this city is not just a splendid historical and intellectual hub that many people think it is, but it's a real city with many layers, important social issues, visible deprivation and disadvantage, individuals and families.

But on the other hand, in the projects and the research linked to my role here at the University of Oxford, I've worked with people and communities in some of the least developed countries in different continents in the world. And I've seen a lot of lack of affordable, accessible and acceptable health care. So for me, global health is about achieving a better health for people, for communities and populations around the world. Here, far away in my home country and some people, some groups of people, we usually call them the vulnerable people. They are at a higher risk for poor physical, psychological, social health and they need more support or different support than other people and these differences in health and in health risks are determined by an interplay of biological factors, but especially the conditions in which people are born, grow, live, work, play, age, die. It's the so-called social determinants.

So you've told us about your personal journey, and your experiences. Could you reflect a little bit more on your own journey in global health?

Yes, I could do that. And it's quite a long journey already. So looking back, I can only say that my understanding and my vision on health and global health have changed immensely over the years. During my training as a medical doctor in Belgium in the 80s, we were taught with a focus on disease, the curing of disease, and there was very little attention to the prevention in the health of populations, and particularly the contribution of social determinants to poor health and I didn't even know what social determinants were at the time.

So we had some lectures on tropical medicine and it was mostly infectious diseases, parasites in tropical contexts and offering a very narrow view on solutions. And these solutions were usually brought in by experts from high income countries. And I would now call it the helicopter in helicopter out approach and it was based on unequal partnerships and a dominance of institutions in historically very privileged countries, so, we looked at global health in a colonial way. The global North was sending health workers to the global South to provide health care to poor and underdeveloped societies and people. And it intrigued me, even as a young adult to be part of that, because we were really thinking that we would bring something incredibly important to those countries. And at that time, nobody ever talked about capacity sharing or an ethical approach to address inequities in resource limited settings.

And after that, my in-hospital training in a Miami based hospital involved me in the care of Haitian migrant adolescent mothers and their babies. And there were all HIV positive and at that time HIV was still a very unexplored and deadly disease. People didn't even completely know the epidemiology yet and there was no prevention. And so all of a sudden there was lots of new layers added to my previous training.

And then even while raising my own young family of four children in different countries, different cultures, different school and health systems. I gained not only hands on parenting and educational skills, but also at that time I really got exposed to the opportunities, but also the challenges of multicultural and diverse communities, as well as migration issues.

So all these experiences steered me into a new direction and I think they really motivated me to go for a degree in youth healthcare. Fostering and thinking about holistic and preventative approach to the well-being of newborns, children and adolescents, and following the principle that it is easier to build strong children than to repair broken adults. And that course helped me to embrace a much needed multidisciplinary and interdisciplinary approach in tackling health challenges and also learn about a socioecological lens. I joined then a school based preventive healthcare organisation in Antwerp, Belgium, and that organisation supported the well-being of children and adolescents, but also involving their families, their teachers and their wider social networks.

And your work with that school based preventive healthcare organization, how did this experience change your view on global health?

Well. Working in an inner-city context, I quickly learned that the existing healthcare, social and educational systems were under extreme pressure due to high numbers of newcomers from different parts of the world, and I had a privilege to work with a multidisciplinary team to support children and adolescents from vulnerable backgrounds. Young people with complex health needs, migrant families, refugees, unaccompanied minors and our teams were trying to address very diverse and complex problems and threats to their health and their well-being. That was physical health but also emotional health, social problems, and that necessitated collaboration and networking across sectors, including healthcare providers at different levels, social care, mental health services, child protection, public health authorities.

And also, very importantly, cultural awareness and contextualization of our approaches was key, and I think that was the first time I was really confronted with that as a very important issue as well. Just to give you an example, our team was responsible for a lot of unaccompanied minors, mostly from conflict zones in the Middle East. And on the one hand, we had to assess and address physical health issues such as their immunizations, infectious diseases like TB or certain skin diseases under nutrition, consequences of violence and abuse, but at the same time, these youngsters were in urgent need of mental health support and social integration, including schooling, housing, language, being able to contact their close family and friends back home. And I remember one story of a young guy who said, I talked to my mother every single day on the phone and since yesterday there's no more answer. How do you deal with that? So I think they shaped a lot of my thinking.

And then in 2015, we moved to Oxford.

So is that where the journey to IHTM began?

Absolutely. I was a student in the 2015, 2016 first cohort of the MSc in International Health and Tropical Medicine, a brand new one-year master programme in global health and we felt a little bit like guinea pigs. This experience immensely expanded my view on global health and gave me also the opportunity to build on my previous experiences. After working with vulnerable groups living in and adapting to a high-income context, all of a sudden, we now focused on the health of vulnerable populations in the low-income context, and so the course not only expanded my knowledge and my skills and research techniques, and qualitative research methods in particular caught my attention, but most of all, I think it opened my eyes to major global health problems and their solutions, in resource limited countries. But also the surrounding ecosystem, the policies, the health systems, the stakeholders, ethical dilemmas, decolonization, social justice, lots of new terms that I needed to explore.

And then after graduation, between 2016 and 2020, I joined different projects in Asia and sub-Saharan Africa. And I could then apply all the new skills.

I had a feeling this was the real world. And most of the projects I participated in were in the reproductive, maternal, neonatal, child and adolescent health space, and all of them used qualitative or participatory methods. And that's what I really want to continue doing. As you will hear later. For example, I interviewed adolescent refugees and migrants on the Thai Myanmar border, some of them pregnant, some of them young parents, to better understand the perceptions and contributing factors of adolescent pregnancy in this context. And also explore the needs and acceptability for sexual and reproductive health education.

Later I joined a team of the accelerating achievement for Africa's Adolescence research hub. They organised adolescent advisory groups in sub-Saharan Africa and we use participatory methods to invite adolescents to share their opinion, talk about their needs and their preferences. And that was used to inform and align research priorities and also, these findings were incorporated into service design and in policies. And all these experiences really made me understand the need for integrated global health solutions, as well, and as important as, the participation and the inclusion of the people and the communities they intend to serve, and that journey has continued ever since.

It seems like IHTM and post IHTM you've had quite a number of projects that you've been contributing to. What would you describe as your current contribution to global health now?

Well, since several years. I've been a core team member of IHTM Team. I teach, but on the other hand, I also contribute to research projects and research capacity sharing in institutions and organisations of our alumni. On the latter aspect, for example, I'm collaborating with a team of early career Liberian researchers and IHTM alumni to generate locally relevant evidence and identify evidence gaps in maternal and neonatal health. That project also offers placements opportunities to some of our current students who have an interest in maternal health and neonatal health or associated health system challenges such as health workforce, supply chain, health information systems.

Also by the invitation of colleagues at the Ministry of Health in the Seychelles, we are supporting the development of research skills of Ministry of Health programme managers. Their teams collect a lot of data on health care service delivery on health outcomes of the Seychelles population. But usually these data are analysed by institutions and research teams from high income countries. In our shared vision, these managers have expert knowledge about the local health system and the health outcomes and also, they know what the gaps are and the linked contextual and social demographic factors, and they're in an excellent position to

identify priority areas for research and formulate their own research questions that they would like to answer themselves.

And so these programme managers have embraced the capacity sharing initiative and it has been amazing to see how, over the past year, the family health team in the Ministry of Health has taken on board the learnings and the skills from the workshop and have all of a sudden embarked on a qualitative research project. So they want to listen to all stakeholders, the teachers, the parents, the students before integrating and implementing a comprehensive sexuality education programme into the national school curriculum, and that way it will be more fit for purpose. It can harness opportunities and address potential cultural, religious and logistical barriers, and we really hope that that collaboration causes some kind of ripple effect in the Seychelles and it will give rise to a more sustainable transformation where local research with local data drives local policy and that can then improve the health outcomes for the Seychellois.

So these sound like really interesting project, but what's inspiring you from your work on this project so far?

Well. You've heard that I'm passionate about improving young people's well-being, and that's something that has come from previous stages in my career working in the Antwerp context with young people. I really believe that young people are the future. They are full of energy. There is so much there that I would like to support and seeing that they struggle, really makes me want to improve that and help addressing some of these issues and so by using qualitative and participatory methods we can explore adolescence, personal and social experiences, and also, how they see the role of the context, we can give voice to young people who are usually silent or who are rarely heard.

And that way we can design or adapt a programme or an intervention to better suit their needs and their views. And also meaningfully engaging young people in research can bring multiple extra benefits. It can improve their motivation, their self-esteem, their confidence. But it also brings health equity and it contributes to better solutions, health education and health seeking behaviours.

That's great. So I've had the pleasure of working with you as well. Teaching on the course first on the Reproductive, Maternal, Newborn and Child Health course, then on to the Life Course module, which I know we'll talk about shortly, but I know you've taught on various aspects of the IHTM course. So could you just elaborate a bit on your teaching role as well?

All right. So on the teaching side. First thing I want to say is that my teaching closely aligns with my research interests. So as a passionate advocate for adolescent health and the associated window of opportunity to improve not only their help but also the health of the future

generations. I've been teaching on that topic for the past eight years, almost since I graduated. Together with colleagues and experts, we have developed a comprehensive series of lectures for the Reproductive, Maternal, Neonatal, Child and Adolescent Health module and we use the Life Course, the socioecological model and the continuum of care as overarching frameworks. And as an exercise then, we also introduce life stories.

By that we had students tell fictional life stories of 15-year-old adolescents as a way of delving into the experiences and the subjectivities of the different life stages by using narratives that bring depth and meaning and context to wider social issues. And our team constantly tries to improve the content and the mode of delivery of the course and align it with current health needs, strategies and frameworks of key global health stakeholders.

We really want our students to become holistic problem solvers. I like to use that kind of term. We want the students to approach opportunities and challenges in health and health systems from an integrated perspective as opposed to the siloed strategies that we are all, quite familiar with and we were brought up with. And challenge is to the health of people and populations and the loss of healthy life years do not exist in a vacuum. But as we mentioned earlier, they are very closely linked to the surrounding ecosystem of policies and health systems and so on. So, I think it's wonderful to be part of that.

Yes, I know, I really enjoy the life stories just seeing the innovative ways that students bring to it. And I think it speaks to just how IHTM is constantly trying to innovate and shape the course and this year we introduced a life course week, which you are leading and maybe you could tell us a little bit about that.

Well, you're co-leading that Naima, don't be shy!

The new Life Course week looks at challenges and opportunities in all stages of the life course, and it also includes, very importantly, preconception and for the first time, ageing. And in this week, we approach health as a lifelong dynamic process that develops over time across generations as a result of complex interactions between biological factors, health behaviours, social networks, family influences, socioeconomic conditions, historical cultural events, and so on. So people have also the capability to take actions and make choices that shape their lives, and they also do not experience life alone, that they influence each other in their respective communities.

So we try to capture all of that in that week. Some of the factors we speak about can be protective. For example, nurturing, care and support for early child development, educational achievement, access to affordable healthcare, clean water, sanitation. But other conditions increase the risk for poor health later in life, and they can also have repercussions for the next generations. For example, poor parenting, child labour, conflict and violence, environmental

pollution. For example, the nutritional status both under nutrition and obesity of a mother- or a father-to-be, can influence the risk for stroke or cardiovascular disease of their children and even their grandchildren in the future. The time around conception is a key window when poor maternal and paternal health, body composition and diets can cause an increased risk of chronic disease in their children and across the next generations, so this underscores the importance of a proactive approach, health promotion prevention and the right intervention for the right target group at the right time.

Well, it's been an absolute pleasure listening to your personal journey, seeing how IHTM has shaped you, but how you continue to shape the course as well and your own goals and aspirations for the future. And I think that's where I wanna move on to. When you look about the future of global health, what are your aspirations for it?

Well. Our students come with very diverse backgrounds and experiences. And they're making the shared learning format and interactive teaching style of our course a constant source of inspiration. And the input of global health experts from across the world and from different sectors and disciplines, but also our own alumni who bring case studies, learnings and stories from their careers in different organisations and institutions and contexts. All of that keeps challenging my own views and contributes to a continuing and lifelong learning process. I strongly believe that that can benefit the teaching and the mentoring of our students. It can enhance equal research partnerships and capacity sharing, and I think I'd like to summarise it as a ripple effect.

So, I can only say that I feel privileged to be part of this IHTM family, the IHTM journey. It's a strong network of like-minded people who want to make the world a better and healthier place.

Wonderful. It's a pleasure speaking to you today.

Thank you, Naima.