

IHTM podcast series: Unpacking the Fundamentals of Global Health: towards a new generation of leadership.

Naima Nasir - Contextual Considerations in Global Health

Welcome to a new episode in our podcast series, Unpacking the Fundamentals of Global Health: towards a new generation of leadership. So today we're turning the tables. I thoroughly enjoyed the conversation with Naima in the previous episode and today, Naima will be having a conversation on the importance of contextual considerations in global health.

And so I think I need to introduce Naima Nasir, she's been my colleague for quite some time. She's an alumna of the 4th cohort of IHTM in 2018/2019 and from Nigeria. Naima is currently completing a DPhil here in Oxford, and she also serves as a Junior Teaching and Research Associate on the course and that includes supporting the Life Course module.

Right, so Naima, why do you think that contextual considerations are important in global health and how should they be reflected in research, practice and leadership?

Thanks Carine for having me here today. Well, I think in IHTM we often say context matters. And so, for me, a fundamental element of global health is the commitment to developing comprehensive and context specific solutions. We're always working within complex health systems and this means recognising that many of the global health challenges we're trying to solve are interconnected and they're influenced by different factors, social, economic, political and environmental, and so on. And so it's imperative to always adopt an holistic approach.

To me, this means understanding that these product terms of health shape its outcomes, and looking for opportunities to bring about incremental changes and solutions. Based on my own experiences working in Nigeria and similar contexts, I think most of the effective global health leaders that we have today, as well as researchers and practitioners, are those who seek to prioritise active listening and collaboration with local communities.

Over the years, I feel like we've moved away from understanding just how important the local context is, because this helps to ensure that interventions are always culturally relevant, they're sustainable and they are tailored to the unique needs of the populations that they serve. And truthfully, that's not often easy to do, given that we see so many systemic inequities in global health, deep injustices, issues around inequitable partnerships, and so on, that has been practised in the past, but this is why contextual considerations are important, and even more pertinent.

Global health leadership requires our ability to navigate these complexities with humility, fostering close, disciplinary partnerships, and leveraging our local contextual knowledge to identify and then develop solutions that are equitable and sustainable.

I totally agree with that Naima, thank you for sharing that. And so, as an alumna of the IHTM course and now working on the course, how does this course reflect these fundamental elements, and how has this influenced your own journey in global health?

For me, I've had the incredible privilege of working on the IHTM course as a core team member. So far I've been supporting teaching, alumni relations and contributing to various research projects. And IHTM to me, as a course, deliberately focuses on a student's understanding and appreciation of the contextual considerations. Whenever we think about how to strengthen and improve health systems, we always start with the context. We emphasise multi-sectoral approaches and we shift from expectations that there's one bullet or a single intervention or siloed programme that can succeed in isolation. Instead, we promote that success will lie in the integration of evidence, and not just any kind of evidence but we are constantly critiquing the evidence. But recognising that there's also a shared responsibility between practitioners, researchers and leaders with local communities and other stakeholders. And underlining all of that is our commitment to equity and for me that's something that IHTM has left me with, that always thinking about the context but remaining committed to equity in everything that we.

So IHTM expanded my view on what it means to practise global health. Prior to undergoing the MSc, I had worked for almost 10 years in programmes around HIV, malaria and TB in Nigeria. And it was very fulfilling work. I got to work with different populations from adults to children to adolescents. And that really inspired me to want to gain more skills to improve what I thought was some of the more upstream challenges that I was seeing. So issues around health system governance, how to generate local evidence, how to improve programme implementation that I was experiencing in my own work. And IHTM provided that opportunity. Many, many opportunities, in fact, to gain knowledge and skills to address these challenges that are faced by what we often say are resource constraint settings. It made me reflect on ethical dilemmas, to learn about how do I meaningfully engage with various stakeholders, but also to be able to confront practices that are devoid of equity and justice. I learned to always be critical about evidence and not to take it wholesale and to think carefully about context every time we're thinking about solutions. Given that there are many complexities within the approaches that we take to developing those solutions.

Great. So are there any particular experiences within the course, Naima, that resonate with you?

So you and I share an experience in that we both were able to do our placement in Thailand specifically on the Thai Myanmar border with Professor Rose McGready and the wonderful team at the Shoklo Research Malaria Unit. And my research was trying to understand what were the local systems for blood transfusions using maternal health conditions, for refugee and migrant women and you know, Carine, this is a setting where there are no blood banks. They

just don't exist. And so we're thinking, how are people doing it in a setting where there no blood bank facilities on hand? And yet many of the maternal and newborn health conditions that we're seeing required urgent blood transfusions. So we're working with local partners trying to understand what kind of practices were going on, what a lot of trends and risk factors were in place and to explore how best to improve them.

And for me, that opportunity really helped me to gain even more valuable skills working with diverse local groups. Coming from Africa, this was my first time in an Asian context and also what one might describe as a rural Asian context. And I got to get that first hand experience of working in a setting that was challenging to get quality data. But when you're determined to do it, you do get it. And also what might be the ethical challenges of conducting research in a population that's often described as vulnerable. So this and many of the other experiences since graduating from the course, continue to shape my own approach to global health, whether it's in research or practice, thinking about context, thinking about local partners, but also thinking about how do we bring about equitable solutions.

Thank you. This example does bring back special memories of the time at the Myanmar border. And actually, as you know, we do have a student again this year. Who is going to that context for another project. So it will be lovely to hear her experiences afterwards as well.

Well. So Naima, your research and practice so far have focused on areas such as technology, governance and maternal newborn health, are there other examples from your work, which reflect some of these fundamentals of global health that you just discussed?

Yeah, I can think of a few examples. I've worked on several research projects with the IHTM team, including the Oxford Maternal and Neonatal Health or OMNeo Health Project in Liberia. And in this project which you are also involved in, Carine, we collaborated with other IHTM alumni and local collaborators from Liberia to really examine what was the evidence on maternal and newborn health and identify evidence gaps. We really recognise the importance of generating locally relevant evidence. So many of the big data sets that are used to describe maternal and newborn health in Liberia do not always reflect what are contextual realities, and so through that deep engagement with local stakeholders, we're able to come up with research priorities that shaped much of the work that was conducted. And that's a project I'm really proud of. It's come out with a lot of policy briefs and other relevant evidence that contributes towards policy and decision making in improving maternal and newborn health in Liberia

And we're now working on trying to get it all written up right?

Yes, trying to share some of those findings through publications and also through local engagement in librarian, in the counties that we worked on.

I am currently working on my DPhil. I am working in Kenya across many counties trying to examine governance arrangements for technologies and innovations in African countries broadly, but with a specific focus on Kenya and also on newborn technologies. And a lot of these newborn technologies have been identified as important for improving the quality of care for newborns, particularly small and sick newborns who currently contribute most of the burden of newborn mortality. And my work has been carefully examining and considering how do we really introduce these technologies such as newborn medical devices, into local health systems in ways that ensures that the benefits are maximised, and that harms and unintended consequences are mitigated or minimised.

I think many times when people think about improving care, there's often that focus on getting the technology or getting the intervention on the ground. However, there are many things that you need to consider across the health system which shape how, for example, how a lifesaving equipment like phototherapy, which is often used for treating jaundice, gets to that sick baby. And many considerations, ranging from what is the policy and regulation for bringing in quality and safe technologies? How does the health workforce find that technology and are able to use it? Is their training for them? Are there funding arrangements to manage the technologies and ensure that they continue to operate? And is there oversight to ensure that they are being used and managed safely? All of these, of course, are working within the broader social, political and economic context, which then shapes how these interventions are implemented. And so my work is trying to tease out all of these contextual considerations and then make recommendations to shape how those technologies are implemented.

Of course, as you know, I also teach on the IHTM course, I provide teaching on evidence synthesis. I also Co-lead on the Life Course submodule, and I think across all of these projects I'm involved in, you always find ways in which to interconnect, which again speaks to the multidisciplinary and multisectoral approaches we often advocate for in IHTM. For example, when I think about governance within health systems, and I think about the Life Course, I know that across the Life Course - whether it's from birth, childhood, adolescence, your reproductive age and ageing - the health systems and how they're governed are really the backbone of our collective well-being at all ages. And so it's coming back to those ethos that we're saying not only contextual considerations but thinking always in a holistic approach when we're thinking about solutions in global health.

Absolutely. Thank you for that. And I'm really happy that we keep collaborating on topics that we have a shared passion for.

So what should future global health leaders be cognizant of, as they move into the global health space and global health practices?

Well, I started this conversation by saying we operate in complex health systems and that context matters. And so global health practice itself within that context will be complex and it will be messy. And if you look at the global health world today, it's easy to get frustrated with the systemic inequities. The imbalance of power between the so-called Global North and South, and some of the unfair partnerships and practices we see today, but working on IHTM and being part of the course, and an alumni of the course, always gives me hope.

I think the thing is to be optimistic about the future and work towards the change that we all want to see. We always remind ourselves that this may be through incremental changes as well as leveraging some of the existing windows of opportunity which you often talk about on the Life Course module to be able to drive and accelerate change. As an IHTM course, our students come from varied backgrounds and disciplines and so they bring in many rich experiences from which we can all learn from and from which I personally also gain inspiration from. We are also deliberately bringing global health experts, often who include our alumni, from different sectors and disciplines, as we believe in that holistic and a whole systems approach to solving complex health challenges, we advocate for leadership and ally-ship across contexts and the power of solidarity and meaningful partnerships.

So for me just being an alumni of the course and being part of the course always inspires me to challenge my ways of thinking. It inspires me to remain a lifelong learner and that gives me hope. It is my hope that the global health leaders that we're training and those out there will take on some of these values and some of these fundamentals that we talked about today and reflective on our collective values and vision as a global health community. There's much to be hopeful for and there's much work to do. But there's a bright and healthy future for all.

Thank you, Naima, for that and thank you for being my colleague and also my inspiration. We come from very different backgrounds and we keep joining forces to kind of bring change and I think doing that in the course and in joint research projects is just wonderful. So thanks a lot.

Thank you. It's a super pleasure as well. Thank you.