

## EPISODE 11: SEASON WRAP-UP

**Garry Aslanyan** [00:00:07] Hello and welcome to the *Global Health Matters* podcast. In 2021, we as a *Global Health Matters* team, set out on a pioneering adventure to produce 10 episodes on various topical issues in global health. In our first season, we spoke to 24 guests from different disciplinary backgrounds. Our guests covered the globe from South Africa to Somalia, from the Philippines to Peru, and all the way from Uganda to the United States. In this pandemic time, we recorded remotely. This required perseverance of guests in overcoming poor internet connections due to unforeseen rainstorms, early morning and late -night recordings to account for time zones, and many other challenges associated with producing a global podcast. We are very pleased that our listenership has grown over the past 10 episodes to audiences in 131 countries. And today we have a bonus episode for you. We will be hearing from two of our listeners. I'm joined by Teresa Soop from the Swedish International Development Cooperation Agency and Mohammad Al Safadi from the Global Polio Eradication Programme. Teresa and Mohammad will be sharing their reflections on some of season one's episodes. Teresa and Mohammad, thank you for joining me today.

**Teresa Soop** [00:01:33] Really happy to be here.

**Mohammad Al Safadi** [00:01:36] Hi Garry.

**Garry Aslanyan** [00:01:36] In season one, two of the episodes touched on the need for the research and knowledge ecosystem to transform and evolve. In episode six on research leadership, Tembeka Mpako-Ntusi and Karlee Silver spoke about the need for institutions and individuals to give visionary guidance to researchers as to issues for which new knowledge is needed. In episode 10, Catherine Kyobutungi and Agnes Binagwaho both spoke to the transformation needed in the research ecosystem, such that it can shed off the legacy left by colonialism. To date, this has been one of our most listened episodes. Mohammad, let's start with you. In your opinion, what from this episode resonated with you?

**Mohammad Al Safadi** [00:02:27] Thank you, Garry. This episode actually is one of my favourites. The amount of courage and status quo challenge by both Catherine and Agnes is truly inspiring and indeed applaudable. I believe the conversation about the decolonizing global health and addressing the power asymmetries is not something new, but as discussed by your guests, the recent COVID-19 vaccine inequity has made it more obvious and make it more urgent as we see a global solidarity is just an unachievable word out there. We know that there might be many things that is wrong with how we do global health, how we practice it, how we taught it, how we develop it and we naturally tend to jump into the emergency mode because of its burning nature, of course. But sometimes we overlook the harmful by-products related to the long-term effect of some of these global health interventions, and this was really highlighted several times by the speakers. It is somehow related to the lingering emergency approaches that creates dependent system instead of really building national capacities in terms of health and health education. Finally, I just would like to highlight that in that specific context, some of the speakers highlighted about the issue of white supremacy. I personally see supremacy in that specific context without certain colour and frame it where a white supremacy issue could really turn a blind eye to other areas of power asymmetries out there.

**Garry Aslanyan** [00:04:01] Mm hmm interesting. And Teresa, how about you? How did you feel about that episode?

**Teresa Soop** [00:04:06] I also believe that it's very important for, in particular, the donor community to listen to. So now I speak as a funder of research, and I think it's true, we do get stuck in systems and in practice and wanting to do well, but sometimes, as you said, Mohammad, even doing harm. So, where I work in Sida, my unit, we work with funding for research and for supporting research ecosystems. And this is a discussion we're always having, of course, how to do it in the best way, how to support universities to grow in the context, in the best of ways. But it's extremely complex and it's quite difficult to get out of these systematic failures that are built into the systems. But what we try to do, the starting points that we have is always the university itself, what they want to do, the university in the partner country, but of course there are always influences. But when it comes to competitive grants, that's a different thing, and we really do need to rethink the process. If we want to address issues in low-income countries, it's people in that context that need to be actively involved in the design of the call and also to identify the problems, and the leadership in the best of cases, of course, be taken by the universities in that region. And I think it's promising as well because there's an increasing capacity at the granting councils in the low-income countries, so for donors, it's becoming easier to really go through these grantee mechanisms instead of, you know, having to call from a funding agency itself. What resonates to me in these two sessions, it's the importance of listening. Because we live in an unequal world, and in my position, then I come with the funds. But without these fantastic partners that we have in different countries across the world, we would never get any results. So somehow we do depend on each other. But of course, there's this power dynamic that we really need to be aware of, and that's also mentioned in these episodes that for researchers and decision-makers as well in low-income countries, take the power, speak up and tell funders what needs to be done and how. And I'm fortunate because many of the partners that we work with, they tell me when I'm wrong and I really appreciate that. I think that should be done even more. And when projects are run on the basis of what people in the context want to do, it's usually a success and it's a sustainable kind of project. I think it's Catherine who says, "Keep on defining the wrong problems and then we will fund the wrong solutions". So, we have to stop doing that.

**Garry Aslanyan** [00:06:56] Thanks for that reflection. In the season one, Teresa, what was your most enjoyable or favourite episode?

**Teresa Soop** [00:07:06] The one that I really remember is the one on social innovation, probably because I've followed this initiative since the start, and I love the stories that have been produced on different social innovations. And I really enjoyed how you can use tablets and internet in very remote areas. It's the Mamas del Río episode, and I've experienced it myself during my travels in the Amazon, and you can access internet where there is no running water, no standard electricity or sanitation, no medical care, but a tablet or an internet, you can get medical care through contacts with the health care workers and also to gather health data as they do in this episode in the community. And this is sent to the public health officials so that they can act on it. I think it's such a fantastic opportunity, really.

**Garry Aslanyan** [00:08:01] To remind our listeners, in episode four, we spoke to Magaly Blas from the Mamas del Río Community Worker Program in Peru and Luis Gabriel Cuervo about the potential and application of social innovation in health. Teresa, you already mentioned about what really caught your attention in the episode, but what did you find hopeful within the broader context of global health as it relates to social innovation?

**Teresa Soop** [00:08:27] There is such a great potential, really. There are a lot of good examples, and when they're set up in the right way, collecting the correct data to scale, then it provides an opportunity for a lot of people. And this example with Mamas del Río, I think this is one way of reaching all or leaving no one behind. When you study these initiatives, we understand how this can be done in reality, it's based on what people do on the ground and what they think and can work with and what they have tried. And it's an inclusive process and therefore, I think it can also be sustainable. Still, today, I think when it comes to innovation, there's so much focus on commercial innovations, often coupled to products. And that's also important, of course, but it's about the social impact, isn't it? So just like with the vaccines, of course, there has to be a vaccine, but what actually makes the social impact is the vaccination in itself. That's where you get some impact, and there are so many steps to get there, like production and procurement and cold chains and everything, but also this interaction between those to be vaccinated and health care workers, trust and so on. So that's where I think social innovation plays a very important role.

**Garry Aslanyan** [00:09:45] So that episode really helped you to put that into a broader perspective. Thanks for that, Teresa. Mohammad, you mentioned that you were particularly interested and drawn to the one episode we had on communicating science and not fiction and a topic that really touched many lives during the pandemic, and I just wanted to see what really got your attention in that episode.

**Mohammad Al Safadi** [00:10:11] When one of the speakers said that science takes time. So, this kind of visualization that science is a journey is really a very, very good description, and it really helped me to hear other scientists sharing a common understanding that it is okay to actually live in an ambiguous scientific position. I also find the conversation about the power of storytelling in global health is very powerful. And using the universal language through filmmaking to make sure that we have a route for positive change, was really an eye opener to me. I can certainly relate to some of my personal experiences working with polio, where the impact of the right video or audio really can be much stronger than hundreds of reports out there. I really could not agree more with the idea that discussing science in an un-specialist environment is not as straightforward as many people expect. And you feel like when you do it, when you touch it as a scientist, you feel it's easy, you can just communicate saying we did one, two, three and the results were there, but it's not really easy to communicate. And one of the speakers even described that it should be as a whole career, science communication, which I tend to agree. However, at the same time, I'm not personally a big fan of the trendy categorization of lay public versus knowledgeable scientists. I'm not saying it's a false labelling, but I feel it's a risky and exclusionary one. I personally don't like to the extent to which society often seems to think of scientists as a breed apart, as somehow different from other people. Even some scientists are lay with respect to some disciplines. For example, a Ph.D. in ecology does not necessarily mean you are a scientist with respect to

quantum field theory. And once people really understand that, the lay-public, or the public, or the general audience, they will be more open to engaging with science and what scientists would like to offer. Finally, I also really like the idea about encouraging people to consume peer-reviewed articles. This is very good. We know that the process of peer review is really what led us to reach a vaccine that is working and more scientific products out there that the humanity is benefiting from them. Then at the same time, we need to recognize the limitation of such mediums. Such articles and journals might not be stimulating enough and might be enough for some of the people that consume scientific information in social media. So, as we are calling for intensifying our efforts to really communicate through scientific journals, we need to ensure we have appropriate science communication strategies for different sources for information in our societies.

**Teresa Soop** [00:13:02] I think it's really interesting to hear what you're saying, Mohammad and I also agree, it's not an art, but science communication is a profession in itself, and it's really something that you need to learn, and that's very important.

**Garry Aslanyan** [00:13:16] And in fact, that was mentioned during the episode by one of the guests from Brazil. Teresa, in preparing for this discussion, you mentioned that episode five on climate change and its impact on the emergence of diseases, especially among Maasai communities in Tanzania, you found it quite interesting. Those of us living in urban environments are often unaware of the intricate relationship with the environment and its effects on our health and daily lives. Teresa, did you feel personally challenged and maybe even compelled to action by the discussion from this episode.

**Teresa Soop** [00:13:52] This relationship between the environment and ourselves, it's really difficult to understand for us who live in urban areas. And I find also that there is a really big difference between knowing something and really understanding it. I think that we need to live something to really, really understand, and we can't live everything, of course, so then we need to listen to those who do and then work together, closely together, I think and what's a bit challenging to me is that we do this far too little. We don't really listen to all those who have experiences from living in these different contexts. Today, I mean, we know that biodiversity is drastically decreasing, the environment is being polluted and degraded, and climate change leads to a number of challenging situations, including the droughts, as they mentioned in this episode. So, I think it's challenging. I mean, we've known this for such a long time, but we haven't really listened, I think. It since we haven't understood it. Decision-makers, have they listened? I mean, hardly even today, right? So, this is what's provoking me a little bit. We know so much and so much can be done, and we don't do it. And it's important for our health. I mean, both for us living in cities and for people living in rural areas in all the countries of the globe and it's really obvious these days, isn't it? But also, I think it's inspiring this session and how they work, and they refer to the Maasai as partners and not as study participants, I think this is important and stands out to me, and how they together engage in this co-creation of solutions. I really like that part.

**Garry Aslanyan** [00:15:38] That's great to hear. Thanks for those reflections on that episode, Teresa. Mohammad, you work in the programme that is set to eradicate polio and your work in outbreak affected countries like in Afghanistan and Pakistan, and I have no doubt that the

programme is no stranger to overcoming the implementation challenges. In episode eight, we discussed the role of implementation research with a guest from Ghana, Margaret Gyapong and also Lee Hampton from Gavi. Both of our guests really share the experiences and benefits of creating learning systems where the decisions are based on evidence gathered from community and from implementation of their programme. How did you find the episode in terms of relevance to your work, and do you have any reflections on that episode?

**Mohammad Al Safadi** [00:16:32] Both Margaret's words emphasizing the importance of learning to listen to what the field is telling you and least stress on avoiding generalization as a trap for really understanding the real public health issues in the field, resonates very well with my experience in polio eradication. Most of the implementation risks and challenges we face in the programme, starting from poor quality campaigns in some areas to vaccine refusals, have been successfully mitigated by pre-implementation research, needs assessment and the appropriate community engagement at the field level. I'm just trying to remember that the vaccination micro plan that were developed in the lanes of Deir ez-Zor in 2018, those are really what made us close that outbreak in a short period of time. There is the evidence-based data that drive us to break the gender-related barriers to immunization in Pakistan. Those are the key things to succeed in whatever public health mission that we have in place.

**Garry Aslanyan** [00:17:37] Thanks, Mohammad, for that reflection on that episode. There are many people working for greater gender equity in global health. One of our first episodes focused on challenges faced by women and the efforts to give them more opportunities in science. Teresa, you come from a country which is considered one of the most gender equal in the world, but you work with many low- and middle-income countries. From what Roopa Dhatt and Rose Leke shared in this episode (two), it is a delicate balance to remain culturally and contextually respectful, at the same time, strive for achieving equity for all. As a member of the global health community, how do you feel this can be achieved?

**Teresa Soop** [00:18:23] That's a really interesting and important question, and I wish I had the answers. I think that the episode was really good. It's important to bring up this issue, we need to think about it. The speakers gave really important insights, I think, and also what can be done, such as the need of role models, mentorship programmes and also programmes targeting female researchers in particular, and I think that's something we have to do. I was inspired by the mention of holistic mentoring. I hadn't heard that before. But I do see it's a really good thing where you share both your hard and soft skills, bringing in one's entire reality, because, I mean, we live in a context where we have maybe a family and work and then different challenges. And women also in a country like Sweden, we have challenges and it's really good when we can interact with each other and share experiences, share stories, how to overcome these different social and cultural challenges. So yes, I think you summarized it, Garry, in a really good way that it's important to never discount the gender inequities, to use a gender lens, but we also have to take into account other intersectional factors that can play an important role, such as health status, education level, sexual orientation, religion, and I mean, you have to look at it from many different perspectives. And this is where the culture and context comes in as well, isn't it? Another thing that I believe could be done more. I mean, we mostly talk about girls and women for obvious reasons, and

we need to continue to do that. But to be successful, I think we need to include also boys and men in the discussion. And this is mentioned in the session. But still, we have to be careful because there has to be a balance. We have to involve men and boys and women and girls for the right reasons. So, in this case, I can imagine to co-create solutions and ways forward and really keep thinking about the goal. So, what challenges me sometimes is that it's so obvious, and why doesn't it happen more easily? Why isn't it faster? It's a benefit for the entire society. We have to listen, co-create and learn step-by-step and really not exporting ready solutions or anything that has worked in Sweden, that's not going to work in Rwanda, for sure. I mean, we always have to listen and co-create, I think. And we have to insist on these issues and we have to strengthen female researchers, I believe, as well.

**Garry Aslanyan** [00:21:12] I'm sure our listeners will go back and listen to the episode. Mohammad, what were your reflections on this?

**Mohammad Al Safadi** [00:21:20] I guess the conversation about gender is something that we are learning about it every single day. It's a process that we find it in the smallest details in our work and also in the larger frameworks that the big organizations design. There's a lot to do, there's a lot to improve and it's a learning curve. So, working together all of us and trying to advocate for a better agenda to support gender is something we need to be all accountable to.

**Garry Aslanyan** [00:21:54] Thank you both. So, as we wrap up this discussion, which is great because really gave us an opportunity to reflect on the whole season and also reflect on the amazing guests that we had and really impressive careers, all of them have in global health. Guests like Rose Leke or Paul Gwakisa was really commitment to global health have been really spanning over decades. And other guests like Muna Abdi, Suneeta Krishnan and Alvin Marcelo, they're really at the forefront of the pandemic response in their countries, from all the episodes they were part of it was clear. So perhaps a final question to both of you. What has made global health a meaningful career for you? And maybe we can start with Teresa.

**Teresa Soop** [00:22:49] Health! It's such a meaningful area to work on and has always been. How can it not be appreciated to work with? But I grew up in Europe and I didn't really realize the extent of health inequities until I travelled far away in my early 20s. And during one of my first travels, I ended up far out in the forest in the Amazon, and I met a child who was actually dying from high fever. And this vulnerability was so shocking to me, and it's something I carry with me all the time. There was a health post, but no staff, no medicine, just the four walls. And I guess this is where this wish to work in global health began and also why I feel so strongly about this leaving no one behind. And now I work with financing of research for health, and that's of course, very far away from actual practice, like what you're doing, Mohammad and those out taking care of patients, but just finding these initiatives which can have a great impact and make a difference to people and finding ways to support their work, that's really meaningful to me. And I feel so privileged to connect with people such as yourselves and people who make a bigger difference and just knowing that if we can fund the right things, it will benefit a lot of people. So that really makes me happy.

**Garry Aslanyan** [00:24:14] Thank you. What about you, Mohammad?

**Mohammad Al Safadi** [00:24:17] I started to feel more optimistic day-by-day hearing all those speakers coming to your podcast and sharing their experience. There is a lot of good intentions out there, and I have been always fascinated really by how a minor health intervention can really change the life of a whole community. I still remember during my early career I was working as a physician, I experienced deep dissatisfaction looking at the dramatic health inequalities in some of the countries around the world. Sometimes I think, how can a parent in Punjab, Pakistan, today needs to deal with his paralyzed daughter because of polio? Still, 'til today and we have a vaccine since more than 40, 50 years? While I, at the same time, I don't need to worry about my son Adam being attacked by the same virus. So, it's fascinating to me, and it's really energizing, motivating to keep working and making sure that we are improving the lives of people. One night I came across a verse in the Koran that provoked my curiosity about global health. The verse says, Garry, that whoever saves the life of a person, a single person, is as if he has saved the life of the whole humankind. When I read that, this is this is more than 10 years ago, I couldn't really connect the inter-relation between saving a life, a single one, and saving humankind. It was only recently that I have begun capturing the essence of global health and how an individual health is really central to global health and how global health is again fundamental to the health of one single individual. And this kind of concept really speaks to the health equality from the individual to the whole world. And I really find myself enriched every single day dealing with what global health can offer with all its political, economic, social and even sometimes ethical challenges. And I hope we can do better and keep this meaningful career going to save more lives.

**Garry Aslanyan** [00:26:30] It's so encouraging to hear from our discussion today how season one's episodes challenge each of you and highlighted important areas you have to consider in your own work and also how it brought you hope and inspiration. One thing I personally take away from hearing your reflections today is the importance of lived experience our guests shared and also the value we gain when we truly listen to each other across contexts and settings.

**Mohammad Al Safadi** [00:26:59] When I had been asked to come to this podcast to speak about my experience, I had a mission that I needed to reflect basically on the episodes. And because I had that intention, I really learned a lot because I had a goal and an objective to really listen to what the speaker is saying and reflecting. Usually, when I hear other podcasts while I'm driving sometimes minimal things, most of the things comes from here and go from the other side. But for my experience hearing the episodes, I really felt it makes a difference when you come to the podcast and try to hear for half an hour, really to focus on the people's experience and reflect the magnitude of learning would really be unmissable.

**Teresa Soop** [00:27:43] This was a good exercise to listen to these episodes with more focus and really reflecting on it. I appreciated it.

**Garry Aslanyan** [00:27:53] Thank you for joining me today, Teresa and Mohammad.

**Teresa Soop** [00:27:56] Thank you, Garry.

**Mohammad Al Safadi** [00:27:57] Thank you very much.

**Teresa Soop** [00:27:57] And thank you, Mohammad.

**Mohammad Al Safadi** [00:27:59] Thank you, Teresa, it's a pleasure meeting you.

**Garry Aslanyan** [00:28:02] On behalf of the whole *Global Health Matters* team, we are very grateful to the support of all of our listeners across the globe and we look forward to continuing our engagement with you. Before we end today, we know that there are other global health podcasts out there, and we wanted to give a special mention to the EYE on Yellow Fever, a podcast that highlights the global risks of yellow fever and how the EYE Strategy (Eliminate Yellow Fever Epidemics), a partnership between the World Health Organization, Gavi, the Vaccine Alliance and UNICEF, is addressing this disease in the world's most affected countries. The entire series is available on WHO's website or your preferred podcast app. We will kick off season two of *Global Health Matters* in April. Until next time, I'm your host, Gary Aslanyan.

**Elisabetta Dessi** [00:28:59] *Global Health Matters* is produced by TDR, the Special Programme for Research and Training in Tropical Diseases. Gary Aslanyan, Lindi van Niekerk and Maki Kitamura are the content producers and Obadiah George is the technical producer. This podcast was also made possible with the support of Chris Coze, Elisabetta Dessi and Izabella Suder-Dayao. The goal of *Global Health Matters* is to provide a forum for sharing perspectives on key issues affecting global health research. Send us your comments and suggestions to [tdrpod@who.int](mailto:tdrpod@who.int) and be sure to download and subscribe wherever you get your podcasts. Thank you for listening!