EPISODE 31. GEOPOLITICS OF GLOBAL HEALTH - PART 2

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Garry Aslanyan [00:00:08] Hello and welcome to the Global Health Matters podcast. I'm your host, Garry Aslanyan. This month, we are bringing you a two part episode on the geopolitics of global health. If you haven't yet had a chance, I want to first encourage you to listen to part 1 of this episode with my guest, Ricardo Baptista Leite. I will continue with part 2 of our focus on the geopolitics of global health in a conversation with Yodi Alakija. Yodi is the co-chair of the African Union's African Vaccine Delivery Alliance, and also a WHO special envoy and co-chair for ACT-Accelerator. She's a staunch advocate championing women's equity and African voices in decision-making. As you will hear in this episode, Yodi describes the world as a geopolitical cauldron that directly influences global health practice and policy. Having a clear understanding and adequate skills to navigate the geopolitical landscape has become a necessity rather than a luxury for all of us global health practitioners.

Garry Aslanyan [00:01:23] Hi, Yodi. How are you today?

Ayoade Alakija [00:01:27] I'm well, thank you, Garry. Happy to be talking to you.

Garry Aslanyan [00:01:30] Thanks for joining me. So, Yodi, I know you are really a tireless advocate in trying to bridge geopolitical issues with global health or geopolitical issues of global health, where does that passion and determination come from, Yodi?

Ayoade Alakija [00:01:51] My passion and determination has been evident, I guess, in the last couple of years to much of the world around health, but a lot of my work has been around education and women and girls issues, HIV AIDS. The passion and determination has come from a place of living through some of the inequities. I started my career in the Pacific Islands 20-something odd years ago, dealing with health and development and youth for the Pacific Region, but also had come from Africa. As you know, I'm Nigerian. I'm an African woman, had had some of my education in the UK, which is where my voice has come from, because my father sent me to school there, but also very much grounded in the realities of the community that I come from and the realities of my grandmother's house, which had woodsmoke in it all the time because there was no modern stove. So I think maybe having had the opportunity to cross the various regions of the world and see how it was different. It's different in Africa to how, of course, it is in a place like the UK, and then going across the Pacific and understanding how geopolitics influence the determinants of health broadly, and understanding that our health largely was being driven by external forces, especially for States that were weaker. For me, I don't know whether it's passion or determination or passion, or passion and, or just a sense of things surely can be better.

Garry Aslanyan [00:03:46] I hear you, I hear you, and thanks for taking us on this tour of the world in a way. The more I talk to people like you, Yodi, I realize that how much we're all shaped by our personal history and places we lived in. You already mentioned that you are from Nigeria and you also are a big advocate for health equity, particularly, for example, on the continent in Africa. What are the geopolitical issues currently that are influencing the achievement of equity, if we were to look at Africa, for example.

Ayoade Alakija [00:04:19] Oh, that's a minefield! The whole world is a geopolitical cauldron at the moment. I'm going to speak not just to Africa, I mean many of the LMICs. I call myself a child of the Global South, because this tour around the world, my husband is Afro-Brazilian, so we have this whole family that is from all over the planet. So it's not just Africa. The geopolitical matters that are going on in the world right now, the geopolitical cauldron. During COVID I referred to a geopolitical mud fight,
which was one of the factors that has gotten us to where we are. And what was that geopolitical mudfight? It was the fact that because the UK and Europe were at odds over Brexit, it basically invalidated in many ways the AstraZeneca vaccine which, if we're to be really honest, that one act has been very significant in its knock-on effect, because when the EU invalidated the AstraZeneca and wouldn't use it, that was very much a geopolitical act. But it was the only vaccine at that point available for most of the rest of the world. It was a vaccine that was affiliated with the wider low- and middle-income country vaccination scheme. The message that sent to the rest of the world was that that vaccine is not good enough for those in Europe, and therefore why should we use it? That was a geopolitical, to my mind, situation that has had significant knock-on effects for the entire global economy, not just for us in Africa, because it meant that the vaccination of people across Africa became somewhat hampered. Vaccine hesitancy and mistrust grew out of this. But for many people who didn't understand, it was born out of geopolitics. So that is a very limited example, but that has had a huge knock-on effect for the whole world and there aren't many that think about it. If we look at the inequities in the way things are playing out in the world right now, President Ramaphosa actually said this during the Paris financing summit, and he expressed in no uncertain terms how disappointed low- and middle-income countries were at being left behind during the pandemic. His words, "I believe that we felt like we were begging, and it at times felt like there would be droppings from the table", and that that generated a lot of resentment. In many ways, the silver lining to that cloud is this huge coming together of people to launch the first vaccine, big biotech manufacturing facility in Rwanda. But if you look at the people that were around that table, it was fascinating. You had the head, Mia Mottley, from Barbados.

Garry Aslanyan [00:07:04] I saw that!

Ayoade Alakija [00:07:08] That is what you call geopolitics playing out in health before our very eyes. And how did that start? Many people don't realize that during COVID, we pulled in the Caribbean, our friends and our almost diasporal historical connections, because many of those countries, of course, were populated by slaves from Africa. That pooled procurement mechanism, funded by Afreximbank, included the States of the Caribbean, included Jamaica, included Guyana, included many of those countries. So when we talk about health now, many of our meetings include them. So geopolitically, there are those who did not know that, who would have seen Mia Mottley and said, "what on earth is she doing at a thing where Africa is producing vaccines?" It is because we tried, all of us, to purchase our vaccines together. We were not successful. At the time, the world thought we were looking for charity, but what we were looking for is we were looking for equity. We weren't asking to be given these, and it wasn't just vaccines, it was medical countermeasures of all sorts. So that geopolitics playing out is interesting now, to begin to watch the tail end of that about the alliances that form.

Garry Aslanyan [00:08:27] Right. That's interesting. You gave those examples, they were amazing, Yodi. It's so important to reflect on those because sometimes they are like a news in the background for those who work in global health, but people don't go deep into how these things unfolded or they are unfolding in front of us. The discourse around decolonization is very current in global health at the moment. In the past, the inclusion of underrepresented groups has often been done as a token gesture. Do you feel progress has been made to give Global South actors a more influential role at the table towards greater decolonization, and do you think that the current geopolitical tensions help or hinder this process?

Ayoade Alakija [00:09:14] Decolonizing decolonization. One needs to be really careful with the use of language these days, because I think we're all literally walking on eggshells, aren't we? Or we're walking on hot coals all the time. I had an interesting conversation with somebody that I respect deeply a few weeks ago that really surprised me because, around the Israel-Hamas war had begun to emerge, this resentment of the term decolonization, or there's those who are seeing things in binary terms who have
decided that those who have fought for decolonization or those who are fighting for anti-racism are now on one side or the other, or on the side of terrorism. It's a very dangerous discourse. It's a very dangerous place to go because it almost, to my mind at the time, I thought gosh, this is almost an attempt to push us back, to minimize that voice, to minimize the push that we have done over the last few years in terms of decolonization. So I now have been using more the term rebalancing of power. How do we rebalance power? There's a critical need to rebalance power, both for individuals and organizations, so that we can recognize and acknowledge just how unconscious bias or even conscious bias continues to reinforce the asymmetries we see in the world today. If people can hold onto a word, decolonization, and say, oh well, because those of you who marched and who protested for decolonizing, be it global health or decolonizing, but you used a word you said that those from the Global South being given roles, and that, I think, is a problem because there are those who see that those from the Global South are being given roles. It's almost, and when you said tokenistic, it is almost the tokenistic; let us include somebody from the Global South, but let us not really...

Garry Aslanyan [00:11:27] Rebalance the power.

Ayoade Alakija [00:11:28] Exactly.

Garry Aslanyan [00:11:31] Aha, okay.

Ayoade Alakija [00:11:31] Let us include them, let us not really rebalance the power. But then when you have those from the Global South who demand a rebalancing of power, be it in their actions, in their very just stance or presence, it begins to become a problem, because we have invited you to the table so that we can look like we've invited you to the table, but we did not say that you should come here and truly represent in the fullness of who you and your community are.

Garry Aslanyan [00:12:02] Thanks for that reflection, Yodi. You are, in your role, you have a role with WHO as a special envoy for access to the COVID-19 tools accelerator, otherwise known as ACT-Accelerator. Do you feel that this being an example of positive rebalancing or Global South participation? What kind of lessons have we learned from this experience to address what will inevitably be a polycrisis facing all of us going forward?

Ayoade Alakija [00:12:39] Well, Garry, all our polycrises are interlinked and you could say that they all stem from the systemic inequities which we've been talking about, which COVID has shone a harsh spotlight on. First of all, let me clarify that the role with WHO, it's a special envoy role, it's an ambassadorial role, it's not paid, it's not for WHO, it's actually for the ATC-Accelerator, which is a group of entities, the global health institutions of the world. I call them the nine big boys because they still are big boys. The heads of GAVI, Global Fund, CEPI, the World Bank, etc., and of course Dr Tedros of WHO himself, UNITAID, FIND and the Bill & Melinda Gates Foundation, they make up the people who are at the helm of ACT-Accelerator. You asked whether it was an example of positive global health participation in a way. ACT-Accelerator had been operating for over a year before I was invited in to co-chair together with Carl Bildt, who is the former Prime Minister of Sweden, and then invited also as co-chair of the principles group, then to be special envoy. But up to then there had not been any real Global South representative voice really, at that principles level. Ngozi Okonjo-Iweala, the now DG of WTO, had been in that role for a while, but again, it was not until the call by civil society, months after ACT-A was established, that it was recognized that this was a very homogenous group, and we needed a voice that was from the outside, which is what I was brought in as because, of course, I was then chairing the Africa Vaccine Delivery Alliance, which is very much a civil society led/run group, and I was brought in to help bring the perspectives of not just the Global South, but non-State actor type perspective. So, has it been a great example? I would say no. For me, it was a struggle at the very beginning to help those powerful
individuals and groups understand that there was a dissonance between what they thought we needed in the Global South and what we truly needed. Of course, when we do it again and ACT-A, I always say that it was strange in many ways, because when Dr Tedros invited me to co-chair, which is what he called me to ask me to do, to chair and to be special envoy, I actually asked him if he was joking and whether he had gotten the right phone number, because I was perhaps their most ardent critic. And he said to me at the time, he said, it is for that very reason that we need your voice, because you are the most ardent critic and therefore you know what is going wrong, and you understand it, and you need to help us to understand it. Something that, I think it was when I met Tedros actually for the first time after I was appointed as special envoy, and I asked him as I am in my direct way, why? Why did you... thank you, but why did you invite me to this? And he said, "talent is universal but opportunity is not." That is the case for young people and really, that is the story of my life. So to tell you why I'm a proponent of intergenerational diplomacy, I have to tell you how I got to where I am.

Ayoade Alakija [00:16:35] I was a young 20-something year old, just come out of London School of Hygiene and Tropical Medicine, a young mother with literally a babe in arms. My daughter was about one. I had decided to take time off to be a mum for a year, just to enjoy, and in the middle of all of this, an opportunity came my way in the Pacific, and that's a story for another day. But when this job came my way, there was a woman at UNICEF at the time who saw in me what I could not see in myself. She was very, very senior. She was the representative at the time for the region, and she placed me in quite a senior position as a young woman. My colleagues were 40-something year olds, and I was at the head of health and development in this region as a very, very young person. I had to sink or swim, and she trusted me to do that. My job then was to help bring up young leaders in the Pacific and to help develop, actually, a youth life skills programme, and I was leading this work and I was in my 20s, everyone else was in their 30s, and we got it done. With Professors from the University of New South Wales. It was an incredible piece of work. So I believe that if you give young people an opportunity, and if you trust them with that opportunity, but that they also lean in and honour and respect those who go before them, together, intergenerationally, we can move mountains. We did it in the Pacific and, for me, honour and respect are my core values in life, so I really believe that we, across the generational divides; because there are things that young people know, they have, they understand, today that I can't vaguely begin to understand. In those days, the work that we did was innovative in those days, because I was young and I was crazy and I was allowed to dream. So young people today, we have to reach out across that divide. I want to know what they're thinking and how they can help us to improve, even from a geopolitical perspective. What are their fears about their future? What is it that we can learn from them? Also at our ages, I speak for myself not for you, Garry, you're a very young man.

Garry Aslanyan [00:19:21] Hah, okay!

Ayoade Alakija [00:19:24] This weekend, for instance, I spent Sunday, I was very, very privileged to spend Sunday, with somebody I consider a mentor and a leader, which is the DG of WTO, who took three hours out of her day to sit with me and have lunch and just listen to me and guide me through some of my own challenges. She is, again, a generation ahead of me, and we need these intergenerational relationships. We need these. I have some of my global health friends and colleagues that jokingly sometimes, when I have a real challenge or a problem, I call auntie and uncle, and we laugh about it because they don't mind. I don't consider myself to be infantilized by them. They have the wisdom that I don't have. I feel that we also, young people who are coming up behind us, we need to create that bridge, so I try to do that as much as possible. There's also the part that my daughter says that I'm in denial. I still think I'm 19, so they keep me young.
Garry Aslanyan [00:20:36] There must be something in it. Yes, I can see that! Thanks for that, Yodi. So my next question, is the same one I asked our guest in part 1 of our focus of the podcast on geopolitics, Ricardo Baptista Leite. I wanted to gain more insight into this issue of what's happening behind closed doors because a lot of the time, global health professionals struggle to understand the impact that these discussions are having directly on the day-to-day programming or research that they do. So they feel it's happening out there but it doesn't really have a direct impact. So what kinds of critical skills and understanding of this environment should global health professionals have to better navigate the geopolitical environment, Yodi, what do you think?

Ayoade Alakija [00:21:36] I think, first of all... I had the privilege, I think it was March 2 years ago, March 2020 actually it was, of speaking the annual lecture at the London School of Hygiene and Tropical Medicine, at which I said to them at the time that all global health schools must teach politics. And I repeat this everywhere I go, that they must teach politics, that we must teach geopolitics. So I think everyone in the health sector must also have a basic understanding and training in geopolitics. Let's look at the high-level political declarations agreed recently on pandemic preparedness, on TB, on UHC. Let's look at the upcoming AMR political declaration for UNGA 2024. All of these are heavily influenced by geopolitics and we, as people working in this health arena, need to understand. You can talk in isolation about manufacturing of vaccines, for instance, or manufacturing of medical countermeasures, but if you don't understand the geopolitics between India and China and the countries that are between trying to ensure the divide is not crossed because we don't want to see too much power in the hands of one or the other. We need to have these conversations. So the backroom conversations that I advocate for, the acumen for real politic, we must as professionals develop this. We need to speak more practically about the aspects that are required to implement policies, and many of these often involve complex political considerations. This understanding is essential, really, for effectively advocating for and implementing health interventions, education development in good dimensions, in different geopolitical contexts. We need also to understand that the geopolitical landscape is constantly changing, and so global health professionals ourselves must be adaptable and flexible. We have to be prepared to modify our voice and our strategies and our approaches in response to shifting political dynamics. Those skills, you said what critical skills are needed, we need to start teaching negotiation skills. For me, the backroom conversations I've had in the last year... One I can tell you about actually, just at my house in Abuja. I hosted a Deputy Minister for Saudi Arabia for a very quiet private reception, which I brought together G7, G20 Ambassadors, brought together Africa Union directors for peace and security. It was a private, quiet affair, but it was a significant moment because we had the AMR summit coming up next year and it was beginning to lay the ground for that and also beginning to show the world that we can all work together. It doesn't matter what we look like, what we're wearing, what our ideological leanings are, but health affects us all. AMR will affect us all. We can't sit in camps. So my space that day, my husband and my space, was a safe space for people to come together who might normally not have gone to a meeting, especially considering the current geopolitical tensions and the wars around the world, to talk about health, which, as Tedros says, without peace we cannot have health.

Garry Aslanyan [00:25:23] Thanks Yodi. I think these are really great examples and add to this understanding and really the purpose of these conversations and to help our listeners to get a better sense of some of the things that may or may not be immediately obvious. Wrapping up, if you had a crystal ball and look into the future of global health with the current trajectory of uncertainty, what do you see in the future?

Ayoade Alakija [00:25:53] Well, I don't. If only I had a crystal ball, Garry. The world is in a very, very perilous place. As we talked about the conflict, the geopolitical shifting sands that we're seeing across the world, we can't even agree on providing basic humanitarian and health care for people in Gaza right now. Too many lives have been lost in Gaza and in Israel, and we can't seem to, as a global community,
agree that it is not a binary situation. So what is the future for global health? I see the divide widening.

I feel like the gains that we started to make at the beginning, in the immediate reflexive phase in COVID, I feel like we're rolling back on some of those, and that worries me. The equity gap; yes, there's been a lot of rhetoric, but the equity gap to my mind widens. It widens because of governance issues in, for instance, across Africa. And I haven't been shy to talk about this. You cannot call for the high-income countries of the world to support bad behaviour on our continent or in other parts of the Global South, if we ourselves do not invest. I'm currently co-chair of the G7 Impact Investment Initiative, the global health led by Japan in their G7 presidency. Again, we're just embarking on that work, and one of the things for me there is to ensure that we bring investors to the table from the Global South, that it's not just seen as this donor recipient or that high-income countries are providing the investment and we in the low- and middle-income countries are passive recipients. We need an understanding also of the geopolitical drivers at the moment. That is a deep understanding from those of us in the global health world, so that we ourselves do not perpetuate the divisions that the world is experiencing at the moment, but that we as a global health family can operate as one. Right now, I see that it is very much post-COVID. There is a lot of funding, there is a lot of money that came into global health. I don't know if you remember this, but I'm old enough to remember that it was similar with HIV AIDS, and as a lot of the funding started to dry up, the shark tank started to run out of water, or the pool, and the sharks began to attack each other, and the piranhas began to try to eat the sharks and one another. That is what concerns me right now. So I am committed, really, to the transformation of this global health architecture and this space from my own little corner. It might be in a very quiet way behind the scenes, because while geopolitics continues to decisively impact how and when, for example, women and mothers in remote parts of my own country, Nigeria, can access lifesaving diagnostics or medicines, we all must be attuned to what we can individually, and then more powerfully collectively, do to ensure that women and girls live and live to their full potential and not die. Because when women and girls live and contribute to their full potential, communities are healthier. The determinants of health are way beyond medical countermeasures and these terminologies that are driven by money-making societies. They are so much softer. They're so much more intangible. And that is my commitment to making sure I can do my bit in that space. So the crystal ball, it's hazy. I'm worried. But we must have hope that there are enough of us out there who just truly want a change. We're not looking for a position or for a job. We just truly want to make sure that some of what we have seen, the personal tragedies that we have walked through and witnessed, that the next generation doesn't have to walk through them.

**Garry Aslanyan [00:30:32]** Thank you, Yodi, for your insights and for this great conversation today. I'm sure our paths will cross soon. So stay well.

**Ayoade Alakija [00:30:46]** You too. Stay well, stay safe and wear a mask.

**Garry Aslanyan [00:30:50]** Thank you. Yodi touched on three important points in our discussion on geopolitics. She highlighted the importance of investing in building alliances and common understanding, and also how even alliances born of adversity can build global health unity. Yodi eloquently reframed the decolonization rhetoric as efforts to rebalance power. I find this to be a constructive focus and also a useful way to assess whether the outcome is indeed achieved.

**Garry Aslanyan [00:31:33]** Before I finish today, let's hear from another one of our listeners.

**Marguerite Massinga Loembé [00:32:20]** (Translation from French) I'm looking forward to Global Health Matters' 2024 programming and which topics will be of emerging importance in the new year. I hope particular attention will be paid to the World Health Assembly resolution on diagnostics, and how its contextualization and adoption on the African continent can help transform access to Quality services for the expectation of universal health coverage and health security on the continent. Thank you.
Thank you Marguerite. We value your comment, particularly that we consistently include voices from the Global South. I really appreciate that and we strive for that in the podcast. And thank you for your suggestions to include access to diagnostics, which we will take on.

To learn more about topics discussed in this episode, visit the episode webpage where you will find additional readings, show notes and translations. Don't forget to be in touch via social media, email, or by sharing a voice message.

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